

INSPIRE Indicator Guidance and Results Framework

Ending Violence Against Children: How to define and measure change



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Abbreviations and acronyms

AIDS	Acquired Immune Deficiency Syndrome
ASPIRE	Atlas of Social Protection-Indicators of Resilience and Equity
CDC	United States Centers for Disease Control and Prevention
CIOMS	Council for International Organizations of Medical Sciences
CRC	Convention on the Rights of the Child
DHS	Demographic and Health Survey
EU	European Union
FIES-SM	Food Insecurity Experience Scale Survey Module
GKO	Global Kids Online Survey
GSHS	Global School-based Student Health Survey
HBSC	Health Behaviour in School-aged Children
HIV	Human Immunodeficiency Virus
ICAST	International Society for the Prevention of Child Abuse and Neglect Child Abuse Screening Tools
LSMS	Living Standards Measurement Survey
MICS	Multiple Indicator Cluster Survey
OECD	Organisation for Economic Co-operation and Development
OPSC	Optional Protocol on the sale of children, child prostitution and child pornography
PAHO	Pan American Health Organization
PEPFAR	President's Emergency Program for AIDS Relief
PIRLS	Progress in International Reading Literacy Study
PISA	Programme for International Student Assessment
RHS	Reproductive Health Survey
SDG	Sustainable Development Goal
SERCE	Second Regional Comparative and Explanatory Study
SOP	Standard Operating Procedure
TERCE	Third Regional Comparative and Explanatory Study
TfG	Together for Girls
TIMSS	Trends in International Mathematics and Science Study
UN-CTS	United Nations Crime Trends Survey and the Operations of Criminal Justice Systems
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
USAID	United States Agency for International Development
VACS	Violence against Children Survey
WHO MCS	World Health Organization Multi-Country Study on Women's Health and Domestic Violence
WHO	World Health Organization
YRBS	Youth Risk Behavior Survey

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Preface

In July 2016, a partnership of international agencies launched INSPIRE, a set of evidence-based strategies for preventing and responding to violence against children, together with the launch of the Global Partnership to End Violence Against Children. The INSPIRE package responded to growing recognition among the international community that violence against children is a global public health and human rights issue that requires urgent attention from governments, donors, international organizations, non-governmental organizations and local communities.

This **INSPIRE Indicator Guidance and Results Framework** is designed to help governments and non-governmental organizations monitor progress and track change over time as they implement INSPIRE strategies to prevent and respond to violence against children and adolescents. This publication includes a set of core indicators and detailed guidance on how to define and measure these indicators to monitor changes across sites and over time, as well as a results framework. INSPIRE partner agencies developed these results and indicators through a collaborative process led by UNICEF. They complement and are intended to be used side-by-side with detailed programming guidance for each strategy provided in the **INSPIRE Handbook: Action for implementing the seven strategies**, developed by partners under the leadership of WHO.

In 2006, the United Nations *Secretary-General's Study on Violence Against Children* recommended that States develop and implement systematic, national data collection and research efforts, and use national indicators based on internationally agreed standards.¹ INSPIRE partners hope that the indicators and guidance in this publication will help countries and other partners achieve that recommendation by establishing a common set of indicators to track prevalence of violence and the results of programmes designed to address violence against children across different sectors. It is also hoped that this work will contribute to greater alignment of global and national efforts and improve the evidence base on violence against children.

INSPIRE: Seven Strategies for Ending Violence against Children



Implementation and enforcement of laws



Norms and values



Safe environments



Parent and caregiver support



Income and economic strengthening



Response and support services



Education and life skills

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1. United Nations, *United Nations Secretary-General's Report on Violence Against Children*, United Nations, Geneva, 2006, p. 27. <www.unicef.org/violencestudy/reports.html>

Glossary

The following glossary summarizes operational definitions for key terms and forms of violence² against children and adolescents measured by core INSPIRE indicators presented in the *Indicator Guidance*.

Child: Girl or boy under 18 years of age.

Violent discipline: Any physical punishment and/or psychological aggression by a caregiver or authority figure, including:

- **Physical punishment (also called corporal punishment):** Any physical act intended to cause pain or discomfort, however light. Includes acts such as shaking, hitting, or slapping on the hand/arm/leg, hitting on the bottom or elsewhere on the body with a hard object, spanking or hitting on the bottom with a bare hand, hitting or slapping on the face, head or ears, and hitting or beating hard and repeatedly.
- **Psychological aggression:** Acts of verbal abuse such as shouting, yelling or screaming, as well as calling a child offensive names such as 'dumb' or 'lazy'.

Sexual violence in childhood: All forms of sexual victimization of a girl or a boy under 18 years of age, including sexual abuse and sexual exploitation. This includes forced, pressured, coerced, unwanted or unlawful sexual activity with a girl or boy under 18 years of age, or attempts to engage in such activity. Sexual activity may include sexual intercourse or other sex acts, contact or non-contact sexual abuse and harassment, as well as sexual exploitation, in person and online.

Intimate partner violence: Physical, sexual or psychological acts by a current or former intimate partner that result in or are likely to result in physical, sexual or psychological harm. For purposes of the SDG indicator on intimate partner violence, an intimate partner is generally defined as a husband, cohabiting sexual partner, or a 'stable' or long-term, non-cohabiting, sexual partner, although some surveys also include other romantic and 'dating' partners. The term 'domestic violence' may refer to partner violence but may also encompass child or elder abuse, or abuse by any member of a household.

Violence by a romantic partner: Physical, sexual or psychological acts that result in or are likely to result in physical, sexual or psychological harm by any type of romantic, sexual or dating partner, including boyfriends or girlfriends, fiancés, cohabiting sexual partners, husbands and wives.

Bullying: Unwanted, aggressive behaviour by another child or a group of children who are neither siblings nor in a romantic relationship with the victim. Bullying involves a repeated pattern of physical, psychological or social aggression likely to cause harm, and often takes place in schools and other settings where children gather, as well as online. It may occur in person or online (cyber bullying).

- **In-person bullying** may include: physical acts, such as pushing and hitting, and verbal acts, such as making fun of people for their race, religion or appearance, or sexual comments or jokes. Bullying may also include repeatedly leaving people out or ignoring them.
- **Cyber (digital) bullying** may include: sending hurtful messages or posting them online where others can see; threatening someone online; creating a website that makes fun of someone; and sharing or posting hurtful images or pictures without permission through texting, emails, social media or other online channels.

Physical attack: When one or more people hit or strike a less powerful person, or hurt another person with a weapon, such as a stick, knife or gun. A physical attack does not include incidents in which two people of about the same strength or power choose to fight each other.

Intentional homicide of a child: Unlawful killing of a child or adolescent due to assault or another act carried out with intent to cause death or serious injury. Cases in which the perpetrator was merely reckless or negligent are excluded.

Maltreatment (including violent discipline): involves physical, sexual and psychological/emotional violence; and neglect of infants, children and adolescents by parents, caregivers and other authority figures, most often in the home but also in settings such as schools and orphanages.

2. WHO defines violence as: "the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation"; World Health Organization, *INSPIRE: Seven strategies for ending violence against children*, WHO, Geneva, 2016, p. 14. <www.who.int/violence_injury_prevention/violence/inspire/en>

CHAPTER 1:

Introduction and background

INSPIRE strategies

INSPIRE was launched in July 2016, together with the Global Partnership to End Violence Against Children, as an evidence-based resource for governments, international agencies, non-governmental organizations and individuals committed to preventing and responding to violence against children. Ten core agencies collaborated on its development, including the World Health Organization (WHO), United States (US) Centers for Disease Control and Prevention (CDC), the Global Partnership to End Violence against Children, the Pan American Health Organization (PAHO), the US President’s Emergency Plan for AIDS Relief (PEPFAR), Together for Girls (TfG), the United Nations Children’s Fund (UNICEF), United Nations Office on Drugs and Crime (UNODC), US Agency for International Development (USAID) and the World Bank.

Building on the best available, international evidence about how to prevent and respond to violence against children, INSPIRE presents a package of seven core strategies (see Box 1), as well as two cross-cutting strategies: *Multisectoral actions and coordination*; and *Monitoring and evaluation*.³

Additional tools have been developed to help policymakers and practitioners put INSPIRE strategies into practice. The first tool is the *INSPIRE Handbook: Action for implementing the seven strategies*, which provides detailed programming guidance for each strategy and was developed by INSPIRE partners (under the leadership of WHO). The second tool, the *INSPIRE Indicator Guidance and Results Framework* (*Indicator Guidance*) was conceived and produced by INSPIRE partners (under the leadership of UNICEF) to assist governments and partners in monitoring progress and tracking change over time.

In 2006, the United Nations *Secretary-General’s Study on Violence Against Children* recommended that States develop and implement systematic, national data collection and research efforts, including national indicators based on internationally agreed standards.⁴ This *Indicator Guidance* is meant to help countries achieve that recommendation by establishing a common set of indicators to track changes in the prevalence of violence and the results of programmes designed to address violence against children across key sectors. It is hoped that this work will contribute to greater alignment of global and national efforts and improve the evidence base related to violence against children.

INSPIRE core indicators

To help governments and organizations monitor uptake and results of INSPIRE strategies, and measure progress towards preventing and responding to violence against children, INSPIRE partners developed a core list of indicators (Chapter 3) and a results framework (Appendix A). The core indicators are designed to measure prevalence of violence, risk and protective factors, and the extent to which INSPIRE interventions have reached intended beneficiaries. INSPIRE partners, led by UNICEF, developed these indicators through a participatory process during 2016 and 2017 through multiple international meetings, conference calls and virtual consultations.

Box 1

INSPIRE: Seven Strategies for Ending Violence against Children

Implementation and enforcement of laws

Norms and values

Safe environments

Parent and caregiver support

Income and economic strengthening

Response and support services

Education and life skills

3. World Health Organization, *INSPIRE: Seven strategies for ending violence against children*, WHO, Geneva, 2016. <www.who.int/violence_injury_prevention/violence/inspire/en>
4. Pinheiro, Paulo Sérgio, *World Report on Violence Against Children: Secretary-General’s study on violence against children*, United Nations, Geneva, 2006, p. 27. <www.unicef.org/violencestudy/reports.html>

This introductory chapter is followed by Chapter 2, which discusses ethical issues to consider when gathering data on prevalence and risk factors related to violence against children. Chapter 3 presents the final list of core indicators agreed on by INSPIRE partner agencies. Chapter 4 includes a data sheet for each indicator, with information on the purpose of each indicator, data sources, operational definitions, sample measures, method of computation, links to online data (if available), limitations, suggested disaggregation and links to key international questionnaires (listed in Box 5 on page 26). Appendix A presents the full results framework. Appendix B provides sample questionnaire items from data sheets in a single, consolidated list for easy reference.

Levels of indicators

In accordance with the INSPIRE results framework, the core list of indicators is designed to track progress towards achieving results at three levels:

- **The highest level (impact/goal level).** The highest intended result of the INSPIRE package is to achieve meaningful change in the lives of children and adolescents, as articulated by the intended impact/goal level results statement:

All children, including adolescents, grow up with greater freedom from all forms of violence; and those who do experience violence benefit from more appropriate care, support and access to justice needed to ensure physical, mental and social well-being.*

*Including children in situations of vulnerability such as those with disabilities, in institutional care, deprived of liberty, in extreme poverty, unaccompanied/separated from family, in emergency situations, affected by HIV or living with other social or economic disadvantages.

To monitor whether or not countries and communities are achieving this intended goal of reducing the prevalence of violence against children, the core list includes indicators for measuring the prevalence of a select number of key forms of violence against children and adolescents.

- **Intermediate (outcome level).** The core list also includes indicators designed to monitor intermediate (outcome level) results for each INSPIRE core strategy and activity. Typically, these results focus on evidence-based risk factors, protective factors and drivers of violence against children. Intermediate level indicators measure results such as changes in laws and policies, social norms, characteristics of community environments, institutional responses, and individual behaviours, awareness and skills of professionals, community members, caregivers, adolescents and children themselves.
- **Shorter term, lower level (output level).** Finally, the core list includes some indicators for measuring a smaller number of lower level changes, including the extent to which each INSPIRE strategy has been scaled up within countries and communities, as well as lower level steps in the results chain, such as changes in institutional capacity of key institutions, and coverage of certain types of programmes for families, caregivers and adolescents.

Criteria used to select core indicators

INSPIRE partners selected indicators for the core list that could measure intended results at different levels of the results framework and for each INSPIRE strategy. All indicators in the core list are suitable for measuring change at the national level. Many survey-based indicators in the list may also be useful for measuring change at subnational or local levels. Other considerations used to select indicators for the core list included the following:

- ☑ **A mix of data sources, including surveys, administrative databases and policy reviews.** About two-thirds of the indicators on the list are designed to be measured by population-based surveys, while the other third are based on data sources such as policy and legislative reviews, and administrative data systems.
- ☑ **Indicators prioritized for availability and validation when possible.** Many indicators on the core list are well-established, validated indicators already being measured in countries around the world through large international survey programmes, such as Demographic and Health Surveys (DHS), Global School-based Health Surveys (GSHS), Multiple Indicator Cluster Surveys (MICS) and Violence against Children Surveys (VACS). In other cases, INSPIRE partners wanted to measure a change they considered

important for violence prevention and response that has not been widely measured in the past. In those cases, the data sheet for each indicator notes the emerging nature of the indicator, the need for more attention to methodological issues and, in some cases, a need to scale up data collection.

- ❑ **Sustainable Development Goal indicators.** Some indicators on the list are Sustainable Development Goal (SDG) indicators that United Nations Member States have agreed to measure. These include indicators for measuring Target 16.2: End abuse, exploitation, trafficking and all forms of violence against and torture of children. The list also includes other SDG prevalence indicators of violence disaggregated for children/adolescents (e.g. homicide), as well as SDG indicators that measure key risk factors for violence against children.
- ❑ **Numbers of indicators per strategy.** The list of core indicators tries to balance competing aims: limiting the list to a manageable number of indicators while trying to ensure that key results are adequately measured. The *Response and support services* strategy includes a larger number of indicators than other strategies, for example, in part because it encompasses multiple sectors such as justice, health and social services.
- ❑ **Flexibility with regard to operational definitions.** The *Indicator Guidance* is meant for use by a wide variety of users, from local grassroots and civil society organizations to national governmental programmes, rather than as a formal international reporting framework. For this reason, the data sheets allow for some flexibility in the construction of indicators. Data sheets often note the possibility of adjusting the age range of denominators, timeframes or other elements of the indicator depending on what is most relevant, ethical, feasible and/or available for the country.

Who should use these indicators and how

These indicators are designed to help governments, international agencies, non-governmental organizations and other national or local institutions monitor and evaluate efforts to prevent and respond to violence against children and adolescents. The indicators may be used in all contexts, though they may need adaptation for humanitarian and emergency settings, for which additional indicators may be required.

The core INSPIRE indicators measure changes at national or sub-national levels. They can also be used to monitor change at the international level – with some modification – by aggregating numbers of countries that have achieved certain milestones. The indicators may be useful for a wide range of policymakers, programme planners and researchers, including:

- decision makers within governmental, intergovernmental and civil society organizations and institutions that run programmes for children and adolescents;
- academic researchers, including those who carry out surveys among children and adolescents; and
- those who monitor and evaluate key institutions, programmes and initiatives at all levels (local, national and international).

The indicators may be useful at all stages of the programme and policy development cycle, including:

- **Pre-planning stage**, for example, as part of a situation analysis that identifies key areas that need to change.
- **Programme planning stage** to help define targets and refine results-oriented strategies for use in national plans, grant-writing, the design of new initiatives, and efforts to bring about whole system or whole institutional reform in any sector whose work is relevant to violence against children and adolescents.
- **Baseline assessments** before new strategies or policies are implemented. This may include expanding population-based data collection, by carrying out dedicated national or local surveys focused on violence against children, or by integrating violence-related modules or questions into existing surveys. This may also include using proposed indicators to help design baseline evaluation data collection for sub-national programmes addressing violence against children.
- **Short- and long-term follow-up to monitor change over time** in order to assess whether or not programmes and policies to prevent and respond to violence against children are achieving intended results.

How to obtain data for the core indicators

The *Indicator Guidance* includes examples of questionnaire items and other data collection tools that can be used to measure the core list of INSPIRE indicators. These examples are meant to be illustrative only. In practice, measures and data sources will vary. Governments, intergovernmental, civil society and local organizations that want to measure the INSPIRE core indicators may use a variety of instruments to measure many of the indicators in this list, depending on what is most feasible and available in their own context. Below are examples of strategies that could be used to obtain data needed to measure these indicators:

- **Extract data from existing survey reports and databases.** Many indicators in the INSPIRE core list are being measured at regular intervals by large, repeating survey programmes, such as the DHS, GSHS, MICS and VACS, or by existing administrative or surveillance data systems. In some cases, national estimates are (or will be) regularly monitored and updated within international databases, such as UNICEF and SDG global databases. In other cases, these data can be found in final reports of surveys that have measured core indicators, such as VACS or GSHS. Information about where to find data sources online is noted within data sheets when available. See Box 5 on page 26 for a list of international survey programmes that measure many indicators included in the INSPIRE core list.
- **Integrate select questions or modules about violence against children into existing, ongoing or new surveys.** One way to increase the availability of data needed to measure INSPIRE indicators is to encourage surveys to incorporate questions and/or modules on violence against children into future or recurring data collection, or to modify existing instruments to bring measures into harmony with INSPIRE core indicators. Opportunities for integrating measures that harmonize with INSPIRE indicators into other surveys may include: regularly repeating DHS surveys, surveys among adolescents or young adults carried out by National Statistics Offices, specialized surveys such as Population-based HIV Impact Assessment Surveys, municipal or district surveys, or other surveys designed to evaluate programming related to the well-being of children and adolescents.

Such integration should be done only when data collection can be carried out in ways that meet international and national ethical and safety guidelines for research on violence against children.⁵ For example, surveys should not ask respondents about violence unless research teams are fully prepared to protect the safety and well-being of child and adolescent respondents, and to respond appropriately to disclosures of violence by children.⁶ Please see Chapter 2 for a brief overview and discussion of some ethical considerations when collecting data on violence against children and adolescents. More comprehensive guidelines on ethical research on violence against children were in development at the time of publication.

- **Dedicated surveys on violence against children to provide baseline and follow-up data for monitoring change.** In some cases, governments (e.g. National Statistics Offices), international agencies or civil society organizations need to gather primary data through national or subnational surveys dedicated to violence against children or adolescents in order to monitor and evaluate violence prevention and response efforts. Again, research teams that carry out dedicated surveys on violence must meet international safety and ethical guidelines, as outlined in Chapter 2. This includes submitting research protocols and survey instruments to an ethical review committee qualified to evaluate research on violence against children and adolescents. It also includes being fully prepared to protect the safety and well-being of child and adolescent participants, and to respond appropriately to disclosures of violence by children.

5. UNICEF makes resources on ethical research among children available at <www.unicef-irc.org/research/ethical-research-and-children>. More comprehensive guidelines specific to research on violence against children are forthcoming.

6. Child Protection Monitoring and Evaluation Reference Group, *Ethical Principles, Dilemmas and Risks in Collecting Data on Violence Against Children: A review of available literature*, UNICEF, Statistics and Monitoring Section/Division of Policy and Strategy, New York, 2012. <https://data.unicef.org/wp-content/uploads/2015/12/EPDRCLitReview_193.pdf>

Areas for further development

While the INSPIRE core list of indicators attempts to measure a wide range of potential intended results of the seven core INSPIRE strategies and two cross-cutting activities, there are areas that require additional work. For example:

- **Emergency and humanitarian settings.** While the core list of indicators can be used in emergency and humanitarian settings, including armed conflict, natural disasters and other emergency situations, the list may require adaptation and some additional indicators.
- **Measures of well-being and recovery of child victims.** The core list has many indicators for measuring changes in the prevalence of violence against children and adolescents at the impact/goal level. Currently, however, there are no indicators that measure whether child victims who receive services or support for violence actually benefit in terms of changes to their physical, mental or social well-being. This gap reflects a lack of validated measures feasible for cross-national data collection and is an area that deserves future attention.
- **Qualitative measures of change.** The core list of INSPIRE indicators is primarily composed of quantitative indicators. Within the field of violence prevention and response, however, both qualitative and quantitative data collection are important for monitoring and evaluating change.
- **Indicators for measuring changes in coverage and scale-up at the output level.** The INSPIRE core list includes indicators for measuring lower level (output) results, such as coverage, scale-up and short-term effects, for some but not all INSPIRE strategies. Some of these gaps are noted in Chapter 3 and the first page of each section of data sheets. In some cases, countries and subnational programmes may need to develop nationally or locally adapted indicators for measuring implementation, coverage, scale-up, quality and short-term effects of INSPIRE strategies, appropriate to their specific geographic and programmatic context.
- **Other areas for further development.** The core list includes a few emerging indicators that are 'aspirational', meaning they are not yet being widely measured. In other cases, however, INSPIRE partners could not find validated indicators for changes that they would like to measure, including the prevalence of certain types of violence against children, or changes in risk or protective factors related to violence. More methodological work is needed to develop and validate new measures to monitor results of efforts to prevent and respond to violence against children.

CHAPTER 2:

Ethical considerations for collecting data on violence against children

The INSPIRE indicators require collecting data on violence against children and adolescents through research initiatives or surveillance mechanisms in order to help guide programmes and policies. All research and surveillance involves an ethical imperative to treat persons with respect and to protect their well-being. Collecting data on violence against children and adolescents poses particular ethical challenges, however. These challenges include minimizing the risk of harm when asking children and adolescents about sensitive issues such as violence, particularly given that children often experience violence by those close to them, such as family members, primary caregivers and peers. There is an ethical imperative to take special measures to minimize risks of distress, retaliation and other potential harm that might result from asking children and adolescents to disclose violence in the context of research or surveillance.

There are also complex questions about how to ensure that children decide for themselves whether to answer questions in the context of research, and what role caregivers should have in these decisions. These types of questions illustrate the practical considerations that must be addressed for the collection of **surveillance data** to guide the kinds of programmes and policies outlined in the INSPIRE Handbook. They are also essential to consider when conducting **research** on violence and building the evidence base on what works best to protect children from violence and its lifelong consequences.

Surveillance context

Core INSPIRE indicators may be used for gathering **surveillance data** on violence against children and adolescents. The World Health Organization defines public health surveillance as “the continuous, systematic collection, analysis and interpretation of health-related data needed for the planning, implementation, and evaluation of public health practice”.⁷ Surveillance data may be collected through administrative data systems, government registries and case reports, as well as official, population-based surveys. Surveillance is usually carried out by government officials (e.g. public health authorities) or other entities, depending on how broadly or narrowly the term is defined.

As described in the 2017 publication *World Health Organization Guidelines on Ethical Issues in Public Health Surveillance*, surveillance aims to advance the health of populations. It involves a distinct set of ethical considerations, including equity, the common good and respect for persons, along with issues such as privacy, confidentiality and consent.⁸ Unlike research with human participants, surveillance initiatives, are not as a rule subject to prior ethical review. However, all research with human participants, including population-based surveys on violence, should follow ethical guidelines for research, even if they are embedded within greater surveillance systems. As an ongoing task, public health surveillance often involves actions that are continuous and non-voluntary. Disclosure of surveillance data can cause harm that includes violence, arrest, discrimination, isolation, loss of life or resources, distress, trauma and stigma.⁹ These possible harms are salient for surveillance data pertaining to violence against children and adolescents.

7. World Health Organization, *WHO Guidelines on Ethical Issues in Public Health Surveillance*, WHO, Geneva, 2017, p. 17. <<http://apps.who.int/iris/bitstream/handle/10665/255721/1/9789241512657-eng.pdf?ua=1>>

8. Ibid, p. 20-21.

9. Ibid, p. 34.

Surveillance responds to the state's ethical duty to protect the health of the population, which includes the duty to protect children and promote their health and well-being. It must be done rigorously and in accordance with ethical guidelines, including the following:¹⁰

- **WHO Guideline 8.** Those responsible for surveillance should identify, evaluate, minimize and disclose risks of harm before surveillance is conducted. Monitoring for harm should be continuous, and, when any harm is identified, appropriate action should be taken to mitigate it.
- **WHO Guideline 9.** Surveillance of individuals or groups who are particularly susceptible to disease, harm or injustice is critical and demands careful scrutiny to avoid the imposition of unnecessary additional burdens.

Research context

To ensure that research is ethical, all research involving persons must obtain prior approval by an ethics review committee, which is tasked with conducting a thorough ethics assessment of each research protocol. The 2016 *International Ethical Guidelines for Health-related Research Involving Humans* by the Council for International Organizations of Medical Sciences (CIOMS) and WHO, and *Ethical Research Involving Children Compendium and Guidance* by UNICEF provide the most updated and comprehensive ethical guidance for research. Both the CIOMS guidelines and the UNICEF compendium and guidance include recommendations that are key to ensuring respectful treatment of children and the protection of their well-being in violence-related research. To follow these recommendations, a genuine ethics analysis — as opposed to mere compliance with a checklist — is needed from both researchers and ethics review committees. Research on violence against children must also follow all general ethical guidelines. For example, in order to be ethical, research must have social and scientific value, or “the prospect of generating the knowledge and the means necessary to protect and promote people’s health”.¹¹ Consistent with principles highlighted in the *UNICEF Procedure for Ethical Standards in Research, Evaluations and Data Collection and Analysis* and the *Ethical Research Involving Children Compendium and Guidance*, studies must ensure that participants and their choice to participate (or not) are respected; that there is a positive balance of benefits over risks; and that participants are selected fairly.

Research on violence against children is necessary to enhance the well-being of children and adolescents by contributing to violence prevention and response. The attempt to protect children as a vulnerable population must be balanced against the need to ensure that they are included in research and evaluation, especially as programmes and policies implement and scale up INSPIRE strategies and try to determine whether those efforts are achieving intended results. To ensure that research on violence against children treats children with respect and protects their well-being, research teams must do the following:

- ensure the voluntariness and fully informed nature of their participation;
- minimize the risk of harm; and
- ensure just and equitable distribution of burdens and benefits of participating in research.

These tasks can be challenging and intertwined. Information about actions aimed at minimizing possible harms from participating in research may affect children’s, adolescents’ and adults’ decisions about whether to participate in research, and must be disclosed during the process of informed consent to ensure voluntary nature of participation. The following pages provide additional discussion of key ethical considerations, as well as practical advice about the ethics of research related to violence against children and adolescents.

10. Ibid, p. 34-36.

11. Council for International Organizations of Medical Sciences (CIOMS) and World Health Organization. *International Ethical Guidelines for Health-related Research Involving Humans*, CIOMS, Geneva, 2016, p.1 <<https://cioms.ch/wp-content/uploads/2017/01/WEB-CIOMS-EthicalGuidelines.pdf>>

Ensuring the voluntariness of participation: Ethical recommendations

Children's and adolescents' participation in research must be voluntary. Children and adolescents have an evolving capacity to provide consent, which must be taken into account in processes aimed at ensuring that their participation in research is voluntary. For example, children may not be able to provide legally valid informed consent to participate in research, because they are too young or local laws do not allow them to make decisions entirely on their own. However, in these situations, they should still be given the opportunity to decide whether or not to participate. Box 2 summarizes practical advice for obtaining assent/informed consent of children to participate in research.

This assent of a child must be a genuine process in which he or she agrees to participate after researchers have provided relevant information tailored to the child's level of maturity and meaningfully engaged him or her in a conversation about the study. Researchers should respect a child's deliberate objection — an expression of refusal or disapproval— to participate in a study. They should also respect a child's right to decide to stop participating at any time during the study without having to provide an explanation, while being cognizant of the well-being of the child and any negative consequences of going against the wishes of a parent or guardian. Researchers should explain these rights to the child in clear and age-appropriate language when obtaining assent/informed consent. If assent/consent has been obtained previously, the voluntariness of the child's participation should be confirmed at the time of data collection, with measures taken to ensure that the child understands this notion.

In situations where children and adolescents are not able or not allowed to provide consent on their own and thus their assent is sought for research participation, the permission of a parent or guardian to participate in research should be obtained. There may be situations in which an ethics review committee will waive parental permission to ensure that the best interests of children and adolescents are being served. One example is violence research in which “parental knowledge of the topic of the research may place children and adolescents at risk of questioning, intimidation or physical harm by their parents”.¹² In some jurisdictions, children and adolescents may be allowed to provide consent for themselves (without obtaining permission from their parents) if they are considered ‘emancipated’ or ‘mature’, if they live independently, are married or are parents themselves. In other settings, children may be allowed to provide consent for themselves in the absence of legislation to the contrary. In all settings, research teams must inform themselves about and observe national and local rules for consent, and take cultural and social considerations into account.

Payment for participation in research does not per se compromise the voluntariness of participation. Compensation must not be so large as to constitute an ‘undue inducement’ and persuade participation against the best judgement of the child or the parent. In order to ensure that children are not vulnerable to exploitation for financial aid by their parents or guardians, investigators should consider non-monetary compensations that can be enjoyed directly by children and their communities. Nevertheless, financial compensation should be considered in instances where the child's participation could result in lost wages upon which the child and their family may depend.

Box 2

Practical advice on obtaining assent/informed consent of children

- Is the language in the consent form (written form or oral script to provide the information to children, and for children to express their assent) appropriate for the age of children being recruited?
- Are assent documents sufficiently explicit about the voluntariness of the child's participation, ensuring that decisions are not made based on fear of disappointing others or fear of putting their own well-being at risk?
- Have measures been taken to confirm that children are informed of and have understood the voluntary nature of their participation and their right to withdraw at any time without consequences?
- Have investigators considered whether they should request a waiver to parental permission?
- Has the child been asked if she/he would like a relative, trusted friend or another person not involved in the study present during the interview (if that approach has passed ethical review)?
- If compensation is provided, has the community been consulted about its appropriateness?

12. Ibid., p.68

Minimizing risk of harm: Ethical recommendations

Researchers have a duty to ensure that risks are appropriately balanced against potential benefits.

This includes benefits for individual participants and for society as a whole. Examples of risks that children and adolescents may face as a result of participating in violence research may include:

- **Risk of retaliation** from those who have perpetrated or concealed violence if they find out or suspect that their actions may have been disclosed.
- **Discomfort, stigma or bullying** if others (e.g. schoolmates, teachers) find out that they are victims of violence, for example, due to a breach of confidentiality.
- **Distress or anxiety as a result of discussing sensitive issues**, even if the child or adolescent respondent has not personally been exposed to violence.
- **Negative consequences that might result from mandatory notification** of violence, abuse or neglect to authorities in settings where such notification is required by law or as a result of a moral obligation to address violence disclosed during data collection.

Box 3 summarizes practical considerations for minimizing risks and mitigating harm of research on violence against children.

Research teams have an obligation to develop detailed plans to minimize risks and mitigate harm, taking into account any safeguards needed to address the particular vulnerabilities of children and adolescents. For example, children and adolescents may not be as capable of protecting their interests as adults. In addition, child and adolescent victims of violence often depend directly or indirectly on those that perpetrate the violence. Specifically, detailed plans should address the following:

- **Protect sensitive personal information and prevent breaches of privacy and confidentiality.**

Ensure that there are detailed protocols for protecting the confidentiality of data and safety of respondents from the time of recruitment and initial engagement through data collection, storage and dissemination phases. This may entail any of the following actions:

- ✓ Determine whether it is safe to reveal the nature of the survey and to whom.
- ✓ Interview respondents in a private space where they cannot be overheard.
- ✓ Avoid written materials or hand-outs that identify violence as a focus of the study.
- ✓ Do not interview more than one respondent in the household (if it is a household survey).
- ✓ Train interviewers to ensure privacy and change the topic if anyone comes into the space where a respondent is being interviewed.

Box 3

Practical considerations for minimizing risks and mitigating harm of research on violence against children

- Does the research protocol identify all significant potential risks involved in study participation?
- Have a range of relevant stakeholders (e.g. child social workers, child advocates, police etc.) been consulted to identify potential risks for child and adolescent participation in research?
- Does the protocol include a plan to protect participants' privacy (e.g. change the topic of the study questions in case of intrusion) and the confidentiality of all sensitive personal information in the collection, transmission and storage of data, and in the dissemination of findings?
- Have potential participants been informed as part of the consent process about any limits to investigators' ability to protect confidentiality, such as mandatory reporting requirements?
- Have researchers discussed with the ethics review committee the specific mandatory notification requirements in that setting, as well as strategies to protect the well-being of child respondents, including, if appropriate, the possibility of requesting exemptions to mandatory reporting?
- Has the research team been appropriately trained to undertake research involving children to collect data on this sensitive subject, to deal with the potential distress of participants and to ensure that privacy of participants and confidentiality of their data are protected?
- Is there a clear plan to address all harms that may affect children and adolescents as a result of participation, including referrals?
- Is there a strategy in place to ensure that the research team has access to emotional support to deal with possible vicarious trauma?

- ✓ Ensure that all research staff understand the importance of confidentiality.
- ✓ Label questionnaires with numbers rather than names or any other identifying information.
- ✓ Store data collected in secure locations.
- ✓ Ensure that any written analysis or dissemination protects the confidentiality of participants.

• **Ensure that researchers know how to respond to participants who need support or show signs of distress.**

Researchers have a duty to address all potential harm that may result from research participation, which entails developing a plan to provide immediate referrals to medical care, psychological support and counselling if needed, and to establish mechanisms for study participants to seek help even after participation in the study has ended. Support must be offered to participants even if they do not show signs of distress.

• **Manage the implications and possible risks of mandatory reporting requirements (if applicable).**

As part of the consent process, potential research participants must be informed about limits to the ability to maintain confidentiality, including any legal requirements to report child abuse to authorities. Researchers should consult with the ethics review committee

about whether it is appropriate to seek exemptions from legal requirements to report abuse or other illegal activities disclosed during the course of the study, taking into account the best interest of the child. Box 4 lists additional recommended resources on ethical considerations for collection of data on violence against children.

Box 4

Additional resources on ethical considerations for collection of data on violence against children

Berman, Gabrielle, et al. *What We Know about Ethical Research Involving Children in Humanitarian Settings: An overview of principles, the literature and case studies*, Innocenti Working Papers no. 2016 18, UNICEF Office of Research – Innocenti, Florence, Italy, 2016. <www.unicef-irc.org/publications/pdf/IWP_2016_18.pdf>

Child Protection Monitoring and Evaluation Reference Group, *Ethical Principles, Dilemmas and Risks in Collecting Data on Violence Against Children: A review of available literature*, UNICEF, Statistics and Monitoring Section/Division of Policy and Strategy, New York, 2012. <https://data.unicef.org/wp-content/uploads/2015/12/EPDRCLitReview_193.pdf>

Graham Ann, et al., *Ethical Research Involving Children*, UNICEF Office of Research – Innocenti, Florence, Italy, 2013. <www.unicef-irc.org/publications/706-ethical-research-involving-children.html>

Santelli, John, Sonia Haerizadeh and Terry McGovern, *Inclusion with Protection: Obtaining informed consent when conducting research with adolescents*. Innocenti Research Brief. UNICEF Office of Research– Innocenti, Florence, Italy, 2017. <www.unicef-irc.org/publications/pdf/IRB_2017_05_Adol03.pdf>

United Nations Children's Fund, *UNICEF Procedure for Ethical Standards in Research, Evaluation, Data Collection and Analysis*, UNICEF Office of Research – Innocenti, Florence, Italy, 2015. <www.unicef.org/supply/files/ATTACHMENT_IV-UNICEF_Procedure_for_Ethical_Standards.PDF>

World Health Organization, *Putting Women First: Ethical and safety recommendations for research on domestic violence against women*. WHO, Geneva, 2001. <www.who.int/gender/violence/womenfirtseng.pdf>

UNICEF is developing an in-depth resource on ethical and methodological approaches to collecting data on violence against children, to be available in 2018.

