

EVIDENCE

Strengthening Child Protection Systems

# Child Maltreatment

## Prevalence, Incidence and Consequences in the East Asia and Pacific Region

A Systematic Review of Research



unite for  
children

unicef 



---

**EVIDENCE**

Strengthening Child Protection Systems

# Child Maltreatment

Prevalence, Incidence and Consequences  
in East Asia and the Pacific

A Systematic Review of Research

**Child Maltreatment: Prevalence, Incidence and Consequences in the East Asia and Pacific Region:**  
A Systematic Review of Research  
Strengthening Child Protection Systems Series: No 1

Cover photograph: © UNICEF/NYHQ2007/Palani Mohan

© UNICEF East Asia and Pacific Regional Office (EAPRO) 2012

Any part of this document may be freely reproduced with appropriate acknowledgement.

Design and layout: Quo Keen ([www.quo-global.com](http://www.quo-global.com)), Bangkok, Thailand

Suggested Citation: United Nations Children's Fund, *Measuring and Monitoring Child Protection Systems: Proposed Core Indicators for the East Asia and Pacific Region*, Strengthening Child Protection Series No. 1., UNICEF EAPRO, Bangkok, 2012.

ISBN: 978-974-685-138-1

# Contents

<b>Foreword</b>	<b>vii</b>
<b>Acknowledgments</b>	<b>ix</b>
<b>Abbreviations</b>	
<b>Executive summary</b>	<b>xi</b>
<b>PART I: The Systematic Review Process</b>	<b>1</b>
<b>1. Introduction</b>	<b>3</b>
1.1 Background and purpose of the systematic review	3
1.2 Definitions	3
1.3 Measurement	5
<b>2. Methodology</b>	<b>8</b>
2.1 Inclusion criteria	8
2.2 Search strategy	10
2.3 Study selection	13
2.4 Data abstraction and quality assessment	14
2.5 Limitations	15
<b>3. Description and quality assessment</b>	<b>16</b>
<b>PART II: The Findings</b>	<b>17</b>
<b>4. Prevalence and incidence of child maltreatment</b>	<b>19</b>
4.1 Physical abuse	19
4.1.1 Child deaths	
4.1.2 Corporal punishment	
4.2 Sexual abuse	45
4.3 Emotional and verbal abuse	61
4.4 Neglect	67
4.5 Witnessing parental violence	71
4.6 Exploitation	77
4.6.1 Child labour	
4.6.2 Commercial sexual exploitation of children	
4.6.3 Child trafficking	

4.7 Abuse of children in conflict with the law	93
4.8 Children living and working on the streets	96
4.9 Peer abuse	97
4.9.1 Bullying	
4.9.2 Intimate partner violence	
<b>5. Consequences of child maltreatment</b>	<b>107</b>
5.1 Education and employment	109
5.2 Mental health	114
5.3 Physical health and health behaviours	128
5.4 Sexual behaviours and exposure to HIV/STIs	134
5.5 Aggression, violence and criminality	138
5.6 Exposure to further abuse	146

## Appendices 149

Appendix A: Overview of studies included in the systematic review	151
Appendix B: Studies included by country	179
Appendix C: Country-at-a-glance tables	193
Appendix D: Quality assessments	197

### List of Figures

Figure 1: Prevalence of lifetime physical contact sexual abuse by respondent type	6
Figure 2: Prevalence of lifetime physical abuse by sample type	7
Figure 3: Prevalence of lifetime contact child sexual abuse by study quality rating	7
Figure 4: Prevalence of Lifetime Physical Abuse	7

### List of Tables

Table 1: Prevalence and incidence of physical abuse from probability samples	23
Table 2: Prevalence and incidence of physical abuse, studies with convenience samples	28
Table 3: Prevalence and incidence of physical abuse from parents by gender of child	32
Table 4: Numbers of reported cases of child abuse submitted by governments in their response to the UN Secretary-General's Study on Violence Against Children Questionnaire	33
Table 5: Child abuse rates per 1,000 child population throughout the administrative Districts of the Republic of Korea 2001–2008	33
Table 6: Incidence of physical abuse from clinical, service-based and institutional setting samples	34

Table 7:	Child deaths	36
Table 8:	Prevalence and incidence of corporal punishment from probability samples	39
Table 9:	Prevalence and incidence of corporal punishment by family members, studies with convenience samples	40
Table 10:	Prevalence and incidence of physical abuse and corporal punishment by teachers	43
Table 11:	Prevalence and incidence of sexual abuse from probability samples	48
Table 12:	Prevalence and incidence of sexual abuse and sexual assault, studies with convenience samples	52
Table 13:	Prevalence and incidence of sexual abuse and sexual assault from any adult by gender of the child	55
Table 14:	Incidence of sexual abuse from clinical, service-based and institutional settings samples	56
Table 15:	Prevalence and incidence of emotional abuse from probability samples	63
Table 16:	Prevalence and incidence of emotional abuse by parents, studies with convenience samples	65
Table 17:	Prevalence and incidence of neglect from probability samples	69
Table 18:	Prevalence and incidence of neglect by parents, studies with convenience samples	70
Table 19:	Prevalence and incidence of witnessing parental violence from probability samples	73
Table 20:	Prevalence and incidence of children witnessing violence, studies with convenience samples	76
Table 21:	Prevalence and incidence of child labour and child work from probability and representative samples	78
Table 22:	Prevalence and incidence of child labour and child work from convenience samples	79
Table 23:	U.S. Department of Labor – 2007 & 2009 findings on the worst forms of child labour	81
Table 24:	Young women aged 15–19 years who were married before the age of 15	89
Table 25:	Young women aged 15–19 currently married or in a union	90
Table 26:	Prevalence and incidence of child trafficking	91
Table 27:	Prevalence and incidence of bullying, studies with probability samples	98
Table 28:	Prevalence and incidence of bullying, studies with convenience sampling	99
Table 29:	Prevalence and incidence of intimate partner violence, studies with probability samples	103
Table 30:	Prevalence and incidence of partner violence, studies with convenience samples	106
Table 31:	Consequences to education of child maltreatment	109
Table 32:	Mental health consequences of child maltreatment	119
Table 33:	Suicide ideation and a history of child maltreatment	122

Table 34: Attempted suicide and child maltreatment	127
Table 35: Physical health consequences of child maltreatment	128
Table 36: Alcohol use and a history of child maltreatment	130
Table 37: Smoking and a history of child maltreatment	131
Table 38: Substance abuse and a history of child maltreatment	132
Table 39: Eating disorders and a history of child maltreatment	133
Table 40: Exposure to HIV/STIs and risky sexual behaviours as a consequence of child maltreatment	134
Table 41: Sexual behaviours and a history of child maltreatment	137
Table 42: Aggressive behaviours and carrying weapons and a history of child maltreatment	138
Table 43: Violent behaviours perpetration and a history of child maltreatment	139
Table 44: Intimate partner violence victimization and a history of child maltreatment	143
Table 45: Violence victimization and a history of child maltreatment	145
Table 46: Exposure to further abuse as a consequence of child maltreatment	146

#### List of case studies

Case Study 1: Physical abuse in Timor-Leste	27
Case Study 2: Punishment and the concept of masculinity in Viet Nam	42
Case Study 3: Sexual abuse and rape in conflict and post-conflict settings	60
Case Study 4: Sexual exploitation of girls in a logging community in the Solomon Islands	86
Case Study 5: Sexual exploitation of trafficked girls in Myanmar	88
Case Study 6: Children used by armed forces in Myanmar	92
Case Study 7: Abuse of children by the police	94
Case Study 8: HIV/AIDS and trafficking	135

# Foreword

Child maltreatment – the physical, sexual and emotional abuse, exploitation and neglect of children – has been shown through the *World Report on Violence and Health* (2002) and the *UN Secretary-General's Study on Violence against Children* (2006) to be widely prevalent in all societies. According to recent global data, more than one in four children worldwide reported having experienced severe and frequent physical abuse, while child sexual abuse was experienced by nearly one in five females and one in eleven males. Maltreatment can have profound and damaging consequences during childhood and adolescence and throughout adult life. Children who have experienced abuse or neglect are more likely to have poorer physical and/or mental health outcomes; social difficulties, such as insecure attachments with caregivers and problematic relationships with peers, and as adults later in life; cognitive dysfunction, attributable to the negative impact of excessive stress on brain development; high-risk behaviours, such as drug and alcohol abuse, early sexual activity and resulting teenage parenting; and behavioural problems, including aggression and adult criminality.

In addition to addressing these crucial dimensions of children's rights, investing in protecting children has a direct positive impact on a country's human capital and economic growth and reduces the burden of government spending on the long-term consequences of abuse. National child protection systems are recognized as the most effective and sustainable means to protect children from all forms of maltreatment. The absence of such a system frequently leads to incomplete coverage, and to individual violations being addressed as separate, unrelated problems.

UNICEF is strongly committed to working with partners to prevent and respond to child maltreatment. The *Strengthening Child Protection System Series* is a package of evidence and tools to support this effort in the East Asia and Pacific Region. It provides information and guidance on the scale and nature of child maltreatment, the immediate and long-term costs of such maltreatment to individuals, families and society, and effective and sustainable policies and programmes for child protection. The series is intended to contribute to an enhanced evidence base for rights-based interventions and the development of strong child protection systems in countries across the region.

This publication, number 1 in the series, presents the findings of a systematic review of research over the last decade on the prevalence, incidence and consequences of child maltreatment in the region. While qualitative studies on particular forms of child abuse and exploitation in the region are numerous, scientific research on the overall extent of child maltreatment is severely lacking. This review has applied a rigorous methodology in identifying and analysing peer reviewed research as well as grey literature on the scale and nature of child maltreatment in the region to provide as reliable a picture as possible of current knowledge and understanding.

The findings are intended to support the development of a model to estimate costs of child maltreatment, as a credible means of estimating the minimum, lifetime direct and indirect costs of child maltreatment across countries in East Asia and the Pacific. Such a model can demonstrate the potential economic savings to governments and society that would accrue from effective, evidence-based policies and programmes for the prevention of child maltreatment.

The UNICEF Regional Office for East Asia and the Pacific presents this report as a contribution to the evidence base on child maltreatment in the region, as well as globally, with the intention that this work will contribute to ensuring that all children are protected from violence, abuse, neglect and exploitation.



Daniel Toole  
Regional Director, UNICEF East Asia and Pacific

# Acknowledgements

The primary author of this report, Deborah Fry, the UNICEF EAPRO Consultant who undertook the systematic review, has exhibited an impressive level of dedication and commitment to the realization of this high-quality study. This report is an enormous contribution to the evidence base on child maltreatment in the East Asia and Pacific Region, and she deserves a high level of credit for this notable achievement.

I would also like to extend my appreciation to the Regional Advisory Committee, which was brought together by UNICEF EAPRO for the purpose of developing a regional costing model on the minimum lifetime costs of child maltreatment, of which this review constitutes the first stage. The Committee provided technical guidance, comments and suggestions at various stages of the work. Particular credit is due to Dr. Alexander Butchart and Mr. Chris Mikton from the World Health Organization, and Dr. Michael Dunne from the Queensland University of Technology, in addition to other members of the committee: Ms. Kateryna Maynzyuk and Mr. Yuriy Dzhygyr from FISCO Inform LLC; Mr. Guy Thompstone and Ms. Shelley Casey from Child Frontiers; M. Phaedra Corso from the University of the Georgia; Prof. M. Ramesh from the University of Hong Kong; and Mr. Mahesh Patel from UNICEF EAPRO.

Special thanks are well deserved by the Child Protection Team at UNICEF EAPRO for its leadership, support and tireless efforts, without which the study would not have been possible. Amalee McCoy, Child Protection Specialist, worked closely with Deborah to guide the development and drafting of the report, and Natcha Chutinthararuk, Research Assistant, provided crucial administrative assistance.

Gratitude also goes to my colleagues in the UNICEF Country Offices and other child protection stakeholders in the region who submitted documents and articles for inclusion in this review.

A special thank you is also due to Professor Chen Jingqi and Dr. Fangbiao Tao for their tremendous help in identifying and providing access to Chinese language articles for the systematic review. I would also like to express my appreciation to the individuals who translated the journal articles, specifically Jiandong (Hansen) Sun for translations from Chinese to English, Sohoon Lee for translations from Korean to English, and Ramlan Alan for translations from Bahasa Indonesian to English. This allowed for the inclusion of many articles previously inaccessible to English-speaking audiences.

Several individuals also deserve warm thanks for supporting Deborah during the course of this study, including Sara Velasquez, Abigail Todras, Maisie Geelen, Dr. Anne Stafford and the team at the University of Edinburgh's Centre for Learning in Child Protection.

Finally, much appreciation is due to the experts, researchers and advocates who are documenting child maltreatment in East Asia and the Pacific, and whose work is so vital to informing our awareness and understanding of the nature and scale of these violations to children's rights to protection.



Diane Swales  
Regional Advisor for Child Protection  
UNICEF East Asia and Pacific Regional Office

## Abbreviations

ACE	Adverse childhood experiences
ADHD	Attention deficit and hyperactivity disorder
AHHQ	Adult Household Questionnaire
AOR	Adjusted odds ratio
CHHQ	Child Household Questionnaire
CICL	Children in conflict with the law
CSA	Child sexual abuse
CSEC	Commercial sexual exploitation of children
CTQ	Childhood Trauma Questionnaire
CTS	Conflict Tactics Scale
CTS2	Revised Conflict Tactics Scale
CTSPC	Parent-Child Conflict Tactics Scale
DBD	Disruptive behavioural disorder
DHS	Demographic and Health Survey
EAPRO	UNICEF East Asia and Pacific Regional Office
ETISR-SF	Early Trauma Inventory Self Report Short Form
ILO	International Labour Organization
IPEC	International Programme on the Elimination of Child Labour
IPV	Intimate partner violence
MICS	Multiple Indicator Cluster Survey
NCS	National Comorbidity Survey
NGO	Non-governmental organization
OR	Odds ratio
PH	Physical harm
RRR	Relative risk ratio
SCL-90	Symptom CheckList 90
UNESCAP	United Nations Economic and Social Commission for Asia and the Pacific
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organization
YRBS	Youth Risk Behaviour Survey

# Executive summary

Child maltreatment is prevalent in every society. To date, however, no study has systematically reviewed all the published and unpublished research that has been conducted on the prevalence and incidence of child maltreatment in the East Asia and Pacific region. This review seeks to bridge this gap by detailing research undertaken in the last 10 years on both the magnitude (prevalence and incidence) of child maltreatment and also on the outcomes for children and adults who have experienced abuse and exploitation in their childhood.

This study utilised a systematic review methodology to examine 364 peer-reviewed and grey literature research studies on the prevalence and incidence of child physical abuse, sexual abuse, emotional abuse, neglect, exploitation, witnessing family violence and peer-to-peer violence as well as the consequences of child maltreatment across five categories including: 1) education and employment, 2) mental health, 3) physical health, 4) aggression, violence and criminality and 5) other consequences. Several key findings both in terms of gaps in research and on maltreatment emerged from this review.

## **A tremendous amount of high-quality research has been produced in the last decade but many countries still lack country-specific data.**

There is a growing body of high-quality research on child maltreatment in the East Asia and Pacific region. This is due in part to the increasing number of studies being conducted and documented in China. This review examined studies that utilised probability and convenience sampling techniques. Despite this growth in literature, several countries in the region, most notably Brunei Darussalam, Democratic People's Republic of Korea, Lao People's Democratic Republic, Indonesia, Malaysia, Mongolia, Myanmar, Papua New Guinea and Timor-Leste, still lack basic data on child maltreatment.

## **Child maltreatment is prevalent in the East Asia and Pacific region.**

### *Prevalence and incidence of physical abuse*

This review found child maltreatment to be prevalent across the entire East Asia and Pacific region. Overall prevalence rates of physical abuse range from 10% (from a study of parents in China) to 30.3% (from a study of grade six students in Thailand). Despite differing questions, most of the studies assess physical abuse in three general categories: moderate, severe and very severe. Acts considered to be moderate include hitting, slapping, pinching, beating the child's buttocks with a bare hand or object and shaking. The studies consistently show a greater prevalence for these types of behaviour in relation to more severe forms of physical abuse – ranging from 39.5% to 66.3% for lifetime prevalence to 16–18% for moderate physical abuse in the previous year.

Severe physical abuse includes acts such as beating with a fist, kicking, beating the child with objects (with the exception of the buttocks) and other acts that result in injuries or bruises. The prevalence for severe physical abuse ranges from 8.6% to 23.1%. Very severe physical abuse includes acts such as stabbing, burning with fire, cigarettes or hot water and tying up and locking in a room among other acts. Prevalence of very severe physical abuse ranges from 0.4% to 2.8%. It should be noted that not all studies agree on what acts are included in the severe and very severe categories of physical abuse.

### *Prevalence and incidence of child sexual abuse*

In the studies with probability samples, physical contact sexual abuse, which includes molestation, touching, and attempted and forced sex, ranges from 1.7% in Hong Kong to 11.6% in the Pacific Islands. For convenience samples the prevalence ranges from 1.2% in Cambodia to 17.1% in Thailand – rising to 47% among prostituted women and girls in Thailand.

For studies that utilised the Youth Risk Behavioural Survey (YRBS) question of forced sexual intercourse, prevalence ranged from 13.8% for both boys and girls in the Mariana Islands to 29.3% for boys and girls in the Marshall Islands, with similar frequencies reported in Palau (14.2% for both) and Cambodia (15.5% for both). In most of these studies, the prevalence was higher for girls than for boys. This finding is especially pronounced in Cambodia where 51.2% of girls compared with 1.9% of boys reported having been forced to have sexual intercourse.

#### *Prevalence and incidence of emotional abuse*

Several studies utilise the Parent-Child Conflict Tactics Scale, which includes questions on psychological aggression. In these studies the lifetime prevalence of emotional abuse ranges from 31.3% in the Democratic People's Republic of Korea to 68.5% in China for probability studies and up to 81.1% in China from a convenience sample. The preceding year prevalence ranges from 61.2% in China to 78.3%, also in China, suggesting widespread emotional abuse.

#### *Prevalence and incidence of neglect*

Only a handful of studies examine neglect using probability sampling; despite this these studies are well distributed. A study conducted in 25 cities across 15 Chinese provinces found 28% of parents of three- to six-year olds felt they neglected their children physically and emotionally and did not look out for their safety. A study in the Philippines examined adverse childhood experiences among a population-based sample of adults and found that 22.5% reported experiencing physical neglect, including not having enough to eat and being dressed in dirty clothes. A much higher percentage of 43.6% reported experiencing psychological neglect, which included feeling unloved, feeling their parents wished they hadn't been born and being hated by family members. A survey of grade six students in the Philippines found 40% felt they were not provided with appropriate food and care and were frequently left home alone.

#### *Prevalence and incidence of witnessing parental violence*

This review identified 15 studies that used probability sampling techniques in reviewing children who had witnessed parental violence. Several of these studies used either the Conflict Tactics Scale or the Revised Conflict Tactics Scale to measure witnessing violence. Among these studies, a prevalence range of 8.8% of young adults in Thailand to 19.2% of young adults in China reported witnessing parental domestic violence as a child. Another study in China found a higher percentage (27.5%) of adults who reported witnessing psychological aggression between their parents. Overall, across all studies using probability samples, the number of adults who said they had witnessed physical violence between their parents as a child ranged from 6% of adults in China to 53% of young adult males in the Philippines.

#### **There is a growing evidence base on child sexual abuse in the region showing that for many young people, their first sexual experience is forced sex.**

For many adolescents and young women, their first experience of sexual intercourse is forced. The WHO multicountry study asked about first experiences of sexual intercourse that were forced and found 5% of women in provincial Thailand, 4% of women in urban Thailand and 0.4% of women in urban Japan reported their first sexual experience was forced sex (Yoshihama & Horrocks, 2010 & WHO, 2005). Another study in Thailand found that 8% of the women surveyed reported their first sexual experience was forced (Im-Em, Kanchanachitra & Archavanitkul, 2005). This frequency was much higher among prostituted children and young women, 19.8% of whom reported that their first sexual experience was rape (ILO/IPEC, 2005).

#### **Child labour remains an important issue affecting many of the countries in the region.**

Based on data from representative and probability samples, the prevalence of child labour ranges from 6.5% of children in Viet Nam to 56% of children in a fishing area in Cambodia. The UNICEF Multiple Indicator Cluster Surveys (MICS) provide data on the percentage of children currently working in several countries in the East Asia and Pacific region. Prevalence ranges from 5.4% in Indonesia to 32.4% in the

Lao People's Democratic Republic. This review includes several studies examining the worst forms of child labour including the involvement of children in the drug trade and other hazardous environments. Several studies also highlight the consequences of child labour, including abusive and exploitative working conditions and the impact on truancy and vulnerability to further abuse.

**Research is continuing to emerge on the conditions surrounding the commercial sexual exploitation and trafficking of children.**

Commercial sexual exploitation of children (CSEC) refers to the sexual abuse and use of children for commercial purposes such as prostitution, pornography, trafficking for sexual purposes and the selling of children. No population-based probability data exists in the region to determine the prevalence and incidence of CSEC, however several smaller studies have been conducted to gain a better understanding of the numbers of children sexually exploited and the conditions of that exploitation. One example is a rapid assessment study of 272 commercially exploited children in Jakarta, Lampung, Lombok, Batam, Bandung, Bali and Pontianak in Indonesia. Researchers found that children between the ages of 12 and 18 were victims of CSEC including prostitution, pornography, trafficking for sexual purposes, sex tourism and early marriage or child marriage.

**To date, the research on the consequences of child maltreatment has focused primarily on mental health.**

Research published in peer-reviewed journals has largely focused on the mental health impacts of child maltreatment in the region. This includes research on the linkages between depression, mental disorders, self-esteem, suicide ideation, self-harm and even changes in brain matter as a result of histories of child abuse and maltreatment. Less research has been done linking child maltreatment to physical health outcomes such as HIV/AIDS, sleep disorders and self-rated quality of health or measures of overall health and well-being.

**There is a strong evidence base highlighting the link between suicide ideation and attempts and child maltreatment in the region.**

This review found that the relationship between child sexual and physical abuse and suicide ideation exists for several age groups including middle and high school students and adults. A study of middle school students in China found that those with a history of either physical maltreatment or child sexual abuse were 2 and 3.5 times respectively more likely to have suicide ideation than students without a history of abuse. A study of 8th grade (form 2) students in Hong Kong found that those who reported having ever been beaten to the point of injury by a family member were more likely to have contemplated self-harm than other students. The relationship between child physical and sexual abuse and suicide ideation continues into adulthood. A household survey with adolescents and adults in Hong Kong found that those who reported a history of child sexual abuse were seven times more likely to report suicide ideation than those who did not. This relationship still remained strong after controlling for other factors that may influence suicide ideation such as gender, age, and alcohol and drug abuse.

**There is a lack of high quality qualitative and mixed method studies from the region.**

Despite the growth in studies overall, there remains a lack of high quality qualitative and mixed method studies from the region. Very few qualitative studies received high quality ratings in this review primarily due to the lack of detailed information on data sampling techniques and data analysis. All the qualitative studies rated strongly in their importance to the field and the recommendations and conclusions drawn. The evidence base and contextual information provided by qualitative studies in the region could be strengthened by a continued focus on the study design and documenting and writing up quality qualitative research.



# **PART I**

## **The Systematic Review Process**



# 1

## Introduction

### 1.1 Background and purpose of the systematic review

Child maltreatment is prevalent in every society. To date, however, no study has systematically reviewed all the published and unpublished research that has been conducted on the prevalence and incidence of child maltreatment in the East Asia and Pacific region. This review seeks to bridge this gap by detailing research undertaken in the last 10 years on the magnitude (prevalence and incidence) of child maltreatment and also to systematically review the outcomes for children that have experienced abuse and exploitation.

This review was funded by the UNICEF East Asia and Pacific Regional Office (EAPRO) as part of the development of a regional package of evidence on child maltreatment in order to inform policies and programmes for prevention and response. Specifically, the study is the first stage of a regional costing exercise to estimate the economic costs of child maltreatment to individuals, families and society, and will inform the conduct of a prevalence and attributable fractions review that will estimate the burden and consequences of child maltreatment in the region. Both reviews will contribute to the development of a regional model for estimating the economic costs of child maltreatment. The evidence will contribute toward the fulfilment of UNICEF's Medium Term Strategic Plan (MTSP) Focus Area 4 (Child Protection from Violence, Exploitation, Neglect and Abuse), which aims to strengthen national child protection systems. This systematic review, coupled with future studies, will form components of this package of evidence in order to advocate with and to inform governments in the region on the scale and nature of child maltreatment, the costs incurred by it, and ultimately, how to resource such systems and effectively target interventions.

Significant technical guidance was provided by a regional research advisory committee established in 2010, consisting of child maltreatment and violence experts from the World Health Organization (WHO), University of Hong Kong, Queensland University of Technology, University of Georgia, FISCO Inform LLC, Child Frontiers and UNICEF EAPRO.

### 1.2 Definitions

This systematic review seeks to answer the question, 'what are the magnitude and consequences of child maltreatment in the East Asia and Pacific region'? In terms of definitions for this systematic review, the definition of 'child' as set forth in the Convention on the Rights of the Child (CRC) will be used. According to the CRC, a child includes "a human being below the age of 18 years unless under the law applicable to the child, majority is attained earlier" (UN General Assembly, 1989).

For the purposes of this study, “child maltreatment constitutes all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child’s health, survival, development or dignity in the context of a relationship of responsibility, trust or power” (Krug et al., 2002). Each of these categories of child maltreatment is further defined below with definitions from the WHO report on violence and health (2002).

### Physical abuse

For this study, physical abuse will be defined as “... that which results in actual or potential physical harm from an interaction or lack of an interaction, which is reasonably within the control of a parent or person in a position of responsibility, power or trust. There may be a single or repeated incidents” (Krug et al., 2002).

### Corporal punishment

This study examines the use of corporal punishment against children. The Committee on the Rights of the Child defines corporal punishment in the following way: “... any punishment in which physical force is used and intended to cause some degree of pain or discomfort, however light. Most involves hitting (‘smacking’, ‘slapping’, ‘spanking’) children, with the hand or with an implement – whip, stick, belt, shoe, wooden spoon, etc. But it can also involve, for example, kicking, shaking or throwing children, scratching, pinching, burning, scalding or forced ingestion (for example, washing children’s mouths out with soap or forcing them to swallow hot spices). In the view of the Committee, corporal punishment is invariably degrading. In addition, there are other non-physical forms of punishment which are also cruel and degrading and thus incompatible with the Convention. These include, for example, punishment which belittles, humiliates, denigrates, scapegoats, threatens, scares or ridicules the child” (General Comment, No.8, 2006, paragraph 11).

### Sexual abuse

Child sexual abuse is “the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violate the laws or social taboos of society. Child sexual abuse is evidenced by this activity between a child and an adult or another child who by age or development is in a relationship of responsibility, trust or power, the activity being intended to gratify or satisfy the needs of the other person.”\*

### Emotional abuse

Emotional abuse involves “the failure to provide a developmentally appropriate, supportive environment, including the availability of a primary attachment figure, so that the child can develop a stable and full range of emotional and social competencies commensurate with her or his personal potentials and in the context of the society in which the child dwells. There may also be acts towards the child that cause or have a high probability of causing harm to the child’s health or physical, mental, spiritual, moral or social development. These acts must be reasonably within the control of the parent or person in a relationship of responsibility, trust or power. Acts include restriction of movement, patterns of belittling, denigrating, scapegoating, threatening, scaring, discriminating, ridiculing or other non-physical forms of hostile or rejecting treatment” (Krug et al., 2002).

### Exploitation

Commercial or other exploitation of a child refers to “use of the child in work or other activities for the benefit of others. This includes, but is not limited to, child labour and child prostitution. These activities are to the detriment of the child’s physical or mental health, education, or spiritual, moral or social-emotional development” (Krug et al., 2002). Child exploitation also includes the recruitment and use of children in armed conflict, child trafficking and the sale of children.

---

\* *Report of the consultation on child abuse prevention, 29-31 March 1999. Geneva, World Health Organization, 1999 (document WHO/HSC/PVI/99.1).*

## Neglect

Neglect can be defined as “the failure to provide for the development of the child in all spheres: health, education, emotional development, nutrition, shelter, and safe living conditions, in the context of resources reasonably available to the family or caretakers and causes or has a high probability of causing harm to the child’s health or physical, mental, spiritual, moral or social development. This includes the failure to properly supervise and protect children from harm as much as is feasible” (Krug et al., 2002).

## Children living and working on the streets

In a situational analysis conducted by UNICEF, ‘street children’ are defined as:

- Children from migrant families living and working on the street in public areas, with one or both parents or guardians;
- Children working on the street who live at home with their parents or guardians; or
- Children who have left home for economic reasons and live and work on the street, in public areas such as parks or under bridges in cities, without their parents or guardians (MOLISA & UNICEF Viet Nam 2008 as cited in UNICEF, 2010).

## Peer violence

This review expands beyond a narrow definition of child maltreatment to capture peer violence among children. The UN Secretary-General’s Study on Violence Against Children (2006) highlighted not only violence against children in the home but also in school and community settings. This systematic review will capture the current evidence base around peer violence as it occurs in school settings in the form of bullying and within intimate partnerships.

## Consequences of child maltreatment

To get a sense of the wider societal impact of child maltreatment, as well as on the individual child, this review will also focus on research that has examined the outcomes and consequences of abuse. It is well documented that children who have suffered abuse or neglect are more likely to experience adverse outcomes throughout their life, manifested through poorer physical and /or mental health status; issues with development of relationships with peers and adults later in life; high risk health behaviour; and behavioural problems, including aggression and adult criminality. Furthermore, such costs are borne not only by children and their families, but also by society at large, as reflected in related costs for medical services child protection services and out-of-home care; lost labour productivity; incarceration and treatment of offenders; law enforcement responses, those incurred through prosecution of perpetrators within the judicial system; and contributions from community volunteers and civil society organizations (UNICEF, 2010).

For the purposes of this review, these potential outcomes and effects of child maltreatment have been grouped into five overarching categories: 1) effects on education and employment, 2) effects on mental health and behaviour, 3) effects on physical health and sexual behaviour, 4) effects on aggression, violence and criminality and 5) impact on service use. These five categories have been identified in a global review of systematic reviews on child maltreatment (Gilbert et al., 2009).

## 1.3 Measurement

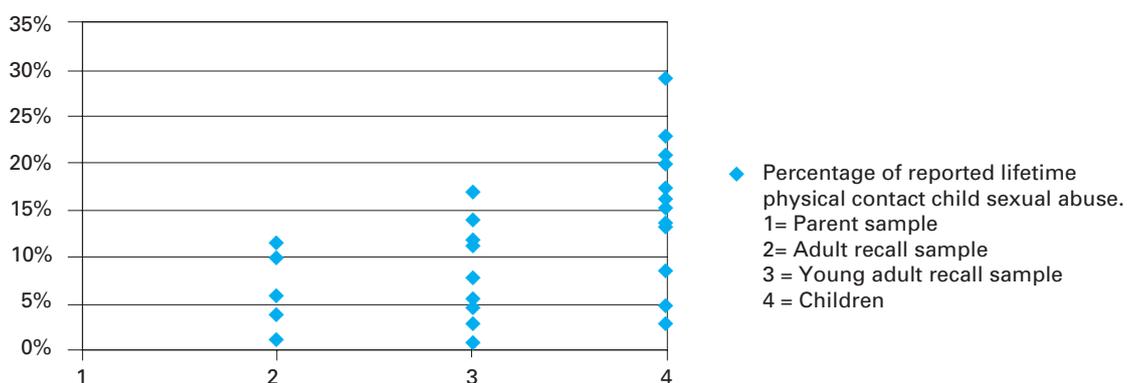
There are several methodological issues involved in measuring child maltreatment. For example, studies of sexual abuse research have shown that much of the variance between study findings may

in fact be due to methodological issues. Sampling designs in addition to the type of respondent (adult, child) and method of survey have been shown to impact findings. Specifically, self-administered surveys may increase the risk of false negatives (i.e. people who say they were not abused when they were) and thus may underestimate actual prevalence numbers (Pereda et al., 2009). However, studies by researchers in China have found that self-administered questionnaires, especially for sensitive topics such as child sexual abuse, cause less embarrassment and produce higher response rates (Tang, 2002).

Another factor involves adult or retrospective recall of adverse events in childhood, which may cause errors in estimating prevalence. This could be due to several factors including recollection, subsequent experiences that may influence memories and not being able to remember issues such as ‘timing’ or specifics during the early years of life (Hardt & Rutter, 2004). Similarly, research has shown that accuracy and inaccuracy in reporting prior experiences may be related to current physical or psychological health status (Widom, Raphael & DuMont, 2004). For example, those in poor health may more easily recall early negative experiences (or label them as such) than those who are healthy (Widom, Raphael & DuMont, 2004). This is especially important when looking at the consequences of child maltreatment as retrospective self-reports may mistakenly exaggerate the associations between child maltreatment and depression, drug dependence and other key variables (Widom, Raphael & DuMont, 2004).

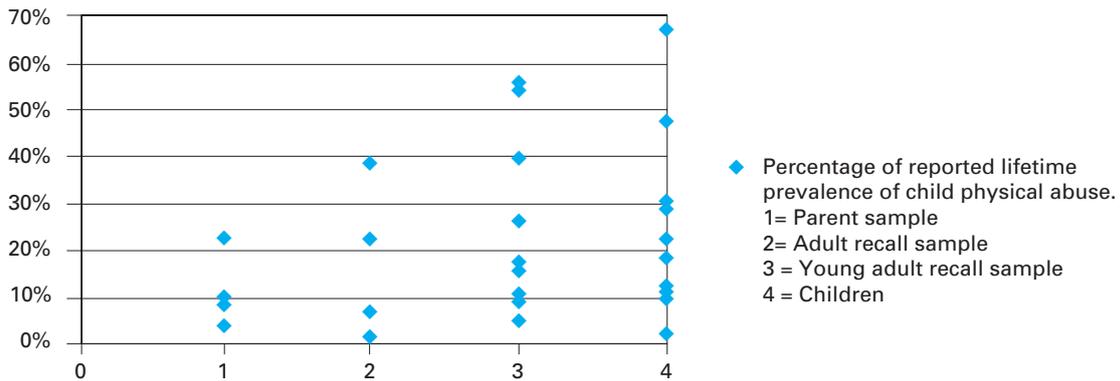
The best study design is a prospective longitudinal study. This however is very rare and costly. It is important to keep these factors in mind when reviewing the results of this review. For example if we look at Figure 1, ‘Prevalence of lifetime physical contact sexual abuse by respondent type’, we can see how high or low prevalence findings are in relation to who is taking the survey. In this graph, 1 represents studies that surveyed parents, 2 represents studies that surveyed adults about their experiences as children (adult recall), 3 represents studies conducted with young adults about their experiences as children (young adult recall) and 4 represents studies conducted with children under the age of 18. In this we clearly see an upward trend for prevalence numbers with children (4) and young adults (3); studies that sample adults about their childhood experiences appear to have lower prevalence rates than samples with children overall.

