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MEASURING VIOLENCE AGAINST CHILDREN IN HUMANITARIAN SETTINGS:

A scoping exercise of methods and tools

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—December 2013—

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(Cover photo: Landis, 2010)

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I. Executive Summary

From May-December 2013, the Child Protection in Crisis (CPC) Network and Save the Children UK conducted a scoping exercise in order to examine two child protection issues considered "hard to measure" in humanitarian settings: *sexual violence against children* and *violence within the household*. The goal of this exercise was to identify existing methodologies and tools to assess these issues, as well as to highlight gaps in current approaches and offer recommendations for further action. The study involved a structured review of academic and grey literature, resulting in the identification of 20 methods and tools, including a range of approaches and instruments for measuring violence against children in humanitarian contexts. Each method or tool was also analyzed according the humanitarian phase(s) in which they are applicable, as well whether they involve an *active* or *passive* approach to investigation.

Findings from this study suggest there is a need to explore additional ways in which existing data can be used predictively during the **preparedness phase** in order to help inform predictions regarding the types and nature of violence that may be present during an emergency. Although information from prior surveys and assessments can not be used to determine *current trends* of violence following an emergency, data gathered through these sources could be used by child protection actors during the preparedness phase to consider who may be among the most vulnerable, as well as ways in which pre-existing forms of violence could potentially be exacerbated following an emergency.

Findings also suggest that the Multi-Cluster/Sector Rapid Assessment (MIRA) is the primary tool employed within the **first two emergency phases.** Although the MIRA represents a multi-sectorial approach, data from this exercise on physical and sexual violence as well as other related issues can be used by child protection actors to inform subsequent assessments as well as program decision-making. In light of its *rapid nature*, however, the MIRA should not be considered as a robust means of measuring violence, but rather as a potential source of initial information.

Among the documents analyzed as part of this review, a number of **passive surveillance mechanisms** were described, many of which are applicable to multiple humanitarian phases. These approaches represent a means of measuring *reported* cases of violence against children, and in this way contribute to existing knowledge regarding the number of survivors of violence who seek out formal services or who report their cases through official channels. However, in light of the large number of cases that go *unreported,* data produced through passive surveillance methods will only capture a fraction of the total cases of violence and do not provide a means by which to estimate magnitude. In addition, data gathered through passive surveillance may skew perceptions of the *types* of violence taking place. As such, developing program approaches based solely on passive surveillance data could potentially leave out a large number of survivors in need of support, and cause practitioners to prioritize areas of violence that are in fact not the most prevalent. In this way, findings from passive surveillance approaches—such as those mentioned in this review— must only be viewed as *part of the*

story, and compared against available prevalence data in order to inform decision-making and future research initiatives.

Another finding of this study is that there are limited approaches for measuring violence against children during the **third and fourth phases** of emergencies. Two child protection rapid assessments were highlighted during these phases, including the Interagency First Phase Child Protection Rapid Assessment Resource Kit and the Child Protection Rapid Assessment (CPRA) toolkit. On one hand, focusing on rapid assessments during these phases is in line with IASC guidance, which specifies that cluster-specific assessments should take place within this period in order to build upon initial data gathered through the MIRA process (IASC, 2011). However, the use of rapid assessments alone, along with passive surveillance methods, still does not capture *prevalence rates* of violence within emergency contexts, suggesting that existing approaches are needed to expand on findings produced through these efforts.

In addition, the study found a limited emphasis in included documents on measuring violence within the **recovery and transition period.** As such, findings from this study suggest a need to explore additional ways to measure violence against children within transitional and recovery contexts, and to promote systems strengthening as part of these efforts. The study also found that the largest number of approaches, and greatest capacity to measure prevalence, was described in **protracted contexts or fragile states**. Although this review examined methods and tools used in each context separately, there was little variation between protracted and fragile settings in terms of the types of tools and approaches that were used.

Another theme that emerged throughout all phases of the study was a lack of methods to collect **representative data across age and gender**, as well as with regard to **"hidden" or hard to reach populations.** This was particularly true regarding young children (under 13) as well as male survivors, suggesting that the development of new methodologies and tools to measure violence in these areas is urgently needed.

II. Introduction

In 2012, the Assessment and Measurement Taskforce of the Child Protection Working Group (CPWG) undertook a collaborative exercise to identify child protection issues in humanitarian contexts that are considered "hard to measure," with the end goal of developing additional guidance, methodologies, and tools to assess these issues and ultimately inform the development of effective prevention and response initiatives. As part of this process, four priority areas were identified: 1) The nature and scale of sexual violence against children; 2) Family separation; 3) Psychosocial wellbeing of children; and 4) The nature and scale of violence within the household.

From May-December 2013, a scoping exercise was conducted by the Child Protection in Crisis (CPC) Network and Save the Children UK in order to examine two of the above-mentioned priority areas: *sexual violence against children* and *violence within the household*. The goal of this exercise was to identify existing methodologies and tools to assess these issues within humanitarian contexts, as well as to highlight gaps in current approaches and to offer recommendations for further action. This report contains a summary of this exercise.

III. Background

Children in humanitarian settings face an increased risk of exposure to violence. Armed conflict, natural disasters, and other complex emergencies disrupt social structures typically in place to protect children, and create circumstances within which multiple forms of harm and abuse can occur (United Nations, 1999; UNICEF, 2009; Save the Children, 2007). Prime among these risks is *sexual violence*. Save the Children estimates that children under the age of 18 comprise the majority of survivors of sexual violence in conflict-affected societies, potentially representing as many as 80% of the total survivors of sexual violence during times of war (Save the Children, 2013). *Physical abuse* and other forms of *household violence* are also commonplace in humanitarian settings, as the added strain placed on children's families or caregivers has been known to make these acts more likely to occur (Global Protection Cluster, 2013b).

While the *awareness* of these risks is widespread, efforts to *measure* the incidence and prevalence of violence against children are particularly complex, and existing data is often insufficient, in light of the large number of cases that go unreported (Pinheiro, 2006; Stark et al, 2010). As indicated in the 2006 report of the Independent Expert for the United Nations Study on Violence Against Children, "much violence against children remains hidden for many reasons"(United Nations, 2006, p.8), including fear, stigma, lack of appropriate reporting mechanisms, and the fact that violence is often perpetrated by parents, relatives, or children's close acquaintances, making it particularly difficult for survivors to come forward. Adding to these issues are the multiple challenges associated with measurement in *humanitarian contexts*, including potential logistical, financial, and security constraints, as well as the multiple competing priorities experienced by child protection actors.

Violence against children— in humanitarian settings and beyond— represents a global public health issue of grave concern, as it has the potential to detrimentally impact children's physical,

emotional, and social development, and to cause negative economic and social consequences for society as a whole (Pinheiro, 2006; United Nations, 2006; Krug et al, 2002). In light of these factors, the creation of effective prevention and response initiatives aimed at addressing violence against children is of crucial importance. And yet, the current *lack of adequate data* on the prevalence of these issues interferes with the ability of humanitarian practitioners to ensure that children exposed to violence receive appropriate targeted care, or that sufficient resources for needed interventions are put in place.

As such, this study seeks to address this gap by investigating existing approaches to the measurement of two types of violence against children in humanitarian settings: *sexual violence* and *violence within the household*.   Findings from this exercise will inform the development of new research methodologies, in order to strengthen the capacity of humanitarian actors to more accurately *measure* and *respond to* violence against children. By building the knowledge base in this area, this study also seeks to promote efforts aimed at the *prevention* of violence, and the *promotion* of children's healthy development and wellbeing.

This scoping exercise is based on the following definitions:

Child: "Child" is defined according to the definition specified in Article 1 of the *United Nations Convention on the Rights of the Child*, which states that "a child means every human being below the age of eighteen years unless, under the law applicable to the child, majority is attained earlier" (United Nations, 1989).

Sexual violence: "Sexual violence" is defined based on the definition specified in the *World Health Organization (WHO) World Report on Violence and Health*, which describes it as, "any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work" (Krug et al, 2002, p. 149).   In addition, the following acts are defined as forms of sexual violence, in accordance with WHO guidelines: "rape within marriage or dating relationships; rape by strangers; systematic rape during armed conflict; unwanted sexual advances or sexual harassment, including demanding sex in return for favors; sexual abuse of mentally or physically disabled people; sexual abuse of children; forced marriage or cohabitation, including the marriage of children; denial of the right to use contraception or to adopt other measures to protect against sexually transmitted diseases; forced abortion; violent acts against the sexual integrity of women, including female genital mutilation and obligatory inspections of virginity; and forced prostitution and trafficking of people for the purpose of sexual exploitation" (Krug et al, 2002, pp. 149-150).

Violence within the household: "Violence within the household" is defined based on the definition of child abuse established by the *WHO Consultation on Abuse and Child Abuse Prevention*, which describes it as "...all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a

relationship of responsibility, trust or power" (World Health Organization, 1999, p. 15).   For the purposes of this study, any of these acts taking place against a child within the context of his or her household is defined as *household violence*.

Humanitarian setting: "Humanitarian setting" is defined based on the criteria specified by the Sphere Standards, which describes humanitarian action as taking place in "a range of situations including natural disasters, conflict, slow- and rapid-onset events, rural and urban environments, and complex political emergencies in all countries" (The Sphere Project, 2011, p. 9). As such, this review uses a broad definition of humanitarian settings, and includes countries that have experienced any type of situation outlined in the definition above, as well as those within any phase of the emergency or recovery process.

Fragile states: In light of the frequent overlap between humanitarian settings and fragile states, this study also examined violence against children in fragile contexts. While there is "no agreed global list of fragile states" (DFID, 2005, p. 7), this study used the definition adopted by the Department for International Development (DFID), which defines fragile states as, "those where the government cannot or will not deliver core functions to the majority of its people, including the poor" (DFID, 2005, p. 7). In light of the complexities and political ramifications of defining states as "fragile," DFID and other international actors have increasingly used the World Bank's Country Policy and Institutional Assessment (CPIA) ranking to determine fragility, which gives a numerical score to a country's level of institutional performance and defines countries in the lowest two tiers of CPIA scoring as "fragile" (DFID, 2005). Within the context of this study, a country was defined as "fragile" if it was classified as such based on CPIA criteria.

IV. Methodology

Document Search Process

The scoping exercise involved a structured review of academic and grey literature pertaining to the measurement of violence against children in humanitarian contexts in order to identify existing methodologies or tools to measure sexual violence against children or violence within the household. Documents were identified through a systematic search of key electronic resources including PubMed as well as a review of the following journals: *Journal of Refugee Studies*, *Conflict Security and Development*, *International Journal of Conflict and Violence*, *Journal of Conflict and Health*, and *Disasters*.

A search was also conducted of relevant websites, including those of the: *Child Protection Working Group (CPWG)*: http://cpwg.net; *Sexual Violence Research Initiative (SVRI):* http://www.svri.org; *World Health Organization (WHO):* http://www.who.int/en/; United Nations Population Fund (UNFPA): http://www.unfpa.org/public/; *International Rescue Committee (IRC):* http://www.rescue.org; *Save the Children Resource Centre*: http://resourcecentre.savethechildren.se; *Child Protection in Crisis (CPC) Network:* http://cpcnetwork.org; *UN Women*: http://www.unwomen.org; *UN Secretary-General's Database on Violence Against Women:* http://sgdatabase.unwomen.org/home.action; *Reproductive Health Response in Crisis Consortium (RHRC):* http://www.rhrc.org; *United*

Nations High Commissioner for Refugees (UNHCR): http://www.unhcr.org; *and the Gender-Based Violence Area of Responsibility (GBV AoR):* http://gbvaor.net.

Within these sources, the following search terms were used to identify potential documents:

Table 1: Document Search Terms

Primary Terms	Secondary Search Terms/Synonyms
"Sexual violence against children"	Sexual abuse, sexual violence, rape, gang rape, sexual exploitation, sex trafficking, child prostitution, child pornography, commercial sexual exploitation, gender-based violence, sexual exploitation and abuse, early marriage, female genital cutting/mutilation
"Violence within the household"	Child abuse, neglect, intimate partner violence, gender-based violence, physical abuse, sexual abuse, emotional abuse, domestic violence
"Children"	Children, adolescents, youth, infants, refugee children, children in emergencies
"Humanitarian contexts"	Humanitarian emergencies, emergencies, complex emergencies, natural disasters, conflict-affected, post-conflict, early recovery, protracted, fragile states, refugee contexts, internal displacement
"Methods and tools"	Methods, tools, instruments, surveys, surveillance, assessment, rapid assessment, prevalence, incidence, measurement, investigation

This process resulted in the identification of 6,922 potential documents. In addition to the electronic search, a call for materials was sent out to key stakeholders from organizations or networks involved in child protection or gender-based violence (GBV) programming. As a result of this exercise, an additional 39 documents were submitted. Once potential articles were identified, the title and abstract were reviewed in order to determine if the focus of the article was in keeping with the purpose of the study. The following inclusion criteria were used to guide this process:

- Materials must be academic or grey literature produced during the time period 2000-2013
- Must describe a methodology or tool for measuring the scope of sexual violence against children or violence within the household
- Documents must provide information on a quantitative method or tool, or a mixed-methods approach that includes a quantitative component
- Must be a method or tool currently or recently used in a humanitarian context or fragile state

Documents not meeting these criteria were excluded from the study, resulting in the elimination of 6,896 possible articles or materials, and leaving a total of 65 documents that met inclusion criteria and were examined as part of this review. Once included documents were identified, a full review of each document was conducted as part of the analysis process. A list of included documents examined as part of this review is contained in **Appendix I**.

Document Analysis

Once the 65 "included documents" were identified, they were examined in order to identify the specific methods and tools they described. A master list of methods and tools was developed, and a grounded approach was used in order to sort them into common categories. In total, 20 methods and tools were identified, which included a range of approaches as well as specific instruments for measuring violence against children in humanitarian settings or fragile states. A detailed compendium of these methods and tools is contained in **Appendix II**.

In light of the study's focus on measuring these issues within humanitarian settings or fragile states, the next step in the study involved analyzing the humanitarian phase(s) in which each approach was described. Using the emergency phases specified by the Inter-Agency Standing Committee (IASC) (IASC, 2011; IASC, 2012) as a basis, the following phases were used in order to categorize methods and tools in this review:

- **Preparedness:** prior to the emergency
- **Phase I:** first 72 hours
- **Phase II:** 1-2 weeks
- **Phase III:** 3-4 weeks
- **Phase IV:** 5 weeks+
- **Recovery/Transition:** if specifically described as such in included documents
- **Protracted Contexts:** chronic humanitarian settings
- **Fragile states:** based on CPIA ranking, as described above

As an additional step in the analysis, methods and tools were also analyzed in order to determine if they reflected *active* or *passive* approaches to investigation. For the purposes of this study, **active investigation** was defined as surveys, assessments or surveillance systems that engaged in primary data collection in order to identify cases of violence. In contrast, **passive investigation** was defined as surveillance systems or other approaches to data collection that relied exclusively on *reported cases* of violence. It is widely recognized the active approaches to investigation collect more *complete data* than passive methodologies, which cannot be used to capture prevalence data or to reflect the scope and magnitude of the issues they examine. In light of the study's emphasis on developing *rigorous approaches* to measure violence, understanding the degree to which existing methods and tools rely on *active* versus *passive* investigation approaches is particularly important.