CHAPTER 3:

Core INSPIRE indicators and domains

Impact/goal: All* children, including adolescents, grow up with greater freedom from all forms of violence; and those who do experience violence benefit from more appropriate care, support and access to justice needed to ensure physical, mental and social well-being. **Including children in situations of vulnerability.*

Domain	Sub-domain	Indicator	Page
Violence by caregivers	Violent discipline by caregivers	1.1 Violent discipline by caregivers, past month (SDG Indicator 16.2.1) Percentage of girls and boys aged 1-17 years who experienced any physical punishment and/or psychological aggression by caregivers in the past month, by sex and age	28
Physical punishment in school	Physical punishment by teachers	1.2 Physical punishment by teachers, past 12 months Percentage of female and male children and/or adolescents currently attending school who report being physically punished by a teacher in the past 12 months, by sex and grade level (or age)	30
Sexual violence in childhood	Lifetime childhood sexual violence	1.3 Lifetime sexual violence in childhood by any perpetrator (SDG Indicator 16.2.3) Percentage of young women and men aged 18-29 years who experienced sexual violence before 18 years of age, by sex and age	32
	Past year childhood sexual violence	1.4 Past year sexual violence in childhood by any perpetrator Percentage of female and male adolescents aged 13-17 years who experienced sexual violence in the past 12 months, by sex and age	32
Partner violence against adolescents	Violence against adolescent girls within marriage or marriage-like relationships	1.5 Physical and/or sexual violence by an intimate partner against ever-partnered adolescent girls, past 12 months (SDG indicator 5.2.1, sub-indicator 4) Percentage of ever-partnered adolescent girls aged 15-19 years subjected to physical and/or sexual violence by a current or former intimate partner in the past 12 months	35
	Violence against adolescent girls and boys by romantic partners	1.6 Physical and/or sexual violence against adolescents by a romantic partner, past 12 months Percentage of female and male adolescents aged 13-19 years subjected to physical and/or sexual violence by any romantic partner in the past 12 months, among those who ever had a romantic partner, by sex and age	38
Peer violence	Bullying victimization	1.7 Peer violence - bullying victimization, past 12 months Percentage of female and male adolescents who experienced bullying during the past 12 months, by type, sex and grade level (or age)	39

Domain	Sub-domain	Indicator	Page
Physical violence against adolescents	Physical attacks against adolescents	1.8 Physical attack against adolescents, past 12 months Percentage of female and male adolescents who were physically attacked in the past 12 months, by sex and grade level (or age)	41
Child homicide	Child homicide rate	1.9 Child homicide rate (SDG indicator 16.1.1) Number of victims of intentional homicide aged 0–19 years per 100,000 population aged 0–19 years, by sex and age	42
Child exposure to violence in the home	Child exposure to partner violence against mother/stepmother	1.10 Child exposure to households affected by physical partner violence against women Percentage of female and male adolescents and young adults aged 13–24 years who report that their father or stepfather ever hit or beat their mother or stepmother during the respondents' childhood, by sex and age of respondent	43

Monitoring and evaluation

Intermediate (outcome) result: Countries have expanded the research and surveillance evidence base on violence against children and adolescents available for policy-making.

Domain	Sub-domain	Indicator	Page
National prevalence estimates for key forms of violence	National prevalence estimates for key forms of violence against children and adolescents	2.1 National prevalence estimates for key forms of violence against children and adolescents Proportion of 10 impact indicators for which country has recent, national prevalence estimates on violence against children and adolescents from population-based household or school-based surveys, disaggregated by sex and age (if applicable)	45

Output (lower level result): Countries have strengthened capacity and investment in violence-related research, surveillance, monitoring and evaluation.

Domain	Sub-domain	Indicator	Page
Administrative data systems	Administrative data systems	2.2 Administrative data systems that track and report data related to violence against children Proportion of three sectors (social services, justice and health) that have administrative data systems capable of producing key types of administrative data on violence against children at the national level, disaggregated by age, sex and type of violence	46
Scale-up and quality of INSPIRE strategies	Scale-up and quality of efforts to strengthen monitoring and evaluation efforts	Scale-up and quality of efforts to strengthen monitoring and evaluation efforts <i>Countries or programmes may need to develop locally appropriate indicators to measure scale-up and quality of efforts to strengthen Monitoring and evaluation related to violence against children, adapted to what is most relevant to the geographic and programmatic context.</i>	

Implementation and enforcement of laws

Intermediate (outcome) result: Countries have strengthened implementation and enforcement of laws and policies that protect children and adolescents from violence, reduce excessive alcohol use, and limit youth access to weapons.

Domain	Sub-domain	Indicator	Page
Laws and policies	Laws protecting children from physical punishment	3.1 Laws protecting children from physical punishment (violent punishment) Existence of legislation prohibiting all forms of physical punishment of children, by setting (home, schools, alternative care settings and day care, penal institutions/in places of detention, and as a sentence for an offence)	48
	Laws protecting children from sexual abuse and exploitation	3.2 Laws protecting children from sexual abuse and exploitation Alignment of the national legal framework with international standards regarding the criminalization of child sexual abuse and exploitation and protection of child victims	49
	Laws protecting children from key risk factors for violence and exploitation	3.3 Laws and policies protecting children from key risk factors for violence and exploitation Existence of laws, policies or regulations that protect children from key risk factors	51
	Laws and policies to protect children	3.4 Laws and policies regarding institutional and duty bearer responses to violence against children Existence of key laws and policies to protect children from violence and ensure an adequate response from duty bearers, professionals and justice sector institutions	52
Awareness of laws	Awareness of laws	3.5 Awareness of laws banning violence against children Percentage of female and male adolescents and adults who are aware of legislation banning key forms of violence against children, such as physical punishment (violent punishment), by sex and age	53

Output (lower level result): Countries have assessed whether legal frameworks and justice system practices align with international norms and best practices that aim to protect children and adolescents from violence.

Domain	Sub-domain	Indicator	Page
Review of legal and policy frameworks in accordance with international norms	Review of legal and policy frameworks in accordance with international norms	3.6 Assessment of whether legal framework aligns with international norms National assessment of whether the legal framework aligns with international norms, using the <i>UNODC Model Strategies on Violence against Children Checklist</i> , within the past five years	54

Norms and values

Intermediate (outcome) result: Norms and values of key groups support non-violent, respectful, nurturing and gender-equitable relationships for all children and adolescents.

Domain	Sub-domain	Indicator	Page
Support for physical punishment (home)	Agreement with necessity of physical punishment for child-rearing	4.1 Agreement with the necessity of physical punishment for child-rearing Percentage of female and male adults or adolescents who agree that physical punishment of children is necessary for child-rearing	56
Support for physical punishment (schools)	Support for physical punishment by teachers	4.2 Support for physical punishment by teachers or administrators in school Percentage of female and male adolescents or adults who agree that teachers or administrators should be allowed to physically punish children in school	57
Support for positive gender norms	Acceptability of wife-beating	4.3 Acceptability of wife-beating Percentage of females and males aged 13–49 years who agree that a husband (man) is justified in hitting or beating his wife (partner) for at least one specified reason, by sex and age	58
	Attitudes about women's right to refuse sex	4.4 Attitudes about women's right to refuse sex Percentage of females and males aged 13–49 years who believe that a wife (woman) is obliged to have sex with her husband even if she does not feel like it, by sex and age	59

Output (lower level result): Key population groups have greater exposure to messages about violence against children, gender-equity, and respect for the rights of all children and adolescents.

Domain	Sub-domain	Indicator
Scale-up, coverage and quality of INSPIRE strategies	Scale-up, coverage and quality of <i>Norms and values</i> strategies	Scale-up, coverage and quality of <i>Norms and values</i> strategies <i>Countries or programmes may need to develop locally appropriate indicators to measure scale-up, coverage and quality of Norms and values strategies, adapted to what is most relevant to the geographic and programmatic context.</i>

Safe environments

Intermediate (outcome) result: Public spaces, online and built environments where children and youth spend time are safer and more inclusive for all children.

Domain	Sub-domain	Indicator	Page
Homicide rates	Homicide rates, all ages	5.1 Homicide rate (SDG indicator 16.1.1) Number of victims of intentional homicide per 100,000 population, by sex and age	61
Availability of arms and weapons	Adolescent and adult weapon carrying in the community	5.2 Weapon carrying in the community, past month Percentage of female and male adolescents and young adults who report carrying a weapon, such as a gun or knife, in the community or neighbourhood in the past 30 days, by sex and age	62
Interaction with unknown persons met online	Online interaction with unknown persons	5.3 Online interaction with unknown persons, past 12 months Percentage of female and male child and adolescent Internet users who interacted online in the past 12 months with persons they had not met before in person, by sex and age	63
	Face-to-face meeting with persons first met online	5.4 Face-to-face meeting with persons first met online, past 12 months Percentage of female and male child and adolescent Internet users who met face to face in the past 12 months with persons they first met online, by sex and age	64

Cross-reference from Education and life skills strategy: 9.2 Percentage of female and male adolescents who stayed away from school during the past month and past 12 months because they felt unsafe at, or on the way to/from school or online, by sex and age

Output (lower level result): Countries strengthen the coverage and quality of multisectoral efforts to improve the safety of public, online and built environments.

Domain	Sub-domain	Indicator
Scale-up, coverage and quality of INSPIRE strategies	Scale-up, coverage and quality of <i>Safe environments</i> strategies	Scale-up, coverage and quality of <i>Safe environments</i> strategies <i>Countries or programmes may need to develop locally appropriate indicators to measure scale-up, coverage and quality of Safe environments strategies, adapted to what is most relevant to the geographic and programmatic context.</i>

Parent and caregiver support

Intermediate (outcome) result: Parents and caregivers strengthen positive parenting practices and create more nurturing, supportive parent-child relationships.

Domain	Sub-domain	Indicator	Page
Positive discipline by caregivers	Positive discipline by caregivers	6.1 Non-violent discipline by caregivers, past month Percentage of girls and boys aged 1–17 years who experienced any non-violent method of discipline by a caretaker in the past month, by sex and age	66
Positive parent-child relationships	Early childhood nurturing	6.2 Early childhood caregiver engagement and nurturing Percentage of girls and boys aged 36–59 months with whom an adult household member engaged in four or more activities to promote learning and school readiness in the past three days	67
	Parent/guardian understanding of adolescents' problems	6.3 Parent/guardian understanding of adolescents' problems, past month Percentage of female and male adolescents aged 13–17 years who report that their parents or guardians understood their problems and worries most of the time or always during the past 30 days, by sex and age	68
Parental/guardian supervision	Parental/guardian supervision of adolescents	6.4 Parent/guardian supervision of adolescents, past month Percentage of female and male adolescents aged 13–17 years who report that their parents or guardians knew what they were really doing with their free time most of the time or always, in the past 30 days, by sex and age	69

*Cross-reference from Norms and values strategy: 4.1
Percentage of adults or adolescents who agree that physical punishment of children is necessary for child-rearing*

Output (lower level result): Countries have increased the coverage and quality of programmes to support parents and caregivers and promote positive parenting.

Domain	Sub-domain	Indicator
Scale-up, coverage and quality of INSPIRE strategies	Scale-up, coverage and quality of <i>Parent and caregiver support strategies</i>	Scale-up, coverage and quality of <i>Parent and caregiver support strategies</i> <i>Countries or programmes may need to develop locally appropriate indicators to measure scale-up, coverage and quality of Parent and caregiver support strategies, adapted to what is most relevant to the geographic and programmatic context</i>

Income and economic strengthening

Intermediate (outcome) result: Households/families with children have greater economic security, more gender-equitable norms and lower levels of intimate partner violence.

Domain	Sub-domain	Indicator	Page
Household economic insecurity	Children living below national poverty line	7.1 Children below the national poverty line (SDG indicator 1.2.1) Percentage of girls and boys aged 0-17 years living in households below the national poverty line, by sex and age	71
	Children in food insecure households	7.2 Children living in food insecure households (SDG indicator 2.1.2) Percentage of girls and boys aged 0-17 years whose households experienced food insecurity at moderate or severe levels, in the past 12 months, based on the Food Insecurity Experience Scale (FIES) or another regionally or nationally validated scale	72
Women's economic empowerment within the household	Decision-making within the household among currently partnered women and girls	7.3 Empowerment of currently partnered women and girls Percentage of currently partnered women and girls aged 15-49 years who participate (alone or jointly) in all three of the following decisions: their own health care, making large purchases, and visits to family, relatives and friends, by age (15-19 and 15-49)	75

Output (lower level result): Households have greater access to economic support programmes that integrate attention to gender equity and family violence prevention.

Domain	Sub-domain	Indicator	Page
Access to social protection and household economic support	Children covered by social protection (economic assistance programmes)	7.4 Children covered by social protection systems (SDG indicator 1.3.1) Percentage of girls and boys aged 0-17 years living in households covered by social protection floors/systems (i.e. economic assistance programmes) within the last three months	76
Scale-up, coverage and quality of INSPIRE strategies	Scale-up, coverage and quality of <i>Income and economic strengthening</i> strategies	Scale-up, coverage and quality of <i>Income and economic strengthening</i> strategies <i>Countries or programmes may need to develop other locally appropriate indicators to measure scale-up, coverage and quality of Income and economic strengthening strategy, adapted to what is most relevant to the geographic and programmatic context.</i>	

Response and support services

Intermediate (outcome) result: Countries have strengthened the quality and coverage of reporting mechanisms, response services and prevention of violence against children in all sectors.

Domain	Sub-domain	Indicator	Page
Disclosure of violence in childhood	Disclosure of childhood sexual violence	8.1 Disclosure of lifetime childhood sexual violence Percentage of female and male adolescents aged 13-17 years who ever disclosed experiences of childhood sexual violence, among those who ever experienced sexual violence, by sex	78
	Disclosure of physical violence in childhood	8.2 Disclosure of lifetime physical violence in childhood Percentage of female and male adolescents aged 13-17 years who ever disclosed experiences of physical violence in childhood, among those who ever experienced physical violence, by sex	78
Help-seeking for violence in childhood	Help-seeking for childhood sexual violence	8.3 Help-seeking for lifetime childhood sexual violence Percentage of female and male adolescents aged 13-17 years who sought institutional or professional help for sexual violence, among those who report experiencing sexual violence ever in life, by sex	79
	Help-seeking for physical violence in childhood	8.4 Help-seeking for lifetime physical violence in childhood Percentage of female and male adolescents aged 13-17 years who sought institutional or professional help for physical violence in childhood, among those who report experiencing physical violence ever in life, by sex	79
Receipt of services for violence in childhood	Receipt of services for childhood sexual violence	8.5 Receipt of services for lifetime childhood sexual violence Percentage of female and male adolescents aged 13-17 years who ever received services for childhood sexual violence, among those who ever experienced sexual violence, by sex and by type of service received	81
	Receipt of services for physical violence in childhood	8.6 Receipt of services for lifetime physical violence in childhood Percentage of female and male adolescents aged 13-17 years who ever received services for physical violence in childhood, among those who ever experienced physical violence, by sex and by type of service received	81
Awareness of services	Awareness of support services for violence	8.7 Awareness of support services for violence among adolescents Percentage of female and male adolescents aged 13-19 years who know some place they can go for help in cases of physical or sexual violence, by sex and age	83
Justice system support for children	Justice sector support for child victims	8.8 Support for children in contact with the justice system Percentage and number of girls and boys below 18 years of age in contact with the justice system during the past year who received specialized support	84
	Children in detention	8.9 Children in detention Number of girls and boys below 18 years of age in detention, per 100,000 child population, by sex and age	85

Output (lower level result): Countries have strengthened the capacity of whole sectors (justice, social welfare, health, education) to prevent and respond to violence against children and adolescents.

Domain	Sub-domain	Indicator	Page
Capacity of child protection system	Capacity of child protection system	8.10 Size of the social service workforce Number of social service workers with responsibility for child protection (or child welfare) per 100,000 children, according to type (e.g. governmental and non-governmental)	86
Health sector guidelines on violence against children	Health sector guidelines on child maltreatment	8.11 Health sector guidelines on child maltreatment Existence of national guidelines, protocols or standard operating procedures (SOPs) for the health system's response to child maltreatment, consistent with WHO guidelines (expected in 2019) and international human rights standards	87
	Health sector guidelines on sexual violence against children	8.12 Health sector guidelines on sexual violence against children Existence of national guidelines, protocols or standard operating procedures (SOPs) for the health system's response to sexual violence against children and adolescents that are consistent with WHO guidelines and international human rights standards	88
Scale-up, coverage and quality of INSPIRE strategies	Scale-up, coverage and quality of <i>Response and support services</i> strategies	Scale-up, coverage and quality of <i>Response and support services</i> strategies <i>Countries or programmes may need to develop other locally appropriate indicators to measure scale-up, coverage and quality of Response and support services strategies, adapted to what is most relevant to the geographic and programmatic context.</i>	

Education and life skills

Intermediate (outcome) result: Children and adolescents increase school attendance and achievement; postpone child marriage and early childbearing; build more gender-equitable, non-violent relationships; and reduce risk behaviours such as substance abuse.

Domain	Sub-domain	Indicator	Page
School attendance and parity	Out-of-school rates	9.1 Out-of-school rates, primary and lower secondary Percentage of female and male primary and lower secondary school age children who did not attend school during the academic school year, by sex and by school age (primary, lower secondary)	90
Perceived safety at or on the way to school	Missed school due to safety concerns	9.2 Missed school due to safety concerns, past month and past 12 months Percentage of female and male adolescents who stayed away from school during the past month and past 12 months because they felt unsafe at, or on the way to/from school or online, by sex and age	91
Adolescent sexual and reproductive health behaviour	Early sexual debut	9.3 Early sexual debut Percentage of females and males aged 15–19 years who had their first sexual intercourse before 15 years of age, by sex	92
	Early childbearing before 15 and 18 years of age	9.4 Early childbearing before 15 and 18 years of age Percentage of women and girls aged 15–19 years who gave birth before 15 years of age Percentage of women aged 20–24 years who gave birth before 18 years of age	93
Child marriage	Child marriage before 15 and 18 years of age	9.5 Child marriage before 15 and 18 years of age (SDG indicator 5.3.1) Percentage of women aged 20–24 years who were married or in union before 15 years of age and 18 years of age	94
Adolescent alcohol use	Adolescent binge drinking	9.6 Adolescent binge drinking Percentage of female and male adolescents who had at least one episode of binge drinking in the past month	95
<i>Cross-reference with all intermediate (outcome) level indicators of the Norms and values strategy</i>			

Output (lower level result): Children and adolescents have greater access to education, life skills and livelihood programmes that are safe, effective, gender-responsive and engaged in violence prevention.

Domain	Sub-domain	Indicator	Page
Coverage of school-based violence prevention	Exposure to violence prevention curricula in schools	9.7 Exposure to violence prevention and response curricula in the past 12 months Percentage of female and male children and adolescents who were taught in their classes in the past academic year how to prevent and respond to violence, by sex and grade level (or age)	96
Scale-up, coverage and quality of INSPIRE strategies	Scale-up, coverage and quality of <i>Education and life skills</i> strategies	Scale-up, coverage and quality of <i>Education and life skills</i> strategies <i>Countries or programmes may need to develop locally appropriate indicators to measure scale-up, coverage and quality of Education and life skills strategies, adapted to what is most relevant to the geographic and programmatic context.</i>	

Multisectoral actions and coordination

Intermediate (outcome) result: Countries have strengthened multisector, multi-stakeholder actions and coordination to prevent and respond to violence against children.

Domain	Sub-domain	Indicator	Page
National plans and actions	National, multisectoral, multi-stakeholder plans and actions	10.1 National, multisectoral plans and actions to address violence against children Existence of a national, multisectoral plan(s) or strategy(ies) for coordinated action to prevent and respond to violence against children that meets key criteria for quality, according to status of plan	98

Output (lower level result): Countries have strengthened the capacity of multisectoral, multi-stakeholder coordination mechanisms, with child and adolescent participation.

Domain	Sub-domain	Indicator	Page
National planning mechanisms	National coordination and planning mechanisms	10.2 National coordination and planning mechanisms Existence of a functioning, national, multisectoral, multi-stakeholder coordination mechanism tasked with overseeing national plans or strategies to prevent and respond to violence against children and adolescents, with child and adolescent participation	99

INSPIRE core indicators

Operational definitions, data sources and sample questions

This chapter presents guidance on how to define and measure each of the INSPIRE indicators in the core list. Each indicator is described in a one to two page data sheet that includes the following types of information:

- Indicator (name)
- INSPIRE strategy
- Intended result (level)
- Purpose
- Data sources
- Operational definition
- Sample measurement tool(s) and question(s)
- Method of computation
- Links to data available online
- Limitations
- Suggested disaggregation
- Additional notes, including suggested measurement frequency

For certain indicators that are measured with modules or multi-item questions, examples of the formatted versions of these questions are provided on a separate page in addition to the data sheets. Box 5 lists selected surveys and data collection instruments mentioned in the *Indicator Guidance*.

Selected surveys and data instruments mentioned in this *Indicator Guidance*

DHS — Demographic and Health Survey

(<https://dhsprogram.com/What-We-Do/Survey-Types/DHS-Questionnaires.cfm>)

GKO — Global Kids Online Survey (<http://blogs.lse.ac.uk/gko/tools/survey>)

GSHS — Global School-Based Health Surveys (www.who.int/chp/gshs/methodology/en)

EU (European Union) Kids Online (www.lse.ac.uk/media@lse/research/EUKidsOnline/Home.aspx)

FIES — Food Insecurity Experience Scale (www.fao.org/in-action/voices-of-the-hungry/fies/en)

HBSC — Health Behaviour in School-Aged Children (www.hbsc.org)

ICAST — International Society for the Prevention of Child Abuse and Neglect Child Abuse Screening Tools

(www.ispcan.org/learn/icast-abuse-screening-tools)

Ipsos Poll Conducted for Reuters (www.ipsos.com/sites/default/files/news_and_polls/2014-10/6619-topline.pdf)

LSMS — Living Standards Measurement Surveys (<http://surveys.worldbank.org/lsms>)

MICS — Multiple Indicator Cluster Surveys (<http://mics.unicef.org/tools>)

PISA — Programme for International Student Assessment (www.oecd.org/pisa)

PIRLS — Progress in International Reading Literacy Study (<https://nces.ed.gov/surveys/pirls>)

RHS — Reproductive Health Surveys (www.cdc.gov/reproductivehealth/global/tools/surveys.htm)

SERCE — Second Regional Comparative and Explanatory Study

(www.epdc.org/data-about-epdc-data-epdc-learning-outcomes-data/serce-and-perce)

TIMSS — Trends in International Mathematics and Science Study

(<http://timssandpirls.bc.edu/timss2015/international-results/timss-2015/mathematics/school-safety/student-bullying>)

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

(www.unodc.org/unodc/en/data-and-analysis/United-Nations-Surveys-on-Crime-Trends-and-the-Operations-of-Criminal-Justice-Systems.html)

UNODC — Model Strategies on Violence Against Children Checklist

(www.unodc.org/documents/justice-and-prison-reform/14-08452_Ebook.pdf)

VACS — Violence against Children Surveys (www.togetherforgirls.org/violence-children-surveys) and

(www.cdc.gov/violenceprevention/childabuseandneglect/vacs/index.html)

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

(www.who.int/reproductivehealth/topics/violence/mc_study/en)

Young Lives Survey (www.younglives.org.uk/content/household-and-child-survey)

YRBS — Youth Risk Behavior Survey

(www.cdc.gov/healthyyouth/data/yrbs/pdf/2017/2017_yrbs_standard_hs_questionnaire.pdf)

4.1 Impact/goal: Indicators that measure prevalence of violence against children or exposure to violence

Impact/goal: All children, including adolescents, grow up with greater freedom from all forms of violence; and those who do experience violence benefit from more appropriate care, support and access to justice needed to ensure physical, mental and social well-being.

1.1 Violent discipline by caregivers, past month (SDG Indicator 16.2.1)

Percentage of girls and boys aged 1–17 years who experienced any physical punishment and/or psychological aggression by caregivers in the past month, by sex and age

1.2 Physical punishment by teachers, past 12 months

Percentage of female and male children and/or adolescents currently attending school who report being physically punished by a teacher in the past 12 months, by sex and grade level (or age)

1.3 Lifetime sexual violence in childhood by any perpetrator (SDG Indicator 16.2.3)

Percentage of young women and men aged 18–29 years who experienced sexual violence before 18 years of age, by sex and age

1.4 Past year sexual violence in childhood by any perpetrator

Percentage of female and male adolescents aged 13–17 years who experienced sexual violence in the past 12 months, by sex and age

1.5 Physical and/or sexual violence by an intimate partner against ever-partnered adolescent girls, past 12 months (SDG indicator 5.2.1, sub-indicator 4)

Percentage of ever-partnered adolescent girls aged 15–19 years subjected to physical and/or sexual violence by a current or former intimate partner in the past 12 months

1.6 Physical and/or sexual violence against adolescents by a romantic partner, past 12 months

Percentage of female and male adolescents aged 13–19 years subjected to physical and/or sexual violence by any romantic partner in the past 12 months, among those who ever had a romantic partner, by sex and age

1.7 Peer violence - bullying victimization, past 12 months

Percentage of female and male adolescents who experienced bullying during the past 12 months, by type, sex and grade level (or age)

1.8 Physical attack against adolescents, past 12 months

Percentage of female and male adolescents who were physically attacked in the past 12 months, by sex and grade level (or age)

1.9 Child homicide rate (SDG indicator 16.1.1)

Number of female and male victims of intentional homicide aged 0–19 years per 100,000 population aged 0–19 years, by sex and age

Cross-referenced result:

Households/ families with children have greater economic security, more gender-equitable norms, and lower levels of intimate partner violence

1.10 Child exposure to households affected by physical partner violence against women

Percentage of female and male adolescents and young adults aged 13–24 years who report that their father or stepfather ever hit or beat their mother or stepmother during the respondents' childhood, by sex and age of respondent

Indicator	1.1 Violent discipline by caregivers, past month (SDG indicator 16.2.1) Percentage of girls and boys aged 1–17 years who experienced any physical punishment and/or psychological aggression by caregivers in the past month, by sex and age
INSPIRE Strategy: ALL	
Intended Result (Impact/Goal) All children, including adolescents, grow up with greater freedom from all forms of violence	
Purpose	To measure changes in the prevalence of violent discipline (physical punishment and/or psychological aggression) by caregivers.
Data sources	Population-based household surveys, such as MICS or DHS with a child discipline module.
Operational definition	Number of girls and boys aged 1–17 years who experienced an act of violent discipline , including physical punishment and/or psychological aggression by a caregiver in the home during the past month, expressed as a percentage of all girls and boys aged 1–17 years whose caregivers were asked about disciplinary methods. The SDG indicator is based on caregiver reports, in accordance with MICS surveys that ask mothers or primary caregivers whether one randomly selected girl or boy aged 1–14 years in the household experienced a behaviourally specific list of acts in the past month. Age range of children will depend on what is ethical, relevant and feasible/available for the country. Physical punishment is defined as any physical act intended to cause pain or discomfort, however light, such as shaking, spanking, hitting, slapping, or beating. Psychological aggression includes acts such as yelling, screaming or calling the child names. Certain forms of violent discipline, such as hitting or slapping on the face or head, and harsh, repeated beatings are classified as ‘severe’ .
Sample measurement tool(s) and question(s)	<p>MICS Child Discipline Module (see page 29) (http://mics.unicef.org/tools)</p> <p>PRIMARY CAREGIVERS OF CHILDREN ARE ASKED: <i>Adults use certain ways to teach children the right behaviour or to address a behaviour problem. I will read various methods that are used. Please tell me if you or any other adult in your household has used this method with (NAME) in the past month.</i></p> <p>Psychological aggression: <i>Shouted, yelled at or screamed at him/her? Called him/her dumb, lazy, or another name like that?</i> Physical punishment: <i>Shook him/her? Spanked, hit or slapped him/her on the bottom with bare hand? Hit him/her on the bottom or elsewhere on the body with something like a belt, hairbrush, stick or other hard object? Hit or slapped him/her on the hand, arm or leg?</i> Severe Violent Discipline: <i>Hit or slapped him/her on the face, head or ears? Beat him/her up, that is, hit him/her over and over as hard as one could?</i></p>
Method of computation	<p><i>Numerator:</i> Number of children aged 1–17 years who experienced any physical and/or psychological violent discipline by caregivers, past month</p> <p><i>Denominator:</i> Total number of children aged 1–17 years</p> <p><i>Multiplier:</i> 100</p> <p>(Most national estimates are weighted.)</p>
Links to online data	National estimates are available for 70+ countries from UNICEF Global Databases (https://data.unicef.org/topic/child-protection/violence/violent-discipline)
Limitations	♦ MICS surveys do not measure discipline of children aged 15–17 years. ♦ Some national surveys (e.g. some DHS) measure violent discipline using non-comparable measures, such as open-ended questions or lists of acts that do not include spanking. ♦ Caregivers may under-report violent discipline of children. Surveys, such as VACS, that ask adolescent respondents directly about acts of discipline they experienced may produce higher disclosure rates.
Suggested disaggregation	By sex and age of children; household wealth; residence (rural/urban); disability (if available); type of violent discipline (physical/psychological); severity (any/severe violent discipline).
Additional notes	Suggested measurement frequency: every 3–5 years.

Example: MICS Child Discipline Module

<p>Adults use certain ways to teach children the right behaviour or to address a behaviour problem. I will read various methods that are used. Please tell me if you or any other adult in your household has used this method with <i>(name)</i> in the past month.</p>		YES	NO
[A] Took away privileges, forbade something <i>(name)</i> liked or did not allow him/her to leave the house.	TOOK AWAY PRIVILEGES	1	2
[B] Explained why <i>(name)</i> 's behaviour was wrong.	EXPLAINED WRONG BEHAVIOUR	1	2
[C] Shook him/her.	SHOOK HIM/HER	1	2
[D] Shouted, yelled at or screamed at him/her.	SHOUTED, YELLED, SCREAMED	1	2
[E] Gave him/her something else to do.	GAVE SOMETHING ELSE TO DO	1	2
[F] Spanked, hit or slapped him/her on the bottom with bare hand.	SPANKED, HIT, SLAPPED ON BOTTOM WITH BARE HAND	1	2
[G] Hit him/her on the bottom or elsewhere on the body with something like a belt, hairbrush, stick or other hard object.	HIT WITH BELT, HAIRBRUSH, STICK, OR OTHER HARD OBJECT	1	2
[H] Called him/her dumb, lazy, or another name like that.	CALLED DUMB, LAZY, OR ANOTHER NAME	1	2
[I] Hit or slapped him/her on the face, head or ears.	HIT / SLAPPED ON THE FACE, HEAD OR EARS	1	2
[J] Hit or slapped him/her on the hand, arm, or leg.	HIT / SLAPPED ON HAND, ARM OR LEG	1	2
[K] Beat him/her up, that is, hit him/her over and over as hard as one could.	BEAT UP, HIT OVER AND OVER AS HARD AS ONE COULD.....	1	2
Do you believe that in order to bring up, raise, or educate a child properly, the child needs to be physically punished?	YES.....	1	
	NO	2	
	DK / NO OPINION	8	

Source: MICS Child Discipline Module in the Questionnaire for children under five and Questionnaire for children aged 5-17 years (<http://mics.unicef.org/tools>).

Indicator	1.2 Physical punishment by teachers, past 12 months Percentage of female and male children and/or adolescents currently attending school who report being physically punished by a teacher in the past 12 months, by sex and grade level (or age)
INSPIRE Strategy: ALL	
Intended Result (Impact/Goal) All children, including adolescents, grow up with greater freedom from all forms of violence	
Purpose	To measure change in the prevalence of physical punishment of children and adolescents by teachers at school.
Data sources	Population-based household surveys among adolescents, such as VACS, and school-based surveys among children and/or adolescents, such as GSHS and UNICEF's Young Lives Study.
Operational definition	Number of girls and boys who report having experienced physical punishment (corporal punishment) by a teacher in the past 12 months, expressed as a percentage of children and/or adolescents currently attending school. Physical punishment is defined as any physical act intended to cause pain or discomfort, however light. This indicator can also be measured for the past month or week. Age range and timeframe of violence will depend on what is relevant, ethical and feasible/available for the country. Surveys often use diverse operational definitions of violence by teachers that vary in terms of number and types of acts measured, timeframes, perpetrators and question wording. Both the GSHS (see below) and VACS (see page 31) use a single item to measure violence by teachers in the past 12 months. ICAST asks about a detailed list of acts by teachers or other school staff during the past week and the past school year (see page 31). ¹³
Sample measurement tool(s) and question(s)	2018 GSHS Core Questionnaire (www.who.int/chp/gshs/methodology/en) ADOLESCENTS CURRENTLY ATTENDING SCHOOL ARE ASKED: <i>During the past 12 months, did your teacher ever hit, slap or physically hurt you on purpose?</i>
Method of computation	<i>Numerator:</i> Number of children or adolescents who report physical punishment by a teacher, past 12 months <i>Denominator:</i> Total number of children or adolescents asked about physical punishment by a teacher or administrator <i>Multiplier:</i> 100
Links to online data	GSHS data are available online from WHO (www.who.int/chp/gshs/en). VACS data from 8+ countries are available from CDC (www.cdc.gov/violenceprevention/childabuseandneglect/vacs/index.html). Young Lives Study data from four countries are available from Innocenti (www.unicef-irc.org/publications/pdf/CORPORAL%20PUNISHMENT%20IDP2finalrev.pdf).
Limitations	♦ Nationally representative data are limited. ♦ Surveys that ask about physical violence by teachers but not school administrators may underestimate violence by adults in school. ♦ Existing survey measures vary widely, posing challenges for comparability.
Suggested disaggregation	By sex; grade level (or age); type of school; and other socio-demographic characteristics relevant to the setting, such as household wealth, residence (urban/rural), ethnicity, etc.
Additional notes	Suggested measurement frequency: every 3–5 years.

13. Devries, Karen, et al., 'The Good School Toolkit for Reducing Physical Violence from School Staff to Primary School Students: A cluster-randomised controlled trial in Uganda. Supplemental materials.' *Lancet Global Health*, vol. 3, no. 7, 2015, pp. e378–86.

Examples: Selected items used to ask children and adolescents about violence by teachers and school staff

Young Lives Questionnaire from Viet Nam for children aged 15 years
(www.younglives.org.uk/content/household-and-child-survey)

Think about the past week at school, or the last week you were in school: In that week did you see a teacher use physical punishment on other students? (Physical punishment includes spanking, beating, punching, twisting child's ears or any other hitting, by using hand or an implement.)
(Never, Once or twice, More than twice or often, Refused to answer)

In that week did the teacher use physical punishment on you?
(Never, Once or twice, More than twice or often, Refused to answer)

ICAST tools adapted by the London School of Hygiene for evaluating the Good School Toolkit in Uganda

Has a school staff member:

Hurt you or caused pain to you?