**Figure 1: Prevalence of lifetime physical contact sexual abuse by respondent type**



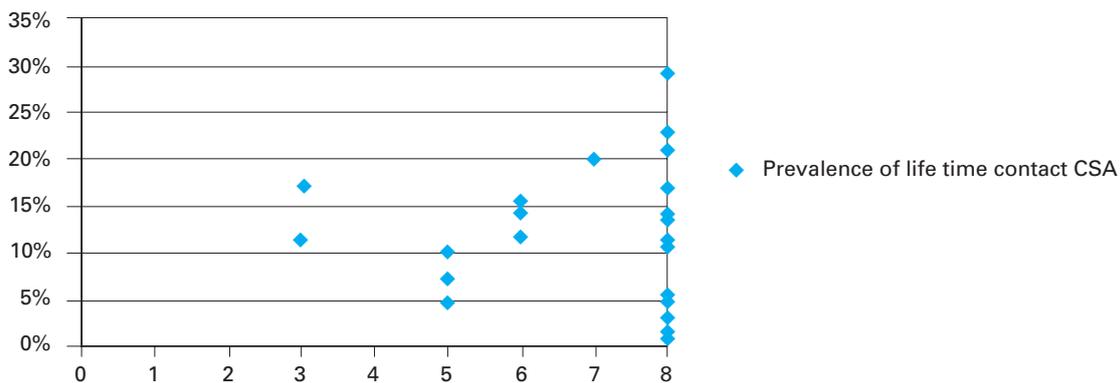
If we examine Figure 2 ‘Prevalence of lifetime physical abuse by sample type’ we see the same trend: Studies with children as respondents report the highest prevalence rates, with young adults second. Studies of adults recalling childhood experiences come third and studies with parents report the lowest rates of perpetrating physical abuse against their children.

**Figure 2: Prevalence of lifetime physical abuse by sample type**



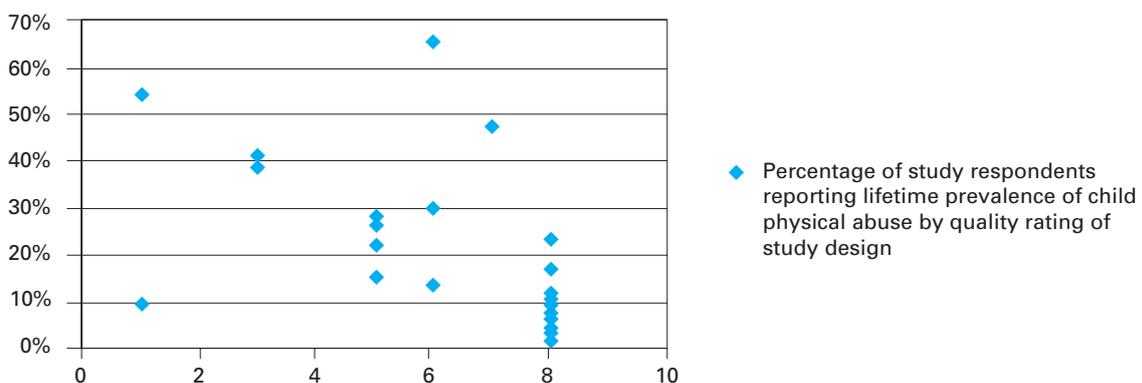
Secondly, we can measure prevalence figures against the quality rating of a study. In this review, all studies were rated according to a checklist on the quality of study design, sampling, statistical analysis and reporting of findings. In Figure 3 'Prevalence of lifetime contact child sexual abuse by study quality rating' we see a less well-formed relationship. Studies with a rating of 8 are the highest quality studies and those with a 1 are the lowest. It appears that high quality studies are also likely to have the highest range of prevalence findings. This may be due to the fact that several high quality studies are population based with large sample sizes and others are probability studies within school settings.

**Figure 3: Prevalence of lifetime contact child sexual abuse by study quality rating**



A different relationship can be observed when comparing the quality assessment with findings on lifetime physical abuse. In Figure 4, 8 is still the highest quality rating available (it goes to 10 for ease of viewing). The graph shows that high quality studies tend to return results of a lower prevalence of lifetime moderate or severe physical abuse, whereas lower quality studies reveal more varied findings.

**Figure 4: Prevalence of Lifetime Physical Abuse**



These figures highlight the assessment that study design may impact findings on prevalence of child maltreatment and that this may vary by type of abuse.

# 2

## Methodology

The need for scientifically sound recommendations in public health, social services and other sectors has led to the popularity of systematic reviews as a key methodology for reviewing existing evidence. This study employs a rigorous methodology that is drawn from the scientific techniques and guidelines offered by two internationally recognized groups that have facilitated the production of and access to systematic literature reviews on a variety of topics. The *Cochrane Reviewers' Handbook*, published by the Cochrane Collaboration (Alderson, Green, & Higgins, 2003), and the *CRD Report Number 4*, developed by the Centre for Reviews and Dissemination (CRD), University of York (Khan et al., 2001), provided a framework for the development of this review protocol. This protocol also draws from two systematic reviews that have examined child maltreatment issues: a global study by Andrews and colleagues (2004), which examined child sexual abuse, and a recent systematic appraisal of reviews on child maltreatment in high-income countries (Gilbert et al., 2009).

These review frameworks promote the collection of systematic and detailed information, reducing potential biases and revealing limitations and uncertainties in existing data. In addition to providing a comprehensive landscape of the available literature, a systematic review can also create opportunities to improve research, highlight gaps, as well as provide information to inform further studies, such as costing or burden of disease studies. The main goal of a systematic review is to gather, summarize, and integrate empirical research to help people understand the evidence (The Campbell Collaboration, 2001).

### 2.1 Inclusion criteria

A review protocol was developed and reviewed by experts in the field of child maltreatment in the region. The protocol outlined inclusion criteria for potential studies.

#### Inclusion criteria

- Primary research on the prevalence, incidence and consequences of child maltreatment in the East Asia and Pacific region.
- Published between 2000 – November 2010.
- Peer-reviewed and non peer-reviewed journal articles, presentations, dissertations or research reports.
- Geographic focus in East Asia and the Pacific region encompassing the following countries and territories: Brunei Darussalam, Cambodia, China, Cook Islands, Democratic People's Republic of Korea, Fiji, Indonesia, Japan, Kiribati, Lao People's Democratic Republic, Malaysia, Republic of the Marshall Islands, Federated States of Micronesia, Mongolia, Myanmar, Nauru, Niue,

Commonwealth of Northern Mariana Islands, Palau, Papua New Guinea, Philippines, Republic of Korea, Samoa, Singapore, Solomon Islands, Thailand, Timor-Leste, Tokelau, Tonga, Tuvalu, Vanuatu and Viet Nam.

- Research published in English or any of the languages of the countries in the East Asia and Pacific region.

First, it is important to provide some background information on the East Asia and Pacific (EAP) region and to define which countries are included in this review. The EAP region is large, comprising around two billion people, roughly one third of the world's population, including some 580 million children (UNICEF EAPRO, 2010). This region stretches from Mongolia in the north to Tonga in the south, and from Western China to the Cook Islands. The smallest country in the region is Niue, with a population of 1,700. The largest, China, has 1.3 billion people (UNICEF EAPRO, 2010). The region is incredibly diverse both culturally and linguistically.

The East Asia and Pacific region is defined according to UNICEF EAPRO to include the following countries and territories:

- Australia
- Brunei Darussalam
- Cambodia
- China
- Cook Islands
- Democratic People's Republic of Korea
- Fiji
- Indonesia
- Japan
- Kiribati
- Lao People's Democratic Republic
- Malaysia
- Republic of the Marshall Islands
- Federated States of Micronesia
- Mongolia
- Myanmar
- Nauru
- New Zealand
- Niue
- Commonwealth of Northern Mariana Islands
- Republic of Palau
- Papua New Guinea
- Philippines
- Republic of Korea
- Samoa
- Singapore
- Solomon Islands
- Thailand
- Timor-Leste
- Tokelau
- Tonga
- Tuvalu
- Vanuatu
- Viet Nam

This review focused on primary research conducted in these countries, with the exception of Australia and New Zealand. Secondary research report findings were included only when the original primary research articles and/or reports were inaccessible and when the secondary research included government statistics.

This review includes both peer reviewed and 'grey' literature (i.e. non peer-reviewed and/or unpublished research reports) that examine the magnitude (prevalence and incidence) and/or consequences of child maltreatment in the region.

This review includes research written in English or any other language of the East Asia and Pacific region. Articles and reports in languages other than English have been translated for the purposes of this review. This review is also limited to work published between January 2000 and December 2010. It is important to note that the date restrictions are for published work; the actual research may have been conducted prior to 2000 but if it was published within the last 10 years it was included in this review.

Restricting the literature to roughly the past decade, a common practice in systematic reviews, ensures the included articles reflect the most recent, though not necessarily the most groundbreaking, work in a field. Additionally, the review includes research reports, journal articles, presentations and dissertations.

### Exclusion criteria

In a global systematic review of the impact of child abuse on mental health outcomes, Andrews and colleagues (2004) developed two exclusion criteria that were also applied in this study:

- Prevalence studies with a total sample size of less than 100 were excluded unless they were from underrepresented countries, as samples of less than 100 may not produce reliable prevalence estimates.
- Studies where the population was sampled on the basis of the presence of a specified outcome were excluded. For example, we would exclude a study that sampled suicidal and depressed adolescents in country X to find out if they had experienced abuse and neglect. But we would include a study that sampled youth who were and were not exposed to abuse and neglect about their mental health and potential self-harming behaviour. The reason for excluding sampling based on presence or absence of an outcome variable is that these cannot be used to calculate a relative risk for that outcome (Steiner 1998 as cited in Andrews et al, 2004). Therefore, in this review, case-control studies were only included if the 'cases' are individuals exposed to one or more of the child maltreatment variables and 'controls' are those who are not exposed (Andrews et al., 2004).

## 2.2 Search strategy

The following electronic databases were searched for journal articles that met the inclusion criteria:

- |   |   |
|---|---|
| ■ PubMed/Medline  | ■ SocIndex                                  |
| ■ ProQuest Research Library                             | ■ Family and Society Studies Worldwide      |
| ■ PsycINFO (EBSCOhost)                                  | ■ Google                                    |
| ■ ScienceDirect (Elsevier Journals Online)              | ■ Google Scholar                            |
| ■ CINAHL-ebsco  | ■ Social Science Citation Index (SSCI), and |
| ■ EMBASE  | ■ Korea Med.                                |
| ■ ERIC  |   |
| ■ National Criminal Justice Reference Abstracts (NCJRS) |   |
| ■ Violence and Abuse Abstracts                          |   |
| ■ Social Work Abstracts                                 |   |

All dissertations completed in United States universities were searched through the ProQuest Dissertations and Theses Database, which accesses the University of Michigan dissertation library. Key review articles on child maltreatment in the region were read and the references manually checked to ensure all relevant articles were located. The references for these review articles are presented at the end of the bibliography.

In addition, articles from the last 10 years were reviewed from the following journals:

- *Child Abuse and Neglect*,
- *Child Maltreatment*,
- *Child Abuse Review*, and
- *Journal of Interpersonal Violence*.

<b>Question:</b> What are the magnitude and consequences of child maltreatment in the East Asia and Pacific region'?		
<b>Question Part</b>	<b>Question Term</b>	<b>Synonyms</b>
<b>Population</b>	Children	Child, teenagers, adolescents, adolescence, pre-teens, young people, youth, babies, infants
<b>Setting</b>	East Asia and Pacific region	Brunei Darussalam, Cambodia, China (included search terms focused on 'Hong Kong' and 'Taiwan'), Cook Islands, Democratic People's Republic of Korea, Fiji, Indonesia, Japan, Kiribati, Lao People's Democratic Republic, Malaysia, Republic of the Marshall Islands, Federated States of Micronesia, Mongolia, Myanmar, Nauru, Niue, Commonwealth of Northern Mariana Islands, Republic of Palau, Papua New Guinea, Philippines, Republic of Korea, Samoa, Singapore Solomon Islands, Thailand, Timor-Leste, Tokelau, Tonga, Tuvalu, Vanuatu and Viet Nam
<b>Study factor</b>	Child maltreatment a. Physical abuse b. Sexual abuse c. Emotional abuse d. Neglect e. Exploitation	1. Child abuse, child welfare, child neglect, maltreated children, child protection  a. Slapping, hitting, hurting, punching, burning, corporal punishment, punishment, near miss child death, child death, intentional injury, child harm, intimate partner violence, dating violence, gender based violence  b. Sexual harassment, molestation, incest, rape, sexual violence, attempted rape, forced sex, forced oral sex, sexual assault, inappropriate touching, forced marriage, sexual harm, dating violence, sexual- and gender-based violence, intimate partner violence, sexual trauma, rape as an act of war, rape in conflict settings  c. Emotional harm, attachment, mental abuse, belittling, denigrating, scapegoating, threatening, scaring, discriminating, ridiculing, hostile treatment, controlling, rejecting, witnessing intimate partner violence/ domestic abuse/domestic violence  d. Lack of nutrition, child hunger, starving child, shelter, unsafe living conditions, poor health, controlling, lack of appropriate care and supervision  e. Compulsory labour, forced labour, child work, child labour, child prostitution, recruitment into armed conflict, child war soldiers, used in armed conflict, child trafficking, sale of children, slavery, debt bondage, serfdom, child pornography, pornographic performances, illicit activities, use of children in drug trafficking, commercial sexual exploitation of children
<b>Design</b>	Prevalence Incidence Consequences	Observational studies, case-control, cohort, cross-sectional, longitudinal, prospective, retrospective, surveillance, outcomes, qualitative, quantitative

The 9th edition of the *World Perspectives on Child Abuse*, published by the International Society for Prevention of Child Abuse and Neglect (ISPCAN), was also reviewed, as well as a manual search of references in this publication for additional articles and reports that met the inclusion criteria.

There is at least one country in the region (China) that produces a large number of primary research reports and articles in their original language. Many of these articles and reports are unlikely to be indexed in English-language databases. To address this issue, the reviewer consulted with researchers in China to ensure inclusion of Chinese-language primary research articles.

Overall, 52 articles and reports included in this review were translated from their original language into English.

### Subject heading and keyword searches

This review utilised both free text and controlled vocabulary of subject heading and keyword searches to identify articles and grey literature via electronic databases. To provide the broadest coverage of articles, the initial search terms consisted of:

- Type of maltreatment
- Location (country)

An example of a keyword search is as follows:

'child' (child, childhood, children) AND ('maltreatment', 'sexual abuse', 'physical abuse', 'exploitation', 'neglect') AND ('Cambodia', 'China', 'Cook Islands', 'Fiji', 'Indonesia', 'Kiribati', 'Republic of Korea', 'People's Democratic Republic of Lao', 'Malaysia', 'Marshall Islands', etc.).

The search concepts will use a wide variety of synonyms and related terms combined with 'OR' within each concept. One example is the concept of 'children' and utilising the synonyms of 'child', 'teenagers', 'adolescents', 'adolescence', 'pre-teens', 'young people', 'youth', 'babies' or 'infants' in the search strategy. An example of this strategy is presented in the table.

In addition to journal articles, the review includes a search of publicly available conference presentations. Such presentations are important as conferences are often the first venues in which both academic and applied research are presented. It can be several years after a conference presentation before some research is written up into peer-reviewed publications or research reports.

This review searched for publicly available presentations from the following international child maltreatment conferences:

- International Society for Prevention of Child Abuse and Neglect (ISPCAN),
- Sexual Violence Research Initiative,
- International Conference on Child Labour, Abuse and Neglect,
- The Institute on Violence, Abuse and Trauma's (IVAT) Annual international Conference,
- The International Conference on Child Labour and Child Exploitation, and
- World Congress II and III against the Commercial Sexual Exploitation of Children.

Other key meetings, conferences and consultations from the region, which included presentations, were also examined for this review.

### Grey literature

Identifying grey literature is an important component of this systematic review. Key grey literature sources included research done by international non-governmental organizations (INGO's) and community-based organizations (CBO's), as well as research reports from national and provincial government sources.

This review utilised the following search approaches for identifying grey literature:

1. Outreach to INGO's and CBO's in the region,
2. Outreach to provincial and national government sources,
3. Identification and outreach to experts on child maltreatment in the region, and
4. Outreach to practitioners and researchers via regional and international listservs.

In addition to reaching out to individual experts based in INGOs and CBOs, a thorough scan of key websites used by child protection programme staff in the region was completed. This scan identified both grey literature and organizations/individuals who may have links to grey literature. These websites included:

- [www.crin.org](http://www.crin.org) (and [www.crin.org/bcn](http://www.crin.org/bcn))
- [www.childtrafficking.org](http://www.childtrafficking.org)
- [www.childtrafficking.com](http://www.childtrafficking.com)
- [www.endcorporealpunishment.org](http://www.endcorporealpunishment.org)
- [www.unicef-irc.org](http://www.unicef-irc.org)
- [www.ecpat.net](http://www.ecpat.net)

In addition, a call for submissions of grey literature was included in the Sexual Violence Research Initiative's (SVRI) listserv.

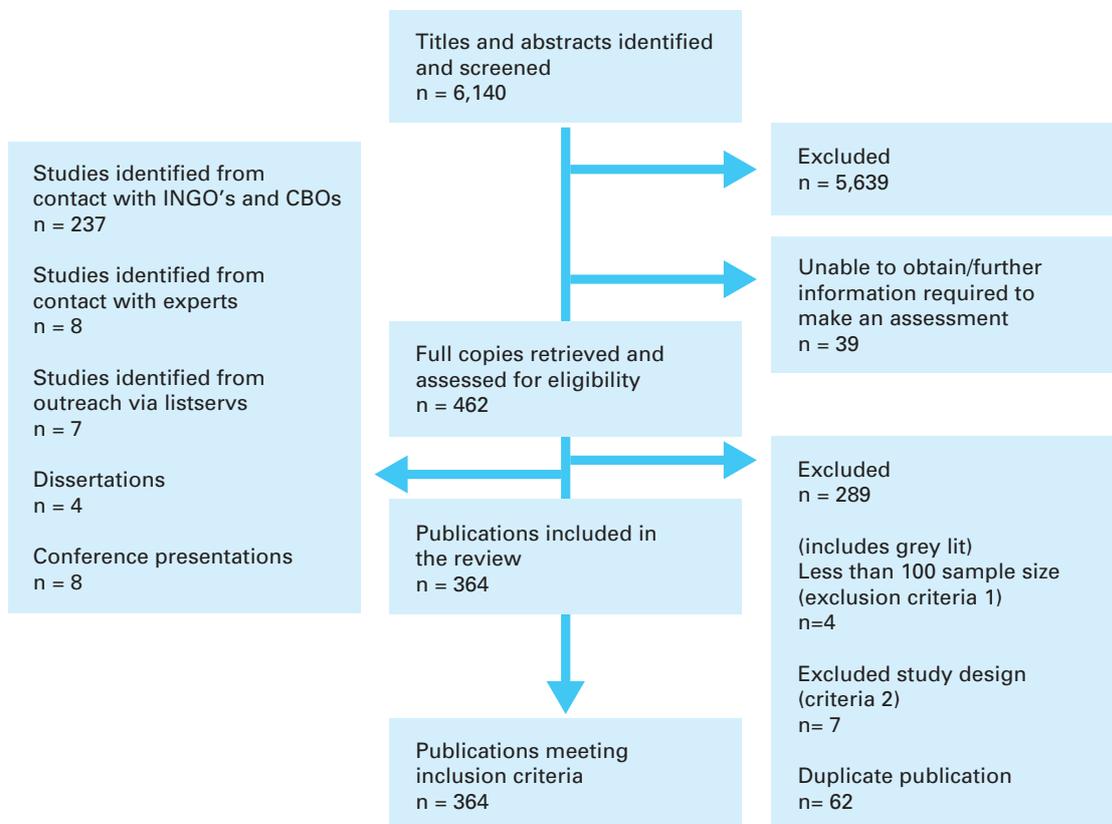
## 2.3 Study selection

All abstracts (for peer-reviewed journal articles), conference presentation abstracts, dissertation abstracts and grey literature executive summaries were examined to determine whether they met the inclusion criteria. If they did, full documents were retrieved and again reviewed against the criteria.

When the abstract or executive summary did not provide sufficient information to determine inclusion, the full article was retrieved for further examination. Articles and other documents that ultimately met the inclusion criteria were reviewed using the data abstraction and quality assessment forms. Relevant review articles were also examined as an additional measure to ensure all articles meeting the inclusion criteria were located.

Research studies may publish multiple articles on the same data or different aspects of the research. Where multiple articles or reports use the same data only the most recent is included in this review. However, when multiple articles from the same dataset/research study explored and presented on different aspects of child maltreatment, those articles were combined into one data extraction and one quality assessment form. Wherever this was done, all the publications were referenced on the data abstraction form.

The following graph illustrates the key data from each stage of the review.



## 2.4 Data abstraction and quality assessment

A data extraction tool was utilised to extract bibliographical details and descriptive data about each study included in the review.

Extracted information includes:

- |  |  |
|--|--|
| ■ Year of publication  | ■ Year of publication  |
| ■ Country(ies) in which the study was conducted                          | ■ Country(ies) in which the study was conducted                          |
| ■ Authors  | ■ Authors  |
| ■ Original language of publication                                       | ■ Original language of publication                                       |
| ■ Location of study  | ■ Location of study  |
| ■ Study eligibility criteria   | ■ Study eligibility criteria   |
| ■ Population and population characteristics                              | ■ Population and population characteristics                              |
| ■ Research question  | ■ Research question  |
| ■ Study design   | ■ Study design   |
| ■ Methods/setting of data collection                                     | ■ Methods/setting of data collection                                     |
| ■ Duration of data collection  | ■ Duration of data collection  |
| ■ Model/theory   | ■ Model/theory   |
| ■ Sample size  | ■ Sample size  |
| ■ Author-reported limitations/weaknesses of study design and methods     | ■ Author-reported limitations/weaknesses of study design and methods     |
| ■ Prevalence of child maltreatment                                       | ■ Prevalence of child maltreatment                                       |
| ■ Key findings on the outcomes of child maltreatment                     | ■ Key findings on the outcomes of child maltreatment                     |
| ■ Any other relevant information on study design, population or findings | ■ Any other relevant information on study design, population or findings |

In addition to data abstraction, each article was reviewed for data quality. For studies reporting prevalence, the Guidelines for Evaluating Prevalence Studies developed by Boyle (1998) were used. These guidelines measure the quality of studies across three main areas: sampling, measurement and analysis.

For case control and cohort studies, the Newcastle-Ottawa Scale (NOS) for assessing the quality of non-randomized studies in meta-analyses was used (Wells et al., 2010). This scale examines research studies in three categories: selection, comparability and exposure. A study can receive a maximum of one star for each numbered item within the first two categories (selection and exposure) and a maximum of two stars for each item in the comparability section.

To assess qualitative data, a pre-developed and tested assessment tool, the Critical Review Form - Qualitative Studies (version 2.0), was used (Letts et al., 2007). This tool looks at several important criteria for measuring the quality of qualitative data. These include: clarity of study purpose; appropriateness of study design; sampling; procedural rigour; analytical rigour; auditability; credibility; transferability and dependability.

For studies that fell outside of the range of these quality assessment tools (such as secondary data analysis or clinical case reviews), the key variables of setting, study design, biases/limitations reported and outcomes were documented on the data abstraction form.

A detailed table of the quality assessment ratings for each study are included in Appendix D. The complete data abstraction forms for all studies are located in Appendix A.

## 2.5 Limitations

This study gives a systematic overview of the prevalence, incidence and consequences of child maltreatment within the East Asia and Pacific region. However, it is beyond the scope of this report to explore the contextual, push/pull or risk factors that allow child maltreatment to occur in the first place. Due to the nature of documenting and disseminating grey literature and the reliance of this study on submissions by national and international non-governmental organizations, experts and key stakeholders, it is possible some potential studies have been overlooked. Every effort has been made to minimise this limitation through a comprehensive outreach to experts who assisted with identification of reports and studies.

Another potential limitation is the lack of a specific quality assessment tool for child maltreatment studies. Those used were primarily from the public health field but may not take into account methodological issues particular to the child maltreatment field, such as sampling hard-to-reach populations (for example in trafficking research) or research with children. Furthermore, the quality assessment tools are a way to compare the design and analysis of studies. Results should not be confused with any appraisal of the relevance or usefulness of a study in the field of child maltreatment response or prevention. Further work should be done to develop a quality assessment tool specific to the field of violence against children.

Another potential limitation in this study arises from the lack of dual quality assessment ratings conducted by independent researchers. One researcher conducted the quality assessments of the included studies and this should be taken into consideration when viewing the results. Wherever possible, additional study information such as definitions, sample size, sampling technique, measurement tools and author-reported limitations have been provided for each included study.

# 3

## Description and Quality Assessment

All the studies included in the findings of this report are presented below with a snapshot of information relating to sample size, study design, the research question the study addresses (i.e. prevalence, incidence and/or a combination of these) and the quality assessment. More detailed information on each of the studies is available through the data abstraction forms in Appendix A and the quality assessment tables in Appendix D.

## **PART II**

# **The Findings**



# 4

## Prevalence and incidence of child maltreatment

The findings in this section highlight the extent and magnitude of child maltreatment in the East Asia and Pacific region. The research covers every area of child maltreatment including physical, sexual and emotional abuse, as well as neglect, witnessing violence, exploitation and peer violence.

The findings are presented by type of abuse. Within each section, a brief overview of the topic is presented along with the key measurement tools and questions used to assess the type of violence within the studies presented. This findings section includes many prevalence and incidence tables in order to provide an at-a-glance snapshot on the research for a given type of child maltreatment. Within each table, studies are presented in alphabetical order by country and within each country in alphabetical order by first author and date of the study. Studies are also divided into separate tables for those that use randomized sampling methods, and can thus be representative of the population, and those that employ a convenience sampling technique. Information is also presented for clinical samples and findings are separated out by gender where appropriate. Lastly, studies that do not fit within the tables but pertain to the topic are discussed in the text of that section.

Further information on the studies can be found in the data abstraction forms in Appendix A.

### 4.1 Physical abuse

---

Prevalence and incidence of child physical abuse

Overview to section

**Number of studies:** 87

**Number of articles/reports:** 94

**Topical areas covered in this section:** child physical abuse, corporal punishment and child deaths

**Countries and territories represented:** 18 including Cambodia, China, Fiji, Japan, Kiribati, Malaysia, Federated States of Micronesia, Mongolia, Papua New Guinea, Philippines, Republic of Korea, Singapore, Solomon Islands, Thailand, Timor-Leste, Tonga and Viet Nam.

**Range of dates for studies:** Data from 1995–2010 and studies published from 2000–2010

### **Brief summary**

This section includes 87 studies on physical abuse and maltreatment of children in the East Asia and Pacific region. Of these studies, 22 are drawn from some type of probability sample, 5 are government reports, 19 were conducted with a clinical or service-based sample and 8 studies are of child deaths. The remainder are school-based and convenience samples. This section includes a range of physical abuse from corporal punishment to child deaths.

---

The reviewed studies highlighted a range of maltreatment from moderate to severe physical abuse. Corporal punishment is presented in a separate section and the original language of the study is used in the presented findings whenever possible (i.e. corporal punishment or physical abuse). Also included in the physical abuse section are studies that document the prevalence of child deaths. For this study, physical abuse will be defined as “... that which results in actual or potential physical harm from an interaction or lack of an interaction, which is reasonably within the control of a parent or person in a position of responsibility, power or trust. There may be single or repeated incidents” (Krug *et al.*, 2002).

Findings from representative samples show a range of prevalence. It is interesting to note the difference in prevalence findings according to *who* is surveyed (i.e. parents vs. children) and *what* questions are asked.

## **Measurements**

Physical abuse is often measured on a continuum of behaviours ranging from moderate to severe and not every study will be assessing the same behaviours. Unless we examine the questions that are asked in studies, we are unable to understand what prevalence and incidence numbers really mean and will be unable to directly compare studies.

Unlike other areas of child maltreatment, many of the studies examining physical abuse utilise the same questions and survey instruments. The measurement tools used to assess the prevalence and incidence of physical abuse are summarised below. The measurement questions used are also included in each of the tables to give a better understanding of what we can and cannot say in comparing these studies. Several studies utilise researcher-developed questions. When this is the case, the questions or items assessed have been presented in the tables. Where more than one question or item assessed it is usually due to researchers treating this as a scale and looking at the range of answers to determine the prevalence of a given form of abuse.

### Physical violence measurements used:

- **Abuse Assessment Screen Questionnaire:** A five-to-six item short questionnaire primarily used to assess domestic violence during pregnancy that can be adapted for physical child abuse questions (McFarlane, Parker, Soeken et al., 1992). The main questions include whether “within the last year, have you been hit, slapped, kicked or otherwise physically hurt by someone?” and to relate the most severe incident of abuse.
- **Adverse Childhood Experiences Questionnaire:** Developed by the Centers for Disease Control and Prevention, the questionnaire examines two physical abuse items, as well as a range of other adverse childhood experiences, including: Did a parent or other adult in the household a) often or very often push, grab, slap or throw something at you? B) Often or very often hit you so hard that you had marks or were injured?
- **Conflict Tactics Scale (CTS):** The Conflict Tactics Scale is the most widely used measurement scale by the studies in this review. It was created in 1979 by Murray A. Straus and has been used extensively in studies worldwide. The developers of the scale note that the original CTS was designed for use with married, cohabitating or dating partners and modifications were required (primarily in changes in wording from ‘your partner’ to a specific child or for an adult taking the survey recalling childhood experiences) to measure child maltreatment. While this scale has been used extensively to measure child maltreatment, some parental behaviours were not included (Straus & Hamby, 1997).
- **Revised Conflict Tactics Scale (CTS2):** The Revised Conflict Tactics Scale was developed primarily to measure intimate partner violence but can be adapted for child abuse. There are five scales including: negotiation, psychological aggression, physical assault, sexual coercion and injury. In the physical assault scale there are 12 items including: a) kicked, bit or punched, b) slapped, c) beat up, d) hit with something, e) choked, f) slammed against a wall, g) grabbed, h) something thrown at that could hurt, i) used knife or gun on, j) pushed or shoved, i) twisted arm or hair and j) burned or scalded on purpose (Straus et al., 1996).
- **Parent-Child Conflict Tactics Scale (CTSPC):** The parent-child version of the Conflict Tactics Scale has scales to measure: 1) physical assault, 2) psychological aggression, 3) non-violent discipline techniques and 4) neglect. The unique feature of this scale is that it measures the behaviours of parents in specific acts of physical and psychological aggression regardless of whether the child was injured (Straus, Himby, Finkelhor et al., 1998). Similar to any of the other scales, the wording can be changed depending on if respondents are parents, children or adults recalling childhood experiences. The physical assault scale includes 13 items: a) spanked on bottom with bare hand, b) slapped on the hand, arm, or leg, c) hit on the bottom with a belt, a hairbrush, a stick or some other hard object, d) shook him/her (for those under 2 and children older than 2), e) hit some other part of the body besides the bottom with a belt, a hairbrush, a stick, f) pinched him/her, g) slapped on the face, head or ears, h) hit with a fist or kicked hard, i) threw or knocked down, j) beat up, that is you hit him/her over and over as hard as you could, k) grabbed around neck and choked, l) burned or scalded on purpose and m) threatened with a knife or gun.

This scale has been validated in Chinese and includes a culturally adapted scale:

- *Minor assaults such as:* a) parents spanked you on the bottom with bare hands, b) parents hit you on the bottom with something like a belt, hairbrush, a stick or some other hard object, c) parents slapped you on the hand, arm or leg, d) parents pinched you, e) parents pushed or shook you.

- *Severe assaults that include:* a) parents slapped you on the face or head or ears, b) parents hit you on some other part of the body besides the bottom with something like a belt, hairbrush, a stick or some other hard objects, c) parents threw or knocked you down, d) parents hit you with a fist or kicked you hard.
- *Very severe assaults which includes:* a) parents beat you up, that is they hit you over and over as hard as they could, b) parents grabbed you around your neck and choked you, c) parents burned or scalded you on purpose, d) parents threatened you with a knife or gun, e) parents pressed your head under water, or used sharp objects, like a knife or broken glass, to hurt you (Leung, Wong, Chen, Tang, 2008; Wong, Chen, Goggins, et al., 2009; Tang, 2006).

- **Trauma Assessment for Adults-Self Report Form (TAA):** The Trauma Assessment for Adults-Self Report Form is a 17-item self-report form that is based on the National Women’s Study (NWS; Kilpatrick, Resnick, Saunders, & Best, 1989; Resnick, Kilpatrick, Dansky, Saunders, & Best, 1993; Wilson & Keane, 1997). The TAA inquires about a wide range of traumatic experiences, such as serious accidents or injuries, child sexual abuse, child physical abuse, adult physical abuse, witnessing someone die or be seriously injured, and homicide of a family member. For the two items assessing child physical abuse, participants are asked about experiences of being hit, slapped, kicked, shoved, shaken or punched by a parent or someone in charge of them before they were 18 years old. They are also asked about being attacked with a weapon. For these questions, participants answer additional follow-up questions (e.g., age of first and last occurrence, relationship to perpetrator, physical injury sustained, disclosure). Participants are then asked whether or not they consider themselves to have been physically abused.
- **Life Events and Social History Questionnaire:** This tool is a checklist which measures major and often traumatic life events and has been adapted by de Jong, et al., 2001 to measure a variable called Youth Domestic Stress: This domain of 14 variables captures adverse experiences (e.g., insulting, threatening, beating) in the family before age 12.
- **National Comorbidity Survey (NCS):** Conducted by the WHO World Mental Health Survey Initiative it explores the connections between childhood adversities (among other traumatic events) and different types of mental disorders. The measurement includes 12 items occurring before age 18, including: interpersonal loss, which includes: a) parental death, b) parental divorce, c) other separation from parents; parental maladjustment, which includes: a) mental illness, b) substance misuse, c) criminality, d) violence; maltreatment, including: a) physical abuse, b) sexual abuse, c) neglect; and other childhood adversities, including: a) life-threatening respondent physical illness, and/or b) family economic adversity (Kessler, Greene, Gruber, et al., 2010). Within this scale, family violence and physical abuse are assessed with a modified version of the Conflict Tactics Scale.
- **Early Trauma Inventory Self Report Short Form (ETISR-SF):** The ETI-SF is a 19-item clinician or self-administered structured interview that assesses reports of childhood physical abuse, sexual abuse, emotional abuse, and early major adverse life events such as parental loss or serious illness. It is adapted from the Early Trauma Inventory (Bremner, Vermetten & Mazure, 2000). The short form is a checklist that has questions about experiences in four areas before the respondent was 18 years old: 1) general traumas, 2) physical punishment, 3) emotional abuse and 4) sexual events. The physical punishment section includes 5 questions: a) Were you ever slapped in the face with an open hand? b) Were you ever burned with hot water, a cigarette or something else? 3) Were you ever punched or kicked? d) Were you ever hit with an object that was thrown at you? and e) Were you ever pushed or shoved?

- **Childhood Trauma Questionnaire (CTQ):** The Childhood Trauma Questionnaire includes 28 items to assess histories of abuse and neglect. It covers five scales including: 1) emotional abuse, 2) physical abuse, 3) sexual abuse, 4) emotional neglect and 5) physical neglect. The CTQ also includes a three-item minimization/denial scale for detecting false-negative trauma reports. The five items included in the physical abuse scale are: a) got hit so hard that I had to see a doctor or go to the hospital, b) family hit me so hard that it left me with bruises or marks, c) beaten so badly that it was noticed by a teacher/neighbour/doctor, d) I was punished with a belt/board/other hard object, and e) I believe that I was physically abused.
- **Protect Me with Love and Care, UNICEF Pacific Survey:** This survey was used in four country studies within the Pacific region. For Child Household Questionnaires (CHHQ) the question was asked: In the past one month, has an adult at home hit, smacked, pinched, kicked, flicked you or pulled or twisted your ears? For the Adult Household Questionnaire (AHHQ) the question was asked: In the past one month, have any of the children in your household talked to you about being hit by an adult here in the household?