V. Findings

Based on the steps outlined above, methods and tools were examined according to the humanitarian phase(s) to which they are applicable. In addition, each method and tool was also evaluated in order to determine if it reflected an active or passive approach to investigation. An overview of this analysis is contained in the table on the following page.

Table 2: Methods and Tools (by investigation approach and humanitarian phase)[1]

Method or Tool	Investigation Approach (Active or Passive)	Humanitarian Phase							
		Prepared-ness	Phase I: 72 hours	Phase II: 1-2 weeks	Phase III: 3-4 weeks	Phase IV: 5 weeks +	Recovery/ Transition	Protracted Contexts	Fragile States
Multi-Cluster/Sector Initial Rapid Assessment (MIRA)	Active		X	X					
Interagency First Phase Child Protection Assessment Kit	Active				X	X			
Child Protection Rapid Assessment (CPRA) Toolkit	Active	X^2			X	X	X	X	X
Neighborhood Method	Active	*					*	X	*
GBV Rapid Assessments	Active	*			X	X		X	X
In-depth Assessments on Violence	Active	*						X	X
Mixed Methods School-Based Research	Active	*						X	X
Multiple Indicator Cluster Survey (MICS5)	Active	*						X	X
Demographic and Health Survey (DHS)	Active	*						X	X
Violence Against Children Survey (VACS)	Active	*						X	X
Global School-Based Student Health Survey (GSHS)	Active	*						X	X
International Child Abuse Screening Tool (ICAST)	Active	*						X	X
Childhood Trauma Questionnaire (CTQ)	Active	*						X	
WHO Multi-Country Study on Women's Health and Domestic Violence Against Children	Active	*						X	
UN Monitoring and Reporting Mechanism (MRM)	Passive	*						X^3	X
Gender-based Violence Information Management System (GBV IMS)	Passive				X	X	X	X	X
Child Protection Information Management System (CP IMS)	Passive				X	X	X	X	X
Rape Mapping	Passive							X	X
Medical Record Analysis	Passive	*						X	X
Child Protection Helpline Data Analysis	Passive	*						X	X

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[1] "**X**"= phase referenced in included documents; "*****"= applicable to phase, but not specifically referenced in this phase in included documents
[2] Desk Review portion of the toolkit
[3] Regardless of humanitarian phase, the official MRM process is established in countries based on designation by the UN Secretary-General

Based on the findings of this exercise, the following themes become apparent:

There is a need to explore additional ways in which existing data can be used predictively during the preparedness phase
Findings from this review suggest that data gathered through multiple methods and tools can be used during the preparedness phase in order to help inform predictions regarding the types and nature of violence that may be present during an emergency. Although information from prior surveys and assessments could not be used to determine *current trends* of violence following an emergency, data gathered through these sources could be used by child protection actors during the preparedness phase to consider ways in which pre-existing forms of violence could potentially be exacerbated following an emergency. The Desk Review template included in the Child Protection Rapid Assessment (CPRA) toolkit provides a useful means by which to identify pre-existing child protection concerns based on reports, legal structures, statistics, and other forms of secondary data. The template developed by the CPWG includes physical and sexual violence along with other child protection issues (Global Protection Cluster, 2012a). Three examples of desk reviews conducted using the CPWG template were examined in this review, including ones in Syria (Global Protection Cluster, 2013a), Mali (Global Protection Cluster, 2013c), and the Philippines (Global Protection Cluster, 2012b). Examining existing country data in this way is in line with the Minimum Standards for Child Protection in Humanitarian Action, which note that information available prior to emergencies should be used to inform program planning and post-emergency assessment (Global Protection Cluster, 2013b).

While the CPRA Desk Review represents an effective means of gathering information on pre-existing forms of violence, there is a need for further thought and analysis regarding additional ways in which contextual secondary data can be examined in a rigorous manner in order to inform subsequent research, advocacy, and programming initiatives that seek to address violence against children in emergency contexts and beyond.

Non-specialized Inter-Agency Assessment is the focus of the first two phases
Findings from this study also suggest that the Multi-Cluster/Sector Rapid Assessment (MIRA) is the primary tool employed within the first two emergency phases. The MIRA was developed by the Inter-Agency Standing Committee (IASC) in order to facilitate coordinated rapid assessments across sectors in the early phases of emergency contexts (IASC, 2011). Within *Phase I (first 72 hours)*, the MIRA is intended to be used to prepare a *Preliminary Scenario Definition*, which outlines the initial scope and severity of an emergency and is based primarily on secondary data as well as initial field visits to affected areas. The MIRA toolkit includes a template for developing a Preliminary Scenario Definition, which focuses on the following primary areas: "drivers of the crisis and underlying factors; scope of the crisis and humanitarian profile; status of populations living in affected areas; national capacities and response; international capacities and response; humanitarian access; coverage and gaps; and strategic humanitarian priorities" (IASC, 2012, pp. 18-19). These categories are left intentionally broad and not specific to any sector, although allow for pre-existing data on issues of concern to be incorporated into the report. In this way, issues related to violence against children have the

opportunity to be included, providing a sense of areas for possible follow-up as part of the broader inter-agency assessment during Phase II (*see below for more information*.) The template for the *Preliminary Scenario Definition* includes sections to identify vulnerable groups as well as areas of priority for humanitarian programming, also providing an opportunity for issues related to violence against children to be flagged for additional follow-up and investigation.

Within *Phase II (first two weeks),* the MIRA toolkit is intended to be used to conduct an inter-agency rapid assessment. The MIRA assessment incorporates a mixed methods approach, including key informant interviews and direct observation. In addition, MIRA guidelines specify that findings from the *Preliminary Scenario Definition* should be used to inform tool development as well as sampling approaches. The MIRA toolkit contains an investigation form template, direct observation guidelines, key informant interview guidelines, and a template for the final MIRA report, which is to be completed by the end of Phase II. Although the MIRA addresses a broad spectrum of multi-sectorial issues, the investigation form template includes a number of questions related to various forms of violence, including physical and sexual violence against children. For example, the template includes a checklist of primary issues in the community, and lists "violence against women and girls" as an option. In addition, a separate question asks about "physical or sexual violence, either in the community or in homes," in addition to other questions that ask about violence or crime in general ways (IASC, 2012). In addition to these questions that specifically address violence, information related to other sectors such as health and WASH can also provide valuable information on potential risks and vulnerabilities that can be used to inform decision making around future research and program efforts related to violence against children. As such, although MIRA assessments represent a multi-sectorial approach, data from this exercise on physical and sexual violence as well as other related issues can be used by child protection actors to inform subsequent assessments as well as program decision-making. In light of its *rapid nature*, however, the MIRA should not be considered as a robust means of measuring violence, but rather as a valuable source of initial information. In addition, its use of key informant interviews suggests that data gathered is somewhat subjective, and dependent on whether or not selected individuals are knowledgeable about the true scope and nature of violence in the areas under examination.

Passive surveillance mechanisms were described in various phases
Among the documents analyzed as part of this review, a number of *passive surveillance mechanisms* were described, many of which are applicable to multiple humanitarian phases. Included in this category is the Child Protection Information Management System (CP IMS), which was established in 2004-2005 by Save the Children, the International Rescue Committee (IRC), and UNICEF in order to increase coordination and information-sharing among actors involved in emergency child protection programming. The system includes database software as well as standard documentation and case management tools for use with vulnerable children in emergencies. In addition, the system provides guidelines pertaining to confidentiality, information sharing, and data protection. Although initially developed to handle cases of separated and unaccompanied children, the CP IMS has also been used with children associated with armed forces and armed groups (CAAFAG) as well as other vulnerable populations. The CP

IMS has been used in more than 16 countries, and can potentially be used at any humanitarian phase, depending on the priorities and capacities of local actors (McCormick, 2010).

Taking a similar approach is the Gender-Based Violence Information Management System (GBV IMS), which was developed by UNFPA, UNHCR, and the International Rescue Committee (IRC), in consultation with the Inter-Agency Standing Committee's (IASC) Sub-Working Group on Gender and Humanitarian Action and the GBV Area of Responsibility (AoR). The GBV IMS was designed in order to improve data collection and information management pertaining to GBV in humanitarian settings (Crabtree, 2011). The system includes technical guidance and sample tools with regard to the collection, storage, analysis and reporting of GBV data. The system includes a *User Guide* as well as the following tools: GBV Classification Tool; Intake and Consent Forms; an Incident Recorder (IR); a GBV Information Sharing Protocol Template; and Rollout Guidance (IRC, UNFPA and UNHCR, 2010). To date, the GBV IMS has been implemented in 18 countries, including: Burundi, Chad, Colombia, Côte d'Ivoire, Democratic Republic of Congo, Ethiopia, Guinea, Haiti, Iraq, Jordan, Kenya, Lebanon, Liberia, Nepal, Sierra Leone, Southern Sudan, Thailand and Uganda. The system is *not intended* to capture the prevalence of GBV issues. Rather, it focuses on effectively managing *reported* cases of GBV incidents. The timing within which the GBV IMS may be established varies according to context, although the rollout guidelines specify that the preparations and decision-making process regarding whether to implement the GBV IMS frequently takes at least two months, or in some cases longer (IRC, UNFPA and UNHCR, 2010). Once the system has been established, it can remain throughout all humanitarian phases and in fragile states, depending on the priorities of in-country actors.

Another approach described in this review is the UN Monitoring and Reporting Mechanism (MRM), which was established by UN Security Council Resolution 1612 in order to monitor the following grave violations against children: 1) killing and maiming; 2) recruitment or use of children in armed forces and groups; 3) attacks on schools or hospitals; 4) rape or other grave sexual violence; 5) abduction; and 6) denial of humanitarian access (United Nations, 2009). Through the MRM process, data on these violations is gathered by UN agencies, NGOs, and other national partners, and the UN has developed a field manual that specifies how the monitoring and reporting process is intended to take place (O/SRSG-CAAC, UNICEF, and DPKO, 2010). As such, MRM reports represent a potential source of gathering information on violence against children within countries in which the mechanism is operational. In a review of MRM reporting in Nepal, Cote d'Ivoire, and the Democratic Republic of Congo (DRC), for example, sexual violence was the most commonly reported violation by children across all sites (Barnett and Jefferys, 2008). In an report on post-election violence in Cote d'Ivoire, the MRM process was used to capture reported cases of sexual violence against children as well as other forms of severe physical harm (Global Protection Cluster, 2011). A limitation to this approach in humanitarian contexts, however, can be seen in the fact that the official MRM process is only initiated in countries based on designation by the UN Secretary-General. As such, the mechanism may be inapplicable to countries in which the system has not been instituted. An exception to this can be seen in the case of Israel and the Occupied Palestinian Territories (OpT), in which child protection actors have established a local MRM process to monitor human

rights violations against children, although these contexts are not part of the official MRM system as mandated by the UN (McCormick, 2013).

Another form of passive surveillance revealed in this study can be seen in the analysis of medical records, which was highlighted in two studies in the Democratic Republic of Congo (DRC). These studies examined case files of women and girls seeking medical care following exposure to sexual violence during a particular time period. Patient files were used to examine the number of survivors seeking care, the types of incidents reported, and other patterns surrounding the cases (Bartels et al, 2010; Steiner et al, 2009).   Taking a slightly different approach, another form of passive surveillance was described in Palestine, in which data from a child protection phone helpline was reviewed in order to determine the types of concerns that were reported by those who accessed the helpline. While a range of topics were discussed, cases of physical and sexual violence were reported, and the percentages of callers who reported these issues were identified. While medical record analysis was the primary focus of this study, it also incorporated a literature review as well as focus groups and interviews with agency staff (Sawa 121, 2011). While the analysis of medical records was only mentioned in protracted settings or fragile states among the documents reviewed as part of this study, this approach could theoretically be used in multiple humanitarian phases, depending on the capacity of local actors.

Each of the passive surveillance mechanisms previously described represents a means of measuring *reported* cases of violence against children, and in this way contributes to existing knowledge regarding the number of survivors of violence who seek out formal services or who report their cases through official channels. However, in light of the large number of cases that go *unreported,* data produced through passive surveillance methods will only capture a fraction of the total cases of violence and do not provide a means by which to estimate magnitude. In addition, data gathered through passive surveillance may skew perceptions of the *types* of violence taking place. In a study of violence against women and girls in Liberia, for example, data gathered through passive surveillance suggested that violence was perpetrated primarily by strangers, when in reality data gathered through a household-based prevalence study found that the majority of cases of violence were carried out by known individuals and within the context of the household (Stark et al, 2013). As such, developing program approaches based solely on passive surveillance data could potentially leave out a large number of survivors in need of support, and cause practitioners to prioritize areas of violence that are in fact not the most prevalent. In this way, findings from passive surveillance approaches—such as those mentioned in this review— must only be viewed as *part of the story*, and compared against available prevalence data in order to inform decision-making and future research initiatives.

Lack of approaches to measure prevalence within the third and fourth phases
Another finding of this study is that there are limited approaches for measuring violence against children during the third and fourth phases of emergencies (three weeks- five weeks and beyond). Among the documents examined in this review, methods and tools described within these phases were either rapid assessments or some of the passive surveillance approaches described above. Within this study, two child protection rapid assessments were highlighted,

including the Interagency First Phase Child Protection Rapid Assessment Resource Kit and the Child Protection Rapid Assessment (CPRA) toolkit. The Interagency First Phase Child Protection Rapid Assessment Resource Kit was developed in 2009 as an inter-agency effort in order to measure child protection concerns in the initial phases of emergencies. The toolkit covers a broad range of child protection issues and uses a mixed methods approach involving a desk review, key informant interviews, focus group discussions, and service mapping. Two studies examining the use of this tool were included in this review (Ager, Stark, and Blake, 2010; Ager, Blake, Stark, and Tsufit, 2011).

In 2010, the Interagency First Phase Child Protection Assessment Resource Kit was replaced by the Child Protection Rapid Assessment (CPRA) toolkit, which now represents the current child protection assessment tool recommended by the Global Child Protection Working Group for use in emergencies. The toolkit is intended for use as an inter-agency process, and includes the following templates: 1) key informant interview; 2) direct observation; 3) desk review; and 4) site report. In addition, the toolkit provides a sample data entry tool that facilitates the creation of data displays in order to concisely portray key findings. Sample questions in the CPRA toolkit cover a range of key child protection concerns typically found in emergency contexts, including physical and sexual violence (Global Protection Cluster, 2012). Assessments using the CPRA toolkit have been conducted in diverse locations and in various humanitarian phases. Within the context of this study, reports on the use of the CPRA toolkit were examined from the following countries: *Jordan, Indonesia, Iraq, the Philippines, Tunisia, Libya, Kenya, and Thailand* (Jordan CP and GBV Sub Working Group, 2013; PUSAK, Columbia University, CPC Network, Global Protection Cluster, 2011; IRC, 2013; CPWG, 2013; UNICEF, UNFPA, Save the Children, 2011; Save the Children, 2011a; Himbert, 2011; and Thailand Child Protection Sub-Cluster, 2012).