Slapped you with a hand on your face or head as punishment?

Slapped you with a hand on your arm or hand?

Twisted your ear as punishment?

Twisted your arm as punishment?

Pulled your hair as punishment?

Hit you by throwing an object at you?

Hit you with a closed fist?

Hit you with a stick?

Caned you?

Kicked you?

Knocked you on the head as punishment?

Made you dig, slash a field, or do other labour as punishment?

Hit your fingers or hands with an object as punishment?

Crushed your fingers or hands as punishment?

Made you stand/kneel in a way that hurts to punish you?

Made you stay outside for example in the heat or rain to punish you?

Burnt you as punishment?

Taken your food away from you as punishment?

Forced you to do something that was dangerous?

Choked you? Tied you up with a rope or belt at school?

Tried to cut you purposefully with a sharp object?

Severely beat you up?

Source: Devries, Karen M., et al., 'The Good School Toolkit for reducing physical violence from school staff to primary school students: A cluster-randomised controlled trial in Uganda, Supplemental materials', *Lancet Global Health*, vol. 3, no. 7, 2015, pp. e378–386. <www.thelancet.com/cms/attachment/2048064736/2058194078/mmcl.pdf>_

VACS questionnaire

(www.cdc.gov/violenceprevention/childabuseandneglect/vacs/index.html)

In the past 12 months, has a teacher punished or corrected you by shaking you, hitting or slapping you anywhere on your body with a bare hand or a hard object?

Indicator	<p>1.3 Lifetime sexual violence in childhood by any perpetrator (SDG indicator 16.2.3) Percentage of young women and men aged 18–29 years who experienced sexual violence before 18 years of age, by sex and age</p> <p>1.4 Past year sexual violence in childhood by any perpetrator Percentage of female and male adolescents aged 13–17 years who experienced sexual violence in the past 12 months, by sex and age</p>
INSPIRE Strategy: ALL	
<p>Intended Result (Impact/Goal)</p> <p>All children, including adolescents, grow up with greater freedom from all forms of violence.</p>	
Purpose	To measure change in the prevalence of lifetime and past year sexual violence in childhood.
Data sources	Population-based household surveys that include a violence module, such as the DHS, and dedicated violence surveys, such as WHO MCS and VACS.
Operational definition	<p>Lifetime sexual violence in childhood: number of adult respondents aged 18–29 years who report ever experiencing any act of sexual violence before 18 years of age, expressed as a percentage of all adults aged 18–29 years asked about childhood sexual violence. Past year sexual violence in childhood: number of adolescents aged 13–17 years who report having experienced sexual violence in the past 12 months, expressed as a percentage of all adolescents aged 13–17 years asked about sexual violence. In both cases, the age range of respondents will depend on what is relevant, ethical and feasible/available for the country.</p> <p>The operational definition of childhood sexual violence had not been finalized for SDG indicator 16.2.3 as of early 2018. However, childhood sexual violence is generally considered an umbrella term used to refer to all forms of sexual victimization of children, including child sexual abuse and exploitation. This includes unwanted, coerced or unlawful sexual activity with a girl or boy before 18 years of age, and the exploitative use of children in prostitution or other unlawful sexual practices, as well as in pornographic performances and material.¹⁴</p> <p>In practice, surveys use highly diverse operational definitions of sexual violence that often make it difficult to compare prevalence estimates across surveys. Most DHS surveys measure a narrow set of acts, such as forced sexual intercourse or other ‘sexual acts’. Other surveys, such as the VACS, measure a broader set of acts, including physically forced sex, pressured sex, attempted (but not completed) forced or pressured sex and non-penetrative, sexual touch. Until operational definitions are more clearly defined and standardized, it is recommended that prevalence estimates of childhood sexual violence be clearly defined and disaggregated by type of sexual violence, particularly if they are intended for comparisons over time or across sites. For purposes of disaggregation, suggested categories of types of sexual violence (which are not necessarily mutually exclusive) may include: (1) Forced (completed) sex; (2) Pressured or coerced (completed) sex; (3) Attempted (but not completed) forced, coerced or pressured sex; (4) Unwanted, non-consensual sexual touch; (5) Non-contact, in person acts such as verbal sexual harassment, forced to undress, exposure, etc.; (6) Online sexual abuse; and (7) Sexual exploitation.</p> <p>Some surveys define forced sex narrowly as physically forced sex; others, such as the DHS, define it to include sex that is “forced with threats or in other ways”. In those cases, it may make sense to combine the estimates for forced and pressured or coerced sex in disaggregated data. Sexual touch may include fondling, pinching, grabbing, or touching on or around sexual body parts. Online sexual abuse and exploitation may include being asked for or provided with unwanted sexual messages or images through texting, mobile phones or devices, social media, email, or other online channels or live streaming of sexual abuse. Sexual exploitation may include exchanging money, food, gifts or favours for sexual activities with a child.</p>

14. United Nations, ‘Metadata for Indicator 16.2.3’, UN, New York, 2017. <<https://unstats.un.org/sdgs/metadata>>

Sample Measurements and Tools	<p>DHS Violence Module https://dhsprogram.com/What-We-Do/Survey-Types/DHS-Questionnaires.cfm RESPONDENTS AGED 15+ YEARS ARE ASKED: Lifetime forced sex or sex acts: <i>At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to?</i> Past year forced sex: <i>In the last 12 months has anyone physically forced you to have sexual intercourse when you did not want to?</i> Age: <i>How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts?</i></p> <p>VACS questionnaire www.cdc.gov/violenceprevention/childabuseandneglect/vacs/methods.html RESPONDENTS AGED 13–24 YEARS ARE ASKED: Sexual violence includes any of the following: Unwanted sexual touch: <i>Has anyone ever touched you in a sexual way without your permission, but did not try and force you to have sex?</i> Attempted forced or pressured sex: <i>Has anyone ever tried to make you have sex against your will but did not succeed?</i> Physically forced sex: <i>Has anyone ever physically forced you to have sex against your will and did succeed?</i> Pressured sex: <i>Has anyone ever pressured you to have sex, through harassment or threats and did succeed?</i> Past year: for each affirmative response: <i>Did this happen to you within the past 12 months?</i> Age: <i>How old were you the first time anyone [DESCRIBE ACT REPORTED]?</i></p> <p>Global Kids Online (GKO) questionnaire (http://blogs.lse.ac.uk/gko/tools/survey) INTERNET USERS ARE ASKED: Online experiences: <i>In the past 12 months, have any of these ever happened to you on the Internet [or when texting or using a mobile phone]? I have been asked for sexual information about myself (like what my body looks like without clothes on or sexual things I have done) when I did not want to answer such question. I have been asked to talk about sexual acts with someone on the Internet when I did not want to. I have been asked by someone on the Internet to do something sexual when I did not want to. I have been asked on the Internet for a photo or video showing my private parts [TRANSLATE AS APPROPRIATE] when I did not want to.</i></p>
Method of computation	<p>Lifetime childhood sexual violence <i>Numerator:</i> Number of female and male respondents aged 18–29 years who report experiencing any act of sexual violence in childhood <i>Denominator:</i> Total number of respondents aged 18–29 years asked about sexual violence <i>Multiplier:</i> 100</p> <p>Past 12 months childhood sexual violence <i>Numerator:</i> Number of female and male respondents aged 13–17 years who report experiencing any act of sexual violence in the past 12 months <i>Denominator:</i> Total number of respondents aged 13–17 years asked about sexual violence <i>Multiplier:</i> 100 (National estimates are usually weighted.)</p>
Links to online data	DHS and other similar survey data from 40+ countries for females and 7+ countries for males are available from UNICEF Global Databases (https://data.unicef.org/topic/child-protection/violence/sexual-violence). National estimates are available from the SDG database (https://unstats.un.org/sdgs/indicators/database). VACS data from 8+ countries are available from CDC (www.cdc.gov/violenceprevention/childabuseandneglect/vacs/index.html).
Limitations	<p>◆ Surveys use diverse operational definitions, sample ages and measures of sexual violence, posing challenges to comparability. ◆ Availability of data on sexual violence is greater for girls than for boys. ◆ Estimates may be limited by underreporting – both by girls and boys. ◆ Because the SDG indicator measures retrospective data among adults, some violence captured will have occurred many years ago; therefore this indicator may be better suited to measuring long- rather than short-term change. ◆ In low prevalence settings, it may be more feasible to measure statistically significant reductions in lifetime rather than past year childhood sexual violence.</p>
Suggested	By sex and age of respondent; age at time of victimization; type of sexual violence (see suggested categories above); relationship to perpetrator; location of abuse or exploitation; residence (urban/rural); other socio-demographic characteristics relevant to the setting.
Additional notes	Suggested measurement frequency: every 3–5 years.

Example: VACS questions about sexual violence

SEXUAL TOUCH				
Has anyone ever touched you in a sexual way without your permission, but did not try and force you to have sex? Touching in a sexual way without permission includes fondling, pinching, grabbing, or touching you on or around your sexual body parts.	YES NO DON'T KNOW DECLINED			
These next questions ask you about sex, by sex I mean vaginal, oral or anal sex or the insertion of an object into your vagina or anus by someone else.				
ATTEMPTED FORCED SEX				
	YES	NO	DK	DTA
A. Has a [INSERT TERM FOR ROMANTIC/DATING/INTIMATE PARTNER HERE] ever tried to make you have sex against your will but did not succeed? They might have <u>tried</u> to physically force you to have sex or they might have tried to pressure you to have sex through harassment or threats.	1	2	98	99
B. Has anyone else ever <u>tried</u> to make you have sex against your will but did not succeed?	1	2	98	99
PHYSICALLY FORCED SEX				
	YES	NO	DK	DTA
A. Has a [INSERT TERM FOR ROMANTIC/DATING/INTIMATE PARTNER HERE] ever <u>physically forced</u> you to have sex and did succeed?	1	2	98	99
B. Has anyone else ever <u>physically forced</u> you to have sex against your will and did succeed?	1	2	98	99
PRESSURED SEX				
	YES	NO	DK	DTA
A. Has a [INSERT TERM FOR ROMANTIC/DATING/INTIMATE PARTNER HERE] ever <u>pressured</u> you to have sex, through harassment or threats and did succeed?	1	2	98	99
B. Has anyone else ever <u>pressured</u> you to have sex, through harassment or threats and did succeed?	1	2	98	99

Source: VACS questionnaire (www.cdc.gov/violenceprevention/childabuseandneglect/vacs/methods.html)

Indicator	<p>1.5 Physical and/or sexual violence by an intimate partner against ever-partnered adolescent girls, past 12 months (SDG indicator 5.2.1, sub-indicator 4)</p> <p>Percentage of ever-partnered adolescent girls aged 15–19 years subjected to physical and/or sexual violence by a current or former intimate partner in the past 12 months</p>
INSPIRE Strategy: ALL	
<p>Intended Result (Impact/Goal)</p> <p>All children, including adolescents, grow up with greater freedom from all forms of violence.</p>	
Purpose	To measure changes in levels of recent intimate partner violence against adolescent girls within marriage or marriage like relationships. This indicator is limited to physical and/or sexual violence (sub-indicator 4) due to a lack of internationally comparable measures and definitions of psychological violence by intimate partners.
Data sources	Population-based household surveys with a violence module, such as DHS, and dedicated violence surveys, such as VACS and WHO MCS.
Operational definition	<p>Number of ever-partnered female adolescents aged 15–19 years who report experiencing physical and/or sexual violence by a current or former intimate partner in the past 12 months, expressed as a percentage of all ever-partnered females adolescents aged 15–19 years asked about partner violence. Age range will depend on what is relevant, ethical and feasible/available for the country. SDG operational definitions have not been finalized as of early 2018, but are likely to follow those used by DHS and WHO MCS surveys. Those surveys define an intimate partner as a husband or cohabiting partner, except in settings where ‘stable’, long-term, non-cohabiting sexual partners are common and culturally relevant. Ever-partnered adolescent girls are those who ever had such a partner. DHS and WHO MCS measure partner violence using questions that are both (partner) perpetrator and behaviourally specific, including acts of physical violence adapted from the Conflicts Tactics Scale; and acts of sexual violence such as forced and coerced sexual intercourse and other sex acts, but not attempted (non-completed) sex acts or unwanted sexual touch.</p>
Sample measurement tool(s) and question(s)	<p>DHS Violence Module</p> <p>(https://dhsprogram.com/What-We-Do/Survey-Types/DHS-Questionnaires.cfm)</p> <p>EVER PARTNERED GIRLS AND WOMEN AGED 15+ ARE ASKED: <i>Did your (current/last/any previous) husband/ partner ever do any of the following things to you: Physical intimate partner violence: Push you, shake you, or throw something at you? Slap you? Twist your arm or pull your hair? Punch you with his fist or with something that could hurt you? Kick you, drag you, or beat you up? Try to choke you or burn you on purpose? Threaten or attack you with a knife, gun, or other weapon? Sexual intimate partner violence: Physically force you to have sexual intercourse with him when you did not want to? Physically force you to perform any other sexual acts you did not want to? Force you with threats or in any other way to perform sexual acts you did not want to?</i> FOR EACH ACT REPORTED: <i>How often did this happen during the last 12 months?</i></p> <p>The WHO MCS questionnaire measures additional acts of Sexual intimate partner violence: <i>Did you ever have sexual intercourse you did not want to because you were afraid of what your partner or any other husband or partner might do if you refused? Did your husband/partner or any other husband or partner ever force you to do anything else sexual that you did not want or that you found degrading or humiliating?</i></p>
Method of computation	<p>Numerator: Number of ever-partnered female adolescents aged 15–19 years who report experiencing physical or sexual intimate partner violence, past 12 months</p> <p>Denominator: Total number of ever-partnered adolescents aged 15–19 years asked about intimate partner violence</p> <p>Multiplier: 100</p> <p>(Most national estimates are weighted.)</p>

Links to online data	Nationally representative estimates are available for 54+ countries from UNICEF Global databases (https://data.unicef.org/topic/child-protection/violence/violent-unions/#)
Limitations	◆ Adolescent samples in national surveys are not always large enough to measure statistically significant reductions over time for past year violence; in such cases, lifetime prevalence may offer an alternative. ◆ Measures of sexual intimate partner violence often vary across surveys, posing challenges to comparability.
Suggested disaggregation	By type of violence (any physical; any sexual; physical and/or sexual); residence (urban/rural); partnership status (married, cohabiting, separated, divorced, widowed); level of education, wealth.
Additional notes	Suggested measurement frequency: every 3–5 years.

Example: 2017 DHS Domestic Violence Module

(Physical and sexual IPV questions)

2017 DHS DOMESTIC VIOLENCE MODULE PHYSICAL AND SEXUAL IPV QUESTIONS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
DV01	CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL PRIVACY IS ENSURED. PRIVACY OBTAINED 1 <input type="checkbox"/> PRIVACY NOT POSSIBLE 2 <input type="checkbox"/>		DV32
DV01A	READ TO THE RESPONDENT: Now I would like to ask you questions about some other important aspects of a woman's life. You may find some of these questions very personal. However, your answers are crucial for helping to understand the condition of women in [COUNTRY]. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else in your household will know that you were asked these questions. If I ask you any question you don't want to answer, just let me know and I will go on to the next question.		
DV02	CHECK 701 AND 702: CURRENTLY MARRIED/LIVING WITH A MAN <input type="checkbox"/> FORMERLY MARRIED/LIVED WITH A MAN (READ IN PAST TENSE AND USE 'LAST' WITH 'HUSBAND/PARTNER') <input type="checkbox"/> NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/>		DV16

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	KIP
DV05	A. Did your (last) (husband/partner) ever do any of the following things to you:	B. How often did this happen during the last 12 months: often, only sometimes, or not at all?	
		EVER OFTEN SOME-TIMES NOT IN LAST 12 MONTHS	
	a) push you, shake you, or throw something at you?	YES 1 NO 2	1 2 3
	b) slap you?	YES 1 NO 2	1 2 3
	c) twist your arm or pull your hair?	YES 1 NO 2	1 2 3
	d) punch you with his fist or with something that could hurt you?	YES 1 NO 2	1 2 3
	e) kick you, drag you, or beat you up?	YES 1 NO 2	1 2 3
	f) try to choke you or burn you on purpose?	YES 1 NO 2	1 2 3
	g) threaten or attack you with a knife, gun, or other weapon?	YES 1 NO 2	1 2 3
	h) physically force you to have sexual intercourse with him when you did not want to?	YES 1 NO 2	1 2 3
	i) physically force you to perform any other sexual acts you did not want to?	YES 1 NO 2	1 2 3
	j) force you with threats or in any other way to perform sexual acts you did not want to?	YES 1 NO 2	1 2 3

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
DV14	CHECK 709: MARRIED MORE THAN ONCE	MARRIED ONLY ONCE	DV16
DV15	A. So far we have been talking about the behavior of your (current/last) (husband/partner). Now I want to ask you about the behavior of any previous (husband/partner).	B. How long ago did this last happen?	
		EVER 0 - 11 MONTHS AGO 12+ MONTHS AGO DON'T REMEMBER	
	a) Did any previous (husband/partner) ever hit, slap, kick, or do anything else to hurt you physically?	YES 1 NO 2	1 2 3
	b) Did any previous (husband/partner) physically force you to have intercourse or perform any other sexual acts against your will?	YES 1 NO 2	1 2 3

Indicator	1.6 Physical and/or sexual violence against adolescents by a romantic partner, past 12 months Percentage of female and male adolescents aged 13–19 years subjected to physical and/or sexual violence by any romantic partner in the past 12 months, among those who ever had a romantic partner, by sex and age
INSPIRE Strategy: ALL	
Intended Result (Impact/Goal) All children, including adolescents, grow up with greater freedom from all forms of violence.	
Purpose	To measure changes in levels of recent violence by romantic partners against male and female adolescents, within dating partnerships, cohabiting and marital relationships.
Data sources	Population-based household surveys, such as VACS and WHO MCS, and school-based surveys, such as GSHS.
Operational definition	Number of female and male adolescents aged 13–19 years who report having experienced physical and/or sexual violence by a current or former romantic, intimate or dating partner, in the past 12 months, expressed as a percentage of adolescents who report ever having a romantic, intimate or dating partner. Age range will depend on what is ethical, relevant and feasible/available for the country. Romantic partners may include dating partners, boyfriends or girlfriends, fiancés, cohabiting sexual partners, and husbands and wives. Surveys vary widely in terms of types of acts measured and question wording, and have not been internationally standardized. To allow comparability across surveys and over time, disaggregation by type of violence is recommended. Minimum suggested categories of sexual violence for disaggregation include: (1) attempted (not completed) forced/coerced sex; (2) forced/pressured/coerced sex; and (3) other.
Sample measurement tool(s) and question(s)	VACS questionnaire www.cdc.gov/violenceprevention/childabuseandneglect/vacs/methods.html MALE AND FEMALE ADOLESCENTS AGED 13+ YEARS ARE ASKED: <i>Has a [INSERT TERM FOR ROMANTIC/DATING/INTIMATE PARTNER] ever: Physical violence by a romantic/dating/intimate partner: Slapped, pushed, shoved, shook, or intentionally threw something at you to hurt you? Punched, kicked, whipped, or beat you with an object? Choked, smothered, tried to drown you, or burned you intentionally? Used or threatened you with a knife, gun or other weapon? Sexual violence by a romantic/dating/intimate partner: Tried to make you have sex against your will but did not succeed? They might have <u>tried</u> to physically force you to have sex or they might have tried to pressure you to have sex through harassment or threats. Ever <u>physically forced</u> you to have sex against your will and did succeed? Ever <u>pressured</u> you to have sex, through harassment or threats and did succeed? Past year violence by a romantic/dating/intimate partner: (FOR EACH ACT REPORTED): Has this happened in the past 12 months?</i>
Method of computation	For females: <i>Numerator:</i> Number of female adolescents who report experiencing any physical and/or sexual violence by a romantic partner, past 12 months <i>Denominator:</i> Total number of female adolescents asked about violence by romantic partners <i>Multiplier:</i> 100 For males: <i>Numerator:</i> Number of male adolescents who report experiencing any physical and/or sexual violence by a romantic partner, past 12 months <i>Denominator:</i> Total number of male adolescents asked about violence by romantic partners <i>Multiplier:</i> 100
Links to online data	VACS data are available for 8+ countries from CDC (www.cdc.gov/violenceprevention/childabuseandneglect/vacs/index.html).
Limitations	♦ It may be difficult to measure statistically significant declines in this indicator in low prevalence settings; in such cases, lifetime prevalence may offer an alternative. ♦ Dating violence is not culturally relevant to all settings. ♦ Operational definitions of sexual violence vary widely across surveys, posing challenges to comparability.
Suggested disaggregation	By sex; type of violence (any physical; any sexual; physical and/or sexual); residence (urban/rural); partnership status (never married/cohabited; ever married/cohabited); level of education, wealth.
Additional notes	Suggested measurement frequency: every 3–5 years.

Indicator	1.7 Peer violence — bullying victimization, past 12 months Percentage of female and male adolescents who experienced bullying during the past 12 months, by type, sex and grade level (or age)
INSPIRE Strategy: ALL	
Intended Result (Impact/Goal) All children, including adolescents, grow up with greater freedom from all forms of violence.	
Purpose	To measure changes in the reported prevalence of bullying, a form of peer violence.
Data sources	Population-based school-based surveys among adolescents, such as GSHS, HBSC, PISA, PIRLS, SERCE and TIMSS, as well as population-based household surveys, such as VACS.
Operational definition	Number of female and male adolescents who report being bullied during the past 12 months, expressed as a percentage of all adolescents asked about bullying. Age range will depend on what is relevant, ethical and feasible/available for the country. Bullying is defined as a form of peer violence that involves “a hurtful and aggressive pattern of behaviour perpetrated repeatedly against a less powerful victim”. ¹⁵ Bullying is a behaviour that occurs over and over, rather than just once. It may occur on or off school property. In-person bullying may include physical acts, such as pushing and hitting; and verbal acts, such as making fun of people for their race, religion or appearance, or making sexual comments or jokes. Bullying may also include repeatedly leaving people out or ignoring them. Cyber (digital) bullying may include sending hurtful messages or posting them online where others can see; threatening someone online; creating a website that makes fun of someone; or sharing or posting hurtful images or pictures without permission through texting, emails, social media or other online channels.
Sample measurement tool(s) and question(s)	2018 GSHS Core Questionnaire (www.who.int/chp/gshs/methodology/en) ADOLESCENTS CURRENTLY ATTENDING SCHOOL ARE ASKED: <i>Bullying occurs when one or more students or someone else about your age teases, threatens, ignores, spreads rumours about, hits, shoves, or hurts another person over and over again. It is not bullying when two people of about the same strength or power argue or fight or tease each other in a friendly way.</i> • <i>During the past 12 months, have you ever been bullied on school property/not on school property?</i> • <i>During the past 12 months, have you ever been <u>cyber</u> bullied? Count being bullied through texting, Instagram, Snapchat, Facebook, [COUNTRY-SPECIFIC EXAMPLES], or other social media.</i>
Method of computation	<i>Numerator:</i> Number of female and male adolescents who report being bullied, past 12 months <i>Denominator:</i> Total number of female and male adolescents asked about being bullied <i>Multiplier:</i> 100
Links to online data	Data are available from: GSHS (50+ countries) (www.who.int/chp/gshs/factsheets/en); TIMSS (50+ countries) (http://timssandpirls.bc.edu/timss2015/international-results/timss-2015/mathematics/school-safety/student-bullying); PISA (50+ countries) (www.oecd.org/pisa); HBSC (39+ countries) (www.hbsc.org); and SERCE (16 countries) (www.epdc.org/data-about-epdc-data-epdc-learning-outcomes-data/serce-and-perce).
Limitations	♦ Surveys (including GSHS before 2018) have used diverse operational definitions and timeframes to measure bullying, posing challenges for comparability across surveys and over time. ♦ School-based surveys do not capture experiences of adolescents who dropped out of school or are absent.
Suggested disaggregation	By sex and grade level or age of respondent; type of bullying (e.g. in person vs. cyber/digital); residence (rural/urban); location of bullying; and frequency of bullying.
Additional notes	Suggested measurement frequency: every 3–5 years.

15. Office of the Special Representative of the Secretary-General on Violence against Children, *Ending the Torment: Tackling bullying from the schoolyard to cyberspace*. United Nations, New York, 2016, p. v. <<https://violenceagainstchildren.un.org/news/ending-torment-tackling-bullying-schoolyard-cyberspace>>

Example: 2018 GSHS Core-Expanded Questions for the Violence and Unintentional Injury Module

Type of in-person bullying:

During the past 12 months, how were you bullied face to face most often?

- a. I was not bullied face to face during the past 12 months.
- b. I was hit, kicked, pushed, shoved around, or locked indoors.
- c. I was made fun of because of my race, nationality, or colour.
- d. I was made fun of because of my religion.
- e. I was made fun of with sexual jokes, comments, or gestures.
- f. I was left out of activities on purpose or completely ignored.
- g. I was made fun of because of how my body or face looks.
- h. I was bullied face to face in some other way.

Type of cyber bullying:

During the past 12 months, how were you cyber bullied most often?

- a. I was not cyber bullied during the past 12 months.
- b. Nasty or hurtful messages were sent to me.
- c. Nasty or hurtful messages were shared or posted online so others could see them.
- d. I was left out of a group or an activity online.
- e. I was threatened online.
- f. Someone created a website that made fun of me.
- g. Someone took bad or hurtful pictures of me without asking and posted them online.
- h. I was cyber bullied in some other way.

Source: 2018 GSHS questionnaire (www.who.int/chp/gshs/methodology/en)

Indicator	1.8 Physical attack against adolescents, past 12 months Percentage of female and male adolescents who were physically attacked in the past 12 months, by sex and grade level (or age)
INSPIRE Strategy: ALL	
Intended Result (Impact/Goal) All children, including adolescents, grow up with greater freedom from all forms of violence.	
Purpose	To measure changes in the proportion of adolescents who have experienced a recent physical attack.
Data sources	Population-based, school-based surveys among adolescents, such as GSHS, as well as population-based, household surveys among adolescents, such as VACS.
Operational definition	The number of female and male adolescents who report being physically attacked during the past 12 months, expressed as a percentage of all adolescents asked about physical attack. For purposes of comparability, WHO reanalyses GSHS indicators using denominators of adolescents aged 13–15 years, but the specific age range will depend on what is relevant, ethical and feasible/available for the country. A physical attack is defined to include incidents in which one or more individuals hit or strike someone or hurt another person with a weapon (such as a stick, knife or gun). A physical attack does not include incidents in which two people of about the same strength or power choose to fight each other.
Sample measurement tool(s) and question(s)	2013 and 2018 GSHS Core Questionnaires (www.who.int/chp/gshs/methodology/en) <i>A physical attack is defined as an incident in which one or more people hit or strike someone, or when one or more people hurt another person with a weapon (such as a stick, knife or gun). It is not a physical attack when two students of about the same strength or power choose to fight each other. During the past 12 months, how many times were you physically attacked?</i>
Method of computation	<i>Numerator:</i> Number of female and male adolescents who report being physically attacked, past 12 months <i>Denominator:</i> Total number of female and male adolescents asked about being physical attacked <i>Multiplier:</i> 100
Links to online data	GSHS data on physical attack from 50+ countries are available online from WHO (www.who.int/chp/gshs/factsheets/en).
Limitations	♦ The current GSHS measure does not ask respondents who perpetrated the attack, whether it was an adult or another child, or the location of the attack. ♦ School-based surveys, by definition, do not capture experiences of adolescents who have dropped out of school or who are absent.
Suggested disaggregation	By sex; grade level (or age); residence (rural/urban); frequency of attacks over the year; other socio-demographic characteristics relevant to the setting.
Additional notes	Suggested measurement frequency: every 3–5 years.

Indicator	1.9 Child homicide rate (SDG indicator 16.1.1) Number of female and male victims of intentional homicide aged 0–19 years per 100,000 population aged 0–19 years, by sex and age
INSPIRE Strategy: ALL	
Intended Result (Impact/Goal) All children, including adolescents, grow up with greater freedom from all forms of violence.	
Purpose	To measure changes in levels of lethal violence against children and adolescents.
Data sources	Administrative criminal justice data systems that track homicides, and public health and civil registration data systems that track ‘deaths by assault’.
Operational definition	Number of female and male victims of intentional homicide aged 0–19 years recorded in a given calendar year, per 100,000 population aged 0–19 years in the same year. The criminal justice definition of an intentional homicide is an “unlawful death inflicted upon a person [by a perpetrator] with the intent of to cause death or serious injury”. ¹⁶ Cases in which the perpetrator was merely reckless or negligent are excluded. Homicides also include cases identified within public health or civil registration systems as ‘death by assault’ , as defined by the <i>International Statistical Classification of Diseases and Related Health Problems</i> (www.who.int/classifications/icd/en)
Sample measurement tool(s) and question(s)	UNODC Survey of Crime Trends Questionnaire (www.unodc.org/unodc/en/data-and-analysis/statistics/crime/cts-data-collection.html) WHO ICD-10 external causes of morbidity and mortality codes (http://apps.who.int/classifications/icd10/browse/2016/en#/X85-Y09)
Method of computation	Number of victims of intentional homicide aged 0–19 years recorded in a calendar year, divided by the total resident population aged 0–19 years in the same year, multiplied by 100,000. UNODC and WHO collect, triangulate and (when needed) adjust national data in accordance with international definitions, with national population estimates produced by the United Nations Population Division.
Links to online data	Data on causes of death by sex and age are available from the WHO Mortality Database (www.who.int/healthinfo/mortality_data/en). National homicide estimates (all ages) for 170+ countries are available from UNODC (https://data.unodc.org/?lf=1&lng=en) and from the SDG Global Database (https://unstats.un.org/sdgs/indicators/database).
Limitations	<p>◆ Determining cause of death, particularly when victims are very young, can be challenging, even in countries with advanced, well-functioning systems. ◆ Quality of data systems vary by country; when reliable data are unavailable, United Nations agencies use modelling approaches, but these are subject to their own limitations. ◆ Homicide rates often fail to document conflict-related deaths in settings where armed conflict has undermined death registration systems. ◆ Not all countries disaggregate homicide data by age (such data were available from 48 countries as of 2012).¹⁷ ◆ National definitions do not always align with international standards, requiring adjustment for international comparability.</p>
Suggested disaggregation	By sex and age of victim; type of perpetrator-victim relationship.
Additional notes	Suggested measurement frequency: Annual.

16. United Nations Office on Drugs and Crime, *International Classification Of Crime For Statistical Purposes (ICCS)*, Version 1.0, UNODC, Vienna, 2015, p. 17. <www.unodc.org/unodc/en/data-and-analysis/statistics/iccs.html>

17. United Nations Children's Fund, *A Familiar Face: Violence in the lives of children and adolescents*, UNICEF, New York, 2017, p. 17. <www.unicef.org/publications/files/Violence_in_the_lives_of_children_and_adolescents.pdf>

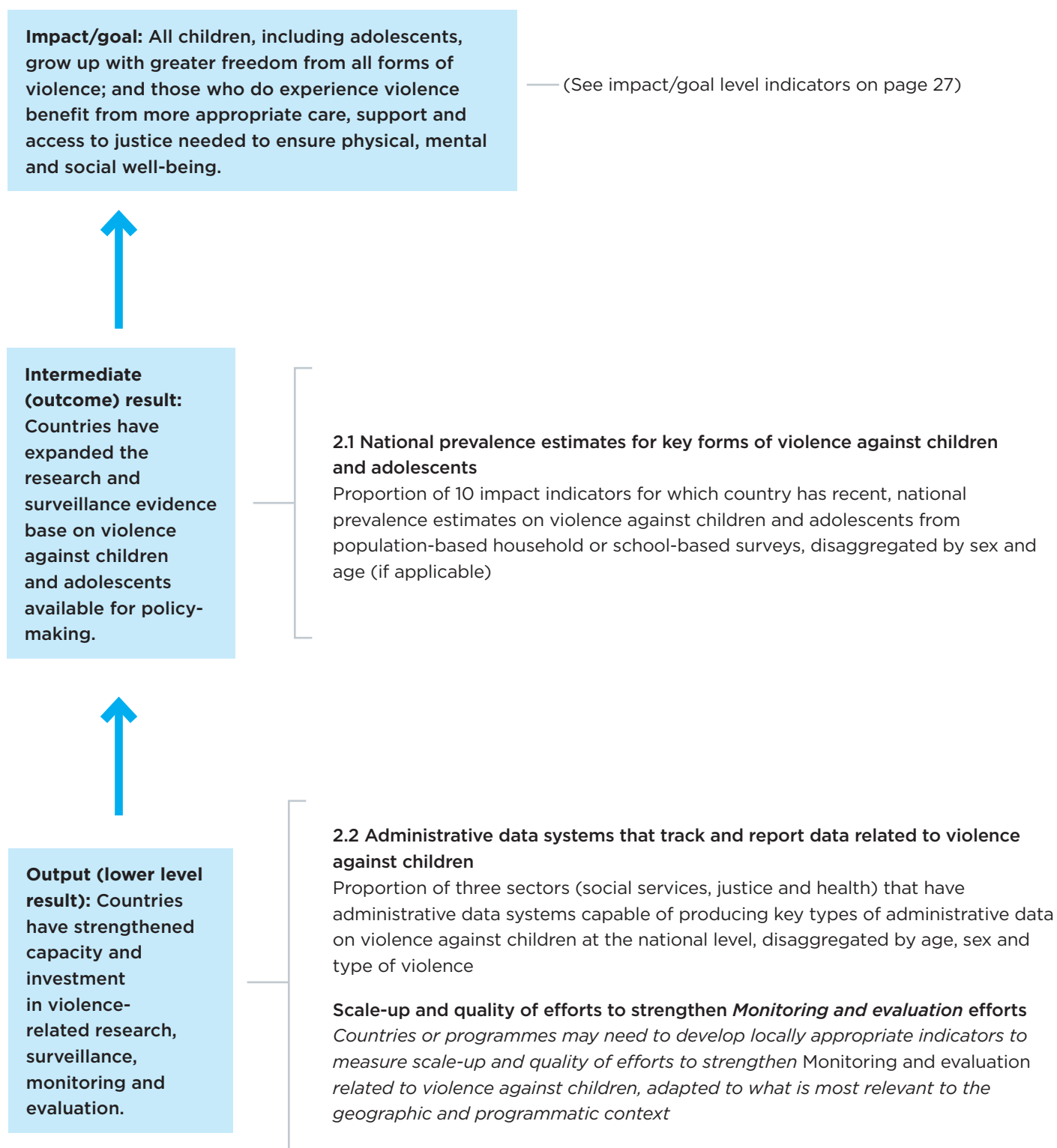
Indicator	1.10 Child exposure to households affected by physical partner violence against women Percentage of female and male adolescents and young adults aged 13–24 years who report that their father or stepfather ever hit or beat their mother or stepmother during the respondents' childhood, by sex and age of respondent
INSPIRE Strategy: ALL	
Intended result (Intermediate/outcome) Households/families with children have greater economic security, more gender-equitable norms, and lower levels of intimate partner violence.	
Purpose	To measure changes in levels of lethal violence against children and adolescents.
Data sources	To measure change in the proportion of adolescents and young adults whose mother or stepmother experienced physical intimate partner violence. For ethical, scientific and legal reasons, exposure to violence against women should not be considered a form of violence against children. ¹⁸ Reducing child exposure to all types of violence in the home is an intended result of INSPIRE; however, evidence has found particularly strong correlations between violence against mothers and the risk that children will experience violence in the home or will experience or perpetrate other types of violence later in life. ¹⁹
Operational definition	Number of female and male adolescents and young adults aged 13–24 years who report that their mother or stepmother was ever hit or beaten by their father or stepfather, expressed as a percentage of all adolescents and young adult respondents asked about partner violence against their mother or stepmother. Some surveys ask respondents whether they ever personally saw or heard the physical violence, while others simply ask whether respondents know whether it ever occurred. Evidence suggests that children may know about and be affected by partner violence against the mother even if they do not personally witness the violence. ²⁰
Sample measurement tool(s) and question(s)	VACS questionnaire www.cdc.gov/violenceprevention/childabuseandneglect/vacs/methods.html <i>How many times did you see or hear your mother or stepmother being punched, kicked, or beaten up by your father or stepfather? (Never, Once, More than one time, Do not know)</i>
	DHS Violence Module https://dhsprogram.com/publications/publication-dhsqm-dhs-questionnaires-and-manuals.cfm <i>As far as you know, did your father ever beat your mother?</i>
Method of computation	<i>Numerator:</i> Number of female and male respondents who report that their father or stepfather ever hit or beat their mother or stepmother <i>Denominator:</i> Total number of female and male respondents asked whether their father or stepfather ever hit or beat their mother or stepmother <i>Multiplier:</i> 100 (National estimates are usually weighted.)
Links to online data	DHS data for this indicator are available from 55+ countries (https://dhsprogram.com)
Limitations	♦ This indicator does not capture exposure to violence against men and siblings in the household, which may also have adverse consequences for children. ♦ Measures that require the respondent to have personally witnessed (heard or seen) violence will capture a more limited indicator.
Suggested disaggregation	By sex of respondents; residence (urban/rural); household wealth; and other socio-economic characteristics relevant to the setting
Additional notes	Suggested measurement frequency: 3–5 years.