## Physical abuse findings

Overall, 23 studies reported in 25 articles that examined the prevalence of physical abuse to children using representative sampling techniques were included in this review. Of these, eight of the studies used the Conflict Tactics Scale. From these eight, we see overall prevalence rates of physical abuse ranging from 10% from a study of parents in China to 30.3% from a study of grade six students in Thailand.

**Table 1: Prevalence and incidence of physical abuse from probability samples**

Measurement	Prevalence of physical abuse
<b>Location:</b> Cambodia (and other countries). <b>Study:</b> de Jong, Komproe, Ommeren et al., 2001 <b>Sample size:</b> 610 community sample of survivors of war and mass violence aged 16 or older in Cambodia	
Life Events and Social History Questionnaire	<b>36.6%</b> reported experiencing youth domestic stress
<b>Location:</b> Hunan, China. <b>Study:</b> Cao, Zhang, Sun et al., 2006 <b>Sample size:</b> 9,451 households and 32,720 people	
One item: child abuse defined as violent behaviours against the child (<18 years old)	<b>7.8%</b> lifetime prevalence of child abuse
<b>Location:</b> Hong Kong, China. <b>Study:</b> Chan, 2010 <b>Sample size:</b> Subsample (2,363 parents) from a larger (4,347) randomized household survey	
Parent-Child Conflict Tactics Scale	<b>10%</b> lifetime prevalence of physical maltreatment of children; <b>5.9%</b> preceding year prevalence of physical maltreatment of children
<b>Location:</b> Hong Kong, China. <b>Study:</b> Lau, Kim, Tsui et al., 2005 <b>Sample size:</b> 95,788 secondary school students	
Researcher Developed – 1 item: Whether or not he/she had been injured from a beating occurring without provocation by parents in the last six months	<b>2.9%</b> of students reported being injured by family members from a beating occurring without provocation

**Table 1: Prevalence and incidence of physical abuse from probability samples (continued)**

Measurement	Prevalence of Physical Abuse
<b>Location:</b> Taiwan, <i>China</i> . <b>Study:</b> Shen, 2009. <b>Sample size:</b> 1,924 college students	
Parent-Child Conflict Tactics Scale and Form-R version	<b>6%</b> ( $n = 116$ ) ever experienced child physical maltreatment only, <b>11.3%</b> ( $n = 217$ ) experienced both witnessing interparental violence and also experiencing physical maltreatment (missing $n = 50$ )
<b>Location:</b> Hong Kong, <i>China</i> . <b>Study:</b> Tang, 2006. <b>Sample size:</b> 1,622 Chinese parents	
Conflict Tactics Scale	<b>4.5%</b> ever experienced physical abuse
<b>Location:</b> Guangzhou, <i>China</i> . <b>Study:</b> Wong, Chen, Goggins et al., 2009 & Leung, Wong, Chen & Tang, 2008 & Wong, Leung, Tang et al., 2009. <b>Sample size:</b> 6,628 junior high school students (ages 12–16)	
Conflict Tactics Scale and the Chinese version of the Parent-Child Conflict Tactics Scale	<b>23.3%</b> six-month prevalence of minor physical abuse; <b>15.1%</b> six-month prevalence of severe abuse, <b>2.8%</b> six-month prevalence of very severe abuse
<b>Location:</b> Taiwan, <i>China</i> . <b>Study:</b> Yen, Yang, Yang et al., 2008b <b>Sample size:</b> 1,684 junior high school students	
Abuse Assessment Screen Questionnaire: If a participant reported ever being struck, slapped, kicked, or otherwise physically injured by family members during childhood, and if the abrasions, bruises, or pain lasted into the second day, the subject was classified as physically abused	<b>22.2%</b> reported experiencing physical abuse
<b>Location:</b> Japan. <b>Study:</b> Fujiwara, Kawakami & World Mental Health Japan Survey Group, 2010 <b>Sample size:</b> 1,722 Japanese-speaking residents over the age of 20	
Childhood adversities adapted from NCS-R	<b>7.5%</b> reported experiencing childhood physical abuse (Measure from World Mental Health Survey)
<b>Location:</b> Pacific Islands – Pohnpei State, <i>Federated States of Micronesia; Tonga; and Vanuatu</i> <b>Study:</b> Smith, Phongsavan, Bampton et al., 2008 <b>Sample size:</b> Pohnpei State: 1,495; Tonga: 2,808 and Vanuatu: 4,474 students aged 11–17 years old	
Specific questions asked not specified	Among 14–17 year olds:  <b>Pohnpei:</b> For boys ( $n=712$ ) <b>26%</b> reported intentional injury from their father and <b>23%</b> from their mother during the past 12 months. For girls ( $n=763$ ), <b>24%</b> reported experiencing an intentional injury from their father and <b>39%</b> from their mother during the past 12 months  <b>Tonga:</b> For boys ( $n=502$ ) <b>15%</b> reported intentional injury from their father and <b>12%</b> from their mother during the past 12 months. For girls ( $n=668$ ), <b>10%</b> reported experiencing an intentional injury from their father and <b>11%</b> from their mother during the past 12 months  <b>Vanuatu:</b> For boys ( $n=1,576$ ) <b>10%</b> reported intentional injury from their father and <b>6%</b> from their mother during the past 12 months. For girls ( $n=1,478$ ), <b>10%</b> reported experiencing an intentional injury from their father and <b>10%</b> from their mother during the past 12 months

**Table 1: Prevalence and incidence of physical abuse from probability samples (continued)**

Measurement	Prevalence of Physical Abuse
<p><b>Location:</b> Pacific Islands – <i>Fiji</i>. <b>Study:</b> UNICEF Pacific, 2008  <b>Sample size:</b> 248 child household questionnaires (16–17 year olds) and 262 adult household questionnaires in 35 locations in six provinces</p>	
UNICEF Pacific ‘Protect Me with Love and Care’ Survey	<p><b>37%</b> of the Child Household Questionnaire respondents report having been physically hurt by an adult in the household within the past month</p> <p><b>29%</b> of the Adult Household Questionnaire respondents reported that any of the children in the household told them about being hit by an adult in the household in the past month</p>
<p><b>Location:</b> Pacific Islands – <i>Kiribati</i>. <b>Study:</b> UNICEF Pacific, 2008  <b>Sample size:</b> 200 child household questionnaires (CHHQ) (16–17 year olds) and 199 adult household questionnaires (AHHQ) in 20 locations in five districts</p>	
UNICEF Pacific ‘Protect Me with Love and Care’ Survey:	<p><b>29%</b> of the Child Household Questionnaire respondents report having been physically hurt by an adult in the household within the past month.</p> <p><b>23%</b> of the Adult Household Questionnaire respondents reported that any of the children in the household told them about being hit by an adult in the household in the past month</p>
<p><b>Location:</b> Pacific Islands – <i>Solomon Islands</i>. <b>Study:</b> UNICEF Pacific, 2008  <b>Sample size:</b> 274 child household questionnaires (16–17 year olds) and 273 adult household questionnaires in 30 locations in eight provinces</p>	
UNICEF Pacific ‘Protect Me with Love and Care’ Survey	<p><b>17%</b> of the Child Household Questionnaire respondents report having been physically hurt by an adult in the household within the past month</p> <p><b>19%</b> of the Adult Household Questionnaire respondents reported that any of the children in the household told them about being hit by an adult in the household in the past month</p>
<p><b>Location:</b> Pacific Islands – <i>Vanuatu</i>. <b>Study:</b> UNICEF Pacific, 2009  <b>Sample size:</b> 248 child household questionnaires (16–17 year olds) and 262 adult household questionnaires in 30 locations in six provinces</p>	
UNICEF Pacific ‘Protect Me with Love and Care’ Survey	<p><b>17%</b> of the Child Household Questionnaire respondents report having been physically hurt by an adult in the household within the past month</p> <p><b>48%</b> of the Adult Household Questionnaire respondents reported that any of the children in the household told them about being hit by an adult in the household in the past month</p>
<p><b>Location:</b> <i>Philippines</i>. <b>Study:</b> Ramiro, Madrid &amp; Brown, 2010  <b>Sample size:</b> 1,068 adults aged 35 years or older residing in urban barangays in Quezon City, Manila Metro</p>	
Adverse Childhood Experiences Survey	<b>1.3%</b> reported ever experiencing physical abuse
<p><b>Location:</b> <i>Republic of Korea</i>. <b>Study:</b> Jeon, Roh, Kim et al., 2009  <b>Sample size:</b> 6,986 medical students</p>	
Early Trauma Inventory Self Report Short Form	<b>9.5%</b> reported ever experiencing physical abuse before the age of 18

**Table 1: Prevalence and incidence of physical abuse from probability samples (continued)**

Measurement	Prevalence of Physical Abuse
<b>Location:</b> Republic of Korea. <b>Study:</b> Kim, Park & Emery, 2009 <b>Sample size:</b> 1,079 women over the age of 20 living with their husbands	
Conflict Tactics Scale (9 items)	23.1% lifetime prevalence of parental physical violence (CTS)
<b>Location:</b> Thailand. <b>Study:</b> Chaopricha & Jirapramukpitak, 2010 <b>Sample size:</b> 488 young people aged 16–25 living in Pathumthani Province	
Conflict Tactics Scale	15% reported ever experiencing child physical abuse
<b>Location:</b> Thailand. <b>Study:</b> Jirapramukpitak, Prince & Harpham, 2005 <b>Sample size:</b> 202 young people aged 16–25 living in Northern Bangkok	
Conflict Tactics Scale – 2 items: a) how often did a parent or other adult in the household shove, slap, kick, punch, throw things at you or pull your hair and b) how often did a parent or other adult in the household smack or hit you hard so as to cause wounds or bruises?	11.7% of respondents (15.3% of young men and 9% of young women) reported experiencing physical abuse when they were 16 years old or younger
<b>Location:</b> Muang District, Amnatcharoen Province, Thailand. <b>Study:</b> Isaranurug, Auewattana et al., 2002 <b>Sample size:</b> 212 grade six students	
Researcher developed – physical abuse included 11 items: a) pushing or pulling severely, b) pulling hair, c) squeezing or hard pinching, d) slapping the face, head, back, e) kicking or hitting with fist, stamping with foot furiously, f) beating with cane or belt, g) hitting by thrown object, h) knocking head or body against the floor or wall, i) treating with weapons and/or j) tying hands and keeping in a locked room.	30.3% reported experiencing physically violent acts from both parents
<b>Location:</b> Bangkok, Thailand. <b>Study:</b> Isaranurug, Nitirat, et al., 2001. <b>Sample size:</b> 413 grade six students	
Researcher developed – questions not specified	66.1% of students reported experiencing physical aggression, which includes different means of punching, hitting with a stick or belt, throwing things at a child, pinching and slapping  4% received physical aggression on almost daily basis
<b>Location:</b> Bangkok, Thailand. <b>Study:</b> Jirapramukpitak, Harpham & Prince, 2010 <b>Sample size:</b> 1,052 young residents aged 16–25	
Conflict Tactics Scale	16.7% reported experiencing physical abuse in childhood
<b>Location:</b> Timor-Leste. <b>Study:</b> IRC, 2003. <b>Sample size:</b> 288 women of reproductive age (18–49)	
Questions adapted from the WHO Multi-Country study, DHS, CDC Reproductive health surveys and others	73% of respondents reported that their parents had hit, slapped or punched them as a child

Table 2 presents research on physical abuse from studies that utilise non-randomized or convenience sampling. There are an additional 18 studies from 22 articles presented. Many of the convenience sample studies have researcher-developed questions (as opposed to using a tested series of questions such as the Conflict Tactics Scale) with a wide range of questions asked to assess physical abuse.

Despite the differing questions, most of the studies assess physical abuse in three general categories: moderate, severe and very severe. The moderate category includes acts such as hitting, slapping, pinching, beating the child's buttocks with a bare hand or object, and shaking. The studies consistently show larger prevalence percentages for these behaviours – ranging from 39.5% to 66.3% for lifetime prevalence to 16–18% for moderate physical abuse in the preceding year.

---

### **Case Study 1: Physical abuse in Timor-Leste**

A study in Timor-Leste (Pradet & UNICEF, 2002) focused on ten types of abuse found in the community including sexual (30%) or physical abuse (26%). One case study of a nine-year-old boy who is separated from his family is an example of the types of physical abuse commonly experienced. His parents and siblings remain in the West Timor camps. As a result, the boy lives in Dili with his relatives who treat him differently from the other children. He is only fed once a day and is forced to carry out numerous household chores. If his carers are not satisfied with his work, they will physically beat him then tell him to eat with the dog. After an attempt to run away, he was caught and tied up. As a form of punishment, he was severely punched and kicked until he became unconscious. The young boy continues to receive ongoing physical abuse and neglect.

---

Severe physical abuse includes acts such as beating with a fist, kicking, beating the child with objects (with the exception of the buttocks) and other acts that result in injuries or bruises. The prevalence for severe physical abuse ranges from 8.6% to 23.1%. Three studies were included with special populations. The study by de Jong and colleagues (2001) surveyed a community sample of survivors of war and mass violence in Cambodia and found a prevalence of 36.6% for 'youth domestic stress', which included several abuses, such as insulting, threatening and beating before the age of 12.

Another study by Farley and colleagues (2004) with prostituted women, girls and transgendered persons in Thailand found that 39% of respondents had been beaten by a caregiver as a child until they were injured or bruised. This prevalence rate is slightly higher than that in student samples. A participatory action research study of adolescent children living and working in the streets that involved peer researchers and qualitative interviewing and focus groups with 113 street adolescents in Davao City, Philippines (Tambayan, 2003) found that violence and abuse in the home was prevalent. At least eight out of ten study participants said they experienced violence and were abused at home, five of which said they were abused often, even daily. The majority (73/87) of those who experienced abuse and violence at home said that they were physically abused, which included being beaten and hit, kicked and boxed, hanged, chained and burned (Tambayan, 2003).

**Table 2: Prevalence and incidence of physical abuse, studies with convenience samples**

Measurement	Prevalence and/or incidence of physical abuse
<p><b>Location:</b> Tangshan City, <i>China</i>. <b>Authors/Year of publication:</b> Cui, Pang, Du et al., 2010  <b>Research design:</b> Survey of parents of 3–6 year-old children  <b>Sample size:</b> 243 parents</p>	
<p>Researcher developed – 9 items: 1) <i>Non-contact physical abuse</i> including a) locked the child in a small room to scare them, b) standing punishment; 2) <i>Minor contact physical abuse</i> including: a) pushing or shaking hardly, b) pinching, twisting or catching hardly, c) beating kid’s buttocks with hand hardly, d) beating kid’s hands, feet, arms, leg or back hardly with hand; 3) <i>Severe contact physical abuse</i> including: a) beating the child with fist or kicking hardly, b) beating the child’s body (except buttocks) with some objects; 4) <i>Very severe physical violence</i> against a child including: a) burning or cutting/stabbing the child purposely</p>	<p><b>60.1%</b> of parents reported physically maltreating their children in the previous year (of this, 52.7% reported minor violence, 8.6% reported severe violence, 0.4% reported most severe violence)</p> <p><b>8.3%</b> of children who suffered from maltreatment were injured due to the violence.</p>
<p><b>Location:</b> <i>China</i>. <b>Authors/Year of publication:</b> He &amp; Tian, 2009  <b>Research design:</b> Survey of law and social science university students in China and England  <b>Sample size:</b> 498 students in China</p>	
<p>Researcher developed – questions not specified</p>	<p><b>54%</b> of the Chinese respondents reported that they were hit or beaten by parents or parent figures as children</p>
<p><b>Location:</b> Shatin District, Hong Kong, <i>China</i>. <b>Authors/Year of publication:</b> Lau, Chan, Lam, Choi &amp; Lai, 2003  <b>Research design:</b> Survey of students in Form 2 (8th grade)  <b>Sample size:</b> 489</p>	
<p>Researcher developed – two items: a) ‘whether you had been beaten without any reason by your family members in the last six months?’ and b) ‘Whether you had ever been beaten to injury by your family members?’</p>	<p><b>10.9%</b> (95% CI, 7.6-13.1%) Beaten for no reason by family members during the last 6 months</p> <p><b>10.4%</b> (95% CI, 8.1-13.6%) Ever beaten to injury by family members</p>
<p><b>Location:</b> Hebei province, <i>China</i>. <b>Authors/Year of publication:</b> Ma, Chen, Dunne et al., 2005  <b>Research design:</b> Survey of technical secondary and college students  <b>Sample size:</b> 528</p>	
<p>Researcher developed – and included being beaten, kicked, pinched, pushed, or hurt in other ways, by hand, foot or other parts of the body (not including beaten with objects) of another person (the perpetrator) before the age of 16</p>	<p><b>40.2%</b> of students reported that they had been beaten, kicked, pinched, pushed, or hurt in other ways, by hand, foot or other parts of the body (not including beaten with objects) of another person (the perpetrator) before the age of 16</p>
<p><b>Location:</b> Anhui Province, <i>China</i>. <b>Authors/Year of publication:</b> Tao, Ye &amp; Kim, 2006 &amp; Tao, Huang, Kim et al., 2006 &amp; Tao, Ye, Kim et al., 2006 &amp; Ye, Tao, Fang et al., 2006  <b>Research design:</b> Survey of students in grade 7,8,10 and 11  <b>Sample size:</b> 5,141</p>	
<p>Researcher developed – 9 items: 1) <i>Non-contact physical abuse</i> including a) locked the child in a small room to scare them, b) standing punishment; 2) <i>Minor contact physical abuse</i> including: a) pushing or shaking hardly, b) pinching, twisting or catching hardly, c) beating kid’s buttocks with hand hardly, d) beating kid’s hands, feet, arms, leg or back hardly with hand; 3) <i>Severe contact physical abuse</i> including: a) beating the child with fist or kicking hardly, b) beating the child’s body (except buttocks) with some objects; 4) <i>Very severe physical violence</i> against a child including: a) burning or cutting/stabbing the child purposely</p>	<p><b>8%</b> reported experiencing severe physical abuse over the past year, <b>29.9%</b> reported ever experiencing severe childhood physical abuse;</p> <p><b>18.63%</b> reported experiencing moderate physical abuse over the past year and <b>64.8%</b> reported ever experiencing moderate childhood physical abuse;</p> <p>Incidence of serious repeating<sup>1</sup> physical maltreatment: <b>8%</b> (in which the lowest rate was 0.2% for head being pressed under water and the highest was 6.6% for being kicked);</p> <p><b>18.6%</b> exposed to moderate repeating physical maltreatment</p>

**Table 2: Prevalence and incidence of physical abuse, studies with convenience samples**  
(continued)

Measurement	Prevalence and/or incidence of physical abuse
<p><b>Location:</b> Baotao city of Inner Mongolia Autonomous Region, <i>China</i>  <b>Authors/Year of publication:</b> Wang, Chen &amp; Ma, 2007  <b>Research design:</b> Survey of parents with children from five kindergartens in Baotou City. <b>Sample size:</b> 810</p>	
<p>Researcher developed – 15 items:            1) <i>Non-contact physical abuse</i> including: a) locked the child in a small room to make him/her feel scared, b) forced to stand for awhile, c) forced to kneel down, d) not allow the child to eat during dinner time, e) let the child stand outside in the winter and make him/her feel very cold; 2) <i>Mild contact physical abuse</i> including: a) pushing and shaking the child hardly, b) pinching, scratching or catching the child hardly, c) beating the child's buttocks with bare hands, d) beating the child's hand, foot, arm, leg or back with bare hands, e) beating the child's buttocks with objects such as stick, broom or belt; 3) <i>Severe contact physical abuse</i> including: a) beating with fist or kicking the child hardly, b) beating the child's face or head with bare hands, c) beating the child's body except the buttocks with objects such as stick, broom or belt; 4) <i>Very severe contact physical abuse</i> including: a) tying the child up with rope or chains and locked him/her in a small room, b) purposely burning or stabbing the child with sharp objects</p>	<p><b>68.9%</b> of parents reported having ever used contact physical violence (67.3% belonged to mild contact violence and 23.1% to severe contact violence)</p>
<p><b>Location:</b> Hefui, Wuhu, and Bengbu of Anhui Province in eastern <i>China</i>  <b>Authors/Year of publication:</b> Xiao, Dong, Yao &amp; Ye, 2008  <b>Research design:</b> Survey of medical students. <b>Sample size:</b> 2,073</p>	
Childhood Trauma Questionnaire	<b>26.7%</b> ever experienced physical abuse
<p><b>Location:</b> Xi'an, Shaanxi province, <i>China</i>  <b>Authors/Year of publication:</b> Yan, Jiao, Lin &amp; Jiao, 2009  <b>Research design:</b> Survey of first and second year undergraduate students  <b>Sample size:</b> 1,200</p>	
Not stated	<b>16.3%</b> reported ever being beaten and <b>4.7%</b> reported ever being beaten with objects before the age of 16
<p><b>Location:</b> Hunan province, <i>China</i>  <b>Authors/Year of publication:</b> Yang, Zhang, Guo &amp; Huang, 2003 &amp; Yang, Zhang, Huang &amp; Guo, 2005  <b>Research design:</b> Survey of middle school students. <b>Sample size:</b> 282</p>	
Researcher developed – questions not specified	<b>30.5%</b> Among 282 respondents, were defined as being abused in the past year. The incidence rate for male and female students was <b>37.3%</b> (47/126) and <b>25.0%</b> (39/156), respectively ( $p < .05$ ) (*note: definition for child abuse not included in study)
<p><b>Location:</b> Anhui province, <i>China</i>. <b>Authors/Year of publication:</b> Zhao, Tao, Su et al., 2008  <b>Research design:</b> Survey of rural junior and senior secondary students. <b>Sample size:</b> 2,061</p>	
<p>Researcher developed – 17 items including: 1) <i>Moderate physical abuse</i> including: a) beat buttocks with hand or a stick, b) beat face or head with hand, c) drag hair, d) hit head with finger knots, e) pinch with hand, f) twist ear with hand, g) force to kneel down or stand, h) force to eat unpleasant food; 2) <i>Severe physical abuse</i> including: a) kick with foot, b) suffocate, c) burn with fire or cigarette, d) stab with a needle or other sharp objects, e) press head under water, f) tie with a rope, g) beat body (exclusive of buttocks) with objects, h) burn with hot water, i) no eating.</p>	<p><b>66.3%</b> reported experiencing moderate physical abuse  <b>12.2%</b> reported experiencing severe physical abuse (for definition of abuse see Tao, Ye &amp; Kim, 2006 above)</p>

**Table 2: Prevalence and incidence of physical abuse, studies with convenience samples**  
(continued)

Measurement	Prevalence and/or incidence of physical abuse
<b>Location:</b> Hefei, <i>China</i> . <b>Authors/Year of publication:</b> Zhang, Hao, Zhang et al., 2009 <b>Research design:</b> Survey of middle schools students. <b>Sample size:</b> 3,798	
Parent-Child Conflict Tactics Scale	<b>48.3%</b> mild physical abuse <b>39.5%</b> moderate physical abuse <b>9.8%</b> severe physical abuse
<b>Location:</b> <i>Japan</i> . <b>Authors/Year of publication:</b> Masuda, Yamanaka, Hirakawa et al., 2007 <b>Research design:</b> Survey of first and second year university students. <b>Sample size:</b> 1,592	
Researcher developed – 1 item: “How often did your parents use violence (slap, kick, punch, throw something) against you?” Responses of “often” or “very often” to the question was deemed as experiencing physical violence from parents	<b>6.2%</b> reported ever experiencing physical abuse
<b>Location:</b> Gangwon, <i>Republic of Korea</i> . <b>Authors/Year of publication:</b> Ahn, Kim & Ko, 2002 <b>Research design:</b> Survey of principle caregivers of children under the age of 18, who were receiving support from the three social welfare centres. <b>Sample size:</b> 105	
Revised Conflict Tactics Scale	<b>16.3%</b> reported ever being beaten and <b>4.7%</b> reported ever being beaten with objects before the age of 16
<b>Location:</b> Multicountry ( <i>China and Republic of Korea</i> ). <b>Authors/Year of publication:</b> Kim, Kim, Park et al., 2000 <b>Research design:</b> Survey of elementary school children. <b>Sample size:</b> 972	
Conflict Tactics Scale	<b>70.6%</b> experienced family violence (violence by a family member) in China (42.2% was minor and 22.6% serious violence)  <b>68.9%</b> experienced family violence in the Republic of Korea (minor: 9.4%; serious: 51.3%)
<b>Location:</b> <i>Singapore and the United States</i> . <b>Authors/Year of publication:</b> Back, Jackson, Fitzgerald et al., 2003 <b>Research design:</b> Cross-sectional, convenience survey of university students in the US and Singapore <b>Sample size:</b> 153 total (88 from Singapore)	
TAA	<b>62.5%</b> reported ever experiencing child physical abuse  <b>45.5%</b> Within these, reported sustaining a physical injury from the abuse
<b>Location:</b> <i>Thailand</i> (among 8 other countries outside of East Asia and the Pacific) <b>Authors/Year of publication:</b> Farley, Cotton, Lynne et al., 2004 <b>Research design:</b> Cross-sectional, convenience survey of prostituted women, girls and transgendered persons <b>Sample size:</b> 166	
Researcher developed – questions not specified	<b>39%</b> (35) reported that as a child they were hit or beaten by a caregiver until injured or bruised
<b>Location:</b> Urban Hanoi and rural Hai Duong Province, northern <i>Viet Nam</i> <b>Authors/Year of publication:</b> Nguyen, Dunne & Le, 2010 <b>Research design:</b> Survey of secondary school students. <b>Sample size:</b> 2,591	
Adapted from Revised Conflict Tactics Scale, Juvenile Victimization Questionnaire, Childhood Trauma Questionnaire and others. Child physical maltreatment scale included 6 items – questions not specified	<b>47.5%</b> lifetime prevalence of physical abuse

<sup>1</sup> Repeated maltreatment behaviour was defined as experiencing the abuse at least three times every year during primary school age.

Very severe physical abuse includes acts such as stabbing, burning with fire, cigarettes or hot water and tying up and locking in a room. Prevalence of very severe physical abuse ranges from 0.4% to 2.8%. It should be noted that not all studies agree on what acts are included in the severe and very severe categories.

In addition to lifetime and past year prevalence, several studies explored whether mothers, fathers or both perpetrated parental physical abuse. In a Thailand study of grade six students, Isaranurug and colleagues (2001) found that 24.5% of respondents reported experiencing physically violent acts from their father and a higher percentage (42.5%) from their mother. Nearly a third of respondents (30.3%) reported experiencing physical abuse from both parents. Chan (2010) studied this in a subsample (2,363 parents) of a larger population-based representative survey in Hong Kong and found that 44.1% of parents reported a lifetime prevalence of both corporal punishment and physical maltreatment against their children. A larger percentage of mothers (35.6%) perpetrated this physical maltreatment compared to fathers (30.1%) ( $\chi^2$  8.023,  $p < .01$ ). A similar pattern can be seen with mothers reporting more neglectful behaviour towards their children (Chan, 2010). However, a study by Chan and Brownridge (2008) of the characteristics of male batterers found that men who abused their wives were also frequently abusive to their children.

In a study of college students, Shen (2009) investigated father to participant and mother to participant frequencies for child physical abuse, with 11.8% reporting their father hit them over and over as hard as he could and 9.7% saying their mother did the same (Shen, 2009). A study of students between the ages of 11–17 on three islands in the Pacific (Pohnpei, Tonga, and Vanuatu) found a similar trend for boys with regards to more severe forms of child maltreatment that result in injury. In Pohnpei State in the Federated States of Micronesia, 26% of boys reported ever experiencing an intentional injury from their father compared to 23% who stated they experienced an intentional injury from their mother. In the Kingdom of Tonga, 15% and 12% of boys reported experiencing an intentional injury from their father and mother respectively, while findings from Vanuatu showed that 10% and 6% of boys reported experiencing intentional injuries from their father and mother respectively. However, in the Pacific islands study a similar trend is seen for girls with their mother. In Pohnpei, 24% and 39% of girls report experiencing an intentional injury from their father and mother respectively. The percentages are much closer in the Kingdom of Tonga (10% and 11% from fathers and mothers) and equal in Vanuatu (10% of girls reported experiencing an intentional injury from their fathers and an equal percentage reported experiencing an injury from their mothers).

Several studies (with a mixture of study designs) also explored the prevalence of physical abuse by gender of the child. For all of these studies the differences in prevalence between genders have been shown to be statistically significant – meaning these differences did not happen by chance. All of the studies in Table 3 show higher prevalence rates of physical abuse for boys as compared to girls, ranging from physical punishment to severe physical contact violence. It is important to note that not all studies reported a gender breakdown of prevalence of physical abuse; despite this it appears to be the overall trend seen in the studies included in this review.

**Table 3: Prevalence and incidence of physical abuse from parents by gender of child**

Girls	Boys	Measurement and significance of gender difference
<b>Location: Cambodia (national study). Study:</b> Miles & Thomas, 2007. <b>Ages:</b> 12–15 year olds		
36.4% direct experience of physical punishment by parent	50.5% direct experience of physical punishment by parent	$\chi^2$ 25.98, $p < 0.001$
<b>Location: China. Study:</b> He, Tian, 2009. <b>Ages:</b> Under the age of 18		
50% hit	60% hit	$\chi^2$ 4.362, $p < .05$
<b>Location: China. Study:</b> Tang, 2006. <b>Ages:</b> 0–17 year olds (Household sample of parents)		
4.4% one or more physical maltreatment behaviours	4.6% one or more physical maltreatment behaviours	$p < .05$
<b>Location: Hunan Province, China. Study:</b> Yang, Zhang, Guo & Huang, 2003. <b>Ages:</b> 13–15 year olds		
25% physically abused in the last year	37.3% physically abused in the past year	$p < .05$
<b>Location: Baotao city of Inner Mongolia Autonomous Region, China. Study:</b> Wang, Chen & Ma, 2007 <b>Ages:</b> 2–6 year olds (survey of parents)		
16.6% severe physical contact violence	28.8% severe physical contact violence	$Z = 16.759$ , $p < 0.001$
<b>Location: Viet Nam. Study:</b> Nguyen, Dunne & Le, 2010. <b>Ages:</b> 12–18 year olds		
41.6% lifetime prevalence of physical abuse	54% lifetime prevalence of physical abuse	$p < .001$

## Official, clinical and service use statistics

Very few national governments have comprehensive health surveillance systems in place that gather population-level data; instead the data collected are often service-use or child protective services statistics. Generally, this often represents the ‘tip of the iceberg’ in terms of the actual prevalence of child abuse. Often, only the most severe cases are captured in the hospital or service-use data. While these data will not give us a comprehensive picture of prevalence, they are still useful in helping to understand how cases are intersecting with public services and how child physical abuse impacts service use.

The UN Secretary-General’s Study on Violence Against Children (2006) was a landmark publication that documented the state of child maltreatment worldwide. In preparation for the report, the UN Secretary-General asked each country to fill out a questionnaire providing national statistics, where available, on *reported* cases of child abuse in their countries. Table 4 highlights data reported in each individual country report and represents national data collected from criminal justice statistics, services and/or child protection. The Fiji data came from the Department of Police and the Department of Social Welfare. The Malaysia country report does not specify through which department their statistics were collected. The Philippines data were collected through the Department of Social Welfare and Development and the Viet Nam numbers come from the Information Centre of the Committee on Population, Family and Children (CPFC).

**Table 4: Number of reported cases of child abuse submitted by governments in their response to the UN Secretary-General's Study on Violence Against Children Questionnaire, 2001-2003**

Country	2000	2001	2002	2003
Fiji	*	*	*	184
Malaysia	934	1,036	1,242	1,390
Philippines	11,045	9,448	10,045	10,044
Singapore	145	195	193	205
Viet Nam	1,625	1,598	1,741	*

\* not reported

Table 5 represents national level data from the Republic of Korea as presented in Pai, Kim, Chung & Ryu, 2009. These data are broken down by administrative district and presented as rates per 1,000 child population for each district and for the country as a whole. While national surveillance of child abuse like this is rare, such data can be very helpful in determining the prevalence and incidence of child maltreatment.

**Table 5: Child abuse rates per 1,000 child population throughout the administrative districts of the Republic of Korea, 2001–2008**

District	Child population	Child abuse cases	Rate of child abuse%
Seoul	1,911,431	721	0.38
Pusan	663,558	307	0.46
Daegu	534,473	124	0.23
Incheon	593,295	281	0.47
Gwangju	357,099	160	0.45
Daejeon	346,794	154	0.44
Ulsan	265,893	237	0.90
Gyeonggi	2,664,793	1,350	0.50
Gangwon	304,074	276	0.90
Choongbuk province	323,340	341	1.10
Choongnam province	412,073	196	0.48
Chunbuck province	376,520	355	0.94
Chunnam province	376,151	330	0.90
Kyungbuk province	520,029	344	0.66
Kyungnam province	706,487	273	0.39
Cheju province	134,524	129	0.96
<b>Total</b>	<b>1,911,431</b>	<b>5,578</b>	<b>0.53</b>

Source: Pai, Kim, Chung & Ryu, 2009; Rates are expressed in %; child population includes those aged 0–17 years.

Another source of important information about the incidence of physical abuse is hospital admissions for suspected child abuse. While hospital and service-based statistics represent only a fraction of actual cases, these data are useful to understanding the incidence of severe child abuse. Table 6 highlights the clinical and service-based studies included in this review. Most of these studies employ a retrospective review of hospital charts and data and vary in terms of the time period for that review. Several studies also focus on a subsample of cases such as burn victims, non-accidental head injuries, shaken baby syndrome or Munchausen Syndrome by Proxy. These studies include a variety of settings including emergency departments, specialised programmes for child abuse victims, prison facilities and protective care services. Unlike many research studies, we often find very young victims in clinical studies.