In the case of GBV rapid assessments, studies examined in this review were carried out in Phase IV or beyond, and reflected a mixed methods design, including both qualitative and quantitative components. In *Jordan, Ethiopia*, and *Liberia*, for example, international NGOs conducted assessments of GBV issues in order to inform program development. In *Jordan*, Save the Children examined early marriage among Palestinian refugees, and conducted focus group discussions, and a review of case files (Haldorsen, 2013). In *Ethiopia*, the International Rescue Committee (IRC) used interviews, focus group discussions, and safety audits in order to assess GBV issues in a camp-based setting (IRC, 2011). In *Liberia*, Save the Children explored the issue of "sex for services" among newly arrived Ivorian refugees, utilizing focus group discussions as well as an anonymous survey (Save the Children, 2011b). An additional GBV rapid assessment was included in this review that was not conducted in an emergency context, but rather was carried out in *Nepal*, which represents a fragile state. Implemented by the International Labor Organization (ILO), this study involved interviews, field surveys, and secondary data collection in order to examine trafficking and prostitution among girls (Kumar et al, 2001).

On one hand, in the case of the studies in humanitarian contexts, focusing on rapid assessments is in line with IASC guidance, which specifies that cluster-specific assessments should take place within this period in order to build upon initial data gathered through the

MIRA process (IASC, 2011). However, the use of rapid assessments alone, along with passive surveillance methods, still does not capture *prevalence rates* of violence within emergency contexts, suggesting that existing approaches are needed to expand on findings produced through these efforts. Also, it is notable that all of the rapid assessment approaches described above, including those focused on GBV and child protection, incorporate key informant interviews along with other approaches. Although the use of key informant interviews is commonly used in studies of violence, this approach is known to be potentially ineffective at accurately capturing information on violence. As previously mentioned, data gathered through this approach is somewhat subjective, and dependent on the knowledge and capacity of particular informants. In addition, particular types of informants may be more aware of issues of violence than others, depending on their role and status in the community. A similar level of subjectivity also pertains to participants in focus group discussions, which are also at times incorporated into rapid assessments. In a study using the Neighborhood Method in *Uganda*, for example, focus groups were conducted alongside a quantitative study, and participants in focus groups estimated a level of violence that was significantly higher than that reported by survey participants.[4]

Limited emphasis on approaches specifically for use during the recovery and transition period
This study also found a limited emphasis in included documents on measuring violence within the recovery and transition period. According to UNDP, early recovery is a post-emergency phase that seeks to "restore the capacity of national institutions and communities to recover from a conflict or a national disaster, enter transition or 'build back better', and avoid relapses" (CWGER, 2008, p. 9). During this phase, efforts gradually shift towards longer-term development and reconstruction activities, and the eventual suspension of humanitarian programming. The nature and duration of this process is largely context specific, and varies significantly based on the scale of particular emergencies as well as the capacity of national actors. Among the methods and tools examined in this review, few were *specifically* intended for use during the recovery and transition period, although a number of approaches applicable to multiple phases could be used within this period. For example, the child protection and GBV rapid assessments previously described could be used within this stage. In addition, the passive surveillance approaches examined in this review would also be applicable, depending on whether or not they have been previously put in place.

Another approach applicable to multiple contexts, including the recovery and transition period, is the Neighborhood Method, which was developed by researchers at the Mailman School of Public Health at Columbia University, and has been piloted in various conflict-affected countries, including in *Liberia, Uganda, Sri Lanka, Ethiopia*, and the *Central African Republic* (Stark et al, 2013; Stark et al, 2010; Parcesepe, Stark and Roberts, 2008; Potts, Myer and Roberts, 2011; Rogers, et al, 2009; Stark, 2010). Of these studies, those in *Liberia* and *Sri Lanka* were conducted among recently resettled communities, placing them within the recovery and transition phase. Through the use of population-based household surveys, the Neighborhood

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[4] Stark, L. [unpublished data]. New York: Program on Forced Migration and Health, Mailman School of Public Health, Columbia University.

Method involves conducting individual interviews with adult female heads of household about their experience with GBV as well as that of their sisters and neighbors (Stark, 2010). This method has shown particularly promising results in addressing potential forms of bias found in other approaches to measuring violence, such as the limitations of passive surveillance measures previously described, as well as the potential limitations already cited regarding the inclusion of sensitive questions on violence in larger surveys that cover a broad range of issues. In this way, the Neighborhood Method is particularly unique in its design as a household survey focused exclusively on gender-based violence (Stark et al, 2010). In addition to the contexts where it has specifically been used, there is great potential for the Neighborhood Method to be implemented in multiple humanitarian phases.

While the above-mentioned approaches are *applicable* to transition and recovery contexts, the limited emphasis on this phase within included documents suggests a need to explore additional ways to measure violence against children within this period, and to promote systems strengthening as part of these efforts.

The largest number of approaches, and greatest capacity to measure prevalence, was described in protracted contexts or fragile states
A greater number of methods and tools were described within protracted humanitarian contexts or fragile states in comparison to the other phases considered as part of this study. Although this review examined methods and tools used in each context separately, there was little variation between protracted and fragile settings in terms of the types of tools and approaches that were used. For example, the Neighborhood Method, as previously mentioned, is applicable to both protracted contexts and fragile states. The same is true of the GBV and child protection rapid assessments and the passive surveillance measures described above. In addition, in-depth assessments of violence were also described in both phases, as referenced by five articles examined in this review. Three out of five of these studies involved cross-sectional surveys, while the remaining two used a mixed-methods approach. Among those in the first category, for example, a study in *Southern Sudan* utilized a cross-sectional household survey to investigate violence and other security issues. Interviews were conducted with adults, although asked about violence among all household members within the past two years (Garfield, 2007). In *Kosovo*, a population-based survey of Kosovar Albanian females over the age of 15 focused on the prior experience of respondents with sexual violence as well as subsequent mental health outcomes (Hynes and Cardozo, 2000). In *Ethiopia,* a cross-sectional survey with female adolescents used self-administered questionnaires to examine child sexual abuse and related health and psychosocial outcomes (Worku et al, 2006). The remaining two studies used a mixed methods approach, including surveys, a desk review, and other qualitative and participatory approaches in order to investigate various forms of violence against children (UNICEF and AusAid, 2009).

Also referenced in both fragile states and protracted contexts were mixed-methods school-based studies that were used to examine violence against children across multiple domains, including within schools, at home, and in the community. The specific nature of these studies varied according to context, although frequently involved quantitative surveys along with focus

group discussions, in-depth interviews, and desk reviews. While these studies used a similar approach to the mixed-methods assessments mentioned above, they were distinguished within this review by their use of schools as the primary research site, and their exclusive focus on violence experienced by school-age children. Among the articles examined that met this category, mixed-methods school-based studies were represented in *Ethiopia* (Save the Children and Government of Ethiopia, 2008), *Kosovo* (UNICEF, 2005a), *Nepal* (UNICEF, 2005b), and *Mali* (Antonowicz, 2010).

Several international survey efforts were also described in both protracted contexts and fragile states. For example, the Demographic and Health (DHS) survey, which was developed by USAID, is a representative household survey that captures data on a range of indicators related to population, health, and nutrition. Standard DHS surveys are conducted every 5 years. Sample tools and questionnaires are available for men, women, and households as well as modules for special topics, including several related to the issue of violence (domestic violence, female genital cutting, and fistula.) The focus and design of particular DHS surveys varies by country, although often includes both men and women between the ages of 15 and older. In *Uganda*, for example, a DHS survey was conducted in 2011 that included questions on domestic violence, female genital cutting, and fistula—all areas relevant to violence against children (Uganda Bureau of Statistics and ICF International, 2012). In *Haiti*, a 2012 DHS survey also included a number of questions related to VAC, including ones on domestic violence, child discipline, and particular categories of vulnerable children (Cayemittes et al, 2013). The same was true of a 2007 DHS survey in the *Democratic Republic of Congo*, which included questions on domestic violence, fistula, and children without adequate care (Ministere du Plan and Macro International, 2008).

Also fitting within this category is the *Multiple Indicator Cluster Survey (MICS)* which was developed by UNICEF in 1995 a means of capturing data on core indicators related to child development and well-being. The MICS5 represents the fifth round of the MICS globally, with research scheduled to take place from 2012-2015. The MICS5 includes sample questionnaires, indicator lists, and templates for planning, data analysis and reporting. Core areas covered in the MICS5 include: mortality; nutrition; child health; water and sanitation; reproductive health; child development; literacy and education; child protection; HIV/AIDS and sexual behavior; access to mass media and use of information/communication technology; subjective well-being; and tobacco and alcohol use. Questions in several areas address issues related to physical and sexual violence. The MICS5 is currently planned for multiple locations in the following regions: Central and Eastern Europe; East Asia and the Pacific; Eastern and Southern Africa; Middle East and North Africa; South Asia; West and Central Africa; and the Americas and Caribbean. Reports will be available beginning in 2013 as surveys are completed. Data collected from prior MICS surveys has been used for multiple purposes in order to analyze cross-national statistics on child well-being. In 2011, for example, UNICEF collated MICS data to reflect global statistics on violence, exploitation, and abuse, which addressed areas such as early marriage, violent discipline within the home, female genital cutting, and reported cases of sexual violence (UNICEF, 2011).

Similarly, the *Global School-Based Student Health Survey (GSHS),* which was developed by the World Health Organization (WHO) along with UNICEF, UNESCO, UNAIDS, and with support from the CDC. The survey has been carried out in diverse global locations in school-based settings with children between the ages of 13-17, and takes the form of a self-administered questionnaire. The intended goal of the GSHS is to inform program and policy development, enable cross-national comparison of data, and establish prevalence trends. The questionnaire covers a range of broad health issues as well as risk and protective factors, and includes questions on physical and sexual violence. Countries have adapted the questionnaire for use in various ways, and so not all instances in which it has been used have addressed the issue of violence. Comparative findings from GSHS studies have also been analyzed to examine regional trends regarding violence against children, as exemplified by Brown et al (2009), who used multi-country GSHS data from Africa to assess health outcomes related to exposure to physical and sexual violence.

Also used in both contexts is the Violence Against Children Survey (VACS) is national household survey designed by the Centers for Disease Control (CDC) that focuses on physical, emotional, and sexual violence against children. Using this approach, males and females between the ages of 13-24 are interviewed, with questions focusing on acts of violence that took place against respondents before they were 18 years old. In addition, the survey seeks to measure the incidence of violence in past 12 months for boys and girls between the ages of 13-17, and also seeks to capture risk and protective factors pertaining to children's experience with violence. VAC surveys have been completed in *Swaziland, Tanzania, Kenya* and *Zimbabwe*, with additional surveys in process in *Haiti, Cambodia, Malawi, Philippines, Indonesia,* and *Nigeria*. In 2009, Together for Girls (http://www.togetherforgirls.org), a public-private partnership involving the US Government along with UN agencies and private foundations, was formed to promote the implementation of VAC surveys and to support follow up on findings and recommendations on surveys at the national level. A report from a VACS study in *Kenya* was included in this review, which found that 11 % of females and 4% of males between the ages of 13-17 had reported experiencing sexual violence in the past year. In addition, the survey found that 49 % of females and 48% of males within the same age range had experienced physical violence within the past twelve months (UNICEF, CDC, and Kenya National Bureau of Statistics, 2012).

While these international surveys provide population-based data, and can contribute to existing knowledge on forms of violence experienced by children in particular contexts, prior research has suggested that including issues of violence as part of larger survey efforts that cover a broad range of issues may be less effective at capturing actual information on violence (Stark et al, 2010). In this way, the exclusive focus on violence of the VACS represents a promising approach to address this issue, although, in light of its emphasis on multiple forms of violence, the risk remains that capturing accurate information on physical or sexual violence through the VACS may still be incomplete.

Another approach that has been used in both protracted contexts and fragile states is the International Child Abuse Screening Tool (ICAST), which was developed by the International

Society for the Prevention of Child Abuse and Neglect (ISPCAN), in partnership with UNICEF, WHO, the UN Office of the High Commissioner of Human Rights, and the UN Secretary-General's Study on Violence Against Children. The tool was designed as a standard international measure that can be used in surveys in diverse contexts and enable the comparison of data on child abuse (Runyan, Dunne, and Zolotor, 2009; Dunne, 2009; Zolotor et al, 2009; Runyan et al, 2009). The tool has been translated and validated in 20 languages and has been used in multiple contexts. The tool includes questionnaires for parents, young adults, and children. Two studies that used the ICAST as part of larger surveys were examined in this review, including a study on violence against children in *Lebanon* (Usta et al, 2008) as well as a school-based study in *Uganda* (Devries et al, 2013). In light of its use in multiple contexts, its exclusive focus on children, and its development in response to the UN Secretary-General's Study on Violence Against Children, the ICAST can be seen as a promising tool for use and testing in other humanitarian phases. Depending on the resources and other capacities required to use the ICAST, however, its implementation in humanitarian contexts represents a potential challenge if sufficient staff, training, and other resources are not available. As the tool is piloted in additional sites, additional ways in which it can potentially be used in humanitarian contexts is an area worthy of further exploration.

A particularly innovative approach that was highlighted in this review is the use of rape mapping in Syria, which represents both a protracted conflict as well as a fragile state. This method is being piloted by *Women Under Siege,* a project of the Women's Media Center, which uses crowd sourcing and other social media techniques to track live reports of sexual violence against men and women in Syria. Methodological and technical support for the project are being provided by researchers from the Mailman School of Public Health at Columbia University, in collaboration with activists and journalists inside Syria as well as the Syrian-American Medical Society (Koenen and Roberts, 2013; Amos, 2013). Although data produced through this method is limited to reported cases, and therefore cannot be used to make generalizations to the larger population, its real-time information gathering provides a window into instances of sexual violence within an active conflict that may not otherwise be reported. As such, additional research and field-testing of this method is warranted, in Syria and elsewhere. In light of its unique nature and novel approach, the ethical dimensions of this method also represent an area for further analysis and investigation, in order to inform its future use and implementation.

While there was great similarity between the methods and tools described in protracted contexts and fragile states, several approaches were described in included documents only in protracted settings. This was true of the Childhood Trauma Questionnaire (CTQ), which is 28-question self-report questionnaire for the screening of past experience with physical, sexual, or emotional abuse and/or neglect. This tool was used in two studies in *Sri Lanka* as part of larger surveys measuring past experience with violence as well as current psychosocial issues among children and youth (Cantani et al, 2008; Catani et al, 2010). In addition, the same is true of the WHO Multi-Country Study on Women's Health and Domestic Violence, which was developed by the WHO along with international partners in order to estimate the prevalence of physical, sexual, and emotional violence against women and enable the comparison of data across

contexts. The initial study was carried out in 1997 across 15 sites in 10 countries, including: *Bangladesh, Brazil, Ethiopia, Japan, Namibia, Peru, Samoa, Serbia and Montenegro, Thailand,* and *Tanzania*. Data was collected from more than 24,000 women using a standard questionnaire that was developed by international experts and translated and pretested prior to its use during the study. A training manual was also developed for interviewers who would be conducting field research. Although the study focused on violence against women, it included respondents ages 15 years old and older, enabling the study to assess violence among older adolescents (WHO, 2005).