18. Guedes, Alessandra, et al., 'Bridging the Gaps: A global review of intersections of violence against women and violence against children', *Global Health Action*, vol. 9, no. 31516, 2016. <www.ncbi.nlm.nih.gov/pmc/articles/PMC4916258>

19. Ibid.

20. Hamby, Sherry, et al. 'Children's Exposure to Intimate Partner Violence and other Family Violence', *Juvenile Justice Bulletin*, US Department of Justice, Office of Juvenile Justice and Delinquency Prevention, 2011. <www.ncjrs.gov/pdffiles1/ojdp/232272.pdf>

4.2 Monitoring and evaluation



Indicator	2.1 National prevalence estimates for key forms of violence against children and adolescents Proportion of 10 impact indicators for which country has recent, national prevalence estimates on violence against children and adolescents from population-based household or school-based surveys, disaggregated by sex and age (if applicable)
INSPIRE Strategy: <i>Monitoring and evaluation</i>	
Intended result (Intermediate/outcome) Countries have expanded the research and surveillance evidence base on violence against children and adolescents available for policy-making.	
Purpose	To measure changes in the availability of national prevalence estimates for key forms of violence against children and adolescents. Expanding the evidence base is an important aim of the cross-cutting INSPIRE strategy <i>Monitoring and evaluation</i> , for research to action strategies, for national planning, and for monitoring long-term progress towards ending violence against children.
Data sources	Desk review of prevalence estimates from national survey reports, international databases, peer-reviewed literature and, in some cases, grey literature.
Operational definition	Number of impact indicators for which the country has recent , national prevalence estimates from population-based household or school-based surveys, disaggregated by sex and age (if applicable), expressed as a proportion of the 10 impact indicators 1.1 – 1.10 listed in the Impact/Goal section of this <i>Indicator Guidance</i> (see page 27). Recent estimates are those based on data collected within the past five years.
Sample measurement tool(s) and question(s)	Does the country have nationally representative prevalence estimates from population-based household or school-based surveys for each of the following: <ol style="list-style-type: none"> 1. Violent discipline by caregivers, past month (SDG indicator 16.2.1) 2. Physical violence by teachers, past 12 months 3. Lifetime sexual violence in childhood by any perpetrator (SDG indicator 16.2.3) 4. Sexual violence in childhood by any perpetrator, past 12 months 5. Physical and/or sexual violence by an intimate partner violence against ever-partnered adolescent girls, past 12 months (SDG indicator 5.2.1, sub-indicator 4) 6. Physical and/or sexual violence by a romantic partner against female and male adolescents, past 12 months 7. Peer violence – bullying victimization, past 12 months 8. Physical attack against adolescents, past 12 months 9. Child homicide rate (SDG indicator 16.1.1) 10. Child exposure to households affected by partner violence against women
Method of computation	Proportion of the 10 impact indicators for which the country has national estimates based on data collected within the past five years.
Links to online data	UNICEF Global Databases (https://data.unicef.org); SDG Global Database (https://unstats.un.org/sdgs/indicators/database); WHO (www.who.int/chp/gshs/factsheets/en); Together for Girls (www.togetherforgirls.org/violence-children-surveys); and CDC (www.cdc.gov/violenceprevention/childabuseandneglect/vacs/index.html).
Limitations	◆ This indicator does not capture subnational estimates. ◆ The five-year timeframe may be too short for some countries and indicators.
Suggested disaggregation	By type of prevalence estimate missing; by whether or not estimates are disaggregated by sex and age (if applicable).
Additional notes	Suggested measurement frequency: Annual.

Indicator	2.2 Administrative data systems that track and report data related to violence against children Proportion of three sectors (social services, justice and health) that have administrative data systems capable of producing key types of administrative data on violence against children at the national level, disaggregated by age, sex and type of violence
INSPIRE Strategy: <i>Monitoring and evaluation</i>	
Intended result (Intermediate/outcome) Countries have strengthened capacity and investment in violence-related research, surveillance, monitoring and evaluation.	
Purpose	To measure changes in the availability of key administrative data on violence against children, as a proxy for the strength of administrative data systems. Strengthening administrative data systems is an important aim of the cross-cutting INSPIRE strategy <i>Monitoring and evaluation</i> , for use in research to action, national planning, and monitoring progress towards ending violence against children.
Data sources	Administrative data systems within social services, justice and health sectors.
Operational definition	<p>Number of sectors with national administrative data systems capable of producing key types of administrative data on violence against children during the previous calendar year, expressed as a proportion of three sectors (social services, justice and health), disaggregated by sex, age and type of violence. Key types of administrative data, listed by sector, include:</p> <p>Social service sector: (1) Number of girls and boys aged 0–17 years reported as victims of violence to child welfare services during a 12-month period. (2) Number of child victims of violence accessing support services or referred to support services from or by the social welfare system during a 12-month period.</p> <p>Justice sector (police and judiciary): (3) Number of cases of violence against girls and boys aged 0–17 years reported to police during a 12-month period. (4) Number of criminal convictions of violence against girls and boys aged 0–17 years during a 12-month period.</p> <p>Health sector: (5) Number of girls and boys aged 0–17 years who visited hospitals/health facilities during a 12-month period and were identified as victims of violence.</p> <p>Degrees of availability of administrative data can be assessed based on whether the data are tracked and reported at the national level, the subnational level, or not at all; and whether they are disaggregated by three criteria: age, sex and type of violence.</p>
Sample measurement tool(s) and question(s)	UNICEF country level analysis (in development) Each sector (social services, justice and health) is scored based on whether the key data listed above: (1) Are not available or available at the subnational level only. (2) Are tracked and reported at national level, but disaggregated for only 0–1 criteria (sex, age and type of violence). (3) Are tracked and reported at national level and disaggregated for 2 criteria (sex, age and type of violence). (4) Are tracked, reported and disaggregated for all 3 criteria (sex, age and type of violence).
Method of computation	Proportion of the three sectors (social services, justice and health) that have administrative data from the previous calendar year for key indicators (listed above) available at the national level, disaggregated by age, sex and type of violence. May also be scored for national availability and disaggregation as noted.
Links to online data	Currently limited. May become available from UNICEF at a later date.
Limitations	◆ Administrative data may not always be high quality or reliable. ◆ This is an emerging indicator without a widely accepted international operational definition.
Suggested disaggregation	By type of administrative data available, by degree of availability (national or subnational); by degree of disaggregation (by age, sex and type of violence).
Additional notes	Suggested measurement frequency: Annual.



4.3 Implementation and enforcement of laws

Impact/goal: All children, including adolescents, grow up with greater freedom from all forms of violence; and those who do experience violence benefit from more appropriate care, support and access to justice needed to ensure physical, mental and social well-being.

— (See impact/goal level indicators on page 27)

Intermediate (outcome) result: Countries have strengthened implementation and enforcement of laws and policies that protect children and adolescents from violence, reduce excessive alcohol use, and limit youth access to weapons.

3.1 Laws protecting children from physical punishment (violent punishment)

Existence of legislation prohibiting all forms of physical punishment of children, by setting (home, schools, alternative care settings and day care, penal institutions and places of detention, and as a sentence for an offence)

3.2 Laws protecting children from sexual abuse and exploitation

Alignment of the national legal framework with international standards regarding the criminalization of child sexual abuse and exploitation and protection of child victims

3.3 Laws and policies protecting children from key risk factors for violence and exploitation

Existence of laws, policies or regulations that protect children from key risk factors

3.4 Laws and policies regarding institutional and duty bearer responses to violence against children

Existence of key laws and policies to protect children from violence and ensure an adequate response from duty bearers, professionals and justice sector institutions

3.5 Awareness of laws banning violence against children

Percentage of female and male adolescents and adults who are aware of legislation banning key forms of violence against children, such as physical punishment (violent punishment), by sex and age

Output (lower level result): Countries have assessed whether legal frameworks and justice system practices align with international norms and best practices that aim to protect children and adolescents from violence.

3.6 Assessment of whether legal framework aligns with international norms

National assessment of whether legal framework aligns with international norms, using the UNODC Model Strategies on Violence Against Children Checklist, within the past five years

Indicator	3.1 Laws protecting children from physical punishment (violent punishment) Existence of legislation prohibiting all forms of physical punishment of children, by setting (home, schools, alternative care settings and day care, penal institutions/in places of detention, and as a sentence for an offence)
INSPIRE Strategy: <i>Implementation and enforcement of laws</i>	
Intended result (Intermediate/outcome) Countries have strengthened implementation and enforcement of laws and policies that protect children and adolescents from violence, reduce excessive alcohol use, and limit youth access to weapons.	
Purpose	To measure changes in laws banning all physical punishment of children. Evidence suggests that this type of legal reform may contribute to reducing levels of physical violence against children, an important intended result of the INSPIRE package.
Data sources	Country-specific data are available through reviews of legislation and regulations (e.g. by the Global Initiative to End All Corporal Punishment of Children). Stakeholder reports may also be used to measure this indicator (e.g. the WHO Global Status Report Survey), but they are less reliable than legal reviews.
Operational definition	National legislation does or does not explicitly and fully prohibit all forms of physical punishment of children in all settings . Settings include: (1) home; (2) schools and educational institutions; (3) in alternative care settings and day care; (4) as a disciplinary measure in penal institutions/detention; (5) as a sentence for an offence; (6) other settings (e.g. settings of child labour). Alternative care refers to formal foster care and group care for children in a context other than a family home, including institutions, orphanages, children's homes, cluster foster care, 'village' style care, baby homes, youth homes, safe homes/places of safety, emergency care, etc.
Sample measurement tool(s) and question(s)	The Global Initiative to End All Corporal Punishment of Children https://endcorporalpunishment.org/global-progress Country-specific data for 190+ countries are available online from the Global Initiative based on an analysis of legislation to assess whether legal frameworks ban physical punishment in all settings.
Method of computation	A review of national and/or subnational (where applicable) legal codes confirms that the legal framework does or does not prohibit all forms of physical punishment in all settings noted above, and/or by setting.
Links to online data	Data on the status of legal prohibition are available online for 190+ countries and territories from the Global Initiative to End All Corporal Punishment of Children https://endcorporalpunishment.org/global-progress
Limitations	◆ Some surveys measure this indicator based on stakeholder reports, which are not as reliable as reviews of legal codes. ◆ Legal reform is just one step in the process; physical punishment of children may continue, even when prohibited by law.
Suggested disaggregation	By setting in which it is or is not prohibited (if applicable); by province or state if legislation varies sub-nationally.
Additional notes	Suggested measurement frequency: Annual.

21. Bussmann, Kai D., Claudia Erthal and Andreas Schroth, 'Effects of Banning Corporal Punishment in Europe: A five nation comparison', ch. 24 in *Global Pathways to Abolishing Physical Punishment: Realizing children's rights*, edited by Joan E. Durrant and Anne B. Smith, Routledge, New York, pp. 299-322. <www.taylorfrancis.com/books/e/9781136886355>.

Indicator	3.2 Laws protecting children from sexual abuse and exploitation Alignment of the national legal framework with key international standards regarding the criminalization of child sexual abuse and exploitation and protection of child victims
INSPIRE Strategy: <i>implementation and enforcement of laws</i>	
Intended result (Intermediate/outcome) Countries have strengthened implementation and enforcement of laws and policies that protect children and adolescents from violence, reduce excessive alcohol use, and limit youth access to weapons.	
Purpose	To measure changes in the extent to which national legislation on child sexual abuse and exploitation aligns with international standards. This is one step in the process of improving implementation of laws related to violence against children.
Data sources	Reviews of legislation and regulations. Surveys that rely on stakeholder reports may also be a data source for this indicator, but they are less reliable than reviews of legislation.
Operational definition	<p><i>For United Nations Member States that have ratified the Convention on the Rights of the Child (CRC) and the Optional Protocol on the sale of children, child prostitution and child pornography (OPSC):</i> Existence of laws that are aligned with key international standards, such as those established by the CRC and the OPSC, as follows:</p> <ol style="list-style-type: none"> 1. Criminalizes sexual assault (penetrative and non-penetrative) against girls and boys using coercion, force, threats, or abusing a position of trust, authority or influence over the child, with no exceptions.²² 2. Criminalizes sexual activities (penetrative and non-penetrative) with girls and boys under a specified legal age of sexual consent.²³ (Legal age of consent is established by national law.) 3. Criminalizes offering, delivering, procuring or accepting a child for the purpose of prostitution, production of pornography (child sexual abuse material) or any other form of sexual abuse or sexual exploitation; as well as accessing, possessing and distributing child pornography (child sexual abuse material).
Sample measurement tool(s) and question(s)	<p>UNODC Model Strategies on Violence Against Children Checklist www.unodc.org/documents/justice-and-prison-reform/14-08452_Ebook.pdf</p> <p>INCLUDES ITEMS FROM THE OPERATIONAL DEFINITION ABOVE, SUCH AS: <i>Are the following acts covered under the criminal law:</i> • <i>Engaging in sexual activities with a child under the legal age of consent?</i> • <i>Engaging in sexual activities with a child using coercion, force or threats, abusing a position of trust, authority or influence over the child?</i> • <i>Offering, delivering or accepting a child for the purpose of sexual exploitation?</i> • <i>Offering, obtaining, procuring or providing a child for child prostitution?</i> • <i>Producing, distributing, disseminating, importing, exporting, offering, selling or possessing child pornography?</i></p>
Method of computation	A review of legal codes and regulations determines whether or not the national and subnational legal frameworks meet the three criteria described above.
Links to online data	WHO monitors legal age of consent and laws criminalizing statutory rape in 133 countries, based on stakeholder reports (www.who.int/violence_injury_prevention/violence/status_report/2014/en). The International Centre for Missing & Exploited Children (ICMEC) monitors laws criminalising accessions, possession and distribution of child sexual abuse material (www.icmec.org/child-pornography-model-legislation). Equality Now monitors legal impunity for sexual assault due to marriage or agreeing to marry the victim in 80+ countries (www.equalitynow.org).

22. Such as exceptions that allow perpetrators to escape prosecution due to marriage or offering to marry the victim.

23. In accordance with Comment 13 of the CRC: "Sexual activities are also considered as abuse when committed against a child by another child, if the child offender is significantly older than the child victim or uses power, threat or other means of pressure," United Nations Committee on the Rights of the Child, General Comment No. 13: The right of the child to freedom from all forms of violence, United Nations Office of the High Commissioner for Human Rights, Geneva, 2011, p. 10. <www2.ohchr.org/english/bodies/crc/docs/CRC.C.GC.13_en.pdf>

Limitations	<ul style="list-style-type: none"> ◆ As of early 2018, no international agency monitors all sub-items for this indicator. ◆ Legal reform is just one step in the process; child sexual abuse and exploitation may continue, even when prohibited by law.
Suggested disaggregation	By number and type of criteria that laws do not meet (if applicable); by status of legal reform if in progress; by state or province with legal frameworks that aligns with international standards, if laws vary sub-nationally.
Additional notes	Suggested measurement frequency: Annual.

Indicator	3.3 Laws and policies protecting children from key risk factors for violence and exploitation Existence of laws, policies or regulations that protect children from key risk factors
INSPIRE Strategy: <i>Implementation and enforcement of laws</i>	
Intended result (Intermediate/outcome) Countries have strengthened implementation and enforcement of laws and policies that protect children and adolescents from violence, reduce excessive alcohol use, and limit youth access to weapons	
Purpose	To measure changes in key laws that aim to protect children from practices that place children at elevated risk of violence in their homes and communities. Strengthening the content of legislation is one step in the process of improving implementation of laws.
Data sources	Reviews of legislation, regulations, States parties' reports to the Committee on the Rights of the Child, States parties' binding Declarations on the Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict. Data may also be gathered through stakeholder reports (e.g. the WHO Global Status report on Violence Prevention), but they are less reliable than legal reviews.
Operational definition	Existence of laws, policies or regulations that protect children from risk factors for violence, including laws and policies that: <ol style="list-style-type: none"> 1. Establish the same minimum age of marriage for women and men of at least 18 years of age. 2. Prohibit weapons (firearms, knives, etc.) on school premises. 3. Stipulate that the minimum age for firearm possession is 18 years of age or older. 4. Establish a minimum legal age for off-premise sales of alcoholic beverages (beer, wine, spirits) of 18 years of age or older. 5. Prohibit the recruitment of children under 18 years of age for use in armed conflict by government and by non-state armed groups and armed forces, for any role, including as combatants or in support roles. 6. Criminalize the recruitment of children into organized crime and terrorist groups. 7. Prohibit the sale and trafficking of children, debt bondage and forced or compulsory labour.
Sample measurement tool(s) and question(s)	2014 WHO Global Status Report on Violence Prevention Country Questionnaire www.who.int/violence_injury_prevention/violence/status_report/2014/methodology/en <p>INCLUDES ITEMS FROM THE OPERATIONAL DEFINITION ABOVE, SUCH AS: <i>In your country, please indicate which of the following types of laws concerning youth violence exist, whether they are national or, if not, sub-national, and the extent of enforcement of the laws in those areas where they apply: Law prohibiting weapons (firearms, knives and other bladed weapons, bats, etc.) on school premises. (Yes, national; Yes, sub-national; No; Don't know) (Not enforced; Enforced to a limited extent; Enforced to a large extent; Fully enforced; Don't know)</i></p>
Method of computation	Laws and policies do or do not exist as listed in the operational definition above.
Links to online data	The United Nations Statistics Division monitors legal minimum age at marriage in 209 countries and territories (https://genderstats.un.org/#/qindicators), as does the World Bank in 189 countries (http://wbl.worldbank.org). WHO monitors bans on weapons in schools in 133+ countries (www.who.int/violence_injury_prevention/violence/status_report/2014/en). WHO monitors alcohol policies in 130+ countries (www.who.int/gho/alcohol/en). Child Soldiers International monitors recruitment of children into armed groups in 50+ countries (www.child-soldiers.org).
Limitations	<p>◆ As of late 2017, no international agency monitors all sub-items for this indicator. ◆ Legal reform is one step in the process; illegal practices may continue even when prohibited by law.</p> <p>◆ Stakeholder reports of laws tend to be unreliable compared with third party reviews of legal codes.</p>
Suggested disaggregation	By number and type(s) of criteria listed above that laws do or do not meet (if applicable); by status of legal reform, if in progress; by state or province if laws vary sub-nationally.
Additional notes	Suggested measurement frequency: Annual.

Indicator	3.4 Laws and policies regarding institutional and duty bearer responses to violence against children Existence of key laws and policies to protect children from violence and ensure an adequate response from duty bearers, professionals and justice sector institutions
INSPIRE Strategy: <i>Implementation and enforcement of laws</i>	
Intended result (Intermediate/outcome) Countries have strengthened implementation and enforcement of laws and policies that protect children and adolescents from violence, reduce excessive alcohol use, and limit youth access to weapons.	
Purpose	To measure changes in laws, policies, regulations, standards and procedures that establish obligations of duty bearers, professionals and institutions in regard to vulnerable children. Such responses are part of improving the implementation of laws that protect children from harm, an intended result of the INSPIRE strategies <i>Implementation and enforcement of laws</i> , and <i>Response and support services</i> .
Data sources	Reviews of laws, national standards, codes of conduct, procedures and protocols, and/or reviews of States parties' reports to the Committee on the Rights of the Child.
Operational definition	<p>Laws and policies do or do not exist that establish the role of duty bearers, professionals and justice sector institutions in protecting children from violence, that include the following:</p> <ol style="list-style-type: none"> 1. National standards, procedures and protocols to guide professionals and duty bearers in each sector on how to respond with sensitivity to child victims of violence. 2. A minimum age of criminal responsibility of 12 years of age or higher. 3. Provisions for protection of child victims in court and protection in administrative proceedings. 4. A separate juvenile justice system that promotes best practices (such as diversion, use of pre- and post-trial detention as a last resort, and separation of children from adults in detention).
Sample measurement tool(s) and question(s)	<p>UNODC Model Strategies on Violence Against Children Checklist (www.unodc.org/documents/justice-and-prison-reform/14-08452_Ebook.pdf)</p> <p>INCLUDES ITEMS THAT MEASURE SOME CRITERIA FROM THE LIST ABOVE, SUCH AS:</p> <ol style="list-style-type: none"> 1. <i>Does the law require certain groups of professionals who are routinely in contact with children (e.g. doctors, nurses, teachers) to notify the authorities when they suspect that a child is, or is likely to become, a victim of violence?</i> 2. <i>What is the minimum age of criminal responsibility?</i> 3. <i>Do laws and policies provide for the possibility for the police, prosecutors and judges to apply alternative measures to formal judicial proceedings aimed at diverting children in conflict with the law away from the justice system?</i> 4. <i>Does the law ensure that children are only deprived of their liberty as a measure of last resort and for the shortest appropriate period of time?</i> 5. <i>Are children separated from adults in detention facilities?</i>
Method of computation	A review of legal codes and policies determines that laws, national standards, codes of conduct, procedures and protocols do or do not meet the four criteria described above.
Links to online data	Some information for this indicator can be found in periodic States parties' reports to the Committee on the Rights of the Child (www.ohchr.org/EN/HRBodies/CRC/Pages/CRCIntro.aspx).
Limitations	◆ Strengthening the legal framework does not necessarily lead to adequate implementation, and is just one step in the process.
Suggested disaggregation	By number and type of criteria (described above) that laws do or do not meet (if applicable); by province or state, if legislation varies sub-nationally.
Additional notes	Suggested measurement frequency: Annual.

Indicator	3.5 Awareness of laws banning violence against children Percentage of female and male adolescents and adults who are aware of legislation banning key forms of violence against children, such as physical punishment (violent punishment), by sex and age
INSPIRE Strategy: <i>Implementation and enforcement of laws</i>	
Intended result (Intermediate/outcome) Countries have strengthened implementation and enforcement of laws and policies that protect children and adolescents from violence, reduce excessive alcohol use, and limit youth access to weapons.	
Purpose	To measure changes in awareness of laws banning key forms of violence against children. Increasing awareness of legislation is an intended result of the INSPIRE strategy <i>Implementation and enforcement of laws</i> given evidence that raising awareness of legislation about violence against children can make legal reforms more effective as a behaviour change strategy. ²⁵
Data sources	Population based household or telephone surveys, such as the 2013 Ontario, Canada Parent Survey. ²⁶
Operational definition	Number of female and male adolescents or adults who are aware of national or subnational legislation banning violence against children (such as physical punishment of children), expressed as a percentage of adolescents or adults asked about such legislation. Ideally, awareness of the law should include an understanding of what specific acts of violence against children are banned according to law. Some countries have national laws banning violence against children, while other countries ban violence against children at subnational (e.g. state or province) levels. Survey questions to measure this indicator must be adapted to the specific legal framework within each country (or state if applicable).
Sample measurement tool(s) and question(s)	<p>Adapted from Bussmann et al. (2010) and the 2013 Ontario, Canada Parent Survey (www.beststart.org/resources/hlthy_chld_dev/BSRC_Child_Discipline_Report.pdf)</p> <p>ADULTS OR ADOLESCENTS ARE ASKED: <i>Based on what you have heard or know about laws in your country, please indicate whether you believe that the law allows parents or guardians to punish a child who misbehaves using the following acts:</i></p> <p>[ADAPT SUB-ITEMS TO INCLUDE ACTS THAT ARE OR ARE NOT BANNED BY LAW IN THAT COUNTRY OR STATE, E.G. ANY PHYSICAL PUNISHMENT OF A CHILD OF ANY AGE; SPANKING THE CHILD'S BOTTOM WITH A HAND, BEATING WITH A STICK OR OTHER OBJECT, ETC.]</p>
Method of computation	<p><i>Numerator:</i> Number of female and male respondents who are aware of legislation banning specific types of violence against children in their country</p> <p><i>Denominator:</i> Total number of female and male respondents asked about awareness of laws banning violence against children</p> <p><i>Multiplier:</i> 100</p>
Links to online data	The Global Initiative to End All Corporal Punishment of Children makes available findings of research on attitudes and awareness of physical punishment of children from 160+ countries, including some research on awareness of laws (https://endcorporalpunishment.org/global-progress).
Limitations	◆ This is an emerging indicator that merits additional methodological work. ◆ Cross-nationally comparative data are limited.
Suggested disaggregation	By sex; age; residence (urban/rural); and any other socio-demographic or geographic characteristics relevant to the setting.
Additional notes	Suggested measurement frequency: 3–5 years.

25. Bussmann, Erthal and Schroth, 'Effects of Banning Corporal Punishment in Europe'.

26. Best Start Resource Centre, *Child discipline: Ontario parents' knowledge, beliefs and behaviours*. Best Start Resource Centre, Toronto, Canada, 2014. www.beststart.org/resources/hlthy_chld_dev/BSRC_Child_Discipline_Report.pdf

Indicator	3.6 Assessment of whether legal framework aligns with international norms National assessment of whether the legal framework aligns with international norms using the <i>UNODC Model Strategies Checklist</i> , within the past five years
INSPIRE Strategy: <i>Implementation and enforcement of laws</i>	
Intended Result (Output) Countries have assessed whether legal frameworks and justice system practices align with international norms and best practices that aim to protect children and adolescents from violence.	
Purpose	To measure changes in countries' assessment of their legal framework and justice sector practices in accordance with <i>United Nations Model Strategies and Practical Measures on the Elimination of Violence against Children</i> . ²⁷ This type of assessment is one step toward improving the implementation of laws related to violence against children, an intended result of the INSPIRE strategy <i>Implementation and enforcement of laws</i> .
Data sources	Administrative records of the justice sector and/or UNODC.
Operational definition	Country has or has not carried out a national assessment of whether or not the legal framework and justice sector practices align with international norms and best practices, within the past five years, using the <i>UNODC United Nations Model Strategies and Practical Measures on the Elimination of Violence against Children in the Field of Crime Prevention and Criminal Justice on Violence Against Children Checklist</i> . (' <i>UNDOC Model Strategies Checklist</i> '). ²⁸ The <i>UNODC Model Strategies Checklist</i> is a practical tool designed to help countries review their national legal framework and justice system capacity to prevent and respond to violence against children, in accordance with <i>United Nations Model Strategies</i> . The United Nations Model Strategies provide a comprehensive, practical framework to help governments strengthen national laws, procedures and practices that are related to preventing and responding to violence against children. Ideally, these assessments would include key government officials from the Justice sector and possibly other sectors as well.
Sample measurement tool(s) and question(s)	<i>Has the country carried out an assessment of the legal framework and justice system using the UNODC Model Strategies on Violence Against Children Checklist within the past five years? Is there a written report based on this assessment?</i>
Method of computation	Government or UNODC records document that government officials have or have not carried out a recent assessment of their legal framework using the <i>UNODC Model Strategies Checklist</i> within the past five years.
Links to online data	Limited
Limitations	◆ An assessment of legal frameworks is just one step in a longer process of strengthening legal frameworks and their implementation relevant to violence against children and adolescents.
Suggested disaggregation	n/a
Additional notes	Suggested measurement frequency: every 5 years.

27. United Nations General Assembly, *United Nations Model Strategies and Practical Measures on the Elimination of Violence Against Children in the Field of Crime Prevention and Criminal Justice*. Sixty-ninth session, Third Committee, Agenda item 105, Crime prevention and criminal justice. United Nations General Assembly, New York, 2014. <www.unodc.org/pdf/criminal_justice/Model_Strategies_violence_children.pdf>

28. United Nations Office on Drugs and Crime, *Planning the Implementation of the United Nations Model Strategies and Practical Measures on the Elimination of Violence against Children in the Field of Crime Prevention and Criminal Justice: A checklist*. United Nations, New York, 2015. <www.unodc.org/documents/justice-and-prison-reform/14-08452_Ebook.pdf>

29. United Nations Office on Drugs and Crime, *Introducing the United Nations Model Strategies and Practical Measures on the Elimination of Violence Against Children in the Field of Crime Prevention and Criminal Justice: A New Tool for Policymakers, Criminal Justice Officials and Practitioners*. UNODC, Vienna, 2015. <www.unodc.org/documents/justice-and-prison-reform/14-08451_Strategy_eBook.pdf>



4.4 Norms and values

Impact/goal: All children, including adolescents, grow up with greater freedom from all forms of violence; and those who do experience violence benefit from more appropriate care, support and access to justice needed to ensure physical, mental and social well-being.

— (See impact/goal level indicators on page 27)

Intermediate (outcome) result: Norms and values of key groups support non-violent, respectful, nurturing and gender-equitable relationships for all children and adolescents.

4.1 Agreement with the necessity of physical punishment for child-rearing

Percentage of female and male adults or adolescents who agree that physical punishment of children is necessary for child-rearing

4.2 Support for physical punishment by teachers or administrators in school

Percentage of female and male adolescents or adults who agree that teachers or administrators should be allowed to physically punish children in school

4.3 Acceptability of wife-beating

Percentage of females and males aged 13–49 years who agree that a husband (man) is justified in hitting or beating his wife (partner) for at least one specified reason, by sex and age

4.4 Attitudes about women's right to refuse sex

Percentage of females and males aged 13–49 years who believe that a wife (woman) is obliged to have sex with her husband even if she does not feel like it, by sex and age

Output (lower level result): Key population groups have greater exposure to messages about violence against children, gender-equity, and respect for the rights of all children and adolescents.

Scale-up, coverage and quality of Norms and values strategies

Countries or programmes may need to develop locally appropriate indicators to measure scale-up, coverage and quality of Norms and values strategies, adapted to what is most relevant to the geographic and programmatic context

Indicator	4.1 Agreement with necessity of physical punishment for child-rearing Percentage of adults or adolescents who agree that physical punishment of children is necessary for child-rearing
INSPIRE Strategy: <i>Norms and values</i>	
Intended result (Intermediate/outcome) Norms and values of key groups support non-violent, respectful, nurturing and gender-equitable relationships for all children and adolescents.	
Purpose	To measure changes in individual attitudes about physical punishment of children. Reducing the proportion of adults and adolescents who believe that physical punishment is necessary for child-rearing is an intended result of at least two INSPIRE strategies, including <i>Norms and values</i> , and <i>Parent and caregiver support</i> .
Data sources	Population-based household surveys, such as MICS, DHS surveys with a child discipline module and VACS.
Operational definition	Number of adult or adolescent respondents who agree that to bring up (raise, educate) a child properly, a parent or caregiver needs to physically punish him/her, expressed as a percentage of all adults or adolescents asked about their agreement with the necessity of physical punishment. Age range of respondents will depend on what is relevant, ethical and feasible/available for the country.
Sample measurement tool(s) and question(s)	MICS Child Discipline Module (see page 29) (http://mics.unicef.org/tools) PRIMARY CAREGIVERS OF CHILDREN ARE ASKED: <i>Do you believe that in order to bring up, raise or educate a child properly, the child needs to be physically punished?</i>
Method of computation	<i>Numerator:</i> Number of female and male adolescents or adults who agree that physical punishment is necessary for raising/educating a child properly <i>Denominator:</i> Total number of female and male adolescents or adults asked about agreement with the necessity of physical punishment <i>Multiplier:</i> 100 (National estimates are usually weighted.)
Links to online data	National estimates for almost all countries with a MICS survey are available from MICS (http://mics.unicef.org/surveys). Data from 75 countries are available from a 2017 UNICEF analysis in: <i>A Familiar Face: Violence in the lives of children and adolescents</i> . ³⁰
Limitations	◆ Substantial levels of physical punishment persist in many settings with low agreement with the necessity of physical punishment, ³¹ which suggests that attitude change does not necessarily lead to behaviour change, at least in the short-term.
Suggested disaggregation	By sex and age range of respondents; residence (rural/urban); household wealth.
Additional notes	Suggested measurement frequency: Every 3–5 years.

30. *A Familiar Face: Violence in the lives of children and adolescents*, p. 32.

31. United Nations Children's Fund, *Child Disciplinary Practices at Home: Evidence from a range of low-and middle-income countries*, UNICEF, New York, 2010. <www.unicef.org/protection/Child_Disciplinary_Practices_at_Home.pdf>

Indicator	4.2 Support for physical punishment by teachers or administrators in school Percentage of female and male adolescents or adults who agree that teachers or administrators should be allowed to physically punish children in school
INSPIRE Strategy: Norms and values	
Intended result (Intermediate/outcome) Norms and values of key groups support non-violent, respectful, nurturing and gender-equitable relationships for all children and adolescents.	
Purpose	To measure changes in support for physical punishment of children by teachers or administrators in school. Reducing the acceptability of physical punishment of children in school is an intended result of at least two INSPIRE strategies, including <i>Norms and values</i> , and <i>Education and life skills</i> .
Data sources	Population-based, school-based, household or telephone surveys among adults or adolescents, such as the Reuters Ipsos survey. ³²
Operational definition	Number of adults or adolescents who agree (strongly or somewhat) that teachers or administrators should be allowed to physically punish children in school, as long as “it is not excessive”, expressed as a percentage of respondents asked about agreement with the use of physical punishment of children in school. Age range of respondents (e.g. adults versus adolescents) will depend on what is relevant, ethical and feasible/available for the country.
Sample measurement tool(s) and question(s)	<p>Adapted from an Ipsos survey carried out for Reuters (www.ipsos.com/sites/default/files/news_and_polls/2014-10/6619-topline.pdf)</p> <p><i>Please indicate how much you agree or disagree with the following statements: Teachers or administrators should be allowed to physically punish children <u>at school</u>, for example by hitting a child with a hand or an object, as long as it isn't excessive. (Strongly agree, Somewhat agree, Somewhat disagree, Strongly disagree, Don't know)</i></p>
Method of computation	<p><i>Numerator:</i> Number of female and male adolescents or adults who agree that teachers or administrators should be allowed to physically punish children in school</p> <p><i>Denominator:</i> Total number of female and male adolescents or adults asked about agreement with the use of physical punishment in school</p> <p><i>Multiplier:</i> 100</p> <p>(National estimates may be weighted.)</p>
Links to online data	The Global Initiative to End All Corporal Punishment of Children collects findings of studies on attitudes about physical punishment in 190 countries and territories; some of these findings address support for physical punishment of children in school (https://endcorporalpunishment.org/global-progress).
Limitations	◆Cross-national, comparable estimates are limited ◆Surveys have used diverse study designs, operational definitions, sample characteristics and questionnaire items, posing challenges to comparability across studies and sites, and over time.
Suggested disaggregation	By sex and age of respondents; residence (urban/rural); household wealth; and other socio-demographic characteristics relevant to the setting.
Additional notes	Suggested measurement frequency: 3–5 years.