**Table 6: Incidence of physical abuse from clinical, service-based and institutional setting samples**

Time Period	Incidence of physical abuse presenting at clinical or service-based settings
<b>Location:</b> Hong Kong, <i>China</i> . <b>Study:</b> Burd, 2006. <b>Setting:</b> Hong Kong Prince of Wales Hospital	
2000–2006	250 children with child abuse burns
<b>Location:</b> Taiwan, <i>China</i> . <b>Study:</b> Chien, Pai, Lin & Chen, 2003. <b>Setting:</b> 34 hospitals in Taiwan	
July 1997 to June 1999	Among the intentional burns (229/4741), 6 (2.6%) were cases of child abuse (male: one case, female: five cases)
<b>Location:</b> Hong Kong, <i>China</i> . <b>Study:</b> Fong, Cheung, Lau, 2005. <b>Setting:</b> Regional hospital	
January 1996 to April 2004	377 children presented with non-accidental injuries, 29 had bone fractures.
<b>Location:</b> Hong Kong, <i>China</i> . <b>Study:</b> Hong Kong Medical Coordinators, 2003 <b>Setting:</b> All public hospitals in Hong Kong with a paediatric department	
July 1997 to June 1999	592 cases of suspected child abuse (physical abuse accounted for 86.6% of the 320 substantiated cases)
<b>Location:</b> <i>China</i> . <b>Study:</b> Jiao, Qiao, Zhou et al., 2000. <b>Setting:</b> Retrospective analysis of presenting child abuse cases	
1998	86 cases of abused children (34% of these were physical abuse)
<b>Location:</b> Hong Kong, <i>China</i> . <b>Study:</b> Lee & So, 2006. <b>Setting:</b> Hospital	
2002–2003	320 patients admitted for evaluation of child abuse
<b>Location:</b> Hong Kong, <i>China</i> . <b>Study:</b> Sun, Zhu & Poon, 2006. <b>Setting:</b> Hong Kong Prince of Wales Hospital	
January 1995 to September 2001	11 cases of non-accidental head injury (incidence = 1.5 per 100,000 < 5 years old per year).
<b>Location:</b> <i>Japan</i> . <b>Study:</b> Fujiwara, Okuyama, Kasahara et al., 2008a & Fujiwara, Okuyama, Kasahara et al., 2008b <b>Setting:</b> Doctors at 11 leading hospitals	
1995–2004	21 Munchausen Syndrome by Proxy cases (20 families), 2 victims died
<b>Location:</b> <i>Japan</i> . <b>Study:</b> Fujiwara, Okuyama & Miyasaka, 2008 <b>Setting:</b> The National Centre for Child Health and Development in Tokyo	
March 1, 2002 to December 31, 2005	Among 260 cases of suspected head trauma of children ages 0–2 years old, 11% (28) were categorized as abusive
<b>Location:</b> <i>Japan</i> . <b>Study:</b> Kobayashi, Yamada, Ohba et al., 2009 <b>Setting:</b> Kanagawa Children’s Medical Centre and the National Centre for Child Health and Development	
January 1997 to December 2007	32 cases of shaken baby syndrome (21 boys and 11 girls identified)
<b>Location:</b> <i>Japan</i> . <b>Study:</b> Matsumoto & Imamura, 2007 <b>Setting:</b> The Classification Centre of Kawagoe Juvenile Prison	
May 2002 to October 2003	Of 799 male inmates in the study, 33% (264) reported child physical abuse (defined as ‘yes’ to the question: ‘Were you assaulted frequently by your parents or siblings during childhood?’)
<b>Location:</b> <i>Japan</i> . <b>Study:</b> Yoshinaga, Kadomoto, Otani et al., 2004. <b>Setting:</b> Juvenile Classification Home in Tokyo	
June to July 2002	Of the 251 juvenile delinquents who participated in the study, 12.4% reported experiencing child physical abuse

**Table 6: Incidence of physical abuse from clinical, service-based and institutional setting samples** (continued)

Time Period	Incidence of physical abuse presenting at clinical or service-based settings
<b>Location:</b> <i>Malaysia</i> . <b>Study:</b> WHO, 2006. <b>Setting:</b> Referrals of child maltreatment to the Department of Social Welfare	
2000–2003	934 cases referred in 2000 1,390 cases referred in 2003
<b>Location:</b> <i>Republic of Korea</i> . <b>Study:</b> Choi, Ahn, Ahn, Choi et al., 2000 <b>Setting:</b> Emergency Centre of Choon-chun Sacred Heart Hospital	
July 1996 to August 1998	47 child abuse victims visited the emergency room. Physical abuse (22 cases, <b>46.8%</b> ) was most common
<b>Location:</b> <i>Republic of Korea</i> . <b>Study:</b> Choi, Kim, Sim et al., 2007. <b>Setting:</b> Hallym University Hospital	
January 1999 to December 2005	17 cases ( <b>85%</b> ) of patients reported with physical abuse
<b>Location:</b> <i>Republic of Korea</i> . <b>Study:</b> Ju & Lee, 2010. <b>Setting:</b> Children in child protective care facilities	
Not stated	124 cases of physical abuse ( <b>34.73%</b> ) 146 cases of physical and emotional abuse combined ( <b>40.9%</b> )
<b>Location:</b> <i>Republic of Korea</i> . <b>Study:</b> Lee, Han, Kim et al., 2007. <b>Setting:</b> Emergency Department of the National Police Hospital Women Violence Victim ONE-STOP Support Centre	
1 October 2001 to 5 May 2005	292 cases (2 years and 8 months old and the oldest 18 years old)
<b>Location:</b> <i>Singapore</i> . <b>Study:</b> Ministry of Community Development, Youth and Sports, 2005 <b>Setting:</b> Child protective services data	
2000–2004	393 reported cases with evidence of abuse 2003: 60 physical abuse cases 2004: 49 physical abuse cases
<b>Location:</b> <i>Timor-Leste</i> . <b>Study:</b> UNFPA, 2005. <b>Setting:</b> FOKUPERS, a women's organization in Timor-Leste	
2000–2004	22 cases of child abuse (child abuse not defined but this does not include sexual abuse as those numbers were presented separately)

## 4.1.1 Child deaths

### Measurements

Child deaths are generally measured through hospital statistics, police records and, increasingly, through media coverage. Statistics include the purposeful murder or neglect of a child by their parent or caregiver that results in death. While this definition is straightforward, not all countries include the same definitions under law. For example, under Fiji Law, the crime of infanticide only applies when a mother purposefully causes the death of her child due to temporary insanity brought on by pregnancy, childbirth or breast-feeding. Thus, by definition, only the biological mother of the child is legally capable of committing infanticide (Andinkrah, 2000). Similar to the clinical cases, death by child abuse will often become miscategorised as death by another cause.

## Child death findings

Table 7 highlights the available data on child deaths. In a Japanese study of filicides (Yasumi & Kageyama, 2009), researchers found 933 total cases, including some with multiple deaths. Of these, 1,084 victims were under 15 years old, 35% of whom were under 12 months. The main causes of filicide deaths identified in the study were fatal child abuse (33.1%) followed by homicide-suicide cases (32.5%). Adinkrah (2003) also examined cases of homicide-suicide in which a person kills someone and then themselves. The Fiji study found that in all cases of homicide-suicide perpetrated by females, the assailants killed children (4 offspring and 1 grandchild). Victims in homicide-suicides committed by men were primarily spouses, love interests and the relatives of love interests. Eight out of 14 homicide victims were children, ranging in age from one to seven with a median age of two years.

**Table 7: Child deaths**

Time Period	Incidence of child deaths
<b>Location:</b> Hong Kong, <i>China</i> . <b>Study:</b> Hong Kong Medical Coordinators, 2003 <b>Setting:</b> All public hospitals in Hong Kong with a paediatric department	
July 1997 to June 1999	7 children died (from 592 cases of suspected child abuse)
<b>Location:</b> <i>China</i> . <b>Study:</b> Jiao, Qiao, Zhou et al., 2000. <b>Setting:</b> Retrospective analysis of presenting child abuse cases	
1998	14 children died (from 86 cases of suspected child abuse)
<b>Location:</b> Pacific Islands – <i>Fiji</i> . <b>Study:</b> Adinkrah, 2000 <b>Setting:</b> Analysis of maternal filicide cases through the Fuji Police Force Register	
January 1982 to December 1992	16 incidents of maternal filicide (out of 269 homicide cases)
<b>Location:</b> Pacific Islands – <i>Fiji</i> . <b>Study:</b> Adinkrah, 2003 <b>Setting:</b> Analysis of filicide cases through the Fuji Police Force Register	
January 1982 to December 1994	13 incidents of paternal filicide and 36 of maternal filicide during the same time period (out of a total of 361 homicides)  Filicide represents <b>3.6%</b> of all lethal victimizations during this time period
<b>Location:</b> Pacific Islands – <i>Fiji</i> . <b>Study:</b> Adinkrah, 2003b <b>Setting:</b> Analysis of homicide-suicide cases through the Fuji Police Force Register	
1993–1996	8 children were homicide victims (out of 14 with a total of 10 homicide events)
<b>Location:</b> <i>Japan</i> . <b>Study:</b> Yasumi & Kageyama, 2009 <b>Setting:</b> Analysis of filicide through newspaper review and comparison with official statistics	
1994–2005	933 total cases and 1,084 victims under the age of 15  Filicide rate for infants under the age of one: 2.72 per 100,000 for the same aged infants  Average filicide rate per year was 0.42 per 100,000 for children under age 15
<b>Location:</b> <i>Japan</i> . <b>Study:</b> Zhu, Oritani, Ishida et al., 2000 <b>Setting:</b> Retrospective review of child forensic autopsy cases in the southern half of Osaka City	
1994–1998	<b>29%</b> (n=15) of the child deaths were due to maltreatment
<b>Location:</b> <i>Republic of Korea</i> . <b>Study:</b> Government of the Republic of Korea, 2005. <b>Setting:</b> Surveillance data	
2000–2003	A total of 2,621 murder victims under 20 years of age

Another Fiji filicide study (Adinkrah, 2000) found that many infanticides were precipitated by unwanted pregnancies due to nonmarital and extramarital sex. A review of homicide case records shows neonaticide defendants invariably managed to carry their undesired pregnancy to full gestation without the knowledge of family, friends or neighbours. A notable feature of the infanticide data examined in this study was that virtually all victims (15 out of 16) were neonates. Thus, most newborn infants were killed by their mothers within 24 hours of birth. The sole non-neonate victim in the sample was a three-month-old girl. In 14 of the 15 neonaticide cases, the child was delivered secretly in a bedroom, bathroom, or toilet at home, or in a remote location (e.g., cassava plantation, seaside) where the mother could conceal the birth. Only one of the neonatal victims was born in a hospital. The most frequently used method was burial. Six (37.5%) neonaticidal mothers buried their babies alive in creeks, mangrove swamps or in shallow graves in the woods.

Another study by Adinkrah in Fiji focused on children killed by their fathers. Paternal filicide victims ranged in age from two months to 13 years, with a mean of 5.9 years. Eight of the 13 victims identified were girls. The mode of death ranged from burning to strangulation. Chopping or hacking with a machete accounted for five deaths, four victims were burned to death, one child was strangled, another was beaten to death, one starved and another thrown against a wall. The reported motives for filicidal acts varied widely. In one case, corporal punishment of his son by a father resulted in the death of the child. In another case, a father who questioned his daughter's paternity killed her via repeated neglect and abuse. One act of familicide in which a man killed his wife and all five of his children was fuelled by his suspicions of wifely infidelity. Four children died as a result of their father's violent rage over his wife's reluctance to warm up his dinner and another father killed an infant because he could not stop her from crying (Adinkrah, 2003).

## 4.1.2 Corporal punishment

The **Committee on the Rights of the Child** which monitors implementation of the Convention on the Rights of the Child has consistently stated that legal and social acceptance of corporal punishment of children whether in the home and/or in institutions, is not compatible with the Convention (endcorporalpunishment, 2011). At the 42nd session of the Committee in 2006, a General Comment was issued which states that it is "...the obligation of all States parties to move quickly to prohibit and eliminate all corporal punishment and all other cruel or degrading forms of punishment of children and to outline the legislative and other awareness-raising and educational measures that States must take" (General Comment, No.8, 2006, paragraph 2). As well as being an obligation of States parties under the Convention on the Rights of the Child, addressing and eliminating corporal punishment of children is "a key strategy for reducing and preventing all forms of violence in societies" (paragraph 3).

The Committee defines corporal punishment in paragraph 11 of the General Comment in the following way: "The Committee defines 'corporal' or 'physical' punishment as any punishment in which physical force is used and intended to cause some degree of pain or discomfort, however light. Most involves hitting ('smacking', 'slapping', 'spanking') children, with the hand or with an implement – whip, stick, belt, shoe, wooden spoon, etc. But it can also involve, for example, kicking, shaking or throwing children, scratching, pinching, burning, scalding or forced ingestion (for example, washing children's mouths out with soap or forcing them to swallow hot spices). In the view of the Committee, corporal punishment is invariably degrading. In addition, there are other non-physical forms of punishment which are also cruel and degrading and thus incompatible with the Convention. These include, for example, punishment which belittles, humiliates, denigrates, scapegoats, threatens, scares or ridicules the child" (General Comment, No.8, 2006, paragraph 11).

## Measurements

### Corporal punishment measurements used:

- **Childhood Trauma Questionnaire:** In addition to physical abuse, this questionnaire also has one item about corporal punishment within the physical abuse subscale: “I was punished with a belt/board/cord/other hard object.”
- **Parental Bonding Instrument (PBI):** The Parental Bonding Instrument has two subscales of care and overprotection or control and measures parental styles before the participant was 16 years old (Parket et al., 1979). This instrument has a Japanese version (Kitamura and Suzuki, 1993). It consists of 25 items and a form for both maternal and paternal parenting styles.
- **Parent-Child Conflict Tactics Scale (CTSPC):** The minor assault subscale corresponds to corporal punishment in the CTSPC. This includes the following items: a) spanked on the bottom with bare hand, b) hit on the bottom with something like a belt, hairbrush, a stick or some other hard object, c) slapped on the hand, arm, or leg, d) pinched, and/or e) shaken (this is scored as Very Severe if the child is under two years old). There are also four supplemental questions specifically on corporal punishment and other forms of discipline and the frequency with which they occurred in the last week: a) being put in ‘time out’ or sent to his/her room, b) shouted, yelled or screamed at, c) spanked on the bottom with bare hand and d) slapped on the hand, arm or leg.
- **UNICEF Multiple Indicator Cluster Survey:** The Lansford, Alampay et al, 2010 study used items developed by UNICEF for their Multiple Indicator Cluster Survey. Specifically, mothers and fathers were asked whether they or anyone in their household had used each of six forms of corporal punishment with the target child in the last month. Using scoring criteria developed by UNICEF’s Statistics and Monitoring Section of the Division of Policy and Practice, the study developed two discipline indicators. The mild physical discipline indicator reflected the proportion of parents who indicated that they or someone in their household had used one or more of the following forms of corporal punishment with the child in the last month: spanking, hitting, or slapping with a bare hand; hitting or slapping on the hand, arm, or leg; shaking; or hitting with an object. The severe physical discipline indicator used the same basis for the following forms of corporal punishment: hitting or slapping the child on the face, head, or ears; or beating the child repeatedly with an implement. Children were asked how frequently in the last year their mothers and their fathers disciplined them in each of those ways (Lansford, Alampay et al., 2010).

### Corporal punishment findings

Half of the studies with probability sample designs utilised the Parent-Child Conflict Tactics scale to measure corporal punishment. In these studies we see that corporal punishment ranges from harsh/severe discipline and abuse (including beating, kicking and shaking) to harsh verbal discipline. In the Filipino study (Runyan, Shankar, Hassan et al., 2010) it is clear how much definitions play into the reported frequencies of behaviours. When the researchers included hitting the child with an object on the buttocks or anywhere else on the body, the percentage of parents who reported the behaviour was 56%. When ‘hitting with objects’ was removed from the harsh physical discipline category, the reported frequency fell to 9.9% meaning that ‘spanking’ and ‘hitting with objects’ captured the majority of parent’s behaviour within that category. In Table 9 we see more studies of corporal punishment but with convenience samples.

**Table 8: Prevalence and incidence of corporal punishment from probability samples**

Measurement	Prevalence and Incidence of corporal punishment
<b>Location:</b> Hong Kong, <i>China</i> . <b>Study:</b> Chan, 2010 <b>Sample size:</b> 2,363 parents from a larger (4,347) randomized household survey	
Parent-Child Conflict Tactics Scale	<b>43.8%</b> Lifetime prevalence of corporal punishment towards children; <b>44.1%</b> Lifetime prevalence of corporal punishment and physical maltreatment; <b>32.8%</b> Preceding year prevalence of corporal punishment; <b>33%</b> Preceding year prevalence of corporal punishment and physical maltreatment by parents
<b>Location:</b> Hong Kong, <i>China</i> . <b>Study:</b> Lau, Kim, Tsui et al., 2005 <b>Sample size:</b> 95,788 secondary school students	
Researcher developed – includes 1 item: whether or not the student respondent had been corporally punished by family members in the preceding six months. The Chinese term for corporal punishment used in the questionnaire can be literally translated as ‘punishment of the body’. This specific Chinese term is part of the daily language commonly used in Hong Kong	<b>4.1%</b> of students reported experiencing corporal punishment in the previous six months
<b>Location:</b> Guangzhou, <i>China</i> . <b>Study:</b> Leung, Wong, Chen & Tang, 2008 <b>Sample size:</b> 6,592 high school students	
Parent-Child Conflict Tactics Scale	<b>23.2%</b> (1538) of students reported experiencing corporal punishment in the previous six months.
<b>Location:</b> Hong Kong, <i>China</i> . <b>Study:</b> Tang, 2006 <b>Sample size:</b> 1,622 Chinese parents	
Physical aggression subscale of the Conflict Tactics Scale.	<b>57.5%**</b> of parents reported using corporal punishment
<b>Location:</b> Multicountry – <i>Philippines, Viet Nam and Mongolia</i> . <b>Study:</b> UNICEF EAPRO, 2008 <b>Sample size:</b> Secondary Analysis of Child Protection Data from the Demographic and Health Survey (DHS) and Multiple Indicator Cluster Survey (MICS)	
UNICEF Multiple Indicator Cluster Survey (MICS) – item on children aged 2–14 years who experience physical punishment at discipline	<b>Philippines:</b> Minor: <b>49.7%</b> ; Severe: <b>12.9%</b> <b>Viet Nam:</b> Minor: <b>60.9%</b> ; Severe: <b>9.4%</b> <b>Mongolia:</b> <b>37.8%</b>
<b>Location:</b> Paco, Manila, <i>Philippines</i> . <b>Study:</b> Runyan, Shankar, Hassan et al., 2010 <b>Sample size:</b> 1,000 women aged 15–49 who had a child younger than 18 years in her home	
Parent-Child Conflict Tactics Scale	<b>71% Harsh verbal discipline</b> Cursed child; called child names such as “stupid,” “ugly,” or “useless”; threatened to abandon child; threatened to invoke ghosts/evil spirits; locked child out of the house or threatened the child with a knife or gun  <b>9.9% Harsh physical discipline without including hitting with an object</b> Kicked; choked; smothered with hand or pillow; burned/scalded or branded; beat (hit over and over again with object or fist); shook child aged <2 yrs  <b>56% Harsh physical discipline</b> all of the actions above plus adds hitting child with an object on the buttocks or anywhere else on the body to the scale “harsh physical discipline including objects”

A randomized household sample study in Hong Kong, China, (Tang, 2006) found that significantly more mothers than fathers used corporal punishment against their children (60.6% vs. 50.7%,  $p < .005$ ). Similar findings were found in a school-based study also in China (Chen & Liao, 2005b). However, in a survey of community residents in Japan, respondents reported harsher discipline from their fathers than their mothers (Kitamura, Kaibori, Takara et al., 2000).

**Table 9: Prevalence and incidence of corporal punishment by family members, studies with convenience samples**

Measurement	Prevalence and/or incidence of corporal punishment
<b>Location:</b> Cambodia (National Study). <b>Authors/Year of Publication:</b> Miles, G. & Thomas, N., 2007 & Tearfund, no date <b>Research Design:</b> School survey of 12–15 year olds and focus groups. <b>Sample Size:</b> 1,314	
<p>A series of pictures was commissioned from a Cambodian artist, which depicted different types of violence including corporal punishment. These were used as visual prompts in the questionnaire, where children were asked if they had ever experienced these forms of violence directly or indirectly, and also to stimulate discussion in the focus groups</p>	<p><b>43.2%</b> (552/1277) had direct experience of physical punishment by a parent</p>
<b>Location:</b> Shatin District, Hong Kong, China. <b>Authors/Year of Publication:</b> Lau, Chan, Lam, Choi & Lai, 2003 <b>Research Design:</b> School survey of students in Form 2 (8th grade). <b>Sample Size:</b> 489	
<p>For physical maltreatment indicators, students were asked whether they had: a) received corporal punishment from family members in the last six months, b) been beaten without any reason by family members in the last six months, or c) had ever been beaten to injury by family members</p> <p>In Hong Kong, beating with a reason would often be seen as an exercise of discipline rather than abuse, a distinction is thus made between the first two items. The three categories were not mutually exclusive</p>	<p><b>4.5%</b> (95% CI, 2.9-6.8) of the sample had received corporal punishment from family members during the preceding six months</p>
<b>Location:</b> Hebei Province, China. <b>Authors/Year of Publication:</b> Chen & Liao, 2005b <b>Research Design:</b> School survey of technical secondary students. <b>Sample Size:</b> 484	
<p>For non-contact corporal punishment, students were asked to report their experience of being physically punished (such as being forced to run, to do homework, to stand, to kneel down, to not eat, or to suffer cold in the winter) excluding being beaten or hit by hand or objects before the age of 16</p>	<p><b>16.7%</b> experienced non-contact corporal punishment by their mothers before the age of 16  <b>14.5%</b> experienced non-contact corporal punishment by their fathers before the age of 16</p>
<b>Location:</b> Tangshan City, China. <b>Authors/Year of Publication:</b> Cui, Pang, Du et al., 2010 <b>Research Design:</b> Survey of parents of 3–6 year-old children. <b>Sample Size:</b> 243 parents	
<p>2 items used to measure non-contact corporal punishment: a) locking the child in a small room to scare them, and/or b) standing punishment</p>	<p>Among children who suffered from physical maltreatment (74.1%), <b>28.8%</b> parents reported using non-contact corporal punishment</p>
<b>Location:</b> Baotao city of Inner Mongolia Autonomous Region, China <b>Authors/Year of Publication:</b> Wang, Chen & Ma, 2007. <b>Research Design:</b> Survey of parents with children from five kindergartens in Baotou City. <b>Sample Size:</b> 810	
<p>Researcher developed – 5 items including: a) locking the child in a small room to make him/her feel scared, b) forcing the child to stand for a while, c) forcing the child to kneel down, d) not allowing the child to eat during dinner time and e) letting the child stand outside in the winter making him/her feel very cold</p>	<p><b>33.0%</b> of parents reported having ever used non-contact corporal punishment on their pre-school aged child</p>

**Table 9: Prevalence and incidence of corporal punishment by family members, studies with convenience samples (continued)**

Measurement	Prevalence and/or incidence of corporal punishment
<p><b>Location:</b> Kofu, <i>Japan</i> <b>Authors/Year of Publication:</b> Kitamura, Kaibori, Takara et al., 2000  <b>Research Design:</b> Survey of community residents aged 18 or older. <b>Sample Size:</b> 220 (96 men and 124 women)</p>	
Parental Bonding Instrument	<p>Father's harsh discipline: 158 respondents                      (a) scolding – <b>38%</b>                      (b) slapping – <b>26%</b>                      (c) punching – <b>11%</b>                      (d) hitting – <b>3%</b>                      (e) burning – <b>1%</b></p> <p>Mother's harsh discipline: 179 respondents.                      (a) scolding – <b>27%</b>                      (b) slapping – <b>8%</b>                      (c) punching – <b>4%</b>                      (d) hitting – <b>3%</b>                      (e) burning – <b>3%</b></p>
<p><b>Location:</b> <i>Malaysia</i> <b>Authors/Year of Publication:</b> Runyan, Dunne, Zolotr et al., 2009.  <b>Research Design:</b> Convenience sample of parents in six countries. <b>Sample Size:</b> 120 parents in Malaysia</p>	
<p>Piloting of the ISPCAN Child Abuse Screening Tool-Parent Version in six countries. Moderate physical discipline measured 11 items including: a) shook child &gt;2 years, b) hit on buttocks with object, c) hit elsewhere with object, d) twisted ear, e) knuckled back of head, f) pulled hair, g) painful kneel/stand, h) chilli pepper in mouth, i) spanked, j) pinched, and/or k) slapped back of head</p> <p>Severe physical discipline measured 8 items: a) shook child &lt;2 years, b) kicked, c) choked, d) smother, e) burn, f) beat up, g) threaten with knife or gun, and/or h) gave drug, alcohol</p>	<p><b>40%</b> moderate physical discipline  <b>8%</b> severe physical discipline</p>
<p><b>Location:</b> Multicountry (<i>Hong Kong, Singapore and Republic of Korea among other countries outside of the East Asia and Pacific region</i>). <b>Authors/Year of Publication:</b> Douglas &amp; Straus, 2006  <b>Research Design:</b> Convenience sample of students in 36 universities in 19 nations. <b>Sample Size:</b> China: 220 students, Singapore: 280, and 314 students from the Republic of Korea (from a larger sample of 9,549)</p>	
<p>Researcher developed – 1 item: 'I was spanked or hit a lot by my parents before age 12'. The response categories were: (1) strongly disagree, (2) disagree, (3) agree, and (4) strongly agree. The corporal punishment rate at each university was measured by the percentage of students who did not 'strongly disagree'. This cutting point was based on the assumption that students who did not experience corporal punishment would most likely strongly disagree with the statement that they were 'spanked or hit a lot'</p>	<p><b>62.7%</b> of students in Hong Kong, China, <b>65.6%</b> of students in Singapore, and <b>58.8%</b> of students in the Republic of Korea reported ever experiencing corporal punishment before the age of 12</p>
<p><b>Location:</b> Multicountry (<i>China, Philippines and Thailand among other countries outside of the East Asia and Pacific region</i>). <b>Authors/Year of Publication:</b> Lansford, Alampay et al., 2010  <b>Research Design:</b> Convenience sample of schools and interviews with fathers and children ages 7–10 years old  <b>Sample Size:</b> China: 241, Philippines: 120 and Thailand: 120 (from larger sample of 1,146 fathers and 1,417 children)</p>	
UNICEF Multicenter Indicator Survey items	<p><b>10%</b> and <b>15%</b> of parents in China reported using severe corporal punishment against girls and boys respectively in the previous month</p> <p><b>9%</b> and <b>8%</b> of parents in the Philippines reported using severe corporal punishment against girls and boys respectively in the previous month</p> <p><b>5%</b> and <b>3%</b> of parents in the Thailand reported using severe corporal punishment against girls and boys respectively in the preceding month</p>

Corporal punishment may also differ according to the gender of the child. In a qualitative study (Save the Children UK, 2006b) with 536 schoolchildren in Fiji, it was found that younger girls experienced being scolded/lectured/sworn at more than boys. This finding may depend on the country context as can be seen in the multicountry study conducted in China, the Philippines, Thailand and other countries (Lansford, Alampay et al., 2010). In China, parents reported using less severe corporal punishment with girls than with boys whereas this was reversed in both the Philippines and in Thailand. A randomised study in Hong Kong, China also showed a significant proportion of boys received more corporal punishment than girls (60.7% vs. 53.9%,  $p < .01$ ). Results from this study showed that rates of corporal punishment were the highest among children aged two to eight years old. Adolescent boys and girls (aged 13–17) had the lowest rates of parental corporal punishment and physical maltreatment (Tang, 2006). More research, however, is needed to determine the gender differences in corporal punishment for other countries in the region.

A survey conducted in the Philippines as part of a larger multicountry study (Runyan, Shankar, Hassan et al., 2010) also found that the use of harsh verbal and physical punishment varied according to age. The prevalence of harsh physical discipline, which included shaking children under the age of two in the definition and hitting with an object, was found to be 25% in the Philippines. Harsh verbal discipline was lowest among the youngest children, although in the Philippines it was still 51%.

---

### **Case Study 2: Punishment and the concept of masculinity in Viet Nam**

One anthropological study explored the concept of masculinity and punishment in Viet Nam through case studies (Rydstrøm 2006). The author gave one example of a 15-year-old boy named Van, who when he was younger was threatened and beaten 'very much' (*rat nhieu*) by his father. This punishment was, according to Van, a consequence of his 'stubbornness' (*ngang*) in terms of preferring to play rather than assisting with various chores. Van was forced to lie down on a bed in order for his father to beat him (Rydstrøm 2006).

It is not uncommon in the village in which the fieldwork took place for boys to be ordered to place themselves in a certain position before being punished physically by their father or grandfather. The author gives another example of 13-year-old Cong and relates how he is occasionally tied to a hook in the wall or to a pillar in the yard before being punished with a piece of electric cable by his grandfather or father. The author found that boys are threatened in many ways, even with grave bodily harm, when interacting with their fathers or grandfathers (Rydstrøm 2006).

**Table 10: Prevalence and incidence of physical abuse and corporal punishment by teachers**

Measurement	Prevalence and/or Incidence of Physical Abuse and/or Corporal Punishment by Teachers
<p><b>Location:</b> <i>Cambodia</i> (national study). <b>Authors/Year of publication:</b> Miles, G. &amp; Thomas, N., 2007 &amp; Tearfund, no date  <b>Research design:</b> School survey of 12–15 year olds and focus groups. <b>Sample size:</b> 1,314</p>	
<p>A series of pictures was commissioned from a Cambodian artist, which depicted different types of violence including corporal punishment. These were used as visual prompts in the questionnaire, where children were asked if they had ever experienced these forms of violence directly or indirectly.</p>	<p><b>29.2%</b> (369/1294) had direct experience of physical punishment by a teacher.</p>
<p><b>Location:</b> Hebei Province, <i>China</i>. <b>Authors/Year of publication:</b> Chen &amp; Liao, 2005b  <b>Research design:</b> School survey of technical secondary students. <b>Sample size:</b> 484</p>	
<p>For non-contact corporal punishment, students were asked to report their experience of being physically punished (such as being forced to run, to do homework, to stand, to kneel down, to not eat, or to suffer cold in the winter) excluding being beaten or hit by hand or objects before the age of 16.</p>	<p><b>53%</b> reported they had experienced non-contact corporal punishment by their teachers at least once before the age of 16 (being physically punished such as being forced to run, to do homework, to stand, to kneel down, to not eat or to suffer the cold in the winter excluding being beaten or hit by hand or objects).</p>
<p><b>Location:</b> Hebei province, <i>China</i>. <b>Authors/Year of publication:</b> Ma, Chen, Dunne et al., 2005  <b>Research design:</b> Survey of technical secondary and college students. <b>Sample size:</b> 528</p>	
<p>Being beaten with bare hand was defined that the victim was beaten, kicked, pinched, pushed, or hurt in other ways, by hand, foot or other parts of the body (not including beaten with objects) of another person (the perpetrator) before the age of 16.</p>	<p><b>16.1%</b> of students reported being beaten, kicked, pinched, pushed, or hurt in other ways, by hand, foot or other parts of the body (not including beaten with objects) by a teacher before the age of 16.</p>
<p><b>Location:</b> Xi'an, Shaanxi province, <i>China</i>. <b>Authors/Year of publication:</b> Yan, Jiao, Lin &amp; Jiao, 2009  <b>Research design:</b> Survey of first and second year undergraduate students. <b>Sample size:</b> 1,200</p>	
<p>Childhood Trauma Questionnaire (adapted)</p>	<p><b>32.1%</b> reported experiencing corporal punishment by teachers.</p>
<p><b>Location:</b> <i>Japan</i>. <b>Authors/Year of publication:</b> Masuda, Yamanaka, Hirakawa et al., 2007  <b>Research design:</b> Survey of first and second year university students. <b>Sample size:</b> 1,592</p>	
<p>Researcher developed – 1 item: Responses of “often” or “very often” to the question “how often did teachers use violence (slap, kick, punch, throw something) against you?” indicated ACE.</p>	<p><b>1.4%</b> reported experiencing physical violence from teachers (Responses of “often” or “very often” to the question “how often did teachers use violence (slap, kick, punch, throw something) against you?” indicated violence from teachers).</p>
<p><b>Location:</b> Multicountry (<i>China</i> and <i>Republic of Korea</i>). <b>Authors/Year of publication:</b> Kim, Kim, Park et al., 2000  <b>Research design:</b> Survey of elementary school children. <b>Sample size:</b> 972</p>	
<p>Conflict Tactics Scale</p>	<p><b>51.1%</b> of students in China reported experiencing corporal punishment by teachers (minor: 28%; serious: 4.1%)</p> <p><b>62%</b> of students in the Republic of Korea reported experiencing corporal punishment by teachers (minor: 8.8%; serious: 43.8%)</p>

**Table 10: Prevalence and incidence of physical abuse and corporal punishment by teachers**  
(continued)

Measurement	Prevalence and/or Incidence of Physical Abuse and/or Corporal Punishment by Teachers
<p><b>Location:</b> Pacific Islands – Pohnpei State, <i>Federated States of Micronesia</i>; <i>Tonga</i>; and <i>Vanuatu</i>  <b>Authors/Year of publication:</b> Smith, Phongsavan, Bampton et al., 2008  <b>Research design:</b> Students aged 11–17 years old  <b>Sample size:</b> Pohnpei State: 1,495; Tonga: 2,808 and Vanuatu: 4,474 students</p>	
Questions asked not specified.	<p>Among 14–17 year olds:</p> <p><b>Pohnpei, Federated States of Micronesia:</b> 13% of boys (n=712) and 7% of girls (n=763) reported experiencing an intentional injury from their teacher(s) in the previous 12 months</p> <p><b>Tonga:</b> 14% of boys (n=502) and 10% of girls (n=668) reported experiencing an intentional injury from their teacher(s) in the previous 12 months</p> <p><b>Vanuatu:</b> 7% of boys (n=1,576) and 5% of girls (n=1,478) reported experiencing an intentional injury from their teacher(s) in the previous 12 months</p>
<p><b>Location:</b> Pacific Islands – <i>Fiji</i>. <b>Research design:</b> 16–17 year olds. <b>Authors/Year of publication:</b> UNICEF Pacific, 2008  <b>Sample size:</b> 248 child household questionnaires and 262 adult household questionnaires in 35 locations in six provinces</p>	
UNICEF Pacific ‘Protect Me with Love and Care’ Survey	29% of the Child Household Questionnaire respondents report having been physically hurt by a teacher within the past month
<p><b>Location:</b> Pacific Islands – <i>Kiribati</i>. <b>Authors/Year of publication:</b> UNICEF Pacific, 2008  <b>Research design:</b> 16–17 year olds  <b>Sample size:</b> 200 child household questionnaires and 199 adult household questionnaires in 20 locations in five districts</p>	
UNICEF Pacific ‘Protect Me with Love and Care’ Survey	29% of the Child Household Questionnaire respondents report having been physically hurt by a teacher within the past month
<p><b>Location:</b> Pacific Islands – <i>Solomon Islands</i>. <b>Authors/Year of publication:</b> UNICEF Pacific, 2008. <b>Research design:</b> 16–17 year olds <b>Sample size:</b> 274 child household questionnaires and 273 adult household questionnaires in 30 locations in eight provinces</p>	
UNICEF Pacific ‘Protect Me with Love and Care’ Survey	7% of the Child Household Questionnaire respondents report having been physically hurt by a teacher within the past month
<p><b>Location:</b> Pacific Islands – <i>Vanuatu</i>. <b>Authors/Year of publication:</b> UNICEF Pacific, 2009  <b>Research design:</b> 16–17 year olds. <b>Sample size:</b> 248 child household questionnaires and 262 adult household questionnaires in 30 locations in six provinces</p>	
UNICEF Pacific ‘Protect Me with Love and Care’ Survey	27% of the Child Household Questionnaire respondents report having been physically hurt by a teacher within the past month

Table 10 highlights studies that examined the use of corporal punishment by teachers against students. Acts ranged from physical violence such as being hit, kicked, punched or slapped to other behaviours such as being forced to run, to do homework, to stand, to kneel down, to not eat or to suffer the cold in the winter excluding being beaten or hit by hand or objects. The highest frequencies appear to be for non-contact corporal punishment. One notable exception is the study by Kim and colleagues (Kim, Kim, Park et al., 2000) of elementary school children in the Republic of Korea and China, which found nearly opposite trends. In China, more pupils experienced minor corporal punishment from teachers. Very few experienced severe punishment. In the Republic of Korea many more students reported experiencing severe corporal punishment by teachers. More comparative research needs to be done to fully understand the differences and similarities that exist between countries in the region.

Several studies explored injury as a result of severe corporal punishment by teachers. A study in several Pacific Island countries found that 1 in 10 boys aged 14–17 reported experiencing an intentional injury from their teacher(s) in the past year, ranging from 7% of boys in Vanuatu to 14% in Tonga. Girls also reported experiencing an intentional injury from a teacher in the preceding year (5% in Vanuatu, 7% in Pohnpei, Federated States of Micronesia and 10% in Tonga) (Smith, Phongsavan, Bampton et al., 2008). Recent research by UNICEF Pacific asked 16–17 year olds in the community if a teacher had physically hurt them in the last month. The answers to this question ranged from 7% of Child Household Questionnaire (CHHQ) respondents in the Solomon Islands to 29% in both Fiji and Kiribati (UNICEF Pacific, 2008).