Lack of representative data, particularly with regard to young children (under 15), boys, and other "hidden" or hard to reach populations

Another theme that emerged throughout all phases of the study was a lack of methods to collect representative data across age and gender, as well as with regard to "hidden" or hard to reach populations. This was particularly true with regard to data on violence against *young children.* Among the studies included in this review that examined GBV among women and girls, selection criteria frequently involved respondents aged 15 and older. As such, these studies capture data on adolescent girls, but do not address violence experienced by younger children. While some studies focused specifically on children, such as the VAC surveys and mixed-methods school-based approaches, these methods were not described within early humanitarian phases, further emphasizing the need to develop methodologies to gather prevalence data on violence against young children within emergency contexts. In addition, although the VAC surveys use a slightly younger age range, respondents between the ages of 13-17 are considered, still leaving out younger children in terms of current prevalence data. The VACS does ask about any form of violence experienced before the age of 18, thereby potentially capturing data on early child abuse, however would not be used to capture *current* information on violence against children under the age of 13.

In addition to these approaches, other means of gathering information on violence against young children are typically based on caregiver reports, which run the risk of *non-disclosure* in the event that caregivers themselves are the perpetrators. Or, reporting may also be inhibited due to a sense of social desirability bias, in which caregivers feel ashamed to admit that their children are experiencing violence. As such, findings from this review suggest a need to explore ways in which the various forms of bias associated with caregiver reporting can be addressed. A potential solution to this challenge can be seen in the Neighborhood Method. In examining disclosure patterns gathered through this approach, respondents have reported slightly higher rates of violence in their neighbor's homes as compared to their own.[5] As such, additional exploration regarding the utility of this and other network sampling approaches to detect rates of violence against young children is warranted.

Among the studies examined in this review, there was also a limited emphasis on *boys* who are survivors of violence, with the exception of the VAC survey and the school-based approaches,

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[5] Stark, L. [unpublished data]. New York: Program on Forced Migration and Health, Mailman School of Public Health, Columbia University.

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which, as mentioned, are not applicable to early humanitarian phases. Similarly, there was a lack of emphasis among many studies on hidden or hard to reach populations. For example, in the case of school-based studies or household surveys, respondent selection criteria would not capture information on those not in school, those living outside of family care, children on the move, or other potential categories of vulnerability.

While the CP IMS, GBV IMS, and MRM allow for disaggregating data by age and gender, these methods cannot be used for gathering prevalence data in light of the limitations of these and other forms of passive surveillance previously described. The CPRA toolkit also focuses exclusively on children and seeks to capture information on violence against children across age, gender, and other potential areas of vulnerability. However, the CPRA is designed as a rapid assessment approach and is not intended to produce prevalence data or in-depth analysis of particular forms of violence. In addition, the toolkit employs the use of key informant interviews, which, as previously described, often do not capture accurate information on the nature and scope of violence. The MIRA assessment also includes sections to identify vulnerable populations, which could provide an opportunity to emphasize young children, boys, or other hidden/hard to reach groups, although in light of its rapid nature and broad scope, findings from the MIRA can also not be used to gather prevalence information, but rather are intended for use in informing subsequent assessment and measurement efforts.

VI. Recommendations

Based on the findings identified above, this study suggests the following recommendations:

- **Explore additional ways in which existing secondary data can be used predictively during the preparedness phase**

  Findings from this review suggest that data gathered through multiple methods and tools can be used during the preparedness phase in order to make predictions regarding the types and nature of violence that may be present during an emergency. Although information from prior surveys and assessments cannot be used to determine *current trends* of violence during an emergency, data gathered through these sources could be used by child protection actors during the preparedness phase to consider ways in which pre-existing forms of violence could potentially be exacerbated following an emergency, as well as particular populations that may be among the most vulnerable. While the CPRA Desk Review represents an effective means of gathering information on pre-existing forms of violence, there is a need for further thought and analysis regarding additional ways in which contextual secondary data can be examined in a rigorous manner in order to inform subsequent research, advocacy, and programming initiatives that seek to address violence against children in emergency contexts and beyond.

- **Develop additional approaches for establishing *active* surveillance on issues of violence against children during emergencies**

  While a number of passive surveillance approaches for measuring violence against children were identified in this review, there is currently a lack of active surveillance methodologies that specifically target violence against children in emergency contexts. In light of the limits of passive surveillance to accurately measure prevalence or magnitude, there is a need to explore additional ways in which active surveillance could potentially be used to measure violence against children in emergency contexts in order to gather data that is more representative of the nature and scale of violence. While implementing these approaches may not be possible in the earliest emergency phases due to capacity issues as well as logistical and security constraints, exploring ways to promote active surveillance in earlier phases of humanitarian contexts remains an area for additional research and discussion. Based on this, child protection actors should increasingly use techniques such as the Neighborhood Method that have been shown to gather more robust data on violence than passive surveillance approaches or other methods that rely on subjective information from key informant interviews or focus group discussions. The Neighborhood Method is applicable to multiple humanitarian phases and warrants use in more diverse humanitarian contexts in order to inform further program development based on prevalence rates.

- **Develop additional tools or methods to capture data on violence against *young* children**

  Findings from the review suggest a lack of existing methods and tools to measure violence against young children, particularly those under the age of 13. In light of the fact that young children are often among the most vulnerable, and least able to independently access forms of assistance and support, developing ways to identify, measure, and respond to cases of violence against children within this age range is particularly important. As such, the development of new methodologies and tools to measure violence against children under the age of 13 is urgently needed.

- **Develop ways to make existing tools or approaches capture data that is more representative, including gathering information on male survivors of violence, as well as other hidden or hard to reach populations**

  Findings from this review also suggest a lack of existing methods and tools to measure violence against male survivors, as well as other hidden or hard to reach populations. As such, there is a need to evaluate existing approaches to determine ways in which they can potentially be revised to capture data that is more representative, and to develop new methods and tools as needed.

- **Explore ways for information gathered during the transition phase to inform programming using a systems-building approach**

  In light of the lack of methods and tools that emerged in documents pertaining to measurement of violence against children during the transition and early recovery phase, there is a need to explore ways in which existing approaches can be used within this period, and to identify potential areas in which new or revised methods and tools are needed. In addition, as information on violence against children within this phase is available, child protection actors should explore ways in which these findings can be used to inform programming using a systems-based approach.

- **Increase use of data on physical and sexual violence from MIRA assessments to inform child protection and VAC-focused research and programming**

  Child protection actors should explore additional ways to use data collected by MIRA assessments to inform the development of research and programming efforts during subsequent humanitarian phases. Although the MIRA only provides rapid assessment data, its multi-sectorial focus, and emphasis on uncovering information on vulnerable populations and reported cases of violence, makes it a potential source of initial information. In addition, child protection actors should consult data found in MIRA reports while preparing for assessments with the CPRA toolkit so as to avoid duplication and explore possible issues of violence identified in MIRA data in greater depth.

- **Build the capacity of child protection in emergencies practitioners to measure violence against children in emergencies, and establish deployable specialist support for such initiatives**

  In light of the importance of measuring violence against children in a rigorous manner, additional training and capacity building opportunities in this area should be developed, in order to increase the number of child protection actors in the field who possess the necessary knowledge and capacities to conduct this type of research. In addition, a roster of deployable specialists should be developed to support with the measurement of violence against children in humanitarian contexts, and to support the implementation of new methods and approaches as they are developed.

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VIII. Appendices

- **Appendix I: Master List of Included Documents**

- **Appendix II: Measuring Violence Against Children in Humanitarian Settings: A
Compendium of Methods and Tools**

- **Appendix III: Research Brief: Measuring Violence Against Children in Humanitarian
Settings**

Appendix I: Master List of "Included Documents"/VAC Scoping Exercise

Number	Article/Document	Tools/Methods	Category	Population	VAC focus	Humanitarian Phase
1	IASC. (2012). *Multi-Cluster/Sector Initial Rapid Assessment (MIRA).* Geneva: Inter-Agency Standing Committee/UN OCHA.	MIRA	Inter-Agency Rapid Assessment	Emergency-affected populations	Includes questions about violence and sexual violence	First 2 weeks; MIRA report released at 2 weeks; preliminary scenario definition at 72 hours
2	Chad WASH, Health, Protection, Nutrition, and Child Protection Cluster. (2012). *Multi-Cluster Initial Rapid Assessment- Evaluation Initiale Rapide Multi-Cluster sur les inondations au Moyen Chari, Tandjilé, Mayo Kebbi Est - Tchad.* Chad: OCHA.	MIRA	Inter-Agency Rapid Assessment	Emergency-affected populations in Chad	Includes questions about violence and sexual violence	First 2 weeks; MIRA report released at 2 weeks; preliminary scenario definition at 72 hours
3	Pakistan NDMA. (2012). MIRA Report: Pakistan Floods 2012. Pakistan: National Disaster Management Authority.	MIRA	Inter-Agency Rapid Assessment	Emergency-affected populations in Pakistan	Includes questions about violence and sexual violence	First 2 weeks; MIRA report released at 2 weeks; preliminary scenario definition at 72 hours
4	Global Protection Cluster. (2011). *Vulnerabilities, violences et violations graves de droits de 'lenfant: Rapport relatif a l'impact de la crise post electorale sur la protection des enfants en Cote d'Ivoire.* Cote d'Ivore: Le Sous-Cluster Protection de l'enfance/UNICEF/Save the Children.	MRM	Passive Surveillance	Conflict-affected children in Cote d'Ivoire	6 grave violations	Multiple phases of emergency/ humanitarian contexts
5	Barnett, K. and Jefferys, A. (2008). *Full of promise: How the UN's Monitoring and Reporting Mechanism can better protect children.* HPN Network Paper, 62. London: Humanitarian Practice Network/Overseas Development Institute.	MRM	Passive Surveillance	Contexts identified by UN Secretary-General	6 grave violations	Multiple phases of emergency/ humanitarian contexts

6	O/SRSG-CAAC, UNICEF, and DPKO. (2010). *MRM Field Manual: Monitoring and Reporting Mechanism (MRM) on Grave Violations in Situations of Armed Conflict.* New York: O/SRSG-CAAC, UNICEF, and DPKO.	MRM	Passive Surveillance	Contexts identified by UN Secretary-General	6 grave violations	Multiple phases of emergency/ humanitarian contexts
7	Thailand Child Protection Sub-Cluster (2012). *Child Protection Risks Due to Flooding in Thailand: October-December 2011. Inter-Agency Child Protection Rapid Assessment Report.* Bangkok: Child Protection Sub-Cluster, Thailand.	CPRA toolkit	Rapid Assessment	Thailand	CP issues	Between 3-5 weeks after an emergency, typically during Phase III of the IASC Needs Assessment Framework. The CPRA is typically conducted once initial multi-sectorial assessments have been conducted.
8	IASC, (2009). *Interagency First Phase Child Protection Assessment Resource Kit.* IASC Child Protection Working Group of the Protection Cluster Working Group	Interagency First Phase Child Protection Assessment	Rapid Assessment	Designed for use in early phases of emergency; usually within first 2 weeks	Includes questions on violence in addition to other CP risks	Within first 1-2 weeks of emergency
9	Crabtree, K. (2011). *Getting Data Right: What's wrong with current practices in gender-based violence data collection and sharing?* Monday Developments, p. 24.	GBV IMS	Passive Surveillance	Emergency-affected populations	GPV issues	Multiple phases of emergency/ humanitarian contexts
10	International Rescue Committee, UNFPA, and UNHCR. (2010). *Gender-based Violence Information Management System User Guide.*	GBV IMS	Passive Surveillance	Emergency-affected populations	GPV issues	Multiple phases of emergency/ humanitarian contexts

Appendix I: Master List of "Included Documents"/VAC Scoping Exercise

11	Bartels, S., Scott, J., Mukwege, D., Lipton, R., VanRooyen, M., and Leaning, J. (2010). *Patterns of sexual violence in Eastern Democratic Republic of Congo: reports from survivors presenting to Panzi Hospital in 2006*. <u>Conflict and Health</u>, *2010, 4:9.*	Medical Record Analysis based on retrospective cohort design including semi-structured questionnaire; review of medical records 1-2 years later	Medical record analysis	Women seeking post-sexual violence care in Eastern DRC	Questionnaire asked about experience with sexual violence; carried out in private location by trained nurse	Multiple phases of emergency/ humanitarian contexts
12	Usta, J., Mahfoud, Z., Chahine, G., and Anani, G. (2008). *Child Sexual Abuse: The Situation in Lebanon.* KAFA Violence and Exploitation/The Higher Council for Children/The Ministry of Social Affairs/Save the Children Sweden.	Mixed methods study involving cross-sectional survey with children ages 8-17 along with focus group discussions with parents and children. Survey included use of Use of International Child Abuse Screening Tool (ICAST) along with other measures	Cross-Sectional Survey	Children aged 8-17 years in Lebanon; FGDs with parents, educators and additional children	Questions asked about experience with forms of violence	Transitional, post-emergency, or fragile states
13	Ager, A., Stark, L., and Blake, C. (2010). *Assessing Child Protection in Emergencies: Field Experience Using the Inter-Agency Emergency Child Protection Assessment Resource Toolkit.* New York: Columbia University Program on Forced Migration and Health.	Interagency First Phase Child Protection Assessment	Rapid Assessment	Multiple	Addresses violence as well as other CP issues	Once initial multi-sectorial assessments have been conducted.

14	Ager, A., Blake, C., Stark, L. and Tsufit, D. (2011). *Child protection assessment in humanitarian emergencies: Case studies from Georgia, Gaza, Haiti and Yemen*. Child Abuse & Neglect 35 (2011): 1045-1052.	Interagency First Phase Child Protection Assessment	Rapid Assessment	Georgia, Gaza, Haiti, Yemen	Addresses violence as well as other CP issues	Once initial multi-sectorial assessments have been conducted
15	Jordan CP and GBV Sub Working Group (2013). *Findings from the Inter-Agency Child Protection and Gender-Based Violence Assessment in the Za'atari Refugee Camp.* Jordan: CP and GBV Sub-Working Group.	CPRA toolkit and focus group discussions	Rapid Assessment	Jordan	Addresses violence and GBV in addition to other CP risks	Between 3-5 weeks after an emergency, typically during Phase III of the IASC Needs Assessment Framework. The CPRA is typically conducted once initial multi-sectorial assessments have been conducted.
16	Global Protection Cluster. (2012). *Child Protection Rapid Assessment (CPRA) Toolkit*. Geneva: Global Protection Cluster/Child Protection Working Group.	CPRA toolkit	Rapid Assessment	Global	Addresses violence as well as other CP issues	Between 3-5 weeks after an emergency, typically during Phase III of the IASC Needs Assessment Framework. The CPRA is typically conducted once initial multi-sectorial assessments have been conducted.
17	PUSAK, Columbia University, CPC Network, Global Protection Cluster. (2011). *Lessons Learned in Field-Testing of the Child Protection Rapid Assessment Yogyakarta, Indonesia June-July 2011.* Jakarta, Indonesia: PUSAK, Columbia University, CPC Network, and Global Protection Cluster.	CPRA toolkit	Rapid Assessment	Indonesia	Addresses violence as well as other CP issues	Between 3-5 weeks after an emergency, typically during Phase III of the IASC Needs Assessment Framework. The CPRA is typically conducted once initial multi-sectorial assessments have been conducted.