32. Ipsos, 'Poll Conducted for Reuters', Ipsos, New York, 2014, p.1. <www.ipsos.com/sites/default/files/news_and_polls/2014-10/6619-topline.pdf>

Indicator	4.3 Acceptability of wife-beating Percentage of females and males aged 13–49 years who agree that a husband (man) is justified in hitting or beating his wife (partner) for at least one specified reason, by sex and age
INSPIRE Strategy: <i>Norms and values</i>	
Intended result (Intermediate/outcome) Norms and values of key groups support non-violent, respectful, nurturing and gender-equitable relationships for all children and adolescents.	
Purpose	To measure changes in social norms and attitudes that support the acceptability of wife-beating, which is an intended result of INSPIRE strategies such as: <i>Norms and values</i> , <i>Income and economic strengthening</i> , and <i>Education and life skills</i> .
Data sources	Population-based household surveys, such as DHS, MICS, VACS and WHO MCS.
Operational definition	Number of female or male adolescent or adult respondents who agree that wife-beating is justified for at least one specified reason, expressed as a percentage of respondents asked whether wife-beating is justified under specific circumstances. Age range of respondents will depend on what is relevant, ethical and feasible/available for the country. DHS, MICS, VACS and WHO MCS surveys have harmonized their measures to ask respondents about the acceptability of wife-beating in five circumstances (listed below), though surveys sometimes include additional country-specific items.
Sample measurement tool(s) and question(s)	<p>DHS Core Questionnaire (also measured by MICS, VACS and WHO MCS) https://dhsprogram.com/What-We-Do/Survey-Types/DHS-Questionnaires.cfm</p> <p>RESPONDENTS AGED 15+ YEARS ARE ASKED: <i>In your opinion, is a husband justified in hitting or beating his wife in the following situations: a) If she goes out without telling him? b) If she neglects the children? c) If she argues with him? d) If she refuses to have sex with him? e) If she burns the food?</i></p> <p>DHS and WHO MCS surveys sometimes ask about additional circumstances, such as: <i>If he suspects that she has been unfaithful?</i></p>
Method of computation	<p><i>Numerator:</i> Number of female and male respondents who state that a husband is justified in hitting or beating his wife in at least one of the specified circumstances</p> <p><i>Denominator:</i> Total number of female and male respondents asked whether wife-beating is justified</p> <p><i>Multiplier:</i> 100</p> <p>(National estimates are usually weighted.)</p>
Links to online data	UNICEF Global Databases monitor DHS and MICS data for this indicator for women and girls aged 15–49 years in 100+ countries, and for boys and men aged 15–49 years in 70+ countries (https://data.unicef.org/topic/child-protection/violence/attitudes-and-social-norms-on-violence). VACS data are available from 8+ countries from CDC (www.cdc.gov/violenceprevention/childabuseandneglect/vacs/index.html).
Limitations	<ul style="list-style-type: none"> ◆ This is a composite indicator of respondents' individual attitudes and perceptions of social norms in their community. ◆ Some surveys measure a slightly different set of circumstances. ◆ When attitudes and norms are changing rapidly, the level of support measured at the time of data collection may not necessarily reflect current levels after a few years have passed.
Suggested disaggregation	By sex of respondent; age range; residence (rural/urban); household wealth; and circumstance in which the respondent believes wife-beating is justified.
Additional notes	Suggested measurement frequency: 3–5 years.

Indicator	4.4 Attitudes about women's right to refuse sex Percentage of females and males aged 13–49 years who believe that a wife (woman) is obliged to have sex with her husband even if she does not feel like it, by sex and age
INSPIRE Strategy: <i>Norms and values</i>	
Intended result (Intermediate/outcome) Norms and values of key groups support non-violent, respectful, nurturing and gender-equitable relationships for all children and adolescents.	
Purpose	To measure changes in social norms about women's sexual autonomy. Increasing support for equitable gender norms (such as women's right to refuse sex) is an intended result of INSPIRE strategies, including <i>Norms and values</i> , and <i>Income and economic strengthening</i> .
Data sources	Population-based household surveys, such as RHS and WHO MCS.
Operational definition	Number of female and male respondents who agree that a woman is obliged to have sex with her husband (partner) even if she does not feel like it, expressed as a percentage of respondents asked about women's obligation to have sex. Age range of respondents will depend on what is relevant, ethical and feasible/available for the country.
Sample measurement tool(s) and question(s)	WHO MCS www.who.int/reproductivehealth/topics/violence/mc_study/en RESPONDENTS AGED 15+ ARE ASKED: <i>In this community and elsewhere, people have different ideas about families and what is acceptable behaviour for men and women in the home. I would like you to tell me whether you generally agree or disagree with the statement. There are no right or wrong answers. It is a wife's obligation to have sex with her husband even if she doesn't feel like it. (Strongly agree, Somewhat agree, Somewhat disagree, Strongly disagree, Don't know)</i>
Method of computation	<i>Numerator:</i> Number of respondents who agree that a wife is obliged to have sex with her husband, even if she does not feel like it <i>Denominator:</i> Total number of respondents asked about a wife's obligation to have sex <i>Multiplier:</i> 100 (National estimates may be weighted.)
Links to online data	WHO makes MCS data available from 15+ countries (www.who.int/reproductivehealth/topics/violence/mc_study/en).
Limitations	◆ This indicator measures attitudes about gender relations within marriage, which is likely to affect households with children but may be less directly relevant to the lives of unmarried adolescents.
Suggested disaggregation	By sex of respondent; age range; residence (rural/urban); household wealth; and any other socio-demographic characteristics relevant to the setting.
Additional notes	Suggested measurement frequency: 3–5 years.



4.5 Safe environments

Impact/goal: All children, including adolescents, grow up with greater freedom from all forms of violence; and those who do experience violence benefit from more appropriate care, support and access to justice needed to ensure physical, mental and social well-being.

— (See impact/goal level indicators on page 27)

Intermediate (outcome) result: Public spaces, online and built environments where children and youth spend time are safer and more inclusive for all children.

5.1 Homicide rate (SDG indicator 16.1.1)

Number of victims of intentional homicide per 100,000 population, by sex and age

5.2 Weapon carrying in the community, past month

Percentage of female and male adolescents and young adults who report carrying a weapon, such as a gun or knife, in the community or neighbourhood in the past 30 days, by sex and age

5.3 Online interaction with unknown persons, past 12 months

Percentage of female and male child and adolescent Internet users who interacted online in the past 12 months with persons they had not met before in person, by sex and age

5.4 Face-to-face meeting with persons first met online, past 12 months

Percentage of female and male child and adolescent Internet users who met face to face in the past 12 months with persons they first met online, by sex and age

Cross-reference from Education and life skills strategy: 9.2 Percentage of female and male adolescents who stayed away from school during the past month and past 12 months because they felt unsafe at, or on the way to/from school or online, by sex and age

Output (lower level result): Countries strengthen the coverage and quality of multisectoral efforts to improve the safety of public, online and built environments.

Scale-up, coverage and quality of Safe environments strategies

Countries or programmes may need to develop locally appropriate indicators to measure scale-up, coverage and quality of Safe environments strategies, adapted to what is most relevant to the geographic and programmatic context.

Indicator	5.1 Homicide rate (SDG indicator 16.1.1) Number of victims of intentional homicide per 100,000 population, by sex and age
INSPIRE Strategy: <i>Safe environments</i>	
Intended result (Intermediate/outcome) Public spaces, online and built environments where children and youth spend time are safer and more inclusive for all children.	
Purpose	To measure changes in the prevalence of lethal forms of violence against community members of all ages in communities where children and adolescents live. This is the same indicator as the one included at the impact/goal level, except that it includes adults and children.
Data sources	National administrative criminal justice data systems that track homicides and public health and civil registration data systems that track 'deaths by assault'. The United Nations Population Division produces national population estimates.
Operational definition	Number of victims of intentional homicide recorded in a given calendar year, per 100,000 population in the same year. The criminal justice definition of an intentional homicide is an "unlawful death inflicted upon a person [by a perpetrator] with the intent to cause death or serious injury". ³³ Cases in which the perpetrator was merely reckless or negligent are excluded, as are cases of self-defense. Homicides also include cases identified within public health or civil registration systems as ' death by assault ' as defined by the International Classification of Diseases (ICD-10). For more information, see SDG metadata (https://unstats.un.org/sdgs/metadata).
Sample measurement tool(s) and question(s)	UNODC Survey of Crime Trends Questionnaire www.unodc.org/unodc/en/data-and-analysis/statistics/crime/cts-data-collection.html WHO ICD-10 external causes of morbidity and mortality codes http://apps.who.int/classifications/icd10/browse/2016/en#/X85-Y09
Method of computation	Number of victims of intentional homicide of any age recorded in a given year, divided by the total resident population in the same year, multiplied by 100,000. UNODC and WHO collect, triangulate and (when needed) adjust national data in accordance with international definitions. The United Nations Population Division produces the national population estimates.
Links to online data	Data on causes of death by sex and age are available from the WHO Mortality Database (www.who.int/healthinfo/mortality_data/en). National homicide estimates (all ages) for 170+ countries are available from UNODC (https://data.unodc.org/?lf=1&lng=en) and from the SDG Global Database (https://unstats.un.org/sdgs/indicators/database).
Limitations	♦ Quality of data systems vary by country; when reliable data are unavailable, United Nations agencies use modelling approaches, which are subject to their own limitations. ♦ Conflict-related deaths are often undercounted when death registration systems are affected by emergency situations. ♦ National definitions do not always conform to international standards and may require adjustment for international comparability.
Suggested disaggregation	By sex of the victim; by age group; by type of perpetrator-victim relationship.
Additional notes	Suggested measurement frequency: Annual

33. UNODC, *International Classification Of Crime For Statistical Purposes (ICCS)*, p.17.

Indicator	5.2 Weapon carrying in the community, past month Percentage of female and male adolescents and young adults who report carrying a weapon, such as a gun or knife, in the community or neighbourhood in the past 30 days, by sex and age
INSPIRE Strategy: <i>Safe environments</i>	
Intended result (Intermediate/outcome) Public spaces, online and built environments where children and youth spend time are safer and more inclusive for all children.	
Purpose	To measure changes in the proportion of adolescents and young adults who carry weapons in the community. As a risk factor for violence and a proxy for unsafe community environments, reducing weapon carrying is an intended result of the INSPIRE strategy <i>Safe environments</i> .
Data sources	School-based surveys, such as GSHS, and population-based household surveys, such as VACS.
Operational definition	Number of female and male adolescents and young adult respondents who report carrying a weapon, such as a gun or knife, in the community or neighbourhood in the past 30 days, expressed as a percentage of all adolescent and young adult respondents asked about weapon carrying. Age range will depend on what is relevant, ethical and feasible/available for the country. A weapon may include guns, knives, clubs as well as other country-specific examples. Surveys sometimes ask respondents where they carried a weapon, e.g. on school property or in the community.
Sample measurement tool(s) and question(s)	2018 GSHS Core-Expanded Questions for the Violence Module www.who.int/chp/gshs/methodology/en <i>During the past 30 days, on how many did you carry a weapon such as a gun, knife, club or [COUNTRY-SPECIFIC OPTIONS]?</i>
Method of computation	<i>Numerator:</i> Number of adolescents and young adults who report carrying a weapon during the past 30 days <i>Denominator:</i> Total number of adolescents and young adults asked about weapon carrying <i>Multiplier:</i> 100
Links to online data	GSHS data on weapon carrying from some countries are available online from WHO (www.who.int/chp/gshs/datasets/en).
Limitations	◆ Surveys sometimes use different question wording or timeframes to measure weapon carrying, which may pose challenges for comparability across studies.
Suggested disaggregation	By sex; age; type of weapon (e.g. any/gun); location (on school property/anywhere); residence (urban/rural); household wealth; and other socio-demographic characteristics relevant to the setting.
Additional notes	Suggested measurement frequency: 3–5 years.

Indicator	5.3 Online interaction with unknown persons, past 12 months Percentage of female and male child and adolescent Internet users who interacted online in the past 12 months with persons they had not met before in person, by sex and age
INSPIRE Strategy: <i>Safe environments</i>	
Intended result (Intermediate/outcome) Public spaces, online and built environments where children and youth spend time are safer and more inclusive for all children.	
Purpose	To measure changes in the exposure of children (including adolescents) to persons online that they had not met before in person. Such interactions may or may not elevate the risk of violence, depending on the setting and age of the children; however, this indicator measures the types of interactions that children have online, which is an important component of the INSPIRE strategy <i>Safe environments</i> .
Data sources	Household surveys among children and adolescents, such as GKO and EU (European Union) Kids Online.
Operational definition	<p>Number of child and adolescent Internet users who report interacting online during the past 12 months with someone they had not previously met in person, expressed as a percentage of all child and adolescent Internet users asked about such online contacts. This indicator may also be constructed as a percentage of all children or adolescents (whether or not they are Internet users), depending on how the data are to be used. Some surveys (e.g. GKO) gather these data among children aged 9–17 years, but the specific age range will depend on what is relevant, ethical and feasible/available for the country.</p> <p>Child and adolescent Internet users are defined as those who have used the Internet from any location at least once in the three months prior to the interview. Internet usage includes using the Internet (i.e. going online) via any electronic device, from any location, including using search engines, websites and applications, as well as communication via mobile phones (e.g. messaging). Unknown persons include anyone that the child or adolescent has not previously met face to face, including contacts of friends and family.</p>
Sample measurement tool(s) and question(s)	<p>GKO survey questionnaire (http://blogs.lse.ac.uk/gko/tools/survey)</p> <p>CHILD AND ADOLESCENT INTERNET USERS ARE ASKED: <i>In the past year, have you ever had contact on the Internet with someone you have not met face to face before?</i></p>
Method of computation	<p><i>Numerator:</i> Number of female and male child or adolescent Internet users who report interacting online with persons not previously met in person, past 12 months</p> <p><i>Denominator:</i> Total number of child and adolescent Internet users asked about such exposure</p> <p><i>Multiplier:</i> 100</p>
Links to online data	GKO makes data available from 5+ countries (http://blogs.lse.ac.uk/gko/about).
Limitations	<p>◆ Surveys that vary in terms of study design, samples, question wording or data collection method may not be comparable across studies. ◆ More research is needed to determine whether the risks of online interaction with unknown persons outweigh potential benefits to children and adolescents, and in what circumstances.</p>
Suggested disaggregation	By sex of respondent, age group (e.g. 9–11 years, 12–14 years, 15–17 years); other socio-demographic characteristics relevant to the setting.
Additional notes	Suggested measurement frequency: 3–5 years.

Indicator	5.4 Face-to-face meeting with persons first met online, past 12 months Percentage of female and male child and adolescent Internet users who met face to face in the past 12 months with unknown persons they first met online, by sex and age
INSPIRE Strategy: <i>Safe environments</i>	
Intended result (Intermediate/outcome) Public spaces, online and built environments where children and youth spend time are safer and more inclusive for all children.	
Purpose	To measure changes in the proportion of children who meet face to face with persons first met online. As a proxy for safety of online environments, reducing face-to-face contact with unknown persons may be an intended result of some initiatives using the INSPIRE strategy <i>Safe environments</i> .
Data sources	Household surveys among children and adolescents, such as GKO and EU Kids Online.
Operational definition	<p>Number of children and adolescents who report meeting face to face in the past 12 months with unknown persons they first met online, expressed as a percentage of all child and adolescent Internet users asked about such face-to-face meetings. Some surveys (e.g. GKO) gather these data among children aged 9–17 years, but the age range will depend on what is relevant, ethical and feasible/available for the country.</p> <p>Internet users are defined as those children and adolescents who have used the Internet from any location at least once in the three months prior to the interview. Internet usage includes using the Internet (i.e. going online) via any electronic device, from any location, including using search engines, websites and applications, as well as communication via mobile phones (e.g. messaging). Unknown persons include anyone that the child or adolescent has not previously met face to face, including contacts of friends and family.</p>
Sample measurement tool(s) and question(s)	<p>GKO survey questionnaire (http://blogs.lse.ac.uk/gko/tools/survey)</p> <p>CHILD AND ADOLESCENT INTERNET USERS ARE ASKED: <i>In the past year, have you ever met anyone face to face that you first got to know on the Internet?</i></p>
Method of computation	<p>Numerator: Number of children/adolescents who report meeting face to face with unknown persons first met online, past 12 months</p> <p>Denominator: Total number of child/adolescent Internet users asked about such face-to-face meetings</p> <p>Multiplier: 100</p>
Links to online data	GKO makes available data from five+ countries (http://blogs.lse.ac.uk/gko/about).
Limitations	<p>◆ Surveys that vary in terms of study design, samples, question wording or data collection method may not be comparable across studies. ◆ More research is needed to determine whether and in what circumstances. ◆ Face-to-face meetings with persons first met online increase the risk of violence against children.</p>
Suggested disaggregation	By sex of respondent, age group (9–11 years, 12–14 years, 15–17 years); other socio-demographic characteristics relevant to the setting.
Additional notes	Suggested measurement frequency: 3–5 years.



4.6 Parent and caregiver support

Impact/goal: All children, including adolescents, grow up with greater freedom from all forms of violence; and those who do experience violence benefit from more appropriate care, support and access to justice needed to ensure physical, mental and social well-being.

— (See impact/goal level indicators on page 27)

Intermediate (outcome) result: Parents and caregivers strengthen positive parenting practices and create more nurturing, supportive parent-child relationships.

6.1 Non-violent discipline by caregivers, past month

Percentage of girls and boys aged 1–17 years who experienced any non-violent method of discipline by a caretaker in the past month, by sex and age

6.2 Early childhood caregiver engagement and nurturing

Percentage of girls and boys aged 36–59 months with whom an adult household member engaged in four or more activities to promote learning and school readiness in the past three days

6.3 Parent/guardian understanding of adolescents' problems, past month

Percentage of female and male adolescents aged 13–17 years who report that their parents or guardians understood their problems and worries most of the time or always during the past 30 days, by sex and age

6.4 Parent/guardian supervision of adolescents, past month

Percentage of female and male adolescents aged 13–17 years who report that their parents or guardians knew what they were really doing with their free time most of the time or always, in the past 30 days, by sex and age

Cross-reference from Norms and values: 4.1 Percentage of adults or adolescents who agree that physical punishment of children is necessary for child-rearing.

Output (lower level result): Countries have increased the coverage and quality of programmes to support parents and caregivers and promote positive parenting.

Scale-up, coverage and quality of *Parent and caregiver support strategies*

Countries or programmes may need to develop locally appropriate indicators to measure scale-up, coverage and quality of Parent and caregiver support strategies, adapted to what is most relevant to the geographic and programmatic context.

Indicator	6.1 Non-violent discipline by caregivers, past month Percentage of girls and boys aged 1–17 years who experienced any non-violent method of discipline by a caretaker in the past month, by sex and age
INSPIRE Strategy: <i>Parent and caregiver support</i>	
Intended result (Intermediate/outcome) Parents and caregivers strengthen positive parenting practices and create more nurturing, supportive parent-child relationships.	
Purpose	To measure changes in the use of non-violent child disciplinary practices. Encouraging positive, non-violent discipline as an alternative to physical punishment is an intended result of several INSPIRE strategies, including <i>Parent and caregiver support</i> , and <i>Norms and values</i> .
Data sources	Population-based household surveys, such as MICS, DHS surveys with a child discipline module and VACS.
Operational definition	Number of girls and boys aged 1–17 years who experienced a non-violent method of discipline in the past month by a caregiver in the home, expressed as a percentage of all girls and boys aged 1–17 years. Age range will depend on what is relevant, ethical and feasible/available for the country. MICS surveys ask mothers or primary caregivers whether one randomly selected girl or boy aged 1–14 years in the household experienced a behaviourally specific list of acts in the past month. This indicator can also be measured by asking adolescent respondents whether they experienced a non-violent act of discipline by a caregiver during the past month or year. Non-violent discipline includes acts of discipline free of physical or verbal aggression, such as explaining to a child why a behaviour is wrong, taking away privileges, not allowing the child to leave the house, or giving him/her something else to do.
Sample measurement tool(s) and question(s)	<p>MICS Child Discipline Module (see page 29) (http://mics.unicef.org/tools)</p> <p>PRIMARY CAREGIVERS OF CHILDREN ARE ASKED: <i>Adults use certain ways to teach children the right behaviour or to address a behaviour problem. I will read various methods that are used. Please tell me if you or any other adult in your household has used this method with (NAME) in the past month.</i></p> <ol style="list-style-type: none"> <i>Took away privileges, forbade something (NAME) liked or did not allow him/her to leave the house?</i> <i>Explained why (NAME)'s behaviour was wrong?</i> <i>Gave him/her something else to do?</i>
Method of computation	<p><i>Numerator:</i> Number of girls and boys aged 1–17 years who experienced non-violent discipline, past month</p> <p><i>Denominator:</i> Total number of girls and boys aged 1–17 years</p> <p><i>Multiplier:</i> 100</p> <p>(National estimates are often weighted.)</p>
Links to online data	National estimates for 100+ countries with a published MICS survey report are available from UNICEF (http://mics.unicef.org/surveys). VACS data are available from CDC (www.cdc.gov/violenceprevention/childabuseandneglect/vacs/index.html).
Limitations	<p>◆ MICS surveys do not measure discipline of children aged 15–17 years. ◆ Recent MICS surveys measure discipline of children aged 1–14 years; older MICS surveys measured discipline of children aged 2–14 years. ◆ For older girls and boys, past year may capture a more complete picture than past month. ◆ This indicator alone does not distinguish between situations in which non-violent discipline was used instead of violent discipline versus situations in which no discipline was used or needed.</p>
Suggested disaggregation	By sex of child; age range of children; household wealth; residence (rural/urban); disability if data are available; and any other socio-demographic characteristics relevant to the setting.
Additional notes	Suggested measurement frequency: every 3–5 years.

Indicator	6.2 Early childhood caregiver engagement and nurturing Percentage of girls and boys aged 36–59 months with whom an adult household member engaged in four or more activities to promote learning and school readiness in the past three days
INSPIRE Strategy: <i>Parent and caregiver support</i>	
Intended result (Intermediate/outcome) Parents and caregivers strengthen positive parenting practices and create more nurturing, supportive parent-child relationships.	
Purpose	To measure changes in levels of caregiver engagement with young girls and boys in the home. As a protective factor and a possible contributor to violence prevention, strengthening nurturing caregiver/child relationships is an intended result of the INSPIRE strategy <i>Parent and caregiver support</i> .
Data sources	Population-based household surveys, such as MICS.
Operational definition	Number of girls and boys aged 36–59 months with whom an adult household member has engaged in four or more specific activities to promote learning and school readiness in the past three days, expressed as a percentage of girls and boys aged 36–59 months. MICS surveys measure this indicator by gathering data on each girl and boy aged 36–59 months in the household, as reported by mothers or primary caregivers. Examples of activities to promote learning and school readiness include reading with the child, telling stories, singing songs, playing with the child, etc.
Sample measurement tool(s) and question(s)	MICS Questionnaire for children under five (http://mics.unicef.org/tools) IN REGARD TO EACH SPECIFIC CHILD UNDER 5 YEARS OF AGE IN THE HOME, CAREGIVERS ARE ASKED: <i>In the past 3 days, did you or any household member age 15 or over engage in any of the following activities with (NAME):</i> a. <i>Read books or looked at picture books with (NAME)?</i> b. <i>Told stories to (NAME)?</i> c. <i>Sang songs to or with (NAME), including lullabies?</i> d. <i>Took (NAME) outside the home?</i> e. <i>Played with (NAME)?</i> f. <i>Named, counted, or drew things for or with (NAME)?</i>
Method of computation	<i>Numerator:</i> Number of children aged 36–59 months with whom an adult has engaged in four or more activities to promote learning and school readiness, past three days <i>Denominator:</i> Total number of reference children aged 36–39 months <i>Multiplier:</i> 100 (National estimates are often weighted.)
Links to online data	MICS data are available for this indicator from 79+ countries from UNICEF (https://data.unicef.org/topic/early-childhood-development/home-environment).
Limitations	◆ The respondent may not be the same person who engaged in these activities with the child.
Suggested disaggregation	By sex of child; age range; household wealth, residence (rural/urban); and any other socio-demographic characteristics relevant to the setting.
Additional notes	Suggested measurement frequency: every 3–5 years.

Indicator	6.3 Parent/guardian understanding of adolescents' problems, past month Percentage of female and male adolescents aged 13–17 years who report that their parents or guardians understood their problems and worries most of the time or always during the past 30 days, by sex and age
INSPIRE Strategy: <i>Parent and caregiver support</i>	
Intended result (Intermediate/outcome) Parents and caregivers strengthen positive parenting practices and create more nurturing, supportive parent-child relationships.	
Purpose	To measure changes in the proportion of adolescents who feel that their parents or guardians understand their problems. This indicator is a proxy for close, nurturing parent-child relationships, which INSPIRE strategies aim to strengthen, based on evidence that close parental relationships may protect children and adolescents from violence and other adverse events.
Data sources	Population-based school-based surveys, such as GSHS, and population-based household surveys among adolescents, such as VACS.
Operational definition	The number of female and male adolescents aged 13–17 years who report that their parents or guardians understood their problems and worries most of the time or always during the past 30 days, expressed as a percentage of all adolescents asked about parental/guardian understanding. Age range will depend on what is relevant, ethical and feasible/available for the country.
Sample measurement tool(s) and question(s)	2013 and 2018 GSHS Core Questionnaire www.who.int/chp/gshs/methodology/en ADOLESCENTS ARE ASKED: <i>During the past 30 days, how often did your parents or guardians understand your problems and worries? (Never, rarely, sometimes, most of the time, always)</i>
Method of computation	<i>Numerator:</i> Number of adolescents aged 13–17 years who report that their parents/guardians understood their problems most of the time or always, past 30 days <i>Denominator:</i> Total number of adolescents aged 13–17 years asked about parental/guardian understanding <i>Multiplier:</i> 100
Links to online data	GSHS data are available online from WHO (www.who.int/chp/gshs/factsheets/en).
Limitations	◆ This indicator is a proxy for close nurturing parent-child relationships, but it measures only one dimension of those relationships.
Suggested disaggregation	By sex of respondent; grade level (or age); residence (rural/urban); and any other characteristics relevant to the setting.
Additional notes	Suggested measurement frequency: 3–5 years.

Indicator	6.4 Parent/guardian supervision of adolescents, past month Percentage of female and male adolescents aged 13–17 years who report that their parents or guardians knew what they were doing with their free time most of the time or always, in the past 30 days, by sex and age
INSPIRE Strategy: <i>Parent and caregiver support</i>	
Intended result (Intermediate/outcome) Parents and caregivers strengthen positive parenting practices and create more nurturing, supportive parent-child relationships.	
Purpose	To measure changes in the proportion of adolescents who say that their parents or guardians knew what they were doing with their free time, most of the time or always. This indicator is a proxy for close, nurturing parent-child relationships, which INSPIRE strategies aim to strengthen, based on evidence that such relationships are a protective factor.
Data sources	Population-based school-based surveys, such as GSHS, and population-based household surveys among adolescents, such as VACS.
Operational definition	Number of adolescent girls and boys aged 13–17 years who report that their parents or guardians really knew what they were doing with their free time, most of the time or always, in the past 30 days, expressed as a percentage of all adolescents asked about their parents' or guardians' knowledge of their activities. Age range will depend on what is relevant, ethical, feasible and available for the country.
Sample measurement tool(s) and question(s)	2013 and 2018 GSHS Core Questionnaire www.who.int/chp/gshs/methodology/en ADOLESCENTS ARE ASKED: <i>During the past 30 days, how often did your parents or guardians really know what you were doing with your free time? (Never, Rarely, Sometimes, Most of the time, Always)</i>
Method of computation	<i>Numerator:</i> Number of girls and boys aged 13–17 years who report that their parents or guardians knew what they were doing most of the time or always, past 30 days <i>Denominator:</i> Total number of girls and boys aged 13–17 years asked about their parents' or guardians' knowledge of what they were doing with their time <i>Multiplier:</i> 100
Links to online data	GSHS data for 45+ countries are available from WHO (www.who.int/chp/gshs/factsheets/en).
Limitations	◆ This indicator is a proxy for close nurturing parent-child relationships, but it measures only one dimension of those relationships.
Suggested disaggregation	By sex; grade level (or age); residence (rural/urban), and other socio-demographic characteristics relevant to the setting.
Additional notes	Suggested measurement frequency: 3–5 years.



4.7 Income and economic strengthening

Impact/goal: All children, including adolescents, grow up with greater freedom from all forms of violence; and those who do experience violence benefit from more appropriate care, support and access to justice needed to ensure physical, mental and social well-being.

— (See impact/goal level indicators on page 27)

Intermediate (outcome) result: Households/families with children have greater economic security, more gender-equitable norms, and lower levels of intimate partner violence.

7.1 Children below the national poverty line (SDG indicator 1.2.1)

Percentage of girls and boys aged 0–17 years living in households below the national poverty line, by sex and age

7.2 Children living in food insecure households (SDG indicator 2.1.2)

Percentage of girls and boys aged 0–17 years whose households experienced food insecurity at moderate or severe levels, in the past 12 months, based on the Food Insecurity Experience Scale (FIES) or another regionally or nationally validated scale

7.3 Empowerment of currently partnered women and girls

Percentage of currently partnered women and girls aged 15–49 years who participate (alone or jointly) in all three of the following decisions: their own health care, making large purchases, and visits to family, relatives and friends, by age (15–19 and 15–49).

Cross reference: Impact/Goal level Indicator 1.10 Percentage of female and male adolescents and young adults aged 13–24 years who report that their father or stepfather ever hit or beat their mother or stepmother during the respondents' childhood, by sex and age of respondent

Cross-reference with Norms and values 4.3 Percentage of females and males aged 13–49 years who agree that a husband (man) is justified in hitting or beating his wife (partner) for at least one specified reason, by sex and age

Output (lower level result): Households have greater access to economic support programmes that integrate attention to gender equity and family violence prevention.

7.4 Children covered by social protection systems (SDG indicator 1.3.1)

Percentage of girls and boys aged 0–17 years living in households covered by social protection floors/systems (i.e. economic assistance programmes) within the last three months

Scale-up, coverage and quality of *Income and economic strengthening* strategies
Countries or programmes may need to develop locally appropriate indicators to measure scale-up, coverage and quality of Income and economic strengthening strategies, adapted to what is most relevant to the geographic and programmatic context.

Indicator	7.1 Children below the national poverty line (SDG indicator 1.2.1) Percentage of girls and boys aged 0–17 years living in households below the national poverty line, by sex and age
INSPIRE Strategy: <i>Income and economic strengthening</i>	
Intended result (Intermediate/outcome) Households/families with children have greater economic security, more gender-equitable norms, and lower levels of intimate partner violence.	
Purpose	To measure changes in the proportion of children living in poverty (defined nationally), given evidence that extreme poverty has been identified as a risk factor for certain types of violence against children.
Data sources	Population-based household income and expenditure surveys, such as World Bank-supported Living Standards Measurement Surveys (LSMS).
Operational definition	Number of girls and boys living in households with income and/or consumption below the national poverty line, expressed as a percentage of the total population of children. The official national poverty line is the amount of annual household income and/or consumption, divided by the number of adults and children in the household, below which the household is considered poor, based on thresholds determined by the government. Some countries have separate urban and rural poverty lines to account for differences in purchasing power. Household income generally includes wages of all household members, income from household production and non-employment income, such as transfer payments. Household consumption generally includes expenditures on food and essential goods, as well as food consumed from households' own production. Wealthier countries tend to adopt higher standards than poorer countries. Some countries measure poverty based on income only; others include both income and consumption. Some use an absolute line based on minimum income or expenditure needed for basic calorie intake and essential goods; others use a benchmark relative to income and consumption in that country.
Sample measurement tool(s) and question(s)	LSMS Household Questionnaires http://microdata.worldbank.org/index.php/catalog/lsm Examples of LSMS household questionnaires with measures of household income and/or consumption for 37+ countries are available online from the World Bank.
Method of computation	<i>Numerator:</i> Number of children aged 0–17 years living in households below the national poverty line <i>Denominator:</i> Total number of children aged 0–17 years <i>Multiplier:</i> 100
Links to online data	The Organisation for Economic Co-operation and Development (OECD) family database tracks national child poverty rates in 35 OECD countries and 7+ other countries (www.oecd.org/els/family/database.htm). The World Bank Global Micro Database includes raw datasets on child poverty for 89+ countries. ³⁴
Limitations	♦ This 'monetary' indicator is narrower than multidimensional poverty indicators that include school attendance, access to healthcare and/or nutrition. ³⁵ ♦ Household surveys may underestimate poverty if they underrepresent the poorest children not living in households.
Suggested disaggregation	By sex; age; residence (rural/urban); and other socio-demographic characteristics relevant to the setting.
Additional notes	Suggested measurement frequency: Annual.