## 4.2 Sexual abuse

For this review, the WHO's definition of child sexual abuse was used as a guiding reference (Krug et al., 2002). According to this definition, child sexual abuse is "the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violate the laws or social taboos of society. Child sexual abuse is evidenced by this activity between a child and an adult or another child who by age or development is in a relationship of responsibility, trust or power, the activity being intended to gratify or satisfy the needs of the other person" (Krug et al., 2002).

---

### Prevalence and incidence of child sexual abuse

[Overview to section](#)

**Number of studies:** 67

**Number of articles/reports:** 74

**Topical areas covered in this section:** Contact and non-contact child sexual abuse including incest, rape and sexual assault in conflict settings.

**Countries and territories represented:** 18 including Cambodia, China, Fiji, Japan, Kiribati, Malaysia, Mongolia, Myanmar, The Commonwealth of the Northern Mariana Islands, Republic of the Marshall Islands, New Caledonia, Republic of Palau, Papua New Guinea, Philippines, Republic of Korea, Solomon Islands, Thailand, Tonga and Viet Nam.

**Range of dates for studies:** Data from 1993–2010 and studies published from 2000–2010

### Brief summary

This section includes 67 studies on the sexual abuse of children in the East Asia and Pacific region. Of these studies, 21 are drawn from some type of probability sample, 16 were conducted with a clinical or service-based sample and 25 are of school-based and convenience samples. This section includes a range of data on sexual abuse from incest and abuse by peers to rape and sexual violence in conflict settings.

---

## Measurements

Child sexual abuse is measured by a range of questions from single item questions that try to assess forced sexual intercourse to a series of questions that cover both contact and non-contact sexual abuse. These measurements include the following as well as researcher-developed questions:

- **Adverse Childhood Experiences Questionnaire:** Developed by the Centers for Disease Control and Prevention, the Adverse Childhood Experiences Questionnaire examines four child sexual abuse items (including a range of other adverse childhood experiences) including: Did an adult or person at least five years older ever a) touch or fondle you in a sexual way? b) Have you touch their body in a sexual way? c) Attempt oral, anal, or vaginal intercourse with you? d) Actually have oral, anal, or vaginal intercourse with you?
- The **Child Sexual Abuse Scale** developed by Chen (2004; and Chen et al., 2006) is used frequently in studies throughout the region. The scale was developed and validated for the Chinese population and asks respondents whether they had experienced any one of the listed 12 unwanted sexual abuse events (nine items for physical contact and three items for nonphysical contact) before the age of 16. This scale includes questions on **non-physical contact which includes:** a) perpetrators exposed their genitals to the victim, b) perpetrators masturbated in front of the victim c) perpetrators tried to sexually arouse the victim, and **physical contact sexual abuse which includes:** a) perpetrators made the victim arouse them and touch their body in a sexual way, b) perpetrators touched or fondled the victim's body including breasts or genitals, c) perpetrators rubbed their genitals against the victim's body in a sexual way, d) perpetrators touched the victim's genitals with their mouths, e) perpetrators made the victim touch their genitals with his/her mouth, f) perpetrators tried to have vaginal intercourse with the victim, g) perpetrators had vaginal intercourse with the victim, h) perpetrators tried to have anal intercourse with the victim, and/or i) perpetrators had anal intercourse with the victim.
- The **WHO Multi-Country Study on Women's Health and Domestic Violence** included several questions on child sexual abuse. Each respondent was asked whether she had experienced unwanted sexual touching and/or was forced to perform sexual acts against her will before age 15. If so, she was asked to provide information about the frequency (once or twice, several, or many times), the relationship of respondent to perpetrator, and the age at which she experienced the abuse for the first time. To assess experiences of first sexual intercourse or 'sexual initiation', each respondent was asked at what age she first had intercourse and whether it was wanted or not.

- **Trauma Assessment for Adults – Self Report Form (TAA):** the TAA is a 17-item self-report form based on the National Women’s Study. The TAA inquires about a wide range of traumatic experiences, including child sexual abuse. The TAA includes three items assessing childhood sexually abusive experiences. First, participants are asked about child sexual abuse. Specifically, they are asked whether or not they had ever had sexual contact (i.e., physical contact between someone else and their genital organs or between them and someone else’s genital organs) with anyone who was at least five years older than they before they were 13 years old. Next, participants are asked about instances of verbally coerced sexual contact (i.e., whether anyone had used verbal pressure, coercion, or threats to have sexual contact with them before age 18). And finally, the TAA asks about instances of physically coerced sexual contact (i.e., whether anyone had used physical force or the threat of physical force to have sexual contact with them before age 18). For each of these questions, participants are asked to identify their age at the time of the first and last occurrence, and their relationship to the perpetrator. Additional information is obtained regarding characteristics of the event, any physical injuries sustained and subsequent disclosure (i.e., did they ever tell anyone about what happened?). Participants are also asked whether they consider themselves to have been sexually abused as children.

## Child sexual abuse findings

Tables 11 and 12 highlight studies in this review that provided prevalence and incidence data on child sexual abuse experiences. Physical contact sexual abuse, which includes molestation, touching, and attempted and forced sex, ranged from 1.7% in Hong Kong (Chan, Yan, Brownridge, Tiwari, Fong, 2010) to 11.6% in the Pacific Islands (Hamelin, Salomon, Sitta et al., 2009) for the probability sampled studies. For convenience samples the prevalence ranges from 1.2% in Cambodia (Miles & Thomas, 2007) to 17.1% in Thailand, and up to 47% among prostituted women and girls in Thailand (Ruangkanchanasetr, Plitponkarnpim, Hetrakul et al., 2005; Farley, Cotton, Lynne et al., 2004).

For studies that utilised the Youth Risk Behavioural Survey (YRBS) question of forced sexual intercourse, prevalence ranged from 13.8% for both boys and girls in the Mariana Islands to 29.3% for both in the Marshall Islands in 2003. Similar frequencies were reported in Palau (14.2% for both) (Balling, Grunbaum et al., 2003) and Cambodia (15.5% for both) (The Ministry of Education, Youth and Sports, UNICEF and UNESCO, 2004). Prevalence of forced sexual intercourse rose in the Pacific Islands, according to 2007 data, which reported levels ranging from 21% in Palau to 35.8% in the Marshall Islands (Lippe, Brener, Kann, et al., 2008). In most of these studies, forced sexual intercourse was more prevalent among girls than boys; this finding is especially pronounced in Cambodia where 51.2% of girls compared with 1.9% of boys reported having ever been raped (The Ministry of Education, Youth and Sports, UNICEF and UNESCO, 2004).

For many adolescents and young women, their first experience of sexual intercourse is forced. The WHO multicountry study asked about first sexual intercourse experiences that were forced and found that for 5% of women in provincial Thailand, 4% in urban Thailand and 0.4% of women in urban Japan, their first sexual experience was forced sex (Yoshihama & Horrocks, 2010 & WHO, 2005). In another Thailand study, 8% of women reported their first sexual experience as being forced (Im-Em, Kanchanachitra & Archavanitkul, 2005). This frequency was much higher among prostituted children and young women (19.8%) (ILO/IPEC, 2005).

In the majority of the studies it was found that most of the perpetrators were known to the victim. For example, in the Hamelin et al., 2009 study, 96% of survivors said they knew their perpetrator. In 63% of cases it was a close relative. One exception was the Yoshihama & Horrocks (2010) study in

Japan. The results showed that a higher percentage of women who had been sexually abused during childhood did not know their perpetrator. Those who did know their attacker, however, were more likely to be abused more than twice (42%) compared to women who were sexually abused by a stranger (24%), the study found.

Studies in this review showed that children are also increasingly open to abuse by peers and ‘friends’. The UNICEF Pacific studies found that for inappropriate touching school, 70–100% is by other kids, and the remaining 0–30% is by teachers. When asked about the same problem in the home or in the community, different results emerged by country. For Fiji, children reported that 68% of inappropriate touching was perpetrated by adults and 32% by another child; in Kiribati, 60% of those who experienced inappropriate touching said it was done by friends and the remaining 40% was by parents; in Vanuatu it was 38% by a friend and 23% by the father (UNICEF, 2008; UNICEF, 2009). In a randomised school-based and household survey with 9,388 young people in all 24 provinces and municipalities of Cambodia it was found that 6.1% of youth (2.4% of girls and 7.5% of boys) reported to have ever forced someone to have sex (The Ministry of Education, Youth and Sports, UNICEF and UNESCO, 2004).

**Table 11: Prevalence and incidence of sexual abuse from probability samples**

Measurement	Prevalence and incidence of sexual abuse
<b>Location:</b> Cambodia. <b>Study:</b> The Ministry of Education, Youth and Sports, UNICEF and UNESCO, 2004 <b>Sample size:</b> 9,388 surveys were conducted with adolescents both in and out of school	
YRBS forced sex question	51.2% of girls and 1.9% of boys reported ever having been forced to have sex (15.5% for both)
<b>Location:</b> Hong Kong, China. <b>Study:</b> Chan, Yan, Brownridge, Tiwari, Fong, 2010 <b>Sample size:</b> 1,154 household surveys with those aged 16 or older	
<b>Childhood sexual abuse and adult sexual victimization (ASV) by others.</b> Respondents were asked two items: a) unwanted touch: if they had ever been forced to touch someone in a sexual way or someone had touched them in a sexual way; b) forced sex: if they had ever been forced to have anal or oral sex with someone. If a respondent reported having ever experienced one of the two items, he or she would be asked whether that incident happened in his or her childhood (age below 18) or in adulthood (age 18 or above). The victim’s relationship with the perpetrator was coded as family members, relatives/ friends, or strangers.	1.7% history of CSA including unwanted touching or forced sex
<b>Location:</b> Guangzhou, China. <b>Study:</b> Leung, Wong, Chen & Tang, 2008. <b>Sample size:</b> 6,592 high school students	
Two items were used to measure the previous parental sexual abuse experience, namely ‘parents fondle your breasts or genital or sex organs’ and ‘parents ask you to fondle their genital or sex organs’. Students were asked to indicate whether they had experienced these situations in the previous six months using a three-point response scale (never vs. sometimes vs. always).	0.6% (41 students) reported experiencing sexual abuse (‘parents fondle your breasts or genital or sex organs’ and/or ‘parents ask you to fondle their genital or sex organs’) in the previous six months

**Table 11: Prevalence and incidence of sexual abuse from probability samples (continued)**

Measurement	Prevalence and incidence of sexual abuse
<b>Location: Urban China<sup>1</sup>. Study:</b> Luo, Parish & Laumann, 2008. <b>Sample size:</b> 1,519 women and 1,475 men	
The respondents were asked: "Did someone have sexual contact with you before you turned age 14? 'Sexual contact' here includes vaginal intercourse (sleeping with someone or making love), caressing as well as other ways of stimulating genitals/female breasts." Those who answered yes to this question were asked additional questions about their age at the first contact, the number of times of contact, type of contact (breasts caressed, genitals touched, vaginal intercourse, anal sex), gender of the person whom they had contact with, and that person's relationship to the respondent.	4.2% childhood sexual contact (before 14 years of age)
<b>Location: Shandong Province, China. Study:</b> Sun, Zhang, Dong et al., 2008. <b>Sample size:</b> 1,307 college students	
Chen, 2004 scale with additional two questions for non-physical sexual abuse: The sexual invader peeped your breast or genitals; the sexual invader made you watch pornographic books or images; and one additional item for physical contact sexual abuse: the sexual invader placed foreign matter in your vagina	22.1% 155/701) of females and 14.69% of males (89/606) experienced physical and/or non-physical contact child sexual abuse before age 18
<b>Location: Taiwan, China. Study:</b> Yen, Yang, Yang et al., 2008b. <b>Sample size:</b> 1,684 junior high school students	
Measure included three questions: "Have you ever been forced to experience vaginal, anal, or oral intercourse?" "Have you ever been molested with genital contact?" and "have your breasts or nipples been fondled by someone else?" If a participant answered "yes" to any question, he/she was classified as being sexually abused	2.5% reported ever experiencing sexual abuse
<b>Location: Japan. Study:</b> Fujiwara, Kawakami & World Mental Health Japan Survey Group, 2010. <b>Sample size:</b> 1,722 Japanese-speaking residents over the age of 20	
Sexual abuse was assessed with measures developed for the baseline NCS-R (explained in physical abuse measurements section)	0.5% reported experiencing childhood sexual abuse (Measure from World Mental Health Survey)
<b>Location: Multicountry – Thailand and Japan. Study:</b> Yoshihama & Horrocks, 2010 & WHO, 2005. <b>Sample size:</b> Ever partnered women aged 15–49: Thailand city sample size of 1,049 ; Thailand province sample size of 1,024 ; Japan city sample size of 1,371 (ages 18–49)	
WHO Core Questionnaire as used in the WHO Multi-country Study of Women's Health and Domestic Violence	1 in 10 respondents (10.44%) from Japan city, 5% from Thailand province and 8% from Thailand city indicated in face-to-face interviews that they experienced child sexual abuse before age 15  5% of respondents in Thailand province, 4% in Thailand city and 0.4% in Japan city reported that their first experience of sexual intercourse was forced
<b>Location: Pacific Islands – New Caledonia. Study:</b> Hamelin, Salomon, Sitta et al., 2009. <b>Sample size:</b> 1,012 women	
Childhood sexual abuse was assessed using two questions about lifetime sexual abuse: "During your life, has anyone ever fondled you sexually when you did not want to, or unsuccessfully tried to have sexual intercourse with you?" and "During your life, has anyone ever forced you to have sexual intercourse against your will?" In both cases, women were asked their age at the time of the event or at the first and last times when repeated abuse was reported. Thus, the indicator of childhood sexual abuse is defined as having experienced sexual fondling, attempted rape or rape one or more times before 15 years of age.	11.6% of women reported having experienced sexual fondling, attempted rape or rape one or more times before 15 years of age

**Table 11: Prevalence and incidence of sexual abuse from probability samples** (continued)

Measurement	Prevalence and incidence of sexual abuse
<p><b>Location:</b> Pacific Islands – <i>Commonwealth of the Northern Mariana Islands, Republic of the Marshall Islands &amp; Republic of Palau</i>. <b>Study:</b> Balling, Grunbaum et al., 2003  <b>Sample size:</b> Students in grades 9–12; sample sizes vary but the data were weighted to reflect student nonresponse. Thus, the data are considered representative of students in grades 9–12 in CNMI, RMI, and Palau.</p>	
YRBS question on forced sexual intercourse (2003 data)	<p><b>Commonwealth of the Northern Mariana Islands:</b> 19.1% of females and 8.6% of males (13.8% of all students) reported they were ever physically forced to have sexual intercourse</p> <p><b>Republic of the Marshall Islands:</b> 27.2% of females and 31.3% of males (29.3% of all students) reported they were ever physically forced to have sexual intercourse</p> <p><b>Republic of Palau:</b> 17.2% of females and 10.8% of males (14.2% of all students) reported they were ever physically forced to have sexual intercourse</p>
<p><b>Location:</b> Pacific Islands – <i>Commonwealth of the Northern Mariana Islands, Republic of the Marshall Islands &amp; Republic of Palau</i> (among others). <b>Study:</b> Lippe, Brener, Kann, et al., 2008  <b>Sample size:</b> Students in grades 9–12: Northern Mariana Islands: 2,292; Marshall Islands: 1,522; Palau: 732</p>	
YRBS question on forced sexual intercourse (2007 data)	<p><b>Commonwealth of the Northern Mariana Islands:</b> 18.1% of females and 11.9% of males (22.8% of all students) reported they were ever physically forced to have sexual intercourse</p> <p><b>Republic of the Marshall Islands:</b> 32.8% of females and 38.9% of males (35.8% of all students) reported they were ever physically forced to have sexual intercourse</p> <p><b>Republic of Palau:</b> 19% of females and 23.1% of males (21% of all students) reported they were ever physically forced to have sexual intercourse</p>
<p><b>Location:</b> Pacific Islands – <i>Fiji</i>. <b>Study:</b> UNICEF Pacific, 2008. <b>Sample size:</b> 248 child household questionnaires (16–17 year olds) in 35 locations in six provinces</p>	
UNICEF Pacific ‘Protect Me with Love and Care’ Survey, which asked if the child had been touched inappropriately at home, school or in the community in the past month. Follow-up questions asked where they had been touched and by whom	<p>7% of the Child Household Questionnaire respondents reported having been touched inappropriately at home or in the community in the previous month</p> <p>11% of the Child Household Questionnaire respondents reported having been touched inappropriately at school in the previous month</p>
<p><b>Location:</b> Pacific Islands – <i>Kiribati</i>. <b>Study:</b> UNICEF Pacific, 2008. <b>Sample size:</b> 200 Child Household Questionnaires (CHHQ) (16–17 year olds) in 20 locations in five districts</p>	
UNICEF Pacific ‘Protect Me with Love and Care’ Survey which asked if the child had been touched inappropriately at home, school or in the community in the past month. Follow-up questions asked where they had been touched and by whom	<p>6% of the CHHQ respondents reported having been touched inappropriately at home or in the community in the previous month</p> <p>7% of the CHHQ respondents reported having been touched inappropriately at school in the past month</p>
<p><b>Location:</b> Pacific Islands – <i>Solomon Islands</i>. <b>Study:</b> UNICEF Pacific, 2008  <b>Sample size:</b> 274 CHHQ (16–17 year olds) in 30 locations in eight provinces</p>	
UNICEF Pacific ‘Protect Me with Love and Care’ Survey which asked if the child had been touched inappropriately at home, school or in the community in the past month. Follow-up questions asked where they had been touched and by whom	<p>14% of the CHHQ respondents reported having been touched inappropriately at home or in the community in the preceding month</p> <p>32% of the CHHQ respondents reported having been touched inappropriately at school in the past month</p>

**Table 11: Prevalence and incidence of sexual abuse from probability samples** (continued)

Measurement	Prevalence and incidence of sexual abuse
<b>Location:</b> Pacific Islands – <i>Vanuatu</i> . <b>Study:</b> UNICEF Pacific, 2009 <b>Sample size:</b> 248 child household questionnaires (16–17 year olds) in 30 locations in six provinces	
UNICEF Pacific ‘Protect Me with Love and Care’ Survey which asked if the child had been touched inappropriately at home, school or in the community in the previous month. Follow-up questions asked where they had been touched and by whom	<b>15%</b> of the CHHQ respondents reported having been touched inappropriately at home or in the community in the past month  <b>21%</b> of the CHHQ respondents reported having been touched inappropriately at school in the previous month
<b>Location:</b> <i>Philippines</i> . <b>Study:</b> Ramiro, Madrid & Brown, 2010 <b>Sample size:</b> 1,068 adults aged 35 years or older residing in urban <i>barangays</i> in Quezon City, Metro Manila	
Adverse Childhood Experiences Survey	<b>5.2%</b> reported experiencing child sexual abuse
<b>Location:</b> <i>Thailand</i> . <b>Study:</b> Chaopricha & Jirapramukpitak, 2010 <b>Sample size:</b> 488 young people aged 16–25 living in Pathumthani Province	
Conflict Tactics Scales (CTS)	<b>11.9%</b> reported experiencing child sexual abuse
<b>Location:</b> <i>Thailand</i> . <b>Study:</b> Jirapramukpitak, Prince & Harpham, 2005 <b>Sample size:</b> 202 young people aged 16–25 living in Northern Bangkok	
Sexual abuse question adapted from Wyatt, 1985 in which sexual abuse was considered present if the respondent reported at least one penetrative sexual abuse event (oral, anal or vaginal intercourse) before the age of 16	<b>5.8%</b> of respondents (4.9% of young men and 6.5% of young women) reported experiencing sexual abuse before the age of 16
<b>Location:</b> <i>Thailand</i> . <b>Study:</b> Im-Em, Kanchanachitra & Archavanitkul, 2005 <b>Sample size:</b> 2,817 women from 4,899 households, 2,800 in Bangkok and 2,099 in Nakornsawan province aged 15 to 49	
To assess coerced sexual initiation: ‘How would you describe the first time you had sex? Would you say that you wanted to have sex, you did not want to have sex but it happened anyway, or you were forced to have sex?’  Sexual coercion by non-intimate partners: ‘Since the age of 15, has anyone (for women with current or past partner: other than your partner/husband) ever forced you to have sex or to perform a sexual act when you did not want to? If yes, who did this to you? And ‘Before the age of 15, do you remember if anyone in your family ever touched you sexually, or made you do something sexual that you didn’t want to? If yes, who did this to you?’	For those in the 15–24 age group (n=239):  <b>32.8%</b> reported they did not want to have sex but it happened anyway and <b>8%</b> reported their first sexual experience was forced  <b>10.2%</b> reported ever experiencing forced sexual intercourse  <b>7.5%</b> experienced forced sexual intercourse in the previous 12 months  <b>7.2%</b> reported ever being forced to engage in an unwanted sexual act  <b>4.2%</b> reported being forced to engage in an unwanted sexual act in the previous 12 months
<b>Location:</b> Suburb of Hanoi, <i>Viet Nam</i> . <b>Study:</b> Le & Blum, 2009. <b>Sample size:</b> 2,394 never married youths aged 15–24	
3 items: Have you ever been persuaded to have sex? Have you ever been tricked to have sex? Have you ever been forced to have sex/raped?	<b>1.1%</b> reported having ever been sexually abused

<sup>1</sup> urban portion of the 1999–2000 Chinese Health and Family Life Survey (CHFLS)

**Table 12: Prevalence and incidence of sexual abuse and sexual assault, studies with convenience samples**

Measurement	Prevalence and/or Incidence of Sexual Abuse
<b>Location:</b> <i>Cambodia</i> (National Study). <b>Authors/Year of Publication:</b> Miles, G. & Thomas, N., 2007 & Tearfund, no date <b>Research Design:</b> School survey of 12–15 year olds and focus groups. <b>Sample size:</b> 1,314	
Questions on ‘genital touching’ by an adult after the age of nine and child rape by an adult	<b>16.1%</b> (177/1099) direct experience of genital touching by an adult after the age of nine  <b>1.2%</b> (15/1289) direct experience of child rape by an adult
<b>Location:</b> Hefui, Wuhu, and Bengbu of Anhui Province in eastern <i>China</i> <b>Authors/Year of Publication:</b> Xiao, Dong, Yao & Ye, 2008 <b>Research Design:</b> Survey of medical students. <b>Sample size:</b> 2,073	
Questions based on a previous study by Wyatt which asked four questions: Did an adult or person at least five years older ever 1) touch or fondle you in a sexual way? 2) have you touched their body in an obscene way? 3) attempt to have oral, anal or vaginal intercourse with you? 4) actually have oral, anal, or vaginal intercourse with you?	<b>8.3%</b> reported ever experiencing forced touching or sexual assault by an adult or person at least five years older than them
<b>Location:</b> Rural <i>China</i> . <b>Authors/Year of Publication:</b> Zhao, Zhao, Li et al., 2010. <b>Research Design:</b> Survey of HIV orphans (n=417), vulnerable children (n=276 children living with HIV infected parents, and comparison children (n=276). <b>Sample size:</b> 969	
A modified version of the Chen Child Sexual Abuse (CSA) Scale consisting of five items of non-physical contact CSA  (e.g., an adult exposed his/her genitals to a child, an adult masturbated in front of a child) and five items of physical contact CSA (e.g., an adult touched the child’s genitals; an adult had intercourse with the child)	<b>30%</b> of children reported having experienced at least one form of CSA  <b>24%</b> experienced non-physical CSA  <b>5%</b> experienced both non-physical and physical CSA  <b>2%</b> experienced only physical CSA
<b>Location:</b> 2 areas of Anhui Province, <i>China</i> . <b>Authors/Year of Publication:</b> Ye, Tao, Fang et al., 2006 <b>Research Design:</b> Survey of middle school students. <b>Sample size:</b> 5,141	
Four items each for non-physical contact and physical contact sexual abuse (questions not specified)	<b>5.3%</b> experienced physical contact sexual abuse  <b>24.5%</b> experienced non-physical contact sexual abuse
<b>Location:</b> <i>China</i> . <b>Authors/Year of Publication:</b> Su, Tao, Cao et al., 2008 <b>Research Design:</b> Survey of college students. <b>Sample size:</b> 1,428	
Four items each for non-physical contact and physical contact sexual abuse (questions not specified)	<b>20.5%</b> experienced non-physical contact sexual abuse during their primary school years  <b>7.6%</b> reported experiencing physical contact sexual abuse during their primary school years  <b>22.2%</b> respondents overall reported experiencing either or both non-physical or physical contact sexual abuse (author questions not stated)
<b>Location:</b> Shandong Province, <i>China</i> . <b>Authors/Year of Publication:</b> Sun, Dong, Yi et al., 2006 & Sun, Duan, Sun et al., 2005 & Sun, Sun, Duan et al., 2006 & Sun, Zhang, Dong et al., 2008. <b>Research Design:</b> Survey of college students. <b>Sample size:</b> 1,307 (606 males and 701 females)	
Chen, 2004 scale with additional two questions for non-physical contact sexual abuse: The sexual invader peeped at your breasts or genitals,  The sexual invader made you watch pornographic book or images	<b>22.11%</b> of females experienced non-physical contact sexual abuse before the age of 18 (16.69% reported sexual abuse before the age of 16)  <b>14.69%</b> of males experienced non-physical contact sexual abuse before the age of 18  <b>18.6%</b> of all students experienced non-physical and/or physical contact sexual abuse before the age of 18

**Table 12: Prevalence and incidence of sexual abuse and sexual assault, studies with convenience samples (continued)**

Measurement	Prevalence and/or Incidence of Sexual Abuse
<b>Location:</b> <i>China</i> . <b>Authors/Year of Publication:</b> Chen, 2004. <b>Research Design:</b> Survey of undergraduate students. <b>Sample size:</b> 565	
Chen 2004 scale	<p>20% of females and 14.3% of males reported having unwanted sexual experiences before the age of 16</p> <p>11.3% of females and 7.7% of males reported at least one type of physical contact sexual abuse</p>
<b>Location:</b> <i>China</i> . <b>Authors/Year of Publication:</b> Chen, Dunne & Wang, 2002. <b>Research Design:</b> Survey of female senior high school students. <b>Sample size:</b> 985	
Chen 2004 scale without anal questions	25.5% reported having experienced child sexual abuse (any one of the 10 forms of non-physical contact and physical contact sexual abuse) before the age of 16
<b>Location:</b> <i>China</i> . <b>Authors/Year of Publication:</b> Chen, Wang & Dunne, 2003. <b>Research Design:</b> Survey of male senior high school students. <b>Sample size:</b> 239	
Chen 2004 scale without anal questions	23% reported having experienced child sexual abuse (any one of the 10 forms of non-physical contact or physical contact) before the age of 16
<b>Location:</b> Hubei, Henan, Hebei and Beijing Provinces, <i>China</i> . <b>Authors/Year of Publication:</b> Chen, Dunne & Han, 2004. <b>Research Design:</b> Survey of high school students. <b>Sample size:</b> 2,300	
Chen 2004 scale	13.6% prevalence for unwanted sexual experience before the age of 16
<b>Location:</b> <i>China</i> . <b>Authors/Year of Publication:</b> Chen, Dunne & Han, 2006. <b>Research Design:</b> Survey of female secondary students. <b>Sample size:</b> 351	
Chen 2004 scale	<p>21.9% reported experiencing at least one type of child sexual abuse before the age of 16</p> <p>14% reported physical contact sexual abuse.</p>
<b>Location:</b> <i>China</i> . <b>Authors/Year of Publication:</b> Chen, Han & Dunne, 2004. <b>Research Design:</b> Survey of female medical students. <b>Sample size:</b> 892	
Chen 2004 scale	25.6% reported having experienced CSA (any one of 12 forms of non-physical contact and physical contact CSA) before the age of 16
<b>Location:</b> <i>China</i> . <b>Authors/Year of Publication:</b> Duan, Li, Sun & Sun, 2006. <b>Research Design:</b> Survey of female college students. <b>Sample size:</b> 701	
Questions not stated	<p>22.11% reported experiencing sexual abuse before the age of 18 (16.7% before the age of 16)</p> <p>10.7% reported experiencing non-contact sexual abuse</p> <p>11.4% reported experiencing contact sexual abuse</p>
<b>Location:</b> Shanghai, <i>China</i> . <b>Authors/Year of Publication:</b> Niu, Lou, Gao, Zuo & Feng, 2010. <b>Research Design:</b> Survey of college students. <b>Sample size:</b> 1,099	
Same as Chen, 2004 child abuse scale.	15.1% (10.2% for males, 18.2% for females) college students reported having had experience of either contact or non-contact child sexual abuse before age 14

**Table 12: Prevalence and incidence of sexual abuse and sexual assault, studies with convenience samples (continued)**

Measurement	Prevalence and/or Incidence of Sexual Abuse
<p><b>Location:</b> Hong Kong, <i>China</i>. <b>Authors/Year of Publication:</b> Tang, 2002.  <b>Research Design:</b> Survey of college students. <b>Sample size:</b> 2,147</p>	
<p><b>Non-contact child sexual abuse</b> which included:  a) engaging in sexual intercourse in front of children,  b) taking pornographic pictures of children,  c) masturbating in front of children,  d) asking children to fondle children’s own sex organs</p> <p><b>Contact child sexual abuse</b> including:  a) asking children to fondle adults’ sex organs  b) asking children to kiss adults’ sex organs,  c) fondling children’s breasts and/or sex organs,  d) asking children to swallow adults’ semen,  e) penetrating children’s vagina/anus with foreign objects, and/or  f) having sexual intercourse with children</p>	<p>6.2% reported experiencing contact or non-contact sexual abuse before age 17</p> <p>4.8% reported experiencing contact child sexual abuse before age 17</p> <p>3% reported experiencing non-contact child sexual abuse before age 17</p> <p>(*Note: male and females did not add up to the total as some did not specify gender)</p>
<p><b>Location:</b> <i>Japan</i>. <b>Authors/Year of Publication:</b> Masuda, Yamanaka, Hirakawa et al., 2007.  <b>Research Design:</b> Survey of first and second year university students. <b>Sample size:</b> 1,592</p>	
<p>A “yes” response to the question “Did you ever experience sexual mischief?” 95% of sexual mischief originated from non-related persons, the authors classified sexual violence as extra-familial ACE</p>	<p>2.9% reported experiencing child sexual abuse (defined as a “yes” response to the question “Did you ever experience sexual mischief?”)</p>
<p><b>Location:</b> <i>Japan</i>. <b>Authors/Year of Publication:</b> Uji, Shono, Shikai et al., 2007.  <b>Research Design:</b> Survey of female university students. <b>Sample size:</b> 532</p>	
<p>Negative Sexual Experiences survey (researcher designed) assessed 13 items: a) I was sexually touched even though I did not want to be, b) the person exhibited her/his genitals, c) the person talked sexually to me even though I did not like it, d) I was kissed or hugged even though I did not want to be, e) the person sneaked a shot of me or peeped, f) my genitals were touched even though I did not want them to be, g) I was made to touch the person’s genitals, h) other, i) the person showed me sexual magazines or pictures even though I did not like it, j) I was almost raped, k) I was made to perform sex-simulation behaviour, l) I was raped, and/or m) the person performed a sexual act in front of me</p>	<p>40% reported having experienced any of the Negative Sexual Experiences (NSEs), with the largest percentage reporting ‘I was sexually touched even though I did not want to be’ (18.8%)</p>
<p><b>Location:</b> Ulaanbaatar, Darkhan-Uul, Zamiin-Uud of Dornogobi aimag, and Khavirga, <i>Mongolia</i>  <b>Authors/Year of Publication:</b> ILO/IPEC, 2005  <b>Research Design:</b> Survey of women and girl sex workers (under 25 years old). <b>Sample size:</b> 91</p>	
<p>two items:  1) ever been raped and  2) if first sexual experience was forced</p>	<p>40.7% reported having ever been raped</p> <p>19.8% of respondents reported their first sexual experience was forced</p>
<p><b>Location:</b> <i>Singapore</i> and the <i>United States of America</i>. <b>Authors/Year of Publication:</b> Back, Jackson, Fitzgerald et al., 2003  <b>Research Design:</b> Cross-sectional, convenience survey of university students in the US and Singapore  <b>Sample size:</b> 153 total (88 from Singapore)</p>	
<p>Trauma Assessment for Adults – Self Report Form (TAA)</p>	<p>4.5% reported ever experiencing child sexual abuse</p> <p>8% reported ever experiencing verbally coerced sexual contact</p> <p>4.5% reported ever experiencing physically coerced sexual contact</p> <p>Overall, 15.9% reported any sexual abuse experience</p>

**Table 12: Prevalence and incidence of sexual abuse and sexual assault, studies with convenience samples (continued)**

Measurement	Prevalence and/or Incidence of Sexual Abuse
<b>Location:</b> <i>Thailand</i> (among eight other countries). <b>Authors/Year of Publication:</b> Farley, Cotton, Lynne et al., 2004 <b>Research Design:</b> Cross-sectional, convenience survey of prostituted women, girls and transgendered persons <b>Sample size:</b> 166	
The Prostitution Questionnaire inquired about lifetime history of physical and sexual violence and the use of or making of pornography during prostitution	47% (41) reported being sexually abused as a child
<b>Location:</b> <i>Thailand</i> . <b>Authors/Year of Publication:</b> Ruangkanhasetr, Plitponkarnpim, Hetrakul et al., 2005 <b>Research Design:</b> Thai YRBS in 8 schools, 13 communities and 2 juvenile homes. <b>Sample size:</b> 2,311	
YRBS forced sexual intercourse question	17.1% reported being sexually assaulted 2.4% reported ever experiencing rape
<b>Location:</b> Urban Hanoi and rural Hai Duong Province, northern <i>Viet Nam</i> <b>Authors/Year of Publication:</b> Nguyen, Dunne & Le, 2010 <b>Research Design:</b> Survey of secondary school students. <b>Sample size:</b> 2,591	
Eight child sexual abuse questions enquired about unwanted contact and non-contact sexual experiences (actual questions not stated in article)	19.7% lifetime prevalence of sexual abuse

Table 13 highlights the gender differences in child sexual abuse victimisation. The last column of the table highlights the statistical significance of the differences in frequencies between girls' and boys' experiences. All of the gender differences in the prevalence numbers in the table are statistically significant, meaning it is highly unlikely that these gender differences occurred because of chance. In these studies, boys are more frequently victimised by non-contact sexual abuse than girls with the notable exception being the Miles & Thomas study (2007) in Cambodia, which found that boys were three times more likely to have direct experience of child rape by an adult than girls. What is clear from these studies is that both boys and girls are at risk of child sexual abuse.