18	CPWG. (2013). *CPWG Rapid Assessment After Typhoon Bopha- Key Findings.* **Geneva: Global Child Protection Cluster/Child Protection Working Group.**	CPRA toolkit	Rapid Assessment	Philippines	Addresses violence as well as other CP issues	Between 3-5 weeks after an emergency, typically during Phase III of the IASC Needs Assessment Framework. The CPRA is typically conducted once initial multi-sectorial assessments have been conducted.
19	**UNICEF, UNFPA, Save the Children. (2011).** *Child Protection Working Group Rapid Assessment: Protection Risks for Libyan Children and Their Families Displaced in Southern Tunisia.* **Tunisia: UNICEF, UNFPA, and Save the Children/Child Protection Sub-Working Group, Southern Tunisia.**	CPRA toolkit	Rapid Assessment	Libyan refugee children in Tunisia	Addresses violence as well as other CP issues	Between 3-5 weeks after an emergency, typically during Phase III of the IASC Needs Assessment Framework. The CPRA is typically conducted once initial multi-sectorial assessments have been conducted.
20	**Runyan, D., Dunne, M., and Zolotor, A. (2009).** *Introduction to the development of the ISPCAN child abuse screening tools.* Child Abuse & Neglect. **33 (2009) 842-845.**	ISPCAN Child Abuse Screening Tools (ICAST) Questionnaires and Guides (parent, young adult, child)	Questionnaires	Global	Addresses multiple areas of violence	Transitional, post-emergency, or fragile states
21	**Cayemittes, Michel, Michelle Fatuma Busangu, Jean de Dieu Bizimana, Bernard Barrère, Blaise Sévère, Viviane Cayemittes et Emmanuel Charles. 2013.** E*nquête Mortalité, Morbidité et Utilisation des Services, Haïti, 2012.* **Calverton, Maryland, USA: MSPP, IHE et ICF International.**	DHS Survey: includes modules on domestic violence, child protection, etc.	National Household Survey	Women 15-49 and Men 15-49 in Haiti	Includes questions on domestic violence, child protection, child discipline, and earthquake related injuries or deaths	Transitional, post-emergency, or fragile states

22	**Ministère du Plan et Macro International. 2008.** *Enquête Démographique et de Santé, République Démocratique du Congo 2007.* **Calverton, Maryland, U.S.A. : Ministère du Plan et Macro International.**	DHS Survey: includes modules on domestic violence, fistula, and orphans	National Household Survey	Women 15-49 and Men 15-59 in DRC	Includes questions on domestic violence, fistula, and orphans	Transitional, post-emergency, or fragile states
23	**Uganda Bureau of Statistics (UBOS) and ICF International Inc. 2012.** *Uganda Demographic and Health Survey 2011.* **Kampala, Uganda: UBOS and Calverton, Maryland: ICF International Inc.**	DHS Survey: includes modules on domestic violence, fistula and female genital cutting	National Household Survey	Women 15-29 and Men 15-54 in Uganda	Includes questions on domestic violence, female genital cutting, and fistula	Transitional, post-emergency, or fragile states
24	**Demographic and Health Surveys (DHS)**	DHS Survey: Domestic Violence Questionnaire; Fistula Questionnaire; Female Genital Cutting Questionnaire; Men, Women and Household Questionnaires	National Household Survey	Global	Includes questions on domestic violence, fistula, female genital cutting, women's empowerment	Transitional, post-emergency, or fragile states
25	**Haldorsen, K. (2013).** *Early Marriage: A mapping in three Palestinian refugee camps in Jordan.* **Jordan: Save the Children Norway/United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA).**	Mixed methods: Focus groups, interviews, review of medical files	GBV Rapid Assessment	Jordan	Questions on early marriage	Multiple phases of emergency/ humanitarian contexts

26	Dunne, M. (2009*). ISPCAN Child Abuse Screening Tools Retrospective version (ICAST-R): Delphi study and field testing in seven countries*. <u>Child Abuse & Neglect</u> 33(2009) 815-825.	ICAST-R	Survey	Global	Questions on various types of violence and abuse	Transitional, post-emergency, or fragile states
27	**Parcesepe, A., Stark, L. and Roberts, L.** *Using the Neighborhood Method to Measure Violence and Rape in Ethiopia.* **New York: Columbia University Program on Forced Migration and Health.**	Interview Guide	Neighborhood Method	Ethiopia	Questions on various forms of violence	Multiple phases of emergency/ humanitarian contexts
28	**McCormick, C. (2010).** *Evaluation of the Inter-Agency Child Protection Information Management System.* **IRC/Save the Children/UNICEF.**	Child Protection IMS: Standard Forms, Database, Confidentiality protocols	Passive Surveillance	Global	IMS for Child Protection	Multiple phases of emergency/ humanitarian contexts
29	**Garfield, R .(2007).** *Violence and victimization in South Sudan: Lake*s **State in the post-CPA period. Geneva: Small Arms Survey.**	Lakes State Homestead Survey on Safety and Security	Cross-sectional Household Survey/In-depth assessment on violence	South Sudan	Questions on physical and sexual violence in and outside of the home (within past 2 years)	Transitional, post-emergency, or fragile states
30	**Devries, K., Allen, E., Child, J., Walakira, E. Parkes, J., Elbourne, D., Watts, C. and Naker, D. (2013).** *The Good Schools Toolkit to prevent violence against children in Ugandan primary schools: study protocol for a cluster randomized controlled tria*l. <u>Trials</u>. **14: 232.**	Mixed Methods, including a randomized controlled trial, qualitative study, process evaluation, and an economic evaluation; used ICAST along with other tools	Mixed methods Study	Uganda	Questions on various forms of violence and abuse	Transitional, post-emergency, or fragile states

Appendix I: Master List of "Included Documents"/VAC Scoping Exercise

31	Potts, A., Myer, K. and Roberts, L. (2011). Measuring human rights violations in a conflict-affected country: results from a nationwide cluster survey in Central African Republic. Conflict and Health, 5(1): 4.	Interview Guide	Neighborhood Method	Central African Republic	Questions on grave violations	Multiple phases of emergency/ humanitarian contexts
32	Brown, D., Riley, L., Butchart, A., Meddings, D., Kann, L., and Harvey, A. (2009). *Exposure to physical and sexual violence and adverse health behaviors in African children: results from the Global School-based Student Health Survey.* Bulletin of the World Health Organization. 87: 447-455.	GSHS data: Cross-sectional analysis of GSHS data on physical and sexual violence from Namibia, Swaziland, Uganda, Zambia, and Zimbabwe	Cross-sectional data analysis/GSHS	Namibia, Swaziland, Uganda, Zambia, Zimbabwe	Examined data on physical and sexual violence	Transitional, post-emergency, or fragile states
33	WHO and CDC. (2013). Global School-Based Student Health Survey (GSHS). 2013 Core-Expanded Questions	GSHS	GSHS Survey	Global	Questions on violence and other health issues	Transitional, post-emergency, or fragile states
34	Himbert, S. (2011*). Kenya Child Protection Assessment*. Kenya: Terre des Hommes.	CPRA toolkit	Rapid Assessment	Kenya	Questions on violence and other CP issues	Between 3-5 weeks after an emergency, typically during Phase III of the IASC Needs Assessment Framework. The CPRA is typically conducted once initial multi-sectorial assessments have been conducted.
35	Zolotor, A., Runyan, D., Dunne, M., Jain, D., Peturs, H., Ramirez, C., Volkova, E., Deb, S., Lidchi, V., Muhammad, T. and Isaeva, O. (2009). *ISPCAN Child Abuse Screening Tool Children's Version (ICAST-C): Instrument development and multi-national pilot testing.* Child Abuse & Neglect. 33 (2009) 833-841.	ICAST-C	Survey	Global	Questions on violence and abuse	Transitional, post-emergency, or fragile states
36	Runyan, D., Dunne, M., Zolotor, A., Madrid, B., Jain, D., Gerbaka, B.,	ICAST-P	Survey	Global	Questions on violence and	Transitional, post-emergency, or fragile

	Menick, D., Andreva-Miller, I., Kasim, M., Choo, W., Isaeva, O., Macfarlane, B., Ramirez, C., Volkova, E., and Youssef, R. (2009). *The development and piloting of the ISPCAN Child Abuse Screening Tool- Parent Version (ICAST-P)*. Child Abuse and Neglect. 33 (2009) 826-832.				abuse	states
37	IRC. (2011). *Gender-Based Violence Emergency Assessment Halewen Refugee Camp, Dolo Ado, Ethiopia*. IRC Ethiopia.	Mixed methods: Interviews, focus groups, safety audits	GBV Rapid Assessment	Ethiopia	Questions on GBV	Multiple phases of emergency/ humanitarian contexts
38	IRC. (2013). *Iraq Country Program: Child Protection Rapid Assessment in Domiz Camp and Dohuk*. Iraq: International Rescue Committee.	CPRA toolkit	Rapid Assessment	Iraq	Questions on violence and other CP issues	Between 3-5 weeks after an emergency, typically during Phase III of the IASC Needs Assessment Framework. The CPRA is typically conducted once initial multi-sectorial assessments have been conducted.
39	Stark, L, Warner, A., Lehman, H., Boothby, N., Ager, A. (2013). *Measuring the incidence and reporting of violence against women and girls in Liberia using the "Neighborhood Method"*. Conflict and Health, 7(20).	Interview Guide	Neighborhood Method	Liberia	Questions on GBV	Multiple phases of emergency/ humanitarian contexts
40	Koenen, K. and Roberts, L. (2013). *Proposal for Syria Rape Map project.* New York: Mailman School of Public Health, Columbia University.	Live tracking/crowd sourcing	Rape Mapping	Syria	Reports on sexual violence	Multiple phases of emergency/ humanitarian contexts
41	UNICEF. (2005). *Research into Violence against Children in Schools in Kosovo*. Kosovo: UNICEF.	Used mixed methods assessment: desk survey; questionnaires; in-depth interviews; focus group discussions;	Mixed Methods School-Based Research	Kosovo	Questions on violence and abuse	Transitional, post-emergency, or fragile states

		discussions with specialists				
42	**Multiple Indicator Cluster Survey 5 (MICS5)**	MICS5: Household questionnaire; questionnaire for individual women (versions for with and without birth history)	National Household Survey	Global	Violence along with multiple health, social, and demographic areas	Transitional, post-emergency, or fragile states
43	**Watchlist on Children and Armed Conflict. (2008).** *Getting it Done and Doing it Right: A Global Study on the United Nations-led Monitoring and Reporting Mechanism on Children and Armed Conflict* **. New York: Watchlist on Children and Armed Conflict.**	MRM	Passive Surveillance	Multiple countries	Review of MRM practices in multiple countries	Multiple phases of emergency/ humanitarian contexts
44	**WHO.(2005)** *Summary Report: WHO Multi-Country Study on Women's Health and Domestic Violence against Women: Initial results on prevalence, health outcomes and women's responses.* **Geneva: World Health Organization.**	WHO Multi-Country Study: Data processing manual, Household questionnaire, Women's questionnaire, interviewer training	WHO Multi-Country Survey	Bangladesh, Brazil, Japan, Namibia, Peru, Samoa, Thailand, and the United Republic of Tanzania. Chile, Ethiopia, Indonesia, New Zealand, and Serbia and Montenegro.	Health and violence	Transitional, post-emergency, or fragile states
45	**Kumar et al. (2001).** *Nepal Trafficking in Girls With Special Reference to Prostitution: A Rapid Assessment* **. ILO: International Programme on the Elimination of Child Labor.**	Report includes Questionnaire; mixed methods approach used: interviews, field survey; secondary	GBV Rapid Assessment	Nepal	Questions on trafficking and prostitution	Transitional, post-emergency, or fragile states

		data analysis			
46	**UNICEF. (2005). *Violence Against Children in Nepal: No More Suffering- Child Sexual Abuse in Nepal: Children's Perspectives*. Katmandu, Nepal: UNICEF.**	Questionnaire, focus group discussion, stakeholder interviews	Mixed Methods School-Based Research	Nepal	Questions on violence against children	Transitional, post-emergency, or fragile states
47	**Antonowicz, L. (2010). *La violence faite aux enfants en milieu scolaire au Mali*. Mali: Plan and Save the Children.**	Field survey, literature review, stakeholder interviews	Mixed Methods School-Based Research	Mali	Violence against children	Transitional, post-emergency, or fragile states
48	**Sawa 121. (2011). *Sawa 121: Palestinian Child Protection Helpline 121: Reality and Challenges*. Jerusalem/Ramallah/Palestine: Sawa 121.**	Review of call center data, focus groups and interviews with staff, literature review	Child Protection Helpline Data Analysis	Palestine	Violence and other CP issues	Transitional, post-emergency, or fragile states
49	**Save the Children (2011). *Initial Report on 'Sex for Services' in Nimba county border towns*. Liberia: Save the Children.**	Focus group discussion guide included; mixed methods study with focus group discussions and an anonymous survey	GBV Rapid Assessment	Liberia	Sexual exploitation and abuse	Multiple phases of emergency/ humanitarian contexts
50	**Rogers, B., Anderson, L., Stark, L. and Roberts, L. (2009). *Estimating the Incidence of Physical and Sexual Violence against Children and Women in Trincomalee District, Sri Lanka: The Neighborhood Method*. New York: Save the Children/Columbia University Program on Forced Migration and Health, Mailman School of Public Health.**	Interview guide	Neighborhood Method	Sri Lanka	Physical and sexual violence	Multiple phases of emergency/ humanitarian contexts
51	**Stark, L. (2010). *From Incidents to Incidence: Measuring Sexual Violence Amidst War and Displacement*. Dissertation, Mailman School of Public Health, Columbia University.**	Interview guide	Neighborhood Method	Sri Lanka, Liberia, Uganda, Somalia	Sexual violence	Multiple phases of emergency/ humanitarian contexts

52	Save the Children. (2011). *Child Protection in Emergencies Rapid Needs Assessment Libya*. Libya: Save the Children.	CPRA toolkit	Rapid Assessment	Libya	Child protection issues	Between 3-5 weeks after an emergency, typically during Phase III of the IASC Needs Assessment Framework. The CPRA is typically conducted once initial multi-sectorial assessments have been conducted.
53	Steiner, B. et al. (2009). *Sexual violence in the protracted conflict of DRC programming for rape survivors in South Kivu*. Conflict and Health, 2009, (3)3.	Medical case file review	Medical Record Analysis	DRC	Sexual violence	Multiple phases of emergency/ humanitarian contexts
54	The African Child Policy Forum and Save the Children. (2006). *Sticks, Stones and Brutal Words: The Violence Against Children in Ethiopia*. Addis Ababa: Save the Children and the African Child Forum.	Questionnaires and FGD guide included in report; mixed methods approach for study involved interviews, focus group discussions, narrative research, and desk review	In-depth assessment of violence	Ethiopia	Violence against children	Transitional, post-emergency, or fragile states
55	Save the Children Denmark and Ethiopia Ministry of Education and Ministry of Women's Affairs (2008). *A Study on Violence against Girls in Primary Schools and Its Impacts on Girls' Education in Ethiopia*. Addis Ababa, Ethiopia: Save the Children and Ethiopian Ministry of Women's Affairs.	Desk review, quantitative survey, focus group discussions, in-depth interviews	Mixed Methods School-Based Research	Ethiopia	Violence against girls in schools	Transitional, post-emergency, or fragile states
56	Cantani, C., Jacob, N. Schauer, E., Kohila, M. and Neuner, F. (2008). *Family violence, war and natural disasters: A study of the effect of extreme stress on children's mental health in Sri Lanka*. British Medical Journal of Psychiatry. 8(33).	Use of Childhood Trauma Questionnaire (CTQ) as part of larger survey	Survey	Sri Lanka	Measured family violence along with other forms of violence	Multiple phases of emergency/ humanitarian contexts