34. United Nations Children's Fund and World Bank Group, *Ending Extreme Poverty: A focus on children*, UNICEF and World Bank Group, New York, 2016. <https://data.unicef.org/wp-content/uploads/2017/09/Ending_Extreme_Poverty_A_Focus_on_Children_Oct_2016.pdf>

35. United Nations Children's Fund, *A World Free from Child Poverty, Milestone 2: Measuring child poverty*, End Child Poverty Global Coalition and UNICEF, New York, March 2017, pp. 52–53. <www.unicef.org/socialpolicy/files/Child_Poverty_SDG_Guide-Milestone_2-March_2017.pdf>

Indicator	7.2 Children living in food insecure households (SDG indicator 2.1.2) Percentage of girls and boys aged 0–17 years whose households experienced food insecurity at moderate or severe levels in the past 12 months, based on the Food Insecurity Experience Scale (FIES) or another regionally or nationally validated scale
	INSPIRE Strategy: <i>Income and economic strengthening</i>
	Intended result (Intermediate/outcome) Households/families with children have greater economic security, more gender-equitable norms, and lower levels of intimate partner violence.
Purpose	To measure changes in levels of children affected by household food insecurity. Reducing household food insecurity, a risk factor for violence against children, is an intended result of the INSPIRE strategy <i>Income and economic strengthening</i> .
Data sources	Population-based household surveys that include a validated food insecurity scale such as the FIES or similar scale (see SDG metadata https://unstats.un.org/sdgs/metadata/files/Metadata-02-01-02.pdf).
Operational definition	<p>Number of girls and boys aged 0–17 years living in households in which at least one member aged 15+ years reports experiencing moderate or severe food insecurity in the past 12 months, based on the FIES or another nationally or regionally validated scale, expressed as a percentage of all children aged 0–17 years living in households asked about food insecurity. Because these scales have not been validated for children under 15 years of age, this indicator is measured at the household level. Food insecurity is defined as limited access to adequate quality or quantity of food, due to <u>lack of money or resources</u>. Severity of food insecurity is categorized as mild, moderate or severe, based on answers to the FIES or another validated scale that measures four components: a) worrying about ability to obtain food; b) compromising quality and variety of food; c) reducing quantities, skipping meals; and d) experiencing hunger.³⁶ Global, population-adjusted thresholds that constitute ‘moderate’ and ‘severe’ are defined along a continuum:</p> <div style="text-align: center;"> <p style="margin: 0;"> MILD FOOD INSECURITY MODERATE FOOD INSECURITY SEVERE FOOD INSECURITY </p> <p style="margin: 0;"> Worrying about ability to obtain food Compromising quality and variety of food Reducing quantities, skipping meals Experiencing hunger </p> </div>
Sample measurement tool(s) and question(s)	<p>FIES Household Scale (see page 74) www.fao.org/in-action/voices-of-the-hungry/fies/en</p> <p>RESPONDENTS AGED 15+ YEARS ARE ASKED: <i>Now I would like to ask you some questions about food. During the last 12 months, was there a time when:</i></p> <ol style="list-style-type: none"> <i>1. You or others in your household worried about not having enough food to eat because of a lack of money or other resources?</i> <i>2. Still thinking about the last 12 months, was there a time when you or others in your household were unable to eat healthy and nutritious food because of a lack of money or other resources?</i> <i>3. Was there a time when you or others in your household ate only a few kinds of foods because of a lack of money or other resources?</i> <i>4. Was there a time when you or others in your household had to skip a meal because there was not enough money or other resources to get food?</i> <i>5. Still thinking about the last 12 months, was there a time when you or others in your household ate less than you thought you should because of a lack of money or other resources?</i> <i>6. Was there a time when your household ran out of food because of a lack of money or other resources?</i> <i>7. Was there a time when you or others in your household were hungry but did not eat because there was not enough money or other resources for food?</i> <i>8. Was there a time when you or others in your household went without eating for a whole day because of a lack of money or other resources?</i>

36. United Nations, ‘Metadata for SDG Indicator 2.1.2’, United Nations, New York. <<https://unstats.un.org/sdgs/metadata>>; and Food and Agriculture Organization of the United Nations, ‘The Food Insecurity Experience Scale: Frequently asked questions’, FAO, Rome. <www.fao.org/3/a-bl354e.pdf>

Method of computation	<p>The FIES items compose a statistical scale designed to cover a range of severity of food insecurity and should be analysed together as a scale, not as separate items, based on population adjusted thresholds.</p> <p><i>Numerator:</i> Number of girls and boys aged 0–17 years living in households affected by moderate or severe food insecurity, past 12 months</p> <p><i>Denominator:</i> Total number of girls and boys aged 0–17 years in households asked about food insecurity</p> <p><i>Multiplier:</i> 100</p> <p>(National estimates are weighted.)</p>
Links to online data	National estimates for 140+ countries are available from the SDG database, but not yet disaggregated for children, as of late 2017 (https://unstats.un.org/sdgs/indicators/database).
Limitations	<p>◆ National thresholds sometimes differ from global thresholds, posing challenges to comparability. ◆ Children’s individual reports of food security sometimes differ from household reports, but FIES and similar scales have not been validated for respondents under 15 years of age.³⁷</p>
Suggested disaggregation	By sex; age group; residence (urban/rural); subnational geographic region; and other socio-demographic characteristics relevant to the setting.
Additional notes	Suggested measurement frequency: Annual.

37. Fram, Maryah S., Jennifer Bernal and Edward A. Frongillo, *The Measurement of Food Insecurity among Children: Review of literature and concept note*, Innocenti Working Paper No. 2015-08, UNICEF Office of Research, Florence, Italy, September 2015. <www.unicef-irc.org/publications/pdf/Food%20security.pdf>

Example: Global Food Insecurity Experience Scale (FIES) Survey Module

Available in 170+ languages

The Food Insecurity Experience Scale Survey Module (FIES-SM) is composed of eight questions with dichotomous yes/no responses. Together, the FIES-SM items compose a statistical scale designed to cover a range of severity of food insecurity and **should be analysed together as a scale, not as separate items.**

Two different versions of the FIES-SM are available and appropriate for use in different contexts. Choice of FIES-SM version depends on whether the objective is to assess food insecurity at the **individual** or **household** level. In addition, each version of the FIES-SM may use a 30-day or 12-month reference period. The following versions show a 12-month reference period.

GLOBAL FOOD INSECURITY EXPERIENCE SCALE Household Referenced	
Now I would like to ask you some questions about food. During the last 12 MONTHS, was there a time when:	
Q1. You or others in your household worried about not having enough food to eat because of a lack of money or other resources?	0 No 1 Yes 98 Don't Know 99 Refused
Q2. Still thinking about the last 12 MONTHS, was there a time when you or others in your household were unable to eat healthy and nutritious food because of a lack of money or other resources?	0 No 1 Yes 98 Don't Know 99 Refused
Q3. Was there a time when you or others in your household ate only a few kinds of foods because of a lack of money or other resources?	0 No 1 Yes 98 Don't Know 99 Refused
Q4. Was there a time when you or others in your household had to skip a meal because there was not enough money or other resources to get food?	0 No 1 Yes 98 Don't Know 99 Refused
Q5. Still thinking about the last 12 MONTHS, was there a time when you or others in your household ate less than you thought you should because of a lack of money or other resources?	0 No 1 Yes 98 Don't Know 99 Refused
Q6. Was there a time when your household ran out of food because of a lack of money or other resources?	0 No 1 Yes 98 Don't Know 99 Refused
Q7. Was there a time when you or others in your household were hungry but did not eat because there was not enough money or other resources for food?	0 No 1 Yes 98 Don't Know 99 Refused
Q8. Was there a time when you or others in your household went without eating for a whole day because of a lack of money or other resources?	0 No 1 Yes 98 Don't Know 99 Refused

Source: (www.fao.org/in-action/voices-of-the-hungry/fies/en)

Indicator	7.3 Empowerment of currently partnered women and girls Percentage of currently partnered women and girls aged 15–49 years who participate (alone or jointly) in all three of the following decisions: their own health care, making large purchases, and visits to family, relatives and friends, by age (15–19 and 15–49)
INSPIRE Strategy: <i>Income and economic strengthening</i>	
Intended result (Intermediate/outcome) Households/families with children have greater economic security, more gender-equitable norms, and lower levels of intimate partner violence.	
Purpose	To measure the empowerment of currently partnered women and girls based on their reported participation in three household decisions. Increasing gender-equitable dynamics within the household is an intended result of the INSPIRE strategies, as a contributor to long-term violence prevention.
Data sources	Population-based household surveys, such as DHS, MICS, VACS and WHO MCS.
Operational definition	Number of currently partnered women and girls who report participating (alone or jointly) in all three of the following decisions: their own health care, making large purchases, and visits to family, relatives and friends, expressed as a percentage of all currently partnered women and girls asked about decision-making. Currently partnered is defined as currently married or cohabiting with a partner. Age range will depend on what is relevant, ethical and feasible/available for the country, but suggested ranges include ages 15–19 years to capture the experiences of adolescents, and ages 15–49 years to capture the experiences of a broader population of women and girls.
Sample measurement tool(s) and question(s)	DHS Core Questionnaire https://dhsprogram.com/What-We-Do/Survey-Types/DHS-Questionnaires.cfm CURRENTLY MARRIED OR COHABITING WOMEN AND GIRLS ARE ASKED: <ol style="list-style-type: none"> Who usually makes decisions about health care for yourself? Who usually makes decisions about making major household purchases? Who usually makes decisions about visits to your family or relatives? (You, Your husband/partner, You and your husband/partner jointly, Someone else)
Method of computation	<i>Numerator:</i> Number of currently partnered women and girls who participate in all three decisions <i>Denominator:</i> Total number of currently partnered women and girls asked about their participation in decision-making <i>Multiplier:</i> 100 (National estimates are often weighted.)
Links to online data	Data for this indicator are available for 65+ countries from DHS (https://dhsprogram.com).
Limitations	◆ This is an indirect measure of women's empowerment, limited to women and girls in marital or cohabiting relationships.
Suggested disaggregation	By age range of respondents (15–19 years and 15–49 years); residence (urban/rural); household wealth; and other socio-demographic characteristics relevant to the setting.
Additional notes	Suggested measurement frequency: 3–5 years.

Indicator	7.4 Children covered by social protection systems (SDG indicator 1.3.1) Percentage of girls and boys aged 0–17 years living in households covered by social protection floors/systems (i.e. economic assistance programmes) within the last three months
INSPIRE Strategy: <i>Income and economic strengthening</i>	
Intended result (Intermediate/outcome) Households have greater access to economic support programmes that integrate attention to gender equity and family violence prevention.	
Purpose	To measure changes in the population coverage of social protection systems provided to households with children. As a strategy for strengthening household economic security, increasing coverage of social protection systems is an intended result of the INSPIRE strategy <i>Income and economic strengthening</i> .
Data sources	Population-based household surveys, such as MICS, DHS and VACS.
Operational definition	Number of girls and boys aged 0–17 years living in households that received external economic assistance ('social transfers') during the three months prior to the survey, expressed as a percentage of all children aged 0–17 years living in households asked about economic assistance received from social protection programmes. Age range will depend on what is relevant, ethical and feasible/available for the country. This is SDG Indicator 1.3.1 disaggregated for children. Until the SDG indicator operational definition is finalized, it is recommended that this indicator be measured in accordance with the operational definition used by MICS surveys (http://mics.unicef.org/tools). Social protection floors or systems (also called 'social transfers') are defined as external economic assistance provided to households by governments or by non-governmental organizations, such as religious, charitable or community-based organizations. This excludes support from family, other relatives, friends or neighbours. MICS surveys measure this indicator by asking household questionnaire respondents about specific economic assistance programmes by name (adapted to programmes available in that country), as well as retirement pensions and any other external assistance programme.
Sample measurement tool(s) and question(s)	MICS Social Transfers Module, Household Questionnaire (http://mics.unicef.org/tools) RESPONDENTS AGED 15+ YEARS ARE ASKED: <i>I would like to ask you about various external economic assistance programmes provided to households. By external assistance I mean support that comes from the government or from non-governmental organizations such as religious, charitable, or community-based organizations. This excludes support from family, other relatives, friends or neighbours.</i> • Are you aware of (NAME OF PROGRAMME*)? • Has your household or anyone in your household received assistance through (NAME OF PROGRAMME*)? • When was the last time your household or anyone in your household received assistance through (NAME OF PROGRAMME*)? [*QUESTIONS ASK ABOUT UP TO 3 SPECIFIC LOCAL ASSISTANCE PROGRAMMES BY NAME, ANY RETIREMENT PENSION AND 'ANY OTHER' PROGRAMME, ADAPTED TO THAT SETTING]
Method of computation	<i>Numerator:</i> Number of girls and boys aged 0–17 years living in households that received any type of social transfers, last three months <i>Denominator:</i> Total number of girls and boys aged 0–17 years <i>Multiplier:</i> 100
Links to online data	MICS data are available from most countries with a MICS survey (http://mics.unicef.org/surveys). The World Bank makes data on this indicator available from 122 countries via ASPIRE: The Atlas of Social Protection Indicators of Resilience and Equity (http://datatopics.worldbank.org/aspire).
Limitations	◆ Household surveys do not always capture the complete universe of social protection programmes; they tend to be best at measuring participation in the largest programmes.
Suggested disaggregation	By sex; age group of children; residence (urban/rural); subnational geographic region; and other socio-demographic characteristics relevant to the setting; by type of social protection.
Additional notes	Suggested measurement frequency: 3–5 years.



4.8 Response and support services

Impact/goal: All children, including adolescents, grow up with greater freedom from all forms of violence; and those who do experience violence benefit from more appropriate care, support and access to justice needed to ensure physical, mental and social well-being.

— (See impact/goal level indicators on page 27)

Intermediate (outcome) result: Countries have strengthened the quality and coverage of reporting mechanisms, response services and prevention of violence against children in all sectors.

Output (lower level result): Countries have strengthened the capacity of whole sectors (Justice, Social Welfare, Health, Education) to prevent and respond to violence against children and adolescents.

8.1 and 8.2 Disclosure of lifetime childhood sexual violence/physical violence in childhood

Percentage of female and male adolescents aged 13–17 years who ever disclosed experiences of childhood sexual violence, among those who ever experienced sexual violence, by sex

Percentage of female and male adolescents aged 13–17 years who ever disclosed experiences of physical violence in childhood, among those who ever experienced physical violence, by sex

8.3 and 8.4 Help-seeking for lifetime childhood sexual violence/physical violence in childhood

Percentage of female and male adolescents aged 13–17 years who sought institutional or professional help for sexual violence, among those who report experiencing sexual violence ever in life, by sex

Percentage of female and male adolescents aged 13–17 years who sought institutional or professional help for physical violence in childhood, among those who report experiencing physical violence ever in life, by sex

8.5 and 8.6 Receipt of services for lifetime childhood sexual violence/physical violence in childhood

Percentage of female and male adolescents aged 13–17 years who ever received services for childhood sexual violence, among those who ever experienced sexual violence, by sex and by type of service received;

Percentage of female and male adolescents aged 13–17 years who ever received services for physical violence in childhood, among those who ever experienced physical violence, by sex and by type of service received

8.7 Awareness of support services for violence among adolescents

Percentage of female and male adolescents aged 13–19 years who know some place they can go for help in cases of physical or sexual violence, by sex and age

8.8 Support for children in contact with the justice system

Percentage and number of girls and boys under 18 years of age in contact with the justice system during the past year who received specialized support

8.9 Children in detention

Number of girls and boys under 18 years of age in detention per 100,000 child population, by sex and age

8.10 Size of the social service workforce

Number of social service workers with responsibility for child protection (or child welfare) per 100,000 children, according to type (e.g. governmental and non-governmental)

8.11 Health sector guidelines on child maltreatment

Existence of national guidelines, protocols or standard operating procedures (SOPs) for the health system's response to child maltreatment, consistent with WHO guidelines (expected in 2019) and international human rights standards

8.12 Health sector guidelines on sexual violence against children

Existence of national guidelines, protocols or standard operating procedures (SOPs) for the health system's response to sexual violence against children and adolescents that are consistent with WHO guidelines and international human rights standards

Scale-up, coverage and quality of Response and support services strategies

Countries or programmes may need locally appropriate indicators to measure scale-up, coverage and quality of Response and support services strategies, adapted to what is most relevant to the geographic and programmatic context.

Indicators:	<p>8.1 Disclosure of lifetime childhood sexual violence Percentage of female and male adolescents aged 13–17 years who ever disclosed experiences of childhood sexual violence, among those who ever experienced sexual violence, by sex</p> <p>8.2 Disclosure of lifetime physical violence in childhood Percentage of female and male adolescents aged 13–17 years who ever disclosed experiences of physical violence in childhood, among those who ever experienced physical violence, by sex</p>
INSPIRE Strategy: <i>Response and support services</i>	
<p>Intended result (Intermediate/outcome)</p> <p>Countries have strengthened the quality and coverage of reporting mechanisms, response services and prevention of violence against children in all sectors.</p>	
Purpose	To measure changes in the proportion of child victims of sexual and/or physical violence who disclose experiences of violence to anyone. Increasing disclosure is an intended result of INSPIRE strategies, as a first step in the process of improving children's access to response services.
Data sources	Population-based household surveys that collect data on violence among adolescent respondents, including DHS, VACS and WHO MCS.
Operational definition	Number of female and male adolescents aged 13–17 years who ever disclosed (told someone about) experiences of childhood violence to anyone, expressed as a percentage of adolescents aged 13–17 years who report ever experiencing such violence. Age range of respondents will depend on what is ethical, relevant and feasible/available for the country. If possible, disclosure of sexual violence should be reported separately from disclosure of physical violence. Disclosure may include telling a family member, friend, service provider or anyone else (before the time of the survey). Operational definitions of sexual and physical violence often vary widely by survey (see prevalence indicator data sheets for more information). Surveys also vary in terms of types of violence used to filter questions about disclosure, and how disclosure questions are worded.
Sample measurement tool(s) and question(s)	<p>VACS questionnaire (see page 82) (www.cdc.gov/violenceprevention/childabuseandneglect/vacs/methods.html)</p> <p>ADOLESCENTS WHO REPORT SEXUAL OR PHYSICAL VIOLENCE ARE ASKED: <i>Did you tell anyone about any of these experiences? Whom did you tell?</i></p>
Method of computation	<p>Disclosure of childhood sexual violence: <i>Numerator:</i> Number of adolescents aged 13–17 years who disclosed sexual violence to anyone <i>Denominator:</i> Total number of adolescents aged 13–17 years who report ever experiencing sexual violence. <i>Multiplier:</i> 100</p> <p>Disclosure of childhood physical violence: <i>Numerator:</i> Number of adolescents aged 13–17 years who disclosed physical violence to anyone <i>Denominator:</i> Total number of adolescents aged 13–17 years who report ever experiencing physical violence <i>Multiplier:</i> 100</p>
Links to online data	DHS data on disclosure of physical and/or sexual violence by adolescent girls aged 15–19 years are available from 40+ countries (https://dhsprogram.com/data). VACS data on disclosure (sexual separate from physical violence) are available from 8+ countries from CDC (www.cdc.gov/violenceprevention/childabuseandneglect/vacs/index.html).
Limitations	◆ Surveys often measure disclosure for types and acts of violence that are not always comparable across studies. ◆ They also vary according to whether or not they measure disclosure of sexual violence separate from physical violence (most DHS surveys do not).
Suggested disaggregation	By sex of respondent; age group; type of person to whom they disclosed; sub-type of violence; and other socio-demographic characteristics relevant to the setting.
Additional notes	Suggested measurement frequency 3–5 years.

Indicators:	<p>8.3 Help-seeking for lifetime childhood sexual violence Percentage of female and male adolescents aged 13–17 years who sought institutional or professional help for sexual violence, among those who report experiencing sexual violence ever in life, by sex</p> <p>8.4 Help-seeking for lifetime physical violence in childhood Percentage of female and male adolescents aged 13–17 years who sought institutional or professional help for physical violence in childhood, among those who report experiencing physical violence ever in life, by sex</p>
<p>INSPIRE Strategy: <i>Response and support services</i></p> <p>Intended result (Intermediate/outcome) Countries have strengthened the quality and coverage of reporting mechanisms, response services and prevention of violence against children in all sectors.</p>	
Purpose	To measure changes in the proportion of child victims who seek help from a service provider or an institution. Increasing help-seeking is one step in the effort to improve access to services for violence, and a proxy for confidence in quality and responsiveness of services, an intended result of the INSPIRE package.
Data sources	Population-based household surveys that collect data on violence among adolescent respondents, such as DHS, VACS and WHO MCS.
Operational definition	Number of female and male adolescents aged 13–17 years who sought help from an <i>institution or professional</i> for physical or sexual violence, among adolescents aged 13–17 years who report ever experiencing such violence. Age range of respondents will depend on what is ethical, relevant and feasible/available for the country. If possible, help-seeking for sexual violence should be reported separately from physical violence. Operational definitions of <i>sexual and physical violence</i> often vary widely by survey (see prevalence indicator data sheets for more information). Surveys also vary in terms of which victims are asked about help-seeking, and how they are asked. <i>Types of institutions or professionals</i> should be adapted to the country context, but may include: (1) police; (2) medical professional; (3) lawyer or legal aid service; (4) counselling or other social service; (5) religious leader; (6) helpline; and (7) other.
Sample measurement tool(s) and question(s)	<p>VACS questionnaire (see page 82) (www.cdc.gov/violenceprevention/childabuseandneglect/vacs/methods.html)</p> <p>ADOLESCENTS WHO REPORT VIOLENCE ARE ASKED WHETHER THEY KNEW OF ANY PLACE TO GO FOR HELP AND THEN ARE ASKED: <i>Did you try to seek help from any of these places for any of these experiences?</i></p> <p>DHS Violence Module (https://dhsprogram.com/What-We-Do/Survey-Types/DHS-Questionnaires.cfm)</p> <p>ADOLESCENTS WHO REPORT PHYSICAL AND/OR SEXUAL VIOLENCE ARE ASKED: <i>Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help? From whom have you sought help? Anyone else?</i> RECORD ALL RESPONSES USING PRECODED CATEGORIES: RELIGIOUS LEADER, DOCTOR/MEDICAL PERSONNEL, POLICE, LAWYER, SOCIAL SERVICE ORGANIZATION, OTHER.</p>
Method of computation	<p>Help-seeking for sexual violence: <i>Numerator:</i> Number of female and male adolescents aged 13–17 years who sought help from an institution or professional for sexual violence; <i>Denominator:</i> Total number of female and male adolescents aged 13–17 years who report ever experiencing sexual violence <i>Multiplier:</i> 100</p> <p>Help-seeking for physical violence: <i>Numerator:</i> Number of female and male adolescents aged 13–17 years who sought help from an institution or professional for physical violence <i>Denominator:</i> Total number of female and male adolescents aged 13–17 years who report ever experiencing physical violence <i>Multiplier:</i> 100</p>

Links to online data	<p>Data on help-seeking for sexual violence by girls and boys from 40+ countries are available from UNICEF (https://data.unicef.org).</p> <p>VACS data on help-seeking for physical and sexual violence are available from 8+ countries (www.cdc.gov/violenceprevention/childabuseandneglect/vacs/index.html).</p>
Limitations	<p>◆ Surveys often measure help-seeking for diverse types and combinations of violence that are not comparable across studies (e.g. the DHS does not separate help-seeking for physical and sexual violence).</p>
Suggested disaggregation	<p>By sex; age; type of service sought; type of violence; and other socio-demographic characteristics relevant to the setting.</p>
Additional notes	<p>Suggested measurement frequency: every 3–5 years.</p>

Indicators:	<p>8.5 Receipt of services for lifetime childhood sexual violence Percentage of female and male adolescents aged 13–17 years who ever received services for childhood sexual violence, among those who ever experienced sexual violence, by sex and by type of service received</p> <p>8.6 Receipt of services for lifetime physical violence in childhood Percentage of female and male adolescents aged 13–17 years who ever received services for physical violence in childhood, among those who ever experienced physical violence, by sex and by type of service received</p>
INSPIRE Strategy: <i>Response and support services</i>	
<p>Intended result (Intermediate/outcome)</p> <p>Countries have strengthened the quality and coverage of reporting mechanisms, response services and prevention of violence against children in all sectors.</p>	
Purpose	<p>To measure changes in the proportion of child victims who receive services for violence. Increasing children's access to such response services is an important intended result of the INSPIRE package, recognizing that not all children who seek services receive them.</p>
Data sources	<p>Population-based household surveys that collect data on violence among adolescent respondents, such as VACS and WHO MCS. (Not currently measured by the DHS.)</p>
Operational definition	<p>Number of female and male adolescents aged 13–17 who ever received services for sexual or physical violence, expressed as a percentage of adolescent respondents aged 13–17 years who report ever experiencing such violence. Age range of respondents will depend on what is ethical, relevant and feasible/available for the country. If data allows, receipt of service for sexual violence should be reported separately from physical violence. Operational definitions of sexual and physical violence often vary by survey (see prevalence indicator data sheets for more information). Types of service providing institutions or professionals should be adapted to the country context, but may include: (1) police; (2) medical professionals; (3) lawyer or legal aid service; (4) counselling or other social service; (5) religious leader; (6) helplines; and (7) other.</p>
Sample measurement tool(s) and question(s)	<p>VACS questionnaire (see page 82) (www.cdc.gov/violenceprevention/childabuseandneglect/vacs/methods.html)</p> <p>ADOLESCENTS WHO REPORT SEXUAL OR PHYSICAL VIOLENCE ARE ASKED: <i>Did you receive any help for any of these experiences from a hospital/clinic, police station, helpline, social welfare or legal office</i> [REPLACE HELPLINE, SOCIAL WELFARE OR LEGAL OFFICE WITH RELEVANT COUNTRY-SPECIFIC NAME].</p>
Method of computation	<p>Receipt of services for sexual violence: <i>Numerator:</i> Number of adolescents aged 13–17 years who ever received services for sexual violence <i>Denominator:</i> Total number of adolescents aged 13–17 years who report ever experiencing sexual violence <i>Multiplier:</i> 100</p> <p>Receipt of services for physical violence: <i>Numerator:</i> Number of adolescents aged 13–17 years who ever received services for physical violence <i>Denominator:</i> Total number of adolescents aged 13–17 years who report ever experiencing physical violence <i>Multiplier:</i> 100</p>
Links to online data	<p>VACS data on receipt of services for physical and sexual violence are available for 8+ countries (www.cdc.gov/violenceprevention/childabuseandneglect/vacs/index.html).</p>
Limitations	<p>◆ Surveys may measure receipt of services for diverse types and acts of violence that are not always comparable across studies. ◆ Most DHS Violence Modules measure help-seeking, but not receipt of services for violence.</p>
Suggested disaggregation	<p>By sex; age; type of service received; sub-type of violence; and other socio-demographic characteristics relevant to the setting.</p>
Additional notes	<p>Suggested measurement frequency: every 3–5 years.</p>

Example: Help-seeking questions from the VACS for sexual violence
(Questions for physical violence are similar.)

	HELP-SEEKING			
Q1002	Thinking about all your unwanted sexual experiences, did you know a hospital/clinic, police station, helpline (replace with relevant country specific name), social welfare (replace with relevant country specific name), or legal office to go for help?	YES NO DON'T KNOW DECLINED	1 2 98 99	Q1007
Q1003	Did you try to seek help from any of these places for any of these experiences?	YES NO DON'T KNOW DECLINED	1 → 2 98 99	Q1005

	RECEIPT OF HELP																																	
Q1005	Did you receive any help for any of these experiences from a hospital/clinic, police station, helpline, social welfare or legal office? [Replace name for helpline and social welfare office to relevant country specific name]	YES NO DON'T KNOW DECLINED	1 2 98 99	Q1007																														
1006	Did you receive help from: A) A doctor, nurse or other healthcare worker? B) Police or other security personnel? C) A lawyer, judge/magistrate or other legal professional, other than police? D) A social worker or counselor? E) A helpline? incl. phone/internet/website –(replace with relevant country specific names)	<table> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th><th>DTA</th></tr> <tr> <td>A) A DOCTOR, NURSE OR OTHER HEALTHCARE WORKER?</td><td>1</td><td>2</td><td>98</td><td>99</td></tr> <tr> <td>B) POLICE OR OTHER SECURITY PERSONNEL?</td><td>1</td><td>2</td><td>98</td><td>99</td></tr> <tr> <td>C) A LAWYER, JUDGE/MAGISTRATE OR OTHER LEGAL PROFESSIONAL, OTHER THAN POLICE?</td><td>1</td><td>2</td><td>98</td><td>99</td></tr> <tr> <td>D) A SOCIAL WORKER OR COUNSELOR?</td><td>1</td><td>2</td><td>98</td><td>99</td></tr> <tr> <td>E) A HELPLINE?</td><td>1</td><td>2</td><td>98</td><td>99</td></tr> </table>		YES	NO	DK	DTA	A) A DOCTOR, NURSE OR OTHER HEALTHCARE WORKER?	1	2	98	99	B) POLICE OR OTHER SECURITY PERSONNEL?	1	2	98	99	C) A LAWYER, JUDGE/MAGISTRATE OR OTHER LEGAL PROFESSIONAL, OTHER THAN POLICE?	1	2	98	99	D) A SOCIAL WORKER OR COUNSELOR?	1	2	98	99	E) A HELPLINE?	1	2	98	99		
	YES	NO	DK	DTA																														
A) A DOCTOR, NURSE OR OTHER HEALTHCARE WORKER?	1	2	98	99																														
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D) A SOCIAL WORKER OR COUNSELOR?	1	2	98	99																														
E) A HELPLINE?	1	2	98	99																														

	DISCLOSURE			
Q1007	Did you tell <u>anyone</u> about <u>any</u> of these experiences?	YES..... NO..... DON'T KNOW..... DECLINED.....	<div><div>1 2</div><div>98 99</div></div>	Q1009
Q1008	Who did you tell? (Choose all responses that apply)			
	MOTHER.....	1	NEIGHBOR.....	9
	FATHER.....	2	TRADITIONAL HEALER.....	10
	SISTER.....	3	NGO WORKER.....	11
	BROTHER.....	4	TEACHER.....	12
	OTHER RELATIVE.....	5	EMPLOYER.....	13
	HUSBAND.....	6	COMMUNITY LEADER.....	14
	BOYFRIEND/ROMANTIC PARTNER.....	7	RELIGIOUS LEADER.....	15
	FRIEND.....	8		
			</	

Indicator	8.7 Awareness of support services for violence among adolescents Percentage of female and male adolescents aged 13–19 years who know some place they can go for help in cases of physical or sexual violence, by sex and age
INSPIRE Strategy: <i>Response and support services</i>	
Intended result (Intermediate/outcome) Countries have strengthened the quality and coverage of reporting mechanisms, response services and prevention of violence against children in all sectors.	
Purpose	To measure changes in female and male adolescents' awareness of response services and sources of help in cases of violence. Increasing such awareness is an intended result of the INSPIRE strategy <i>Response and support services</i> , as a step in the process of improving access to higher quality response services for child victims.
Data sources	Population-based household surveys among adolescents, such as VACS and WHO MCS.
Operational definition	Number of female and male adolescents who know some place to go for help in cases of physical or sexual violence, expressed as a percentage of all adolescents asked if they know somewhere to go for help. Age range will depend on what is ethical, relevant and feasible/available for the country. Denominator should include all adolescents, not just those who report having experienced violence. This indicator should measure current (not past knowledge). It can be asked with an open-ended or closed-ended question (see examples below).
Sample measurement tool(s) and question(s)	<p>Adapted from VACS www.cdc.gov/violenceprevention/childabuseandneglect/vacs/methods.html</p> <p>ALL ADOLESCENTS ARE ASKED: <i>Thinking about all types of (unwanted sexual experiences/ experiences of physical violence) that we have discussed, do you know a hospital/clinic, police station, helpline, social welfare, or legal office to go for help?</i></p> <p>2016 WHO MCS survey in Nicaragua</p> <p>ALL WOMEN AND GIRLS ARE ASKED: <i>Do you know some place where a woman experiencing violence can go for help? Where can she go? Any other place?</i> [ALL RESPONSES MENTIONED ARE RECORDED USING PRECODED COUNTRY-SPECIFIC OPTIONS: WOMEN'S/GIRLS 'COMISARIA'/POLICE, DISTRICT ATTORNEY OFFICE ('FISCALIA'), PUBLIC DEFENDER, MINSA, MIFAMILIA, ETC.]</p>
Method of computation	<p><i>Numerator:</i> Number of adolescents who know some place to go for help in cases of violence</p> <p><i>Denominator:</i> Total number of adolescents (not limited to victims) asked if they know anywhere to go for help in cases of violence</p> <p><i>Multiplier:</i> 100</p>
Links to online data	VACS data on awareness of services are available for 8+ countries (www.cdc.gov/violenceprevention/childabuseandneglect/vacs/index.html); however, in most cases the indicator is constructed with child victims, not all adolescents in the denominator.
Limitations	◆National estimates for this indicator construction are limited. ◆This indicator may require additional methodological work.
Suggested disaggregation	By sex; age; residence (urban/rural); household wealth; and other socio-demographic characteristics relevant to the setting.
Additional notes	Suggested measurement frequency: 3–5 years.

Indicator	8.8 Support for children in contact with the justice system Percentage and number of girls and boys under 18 years of age in contact with the justice system during the past year who received specialized support
INSPIRE Strategy: <i>Response and support services</i>	
Intended result (Intermediate/outcome) Countries have strengthened the quality and coverage of reporting mechanisms, response services and prevention of violence against children in all sectors.	
Purpose	To measure changes in the proportion of girls and boys under 18 years of age in contact with the justice system who have received specialized support services. Increasing children's access to support services is an intended result of the INSPIRE strategy <i>Response and support services</i> .
Data sources	Administrative data systems within the justice system.
Operational definition	Number of girls and boys under 18 years of age in contact with the justice system during the past calendar year who received specialized support, expressed as a percentage of all children under 18 years of age in contact with the justice system during that same year. Children in contact with the justice system include girls and boys aged 0–17 years who are victims of crime, witnesses to a crime and/or in conflict with the law. Specialized support services may include legal aid, psychological and social support, as outlined by the United Nations Model Strategies. ³⁸
Sample measurement tool(s) and question(s)	Limited.
Method of computation	<p><i>Numerator:</i> Number of children who received specialized support, past calendar year <i>Denominator:</i> Total number of children in contact with the justice system, past calendar year <i>Multiplier:</i> 100</p> <p>May also be presented as the number of children who received specialized support (rather than as a percentage).</p>
Links to online data	Limited.
Limitations	<p>◆It may be difficult to get accurate data in countries without strong national administrative data systems.◆This indicator may require additional methodological work; data collection tools and comparable data across sites and over time are limited.</p>
Suggested disaggregation	By sex; age; type of contact with law (victims, witnesses, in conflict with the law); type of specialized service (legal aid, psychological support, etc.).
Additional notes	Suggested measurement frequency: Annual.

38. *United Nations Model Strategies*, p. 16 and p. 25.

Indicator	8.9 Children in detention Number of girls and boys under 18 years of age in detention per 100,000 child population, by sex and age
INSPIRE Strategy: <i>Response and support services</i>	
Intended result (Intermediate/outcome) Countries have strengthened the quality and coverage of reporting mechanisms, response services and prevention of violence against children in all sectors.	
Purpose	To measure changes in the numbers of children in detention. International standards clearly state that detention of children shall only be used as a measure of last resort, and evidence suggests that <i>children in detention</i> are at elevated vulnerability to abuse. ³⁹ Reducing the numbers of children in detention is, therefore, an intended result of INSPIRE strategies.
Data sources	Administrative data systems from places of detention, public prosecutors and other prison and parole authorities.
Operational definition	Number of girls and boys under 18 years of age in detention, per 100,000 population of girls and boys under 18 years of age, on a specified date. Children in detention include children detained pre-trial as well as pre- and post-sentencing, in any type of facility, including police custody, prisons, penal institutions or correctional institutions.
Sample measurement tool(s) and question(s)	United Nations Survey on Crime Trends and the Operations of Criminal Justice Systems (UN-CTS) (www.unodc.org/unodc/en/data-and-analysis/United-Nations-Surveys-on-Crime-Trends-and-the-Operations-of-Criminal-Justice-Systems.html) UNODC collects national data on the numbers of children held in prisons, penal institutions or correctional institutions, by sex.
Method of computation	<i>Numerator:</i> Number of girls and boys under 18 years of age in detention on a specified date <i>Denominator:</i> Total population of girls and boys under 18 years of age, on a specified date <i>Multiplier:</i> 100,000
Links to online data	UNODC monitors the numbers of children in detention, by sex, from 130+ countries (https://data.unodc.org). UNICEF is also compiling these data into a global database.
Limitations	◆The quality of data and the extent of disaggregation available from administrative data systems vary by country.
Suggested disaggregation	By sex; age group; pre- and post-detention/trial; citizenship; ethnicity; category of offence; type of detention institution.
Additional notes	Suggested measurement frequency: Annual.