**Table 13: Prevalence and incidence of sexual abuse and sexual assault from any adult by gender of the child**

Girls	Boys	Measurement and significance of gender difference
<b>Location:</b> <i>Cambodia</i> (national study). <b>Study:</b> Miles, G. & Thomas, N., 2007 & Tearfund, no date <b>Sample size and ages:</b> 1,314 adolescents (12–15 year olds)		
13.5% direct experience of genital touching by an adult after the age of nine	18.9% direct experience of genital touching by an adult after the age of nine	$\chi^2$ 5.81, $p < 0.02$
<b>Location:</b> <i>Cambodia</i> (national study). <b>Study:</b> Miles, G. & Thomas, N., 2007 & Tearfund, no date <b>Sample size and ages:</b> 1,314 adolescents (12–15 year olds)		
0.6% direct experience of child rape by an adult	1.8% direct experience of child rape by an adult	$\chi^2$ 3.69, $p < 0.06$
<b>Location:</b> <i>China</i> . <b>Study:</b> Sun, Zhang, Dong et al., (2008) Also reported in Sun, Dong, Yi et al., 2006 <b>Sample size and ages:</b> 1,307 study participants 18–25 years old; retrospective study to sexual abuse before age 18		
22.11% (155/701) physical and/or non-physical contact child sexual abuse	14.69% (89/606) physical and/or non-physical contact child sexual abuse	1.64 OR (95% CI: 1.58, 1.72), $p < .05$

**Table 13: Prevalence and incidence of sexual abuse and sexual assault from any adult by gender of the child (continued)**

Girls	Boys	Measurement and significance of gender difference
<b>Location:</b> Rural <i>China</i> . <b>Study:</b> Zhao, Zhao, Li et al., 2010 <b>Sample size and ages:</b> Survey of 1,019 children including HIV orphans (n=417), vulnerable children (n=276 children living with HIV infected parents) and comparison children (n=276)		
24.1% any contact and/or non-contact child sexual abuse	37.4% any contact and/or non-contact child sexual abuse	$p < .0001$
<b>Location:</b> Rural <i>China</i> . <b>Study:</b> Zhao, Zhao, Li et al., 2010 <b>Sample size and ages:</b> Survey of 1,019 children including HIV orphans (n=417), vulnerable children (n=276 children living with HIV infected parents) and comparison children (n=276)		
18.2% only non-contact child sexual abuse	29.4% only non-contact child sexual abuse	$p < .0001$
<b>Location:</b> Shanghai, <i>China</i> . <b>Study:</b> Niu, Lou, Gao, Zuo & Feng, 2010 <b>Sample size and ages:</b> Survey of 1,099 college students (18–24 year olds)		
18.2% any contact and/or non-contact child sexual abuse	10.2% any contact and/or non-contact child sexual abuse	Not stated
<b>Location:</b> Suburb of Hanoi, <i>Viet Nam</i> . <b>Study:</b> Le & Blum, 2009 <b>Sample size and ages:</b> 2,394 study participants aged 15 to 24 years old		
0.8% ever been sexually abused	1.6% ever been sexually abused	$\chi^2$ 3.321, $p < .05$

Table 14 highlights the cases of sexual abuse seen at the point of either hospital care or service provision. Many countries in the region collect this service level data but not usually on a consistent basis.

**Table 14: Incidence of sexual abuse from clinical, service-based and institutional settings samples**

Time Period	Sexual Abuse Presenting in Clinical or Service-Based Settings
<b>Location:</b> <i>Cambodia</i> . <b>Study:</b> ECPAT Cambodia and NGO Committee on CRC, 2004 <b>Setting:</b> 22 local and international NGOs across the country	
2003–2004	450 rape cases submitted for ages 1–17 for the two years: Ages 1–6, 45 cases or 8.1% of total; ages 7–12, 134 cases or 24% of total; and ages 13–17, 271 cases or 48.6% of total
<b>Location:</b> <i>Cambodia</i> . <b>Study:</b> ECPAT–Cambodia, 2008a <b>Setting:</b> Media analysis conducted by ECPAT–Cambodia on rape, sexual trafficking and debauchery	
2008	268 reported rape cases with 285 victims. In cases where the victim was underage, 128 were raped by a person previously known to them  13 recorded cases of trafficking for sexual purposes involving 33 victims, nine of which were children

**Table 14: Incidence of sexual abuse from clinical, service-based and institutional settings samples** (continued)

Time Period	Sexual Abuse Presenting in Clinical or Service-Based Settings
<b>Location:</b> <i>Cambodia</i> . <b>Study:</b> ECPAT–Cambodia, 2008b <b>Setting:</b> Cases of trafficking for sexual exploitation and rape were collected from 32 NGOs across Cambodia	
2007–2008 (two years)	165 cases of sex trafficking of which <b>41%</b> were children  1,499 reported rape cases involving 1,563 victims. <b>69.7%</b> were children
<b>Location:</b> <i>Cambodia</i> . <b>Study:</b> ECPAT–Cambodia, 2009a <b>Setting:</b> Media analysis conducted by ECPAT–Cambodia on rape, sexual trafficking and debauchery	
2009	322 cases of rape with 337 victims; 204 of the cases were children  7 cases of sexual trafficking reported in the media  18 cases of sexual debauchery with children involving 24 victims
<b>Location:</b> <i>Cambodia</i> . <b>Study:</b> ECPAT–Cambodia, 2009b <b>Setting:</b> Cases of trafficking for sexual exploitation and rape were collected from 27 NGOs across Cambodia	
2009	85 trafficking incidences involving 109 victims. <b>36.7%</b> were children  535 rape incidences involving 541 victims, <b>72%</b> were children
<b>Location:</b> <i>Cambodia</i> . <b>Study:</b> ECPAT–Cambodia, 2010 <b>Setting:</b> Media analysis conducted by ECPAT–Cambodia on rape, sexual trafficking and debauchery	
January to June, 2010	139 rape cases with 145 victims reported in the media  15 cases of trafficking for sexual purposes reported in the media  8 cases of sexual indecency with children reported in the media
<b>Location:</b> <i>Hong Kong, China</i> . <b>Study:</b> Ma, Yau, Ng & Tong, 2004 <b>Setting:</b> Clinical psychological services in Social Work Department after police investigation	
1999	58 sexually abused children referred for clinical psychological services
<b>Location:</b> <i>Japan</i> . <b>Study:</b> Matsumoto & Imamura, 2007. <b>Setting:</b> The Classification Centre of Kawagoe Juvenile Prison	
May 2002 to October 2003	Of 799 male inmates in the study, <b>11.8%</b> (94) reported child sexual abuse (defined as: ‘Have you ever fallen victim to sexual abuse such as rape or severe sexual harassment during childhood?’)
<b>Location:</b> <i>Japan</i> . <b>Study:</b> Nagata, Kaye, Kiriike et al., 2001. <b>Setting:</b> The Department of Neuropsychiatry, Osaka City University Hospital, Osaka, Japan.	
Not stated	Survey reported a childhood sexual abuse rate of approximately <b>30%</b> in eating disordered individuals in clinical settings

**Table 14: Incidence of sexual abuse from clinical, service-based and institutional settings samples** (continued)

Time Period	Sexual Abuse Presenting in Clinical or Service-Based Settings
<b>Location:</b> <i>Japan</i> . <b>Study:</b> Yoshinaga, Kadomoto, Otani et al., 2004. <b>Setting:</b> Juvenile Classification Home in Tokyo	
June to July 2002	Of the 251 juvenile delinquents (ages 14–19) who participated in the study, 4% reported experiencing sexual assault
<b>Location:</b> <i>Malaysia</i> . <b>Study:</b> WHO, 2006. <b>Setting:</b> Referrals of child sexual abuse cases to the Department of Social Welfare	
2000–2003	258 cases referred in 2000 430 cases referred in 2003
<b>Location:</b> <i>Pacific Islands – Fiji</i> . <b>Study:</b> UNICEF, UNESCAP and ECPAT, 2006. <b>Setting:</b> Fiji Police statistics	
1999–2003	92 cases of child rape 59 cases of attempted child rape 65 cases of “unnatural offences” against children 58 cases of indecent exposure towards children 42 cases of incest involving children 212 indecent assaults of children
<b>Location:</b> <i>Pacific Islands – Fiji, Kiribati, Papua New Guinea, Solomon Islands and Vanuatu</i> <b>Study:</b> UNICEF, UNESCAP and ECPAT, 2006 <b>Setting:</b> Fiji Women’s Crisis Centre	
1993–2001	131 cases of child sexual abuse
<b>Location:</b> <i>Pacific Islands – Fiji, Kiribati, Papua New Guinea, Solomon Islands and Vanuatu</i> <b>Study:</b> UNICEF, UNESCAP and ECPAT, 2006. <b>Setting:</b> Regional Rights Resource Team – Kiribati	
1999–2004 & May–September 2000	15 cases of sexual intercourse with a girl under the age of 13 (1999–2004)  4 cases of child rape and one attempted child rape between May and September 2000
<b>Location:</b> <i>Pacific Islands – Papua New Guinea</i> . <b>Study:</b> UNICEF, UNESCAP and ECPAT, 2006 <b>Setting:</b> East New Britain Province’s Sexual Offences Squad, Papua New Guinea	
February to August 2004	47 cases of sexual abuse of children aged under 10 76 cases of sexual abuse of children aged between 11 and 15
<b>Location:</b> <i>Port Moresby, Papua New Guinea</i> . <b>Study:</b> Independent State of Papua New Guinea, 2005 <b>Setting:</b> Family Support Centre, Port Moresby General Hospital	
2001 to August 2004	157 child abuse cases of all types
<b>Location:</b> <i>Philippines</i> . <b>Study:</b> Acebes, Nerida & Chez, 2002 <b>Setting:</b> Women and Children Protection Unit (WPCU) in Vicente Sotto Memorial Medical Centre (VSMMC), Cebu City	
1 January 1997 to 31 December 1998	<b>39%</b> (528) of non-pregnant patients who were seen at the Centre were sexually abused (out of 1,354 patients), almost all of whom were raped; peak age 11-20 years.
<b>Location:</b> <i>Seoul and Kyung-gi Province, Republic of Korea</i> . <b>Study:</b> Park, Kim, Kim & Sung, 2007 <b>Setting:</b> 13 Runaway and homeless adolescent shelters	
Survey of youth, October to November 2005	<b>18.3%</b> (23) reported to have been sexually abused at any time during his/her life

**Table 14: Incidence of sexual abuse from clinical, service-based and institutional settings samples** (continued)

Time Period	Sexual Abuse Presenting in Clinical or Service-Based Settings
<b>Location:</b> <i>Singapore</i> . <b>Study:</b> Yiming & Fung, 2003. <b>Setting:</b> A child guidance clinic in Singapore	
2001	38 cases (or 3.5%) of child sexual abuse (out of 1,238 new cases of children under 12 seen at the clinic). Of these, <b>74%</b> of the victims were aged nine years or less
<b>Location:</b> <i>Thailand</i> . <b>Study:</b> Government of Thailand, 2005. <b>Setting:</b> 70 hospital-based crisis centres	
October 2003 to September 2004	3,261 children received services (which is 49.44% of the total 6,596 victims of violence receiving services from the centre)
<b>Location:</b> <i>Thailand</i> . <b>Study:</b> Government of Thailand, 2005. <b>Setting:</b> Department of Police, Police Reports	
2003–2004	121 reported cases of sexual abuse of children and young people (96 cases below 13 years, 25 cases between 14–16 years old)
<b>Location:</b> <i>Thailand</i> . <b>Study:</b> Boonma, Bhoopat, Treratwerapong et al., 2007. <b>Setting:</b> Taksin Hospital	
1 January 1 1999 to 31 December 2004	250 sexually abused children and adolescents treated at Taksin Hospital. The incidence of sexual abuse in children and adolescents was 4.74 per 10,000 cases of age-adjusted patients at the Outpatient department and 22.97 at the emergency department.
<b>Location:</b> <i>Timor-Leste</i> . <b>Study:</b> UNFPA, 2005. <b>Setting:</b> Fatin Hakmatek Programme at Dili National Hospital	
2004	41 victims of child sexual assault (under 18 years old) were seen. This represents <b>49%</b> of all cases seen at this medical and psychosocial programme for victims of domestic and sexual violence and child abuse
<b>Location:</b> <i>Viet Nam</i> . <b>Study:</b> MOLISA (2008) <i>Report on the situation of children in special circumstances to the Committee for Culture, Education, Youth and Children of the National Assembly</i> as cited by UNICEF, 2010 <b>Setting:</b> Analysis of the situation of children in Viet Nam, including a review of existing research and national government data sources	
2007	800 reported cases of sexually abused children

Similar to child physical abuse, child sexual abuse cases that are seen in hospitals or by service providers tend to be more severe. However, they represent only a small percentage of actual cases. This is especially true with child sexual abuse, which remains a hidden epidemic due to the shame and stigma for children of telling anyone about the abuse. From the hospital data we see varying caseloads, often dependent on characteristics of the hospital. In Papua New Guinea, at the Port Moresby General Hospital, the clinical team saw 157 cases of all types of child abuse over a three-year period (Independent State of Papua New Guinea, 2005). In another study conducted by UNICEF, UNESCAP and ECPAT (2006), field-level data suggested that one to two cases of child rape are presented at the Port Moresby General Hospital every day. At a specialised women and children’s protection unit at a large hospital in the Philippines, 39% (528) of non-pregnant patients who were seen at the centre over a two-year period had been sexually abused (out of 1,354 patients), almost all of whom were raped. In Thailand, 250 sexually abused children and adolescents were treated at Taksin Hospital over a five-year period. The incidence of sexual abuse in children and adolescents was 4.74 per 10,000 cases of age-adjusted patients at the Outpatient department and 22.97 at the Emergency department (Boonma, Bhoopat, Treratwerapong et al., 2007). At a Timor-Leste hospital over a one-year period, 41 victims of child sexual assault (under 18 years old) were seen.

---

### Case Study 3: Sexual abuse and rape in conflict and post-conflict settings

Several studies from conflict and post-conflict areas in the region such as Myanmar and Southern Thailand highlight the systematic rape and sexual violence occurring against women and children. In Myanmar, rapes are being perpetrated as a method of torture and control often used by military officers or with their complicity. A study documenting 26 stories of sexual violence (BWL, 2004) found systematic and repeated rape of girl children, forced marriage and sexual slavery and gang rape.

*“Captain Hla Khaing arrested Mi Myat Hlay’s father accusing him of having contact with the Mon armed group ... While the accused was being beaten in custody the captain called Mi Myat Hlay to negotiate about the release of her father. At night Captain Hla Khaing took Mi Myat Hlay, who came to meet him in confidence of his offer, to a house, drove out the owner of the house and then raped her. After raping thus, he detained her for two days and raped her again and again.”*

Another study of sexual violence in the Shan State of Myanmar involving 625 women and children (173 incidents of rape), found that 61% of the rape incidents documented involved gang rape. These incidents were therefore committed collectively, with no fear of repercussions through being witnessed.

The impact on children of this community violence, which involves rape and sexual abuse, is profound. In a qualitative study in Southern Thailand (UNICEF, 2008) in which children drew pictures of their good and bad experiences, a 10-year-old Buddhist girl from Yala described her bad experience as being “raped when my parents were away.” An 11-year-old Buddhist boy from Yala described and drew as a bad person “the wicked man who raped my friend.” But a 15-year-old Muslim boy, also from Yala, categorized his own escape from a rape attempt (“I was just about to be raped...”) as a good experience because “good people” had intervened on his behalf.

---

This represents 49% of all cases seen at this medical and psychosocial programme for victims of domestic and sexual violence and child abuse (UNFPA, 2005).

For non-acute care services, several programmes collect and publish statistics of the number of children provided with counselling. In a one-year period, 3,261 children received services from 70 hospital-based crisis centres (which represents 49.44% of the total 6,596 victims of violence receiving services from the centre) (Government of Thailand, 2005). In Fiji, at the women’s crisis centre, 131 cases of child sexual abuse were seen over an eight-year period (UNICEF, UNESCAP and ECPAT, 2006). In a study of 80 child sexual assault survivors seeking services at a one-stop crisis centre

in Malaysia (Fahrudin & Edwards, 2009), female victims accounted for 95% of the total sample while male victims accounted for only 5%. ECPAT–Cambodia has been working with NGOs across Cambodia, in addition to monitoring media reports, to collect systematic data every year on rape, sexual trafficking and sexual abuse (debauchery) against children. The majority of rape cases seen by NGOs are against children. Of the 1,499 reported rapes during 2007–2008, 69.7% were against children and of the 535 rape incidences in 2009 seen by NGOs, 72% were of children (ECPAT-Cambodia, 2008b & 2009b).

While data are also collected by government departments (such as child protective services) and the police, these numbers tend to be even smaller than hospital or counselling data. Throughout Viet Nam in 2007 there were just 800 reported cases of sexually abused children (MOLISA, 2008 as cited by UNICEF, 2010). In a one-year period in Thailand, there were 121 reported cases to the police of sexual abuse of children and young people (Government of Thailand, 2005). And in a six-month period in Papua New Guinea, 123 cases of child sexual abuse were reported to the police (UNICEF, UNESCAP and ECPAT, 2006). In Fiji, 528 cases of child sexual abuse and sexual offences against children were reported to the police over a four-year period (UNICEF, UNESCAP and ECPAT, 2006).

## 4.3 Emotional and verbal abuse

---

### Prevalence and incidence of emotional and verbal abuse

[Overview to section](#)

**Number of studies:** 24

**Number of articles/reports:** 29

**Topical areas covered in this section:** Emotional and verbal abuse

**Countries Represented:** 10 including China, Fiji, Japan, Kiribati, Philippines, Republic of Korea, Solomon Islands, Thailand, Vanuatu and Viet Nam

**Range of dates for studies:** Data collected and studies published from 2000–2010

#### Brief summary

This section includes 24 studies on emotional and verbal abuse of children in the East Asia and Pacific region. Of these studies, 10 are drawn from some type of probability sample and another 10 are of school-based and convenience samples. The remaining four reviews represent qualitative studies. This section includes a range of data on verbal and emotional abuse.s

---

Emotional abuse involves “the failure to provide a developmentally appropriate, supportive environment, including the availability of a primary attachment figure, so that the child can develop a stable and full range of emotional and social competencies commensurate with her or his personal potentials and in the context of the society in which the child dwells. There may also be acts towards the child that cause or have a high probability of causing harm to the child’s health or physical, mental, spiritual, moral or social development. These acts must be reasonably within the control of the parent or person in a relationship of responsibility, trust or power. Acts include restriction of movement, patterns of belittling, denigrating, scapegoating, threatening, scaring, discriminating, ridiculing or other non-physical forms of hostile or rejecting treatment” (Krug *et al.*,2002).

## Measurements

- *The Parent-Child Conflict Tactics Scale*: includes measures psychological aggression with the following items: a) shouted, yelled, or screamed at, b) threatened to spank or hit but did not actually do it, c) swore or cursed at, d) called him/her dumb or lazy or some other name like that, and e) said you would send him/her away or kicked him/her out of the house. The wording can be changed depending on whether the respondent is a parent or the child.
- *Adverse Childhood Experiences Questionnaire*: Developed by the Centers for Disease Control and Prevention, the Adverse Childhood Experiences Questionnaire examines two childhood psychological/emotional abuse items before the age of 18 (as well as a range of other adverse childhood experiences) including: Did a parent or other adult in the household sometimes, often or very often a) swear at you, insult you, or put you down? b) act in a way that made you feel that you might be physically hurt?
- *Early Trauma Inventory Self Report Short Form*: Includes questions about emotional abuse before the age of 18 with the following items: a) often put down or ridiculed, b) often ignored, c) continuously cold or uncaring attitude of parents, and d) parents fail to understand your needs.

## Emotional abuse findings

Tables 15 and 16 highlight the prevalence and incidence of emotional and verbal abuse against children from probability and convenience samples respectively. The questions used to measure emotional and verbal abuse have been included in the tables and are important to take note of since there is a wide range of behaviours and experiences that are classified as emotional abuse – from name calling and swearing to threats of violence, emotional neglect and being made to feel unwanted and even witnessing violence in the home.

**Table 15: Prevalence and incidence of emotional abuse from probability samples**

Measurement	Prevalence of Emotional Abuse
<b>Location:</b> Hong Kong, <i>China</i> . <b>Study:</b> Chan, 2010 <b>Sample size:</b> Subsample (2,363 parents) from a larger (4,347) randomized household survey	
Parent-Child Conflict Tactics Scale	<b>68.5%</b> lifetime prevalence of psychological aggression by parents towards their children  <b>61.2%</b> preceding year prevalence of psychological aggression
<b>Location:</b> Guangzhou, <i>China</i> . <b>Study:</b> Leung, Wong, Chen & Tang, 2008. <b>Sample size:</b> 6,592 high school students	
Parent-Child Conflict Tactics Scale	In the previous six months, <b>78.3%</b> (5192) of the students had experienced psychological aggression (verbal abuse or threats) from their parents
<b>Location:</b> <i>China</i> . <b>Study:</b> Tao, Ye & Kim, 2006 & Tao, Huang, Kim et al., 2006 & Tao, Ye, Kim et al., 2006 & Ye, Tao, Fang et al., 2006. <b>Sample size:</b> 5,141 middle school students	
Emotional abuse included the following items: a) scold, b) curse, c) ignore, d) threaten to drive away from the house, e) threaten to abandon, f) scare with ghost or evil, and/or g) force to be out of the door	<b>14.4%</b> of respondents reported ever experiencing emotional abuse
<b>Location:</b> <i>Philippines</i> . <b>Study:</b> Esteban, 2006. <b>Sample size:</b> 294 university students	
Measurement of Parental Verbal Abuse included three items: a) does your parent withhold attention, reject you, refuse to listen, share, empathize, ignore, remain aloof, indifferent, give the 'silent treatment' b) does your parent judge and criticize, express a lack of acceptance of you, find fault, and 3) does your parent call you names, label you in a demeaning way	<b>48%</b> of respondents experienced high levels of parental verbal abuse (daily or three times a week); <b>34%</b> were moderately abused (once a week) and <b>18%</b> were non-abused (once a month or almost never)
<b>Location:</b> Pacific Islands – <i>Fiji</i> . <b>Study:</b> UNICEF Pacific, 2008. <b>Sample size:</b> 248 child household questionnaires (16–17 year olds) in 35 locations in six provinces	
UNICEF Pacific 'Protect Me with Love and Care' Survey which asked if the child had been called an inappropriate name by an adult in the household in the last month. Follow-up questions asked how often this happened, the names used and by whom.	<b>21%</b> of CHHQ respondents reported having been called an inappropriate name by an adult in the household in the previous month  <b>15%</b> of CHHQ respondents reported that an adult at home made them feel unwanted in the previous month
<b>Location:</b> Pacific Islands – <i>Kiribati</i> . <b>Study:</b> UNICEF Pacific, 2008. <b>Sample size:</b> 200 child household questionnaires (16–17 year olds) in 20 locations in five districts	
UNICEF Pacific 'Protect Me with Love and Care' Survey which asked if the child had been called an inappropriate name by an adult in the household in the last month. Follow-up questions asked how often this happened, the names used and by whom.	<b>17%</b> of CHHQ respondents reported having been called an inappropriate name by an adult in the household in the previous month  <b>7%</b> of CHHQ respondents reported that an adult at home made them feel unwanted in the previous month
<b>Location:</b> Pacific Islands – <i>Solomon Islands</i> . <b>Study:</b> UNICEF Pacific, 2008 <b>Sample size:</b> 274 child household questionnaires (16–17 year olds) in 30 locations in eight provinces	
UNICEF Pacific 'Protect Me with Love and Care' Survey which asked if the child had been called an inappropriate name by an adult in the household in the last month. Follow-up questions asked how often this happened, the names used and by whom.	<b>25%</b> of CHHQ respondents reported having been called an inappropriate name by an adult in the household in the previous month  <b>24%</b> of CHHQ respondents reported that an adult at home made them feel unwanted in the previous month

**Table 15: Prevalence and incidence of emotional abuse from probability samples** (continued)

Measurement	Prevalence of Emotional Abuse
<b>Location:</b> Pacific Islands – <i>Vanuatu</i> . <b>Study:</b> UNICEF Pacific, 2009 <b>Sample size:</b> 248 child household questionnaires (16–17 year olds) in 30 locations in six provinces	
UNICEF Pacific ‘Protect Me with Love and Care’ Survey which asked if the child had been called an inappropriate name by an adult in the household in the last month. Follow-up questions asked how often this happened, the names used and by whom.	<b>38%</b> of CHHQ respondents reported having been called an inappropriate name by an adult in the household in the previous month  <b>21%</b> of CHHQ respondents reported that an adult at home made them feel unwanted in the previous month
<b>Location:</b> <i>Philippines</i> . <b>Study:</b> Ramiro, Madrid & Brown, 2010 <b>Sample size:</b> 1,068 adults aged 35 years or older residing in urban barangays in Quezon City, Metro Manila	
Adverse Childhood Experiences Survey	<b>22.8%</b> reported experiencing psychological or emotional abuse before the age of 18
<b>Location:</b> <i>Republic of Korea</i> . <b>Study:</b> Jeon, Roh, Kim et al., 2009. <b>Sample size:</b> 6,986 medical students	
Early Trauma Inventory Self Report Short Form	<b>6%</b> reported experiencing emotional abuse before the age of 18
<b>Location:</b> <i>Republic of Korea</i> . <b>Study:</b> Kim, Park & Emery, 2009 <b>Sample size:</b> 1,079 women over the age of 20 living with their husbands	
Conflict Tactics Scale	<b>31.3%</b> lifetime prevalence of parental verbal violence
<b>Location:</b> Muang District, Amnatcharoen Province, <i>Thailand</i> . <b>Study:</b> Isaranurug, Auewattana et al., 2002 <b>Sample size:</b> 212 grade six students	
Researcher developed, emotional violence includes the following items: a) scolding with rude language, b) yelling at, c) threatening verbally, d) referred to as an animal, e) verbally ridiculed f) verbally insulted, g) Condemning as the worst, h) banning from going out, i) being left alone at home, j) no one giving care when sick, k) not providing food, l) not looking after/providing clothes, m) not providing study materials	<b>23%</b> reported ever experiencing emotional abuse
<b>Location:</b> Bangkok, <i>Thailand</i> . <b>Study:</b> Isaranurug, Nitirat, et al., 2001. <b>Sample size:</b> 413 grade six students	
Researcher developed, emotional violence includes the following items: a) scolding with rude language, b) yelling at, c) threatening verbally, d) referred to as an animal, e) verbally ridiculed f) verbally insulted, g) Condemning as the worst, h) banning from going out, i) being left alone at home, j) no one giving care when sick, k) not providing food, l) not looking after/providing clothes, m) not providing study materials	<b>64.2%</b> reported experiencing verbal aggression, which included comparing the child to animals, threatening with a loud and vulgar voice or using rude words and denouncing the child as being bad.  <b>10.9%</b> reported experiencing verbal aggression on an almost daily basis
<b>Location:</b> <i>Thailand</i> . <b>Study:</b> Jirapramukpitak, Prince & Harpham, 2005. <b>Sample size:</b> 202 young people aged 16–25 living in Northern Bangkok	
Conflict Tactics Scale using the question “how often did a parent or other adults in the household insult, belittle, yell or publicly criticize you, consequently, making you feel bad, inferior or humiliated?”	<b>31.8%</b> of young adults (34% of young men and 30.2% of young women) reported experiencing emotional abuse when they were 16 years old or younger

**Table 16: Prevalence and incidence of emotional abuse by parents, studies with convenience samples**

Measurement	Prevalence and/or incidence of emotional abuse
<b>Location:</b> Heibei Province, <i>China</i> . <b>Authors/year of publication:</b> Chen, Liao, 2005a <b>Research design:</b> Survey of technical secondary students. <b>Sample size:</b> 484	
Humiliation was defined as the experience of being humiliated using words such as 'stupid', 'ugly' or 'silly', and being scolded or yelled at, which caused serious damage to self-esteem	<b>21.1%</b> reported ever being humiliated by their fathers <b>20.9%</b> reporting ever being humiliated by their mothers
<b>Location:</b> Tangshan City, <i>China</i> . <b>Authors/year of publication:</b> Cui, Pang, Du et al., 2010 <b>Research design:</b> Survey of parents of 3–6-year-old children. <b>Sample size:</b> 243 parents	
Emotional maltreatment was measured with six items: a) scolding and yelling loudly, b) humiliating the child, c) said to the child that parents wish them not to exist, d) child witnessed physical violence in the family, e) threatened the child to drive them out of the home, and f) threatened the child to seriously hurt them	<b>67.1%</b> of parents reported emotionally maltreating their children in the previous year
<b>Location:</b> Heilongjiang province, <i>China</i> . <b>Authors/year of publication:</b> Qin, Sun, Xia et al, 2008 <b>Research design:</b> Survey of junior high school students. <b>Sample size:</b> 865	
Six-item scale	<b>47.3%</b> of the respondents reported suffering from emotional abuse in the past year
<b>Location:</b> Two areas of Anhui Province, <i>China</i> . <b>Authors/year of publication:</b> Ye, Tao, Fang et al., 2006 & Tao, Huang, Kim et al., 2006 & Tao, Ye, Kim, et al., 2006. <b>Research design:</b> Survey of middle school students. <b>Sample size:</b> 5,141	
Emotional mental abuse measured by seven types including scolding, cursing, ignoring, threatening to drive away from the house, threatening to abandon, scare with ghost or evil and/or forced outside over the past year	<b>51.4%</b> reported ever experiencing mental abuse
<b>Location:</b> Hefei, <i>China</i> . <b>Authors/year of publication:</b> Zhang, Hao, Zhang et al., 2009 <b>Research design:</b> Survey of middle schools students. <b>Sample size:</b> 3,798	
Parent-Child Conflict Tactics Scale	<b>81.1%</b> of respondents reported ever experiencing emotional abuse
<b>Location:</b> Anhui province, <i>China</i> . <b>Authors/year of publication:</b> Zhao, Tao, Su et al., 2008 <b>Research design:</b> Survey of rural junior and senior secondary students. <b>Sample size:</b> 2,061	
Emotional mental abuse measured by seven types including scolding, cursing, ignoring, threatening to drive away from the house, threatening to abandon, scare with ghost or evil and/or forced outside over the past year	<b>50.3%</b> reported ever experiencing emotional abuse
<b>Location:</b> Langxi County, <i>China</i> . <b>Authors/year of publication:</b> Zhao, Tao & Su, 2008 <b>Research design:</b> School survey of middle school students. <b>Sample size:</b> 2,082	
Emotional mental abuse measured by seven types including scolding, cursing, ignoring, threatening to drive away from the house, threatening to abandon, scare with ghost or evil and/or forced outside over the past year	<b>50.3%</b> reported experiencing repeated emotional abuse (occurring frequently)
<b>Location:</b> <i>Japan</i> . <b>Authors/year of publication:</b> Masuda, Yamanaka, Hirakawa et al., 2007 <b>Research design:</b> Survey of first and second year university students. <b>Sample size:</b> 1,592	
Emotional abuse measured as: a) did your parents often neglect you? b) did your parents often swear at you? c) did your parents often say that you were not necessary for your family? d) did your parents regard you as the black sheep of your family? e) were you afraid of your parents?	<b>13.7%</b> reported ever experiencing emotional abuse

**Table 16: Prevalence and incidence of emotional abuse by parents, studies with convenience samples** (continued)

Measurement	Prevalence and/or incidence of emotional abuse
<b>Location:</b> Urban Hanoi and rural Hai Duong Province, northern Viet Nam <b>Authors/year of publication:</b> Nguyen, Dunne & Le, 2010 <b>Research design:</b> Survey of secondary school students. Sample size: 2,591	
Questions not stated	39.5% lifetime prevalence of emotional abuse
<b>Location:</b> Republic of Korea. <b>Authors/year of publication:</b> Ju & Lee, 2010 <b>Research design:</b> Survey and interviews with children in child protective care facilities. <b>Sample size:</b> 357	
N/A	87 cases of emotional abuse (24.37%)  146 cases of emotional abuse combined with physical abuse (40.9%)

Several studies utilise the Parent-Child Conflict Tactics Scale, which includes questions on psychological aggression. In these studies the lifetime prevalence of emotional abuse ranges from 31.3% in the Republic of Korea (Kim, Park & Emery, 2009) to 68.5% in China (Chen, 2010) for probability studies and up to 81.1% in China from a convenience sample (Zhang, Hao, Zhang et al., 2009). The preceding year prevalence ranges from 61.2% in China (Chan, 2010) to 78.3% also in China (Leung, Wong, Chen & Tang, 2008) suggesting a very high prevalence of emotional abuse.

A series of studies in the Pacific Islands looked at inappropriate name calling by an adult in the household within the previous month. Incidence among 16–17 year olds surveyed using the Child Household Questionnaire ranged from 17% in Kiribati to 38% in Vanuatu. This included general swearing at the child, making fun of their appearance and calling the child ‘lazy’ or ‘stupid’ (UNICEF, 2008; UNICEF, 2009). The studies also examined the prevalence of children being made to feel unwanted by adults in the household, with incidence ranging from 7% in Kiribati to 24% in the Solomon Islands (UNICEF, 2008; UNICEF, 2009).

Research into the extent to which emotional abuse impacts the psychological well-being of children in the region has only recently begun. In a study of 3,017 secondary school students (1,331 males and 1,670 females) on parental psychological control over their children, the authors found psychological control impairs development and is negatively related to the mental health of the child (Shek, 2006a). The same study (different publication) found that parental expectation and discipline were positively related to psychological control (Shek, 2006b). In a qualitative study exploring the concept of verbal abuse in the Philippines, Figer (2008) stated that during the interviews, the children candidly shared experiences that had caused them grief and pain. She says, “It was disquieting to note that in their short lives they have already gone through disturbing experiences. Their sad experiences primarily revolved around the context of their family.” The concept of verbal abuse was translated to them as “*masakit na salita*” and was seen as an ordinary event in the household. The children said their parents used denigrating and insulting words against them and humiliated them in public.

## 4.4 Neglect

---

### Prevalence and incidence of child neglect

Overview to section

**Number of studies:** 12

**Number of articles/reports:** 13

**Topical areas covered in this section:** Neglect, including physical, emotional, medical, educational and safety neglect

**Countries represented:** 6 including China, Japan, Papua New Guinea, Philippines, Thailand, and Viet Nam

**Range of dates for studies:** Data from 2000–2010 and studies published from 2000–2010

### Brief Summary

This section includes 12 studies on child neglect in the East Asia and Pacific region. Of these studies, five are drawn from some type of probability sample and five are of convenience samples. This section includes a range of data on several forms of neglect and often with much younger populations than previous sections.

---

Neglect can be defined as “the failure to provide for the development of the child in all spheres: health, education, emotional development, nutrition, shelter, and safe living conditions, in the context of resources reasonably available to the family or caretakers and causes or has a high probability of causing harm to the child’s health or physical, mental, spiritual, moral or social development. This includes the failure to properly supervise and protect children from harm as much as is feasible” (Krug *et al.*, 2002).

## Measurements

There is little agreement on the definition and measurement of neglect (Costin, Karger, & Stoesz, 1996; National Research Council, 1993). One of the most important points of disagreement concerns whether neglect should be defined and measured in a way that includes injury or harm to a child as compared to definition and measurement solely on the basis of the behaviour of the caregiver (Straus & Kaufman Kantor, 2005). Another unresolved issue is whether the neglectful behaviour must be intentional (Straus & Savage, 2005).