57	Catani, C. et al (2010). *Tsunami, War, and Cumulative Risk in the Lives of Sri Lankan Schoolchildren*. Child Development, August 2010, (80)4: 1176-1191.	Use of Childhood Trauma Questionaire (CTQ) as part of larger survey	Survey	Sri Lanka	Exposure to risks and traumatic events	Multiple phases of emergency/ humanitarian contexts
58	UNICEF and AusAid. (2009). *Protect me with love and care: A baseline report for creating a future free from violence, abuse and exploitation of girls and boys in the Solomon Islands*. Suva, Fiji: UNICEF Pacific.	Mixed methods (desk review, legislative compliance review, key informant interviews, workshops with children, workshops with key stakeholders, questionnaires to police, questionnaires)	In-depth assessment of violence	Solomon Islands	Violence and abuse	Transitional, post-emergency, or fragile states
59	UNICEF, CDC, and Kenya National Bureau of Statistics.(2012). *Violence against Children in Kenya: Findings from a 2010 National Survey. Summary Report on the Prevalence of Sexual, Physical and Emotional Violence, Context of Sexual Violence, and Health and Behavioral Consequences of Violence Experienced in Childhood*. Nairobi, Kenya: UNICEF, CDC, KNBS.	VACS survey (official)	National Household Survey	Kenya	Violence against children	Transitional, post-emergency, or fragile states
60	Worku, D., Gebremariam, A., and Jayalakshmi, S. (2006). *Child sexual abuse and its outcomes among high school students in southwest Ethiopia*. Tropical Doctor. 36: 137-140.	Cross-sectional survey of adolescent females ages 12-20 involving anonymous self-administered questionnaires	In-depth assessment of violence	Ethiopia	Sexual abuse	Transitional, post-emergency, or fragile states
61	Hynes, M., & Cardozo, B. L. (2000). *Sexual violence against refugee women*. Journal of Women's Health & Gender-Based Medicine, 9, 819-823.	Population-based survey of Kosovar Albanian females over the age of 15	In-depth assessment of violence	Kosovo	Sexual violence along with mental health and other	Transitional, post-emergency, or fragile states

					outcomes	
62	**McCormick, C. (2013).** *Monitoring, reporting, and addressing child rights and protection violations in 'non-listed' countries*. Disaters, 37 (S1): S121-S138.	MRM	Passive Surveillance	OpT	6 grave violations	Multiple phases of emergency/ humanitarian contexts
63	**Global Protection Cluster. (2013).** *Child Protection Priority Issues and Responses Inside Syria*. **Geneva: Global Protection Cluster/Child Protection Working Group.**	CPRA toolkit (desk review only)	Rapid assessment/desk review	Syria	Child Protection concerns in Syria	Preparedness/post-emergency
64	**Global Protection Cluster. (2012).** *Summary of Child Protection Priority Needs and Responses: Typhoon Bopha*. **Geneva: Global Protection Cluster/Child Protection Working Group.**	CPRA toolkit (desk review only)	Rapid assessment/desk review	Philippines	Child Protection concerns in the Philippines	Preparedness/post-emergency
65	**Global Protection Cluster. (2013).** *Revue Documentaire Mali- Mars 2013.* **Geneva: Global Protection Cluster/Child Protection Working Group.**	CPRA toolkit (desk review only)	Rapid assessment/desk review	Mali	Child Protection concerns in Mali	Preparedness/post-emergency

Appendix II:

Measuring Violence Against Children in Humanitarian Settings:
A Compendium of Methods and Tools

—Index—

Name of Method or Tool:	Interagency Child Protection 1st Phase Assessment Resource Kit- 2009
Type:	Rapid Assessment
Target population:	Emergency-affected communities
Description:	Intended for use as an inter-agency effort in the early stages of an emergency, in order to determine initial child protection needs and develop a coordinated programmatic response. The toolkit covers a broad range of child protection issues and uses a mixed methods approach involving a desk review, key informant interviews, focus group discussions, and service mapping. The toolkit includes the following components: Guidance Notes; Assessment Checklist; Desk Review Template; Focus Group Discussion Data Collection Form; Focus Group Discussion Guide; Humanitarian Response Capacity Map; Institutional Care Capacity Map; Key Informants Community Assessment Form; Questionnaire for Children; Urgent Action Report Form. **Note:** This toolkit was updated and replaced by the 2010 CPRA toolkit (*see below*).
Phase of use in Emergency context:	Within the first two weeks of an emergency, after the initial Multi-Sectorial Rapid Assessment has been conducted.
Examples of use:	Ager, A., Stark, L., and Blake, C. (2010). *Assessing Child Protection in Emergencies: Field Experience Using the Inter-Agency Emergency Child Protection Assessment Resource Toolkit.* New York: Columbia University Program on Forced Migration and Health. Ager, A., Blake, C., Stark, L. and Tsufit, D. (2011). *Child protection assessment in humanitarian emergencies: Case studies from Georgia, Gaza, Haiti and Yemen*. Child Abuse & Neglect 35 (2011): 1045-1052.
Available from:	http://www.unicefinemergencies.com/downloads/eresource/Child_Protection.html

Name of Method or Tool:	Child Protection Rapid Assessment (CPRA) Toolkit
Type:	Rapid Assessment
Target population:	Emergency-affected communities
Description:	The CPRA replaced the 2009 Interagency First Phase Child Protection Assessment Resource Kit, and represents the current toolkit developed by the Global Child Protection Working Group (CPWG) for assessing initial child protection risks in the early phases of an emergency response. The toolkit is intended for use as an inter-agency process, and includes the following templates: 1) key informant interview; 2) direct observation; 3) desk review; and 4) site report. In addition, the toolkit provides a sample data entry tool that facilitates the creation of data displays in order to concisely portray key findings.
Phase of use in Emergency context:	Between 3-5 weeks after an emergency, typically during Phase III of the IASC Needs Assessment Framework. The CPRA is typically conducted once initial multi-sectorial assessments have been conducted.
Examples of use:	Jordan CP and GBV Sub Working Group (2013). *Findings from the Inter-Agency Child Protection and Gender-Based Violence Assessment in the Za'atari Refugee Camp.* Jordan: CP and GBV Sub-Working Group.
	PUSAK, Columbia University, CPC Network, Global Protection Cluster. (2011). *Lessons Learned in Field-Testing of the Child Protection Rapid Assessment Yogyakarta, Indonesia June-July 2011.* Jakarta, Indonesia: PUSAK, Columbia University, CPC Network, and Global Protection Cluster.
	IRC. (2013). *Iraq Country Program: Child Protection Rapid Assessment in Domiz Camp and Dohuk.* Iraq: International Rescue Committee.
	CPWG. (2013). *CPWG Rapid Assessment After Typhoon Bopha- Key Findings.* Geneva: Global Child Protection Cluster/Child Protection Working Group.
	UNICEF, UNFPA, Save the Children. (2011). *Child Protection Working Group Rapid Assessment: Protection Risks for Libyan Children and Their Families Displaced in Southern Tunisia.* Tunisia: UNICEF, UNFPA, and Save the Children/Child Protection Sub-Working Group, Southern Tunisia.
	Save the Children. (2011). *Child Protection in Emergencies Rapid Needs Assessment Libya.* Libya: Save the Children.
	Himbert, S. (2011). *Kenya Child Protection Assessment.* Kenya: Terre des Hommes.
	Thailand Child Protection Sub-Cluster (2012). *Child Protection Risks Due to Flooding in*

	Thailand: October-December 2011. Inter-Agency Child Protection Rapid Assessment Report. Bangkok: Child Protection Sub-Cluster, Thailand. Global Protection Cluster. (2013). *Child Protection Priority Issues and Responses Inside Syria*. Geneva: Global Protection Cluster/Child Protection Working Group. *(desk review template only)* Global Protection Cluster. (2012). *Summary of Child Protection Priority Needs and Responses: Typhoon Bopha*. Geneva: Global Protection Cluster/Child Protection Working Group. *(desk review template only)* Global Protection Cluster. (2013). *Revue Documentaire Mali- Mars 2013.* Geneva: Global Protection Cluster/Child Protection Working Group. *(desk review template only)*
Available from:	http://cpwg.net/assessment-topics/cpra-toolkit/

Name of Method or Tool:	**Multi-Cluster/Sector Initial Rapid Assessment (MIRA)**
Type:	Rapid Assessment
Target population:	Emergency-affected populations
Description:	The MIRA is a multi-cluster/sector rapid assessment, intended to provide an initial snapshot of humanitarian needs during the first two phases of an emergency. Using the MIRA, a Preliminary Scenario Definition is produced within 72 hours, and a MIRA report is released within two weeks. The MIRA uses a mixed methods approach, including secondary data analysis, key informant interviews, and direct observation. The following templates are included in the resource kit: secondary data analysis guidelines; investigation form template; direct observation guidelines; key informant interview guidelines; preliminary scenario definition template; MIRA report template. Although the MIRA address a broad spectrum of issues across-sectors, the investigation form template includes a number of questions related to various forms of violence, including physical and sexual violence against children.
Phase of use in Emergency context:	First 72 hours- 2 weeks
Examples of use:	Chad WASH, Health, Protection, Nutrition, and Child Protection Cluster. (2012). *Multi-Cluster Initial Rapid Assessment- Evaluation Initiale Rapide Multi-Cluster sur les inondations au Moyen Chari, Tandjilé, Mayo Kebbi Est – Tcha*d. Chad: OCHA. Pakistan NDMA. (2012). *MIRA Report: Pakistan Floods 2012*. Pakistan: National Disaster Management Authority.
Available from:	https://docs.unocha.org/sites/dms/CAP/mira_final_version2012.pdf

Name of Method or Tool:	UN Monitoring and Reporting Mechanism (MRM)
Type:	Passive Surveillance Mechanism
Target population:	Country situations that are listed in the annexes of the annual report of the UN Secretary-General on Children and Armed Conflict, or in other countries of concern as identified by the UN Secretary-General
Description:	The MRM was initially established by UN Security Council Resolution 1612 in order to monitor and report on the six "grave violations" identified in the mandate of the Office of the Special Representative to the Secretary-General for Children and Armed Conflict. These violations include: 1) Killing and maiming; 2) Recruitment or use of children in armed forces and groups; 3) Attacks on schools or hospitals; 4) Rape or other grave sexual violence; 5) Abduction; and 6) Denial of humanitarian access for children. The MRM Field Manual provides information on the actors and steps involved in the monitoring and reporting process, and identifies data sources that can be used to gather and verify reported cases of grave violations.
Phase of use in Emergency context:	At any phase, based on a particular country's designation by the UN Secretary-General
Examples of use:	Watchlist on Children and Armed Conflict. (2008). *Getting it Done and Doing it Right: A Global Study on the United Nations-led Monitoring and Reporting Mechanism on Children and Armed Conflict*. New York: Watchlist on Children and Armed Conflict. Cote d'Ivoire Child Protection Sub-Cluster. (2011). *Vulnerabilities, violences et violations graves de droits de 'lenfant: Rapport relatif a l'impact de la crise post electorale sur la protection des enfants en Cote d'Ivoire*. Cote d'Ivore: Le Sous-Cluster Protection de l'enfance/UNICEF/Save the Children. Barnett, K. and Jefferys, A. (2008). *Full of promise: How the UN's Monitoring and Reporting Mechanism can better protect children*. HPN Network Paper, 62. London: Humanitarian Practice Network/Overseas Development Institute. McCormick, C. (2013). *Monitoring, reporting, and addressing child rights and protection violations in 'non-listed' countries*. Disasters, 37 (S1): S121-S138.
Available from:	http://cpwg.net/wp-content/uploads/2013/08/UNICEF-DPKO-2010-MRM-Guidelines-Field-Manual-and-Training-Toolkit.pdf

Name of Method or Tool:	**Gender-based Violence Information Management System (GBV IMS)**
Type:	Passive Surveillance Mechanism
Target population:	Humanitarian settings
Description:	The GBV IMS was developed by UNFPA, UNHCR, and the International Rescue Committee (IRC), in consultation with the Inter-Agency Standing Committee's (IASC) Sub-Working Group on Gender and Humanitarian Action and the GBV Area of Responsibility (AoR) in order to improve data collection and information management pertaining to GBV in humanitarian settings. The system includes technical guidance and sample tools with regard to the collection, storage, analysis and reporting of GBV data. The system includes a *User Guide* as well as the following tools: GBV Classification Tool; Intake and Consent Forms; an Incident Recorder (IR); a GBV Information Sharing Protocol Template; and Rollout Guidance. To date, the GBV IMS has been implemented in 18 countries: Burundi, Chad, Colombia, Côte d'Ivoire, Democratic Republic of Congo, Ethiopia, Guinea, Haiti, Iraq, Jordan, Kenya, Lebanon, Liberia, Nepal, Sierra Leone, Southern Sudan, Thailand and Uganda. The system is not intended to capture prevalence of GBV issues, or to be used for case management. Rather, it focuses on effectively managing *reported* cases of GBV incidents.
Phase of use in Emergency context:	For use in humanitarian settings
Examples of use:	International Rescue Committee, UNFPA, and UNHCR. (2010). *Gender-based Violence Information Management System User Guide.* Crabtree, K. (2011). *Getting Data Right: What's wrong with current practices in gender-based violence data collection and sharing?* Monday Developments, p. 24.
Available from:	www.gbvims.org

Name of Method or Tool:	**Child Protection Information Management System (CP IMS)**
Type:	Passive Surveillance Mechanism
Target population:	Humanitarian settings
Description:	The Child Protection Information Management System (CP IMS) was established in 2004-2005 by Save the Children, the International Rescue Committee (IRC), and UNICEF in order to increase coordination and information-sharing among actors involved in emergency child protection programming. The system includes database software as well as standard documentation and case management tools for use with vulnerable children in emergencies. In addition, the system provides guidelines pertaining to confidentiality, information-sharing, and data protection. Although initially developed to handle cases of separated and unaccompanied children, the CP IMS has also been used with children associated with armed forces and armed groups (CAAFAG) as well as other vulnerable populations. The CP IMS has been used in more than 16 countries.
Phase of use in Emergency context:	As soon as possible following an emergency
Examples of use:	McCormick, C. (2010). *Evaluation of the Inter-Agency Child Protection Information Management System.* IRC, Save the Children, and UNICEF.
Available from:	http://www.childprotectionims.org

Name of Method or Tool:	Multiple Indicator Cluster Survey (MICS5)
Type:	National Household Survey
Target population:	Global locations
Description:	The Multiple Indicator Cluster Survey (MICS) was developed by UNICEF in 1995 a means of capturing data on core indicators related to child development and well-being. The MICS5 represents the fifth round of the MICS globally, with research scheduled to take place from 2012-2015. The MICS5 includes sample questionnaires, indicator lists, and templates for planning, data analysis and reporting. Core areas covered in the MICS5 include: mortality; nutrition; child health; water and sanitation; reproductive health; child development; literacy and education; child protection; HIV/AIDS and sexual behavior; access to mass media and use of information/communication technology; subjective well-being; and tobacco and alcohol use. Questions in several areas address issues related to physical and sexual violence. The MICS5 is currently planned for multiple locations in the following regions: Central and Eastern Europe; East Asia and the Pacific; Eastern and Southern Africa; Middle East and North Africa; South Asia; West and Central Africa; and the Americas and Caribbean. Reports will be available beginning in 2013 as surveys are completed.
Phase of use in Emergency context:	Not developed as an emergency tool, although can be used in fragile states or later-stage humanitarian contexts, depending on the priorities of national actors.
Examples of use:	UNICEF. (2011). *Child Protection from Violence, Exploitation, and Abuse: A statistical snapshot.* New York: UNICEF/Statistics and Monitoring Section, Division of Policy and Practice.