39. United Nations Office on Drugs and Crime, *Manual for the Measurement of Juvenile Justice Indicators*, UNODC, Vienna, 2006. <www.unodc.org/pdf/criminal_justice/Manual_for_the_Measurement_of_Juvenile_Justice_Indicators.pdf>

Indicator	8.10 Size of the social service workforce Number of social service workers with responsibility for child protection (or child welfare) per 100,000 children, according to type (e.g. governmental and non-governmental)
INSPIRE Strategy: <i>Response and support services</i>	
Intended Result (Output) Countries have strengthened the capacity of whole sectors (Justice, Social Welfare, Health, Education) to prevent and respond to violence against children and adolescents.	
Purpose	To measure changes in the size of the social service workforce in relation to the population of children in the country. Strengthening the social service workforce is an intended result of the INSPIRE strategy <i>Response and support services</i> , based on evidence that a stronger social workforce may help to prevent and respond to violence against children. ⁴⁰
Data sources	Administrative data sources.
Operational definition	Number of social service workers with responsibility for delivering child protection (or child welfare) services, expressed as a ratio per 100,000 children. Social service workers include those who provide services or information to beneficiaries related to child protection or child welfare; they may also include those who work with community leaders and organizations to mobilize services for vulnerable populations. Types of social service workers may include by cadre (usually defined at the national level), whether or not they are licensed or certified, by education level (e.g. with or without post-secondary education) and by type of post (governmental or non-governmental).
Sample measurement tool(s) and question(s)	Measure Evaluation, Measuring the Strength of National Social Service Systems for Orphans and Vulnerable Children, Data Management Tool (www.measureevaluation.org/our-work/ovc/measuring-the-strength-of-national-social-service-systems).
Method of computation	Ratio of the number of social service workers with responsibility for delivering child protection or child welfare services, per 100,000 child population, past calendar year.
Links to online data	The Global Social Service Workforce Alliance (www.socialserviceworkforce.org) has monitored the ratio of the governmental social service workforce per total child population in 12 countries, using PEPFAR definitions. ⁴¹
Limitations	◆The quality of national administrative data on numbers and types of social service workers varies by country. ◆Definitions and cadres of social service workers vary by country, posing challenges for comparability. ◆Data on non-governmental social service workers is often limited.
Suggested disaggregation	By cadre (nationally defined categories); by licencing or certification (etc.); by education level (e.g. with/without post-secondary education); and by type of post (governmental or nongovernmental).
Additional notes	Suggested measurement frequency: Annual.

40. Global Social Service Workforce Alliance, *The Evidence Base on the Social Service Workforce: Current knowledge, gaps and future research direction*, Global Social Service Workforce Alliance, Washington DC, 2016. <www.socialserviceworkforce.org/alliance-resources>

41. Global Social Service Workforce Alliance, *The State of the Social Service Workforce, 2015 Report: A multi-country review*, Global Social Service Workforce Alliance, Washington DC, 2015, p. 20. <www.socialserviceworkforce.org/state-social-service-workforce-2015-report>

Indicator	8.11 Health sector guidelines on child maltreatment Existence of national guidelines, protocols or standard operating procedures (SOPs) for the health system's response to child maltreatment, consistent with WHO guidelines (expected in 2019) and international human rights standards (Once guidelines have been released; they are expected in 2019)
INSPIRE Strategy: <i>Response and support services</i>	
Intended Result (Output) Countries have strengthened the capacity of whole sectors (Justice, Social Welfare, Health, Education) to prevent and respond to violence against children and adolescents.	
Purpose	To measure changes in the content of national health sector guidelines, policies and protocols that address child maltreatment. Strengthening these policies and protocols in accordance with international standards is an intended result of the INSPIRE strategy <i>Response and support services</i> , as a step in the process of improving response services for children who experience violence.
Data sources	Review (content analysis) of national guidelines, protocols and Standard Operating Procedures (SOPs) for the health system.
Operational definition	The country does or does not have national guidelines, protocols or SOPs for the health system's response to child maltreatment, consistent with WHO guidelines and international human rights standards, in particular, forthcoming WHO guidelines for responding to child maltreatment, expected to be released in 2018 or 2019. ⁴²
Sample measurement tool(s) and question(s)	This is an emerging area of work.
Method of computation	A review of national guidelines, protocols or SOPs has determined that they are aligned with international standards, including WHO guidelines, based on a content analysis.
Links to online data	WHO has proposed monitoring this indicator as part of the <i>WHO Global Plan of Action to Strengthen the Role of the Health System Within a National Multisectoral Response to Address Interpersonal Violence, in Particular Against Women And Girls, and Against Children</i> . ⁴³
Limitations	◆WHO expects to finalize guidelines on child maltreatment by 2019, but countries may need time to bring national guidelines into alignment. ◆Alignment of written policies and protocols with international standards is just one step in the process and does not necessarily mean that policies and protocols are actually being implemented.
Suggested disaggregation	By number and type of elements that are not consistent with international standards and guidance.
Additional notes	Suggested measurement frequency: Annual.

42. www.who.int/violence_injury_prevention/violence/child/child_maltreatment_guidelines/en

43. World Health Organization, Division of Violence and Injury Prevention, 'Development of Guidelines for the Health Sector Response to Child Maltreatment', Geneva, 2018., <www.who.int/reproductivehealth/publications/violence/global-plan-of-action/en>.

Indicator	8.12 Health sector guidelines on sexual violence against children Existence of national guidelines, protocols or standard operating procedures (SOPs) for the health system's response to sexual violence against children (including adolescents) that are consistent with WHO guidelines and international human rights standards
INSPIRE Strategy: <i>Response and support services</i>	
Intended Result (Output) Countries have strengthened the capacity of whole sectors (Justice, Social Welfare, Health, Education) to prevent and respond to violence against children and adolescents.	
Purpose	To measure changes in the content of national health sector guidelines, policies and protocols that address clinical and public health responses to sexual violence against children and adolescents in accordance with international standards. Strengthening these policies and protocols is an intended result of the INSPIRE strategy <i>Response and support services</i> , as a step in the process of improving response services for children and adolescents, who experience violence.
Data sources	Review (content analysis) of national guidelines, protocols and SOPs for the health system.
Operational definition	Country does or does not have national guidelines, protocols or SOPs for the health system's response to sexual violence against children and adolescents, consistent with International human rights standards and <i>Responding to Children and Adolescents who have been Sexually Abused: WHO clinical guidelines</i> . ⁴⁴
Sample measurement tool(s) and question(s)	This is an emerging area of work.
Method of computation	A review of national guidelines, protocols or SOPs has determined that they are or are not aligned with international standards, including WHO clinical guidelines, based on a content analysis.
Links to online data	WHO has proposed monitoring a similar indicator for guidelines on child maltreatment as part of the <i>WHO Global Plan of Action to Strengthen the Role of the Health System Within a National Multisectoral Response to Address Interpersonal Violence, in Particular Against Women and Girls, and Against Children</i> . ⁴⁵
Limitations	◆The WHO clinical guidelines were released in 2017, and countries may need time to bring national guidelines into alignment. ◆Aligning written policies and protocols with international standards is just one step in the process; alignment of written documents with international standards does not necessarily mean that policies and protocols are actually implemented.
Suggested disaggregation	By number and types of elements that are not consistent with international standards and guidance.
Additional notes	Suggested measurement frequency: Annual.

44. World Health Organization, *Responding to Children and Adolescents who have been Sexually Abused: World Health Organization clinical guidelines*, WHO, Geneva, 2017. <www.who.int/reproductivehealth/publications/violence/clinical-response-csa/en>

45. WHO, *Global Plan of Action*.



4.9 Education and life skills

Impact/goal: All children, including adolescents, grow up with greater freedom from all forms of violence; and those who do experience violence benefit from more appropriate care, support and access to justice needed to ensure physical, mental and social well-being.

— (See impact/goal level indicators on page 27)

Intermediate (outcome) result: Children and adolescents increase school attendance and achievement; postpone child marriage and early childbearing; build more gender-equitable, non-violent relationships; and reduce risk behaviours such as substance abuse.

9.1 Out-of-school rates, primary and lower secondary

Percentage of primary and lower secondary school age children who did not attend school during the academic school year, by sex and by school age (primary, lower secondary)

9.2 Missed school due to safety concerns, past month and past 12 months

Percentage of female and male adolescents who stayed away from school during the past month and past 12 months because they felt unsafe at, or on the way to/ from school or online, by sex and age

9.3 Early sexual debut

Percentage of females and males aged 15–19 years who had their first sexual intercourse before 15 years of age, by sex

9.4 Early childbearing before 15 and 18 years of age

Percentage of women and girls aged 15–19 years who gave birth before 15 years of age

Percentage of women aged 20–24 years who gave birth before 18 years of age

9.5 Child marriage before 15 and 18 years of age (SDG indicator 5.3.1)

Percentage of women aged 20–24 years who were married or in union before 15 years of age and before 18 years of age

9.6 Adolescent binge drinking

Percentage of female and male adolescents who had at least one episode of binge drinking in the past month

Cross-reference with all intermediate (outcome) level indicators of the Norms and values strategy.

Output (lower level result): Children and adolescents have greater access to education, life skills and livelihood programmes that are safe, effective, gender-responsive and engaged in violence prevention.

9.7 Exposure to violence prevention and response curricula in the past 12 months

Percentage of female and male children and adolescents who were taught in their classes in the past academic year how to prevent and respond to violence, by sex and grade level (or age)

Scale-up, coverage and quality of Education and life skills strategies

Countries or programmes may need to develop locally appropriate indicators to measure scale-up, coverage and quality of Education and life skills strategies, adapted to what is most relevant to the geographic and programmatic context.

Indicator	9.1 Out-of-school rates, primary and lower secondary Percentage of primary and lower secondary school age children who did not attend school during the past academic school year, by sex and school age (primary, lower secondary)
INSPIRE Strategy: <i>Education and life skills</i>	
Intended result (Intermediate/outcome) Children and adolescents increase school attendance and achievement; postpone child marriage and early childbearing; build more gender-equitable, non-violent relationships; and reduce risk behaviours such as substance abuse.	
Purpose	To measure changes in the proportion of children who have dropped out of or never attended primary or lower secondary school. Increasing school attendance and lowering out-of-school rates are intended results of INSPIRE as contributors to long-term violence prevention.
Data sources	Population-based household surveys, such as DHS or MICS (for attendance data); administrative data systems (for school enrolment data); UNESCO's annual education survey (for adjusted national estimates); and United Nations Population Division databases (for estimates of the total child population).
Operational definition	Number of girls and boys of primary and lower secondary school age who did not attend primary or secondary school at any time during the past academic school year, expressed as a percentage of the total population of girls and boys of primary and lower secondary age. DHS and MICS surveys classify children as out-of-school if a household member reports that they did not attend school at any point during a specified academic school year (e.g. 2015–2016). School attendance includes all types of public and private educational institutions, except for children attending pre-primary education, who are classified as out-of-school. Both for the numerator and the denominator, primary and lower secondary school age is defined based on children's age at the start of the academic year, not the date of data collection (if birthdate is available). Age thresholds are based on national policies about the official age of the start of primary school, adjusted by UNESCO according to the International Standard Classification of Education (ISCED) levels for international comparability.
Sample measurement tool(s) and question(s)	2017 DHS household questionnaire https://dhsprogram.com/pubs/pdf/DHSQ7/DHS7_Household_QRE_EN_16Mar2017_DHSQ7.pdf RESPONDENTS AGED 15+ YEARS ARE ASKED ABOUT EACH CHILD IN THE HOUSEHOLD AGED 5 YEARS OR OLDER: <i>Has (NAME) ever attended school? Did (NAME) attend school at any time during the [20xx-20xx] school year? During [this/that] school year, what level and grade [is/was] (NAME) attending?</i>
Method of computation	<i>Numerator:</i> Number of girls and boys of primary and lower secondary school age who did not attend primary or secondary school, past academic school year <i>Denominator:</i> Total population of girls and boys who were of primary and lower secondary school age at the beginning of the academic year <i>Multiplier:</i> 100
Links to online data	Both UNICEF (https://data.unicef.org/topic/education/primary-education) and UNESCO (http://data.uis.unesco.org) make national estimates available online for 190+ countries.
Limitations	♦ Surveys that do not record children's birthdates may not be able to determine the age of children at the start of the school year. ♦ The official primary school starting age varies sub-nationally in some countries, i.e. by state or province.
Suggested disaggregation	By sex; level of school (primary/lower secondary); residence (urban/rural); and other socio-demographic or geographic characteristics relevant to the setting.
Additional notes	Suggested measurement frequency: Annual.

Indicator	9.2 Missed school due to safety concerns, past month and past 12 months Percentage of female and male adolescents who stayed away from school during the past month and past 12 months because they felt unsafe at, or on the way to/from school or online, by sex and age
INSPIRE Strategy: <i>Education and life skills</i>	
Intended result (Intermediate/outcome) Children and adolescents increase school attendance and achievement; postpone child marriage and early childbearing; build more gender-equitable, non-violent relationships; and reduce risk behaviours such as substance abuse.	
Purpose	To measure changes in the proportion of adolescents who feel unsafe at or on the way to school. Increasing actual and perceived safety at and on the way to school is an intended result of multiple INSPIRE strategies, including <i>Education and life skills</i> and <i>Safe environments</i> .
Data sources	Population-based school-based surveys, such as GSHS, and population-based household surveys among adolescents, such as VACS.
Operational definition	Number of female and male adolescents who stayed away from school at least one day during the past 30 days (or past 12 months) because they felt unsafe at, or on the way to/from school, expressed as a percentage of all adolescents attending school asked about safety concerns.
Sample measurement tool(s) and question(s)	2013 and 2018 GSHS Core-Expanded Questions for the Violence Module www.who.int/ncds/surveillance/gshs/methodology/en ADOLESCENTS CURRENTLY ATTENDING SCHOOL ARE ASKED: <i>During the past 30 days, on how many days did you not go to school because you felt you would be unsafe at, or on your way to or from school?</i>
Method of computation	<i>Numerator:</i> Number of female and male adolescents who stayed away from school at least one day because they felt unsafe, during the past 30 days and past 12 months <i>Denominator:</i> Total number of female and male adolescents currently attending school asked about safety concerns <i>Multiplier:</i> 100
Links to online data	GSHS data are available online from WHO (www.who.int/chp/gshs/factsheets/en).
Limitations	◆If measured through school-based surveys, this indicator will not capture those adolescents who were absent during data collection or who dropped out of school entirely due to safety concerns or other reasons.
Suggested disaggregation	By sex; grade level (or age); residence (urban/rural); type of school; and other socio-demographic characteristics relevant to the setting.
Additional notes	Suggested measurement frequency: 3–5 years.

Indicator	9.3 Early sexual debut Percentage of females and males aged 15–19 years who had their first sexual intercourse before 15 years of age, by sex
INSPIRE Strategy: <i>Education and life skills</i>	
Intended result (Intermediate/outcome) Children and adolescents increase school attendance and achievement; postpone child marriage and early childbearing; build more gender-equitable, non-violent relationships; and reduce risk behaviours such as substance abuse.	
Purpose	To measure changes in the proportion of adolescents who experienced early sexual debut. Reducing early sexual debut is an intended result of INSPIRE strategies, given evidence that early sexual debut is a risk factor for other forms of violence against children and is more likely to be forced if it occurs at younger ages. ⁴⁶
Data sources	Population-based household surveys, such as DHS, VACS and WHO MCS, and school-based surveys, such as the GSHS.
Operational definition	Number of female and male adolescents aged 15–19 years who report having their first experience of sexual intercourse before 15 years of age, expressed as a percentage of all female and male adolescents aged 15–19 years. Age range of adolescents will depend on what is ethical, relevant and feasibility/availability for country. Some surveys provide a specific operational definition of sex for respondents. For example, before asking about age of first sex, VACS surveys explain to respondents that by ‘sex’ they mean “vaginal, oral or anal sex or the insertion of an object into your vagina or anus by someone else”.
Sample measurement tool(s) and question(s)	2017 DHS Core Questionnaire https://dhsprogram.com/What-We-Do/Survey-Types/DHS-Questionnaires.cfm RESPONDENTS AGED 15+ YEARS WHO REPORT EVER HAVING HAD SEXUAL INTERCOURSE ARE ASKED: <i>How old were you when you had sexual intercourse for the very first time?</i>
Method of computation	<i>Numerator:</i> Number of female and male adolescents who report having first sexual intercourse before 15 years of age <i>Denominator:</i> Total number of female and male adolescents asked about age at first sexual intercourse <i>Multiplier:</i> 100
Links to online data	DHS data are available from 70+ countries (https://dhsprogram.com/data).
Limitations	♦Variations in preambles (or lack of one) that define sex may affect response rates or comparability across surveys. ♦Respondents may under-report early sexual debut outside of marriage in settings where social disapproval of premarital sex is high.
Suggested disaggregation	By sex; residence (urban/rural); and other socio-demographic characteristics relevant to the setting.
Additional notes	Suggested measurement frequency: 3–5 years.

46. United Nations Children’s Fund, *Hidden in Plain Sight: A statistical analysis of violence against children*, UNICEF, New York, 2014.

Indicator	9.4 Early childbearing before 15 and 18 years of age Percentage of women and girls aged 15–19 years who gave birth before 15 years of age Percentage of women aged 20–24 years who gave birth before 18 years of age
INSPIRE Strategy: <i>Education and life skills</i>	
Intended result (Intermediate/outcome) Children and adolescents increase school attendance and achievement; postpone child marriage and early childbearing; build more gender-equitable, non-violent relationships; and reduce risk behaviours such as substance abuse.	
Purpose	To measure changes in the proportion of girls who give birth before 15 and 18 years of age. Reducing early childbearing among girls is an intended result of multiple INSPIRE strategies, given evidence that it poses risks to girls' health, may limit their socio-economic and educational opportunities, and may impose parenting responsibilities on girls before they are prepared.
Data sources	Population-based household surveys, such as DHS, MICS and WHO MCS.
Operational definition	Number of adolescent girls aged 15–19 years who had a live birth before 15 years of age, expressed as a percentage of all adolescent girls aged 15–19 years. Number of women aged 20–24 years who had a live birth before 18 years of age, expressed as a percentage of all women aged 20–24 years.
Sample measurement tool(s) and question(s)	DHS and MICS core women's questionnaires http://mics.unicef.org/tools WOMEN AND GIRLS WHO HAVE EVER GIVEN BIRTH ARE ASKED: <i>Now I would like to record the names of all your births, ...starting with the first one you had. On what day, month, and year was (NAME) born?</i>
Method of computation	Birth before 15 years of age <i>Numerator:</i> Number of adolescent girls aged 15–19 years who had at least one live birth before 15 years of age <i>Denominator:</i> Total number of adolescent girls aged 15–19 years <i>Multiplier:</i> 100 Birth before 18 years of age <i>Numerator:</i> Number of women aged 20–24 years who had at least one live birth before 18 years of age <i>Denominator:</i> Total number of women aged 20–24 years <i>Multiplier:</i> 100 (National estimates are usually weighted.)
Links to online data	UNICEF Global Databases monitor the percentage of young women who gave birth before 18 years of age in 100+ countries (https://data.unicef.org/topic/maternal-health/adolescent-health). Data on the percentage of adolescent girls who gave birth before 15 years of age are available from DHS and MICS surveys in 90+ countries.
Limitations	◆ In some cases, data collected among women aged 20–24 years may be better suited for measuring medium- rather than short-term change.
Suggested disaggregation	By residence (rural/urban); household wealth; education; ethnicity (if relevant); and other socio-demographic characteristics relevant to the setting.
Additional notes	Suggested measurement frequency: every 3–5 years.

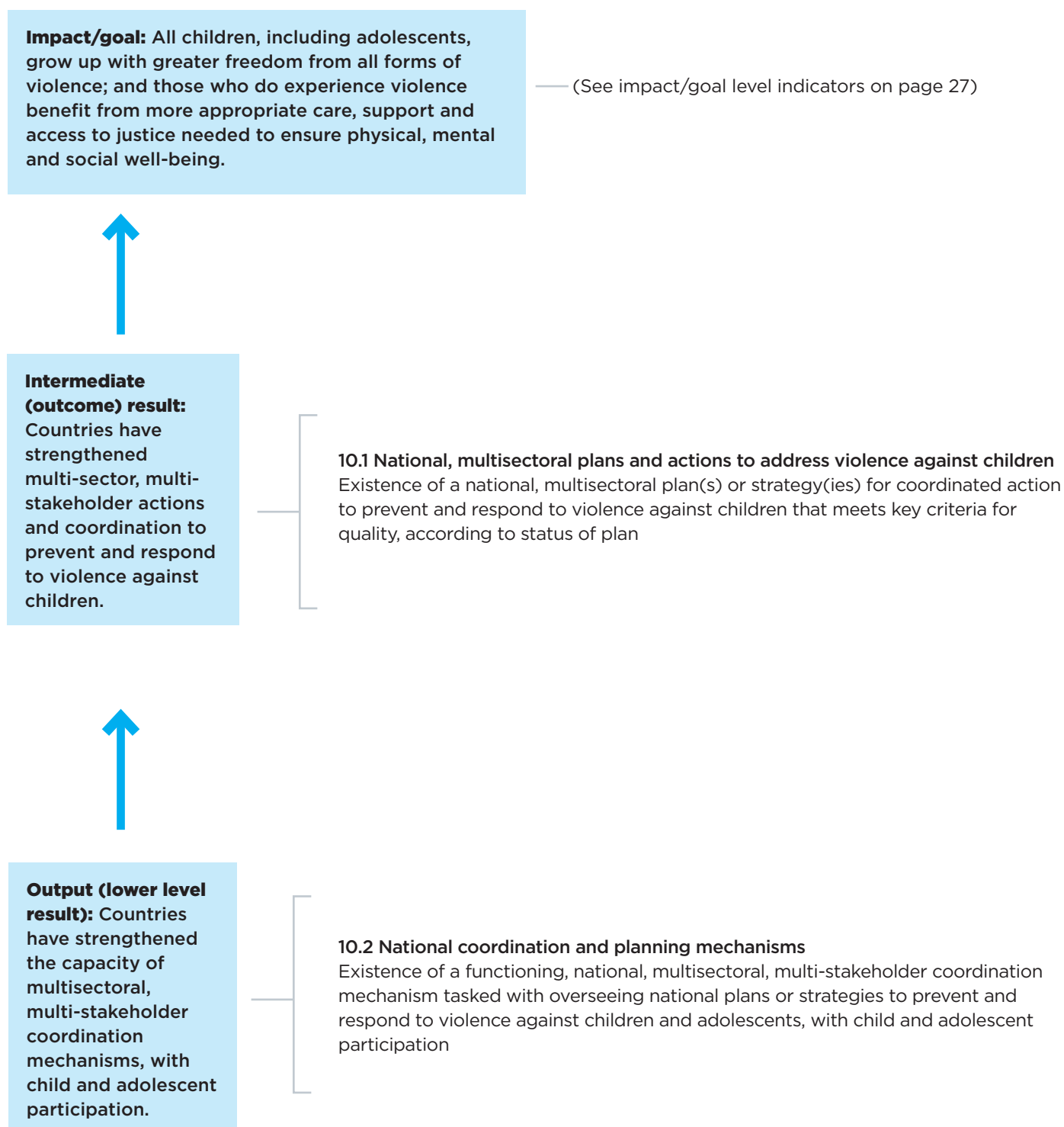
Indicator	9.5 Child marriage before 15 and 18 years of age (SDG indicator 5.3.1) Percentage of women aged 20–24 years who were married or in union before 15 years of age and before 18 years of age
INSPIRE Strategy: <i>Education and life skills</i>	
Intended result (Intermediate/outcome) Children and adolescents increase school attendance and achievement; postpone child marriage and early childbearing; build more gender-equitable, non-violent relationships; and reduce risk behaviours such as substance abuse.	
Purpose	To measure changes in rates of child marriage, which INSPIRE strategies intend to reduce, given evidence that they are linked to early pregnancy, social isolation, interrupted schooling, limited employment opportunities and increased risk of intimate partner violence. ⁴⁷
Data sources	Population-based household surveys, such as DHS, MICS, VACS and WHO MCS.
Operational definition	Number of women aged 20–24 years who began living in union with their first husband or cohabiting partner before 15 years of age and before 18 years of age, expressed as a percentage of all women aged 20–24 years. In accordance with SDG indicator definitions, marriage (also referred to as ' in union ') is defined to include both formal marriages as well as informal (cohabiting) unions in which a couple lives together in an intimate partnership for some time and intends to have a lasting relationship, but has not had a formal civil or religious ceremony. More information about the SDG operational definition is available from the SDG Metadata repository (https://unstats.un.org/sdgs/metadata).
Sample measurement tool(s) and question(s)	DHS core women's questionnaire https://dhsprogram.com/What-We-Do/Survey-Types/DHS-Questionnaires.cfm WOMEN AND GIRLS WHO EVER MARRIED OR LIVED WITH A MAN ONLY ONCE ARE ASKED: <i>In what month and year did you start living with your (husband/partner)?</i> IF MARRIED OR LIVED WITH A MAN MORE THAN ONCE: <i>Now I would like to ask about your first (husband/partner). In what month and year did you start living with him?</i>
Method of computation	Marriage before 15 years of age <i>Numerator:</i> Number of women aged 20–24 years who were first married or in union before 15 years of age <i>Denominator:</i> Total number of women aged 20–24 years <i>Multiplier:</i> 100 Marriage before 18 years of age <i>Numerator:</i> Number of women aged 20–24 years who were first married or in union before 18 years of age <i>Denominator:</i> Total number of women aged 20–24 years <i>Multiplier:</i> 100
Links to online data	UNICEF Global Databases track data for this indicator for 120+ low- and middle-income countries (https://data.unicef.org/topic/child-protection/child-marriage).
Limitations	◆ Because this indicator relies on data collected among women aged 20–24 years, it may be better suited for measuring medium- rather than short-term change in some settings.
Suggested disaggregation	By age at marriage (15 and 18), household wealth; residence (rural/urban), education, ethnicity (for some countries); and other socio-demographic characteristics relevant to the setting.
Additional notes	Suggested measurement frequency: every 3–5 years.

47. Kidman, Rachel, 'Child Marriage and Intimate Partner Violence: A comparative study of 34 countries', *International Journal of Epidemiology*, vol. 46, no. 2, 2016, pp. 662–675.

Indicator	9.6 Adolescent binge drinking Percentage of female and male adolescents who had at least one episode of binge drinking in the past month
INSPIRE Strategy: <i>Education and life skills</i>	
Intended result (Intermediate/outcome) Children and adolescents increase school attendance and achievement; postpone child marriage and early childbearing; build more gender-equitable, non-violent relationships; and reduce risk behaviours such as substance abuse.	
Purpose	To measure changes in levels of harmful alcohol consumption among adolescents, a risk factor for interpersonal violence, which INSPIRE strategies aim to reduce.
Data sources	School-based surveys among adolescents, such as the Youth Risk Behavior Surveys (YRBS) and population-based household surveys among adolescents, such as VACS.
Operational definition	Number of female and male adolescents who report at least one episode of binge drinking in the past 30 days, expressed as a percentage of all adolescents asked about binge drinking. The YRBS gathers data among United States high school students (roughly aged 14–18 years), but age range of respondents will depend on what is relevant, ethical and feasible/available for the country. Binge drinking is defined as four drinks of alcohol in a row (meaning within a couple of hours) for girls, and five drinks in a row for boys.
Sample measurement tool(s) and question(s)	2017 Standard YRBS survey www.cdc.gov/healthyouth/data/yrbs/pdf/2017/2017_yrbs_standard_hs_questionnaire.pdf ADOLESCENT RESPONDENTS ARE ASKED: <i>The next 2 questions ask about how many drinks of alcohol you have had in a row, that is, within a couple of hours. For the first question, the number of drinks you need to think about is different for female students and male students. During the past 30 days, on how many days did you have 4 or more drinks of alcohol in a row (if you are female) or 5 or more drinks of alcohol in a row (if you are male)?</i>
Method of computation	<i>Numerator:</i> Number of female and male adolescents who report binge drinking in the past month <i>Denominator:</i> Total number of female and male adolescents asked about binge drinking <i>Multiplier:</i> 100
Links to online data	CDC makes data available on binge drinking among high school students in the United States from 1991–2015 (www.cdc.gov/healthyouth/data/yrbs/pdf/trends/2015_us_alcohol_trend_yrbs.pdf). The WHO Global Health Observatory data repository makes a similar indicator available for the population aged 15+ years, though estimates are not disaggregated for adolescents as of late 2017 (http://apps.who.int/gho/data/node.main.A1047?lang=en&showonly=GISAH).
Limitations	◆ Measures of binge drinking sometimes vary by survey; for example, some define binge drinking as 60 grams of pure alcohol.
Suggested disaggregation	By sex; grade or age; residence (urban/rural); and other socio-demographic characteristics relevant to the setting.
Additional notes	Suggested measurement frequency: 3–5 years.

Indicator	9.7 Exposure to violence prevention curricula in the past 12 months Percentage of female and male children and adolescents who were taught in their classes in the past academic year how to prevent and respond to violence, by sex and grade level (or age)
INSPIRE Strategy: <i>Education and life skills</i>	
Intended Result (Output) Children and adolescents have greater access to education, life skills and livelihood programmes that are safe, effective, gender-responsive and engaged in violence prevention.	
Purpose	To measure changes in the proportion of children and adolescents who were exposed to violence prevention information at school during the past year, an intended result of INSPIRE strategy Education and life skills.
Data sources	Population-based school-based surveys, such as GSHS, and population-based household surveys among adolescents, such as VACS.
Operational definition	Number of female and male children and/or adolescents who report having been taught in class how to prevent and/or respond to violence during the past academic year, expressed as a percentage of children and/or adolescents currently attending school asked about exposure to violence prevention or response instruction in school. Age range of children or adolescents will depend on what is ethical, relevant, and feasibility/availability for country. Children and adolescents are considered exposed to such curricula if they report any type of violence prevention or response instruction. In accordance with measures used by the 2018 GSHS, the violence instruction may address physical, sexual or psychological violence, such as physical fights, bullying, physical attack, forced sex or unwanted sexual touch. Instruction may address prevention or response, including how to avoid violence, what to do in case of victimization, and how to respond as a bystander or witness to violence.
Sample measurement tool(s) and question(s)	2018 GSHS Core-Expanded Questions for the Violence Module www.who.int/chp/gshs/methodology/en ADOLESCENTS CURRENTLY ATTENDING SCHOOL ARE ASKED: <i>During this school year, were you taught in any of your classes:</i> <ol style="list-style-type: none"> <i>How to avoid physical fights and violence?</i> <i>What to do if someone is trying to force you to have sexual intercourse?</i> <i>What to do if someone is trying to touch you in a sexual way when you do not want them to?</i> <i>How to avoid being bullied?</i> <i>What to do if you were being bullied or if you saw someone being bullied?</i> <i>What to do if you were physically attacked or if you saw someone being physically attacked?</i>
Method of computation	<i>Numerator:</i> Number of female and male children and/or adolescents who report having had any violence prevention and response instruction in school during the past academic year <i>Denominator:</i> Total number of children/adolescents currently attending school who were asked about exposure to such curricula <i>Multiplier:</i> 100
Links to online data	GSHS data are available online from WHO (www.who.int/chp/gshs/factsheets/en).
Limitations	♦ Self-reported exposure measures, such as this one, may provide relatively limited information about the depth or quality of information received. ♦ School-based surveys do not capture experiences of adolescents who dropped out of school or are absent.
Suggested disaggregation	By sex; grade level (or age); residence (urban/rural); type of school; type of violence (physical fights, bullying, physical attack, forced sex, unwanted sexual touch, other); type of content (e.g. prevention/what to do if victimized/what to do as a bystander or witness).
Additional notes	Suggested measurement frequency: 3–5 years.