## Studies included in this review used several different measures of neglect:

- ***The Adult-Recall version of the Multidimensional Neglectful Behaviour Scale Short Form*** (Straus, Kinard, & Williams, 1995). This version of the scale asks adolescents or adults if their parents engaged in a list of neglectful behaviours. It also measures neglectful behaviour regardless of the intent of the caregiver. The short form of the Multidimensional Neglectful Behaviour Scale has eight items:
  1. My parents helped me with homework if I needed help (cognitive)
  2. My parents did not comfort me when I was upset (emotional)
  3. My parents helped me when I had problems (emotional)
  4. My parents made sure I went to school (supervise)
  5. My parents did not help me to do my best (cognitive)
  6. My parents gave me enough clothes to keep me warm (physical)
  7. My parents did not keep me clean (physical)
  8. My parents did not care if I got into trouble in school (supervise)
- ***The Neglect Scale for Urban Chinese 3–6-year-old Children***. This scale, which has been validated in a Chinese population, is used by many of the studies in this review. There are five subscales: physical, emotional, educational, safety and health neglect.
- ***Adverse Childhood Experiences Questionnaire***: Developed by the Centers for Disease Control and Prevention, the Adverse Childhood Experiences Questionnaire examines three physical neglect and three psychological neglect items before the age of 18 (including a range of other adverse childhood experiences). Physical neglect items included: a) ever did not have enough to eat? b) ever had to wear dirty clothes? c) someone to take you to the doctor if you needed it? The psychological neglect items were: a) never felt loved? b) ever felt that someone in your family hated you? c) ever thought your parents wished you had never been born?
- ***Childhood Trauma Questionnaire (CTQ)***: This questionnaire asks whether the respondent did not have enough to eat, if there was someone to take care of and protect them, if their parents were too drunk or too “high” to take care of them, if they had to wear dirty clothes and if there was someone to take them to the doctor if they needed it. This questionnaire also has an emotional neglect scale, which asked if there was someone in the family who helped the respondent feel important or special, if they felt loved, if people in the family look out for each other, if people in the family felt close to each other and if the family was a source of strength and support for the respondent.
- ***Parent-Child Conflict Tactics Scale (CTSPC)***: This scale measured five items of neglect including: a) had to leave your child home alone even when you thought some adult should be with him/her, b) were not able to make sure your child got the food he/she needed, c) were so drunk or high that you had a problem taking care of your child, d) were not able to make sure your child got to a doctor or hospital when he/she needed it, and e) were so caught up with problems that you were not able to show or tell your child that you loved him/her (Straus, Hamby, Finkelhor et al., 1998).

## Neglect findings

Only a handful of studies examine neglect using probability sampling; despite this these studies are well distributed. A study of parents of three-to-six year olds conducted in 25 cities across 15 provinces in China found that 28% of parents reported neglectful behaviour, mostly in the areas of physical, emotional and safety neglect. A study in the Philippines examined adverse childhood experiences among a population-based sample of adults and found that 22.5% reported experiencing child physical neglect, which included not having enough to eat and wearing dirty clothes. A much higher percentage, 43.6%, reported experiencing psychological neglect, which included not feeling loved, parents who wished they hadn't been born and the feeling that someone in the family hated them (Ramiro, Madrid & Brown, 2010). Another study in the Philippines surveyed grade six students and found that 40% reported being neglected in the form of not being provided with appropriate care and food and frequently being left home alone (Isaranurug, Nitirat et al., 2001).

**Table 17: Prevalence and incidence of neglect from probability samples**

Measurement	Prevalence and Incidence of Neglect
<b>Location:</b> Hong Kong, <i>China</i> . <b>Study:</b> Chan, 2010 <b>Sample size:</b> Subsample (2,363 parents) from a larger (4,347) randomized household survey	
Parent-Child Conflict Tactics Scale	<b>20.7%</b> Lifetime prevalence of neglect of children by their parents <b>18%</b> Preceding year prevalence of neglect
<b>Location:</b> 25 cities in 15 provinces, <i>China</i> . <b>Study:</b> Pang, Yang, Ren et al., 2005 <b>Sample size:</b> 1,163 parents of 3–6 year olds	
The Neglect Scale for Urban Chinese 3–6-year-old Children	<b>12.9%</b> physical neglect <b>12.5%</b> emotional neglect <b>5.1%</b> educational neglect <b>12.5%</b> safety neglect <b>7.8%</b> medical neglect Overall neglect: <b>28%</b>
<b>Location:</b> <i>Japan</i> . <b>Study:</b> Fujiwara, Kawakami & World Mental Health Japan Survey Group, 2010 <b>Sample size:</b> 1,722 Japanese-speaking residents over the age of 20	
Childhood adversities adapted from NCS-R	<b>1.5%</b> reported experiencing childhood neglect (Measure from World Mental Health Survey)
<b>Location:</b> <i>Philippines</i> . <b>Study:</b> Ramiro, Madrid & Brown, 2010 <b>Sample size:</b> 1,068 adults aged 35 years or older residing in urban barangays in Quezon City, Metro Manila	
Adverse Childhood Experiences Survey	<b>22.5%</b> reported experiencing child physical neglect <b>43.6%</b> reported experiencing child psychological neglect
<b>Location:</b> Bangkok, <i>Thailand</i> . <b>Study:</b> Isaranurug, Nitirat, et al., 2001. <b>Sample size:</b> 413 grade six students	
Specific questions not stated	<b>40%</b> reported being neglected in the form of not being provided with appropriate care and food and frequently being left alone at home

**Table 18: Prevalence and incidence of neglect by parents, studies with convenience samples**

Measurement	Prevalence and/or Incidence of Neglect
<b>Location:</b> Wuhan, <i>China</i> . <b>Authors/Year of Publication:</b> Liu, Jiang, Luo et al., 2010 & Liu, Luo, Jiang et al., 2009 <b>Research Design:</b> Survey of parents with preschool age children (ages 3–6). <b>Sample Size:</b> 1,154 parents	
Neglect scale for urban 3–6-year-olds in China	<b>24.96%</b> neglect (total) <b>8.75%</b> physical neglect <b>9.62%</b> emotional neglect <b>6.85%</b> educational neglect <b>13.34%</b> safety neglect <b>6.50%</b> medical neglect
<b>Location:</b> Hefui, Wuhu, and Bengbu of Anhui Province in eastern <i>China</i> <b>Authors/Year of Publication:</b> Xiao, Dong, Yao & Ye, 2008 <b>Research Design:</b> Survey of medical students. <b>Sample size:</b> 2,073	
Childhood Trauma Questionnaire	<b>26.9%</b> physical neglect <b>14.0%</b> emotional neglect
<b>Location:</b> Guangzhou, <i>China</i> . <b>Authors/Year of Publication:</b> Zhang, Zheng & Zou, 2006 <b>Research Design:</b> Survey of parents with preschool age children (ages 3–6). <b>Sample size:</b> 1,013 parents	
Neglect scale for urban 3–6-year-olds in China	<b>11.1%</b> prevalence of overall neglect (physical development, emotional development, educational, safety and health)
<b>Location:</b> Multicountry ( <i>China &amp; Republic of Korea among others</i> ) <b>Authors/Year of Publication:</b> Straus & Savage, 2005 <b>Research Design:</b> Survey of students in 33 universities in 17 nations <b>Sample size:</b> 7,875 for all schools (from a larger sample of 9,069) – separate sample size for Republic of Korea and China not given in this article	
Adult-Recall version of the Multidimensional Neglectful Behaviour Scale Short Form	Pusan, Republic of Korea: <b>36.4%</b> of students reported three or more neglectful behaviours (median was 12.2%)  Hong Kong, China: <b>28.6%</b> of students reported experiencing three or more neglectful behaviours
<b>Location:</b> Urban Hanoi and rural Hai Duong Province, northern <i>Viet Nam</i> <b>Authors/Year of Publication:</b> Nguyen, Dunne & Le, 2010 <b>Research Design:</b> Survey of secondary school students <b>Sample size:</b> 2,591	
Questions not stated	<b>29.3%</b> lifetime prevalence of neglect

A similar number of studies were identified which researched neglect with convenience samples, the majority of which were conducted in China. Of the three studies that used the same measurement (The Neglect Scale for Urban Chinese 3–6-year-olds), the range of overall reported neglect ran from 11.1% in Guangzhou (Zhang, Zheng & Zou, 2006) to 28% found in other cities across China (Pang, Yang, Ren et al., 2005).

A multicountry study conducted by Straus & Savage (2005) examined histories of neglect from students in 33 universities in 17 nations. In the Republic of Korea they found that 36.4% of students reported ever experiencing three or more neglectful behaviours compared with 28.6% in China.

Two studies examined children that could potentially be at risk for neglect due to their circumstances. The first study (Luo, Peng, Zong et al, 2008) examined young ‘left-behind’ children, a

distinctive population often found in rural China where kids are living with one parent or extended family while the other parent(s) is/are absent from the home. From a randomized sampling strategy of 102 villages, 744 case-control pairs of children were identified, all under the age of seven, with an average age of just over three years (Luo, Peng, Zong et al., 2008). The majority of left-behind children were being taken care of by a grandparent. A second, three-country focused on children left home alone and found that in one-fifth of the families in Viet Nam, children (ages 14 or under) were left home alone on a regular or occasional basis. Where the children are very young it could constitute neglect, but it is contestable for older children. The study employed 147 interviews at three sites in Ho Chi Minh City and surrounding urban areas (Cesares & Heymann, 2009).

A qualitative study with children and community members in Papua New Guinea found child neglect to be a recognized problem within communities. A typical example was one respondent who said, "My mother gambles away the food money and I don't have anything to eat." The study reported that child neglect in Papua New Guinea ranges from problems such as parents gambling or drinking food money away, or leaving their children in the care of other relatives and children (especially), to girls who are not cared for resorting to alternative sources of income like working in the informal sector or in prostitution (FSVAC & UNICEF, 2005).

## 4.5 Witnessing parental violence

---

### Prevalence and incidence of witnessing parental violence

Overview to section

**Number of studies:** 19

**Number of articles/reports:** 19

**Topical Areas Covered in this Section:** witnessing domestic violence

**Countries Represented:** 12 including Cambodia, China, Fiji, Japan, Kiribati, Papua New Guinea, Philippines, Republic of Korea, Thailand, Timor-Leste, Vanuatu and Viet Nam

**Range of Dates for Studies:** Data from 2000–2010 and studies published from 2000–2010

### Brief Summary

This section includes 19 studies on children witnessing parental violence in the East Asia and Pacific region. Of these studies, 15 are drawn from some type of probability sample and four are of school-based and convenience samples. This section includes a range of data on witnessing intimate partner violence from both parents.

---

Witnessing domestic violence can have a profound impact on children and is often classified as a form of child maltreatment. The experience of family violence can be among the most disturbing for children because both victims and aggressors are the adults who are most closely attached to them. For many of these children, the domestic violence creates an environment of uncertainty and helplessness. This review identified studies conducted in the East Asia and Pacific region that examined children who had witnessed parental violence.

## Measurements

- **Conflict Tactics Scale:** This scale includes measures on intimate partner violence, which can be used to assess children witnessing violence. For example, the Shen, 2008 study used 12 items from this scale including: a) threw something at him/her; b) pushed, grabbed, or shoved him/her; c) slapped him/her; d) kicked, bit, or hit him/her with fist; e) hit or tried to hit him/her with something; f) beat him/her up; g) choked him/her; h) threatened him/her with a knife or weapon; i) used a knife or a weapon to hurt him/her; j) beat him/her, causing severe injury; k) threatened suicide; l) threatened to hurt children (as reported in Shen, 2008). Other items can include hitting with hard objects and repetitive hitting.
- **Revised Conflict Tactics Scale (CTS2):** This revised version measures five aspects of spousal conflict: negotiation, physical assault, psychological aggression, physical injury, and sexual violence. Some studies, when measuring childhood witnessing of parental violence, will only ask the respondent if they had witnessed psychological aggression, physical assault or injuries caused between their parents in their childhood.
- **WHO Core Questionnaire** as used in the WHO Multi-country Study of Women's Health and Domestic Violence. Each respondent was asked whether her mother had experienced physical violence at the hand of her husband or intimate partner.
- **Adverse Childhood Experiences Questionnaire:** Developed by the Centers for Disease Control and Prevention, the Adverse Childhood Experiences Questionnaire includes questions on four maternal violence items the respondent may have experienced before the age of 18 including: Was your mother (or stepmother), a) sometimes, often or very often pushed, grabbed, slapped or had something thrown at her? b) sometimes, often or very often kicked, bitten, hit with a fist, or hit with something hard?, c) ever repeatedly hit over at least a few minutes?, d) ever threatened with or hurt by a knife or gun?

## Findings on witnessing parental violence

**Table 19: Prevalence and incidence of witnessing parental violence from probability samples**

Measurement	Prevalence and incidence of witnessing parental violence
<b>Location:</b> Hong Kong, <i>China</i> . <b>Study:</b> Chan, Yan, Brownridge, Tiwari, Fong, 2010 <b>Sample size:</b> 1,154 household survey with those aged 16 or older	
Revised Conflict Tactics Scale	<b>27.5%</b> witnessing parental psychological aggression <b>6%</b> witnessing parental physical violence or injury
<b>Location:</b> Tianjin, Liaoning, Henan, and Shaanxi provinces of <i>China</i> . <b>Study:</b> Guo, Wu, Qu, Yan, 2004 <b>Sample size:</b> 12,044 mothers with a child 6 to 18 months old	
Survey of domestic violence consisted of physical, sexual and emotional abuse questions	<b>8.3%</b> of women experienced domestic abuse after pregnancy
<b>Location:</b> <i>Cambodia</i> . <b>Study:</b> The Ministry of Education, Youth and Sports, UNICEF and UNESCO, 2004 <b>Sample size:</b> 9,388 young people across all 24 provinces and municipalities	
Asked question as part of YRBS of whether domestic violence had occurred in their family in the preceding 30 days	<b>26%</b> of youth reported that domestic violence had occurred in their family in the preceding 30 days
<b>Location:</b> Taiwan, <i>China</i> . <b>Study:</b> Shen, 2008. <b>Sample size:</b> 1,924 college students	
Modified Conflict Tactics Scale	<b>19.2%</b> were exposed to interparental violence only <b>11.3%</b> ( <i>n</i> = 217) experienced both witnessing interparental violence and also experiencing physical maltreatment (missing <i>n</i> = 50)
<b>Location:</b> <i>Japan</i> . <b>Study:</b> Fujiwara, Kawakami & World Mental Health Japan Survey Group, 2010 <b>Sample size:</b> 1,722 Japanese-speaking residents over the age of 20	
Childhood adversities adapted from NCS-R	<b>10.1%</b> reported family violence (Measure from World Mental Health Survey)
<b>Location:</b> Yokohama, <i>Japan</i> . <b>Study:</b> Yoshihama & Horrocks, 2010. <b>Sample size:</b> 1,371 women aged 18–49	
WHO Core Questionnaire as used in the WHO Multi-country Study of Women’s Health and Domestic Violence	<b>18.57%</b> of respondents reported that their mother had experienced physical violence by her husband or intimate partner
<b>Location:</b> <i>Philippines</i> . <b>Study:</b> Fehringer & Hindin, 2009. <b>Sample size:</b> 472 married or cohabiting young adults	
One item with two follow-up questions: Do you remember if either of your parents/caretakers ever hit, slapped, kicked, or used other means like pushing or shoving to try to hurt the other physically when you were growing up? If they answered affirmatively, two follow-up questions were asked: Who hurt the other physically? (father, mother, both, or other) and Do you ever recall one of your parents/caretakers needing medical attention as a result of being physically hurt by the other parent/caretaker?	Either parent hurting the other: males: <b>50.3%</b> , females: <b>44.9%</b>  Mother hurting father: males: <b>16%</b> , females: <b>15.8%</b>  Father hurting mother: males: <b>27.8%</b> , females: <b>25.3%</b>  Both hurting each other: males: <b>6.4%</b> , females: <b>3.9%</b>

**Table 19: Prevalence and incidence of witnessing parental violence from probability samples**  
(continued)

Measurement	Prevalence and incidence of witnessing parental violence
<b>Location:</b> <i>Philippines</i> . <b>Study:</b> Hindin & Gultiano, 2006. <b>Sample size:</b> 2051 Filipino adolescents (ages 17–19)	
One item with two follow-up questions: Do you remember if either of your parents/caretakers ever hit, slapped, kicked, or used other means like pushing or shoving to try to hurt the other physically when you were growing up? If they answered affirmatively, two follow-up questions were asked: Who hurt the other physically? (father, mother, both, or other) and Do you ever recall one of your parents/caretakers needing medical attention as a result of being physically hurt by the other parent/caretaker?	<p>Either parent hurting the other: males: <b>48.2%</b>, females: 45.4%</p> <p>Mother hurting father: males: <b>13%</b>, females: <b>14%</b>            Father hurting mother: males: <b>26.7%</b>, females: <b>22.9%</b>            Both hurting each other: males: <b>7.6%</b>, females: <b>7.0%</b></p> <p>Injury required medical attention: males: <b>5.5%</b>, females: <b>5.2%</b></p>
<b>Location:</b> <i>Philippines</i> . <b>Study:</b> Maxwell & Maxwell, 2003 <b>Sample size:</b> 1,379 students (sixth graders and first and second-year high school students)	
Child-witnessed violence is a single item measuring the frequency with which respondents witnessed their parents or caregivers hit each other because of anger	<b>29.9%</b> of girls and <b>37.1%</b> of boys reported witnessing their parents/guardians hit each other out of anger
<b>Location:</b> <i>Philippines</i> . <b>Study:</b> Maxwell, 2001. <b>Sample size:</b> 921 sixth grade students	
Child-witnessed violence is a single item measuring the frequency with which respondents witnessed their parents or caregivers hit each other because of anger	<b>35%</b> of students reported seeing their parents/guardians hit each other out of anger
<b>Location:</b> <i>Philippines</i> . <b>Study:</b> Ramiro, Madrid & Brown, 2010 <b>Sample size:</b> 1,068 adults aged 35 years or older residing in urban barangays in Quezon City, Metro Manila	
Adverse Childhood Experiences Survey	<b>17.7%</b> reported their mother was treated violently before they were age 18
<b>Location:</b> <i>Thailand</i> . <b>Study:</b> Chaopricha & Jirapramukpitak, 2010 <b>Sample size:</b> 488 young people age 16–25 living in Pathumthani Province	
Conflict Tactics Scale	<b>10%</b> reported witnessing their mother being abused
<b>Location:</b> <i>Bangkok, Thailand</i> . <b>Study:</b> Jirapramukpitak, Harpham & Prince, 2010 <b>Sample size:</b> 1,052 young residents aged 16–25	
Conflict Tactics Scale	<b>11.6%</b> reported exposure to domestic violence in childhood
<b>Location:</b> <i>Thailand</i> . <b>Study:</b> Jirapramukpitak, Prince & Harpham, 2005. <b>Sample size:</b> 202 young people aged 16–25 living in Northern Bangkok	
Conflict Tactics Scale	<b>8.8%</b> of young adults (9.7% of young men and 7.5% of young women) reported witnessing maternal battering when they were 16 years old or younger
<b>Location:</b> <i>Timor-Leste</i> . <b>Study:</b> IRC, 2003. <b>Sample size:</b> 288 women of reproductive age (18–49)	
Question on whether they had as a child under 18, seen their parents hit, slap or punch each other	<b>41%</b> of respondents reported seeing their parents hit, slap or punch each other

This review identified 15 studies that used probability sampling to examine the issue of children witnessing parental violence. Several of these studies used either the Conflict Tactics Scale or the Revised Conflict Tactics Scale to measure the witnessing of violence. Among the studies using the same or very similar measures we see a prevalence range of 8.8% of young adults in Thailand (Jirapramukpitak et al, 2005) to 19.2% of young adults in China who reported witnessing parental violence as a child (Shen, 2008). Another study in China found a higher percentage (27.5%) of adults who reported witnessing parental psychological aggression towards each other when they were a child (Chan, Yan, Brownridge et al., 2010). Overall, across all studies using probability samples, prevalence of witnessing parental violence as a child ranged from 6% of adults in China (Chan, Yan, Brownridge, et al., 2010) to 53% of young adult males in the Philippines (Fehringer & Hindin, 2009).

In terms of incidence of witnessing parental violence, a study of young people in all 24 provinces and municipalities of Cambodia found that 26% of youth reported that domestic violence had occurred in their family within the previous month (The Ministry of Education, Youth and Sports, UNICEF and UNESCO, 2004).

Several studies asked questions regarding whether it was the mother or father being abused. In the Japan city portion of the WHO Multi-Country Study of Women's Health and Domestic Violence, 18.75% of women reported that their mother had experienced physical violence at the hands of her husband or intimate partner (Yoshihama & Horrocks, 2010). Similarly, studies in the Philippines and Thailand reported 17.7% and 10% of respondents witnessing their mother being abused respectively (Ramiro, Madrid & Brown, 2010; Chaopricha & Jirapramukpitak, 2010). Two studies examined violence directed at the father from the mother and vice-versa in the Philippines. In a study with Filipino young adults, nearly 16% of both male and female respondents recalled their mother physically hurting their father and 27.8% of male and 25.3% of female respondents recalled their father physically hurting their mother. A much smaller percentage (6.4% for males and 3.9% of females) recalled their parents both physically hurting each other (Fehringer & Hindin, 2009). These findings were replicated with a larger sample of Filipino adolescents in which larger percentages of young people recall their father hurting their mother, a smaller proportion of their mother physically hurting their father and the smallest percentage recalling that both of their parents physically hurt each other (Hindin & Gultiano, 2006).

Shen (2008) also reported the father to mother and mother to father frequencies of interparental violence in Taiwan. The study found that 15.9% of respondents reported witnessing their father throw something at their mother and 14.6% reported their mother throwing something at their father. Some 8.7% reported their fathers beating up their mother, 6.6% saw their mothers beat up their fathers, 4.5% saw their fathers choke their mothers, and 2.8% saw their mothers choke their fathers. A smaller proportion of 3.4% saw their fathers use a knife or weapon to hurt their mothers, and 2.6% saw their mothers use a knife or weapon to hurt their fathers, while 4.1% saw their fathers beat their mothers causing severe injury, and 2.5% saw their mothers beat their fathers causing severe injury (Shen, 2009).

**Table 20: Prevalence and incidence of children witnessing violence, studies with convenience samples**

Measurement	Prevalence and incidence of witnessing parental violence
<b>Location:</b> Hefui, Wuhu, and Bengbu of Anhui Province in eastern <i>China</i> . <b>Authors/Year of publication:</b> Xiao, Dong, Yao & Ye, 2008. <b>Research design:</b> Survey of medical students. <b>Sample size:</b> 2,073	
Four items asking about a battered mother. Was your mother (or stepmother)... a) sometimes, often, or very often pushed, grabbed, slapped, or had something thrown at them? b) sometimes, often, or very often kicked, bitten, hit with a fist or hit with something hard?, c) ever repeatedly hit over at least a few minutes?, and d) ever threatened with or hurt by a knife or gun?	<b>15.9%</b> of respondents reported having a battered mother
<b>Location:</b> <i>Japan</i> . <b>Authors/Year of publication:</b> Masuda, Yamanaka, Hirakawa et al., 2007 <b>Research design:</b> Survey of first and second year university students. <b>Sample size:</b> 1,592	
Responses of “often” or “very often” to the question “How often did your father become violent (slap, kick, punch, throw something) toward your mother?” was considered as witnessing domestic violence	<b>10.8%</b> reported witnessing domestic violence
<b>Location:</b> <i>Republic of Korea</i> . <b>Authors/Year of publication:</b> Gover, Park, Tomsich & Jennings, 2010 <b>Research design:</b> Cross-sectional of married women aged 17–60. <b>Sample size:</b> 1,399	
Respondents were asked whether they have ever witnessed their father hit their mother and whether they have ever witnessed their mother hit their father during childhood	<b>23%</b> percent of respondents reported witnessing father-to-mother violence  <b>8%</b> of respondents reported witnessing mother-to-father violence
<b>Location:</b> <i>Rural Viet Nam</i> . <b>Authors/Year of publication:</b> Vung & Krantz, 2009 <b>Research design:</b> Cross-sectional of married women aged 17–60. <b>Sample size:</b> 730	
Two items: “When you were a child, was your mother hit by your father (or her husband or boyfriend)?” The next question was: “As a child, did you see or hear this violence?”	<b>16%</b> reported witnessing interparental violence as a child

Fewer of the studies involved convenience samples. Among those that did, prevalence ranged from 8% of young adults in the Republic of Korea who reported witnessing mother-to-father violence to 23% of young adults in the same study who reported witnessing father-to-mother violence (Gover, Park, Tomsich & Jennings, 2010). Another study of young adults in China found that 15.9% of respondents reported having a battered mother (Xiao, Dong, Yao & Ye, 2008) and 10.8% and 16% of respondents in Japan and rural Viet Nam respectively reported witnessing interparental violence as a child (Masuda, Yamanaka, Hirakawa et al, 2007; Vung & Krantz, 2009).

Several qualitative studies have examined specific aspects surrounding the context of parental violence and children’s lives. A qualitative study looking at masculinity and violence in four Pacific countries (Papua New Guinea, Fiji, Vanuatu and Kiribati) found that a common theme across all four studies was violent role-modelling by parents, siblings or teachers (Roberts, 2007). An ILO study of 226 respondents in the Philippines of both children who were (N=123) and were not (n=103) involved in the drug trade found that many respondents had troubled and chaotic family and household situations. About one-third of the respondents’ parents were separated from each other. More than three-fourths had witnessed their parents fighting, with one-third of the children saying that the fight was violent. Almost half of the household members fought with each other and about one-third said the fights became violent (2002, Philippines).

## 4.6 Exploitation

---

### Prevalence and incidence of child exploitation

Overview to section

**Number of studies:** 80

**Number of articles/reports:** 63

**Topical areas covered in this section:** child labour, commercial sexual exploitation, trafficking, sale of children, child marriage, children recruited by armed forces or groups, children living and working on the streets and abuse in detention

**Countries represented:** 12 including Cambodia, China, Indonesia, Lao People's Democratic Republic, Mongolia, Myanmar, Papua New Guinea, Philippines, Solomon Islands, Thailand, Timor-Leste and Viet Nam

**Range of dates for studies:** Data from studies between 1995–2010 and published from 2000–2010

#### Brief summary

This section includes 80 studies on the exploitation of children in the East Asia and Pacific region presented within several sub-sections. A third of the studies (33) focus on child labour, 12 focus on the commercial sexual exploitation of children, another 9 studies focus on child marriage, 15 focus on trafficking and selling of children, 1 study focuses on children recruited by armed forces or groups, 9 on children living and working on the streets and 7 on the abuse of children in detention or by police/criminal justice authorities.

---

According to the UN Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children, exploitation may comprise:

- a) All forms of slavery or practices similar to slavery, debt bondage and serfdom and forced or compulsory labour, including forced or compulsory recruitment of children for use in armed conflict;
- b) The use, procuring or offering of a child for prostitution, for the production of pornography or for pornographic performances;
- c) The use, procuring or offering of a child for illicit activities, in particular for the production and trafficking of drugs as defined in the relevant international treaties;
- d) Work, which, by its nature or the circumstances in which it is carried out, is likely to harm the health, safety or morals of children;
- e) Work done by children below the minimum age for admission to employment (UN General Assembly, 2000; ILO et al, 2009).

## 4.6.1 Child labour

According to the International Programme on the Elimination of Child Labour (IPEC) through the ILO, not all work done by children should be classified as child labour that is to be targeted for elimination. Specifically, the term ‘child labour’ can be defined as work that deprives children of their childhood, their potential and their dignity, and that is harmful to their physical and mental development (ILO–IPEC factsheet, 2011).

According to the ILO–IPEC, child labour refers to work that is mentally, physically, socially or morally dangerous and harmful to children and interferes with their schooling. It can interfere with school in several ways including depriving them of the opportunity to attend class, obliging them to leave school prematurely or requiring them to attempt to combine school attendance with excessively long and heavy work (ILO–IPEC factsheet, 2011).

Whether or not a particular form of work can be defined as ‘child labour’ depends on the child’s age, type of work, the hours and conditions of the work and also the country. In its most extreme forms, child labour involves children being forced to work, separated from their families, exposed to serious hazards and illnesses and/or left to fend for themselves on the streets of large cities (ILO–IPEC factsheet, 2011).

This section will focus on prevalence and incidence studies of child labour. The next chapter on consequences will focus on the impact child labour has on schooling and education.

**Table 21: Prevalence and incidence of child labour and child work from probability and representative samples**

Sample size	Prevalence and Incidence of Child Labour
<b>Location:</b> Chubb Rubber Plantation in Tboung Kmom District in Kampong Cham Province, <i>Cambodia</i> <b>Study:</b> Centre for Advanced Study, 2001	
Initial survey identified a total of 4,081 children between 6–17 years old living in the rubber plantation. Interviews with 57 families (parents and children) for a total of 114 interviews.	<b>23%</b> of all children (948/4081) were working at the rubber plantation (50% 14 or younger).
<b>Location:</b> Three fishing areas in Krong Preah Sihanouk, <i>Cambodia</i> . <b>Study:</b> Centre for Advanced Study, 2001b	
Initial survey of 5,000 households. Follow-up interviews with 58 families (parents and children) for a total of 114 interviews.	A total of 1,678 of children were working in the fisheries. <b>56%</b> were aged 14 or younger.
<b>Location:</b> Banteay Meanchey province, <i>Cambodia</i> . <b>Study:</b> ILO, 2005	
246 children from larger household survey	Incidence of cross-border child labour: <b>24%</b> of people going to Thailand are aged 10–14 years old
<b>Location:</b> <i>Cambodia</i> . <b>Study:</b> ILO, 2005	
239 interviews with heads of households (3% of total number of families in the 31 sample villages and 1.68% of total number of families in the surveyed area’s 63 villages), also 246 interviews with children and young adults (ages 10–25)	<b>24%</b> of migrant workers going to Thailand are children aged 10–14 years

**Table 21: Prevalence and incidence of child labour and child work from probability and representative samples** (continued)

Sample size	Prevalence and Incidence of Child Labour
<b>Location:</b> District of Purworejo, <i>Indonesia</i> . <b>Study:</b> Hsin, 2007	
2,928 children between the ages of 8 and 18 (1,576 boys; 1,352 girls) and 1,930 households	<b>30%</b> of girls participated in market labour and spend, on average, 1.29 hours per day working  <b>48%</b> of boys engage in market work and spend 1.55 hours per day working.
<b>Location:</b> Multicountry. <b>Study:</b> UNICEF EAPRO, 2008	
Compilation of Multiple Indicator Cluster Survey (MICS) data for countries in the region	Percentage of children aged 5–14 currently working (year of dataset): <i>Indonesia</i> : <b>5.4%</b> (2000) <i>Lao PDR</i> : <b>32.4%</b> (2000) <i>Timor Leste</i> : <b>19.1%</b> (2002) <i>Philippines</i> : <b>16.2%</b> (2007) <i>Viet Nam</i> : <b>26.8%</b> (2000) and <b>15.8%</b> (2006) <i>Mongolia</i> : <b>36.6%</b> (2000) and <b>18.1%</b> (2005)
<b>Location:</b> <i>Philippines</i> . <b>Study:</b> Abrera-Mangahas chapter within ILO-IPEC, 2001.	
Not stated – based on the national 1995 Labour Force Survey	Working children comprise <b>16%</b> (3.7 million children) of the overall population of children between the ages of 5 and 17
<b>Location:</b> <i>Viet Nam</i> . <b>Study:</b> ILO et al., 2009 <i>Understanding Children's Work in Viet Nam</i> as cited in UNICEF, 2010.	
Analysis of the situation of children in Viet Nam (review of existing data including government data)	<b>10.5%</b> of children aged 15–17 are engaged in hazardous work (669,227 children)  <b>6.5%</b> of children aged 6–17 years old are engaged in child labour (1,323,548 children)

**Table 22: Prevalence and incidence of child labour and child work from convenience samples**

Sample size	Prevalence and Incidence of Child Labour
<b>Location:</b> Phnom Penh, <i>Cambodia</i> . <b>Study:</b> ILO, 2006. <b>Research design:</b> Cross-sectional survey	
426 youth working as beer promotion girls	<b>1.4%</b> of beer promotion girls surveyed were less than 18 years old (most were between 14–18 years old).
<b>Location:</b> Siem Reap, <i>Cambodia</i> . <b>Study:</b> ILO, 2006b. <b>Research design:</b> Cross-sectional survey	
371 young hotel and guest house workers	<b>1.6%</b> of female hotel and guest house workers surveyed were under the age of 18
<b>Location:</b> Khammuane, Savannakhet and Champassak Provinces, <i>Lao People's Democratic Republic</i> <b>Study:</b> ILO-IPEC, 2003 <b>Research design:</b> Baseline survey of illegal migrant workers and children returnees in three provinces	
The assessment involved 1,614 families and 21 children returnees in three provinces. During the assessment 38 key informants were also interviewed.	Percentage of illegal migrant workers in the Lao People's Democratic Republic that are under the age of 18: Data from eight villages in Khammuane Province: <b>29%</b> Data from seven villages in Savannakhet Province: <b>40%</b> Data from seven villages in Champassak Province: <b>22%</b>

Tables 21 and 22 highlight studies on child labour and child work throughout the region. Based on data from representative and probability samples, the prevalence of child labour ranges from 6.5% of children aged 6–17 in Viet Nam (ILO et al., 2009 as cited in UNICEF, 2010) to 56% of children in a fishing area in Cambodia (Centre for Advanced Study, 2001b). The UNICEF Multiple Indicator Cluster Surveys (MICS) provide data on the percentage of children currently working in several countries in the East Asia and Pacific region. This prevalence ranges from 5.4% in Indonesia to 32.4% in the Lao People’s Democratic Republic (UNICEF EAPRO, 2008).

Child labour, like other forms of child exploitation, presents specific challenges for measurement. It can often be difficult to capture underage employment with studies conducted at the employment site. Studies such as the ILO surveys on beer promotion girls and young hotel and guesthouse workers add additional questions asking the young people themselves if they think anyone is under the age of 18. Capturing accurate population-based data can be difficult as can studying illegal child migrant work. In a baseline study of illegal migrant workers between Thailand and the Lao People’s Democratic Republic (ILO–IPEC, 2003) it was found that between 22–40% of illegal migrant workers in the border villages were under the age of 18 and the majority were girls.

## Worst forms of child labour

The ILO Convention on the Worst Forms of Child Labour (No. 182) defines the worst forms of child labour to include “work which, by its nature of the circumstances in which it is carried out, is likely to harm the health, safety or morals of children.” Examples of this type of work as defined by Article 3 of the Convention include:

- a. all forms of slavery or practices similar to slavery, such as the sale and trafficking of children, debt bondage and serfdom and forced or compulsory labour, including forced or compulsory recruitment of children for use in armed conflict;
- b. the use, procuring or offering of a child for prostitution, for the production of pornography or for pornographic performances;
- c. the use, procuring or offering of a child for illicit activities, in particular for the production and trafficking of drugs as defined in the relevant international treaties;
- d. work which, by its nature or the circumstances in which it is carried out, is likely to harm the health, safety or morals of children.

The findings from the latest report into the worst forms of child labour are presented in Table 23. Statistics for working children between the ages of 5–14 range from 7.2% in Mongolia to 85.2% in Timor-Leste. When viewed by gender, a higher percentage of boys are classified as working though the percentages are very close in each country. Table 23 also highlights the minimum age for work in each country, which ranges from 14/15 in Cambodia to 16 in Mongolia. Data on national school attendance, which ranges from 73.3% in Mongolia to 87.6% in the Philippines, is also presented (US Department of Labor, 2007 & 2009). The 2009 report also gathered data on the number of children combining work and school. It was found that 11.3% of kids aged 7–14 in the Philippines, 5.4% in Timor-Leste and 11.3% in Mongolia were combining their work with school (US Department of Labor, 2007 & 2009).