(*compiled from prior MICS data*) |
| Available from: | http://www.childinfo.org/mics5_tools.html |

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Name of Method or Tool:	Demographic and Health (DHS) Survey
Type:	National Household Survey
Target population:	Global locations
Description:	Demographic and Health (DHS) Surveys were developed by USAID and are representative household surveys that capture data on a range of indicators related to population, health, and nutrition. Standard DHS Surveys are conducted every 5 years. Sample tools and questionnaires are available for men, women, and households as well as modules for special topics, including several related to the issue of violence (domestic violence, female genital cutting, and fistula.) The focus and design of particular DHS surveys varies by country, although often includes both men and women between the ages of 15 and older. In some cases surveys include data from women only.
Phase of use in Emergency context:	Not developed as an emergency tool, although can be used in fragile states or later-stage humanitarian contexts depending on the priorities of national actors.
Examples of use:	**Uganda** Uganda Bureau of Statistics and ICF International. (2012.) *Uganda Demographic and Health Survey 2011*. Kampala, Uganda: UBOS and Calverton, Maryland: ICF International Inc. *[adapted to include questions on domestic violence, female genital cutting, and fistula]* **Haiti** Cayemittes, Michel, Michelle Fatuma Busangu, Jean de Dieu Bizimana, Bernard Barrère, Blaise Sévère, Viviane Cayemittes et Emmanuel Charles. (2013). *Enquête Mortalité, Morbidité et Utilisation des Services*, Haïti, 2012. Calverton, Maryland, USA : MSPP, IHE et ICF International. *[adapted to include questions on domestic violence, child protection, child discipline, and earthquake-related injuries and deaths]* **Democratic Republic of Congo** Ministère du Plan and Macro International. (2008). *Enquête Démographique et de Santé, République Démocratique du Congo 2007.* Calverton, Maryland, U.S.A.: Ministère du Plan et Macro International. *[adapted to include questions on domestic violence, fistula, and orphans]*

Available from:	**Domestic Violence Module:** http://www.measuredhs.com/pubs/pdf/DHSQM/DHS6_Module_Domestic_Violence_28March2013_DHSQM.pdf **Female Genital Cutting Module:** http://www.measuredhs.com/pubs/pdf/DHSQM/DHS6_Module_Female_Genital_Cutting_3Jan2011.pdf **Fistula Module:** http://www.measuredhs.com/pubs/pdf/DHSQM/DHS6_Module_Fistula_11May2010.pdf **Model Questionnaires for Men, Women, and Household:** http://www.measuredhs.com/publications/publication-dhsq6-dhs-questionnaires-and-manuals.cfm

Name of Method or Tool:	**Violence Against Children Survey (VACS)**
Type:	National Household Survey
Target population:	Global locations
Description:	The VACS is national household survey designed by the Centers for Disease Control (CDC) that focuses on physical, emotional, and sexual violence against children. Males and females between the ages of 13-24 are interviewed, with questions focusing on acts of violence that took place against respondents before they were 18 years old. In addition, the survey seeks to measure the incidence of violence in past 12 months for boys and girls between the ages of 13-17, and also seeks to capture risk and protective factors pertaining to children's experience with violence. VAC surveys have been completed in Swaziland, Tanzania, Kenya and Zimbabwe, with additional surveys in process in Haiti, Cambodia, Malawi, Philippines, Indonesia, and Nigeria. In 2009, Together for Girls (http://www.togetherforgirls.org), a public-private partnership involving the US Government along with UN agencies and private foundations, was formed to promote the implementation of VAC surveys and to support follow up on findings and recommendations on surveys at the national level.
Phase of use in Emergency context:	Not for use in emergency contexts, although can be used in fragile states or countries experiencing humanitarian conditions, depending on the context as well as the priorities of national actors. VAC surveys are initiated at the request of national governments.
Examples of use:	UNICEF, CDC, and Kenya National Bureau of Statistics. (2012). *Violence against Children in Kenya: Findings from a 2010 National Survey. Summary Report on the Prevalence of Sexual, Physical and Emotional Violence, Context of Sexual Violence, and Health and Behavioral Consequences of Violence Experienced in Childhood.* Nairobi, Kenya: UNICEF, CDC, KNBS.
Available from:	www.togetherforgirls.org

Name of Method or Tool:	Neighborhood Method
Type:	Household Survey
Target population:	Global locations
Description:	A population-based household survey that seeks to measure incidence rates of gender-based violence (GBV). The method involves conducting individual interviews with adult female heads of household about their experience with GBV as well as that of their sisters and neighbors. The method was developed by researchers at Columbia University in the Program on Forced Migration and Health at the Mailman School of Public Health, and has been piloted various conflict-affected countries, including in Liberia, Uganda, Sri Lanka, Ethiopia, and the Central African Republic.
Phase of use in Emergency context:	Can be used in various stages of emergency/humanitarian contexts
Examples of use:	Stark, L, Warner, A., Lehman, H., Boothby, N., Ager, A. (2013). *Measuring the incidence and reporting of violence against women and girls in Liberia using the "Neighborhood Method"*. Conflict and Health, 7(20). Stark, L. Roberts, L., Acham, A., Boothby, N., Ager, A. (2010). *Measuring violence against women amidst war and displacement in northern Uganda*. The Journal of Epidemiology and Community Health, 64(12). Parcesepe, A., Stark, L. and Roberts, L. (2008). *Using the Neighborhood Method to Measure Violence and Rape in Ethiopia.* New York: Program on Forced Migration and Health, Mailman School of Public Health, Columbia University. Potts, A., Myer, K. and Roberts, L. (2011). *Measuring human rights violations in a conflict-affected country: results from a nationwide cluster survey in Central African Republic*. Conflict and Health, 5(1): 4. Rogers, B., Anderson, L., Stark, L. and Roberts, L. (2009). *Estimating the Incidence of Physical and Sexual Violence against Children and Women in Trincomalee District, Sri Lanka: The Neighborhood Method.* Save the Children/Program on Forced Migration and Health, Mailman School of Public Health, Columbia University. Stark, L. (2010). *From Incidents to Incidence: Measuring Sexual Violence Amidst War and Displacement*. Doctoral Dissertation, Mailman School of Public Health, Columbia University.
Available from:	http://www.cpcnetwork.org/learning-details.php?ID=1

Name of Method or Tool:	Medical Record Analysis
Type:	Secondary Data Analysis
Target population:	Women and girls seeking medical care for sexual violence
Description:	These studies examined case files of women and girls seeking medical care following exposure to sexual violence during a particular time period. Case files were used to examine the number of survivors seeking care, the type of incidents reported, and other patterns surrounding the cases analyzed as part of these studies. While these studies capture the number of reported cases to the particular facilities examined during the study time period, they do not capture incidence more broadly and findings are not generalizable to the larger population.
Phase of use in Emergency context:	During emergency/humanitarian contexts
Examples of use:	**Democratic Republic of Congo (DRC):** Bartels, S., Scott, J., Mukwege, D., Lipton, R., VanRooyen, M., and Leaning, J. (2010). *Patterns of sexual violence in Eastern Democratic Republic of Congo: reports from survivors presenting to Panzi Hospital in 2006*. Conflict and Health, 2010, 4:9. [Methods: *Examined 1,021 medical records of women and girls seeking medical care in South Kivu, DRC. Files from 2006 were examined, and the analysis was conducted over a four-month period from late 2007-2008.*] **Democratic Republic of Congo (DRC):** Steiner, B., Benner, M., Sondorp, E., Schmitz, K., Mesmer, U. and Rosenberger, S. (2009). *Sexual violence in the protracted conflict of DRC programming for rape survivors in South Kivu*. Conflict and Health. 2009, (3) 3. [Methods: *Examined medical records of women and girls seeking medical care from 2005-2007*]
Available from:	N/A

Name of Method or Tool:	In-depth Assessments on Violence
Type:	Mixed methods or Cross-sectional surveys
Target population:	Various humanitarian contexts or fragile states
Description:	These studies included various methods, and were designed to produce more in-depth data on physical and sexual violence against children than is gathered through rapid assessments. The purpose of these studies is to inform program and policy development and to enable monitoring and reporting by national actors.
Phase of use in Emergency context:	In fragile states, transitional settings, or protracted emergency contexts
Examples of use:	**Sudan and South Sudan:** Garfield, R .(2007). *Violence and victimization in South Sudan: Lakes State in the post-CPA period*. Geneva: Small Arms Survey. [Methods: *cross-sectional household survey, investigating physical and sexual violence along with other security issues. Conducted with adults, although asks about physical and sexual violence among members of the household within the past 2 years. Designed as a human security baseline assessment to be used for follow-up and monitoring. The report includes tools that were used to gather data*.] **Kosovo:** Hynes, M., & Cardozo, B. L. (2000). S*exual violence against refugee women*. Journal of Women's Health & Gender-Based Medicine, 9, 819-823. [Methods: *population-based survey of Kosovar Albanian females over the age of 15, focused on experience with sexual violence as well as other health and mental health outcomes.]* **Ethiopia:** Worku, D., Gebremariam, A., and Jayalakshmi, S. (2006). *Child sexual abuse and its outcomes among high school students in southwest Ethiopia.* Tropical Doctor. 36: 137-140. [Methods: *cross-sectional survey with female adolescents between the ages of 12-20, involving an anonymous self-administered questionnaire on prior experience with sexual abuse. The survey captured demographic details of survivors as well as information on the perpetrator, type of abuse, and outcomes experienced by survivor.]* **Ethiopia:** The African Child Policy Forum and Save the Children. (2006). *Sticks, Stones and Brutal Words: The Violence Against Children in Ethiopia*. Addis Ababa: Save the Children and the African Child Forum.

	[Methods: *mixed methods approach, including structured interviews, self-administered questionnaires with adults and children, unstructured interviews with judicial and law enforcement officials, focus group discussions with adults and children, narrative research with children, desk review. The study sought to explore causes, types, perpetrators, and prevalence of various forms of violence against children. The report includes study tools.]* **Solomon Islands:** UNICEF and AusAid. (2009). *Protect me with love and care: A baseline report for creating a future free from violence, abuse and exploitation of girls and boys in the Solomon Islands.* Suva, Fiji: UNICEF Pacific. [Methods: *mixed methods approach, including a desk review, legislative compliance review, key informant interviews, questionnaires to police, household interviews with adults and children, and participatory group activities. Questions recorded information about incidents of physical and sexual violence against children along with other issues.]*
Available from:	N/A

Name of Method or Tool:	**International Child Abuse Screening Tool (ICAST)**
Type:	Questionnaire for use in surveys related to violence against children
Target population:	Global locations
Description:	The International Child Abuse Screening Tool (ICAST) was developed by the International Society for the Prevention of Child Abuse and Neglect (ISPCAN), in partnership with UNICEF, WHO, the UN Office of the High Commissioner of Human Rights, and the UN Secretary-General's Study on Violence Against Children. The tool was designed as a standard international measure that can be used in surveys in diverse contexts and enable the comparison of data on child abuses. The tool has been translated and validated in 20 languages and has been used in multiple contexts. The tool includes questionnaires for parents, young adults, and children.
Phase of use in Emergency context:	Although not designed for emergency contexts, the tool has been used in fragile states and countries experiencing humanitarian conditions.
Examples of use:	Usta, J., Mahfoud, Z., Chahine, G., and Anani, G. (2008). *Child Sexual Abuse: The Situation in Lebanon.* Beirut, Lebanon: KAFA Violence and Exploitation/The Higher Council for Children/The Ministry of Social Affairs/Save the Children Sweden. Runyan, D., Dunne, M., and Zolotor, A. (2009). *Introduction to the development of the ISPCAN child abuse screening tools*. Child Abuse & Neglect. 33 (2009) 842-845 Dunne, M. (2009). *ISPCAN Child Abuse Screening Tools Retrospective version (ICAST-R): Delphi study and field testing in seven countries*. Child Abuse & Neglect. 33(2009) 815-825. Zolotor, A., Runyan, D., Dunne, M., Jain, D., Peturs, H., Ramirez, C., Volkova, E., Deb, S., Lidchi, V., Muhammad, T. and Isaeva, O. (2009). *ISPCAN Child Abuse Screening Tool Children's Version (ICAST-C): Instrument development and multi-national pilot testing*. Child Abuse & Neglect. 33 (2009) 833-841. Runyan, D., Dunne, M., Zolotor, A., Madrid, B., Jain, D., Gerbaka, B., Menick, D., Andreva-Miller, I., Kasim, M., Choo, W., Isaeva, O., Macfarlane, B., Ramirez, C., Volkova, E., and Youssef, R. (2009). *The development and piloting of the ISPCAN Child Abuse Screening Tool- Parent Version (ICAST-P)*. Child Abuse and Neglect. 33 (2009) 826-832. Devries, K., Allen, E., Child, J., Walakira, E. Parkes, J., Elbourne, D., Watts, C. and Naker, D. (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.
Available from:	http://www.ispcan.org/?page=ICAST

Name of Method or Tool:	WHO Multi-Country Study on Women's Health and Domestic Violence
Type:	Multi-country survey
Target population:	Global locations
Description:	The WHO Multi-Country Study on Women's Health and Domestic Violence was developed by the WHO along with international partners in order to estimate the prevalence of physical, sexual, and emotional violence against women and enable the comparison of data across contexts. The initial study was carried out in 1997 across 15 sites in 10 countries, including: Bangladesh, Brazil, Ethiopia, Japan, Namibia, Peru, Samoa, Serbia and Montenegro, Thailand, and Tanzania. Data was collected from more than 24,000 women using a standard questionnaire that was developed by international experts and translated and pretested prior to its use during the study. A training manual was also developed for interviewers who would be conducting field research. Although the study focused on violence against women, it included respondents ages 15 and older, enabling the study to assess violence among older adolescents.
Phase of use in Emergency context:	The study was not conducted in emergency settings, although was carried out in countries that have experienced humanitarian conditions.
Examples of use:	WHO. (2005). *Summary Report: WHO Multi-Country Study on Women's Health and Domestic Violence against Women: Initial results on prevalence, health outcomes and women's responses*. Geneva: World Health Organization.
Available from:	http://www.who.int/gender/violence/who_multicountry_study/en/