4.10 Multisectoral actions and coordination



Indicator	10.1 National, multisectoral plans and actions to address violence against children Existence of a national, multisectoral plan(s) or strategy(ies) for coordinated action to prevent and respond to violence against children that meets key criteria for quality, according to status of plan
INSPIRE Strategy: <i>Multisectoral actions and coordination</i>	
Intended result (Intermediate/outcome) Countries have strengthened multi-sector, multi-stakeholder actions and coordination to prevent and respond to violence against children.	
Purpose	To measure changes in the status of national plan(s) to prevent and respond to violence against children. Strengthening national plans is an intended result of INSPIRE strategies, as they have shown promise for mobilizing a more coordinated response to violence against children and adolescents. ⁴⁸
Data sources	Reviews of national policies, programme documents and budgets.
Operational definition	Existence of a national plan or strategy for coordinated action to prevent and respond to violence against children that meets specific quality criteria , according to status of plan . Countries may have multiple plans or strategies if, together, they comprise a comprehensive approach. Status of plan is categorized as: in development; adopted; costed; funded; or implemented. Key criteria for quality are met when the plan(s) addresses: (1) baseline evidence from population-based prevalence studies with targets; (2) data from administrative sources; (3) key types of violence against children and adolescents (violent discipline, sexual violence against children and adolescents, violence in and around school, such as bullying and fighting, and intimate partner violence against adolescents); (4) prevention and response; (5) gender equity/equality; (6) needs of vulnerable populations; (7) strategies for coordination across sectors (service delivery and data sharing); (8) comprehensiveness of service responses; (9) multisectoral approaches (at minimum: justice, health, social services and education); (10) multi-stakeholder participation, including civil society; (11) child and adolescent participation; and (12) evidence-based strategies, including INSPIRE strategies.
Sample measurement tool(s) and question(s)	UNODC Model Strategies on Violence Against Children Checklist (www.unodc.org/documents/justice-and-prison-reform/14-08452_Ebook.pdf) <i>Does your country, region or city have a comprehensive plan for the prevention of violence against children in all of its forms? •Is there support for the development of a comprehensive strategy or action plan to prevent and respond to violence against children? •Which ministry or ministries or departments have the responsibility to prevent violence against children? Do these bodies coordinate their activities with other governmental agencies? •Has a focal point for the development of comprehensive programmes been identified? •What measures are taken, if any, to ensure the participation of children in the development of comprehensive programmes? •Are there any studies in your country, region or city on the prevalence of child victimization and the risks of victimization faced by children? •What are the groups of children that are known to be particularly vulnerable to violence?</i>
Method of computation	Plan(s) or strategy(ies) do or do not exist that meet the key elements listed above. Status of plan is categorized as in development, adopted, costed, funded or implemented.
Links to online data	Together for Girls has published descriptions of individual country plans (www.togetherforgirls.org/wp-content/uploads/2017/10/Considerations-for-Developing-Comprehensive-National-Actions-June-2015.pdf).
Limitations	◆Assessing whether or not plan(s) meets the key criteria for quality is a qualitative exercise, that may be difficult to measure in a strictly objective or comparable way.
Suggested disaggregation	By type of key quality criteria that could be strengthened (if applicable).
Additional notes	Suggested measurement frequency: Annual

48. Together for Girls, *Considerations for Developing Comprehensive National Actions to Prevent and Respond to Violence against Children*, Together for Girls, Washington DC, 2015. <www.togetherforgirls.org/technical-resources>

Indicator	10.2 National coordination and planning mechanisms Existence of a functioning, national, multisectoral, multi-stakeholder coordination mechanism tasked with overseeing national plans or strategies to prevent and respond to violence against children and adolescents, with child and adolescent participation
INSPIRE Strategy: <i>Multisectoral actions and coordination</i>	
Intended Result (Output) Countries have strengthened the capacity of multisectoral, multi-stakeholder coordination mechanisms, with child and adolescent participation.	
Purpose	To measure changes in national mechanisms to plan and coordinate prevention and response to violence against children. Such mechanisms are an intended result of the cross-cutting INSPIRE strategy focused on multisectoral coordination, based on evidence that they may catalyse coordinated national action. ⁴⁹
Data sources	Governmental administrative records.
Operational definition	Existence of a functioning, national, multisectoral, multi-stakeholder coordination mechanism tasked with overseeing national plans or strategies to prevent and respond to violence against children and adolescents, with child and adolescent participation. Multisectoral is defined as including (at minimum) the following four sectors: social services, health, justice and education. Multi-stakeholder is defined to include participation of multiple government ministries, civil society organizations, children or adolescents, and ideally at least one or two of the following: United Nations agencies, academic organizations, donors, and/or the private sector. Coordination mechanisms may take various forms, including task forces and coalitions. Functioning is defined as holding meetings at least twice in the calendar year, documented by meeting minutes. This indicator can be measured according to whether or not the functioning mechanism exists, or according to a scale such as: (1) All benchmark criteria met; (2) Partial – meets two benchmark criteria; (3) Limited – meets only one benchmark criterion; (4) Does not exist or meet any of the benchmark criteria.
Sample measurement tool(s) and question(s)	Global Partnership to End Violence Against Children questionnaire •Has your country convened and supported a multi-stakeholder platform to address violence against children? •Does the platform include (at minimum) the following sectors: social services, health, education, and justice? •If yes, please list all sectors (agency/organization and focal point) involved. •Does the platform include a variety of stakeholders including at least three of the following: government, United Nations agencies, civil society, children, academic, donor groups, and private agencies? •If yes, please name all the stakeholders involved (agency/organization and focal point). •Has the coordination mechanism met at least twice this year? •If yes, please forward copies of at least two meeting minutes from this calendar year.
Method of computation	A functioning national mechanism for planning and coordination exists and meets key criteria based on a qualitative assessment: (1) All benchmark criteria met; (2) Partial – meets two benchmark criteria; (3) Limited – meets only one benchmark criterion; (4) Does not exist or meet any of the benchmark criteria.
Links to online data	Limited.
Limitations	◆Assessing whether or not planning mechanisms meet the benchmark criteria is a qualitative exercise that may be difficult to measure in an objective or comparable way.
Suggested disaggregation	By key benchmark criteria described above that are or are not met.
Additional notes	Measurement frequency: Annual

49. Together for Girls, *Considerations for Developing Comprehensive National Actions*.

Appendix A: INSPIRE Monitoring and Evaluation Results Framework

Goal All* children, including adolescents, grow up with greater freedom from all forms of violence; and those who do experience violence benefit from more appropriate care, support and access to justice needed to ensure physical, mental and social well-being. * Including children in situations of vulnerability.									
	Implementation and enforcement of laws	Norms and values	Safe environments	Parent and caregiver support	Income and economic strengthening	Response and support services	Education and life-skills	Cross-cutting strategies	
								Monitoring and evaluation	Multisectoral actions and coordination
Outcomes (intermediate)	Countries have strengthened implementation and enforcement of laws and policies that protect children and adolescents from violence, reduce excessive alcohol use and limit youth access to weapons.	Norms and values of key groups support non-violent, respectful, nurturing and gender-equitable relationships for all children and adolescents.	Public spaces, online and built environments where children and youth spend time are safer and more inclusive for all children.	Parents and caregivers strengthen positive parenting practices and create more nurturing, supportive parent-child relationships .	Households/ families with children have greater economic security , more gender-equitable norms and lower levels of intimate partner violence.	Countries have strengthened the quality and coverage of reporting mechanisms, response services and prevention of violence against children in all sectors.	Children and adolescents increase school attendance and achievement; postpone child marriage and early childbearing ; build more gender-equitable, non-violent relationships ; and reduce risk behaviours such as substance abuse.	Countries have expanded the research and surveillance, evidence base on violence against children and adolescents available for policy-making.	Countries have strengthened multi-sector, multi-stakeholder actions and coordination to prevent and respond to violence against children.
Outputs (lower)	Countries have assessed whether legal frameworks and justice system practices align with international norms and best practices that aim to protect children and adolescents from violence.	Key population groups have greater exposure to messages about violence against children, gender-equity, and respect for the rights of all children and adolescents.	Countries strengthen the coverage and quality of multisectoral efforts to improve the safety of public, online and built environments.	Countries have increased the coverage and quality of programmes to support parents and caregivers and promote positive parenting.	Households have greater access to economic support programmes that integrate attention to gender-equity and family violence prevention.	Countries have strengthened the capacity of whole sectors (Justice, Social Welfare, Health, Education) to respond to and prevent violence against children, including adolescents.	Children and adolescents have greater access to education, life skills and livelihood programmes that are safe, effective, gender-responsive and engaged in violence prevention.	Countries have strengthened research capacity and investment in violence-related research, surveillance, monitoring and evaluation.	Countries have strengthened the capacity of multisectoral, multi-stakeholder coordination mechanisms , with child and adolescent participation.
Examples of strategies	<ul style="list-style-type: none"> Assess whether legal framework aligns with international norms Revise laws to comply with CRC; ban all forms of violence against children Limit harmful access to alcohol and weapons Invest in justice system capacity to improve implementation of laws 	<ul style="list-style-type: none"> Mass media campaigns Communication for social change Small group community or school-based programmes Community mobilization School-based violence prevention campaigns and bystander interventions 	<ul style="list-style-type: none"> Strategies to address urban “hotspots” Community-based public health outreach strategies to interrupt the spread of violence Improve built environment 	<ul style="list-style-type: none"> Parent/caregiver training and support through: <ul style="list-style-type: none"> Home visits Community-based strategies Comprehensive programmes 	<ul style="list-style-type: none"> Cash transfers and economic support programmes Group saving and loans combined with gender equity training Microfinance combined with gender norm training 	<ul style="list-style-type: none"> ‘System approaches’ to improving whole institution/systems Implementation of good practice guidelines in Justice, Health and Social Services Counselling and therapeutic approaches Treatment for juvenile offenders Foster care/social welfare interventions 	<ul style="list-style-type: none"> Economic support for families to increase school enrolment and completion Whole school strategies to create safe and enabling school environments Programmes that address health relationships and violence prevention Life skills and livelihood training 	<ul style="list-style-type: none"> Population-based research Administrative data collection systems Evaluation studies Strengthened capacity of research and statistical offices to study violence against children 	<ul style="list-style-type: none"> Comprehensive, multisectoral plans and strategies for preventing and responding to all forms of violence against children and adolescents Multisectoral planning and coordination mechanisms

Appendix B: Illustrative survey questionnaire items

Appendix B provides examples of survey items that can be used to measure the survey-based core INSPIRE indicators. Please consider that while much is known about how best to measure some indicators in this list, most indicators can be measured with a variety of survey questions, depending on what is most appropriate, relevant and ethical for the setting. In addition, some indicators are still emerging or 'aspirational', meaning that there is more methodological work to do to understand how to measure them best.

Indicator	Illustrative survey questionnaire items for measuring INSPIRE indicators
1.1 Violent discipline by caregivers, past month (SDG 16.2.1)	<p>MICS Child Discipline Module (see page 29) (http://mics.unicef.org/tools)</p> <p>PRIMARY CAREGIVERS OF CHILDREN ARE ASKED: <i>Adults use certain ways to teach children the right behaviour or to address a behaviour problem. I will read various methods that are used. Please tell me if you or other adult in your household has used this method with (NAME) in the past month.</i></p> <p>Sub-items c, d and f-k measure violent discipline. Options a, b and e measure non-violent discipline as part of indicator 6.1.</p> <ul style="list-style-type: none"> a. <i>Took away privileges, forbade something (NAME) liked or did not allow him/her to leave the house?</i> b. <i>Explained why (NAME)'s behaviour was wrong?</i> c. <i>Shook him/her?</i> d. <i>Shouted, yelled at or screamed at him/her?</i> e. <i>Gave him/her something else to do?</i> f. <i>Spanked, hit or slapped him/her on the bottom with bare hand?</i> g. <i>Hit him/her on the bottom or elsewhere on the body with something like a belt, hairbrush, stick or other hard object?</i> h. <i>Called him/her dumb, lazy, or another name like that?</i> i. <i>Hit or slapped him/her on the face, head or ears?</i> j. <i>Hit or slapped him/her on the hand, arm or leg?</i> k. <i>Beat him/her up, that is hit him/her over and over as hard as one could?</i>
1.2 Physical punishment by teachers, past 12 months	<p>2018 GSHS Core Questionnaire (www.who.int/chp/gshs/methodology/en)</p> <p>ADOLESCENTS CURRENTLY ATTENDING SCHOOL ARE ASKED: <i>During the past 12 months, did your teacher ever hit, slap or physically hurt you on purpose?</i></p>

1.3 Lifetime sexual violence in childhood by any perpetrator (SDG 16.2.3)

Recommended measures of childhood sexual violence are evolving rapidly in light of ongoing methodological work. The following questions may be considered illustrative of what existing international surveys have used to measure this domain:

DHS Violence Module

(<https://dhsprogram.com/What-We-Do/Survey-Types/DHS-Questionnaires.cfm>)

1.4 Past year sexual violence in childhood by any perpetrator

RESPONDENTS AGED 15+ YEARS ARE ASKED:

- At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to?*
- In the last 12 months, has anyone physically forced you to have sexual intercourse when you did not want to?*
- How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts?*

VACS questionnaire

(www.cdc.gov/violenceprevention/childabuseandneglect/vacs/methods.html)

RESPONDENTS AGED 13–24 YEARS ARE ASKED:

- Unwanted sexual touch:** *Has anyone ever touched you in a sexual way without your permission, but did not try and force you to have sex? Touching in a sexual way without permission includes fondling, pinching, grabbing, or touching you on or around your sexual body parts.*
- Attempted forced or pressured sex:** *Has anyone ever tried to make you have sex against your will but did not succeed? They might have tried to physically force you to have sex or they might have tried to pressure you to have sex through harassment or threats.*
- Physically forced sex:** *Has anyone ever physically forced you to have sex against your will and did succeed?*
- Pressured sex:** *Has anyone ever pressured you to have sex, through harassment or threats and did succeed?*

FOR EACH AFFIRMATIVE RESPONSE: *Did this happen to you within the past 12 months? How old were you the first time anyone [DESCRIBE ACT REPORTED]?*

GKO questionnaire

(<http://blogs.lse.ac.uk/gko/tools/survey>)

INTERNET USERS ARE ASKED: *In the past 12 months, have any of these ever happened to you on the Internet [or when texting or using a mobile phone]?*

- I have been asked for sexual information about myself (like what my body looks like without clothes on or sexual things I have done) when I did not want to answer such question.*
- I have been asked to talk about sexual acts with someone on the Internet when I did not want to.*
- I have been asked by someone on the Internet to do something sexual when I did not want to.*
- I have been asked on the Internet for a photo or video showing my private parts [TRANSLATE AS APPROPRIATE] when I did not want to.*

1.5 Physical and/or sexual violence by an intimate partner against ever partnered adolescent girls, past 12 months (SDG 5.2.1, sub-indicator 4)

DHS Violence Module (see page 37)

(<https://dhsprogram.com/What-We-Do/Survey-Types/DHS-Questionnaires.cfm>)

EVER PARTNERED GIRLS AND WOMEN AGED 15+ ARE ASKED: *Did your (current/last/any previous) husband/ partner ever do any of the following things to you:*

- a. *Push you, shake you, or throw something at you?*
- b. *Slap you? Twist your arm or pull your hair?*
- c. *Punch you with his fist or with something that could hurt you?*
- d. *Kick you, drag you, or beat you up?*
- e. *Try to choke you or burn you on purpose?*
- f. *Threaten or attack you with a knife, gun, or other weapon?*
- g. *Physically force you to have sexual intercourse with him when you did not want to?*
- h. *Physically force you to perform any other sexual acts you did not want to?*
- i. *Force you with threats or in any other way to perform sexual acts you did not want to?*

FOR EACH ACT REPORTED: *How often did this happen during the last 12 months?*

The **WHO MCS questionnaire** measures additional acts of **Sexual intimate partner violence**: *Did you ever have sexual intercourse you did not want to because you were afraid of what your partner or any other husband or partner might do if you refused? Did your husband/partner or any other husband or partner ever force you to do anything else sexual that you did not want or that you found degrading or humiliating?*

1.6 Physical and/or sexual violence against adolescents by a romantic partner, past 12 months

VACS questionnaire

(www.cdc.gov/violenceprevention/childabuseandneglect/vacs/methods.html)

MALE AND FEMALE ADOLESCENTS AGED 13+ YEARS ARE ASKED: *Has a [INSERT TERM FOR ROMANTIC/DATING/INTIMATE PARTNER] ever:*

- a. *Slapped, pushed, shoved, shook, or intentionally threw something at you to hurt you?*
- b. *Punched, kicked, whipped, or beat you with an object?*
- c. *Choked, smothered, tried to drown you, or burned you intentionally?*
- d. *Used or threatened you with a knife, gun or other weapon?*
- e. *Tried to make you have sex against your will but did not succeed? They might have tried to physically force you to have sex or they might have tried to pressure you to have sex through harassment or threats.*
- f. *Ever physically forced you to have sex against your will and did succeed?*
- g. *Ever pressured you to have sex, through harassment or threats and did succeed?*

(FOR EACH ACT REPORTED): *Has this happened in the past 12 months?*

1.7 Peer violence - bullying victimization, past 12 months

2018 GSHS Core Questionnaire (www.who.int/chp/gshs/methodology/en)

ADOLESCENTS CURRENTLY ATTENDING SCHOOL ARE ASKED: *Bullying occurs when one or more students or someone else about your age teases, threatens, ignores, spreads rumours about, hits, shoves, or hurts another person over and over again. It is not bullying when two people of about the same strength or power argue or fight or tease each other in a friendly way.*

1. *During the past 12 months, have you ever been bullied on school property/not on school property?*
2. *During the past 12 months, have you ever been cyber bullied? Count being bullied through texting, Instagram, Snapchat, Facebook, [Country-specific EXAMPLES], or other social media.*

Indicator	Illustrative survey questionnaire items for measuring INSPIRE indicators
1.8 Physical attack against adolescents, past 12 months	<p>2013 and 2018 GSHS Core Questionnaires (www.who.int/chp/gshs/methodology/en)</p> <p><i>A physical attack is defined as an incident in which one or more people hit or strike someone, or when one or more people hurt another person with a weapon (such as a stick, knife or gun). It is not a physical attack when two students of about the same strength or power choose to fight each other. During the past 12 months, how many times were you physically attacked?</i></p>
1.10 Child exposure to households affected by physical partner violence against women	<p>VACS questionnaire (www.cdc.gov/violenceprevention/childabuseandneglect/vacs/methods.html)</p> <p><i>How many times did you see or hear your mother or stepmother being punched, kicked, or beaten up by your father or stepfather? (Never, Once, More than one time, Do not know)</i></p> <p>DHS Violence Module (https://dhsprogram.com/What-We-Do/Survey-Types/DHS-Questionnaires.cfm)</p> <p><i>As far as you know, did your father ever beat your mother?</i></p> <p>WHO MCS questionnaire (www.who.int/reproductivehealth/topics/violence/mc_study/en)</p> <p><i>When you were a child, was your mother hit by your father (or her husband or boyfriend)?</i></p>
3.5 Awareness of laws banning violence against children	<p>Adapted from Bussmann et al.⁵⁰ and the 2013 Ontario, Canada Parent Survey</p> <p>ADULTS OR ADOLESCENTS ARE ASKED: <i>Based on what you have heard or know about laws in your country, please indicate whether you believe that the law allows parents or guardians to punish a child who misbehaves using the following acts:</i></p> <p>[ADAPT SUB-ITEMS TO INCLUDE ACTS THAT ARE OR ARE NOT BANNED BY LAW IN THAT COUNTRY OR STATE, E.G. ANY PHYSICAL PUNISHMENT OF A CHILD OF ANY AGE; SPANKING THE CHILD'S BOTTOM WITH A HAND, BEATING WITH A STICK OR OTHER OBJECT, ETC.]</p>
4.1 Agreement with necessity of physical punishment for child-rearing	<p>MICS Child Discipline Module (see page 29) (http://mics.unicef.org/tools)</p> <p>PRIMARY CAREGIVERS OF CHILDREN ARE ASKED: <i>Do you believe that in order to bring up, raise or educate a child properly, the child needs to be physically punished?</i></p>
4.2 Support for physical punishment by teachers or administrators in school	<p>Adapted from an Ipsos survey carried out for Reuters (www.ipsos.com/sites/default/files/news_and_polls/2014-10/6619-topline.pdf)</p> <p><i>Please indicate how much you agree or disagree with the following statements: Teachers or administrators should be allowed to physically punish children <u>at school</u>, for example, by hitting a child with a hand or an object, as long as it isn't excessive. (Strongly agree, Somewhat agree, Somewhat disagree, Strongly disagree, Don't know)</i></p>

50. Bussmann, Erthal and Schroth, 'Effects of Banning Corporal Punishment in Europe'.

Indicator	Illustrative survey questionnaire items for measuring INSPIRE indicators
4.3 Acceptability of wife-beating	<p>DHS Core Questionnaire https://dhsprogram.com/What-We-Do/Survey-Types/DHS-Questionnaires.cfm).</p> <p>RESPONDENTS AGED 15+ YEARS ARE ASKED: <i>In your opinion, is a husband justified in hitting or beating his wife in the following situations:</i></p> <ul style="list-style-type: none"> a. <i>If she goes out without telling him?</i> b. <i>If she neglects the children?</i> c. <i>If she argues with him?</i> d. <i>If she refuses to have sex with him?</i> e. <i>If she burns the food?</i> <p>DHS and WHO MCS surveys sometimes ask about additional circumstances, such as: <i>If he suspects that she has been unfaithful.</i></p> <p>VACS surveys measure this indicator among respondents aged 13–24 years.</p>
4.4 Attitudes about women's right to refuse sex	<p>RHS and WHO MCS questionnaires www.who.int/reproductivehealth/topics/violence/mc_study/en)</p> <p>RESPONDENTS AGED 15+ YEARS ARE ASKED: <i>In this community and elsewhere, people have different ideas about families and what is acceptable behaviour for men and women in the home. I would like you to tell me whether you generally agree or disagree with the statement. There are no right or wrong answers: It is a wife's obligation to have sex with her husband even if she doesn't feel like it. (Strongly agree, Somewhat agree, Somewhat disagree, Strongly disagree, Don't know)</i></p>
5.2 Weapon carrying in the community, past month	<p>2018 GSHS Core-Expanded Questions for the Violence Module www.who.int/chp/gshs/methodology/en)</p> <p>ADOLESCENTS ARE ASKED <i>During the past 30 days, on how many did you carry a weapon such as a gun, knife, club or [COUNTRY-SPECIFIC OPTIONS]?</i></p>
5.3 Online interaction with unknown persons, past 12 months	<p>GKO survey questionnaire http://blogs.lse.ac.uk/gko/tools/survey)</p> <p>CHILD AND ADOLESCENT INTERNET USERS ARE ASKED: <i>In the past year, have you ever had contact on the Internet with someone you have not met face to face before?</i></p>
5.4 Face-to-face meeting with persons first met online, past 12 months	<p>GKO survey questionnaire http://blogs.lse.ac.uk/gko/tools/survey)</p> <p>CHILD AND ADOLESCENT INTERNET USERS ARE ASKED: <i>In the past year, have you ever met anyone face to face that you first got to know on the Internet?</i></p>

Indicator	Illustrative survey questionnaire items for measuring INSPIRE indicators
6.1 Non-violent discipline by caregivers, past month	<p>MICS Child Discipline Module (see page 29) (http://mics.unicef.org/tools)</p> <p>PRIMARY CAREGIVERS OF CHILDREN ARE ASKED: <i>Adults use certain ways to teach children the right behaviour or to address a behaviour problem. I will read various methods that are used. Please tell me if you or <u>any other adult in your household</u> has used this method with (NAME) in the <u>past month</u>.</i></p> <p>Sub-items a, b and e measure non-violent discipline. Options c, d and f-k measure violent discipline as part of indicator 1.1.</p> <ul style="list-style-type: none"> a. Took away privileges, forbade something (NAME) liked or did not allow him/her to leave the house? b. Explained why (NAME)'s behaviour was wrong? c. Shook him/her? d. Shouted, yelled at or screamed at him/her? e. Gave him/her something else to do? f. Spanked, hit or slapped him/her on the bottom with bare hand? g. Hit him/her on the bottom or elsewhere on the body with something like a belt, hairbrush, stick or other hard object? h. Called him/her dumb, lazy, or another name like that? i. Hit or slapped him/her on the face, head or ears? j. Hit or slapped him/her on the hand, arm or leg? k. Beat him/her up, that is hit him/her over and over as hard as one could?
6.2 Early childhood caregiver engagement and nurturing	<p>MICS Questionnaire for Children Under Five (http://mics.unicef.org/tools)</p> <p>IN REGARD TO EACH SPECIFIC CHILD UNDER 5 YEARS OF AGE IN THE HOME, CAREGIVERS ARE ASKED: <i>In the past 3 days, did you or any household member age 15 or over engage in any of the following activities with (NAME):</i></p> <ul style="list-style-type: none"> a. Read books or looked at picture books with (NAME)? b. Told stories to (NAME)? c. Sang songs to or with (NAME), including lullabies? d. Took (NAME) outside the home? e. Played with (NAME)? f. Named, counted, or drew things for or with (NAME)?
6.3 Parent/guardian understanding of adolescents, past month	<p>2013 and 2018 GSHS Core Questionnaire (www.who.int/chp/gshs/methodology/en)</p> <p>ADOLESCENTS ARE ASKED: <i>During the past 30 days, how often did your parents or guardians understand your problems and worries? (Never, rarely, sometimes, most of the time, always)</i></p>
6.4 Parent/guardian supervision of adolescents, past month	<p>2013 and 2018 GSHS Core Questionnaire (www.who.int/chp/gshs/methodology/en)</p> <p>ADOLESCENTS ARE ASKED: <i>During the past 30 days, how often did your parents or guardians really know what you were doing with your free time? (Never, rarely, sometimes, most of the time, always).</i></p>

Indicator	Illustrative survey questionnaire items for measuring INSPIRE indicators
7.2 Children living in food insecure households (SDG 2.1.2)	<p>FIES Household Scale (see page 74) (www.fao.org/in-action/voices-of-the-hungry/fies/en)</p> <p>RESPONDENTS AGED 15+ YEARS ARE ASKED: <i>Now I would like to ask you some questions about food. During the last 12 months, was there a time when:</i></p> <ol style="list-style-type: none"> 1. <i>You or others in your household worried about not having enough food to eat because of a lack of money or other resources?</i> 2. <i>Still thinking about the last 12 months, was there a time when you or others in your household were unable to eat healthy and nutritious food because of a lack of money or other resources?</i> 3. <i>Was there a time when you or others in your household ate only a few kinds of foods because of a lack of money or other resources?</i> 4. <i>Was there a time when you or others in your household had to skip a meal because there was not enough money or other resources to get food?</i> 5. <i>Still thinking about the last 12 months, was there a time when you or others in your household ate less than you thought you should because of a lack of money or other resources?</i> 6. <i>Was there a time when your household ran out of food because of a lack of money or other resources?</i> 7. <i>Was there a time when you or others in your household were hungry but did not eat because there was not enough money or other resources for food?</i> 8. <i>Was there a time when you or others in your household went without eating for a whole day because of a lack of money or other resources?</i>
7.3 Empowerment of currently partnered women and girls	<p>DHS Core Questionnaire (https://dhsprogram.com/What-We-Do/Survey-Types/DHS-Questionnaires.cfm)</p> <p>CURRENTLY MARRIED OR COHABITING WOMEN AND GIRLS ARE ASKED:</p> <ol style="list-style-type: none"> 1. <i>Who usually makes decisions about health care for yourself?</i> 2. <i>Who usually makes decisions about making major household purchases?</i> 3. <i>Who usually makes decisions about visits to your family or relatives?</i> (You, Your husband/partner, You and your husband/partner jointly, Someone else)
7.4 Children covered by social protection systems (SDG 1.3.1)	<p>MICS Social Transfers Module, Household Questionnaire (http://mics.unicef.org/tools)</p> <p>RESPONDENTS AGED 15+ YEARS ARE ASKED: <i>I would like to ask you about various external economic assistance programmes provided to households. By external assistance I mean support that comes from the government or from non-governmental organizations such as religious, charitable, or community-based organizations. This excludes support from family, other relatives, friends or neighbours.</i></p> <ol style="list-style-type: none"> 1. <i>Are you aware of (NAME OF PROGRAMME*)?</i> 2. <i>Has your household or anyone in your household received assistance through (NAME OF PROGRAMME*)?</i> 3. <i>When was the last time your household or anyone in your household received assistance through (NAME OF PROGRAMME*)?</i> <p>[*QUESTIONS ASK ABOUT UP TO 3 SPECIFIC LOCAL ASSISTANCE PROGRAMMES BY NAME, ANY RETIREMENT PENSION AND 'ANY OTHER' PROGRAMME, ADAPTED TO THAT SETTING]</p>
8.1 Disclosure of lifetime childhood sexual violence	<p>VACS questionnaire (see page 82) (www.cdc.gov/violenceprevention/childabuseandneglect/vacs/methods.html)</p> <p>ADOLESCENTS AGED 13-17 YEARS WHO REPORT CHILDHOOD SEXUAL VIOLENCE ARE ASKED: <i>Did you tell <u>anyone</u> about <u>any</u> of these experiences? Who did you tell?</i></p>
8.2 Disclosure of lifetime physical violence in childhood	<p>VACS questionnaire (see page 82) (www.cdc.gov/violenceprevention/childabuseandneglect/vacs/methods.html)</p> <p>ADOLESCENTS AGED 13-17 YEARS WHO REPORT PHYSICAL VIOLENCE IN CHILDHOOD ARE ASKED: <i>Did you tell <u>anyone</u> about <u>any</u> of these experiences? Who did you tell?</i></p>

Indicator	Illustrative survey questionnaire items for measuring INSPIRE indicators
8.3 Help-seeking for lifetime childhood sexual violence	<p>VACS questionnaire (see page 82) (www.cdc.gov/violenceprevention/childabuseandneglect/vacs/methods.html)</p> <p>ADOLESCENTS WHO REPORT CHILDHOOD SEXUAL VIOLENCE ARE ASKED: <i>Thinking about all your unwanted sexual experiences, did you know a hospital/clinic, police station, helpline</i> (REPLACE WITH RELEVANT COUNTRY-SPECIFIC NAME), <i>social welfare</i> (REPLACE WITH RELEVANT COUNTRY-SPECIFIC NAME), <i>or legal office to go for help? Did you try to seek help from any of these places for any of these experiences?</i> [THERE MAY ALSO BE FOLLOW-UP QUESTIONS FOR TYPE OF HELP SOUGHT]</p> <p>DHS Violence Module (https://dhsprogram.com/What-We-Do/Survey-Types/DHS-Questionnaires.cfm)</p> <p>ADOLESCENTS WHO REPORT CHILDHOOD SEXUAL VIOLENCE ARE ASKED: <i>Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help? From whom have you sought help? Anyone else?</i></p> <p>[RECORD ALL RESPONSES MENTIONED USING PRECODED CATEGORIES: RELIGIOUS LEADER, DOCTOR/MEDICAL PERSONNEL, POLICE, LAWYER, SOCIAL SERVICE ORGANIZATION, OTHER.]</p>
8.4 Help-seeking for lifetime physical violence in childhood	<p>VACS questionnaire (see page 82) (www.cdc.gov/violenceprevention/childabuseandneglect/vacs/methods.html)</p> <p>ADOLESCENTS WHO REPORT PHYSICAL VIOLENCE IN CHILDHOOD ARE ASKED: <i>Thinking about all these experiences, did you know a hospital/clinic, police station, helplines</i> (REPLACE WITH RELEVANT COUNTRY-SPECIFIC NAME), <i>social welfare</i> (REPLACE WITH RELEVANT COUNTRY-SPECIFIC NAME), <i>or legal office to go for help? Did you try to seek help from any of these places for any of these experiences?</i> [THERE MAY ALSO BE FOLLOW-UP QUESTIONS FOR TYPE OF HELP SOUGHT]</p> <p>DHS Violence Module (https://dhsprogram.com/What-We-Do/Survey-Types/DHS-Questionnaires.cfm)</p> <p>ADOLESCENTS WHO REPORT PHYSICAL VIOLENCE IN CHILDHOOD ARE ASKED: <i>Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help? From whom have you sought help? Anyone else?</i></p> <p>[RECORD ALL RESPONSES MENTIONED USING PRECODED CATEGORIES: RELIGIOUS LEADER, DOCTOR/MEDICAL PERSONNEL, POLICE, LAWYER, SOCIAL SERVICE ORGANIZATION, OTHER.]</p>
8.5 Receipt of services for lifetime childhood sexual violence	<p>VACS questionnaire (see page 82) (www.cdc.gov/violenceprevention/childabuseandneglect/vacs/methods.html)</p> <p>ADOLESCENTS WHO REPORT SEXUAL VIOLENCE ARE ASKED: <i>Did you receive any help for any of these experiences from a hospital/clinic, police station, helpline, social welfare or legal office?</i></p> <p>[REPLACE HELPLINE, SOCIAL WELFARE AND/OR LEGAL OFFICE WITH RELEVANT COUNTRY-SPECIFIC NAMES, BASED ON WHAT IS LOCALLY AVAILABLE.]</p>
8.6 Receipt of services for lifetime physical violence in childhood	<p>VACS questionnaire (see page 82) (www.cdc.gov/violenceprevention/childabuseandneglect/vacs/methods.html)</p> <p>ADOLESCENTS WHO REPORT PHYSICAL VIOLENCE ARE ASKED: <i>Did you receive any help for any of these experiences from a hospital/clinic, police station, helpline, social welfare or legal office?</i></p> <p>[REPLACE HELPLINE, SOCIAL WELFARE AND/OR LEGAL OFFICE WITH RELEVANT COUNTRY-SPECIFIC NAMES, BASED ON WHAT IS LOCALLY AVAILABLE.]</p>

Indicator	Illustrative survey questionnaire items for measuring INSPIRE indicators
8.7 Awareness of support services for violence among adolescents	<p>Adapted from VACS www.cdc.gov/violenceprevention/childabuseandneglect/vacs/methods.html)</p> <p>ALL ADOLESCENTS ARE ASKED: <i>Thinking about all types of (unwanted sexual experiences/ experiences of physical violence) that we have discussed, do you know a hospital/clinic, police station, helpline, social welfare or legal office to go for help?</i></p>
9.1 Out-of-school rates, primary and lower secondary	<p>DHS Household Questionnaire https://dhsprogram.com/pubs/pdf/DHSQ7/DHS7_Household_QRE_EN_16Mar2017_DHSQ7.pdf)</p> <p>RESPONDENTS AGED 15+ YEARS ARE ASKED ABOUT EACH CHILD IN THE HOUSEHOLD AGED 5 YEARS OR OLDER: <i>Has (NAME) ever attended school? Did (NAME) attend school at any time during the [20xx-20xx] school year? During [this/that] school year, what level and grade [is/was] (NAME) attending?</i></p>
9.2 Missed school due to safety concerns, past month and past 12 months	<p>2013 and 2018 GSHS Core-Expanded Questions on Violence Module www.who.int/ncds/surveillance/gshs/methodology/en)</p> <p>ADOLESCENTS CURRENTLY ATTENDING SCHOOL ARE ASKED: <i>During the past 30 days, on how many days did you not go to school because you felt you would be unsafe at, or on your way to or from school?</i></p>
9.3 Early sexual debut	<p>DHS Core Questionnaire https://dhsprogram.com/What-We-Do/Survey-Types/DHS-Questionnaires.cfm)</p> <p>RESPONDENTS AGED 15+ YEARS WHO REPORT EVER HAVING HAD SEXUAL INTERCOURSE ARE ASKED: <i>How old were you when you had sexual intercourse for the very first time?</i></p>
9.4 Early childbearing before 15 and 18 years of age	<p>DHS and MICS Core Women's Questionnaires (http://mics.unicef.org/tools)</p> <p>WOMEN AND GIRLS AGED 15+ YEARS WHO EVER GAVE BIRTH ARE ASKED: <i>Now I would like to record the names of all your births, ...starting with the first one you had. On what day, month and year was (NAME) born?</i></p> <p>Surveys without a detailed birth history module may ask: RESPONDENTS WHO HAVE EVER GIVEN BIRTH: <i>How old were you the first time you gave birth?</i></p>
9.5 Child marriage before 15 and 18 years of age (SDG 5.3.1)	<p>DHS Core Women's Questionnaire https://dhsprogram.com/What-We-Do/Survey-Types/DHS-Questionnaires.cfm) and MICS Core Women's Questionnaire (http://mics.unicef.org/tools)</p> <p>WOMEN AND GIRLS WHO MARRIED OR LIVED WITH A MAN ONLY ONCE ARE ASKED: <i>In what month and year did you start living with your (husband/partner)?</i></p> <p>WOMEN AND GIRLS WHO MARRIED OR LIVED WITH A MAN MORE THAN ONCE: <i>Now I would like to ask about your first (husband/partner). In what month and year did you start living with him?</i></p> <p>Surveys such as VACS may ask about the age rather than the month and year: WOMEN AND GIRLS WHO EVER MARRIED OR LIVED WITH A MAN: <i>How old were you when you first started living with a husband or partner?</i></p>

Indicator	Illustrative survey questionnaire items for measuring INSPIRE indicators
9.6 Adolescent alcohol binge drinking	<p>2017 Standard YRBS survey www.cdc.gov/healthyouth/data/yrbs/pdf/2017/2017_yrbs_standard_hs_questionnaire.pdf</p> <p>ADOLESCENT RESPONDENTS ARE ASKED: <i>The next 2 questions ask about how many drinks of alcohol you have had in a row, that is, within a couple of hours. For the first question, the number of drinks you need to think about is different for female students and male students. During the past 30 days, on how many days did you have 4 or more drinks of alcohol in a row (if you are female) or 5 or more drinks of alcohol in a row (if you are male)?</i></p>
9.7 Exposure to violence prevention and response curricula in the past 12 months	<p>2018 GSHS Core-Expanded Questions on Violence Module www.who.int/chp/gshs/methodology/en</p> <p>ADOLESCENTS CURRENTLY ATTENDING SCHOOL ARE ASKED: <i>During this school year, were you taught in any of your classes:</i></p> <ol style="list-style-type: none"> <i>How to avoid physical fights and violence?</i> <i>What to do if someone is trying to force you to have sexual intercourse?</i> <i>What to do if someone is trying to touch you in a sexual way when you do not want them to?</i> <i>How to avoid being bullied?</i> <i>What to do if you were being bullied or if you saw someone being bullied?</i> <i>What to do if you were physically attacked or if you saw someone being physically attacked?</i>

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