Name of Method or Tool:	**Childhood Trauma Questionnaire (CTQ)**
Type:	Questionnaire
Target population:	Children 12 years and older
Description:	A 28-question self-report questionnaire for the screening of past experience with physical, sexual, or emotional abuse and/or neglect. The tool includes validity scores to compare with male and female respondents from various ages and backgrounds.
Phase of use in Emergency context:	Although not designed for emergency contexts, components of the tool have been incorporated into larger surveys with children in humanitarian/emergency settings to measure related issues.
Examples of use:	Cantani, C., Jacob, N. Schauer, E., Kohila, M. and Neuner, F. (2008). *Family violence, war and natural disasters: A study of the effect of extreme stress on children's mental health in Sri Lanka.* British Medical Journal of Psychiatry. 8(33). Catani, C., Schauer, E., Gewirtz, A., Wieling, E. and Neuner, F. (2010). *Tsunami, War, and Cumulative Risk in the Lives of Sri Lankan Schoolchildren*. Child Development. August 2010, (80)4: 1176-1191.
Available from:	http://www.pearsonassessments.com/HAIWEB/Cultures/en-us/Productdetail.htm?Pid=015-8102-339&Mode=summary

Name of Method or Tool:	GBV Rapid Assessments
Type:	Mixed Methods
Target population:	Populations in humanitarian contexts
Description:	GBV rapid assessments included in this study have been conducted in various emergency, humanitarian, or fragile state contexts, and used various mixed methods approaches. The focus of these assessments is to gather initial information on particular GBV issues of concern in order to inform program development.
Phase of use in Emergency context:	At various phases within emergency or humanitarian contexts, as well as in fragile states
Examples of use:	**Jordan:** Haldorsen, K. (2013). *Early Marriage: A mapping in three Palestinian refugee camps in Jordan*. Jordan: Save the Children Norway/United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA). [Methods: *focus group discussions, interviews, and a review of medical files]* **Ethiopia:** IRC. (2011). *Gender-Based Violence Emergency Assessment Halewen Refugee Camp, Dolo Ado, Ethiopia*. IRC Ethiopia Community Wellbeing Initiative. **[**Methods: *introductory interviews, key informant interviews, focus group discussions, safety audits]* **Liberia:** Save the Children. (2011). *Initial Report on 'Sex for Services' in Nimba county border towns.* Liberia: Save the Children. [Methods*: focus group discussions and an anonymous survey*] **Nepal:** Kumar, B., Subedi, G., Gurung, Y. and Adhikari, K. (2001). *Nepal Trafficking in Girls With Special Reference to Prostitution: A Rapid Assessment.* ILO: International Programme on the Elimination of Child Labor. [Methods: *Interviews, field surveys, secondary data collection*]
Available from:	N/A

Name of Method or Tool:	**Global School-Based Student Health Survey (GSHS)**
Type:	School-Based Survey
Target population:	Global School-Based Populations
Description:	The Global School-Based Student Health Survey (GSHS) was developed by the World Health Organization (WHO) along with UNICEF, UNESCO, UNAIDS and with support from the CDC. The survey has been carried out in diverse global locations in a school-based setting with children between the ages of 13-17, and takes the form of a self-administered questionnaire. The intended goal of the GSHS is to inform program and policy development, enable cross-national comparison of data, and establish prevalence trends. The questionnaire covers a range of broad health issues as well as risk and protective factors, and includes question on physical and sexual violence. Countries have adapted the questionnaire for use in various ways, and so not all instances in which it has been used have addressed the issue of violence.
Phase of use in Emergency context:	Not designed for use in emergency contexts, although has been used in fragile states or in countries with protracted humanitarian conditions.
Examples of use:	Brown, D., Riley, L., Butchart, A., Meddings, D., Kann, L., and Harvey, A. (2009). *Exposure to physical and sexual violence and adverse health behaviors in African children: results from the Global School-based Student Health Survey.* Bulletin of the World Health Organization. 87: 447-455.
Available from:	http://www.who.int/chp/gshs/methodology/en/

Name of Method or Tool:	Rape Mapping
Type:	Crowd sourcing
Target population:	Conflict-affected populations in Syria
Description:	The Women's Media Center's *Women Under Siege* project has developed a live map of sexual violence in Syria, which using crowd sourcing and other social media techniques to track live reports of sexual violence against men and women. Methodological and technical support for the project is being provided by researchers from the Mailman School of Public Health at Columbia University, in collaboration with activists and journalists inside Syria as well as the Syrian-American Medical Society.
Phase of use in Emergency context:	During armed conflict
Examples of use:	Wolfe, L. (2013). *Syria has a massive rape crisis*: All across the war-torn country, regime soldiers are said to be sexually violating women and men from the opposition, destroying families, and in some cases, taking lives. The Atlantic, April 3, 2013. http://www.theatlantic.com/international/archive/2013/04/syria-has-a-massive-rape-crisis/274583/ Amos, D. (2013). *Tracking Rape in Syria Through Social Media*. NPR. February 5, 2013. http://www.npr.org/2013/02/05/171158882/through-social-media-tracking-rape-in-syria Koenen, K. and Roberts, L. (2013). *Proposal for Syria Rape Map project*. New York: Mailman School of Public Health, Columbia University.
Available from:	The live crowd map of sexual violence in Syria: https://womenundersiegesyria.crowdmap.com

Name of Method or Tool:	**Mixed Methods School-Based Research**
Type:	Mixed methods
Target population:	Children in school settings
Description:	Mixed methods school-based studies have been used to examine violence against children across multiple domains, including within schools, at home, and in the community. The specific nature of these studies varies based on the context and implementing actors, although frequently involves quantitative surveys along with focus group discussions, in-depth interviews, and desk reviews.
Phase of use in Emergency context:	This approach has been used in fragile states or protracted settings, although not within early stages of emergencies
Examples of use:	**Ethiopia:** Save the Children and Government of Ethiopia (2008). *A Study on Violence against Girls in Primary Schools and Its Impacts on Girls' Education in Ethiopia*. Addis Ababa, Ethiopia: Save the Children Denmark/Ethiopian Ministry of Women's Affairs/Ethiopian Ministry of Education. [Methods: *desk review; structured survey with parents, teachers and students; focus group discussions; in-depth interviews*] **Kosovo:** UNICEF. (2005). *Research into Violence against Children in Schools in Kosovo*. Kosovo: UNICEF. [Methods: *desk review, stakeholder meetings, quantitative survey, in-depth interviews, focus group discussions*] **Nepal:** UNICEF. (2005). *Violence Against Children in Nepal: No More Suffering- Child Sexual Abuse in Nepal: Children's Perspectives*. Katmandu, Nepal: UNICEF. [Methods: *quantitative survey, focus group discussions, stakeholder interviews with government officials and representatives from NGOs*] **Mali:** Antonowicz, L. (2010). La violence faite aux enfants en milieu scolaire au Mali. Mali: Plan and Save the Children [Methods: Survey, literature review, and stakeholder interviews]
Available from:	N/A

Name of Method or Tool:	**Child Protection Helpline Data Analysis**
Type:	Mixed methods/Passive Surveillance
Target population:	Callers to Child Protection Helpline in Palestine
Description:	This study involved a mixed methods approach, based heavily on a structured analysis using SPSS of caller data extracted from the database of a Child Protection Helpline in Palestine that provides counseling and referral services. In addition to the secondary data analysis, the study also included focus groups and interviews with agency staff as well as a literature review. Caller data analysis in the study focused on demographic characteristics as well as an analysis of the topics discussed during calls to the helpline. While a range of topics were discussed during calls to the helpline, cases of physical and sexual violence were reported, and the analysis of call center data conducted during this study produced percentages of callers who discussed these issues.
Phase of use in Emergency context:	During a protracted humanitarian situation
Examples of use:	Sawa 121. (2011). *Sawa 121: Palestinian Child Protection Helpline 121: Reality and Challenges.* Jerusalem/Ramallah/Palestine: Sawa 121.
Available from:	www.sawa.ps

MEASURING VIOLENCE AGAINST CHILDREN IN HUMANITARIAN SETTINGS:

A scoping exercise of methods and tools

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**Child Protection in Crisis (CPC) Network and Save the Children UK
December 2013**

From May-December 2013, the Child Protection in Crisis (CPC) Network and Save the Children UK conducted a scoping exercise in order to examine two child protection issues considered "hard to measure" in humanitarian settings: *sexual violence against children* and *violence within the household*. The goal of this exercise was to identify existing methodologies and tools to assess these issues, as well as to highlight gaps in current approaches and offer recommendations for further action. The study involved a structured review of academic and grey literature, resulting in the identification of 20 methods and tools, including a range of approaches and instruments for measuring violence against children in humanitarian contexts. Each method or tool was also analyzed according the humanitarian phase(s) in which they are applicable, as well whether they involve an *active* or *passive* approach to investigation.

Findings from this study suggest there is a need to explore additional ways in which existing data can be used predictively during the **preparedness phase** in order to help inform predictions regarding the types and nature of violence that may be present during an emergency. Although information from prior surveys and assessments can not be used to determine *current trends* of violence following an emergency, data gathered through these sources could be used by child protection actors during the preparedness phase to consider who may be among the most vulnerable, as well as ways in which pre-existing forms of violence could potentially be exacerbated following an emergency. Findings also suggest that the Multi-Cluster/Sector Rapid Assessment (MIRA) is the primary tool employed within the **first two emergency phases.** Although the MIRA represents a multi-sectorial approach, data from this exercise on physical and sexual violence as well as other related issues can be used by child protection actors to inform subsequent assessments as well as program decision-making. In light of its *rapid nature*, however, the MIRA should not be considered as a robust means of measuring violence, but rather as a potential source of initial information.

Among the documents analyzed as part of this review, a number of **passive surveillance mechanisms** were described, many of which are applicable to multiple humanitarian phases. These approaches represent a means of measuring *reported* cases of violence against children, and in this way contribute to existing knowledge regarding the number of survivors of violence who seek out formal services or who report their cases through official channels. However, in light of the large number of cases that go *unreported,* data produced through passive surveillance methods will only capture a fraction of the total cases of violence and do not provide a means by which to estimate magnitude. In addition, data gathered through passive surveillance may skew perceptions of the *types* of violence taking place. As such, developing program approaches based solely on passive surveillance data could potentially leave out a large number of survivors in need of support, and cause practitioners to prioritize areas of violence that are in fact not the most prevalent. In this way, findings from passive surveillance approaches—such as those mentioned in this review— must only be viewed as *part of the story*, and compared against available prevalence data in order to inform decision-making and future research initiatives.

Another finding of this study is that there are limited approaches for measuring violence against children during the **third and fourth phases** of emergencies. Two child protection rapid assessments were highlighted during these phases, including the Interagency First Phase Child Protection Rapid Assessment Resource Kit and the Child Protection Rapid Assessment (CPRA) toolkit. On one hand, focusing on rapid assessments during these phases is in line with IASC guidance, which specifies that cluster-specific assessments should take place within this period in order to build upon initial data gathered through the MIRA process (IASC, 2011). However, the use of rapid assessments alone, along with passive surveillance methods, still does not capture *prevalence rates* of violence within emergency contexts, suggesting that existing approaches are needed to expand on findings produced through these efforts. In addition, the study found a limited emphasis in included documents on measuring violence within the **recovery and transition period.** As such, findings from this study suggest a need to explore additional ways to measure violence against children within transitional and recovery contexts, and to promote systems strengthening as part of these efforts. The study also found that the

largest number of approaches, and greatest capacity to measure prevalence, was described in **protracted contexts or fragile states**. Although this review examined methods and tools used in each context separately, there was little variation between protracted and fragile settings in terms of the types of tools and approaches that were used. Another theme that emerged throughout all phases of the study was a lack of methods to collect **representative data across age and gender**, as well as with regard to **"hidden" or hard to reach populations.** This was particularly true regarding young children (under 13) as well as male survivors, suggesting that the development of new methodologies and tools to measure violence in these areas is urgently needed.

Recommendations:

Explore additional ways in which existing secondary data can be used predictively during the preparedness phase: Findings from this review suggest that data gathered through multiple methods and tools can be used during the preparedness phase in order to make predictions regarding the types and nature of violence that may be present during an emergency. Although information from prior surveys and assessments cannot be used to determine *current trends* of violence during an emergency, data gathered through these sources could be used by child protection actors during the preparedness phase to consider ways in which pre-existing forms of violence could potentially be exacerbated following an emergency, as well as particular populations that may be among the most vulnerable.

Develop additional approaches for establishing *active* surveillance on issues of violence against children during emergencies: While a number of passive surveillance approaches for measuring violence against children were identified in this review, there is currently a lack of active surveillance methodologies that specifically target violence against children in emergency contexts. In light of the limits of passive surveillance to accurately measure prevalence or magnitude, there is a need to explore additional ways in which active surveillance could potentially be used to measure violence against children in emergency contexts in order to gather data that is more representative of the nature and scale of violence. Based on this, child protection actors should increasingly use techniques such as the Neighborhood Method that have been shown to gather more robust data on violence than passive surveillance approaches or other methods that rely on subjective information from key informant interviews or focus group discussions.

Develop additional tools or methods to capture data on violence against *young* children: Findings from the review suggest a lack of existing methods and tools to measure violence against young children, particularly those under the age of 13. In light of the fact that young children are often among the most vulnerable, and least able to independently access forms of assistance and support, developing ways to identify, measure, and respond to cases of violence against children within this age range is particularly important. As such, the development of new methodologies and tools to measure violence against young children is urgently needed.

Develop ways to make existing tools or approaches capture data that is more representative, including gathering information on male survivors of violence, as well as other hidden or hard to reach populations: Findings from this review also suggest a lack of existing methods and tools to measure violence against male survivors, as well as other hidden or hard to reach populations. As such, there is a need to evaluate existing approaches to determine ways in which they can potentially be revised to capture data that is more representative, and to develop new methods and tools as needed.

Explore ways for information gathered during the transition phase to inform programming using a systems-building approach: In light of the lack of methods and tools that emerged in documents pertaining to measurement of violence against children during the transition and early recovery phase, there is a need to explore ways in which existing approaches can be used within this period, and to identify potential areas in which new or revised methods and tools are needed. In addition, as information on violence against children within this phase is available, child protection actors should explore ways in which these findings can be used to inform programming using a systems-based approach.

Increase use of data on physical and sexual violence from MIRA assessments to inform child protection and VAC-focused research and programming: Child protection actors should explore additional ways to use data collected by MIRA assessments to inform the development of research and programming efforts during subsequent humanitarian phases. Although the MIRA only provides rapid assessment data, its multi-sectorial focus, and emphasis on uncovering information on vulnerable populations and reported cases of violence, makes it a potential source of initial information. In addition, child protection actors should consult data found in MIRA reports while preparing for assessments with the CPRA toolkit so as to avoid duplication and explore possible issues of violence identified in MIRA data in greater depth.

Build the capacity of child protection in emergencies practitioners to measure violence against children in emergencies, and establish deployable specialist support for such initiatives: In light of the importance of measuring violence against children in a rigorous manner, additional training and capacity building opportunities in this area should be developed, in order to increase the number of child protection actors in the field who possess the necessary knowledge and capacities to conduct this type of research. In addition, a roster of deployable specialists should be developed to support with the measurement of violence against children in humanitarian contexts, and to support the implementation of new methods and approaches as they are developed.