**Table 23: US Department of Labor – 2007 & 2009 findings on the worst forms of child labour**

Working children, 5-14 years (years of data)	Working boys, 5-14 years, (years of data)	Working girls, 5-14 years, (years of data)	Minimum age for work	School attendance, children (Years/years of data)
<b>Country: Cambodia</b>				
48.9% (2003–2004)	49.6% (2003–2004)	48.1% (2003–2004)	14/15	76.8% (5–14 years/ 2003–2004)
<b>Country: Mongolia</b>				
7.2% (2002–2003) 9.7% (2009)	8.7% (2002–2003)	5.7% (2002–2003)	16	73.3% (5–14 years/ 2002–2003)
<b>Country: Philippines</b>				
11% (2001) 15.3% (2009)	13.4% (2001)	8.4% (2001)	15	87.6% (5–14 years/ 2001) 79.6% (5–14 years/ 2009)
<b>Country: Thailand</b>				
13% (2005–2006)	13.5 (2005–2006)	12.6 (2005–2006)	15	86.3% (10–14 years/ 2001 & 2009)
<b>Country: Timor-Leste</b>				
85.2% (2001 & 2009)	84.5% (2001)	85.9% (2001)	15	Not available

## Children working in the drug trade

ILO Convention 182 calls for the prohibition and immediate action for the elimination of its worst forms. Under article 3, paragraph (c) the definition of the worst forms of child labour includes “the use, procuring or offering of a child for illicit activities, in particular for the production and trafficking of drugs as defined in the relevant international treaties” (ILO, 2002). In the studies presented in this review, a child involved in the drug trade is defined as a person below the age of 18 who engages in and performs certain activities related to various aspects of the drug trade, including but not limited to, the production, trafficking and sale of drugs to the users or customers. He or she may or may not receive compensation or remuneration, in cash or in kind. This includes a child carrying out tasks for his/her parents in the illegal drug business and who might not receive any compensation or income for his/her work. Whether or not the child consented, he or she is seen as having been forced or compelled to undertake a certain task or activity related to the drug trade (ILO, 2002).

Four separate studies, all conducted or supported by the ILO, examined children working in the drug trade in Indonesia, Thailand and the Philippines.

The study conducted in the Philippines interviewed 226 respondents: both children involved in the drug trade (N=123) and children who were not (n=103). Of the 123 respondents involved in the drug trade, most of them (81.30%) were males and had entered the drug trade when they were between 14 and 16 years old. When asked what the age of the youngest children involved in the drug trade was, 43% said between 12 to 14 years old. Most respondents (88.6%) said there were children involved in the drug trade in the community (ILO, 2002).

The activities the children reported being involved in as part of the illegal drug trade (n=127) included being a runner (28.46%), in posting (13.82%) and in repacking (12.20%) of drugs. A smaller proportion, 8.94% (11 children) were involved in the selling of drugs. For the majority of respondents (52.03%, n=130 of child respondents), kids were preferred by the exploiters to carry out tasks in the drug trade because they are less easily detected. Other reasons cited were children's acquiescence (9.76%) and the low probability that they will be imprisoned (ILO, 2002).

Another ILO-supported study of 100 children (50 from slum communities and 50 from a central observation and protection centre) involved in the drug trade in Bangkok, Thailand found that of the children from the slum community, 62% (31 cases) were employed as buyers, 12% (six cases) were sellers, 10% (five cases) were deliverers and 16% (eight cases) performed combined activities. For children sampled from the protection centre, 86% (43 cases) were sellers, 2% (one case) was a deliverer, 4% were walkers, and the rest (8%) undertook various activities (Sunthornkajit, 2002).

Respondents in the slum community mentioned that the youngest child involved in the drug trade was 10 years old and that they became involved through taking drugs. Apart from this, the most common age of first time involvement was around 14–15. Respondents from the protection centre mentioned that the youngest child was seven and that this child also became involved by taking drugs. Other than this case, the most common age of the children when they first got involved was 13 and 16 (Sunthornkajit, 2002).

Another ILO–IPEC participatory action-oriented qualitative research study of children involved in the production, sales and trafficking of drugs in Indonesia, the Philippines and Thailand found that in most cases, children were used by dealers as retailers in schools, street corners, and inside communities. Typically, the drug dealers give the children free drugs to try until they become addicted. Later, they will be hooked into the network of drug users and sellers and can be used as retailers, scorers (sell in order to “score” or use), couriers, and or watchers (*poste* in the Philippines) (ILO, 2004).

This study also found that most of the children engaged in drug use/trafficking were males between the ages of 9 and 15 who were out of school and came from families fraught with economic problems, high levels of domestic violence, substance abuse and vices. Children are initiated into drugs and the drug network because of curiosity and peer pressure, to assert their identity and power, and to escape from family problems/tensions as well as to make money. Aside from economic reasons, the twin needs of identity and belonging seem to be crucial factors for children that become involved in the drug network (ILO, 2004).

A qualitative study that included key stakeholder interviews and a review of government statistics from Thailand stated that the number of children lured into the drug trade will continue to escalate unless legal loopholes are plugged. Children younger than seven are not punishable for the illegal activity, and neither are children between the ages of seven and 14 years, although their parents or guardians may be ordered to take specific action to prevent the children from repeating the crime. In addition, if the court is under the jurisdiction of the Juvenile Court (in 29 provinces only) then a child cannot be detained for more than 24 hours before being released into the care of a parent or guardian. Informants claim that, upon occasion, drug trafficking agents passing as parents or guardians will claim the children. Adult drug traffickers often avoid risking the death penalty for their crime by hiring children to deliver or sell amphetamines. The use of children for the transportation and sale of amphetamines appears to be increasing (Berger & Glind chapter in ILO-IPEC, 2001).

## Child domestic workers

Children are often employed as domestic workers within families, charged with tasks such as cleaning, cooking and looking after children. Often these domestic workers live with their employers, rendering them particularly vulnerable to a range of abuses. This employment is not often regulated and many young children work as domestic workers for very long hours without breaks. Several studies have explored the use and conditions of child domestic workers in the region.

Two studies in this review provide prevalence numbers of children working as domestic workers. In a household survey of seven districts in Cambodia it was found that 9.6% of children in Phnom Penh aged 7–17 work as a domestic employee (National Institute of Statistics, Ministry of Planning in collaboration with ILO-IPEC, 2004). Another study by the ILO (2004) provides estimate counts of child domestic workers in the Philippines with an estimated 20,000 children in Batangas City, 15,000 in Bacolod City and another 30,000 working in Davao City.

The average age of child domestic workers surveyed in an ILO study in Ho Chi Minh City, Viet Nam was 13.2. At the date of survey, 15% were under 15 and all were girls. The children were found to work an average of 12 hours 53 minutes a day, for 6.94 days a week and 11.58 months a year. There was no significant difference between the younger (9–14 years) and older (15–17) age groups. Some 11% of the child domestic workers said they had no fixed breaks (ILO, 2006). Further information on studies that examine the working conditions of child domestic workers is provided in the consequences section of this report.

## Children in other forms of work

A study conducted in 2005 examined the use of child labour in the pyrotechnics field in the Philippines (ILO, 2005). Children are involved in several aspects of making the 'Five Star', a popular firecracker, including packaging chemicals into the firecracker and inserting fuses, among other tasks (ILO, 2005). According to the study, the activities where most respondents claim child labourers are present with adult supervision are: the paper folding process (90%), wrapping and labelling of the product (74%), and packing (64%). A few respondents mention that there are some child labour activities in the more hazardous processes of fuse preparation, connecting fireworks, and powder loading. The paper folding process was selected for its prevalent use of children aged five to 14. In this process, child workers average 5.8 hours a day and 5.7 days a week, compared to 8.0 hours a day and 6.1 days a week for youth workers, and 9.0 hours a day and 6.6 days a week for adult workers. In the fuse preparation process, child workers average 6.7 hours a day and 5.6 days a week compared to 7.4 hours a day and 6.1 days a week for the powder loading process. The study notes that the working hours and days for the more hazardous processes of powder loading and fuse preparation are much longer than for the non-hazardous processes (ILO, 2005).

Another study undertaken in Cebu, the Philippines, explored the use of child labour in the tourism industry (Edralin, 2003). This study included a survey among 221 firms. A total of 237 child workers from Cebu participated, with 53 indicating they were commercially sexually exploited (prostituted). Some 46% of all the children interviewed work as entertainers. The others work in hotels and similar establishments, as well as on the streets. Many of them said they had been working since they were 15 (42%) or even 14 (22%) years old. The average child worker labours for eight hours a day, although some say they work for 12 hours straight (Edralin, 2003).

In a study of migrant children and young people, employers and recruiters in four industries (agriculture, domestic work, manufacturing and fishing) in various sites in and around Bangkok, Thailand, more children under the age of 18 were found to be working in fishing and domestic work than in agriculture and manufacturing. Children in these sectors were reported to be working long hours, faced more constraints preventing them from leaving their job and were more likely to be unregistered than adult workers in the same sectors. In particular, boys aged 15–17 working on fishing boats were considered to be in one of the worst forms of child labour (ILO, 2006).

It was also found that 20% of those interviewed on fishing boats and 9% of those interviewed in fish processing stated they were “forced to work” compared with only 2% in agriculture and 1% in manufacturing. This was in response to the broad question, “Are you forced to work by someone who is not in your family?” The authors note that on its own, this finding might not be significant due to the vague nature of ‘force’. However it becomes significant when one looks at other indicators of exploitation, which show a pattern of abuse and exploitation more widespread amongst fishing boat and fish processing workers than in agriculture and manufacturing workers (ILO, 2006).

Excessive work hours were common in three sectors in particular, with the researchers finding that 82% of domestic workers, 45% of fishing workers and 19% of manufacturing workers worked for more than 12 hours per day. A third of workers in fishing reported insufficient time for breaks in the day. Under the Thai Labour Protection Act, the standard workday is eight hours. However, 43% of agricultural workers, 75% of fishing workers (100% of those working on fishing boats), 84% of manufacturing workers and 98% of domestic workers regularly worked more than eight hours per day (ILO, 2006).

Migrant children are also often involved in child labour. In a study with 313 Burmese migrant child workers in Mae Sot, Thailand (ILO, 2006b) it was found that the majority were involved in the clothing industry, with 41.5% doing knitting, 37.7% working on garments and 25.6% operating sewing machines as part of their work. Some 56.9% of the children said the employer retained their work permit and/or migrant worker identification cards, providing only photocopies of these critically important documents for workers to carry. Nearly a third (30%) of the child workers reported that they were required to live at the factory as a condition of employment. The vast majority of the children (82.7%) worked for 11 to 12 hours a day in a work-week that was usually seven days. More than 1 in 4 (28.1%) workers also reported they were subject to arbitrary and sometimes unfounded pay deductions because of alleged mistakes in production. These workers were largely powerless to object to such deductions (ILO, 2006b).

## 4.6.2 Commercial sexual exploitation of children

The 1996 Stockholm Declaration and Agenda for Action, agreed on at the First World Congress against Commercial Sexual Exploitation of Children, defined Commercial Sexual Exploitation of Children (CSEC) as: “sexual abuse by an adult and remuneration in cash or kind to the child or a third person or persons. The child is treated as a sexual object and as a commercial object.” This definition includes the [prostitution of children](#), [child pornography](#), [child sex tourism](#) and other forms of transactional or exchange sex where a child engages in sexual activities in exchange for food, shelter or access to education. This definition also includes forms of transactional sex where the sexual abuse of children is not stopped or reported by household members, due to benefits derived by the household from the perpetrator and [arranged marriages](#) involving children under the age of 18 years, where the child has not freely consented to marriage and where the child is sexually abused (World Congress Against Commercial Sexual Exploitation of Children, 1996).

No population-based probability data exists in the region to determine the prevalence and incidence of the commercial sexual exploitation of children. However, several smaller studies have been conducted to gain a better understanding of the number of children who are sexually exploited and the conditions of that exploitation.

A rapid assessment study of 272 children in commercial sexual exploitation in Jakarta, Lampung, Lombok, Batam, Bandung, Bali and Pontianak, Indonesia (National Coalition for the Elimination of Commercial Sexual Exploitation of Children, Ministry of Women’s Empowerment and UNICEF, 2009) found that children between the ages of 12 and 18 were victims of commercial sexual exploitation such as child prostitution, child pornography, child trafficking for sexual purposes, child sex tourism and child marriage.

### Prostituted children

Several studies in the region have focused on the commercial sexual exploitation of children and girls through prostitution or exchange of sex for money, both organised and self-managed. In a situational analysis recently conducted by UNICEF (2010) in Viet Nam, it was found that approximately 15% of all female sex workers were found to be under the age of 18 (MOLISA, 2009 as cited by UNICEF, 2010). The same situational analysis found that official reports in Hanoi, Ho Chi Minh City, Can Tho, and Tien Giang showed that prostituting females at a younger age was increasing and that 2% of prostitutes were adolescents. In Ho Chi Minh City, 16% of prostitutes were between the ages of 14 and 17 (MOLISA, 2004 as cited in UNICEF, 2010).

Similar findings have emerged from Indonesia. In in-depth interviews with 110 children in Surakarta (Kakak Foundation & Terres des Homes, 2008) researchers found respondents who were forced into the prostitution industry between the ages of 14 and 17. Data showed that 53% of prostituted children were 16 years old; 37% were 17 years old, 6% were 15 years old; and 4% were 14 years old. Another study, which explored trafficking and prostitution in nine countries, found that 32% of the 144 children and adults surveyed in Thailand entered prostitution under the age of 18 (Farley, Cotton, Lynne et al., 2004).

---

#### **Case Study 4: Sexual exploitation of girls in a logging community in the Solomon Islands**

In a qualitative study on sexual exploitation of children in the Solomon Islands from men involved in the logging industry (Herbert, 2007), a story emerged from a housekeeper working in a camp:

*“Since logging came into this area all the men who own that logging company take girls who are teenagers just for having sex. Afterwards, they give them \$10 or \$20 only. The girls say that the men tell them that if they don’t enjoy it (the sex), then the girls will have to refund the money and give it back to the men. They (the girls) don’t want to have sex, but have no way to make money so they have sex with them. Another problem is when the men come and ask the parents of the girls and the parents let them go, you know just for the lack of money, so they sell their children to the Malaysian people (for sex). There are many problems, which arise today, especially here. So we need somebody to come and talk to the parents of the children and talk about the rights of children. Because the logging is in the village, the children aren’t safe.”*

Of the 60 stories collected in interviews relating to child abuse and commercial sexual exploitation of children in this research study, 25 were related to prostitution, where goods or money were given to the victim in exchange for sex, or an attempt was made to engage children in this exchange.

---

In a participatory action research study involving peer researchers who conducted qualitative interviews and focus groups with 113 street adolescents in Agdao, Boulevard, Isla Verde, and Bankerohan, all in Davao City in the Philippines (Tambayan, 2003), six males and 28 females said they had experienced being prostituted, being a callboy or working as an entertainer or GRO (Guest Relations Officer, a euphemism for women in prostitution). They were either streetwalkers who were picked up by customers through the aid of a pimp, or were based at entertainment establishments such as nightclubs, video bars or gay bars. Four in 10 participants who indicated they had sexual experiences (30/73) said they had had sex against their will. Two-thirds said they were forced into sex in exchange for money while a third revealed that they were raped or date-raped (Tambayan, 2003).

Forced sexual initiation and further sexual abuse is a common theme throughout the studies on prostituted children. In an ILO–IPEC 2005 study in Mongolia of 91 women and prostituted girls under the age of 25, 19.8% said their first sex was rape. A further 4.4% reported their first sex was through sexual exploitation. Similarly, in a qualitative study exploring the life stories of young prostituted females in Ho Chi Minh City, Viet Nam, all of the girls interviewed had been in commercial sexual exploitation before or by the age of 15. Several respondents (7/22) said they were sold into prostitution, usually by a family member. In one of the stories, a participant explains how hardship forced her into prostitution at the age of 14: “After a year of hardship and starvation, I thought about selling myself, so I went to the city.” In another narrative, the participant explains how a desire to emulate her sister (after their mother sold her virginity) and gain freedom from her

parents who exploited her resulted in her decision to sell her virginity at the age of 14. In the final narrative, a cycle of physical abuse and rape from the age of eight eventually culminated in her boyfriend forcibly selling her into prostitution when she was 13. This final narrative comes under the heading in the research study: 'Abuse breeds prostitution'. This theme links the abuse and often rape experienced by the participants to their later sexual exploitation (which covers nine out of the 22 narratives) (Rubenson, Hanh, Hojer et al., 2005).

Similar themes emerge from a study conducted in Timor-Leste by the Alola Foundation (2004). Five persons who were sexually exploited as minors cited rape as the catalyst for their entrance into the sex trade. Several girls discussed their loss of self-esteem after losing their virginity to boyfriends who then abandoned them. One 17 year old said that after becoming pregnant, her boyfriend would not recognize the child and left her as she was not a virgin anymore – she “felt broken and hurt.” At age 14, she was being prostituted. Two other women who were being prostituted by the age of 14 reported being raped by their boyfriends. One was only 12 when she was raped by her boyfriend, who had promised to marry her. Her parents chased her from her home and now at age 18 she is a single mother of two children. Finally, one 14 year old said that the pivotal reason for becoming prostituted was her experience of rape by construction workers (Alola Foundation, 2004).

In interviews with 40 sexually exploited children in Viet Nam (UN, 2000), 19 had endured sexual abuse beforehand and six had been raped and/or sold to brothels between the ages of six and 12 years old. In another qualitative study with young prostituted migrant women in northern Viet Nam, the authors found that the majority of respondents did not have a choice in their initiation into their first sexual intercourse and sex work. Most of the young women (16 of 20) described being raped or forced to have sex. Most (16 of 20) of the women interviewed reported not being permitted to use a condom for the first experience of sex. A further four of the 20 females in commercial sexual exploitation interviewed described physical violence and aggressive behaviour from clients (Rushing, Watts & Rushing, 2005). These findings were echoed in a multicountry study of prostitution and trafficking, which found high rates of being raped, threatened with a weapon and physically assaulted in prostitution (Farley, Cotton, Lynne et al., 2004).

This cycle of abuse and violence was also found in a recent study in Thailand in which one in seven female sex workers (FSWs) (14.6%) reported being the target of work-related physical or sexual violence in the week before the survey. The study also looked at sexually exploited children (those under 18) and found that they appeared to be at greatest risk of such experiences, with 25% affected compared with 17.7% among those aged 18–25 and 12.1% among those 26 and over (Decker, McCauley et al., 2010).

## Trafficking of children for sexual purposes

The trafficking of children for sexual purposes involves the recruitment, transport, harbouring or receipt of children for the purpose of sexual exploitation. It is difficult to estimate reliable prevalence and incidence numbers. Several studies have explored this issue but within very specific communities and often with sexually exploited children and young people themselves. Proxy measures such as knowledge of other children who are trafficked are often used.

A study in Mongolia of 91 women and girl sex workers (under the age of 25) found that 27.5% knew of trafficked women and girls. Of those, 24% knew of two to five trafficked girls in the last year. As many as 16.5% of respondents almost became victims of trafficking themselves (ILO/IPEC, 2005).

---

### **Case Study 5: Sexual exploitation of trafficked girls in Myanmar**

A qualitative study by UNESCAP (2000) with sexually abused and exploited children and youth in Myanmar highlighted the stories of 19 girls in three towns.

Four girls were lured and trafficked to Muse (town) by neighbours or acquaintances, who promised them lucrative employment. In one case the trafficker was the friend of the girl's mother. Two of the girls were sold, one for K 10,000 and the other for K 30,000. The others were unaware of their sale price. In one case, a girl was drugged while being trafficked. Two of the girls became children in prostitution at the age of 16 while the third was 18. The age of the fourth girl was unknown. Two of the girls were virgins prior to being trafficked.

In the town of Hpa-An, two girls became prostituted at the age of 16. One of the girls had been drugged and raped by her boyfriend. Upon learning of the loss of her virginity, her sister, a commercial sex worker, encouraged her to engage in commercial sex. The other girl, who had been abandoned by her boyfriend after she gave birth, entered prostitution in order to support her child.

In the last town studied, Mawlamyine, similar cases of exploitation emerged. The children experienced sexual abuse for the first time from as young as 11 to 15 years old. Two of the children were dragged off on separate occasions from a public show and raped by drunken friends of the family. The other girls were raped in their homes: one by her stepfather when she was ill one day and remained alone in the house, and the other by the hired help of her father who raped her when she was four months pregnant. The six sexually exploited youth were all children in prostitution. Five children were forced to enter prostitution primarily due to financial problems. In another case, a girl was lured to work in a candy factory in Thailand. After working there for a short while, she discovered that she was to be trafficked into prostitution.

---

A qualitative study using focus groups with children and adults found that people estimated nearly half of families in their villages sell a girl child (the research points to a 'best estimate' of 30–40%) for sex. This research also highlighted that more families think of selling their children than actually follow through with the sale (Chab Dai Coalition, 2006). The research found that a greater proportion of families would sell a child as a one-off event for her virginity, than would sell a child into longer-term prostitution (Chab Dai Coalition, 2006).

In Cambodia, data has been systematically collected from NGO's across the country and through media reports on cases of trafficking for sexual purposes. In the 2008 media analysis, ECPAT–Cambodia found 13 recorded cases of trafficking for sexual purposes, nine of which were children

(ECPAT-Cambodia, 2008a). In data collected from NGO’s across the country between 2007–2008, 165 cases of sex trafficking were identified of which 41% were children. Similarly, in 2009 there were 85 trafficking incidents identified through NGOs, with 109 victims of which 36.7% were children (ECPAT–Cambodia, 2008b & 2009b).

In a study of women and children at risk of being trafficked in Can Tho City, Viet Nam, the police reported they had investigated 370 cases of women and child trafficking and repatriated 570 victims from sex industries abroad. It was also reported that the department suspected trafficking in a percentage of the 87,000 cases of marriage between Vietnamese women and foreigners (data on exact numbers are not available) (The Quality of Life Promotion Centre and Christina Cacioppo, 2006).

When at-risk women and children were surveyed, 51.6% of women and 12.8% of children thought marriage to foreigners for compensation was the most common form of trafficking (The Quality of Life Promotion Centre and Christina Cacioppo, 2006).

## Child marriage

Child marriage generally refers to the marriage of a child, defined as under 18 years of age. National level statistics on child marriage are captured in both the Multiple Indicator Cluster Surveys (MICS) done by UNICEF and the Demographic and Health Surveys (DHS).

**Table 24: Young women aged 15-19 years who were married before the age of 15\***

Country	DHS (year of data)	MICS (year of data)
<b>Cambodia</b>	8.6% (2000), 1.3% (2005)	
<b>Indonesia</b>	2.8% (2002)	
<b>Philippines</b>	12.9% (2003)	
<b>Thailand</b>		11.6% (2005) <sup>2</sup>
<b>Timor-Leste</b>	16% (2003) <sup>1</sup>	
<b>Viet Nam</b>	7% (2002), 8.3% (2005)	7.3% (2006) <sup>2</sup>

\* DHS data are not comparable with MICS. DHS data are based on ever married women aged 15–19 years who married at the exact age of 15. MICS data are based on women aged 15–19 years currently married/in union who married or lived with a man before the age of 15.

<sup>1</sup> Percentage recomputed, missing data were removed

<sup>2</sup> Retabulated to cover women currently married/in union. Data are originally based on all women aged 15–19 years.

Data in Tables 24 and 25 are from the Inter-country Data Set on Child Protection Indicators From Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS) Country Reports as reported for the East Asia and Pacific region (UNICEF EAPRO, 2008). Based on DHS country level data the prevalence of children under the age of 15 who are married<sup>2</sup> ranges from 1.3% in Cambodia to 16% in Timor-Leste. The MICS shows additional data for Viet Nam on child marriages and a prevalence of 11.6% for Thailand (UNICEF, 2006). Other national level data on child marriages includes the 2000 Census in Papua New Guinea which reported 3,870 married girls between the ages of 10 and 14 (GoPNG, 2000 as cited in UNICEF, 2009).

A qualitative study on the sexual exploitation of children in the Solomon Islands by men involved in the logging industry highlighted 12 stories of children entering into early marriage or being ‘sold’ into marriage by parents. All but two cases were marriages to foreign loggers, and six stories were about girls below the legal age of 15 (Herbert, 2007).

**Table 25: Young women aged 15–19 currently married or in a union**

Country	DHS (year of data)	MICS (year of data)
<b>Cambodia</b>	12.1% (2000), 10.1% (2005)	
<b>Indonesia</b>	14% (2002)	3.3% (2005)
<b>Mongolia</b>		
<b>Philippines</b>	9% (2003)	
<b>Thailand</b>		14.6% (2005)
<b>Timor-Leste</b>	11.2% (2003)	
<b>Viet Nam</b>	4.1% (2002), 6.1% (2005)	5.4% (2006)

Table 25 highlights the percentages of young women aged 15–19 who are currently married. The prevalence of marriage for 15–19 year olds ranges from 4.1% in Viet Nam to 14% in Indonesia and 14.6% in Thailand.

### 4.6.3 Child trafficking

Child trafficking can be defined as “a form of human trafficking and is the recruitment, transportation, transfer, harbouring, or receipt of children for the purpose of exploitation” (UN General Assembly, 2000).

Table 26 compiles data on the trafficking of children in the East Asia and Pacific region. No national-level statistics exist on the prevalence of child trafficking, but several studies exist that have explored the issue of the sale and trafficking of children.

In terms of the prevalence of trafficked children, one study of trafficked women seeking services at 26 non-governmental organisations across Cambodia found that 52.2% of those trafficked are under the age of 18 (McCauley, Decker & Silverman, 2010). Also in Cambodia, there were a total of 761 cases of trafficking reported by 19 NGO partners for the two-year period 2003–2004, with 393 cases in 2003 and 368 in 2004. This study also found that 40% of victims in 2003 and 25% in 2004 were below the age of 18 (ECPAT Cambodia and NGO Committee, 2004). Recovery centres in police hospitals in Indonesia assisted 436 children under the age of 18 over a seven-month period in 2005/2006 (IOM, 2008). In a study by the Mongolian Gender Equality Centre (GEC, 2006), 8.2% of young adults reported directly or indirectly knowing a trafficking victim.

Trafficking can also include the selling of children. In a Cambodian study, 3% of respondents from a national school-based survey had direct experience of being sold and a further 47% said they had knowledge of child sale in the community (Miles & Thomas, 2007). A multicountry qualitative study conducted by the ILO exploring the context and environment of children trafficked into the worst forms of child labour in the Thailand–Lao People’s Democratic Republic and Thailand–Myanmar border

**Table 26: Prevalence and incidence of child trafficking**

Sample size	Prevalence and Incidence of Child Trafficking
<b>Location:</b> <i>Cambodia</i> . <b>Authors/year of publication:</b> McCauley, H.L., Decker, M.R. & Silverman, J.G., 2010 <b>Research design:</b> Intake forms from trafficked women seeking services at 26 NGOs across Cambodia	
136	52.2% trafficked under 18 years of age
<b>Location:</b> <i>Cambodia (national study)</i> . <b>Authors/year of publication:</b> Miles, G. & Thomas, N., 2007 & Tearfund, no date <b>Research design:</b> School survey of 12–15 year olds and focus groups	
1,314	3% direct experience of child sale (39/1297) 47% knowledge of child sale in the community (607/1291)
<b>Location:</b> <i>Cambodia</i> . <b>Authors/year of publication:</b> ECPAT Cambodia and NGO Committee, 2004 <b>Research design:</b> Reports from 19 NGO partners	
761	There were a total of 761 cases of trafficking reported by 19 NGO partners for the two-year period: 393 in 2003 and 368 in 2004 40% of victims in 2003 and 25% in 2004 were below the age of 18
<b>Location:</b> <i>Multicountry including Thailand, Lao People's Democratic Republic and Myanmar</i> <b>Authors/year of publication:</b> ILO, 2002 <b>Research design:</b> Rapid assessment including interviews with children in the worst forms of labour	
153	Selling of minors: 43.2% total (n=16)
<b>Location:</b> <i>Multicountry – Indonesia</i> . <b>Authors/year of publication:</b> IOM, 2008 <b>Research design:</b> Country case studies trafficking data collected	
N/A	Victims of trafficking assisted by recovery centres in police hospitals in Indonesia, March 2005–October 2006: Total Infants (under 1): 8 Total number of children (under 18): 436
<b>Location:</b> <i>Myanmar (Burma)</i> . <b>Authors/year of publication:</b> KWAT, 2008 <b>Research design:</b> Cases documented by the Kachin Women's Association	
133 cases of trafficking involving 163 women and girls	Approximately 25% of those trafficked were under the age of 18. Most of these girls, as young as 14, were forced to be brides.
<b>Location:</b> <i>Viet Nam</i> . <b>Authors/year of publication:</b> MPS, 2007 as cited in UNICEF, 2010 <b>Research design:</b> Situational analysis including desk review and key stakeholder interviews	
N/A	According to the 2007 review report on the National Plan of Action against Trafficking in Women and Children (2004–2010), 1,518 women and children were victims of 568 trafficking cases

areas found 23 of the 103 minors interviewed had been sold as a commodity (ILO, 2002). Of these minors, 43.2% had been sold in their villages and transported into Thailand (ILO, 2002). In this rapid assessment, the selling and deliberate deception of minors occurred most commonly when a stranger or professional recruiter known to the minor had organised the transportation or recruitment (ILO, 2002). Gender made no difference to the risk of being coerced or tricked into a trafficking situation (ILO, 2002). In a qualitative study of trafficking of women and girls on the China–Myanmar border, two stories emerged of traffickers attempting to buy newborn babies. In one incident, a young woman who was five months pregnant was taken by an old friend to north-eastern China. The friend kept her locked up until she gave birth, informing her that she was going to sell her baby for 30,000 Yuan (US\$4,370). Fortunately, a neighbour alerted the police, who arrested the so-called friend and arranged for the woman and her baby to be sent back to the Kachin border (KWAT, 2008).

---

## Case Study 6: Children used by armed forces in Myanmar

A study conducted by Human Rights Watch (2007) looked at the use of children in the armed forces in Myanmar. Based on interviews with current and former children in the armed forces, a picture of the extent of the use of children in armed conflict emerged. Sai Seng, who was trained in 2005, estimated that 14 of the 25 trainees (56%) in his training company at Tha Byay Kyin were under the age of 18, while Maung Zaw Oo (a boy recruited twice by age 16), who was trained at Monywa in 2006, estimated the percentage of children to be at 60%.

Only one former soldier reported that fewer than 30% of the trainees in his training company were below 18. Maung Zaw Oo had two boys aged 11 or 12 in his company when he first went through training in 2005: “The trainers discussed their future and said, ‘You should stay about one year more in training,’ and they agreed.” There was never any discussion of discharging them. Another former soldier said that when the smallest trainees couldn’t keep up during assault and combat training they were forced to dig latrines and plant physic nut bushes (a biofuel crop) as punishment. Several complained of being forced to do hard training in the hot sun, with one interviewee noting that young boys sometimes collapsed on the parade ground from the heat. Kyo Myint, who served in the Tatmadaw from 1992 to 2005, said that upon recruitment boys are classified not by age but by height and weight, and that during his time in the army, the standards grew progressively lower, accepting smaller and weaker (and therefore most probably younger) children who would have been rejected in previous years.

Some boys are forcibly recruited so young that they cannot realistically be made into soldiers. Rather than releasing them, army units retain them until they are sufficiently strong to undergo military training. Although some boys interviewed for this report were taken straight into training and battalions as young as 11, it is also common for boys age nine to 13 to be held back for a few years by army units before being sent for training as soldiers. Previously, the army ran a system of Ye Nyunt (“Brave Sprouts”) schools in which young boys received some education mixed with military training, and were subsequently inducted into the army, often between the ages of 14 and 16 (HRW, 2007).

---

Children are trafficked for commercial and often sexual exploitation. A study by the Kachin Women’s Association Thailand (no date) in Myanmar found that two-thirds of the verified and suspected trafficking cases studied in five townships were girls between the ages of 14 and 20. About two-thirds of these girls trafficked were from the townships of Myitkyina and Bhamo in Kachin State. About one third were from villages in the northern Shan State. In 36 cases, girls were specifically offered safe

work opportunities and followed recruiters to border towns. Many were seeking part-time work to make enough money for school fees during the annual three-month school holiday. Others simply needed to support their families. Those not offered work were tricked, abducted outright, or trafficked while they were in the process of looking for work. Women were transported to provinces as far as north-eastern China for the purpose of being sold as wives to Chinese men. Others were trafficked for commercial sexual exploitation in Chinese border towns or deeper into southwestern Yunnan province. Half of the women involved in those cases have disappeared altogether. Only about 10% of the cases involved domestic trafficking, mostly to karaoke bars and massage parlours in the mining areas of Kachin and Shan states. Of the 15 cases where it is known that women or girls were trafficked for commercial exploitation, eight of the destinations were in China, five in Burma, and one in Thailand.

There is tremendous pressure for children in many of the countries in the region to contribute financially to their families. In a study of the situation of trafficked children following their reintegration in Cambodia, Chenda (2006) found most of the children interviewed (n=17) proudly maintained that by going to Thailand, either as a result of smuggling or trafficking, they were somehow considered to be *good* children by the family and the community. This is because they were able to contribute financially. Indeed, some of them seemed to see themselves as heroes/heroines in the family (Chenda, 2006).

## 4.7 Abuse of children in conflict with the law

Children are vulnerable to abuse while in detention or in conflict with the law, both from other inmates in criminal detention centres and also from police and other authority figures.

In a study interviewing 194 children in conflict with the law (CICL) and 496 professionals working in the field in multiple cities in the Philippines, it was found that more boys than girls come into conflict with the law. Police records from Cebu City in 1999–2001 show the majority of children arrested were boys (79%). In Davao City, of the 497 children arrested by police (January–June 2002), the vast majority (83%) were boys. These findings were corroborated by the Metro Manila study, which found that the majority (89%) of the 706 CICL handled by the Family Courts in 2001–2002 were boys. Males also dominated the prisons, with 95% in Cebu City in 1999–2001 and 91% in Davao City as of November 2002. The average age of children arrested in Cebu City over the study period was 14.4 years. Very few children below the age of 14 were held in custody, and the proportion of older children in custody increases with age (Save the Children UK, 2004).

Children often encounter horrible conditions in detention centres. A study in Timor-Leste reported that the Provedor (special post that is concerned with the welfare of juveniles) made visits to three prisons every three months. The Provedor noted that families were not informed about the arrest of their children and that juveniles and adults were housed together in the lockup, where conditions were poor. For example, there were no beds or floor coverings, and poor sanitation was contributing to the ill health of the detainees. The report noted that some juveniles entered the lockup with wounds and bruises, possibly from police abuse (Banks, 2008).

---

### Case Study 7: Abuse of children by the police

Elias C., age 12, described being arrested in August 2004 for breaking into a horseracing machine, a gambling game. *“I put my hands up and surrendered but they belted me up anyway.” The police and a local security guard kicked and hit him, he said: “They told me to lie down and they kicked me with their black police boots. I got a black eye. . . . The police hit me on my neck and on the other eye. My neck started bleeding . . . I couldn’t open my mouth to eat and I still have pain. I can’t open my mouth really wide.”*

(Human Rights Watch interview with 12-year-old boy, Port Moresby, September 16, 2004. Weeks after the incident, when Human Rights Watch interviewed him in detention, he told them: *“I still haven’t seen a doctor or a nurse, and I haven’t got any medicine.”*) (HRW, 2005)

---

Police abuse of children in conflict with the law is a growing concern in the region. In Davao, children as young as five or six were being rounded up by the police. From the time of arrest, these children were already exposed to violent treatment and intimidation. In Cebu City, most of the 93 children in conflict with the law who were interviewed said they received rough treatment from the police upon arrest (being knocked on the head or collared); 75% were handcuffed and more than half (61%) said they experienced violence at the police station. The most common forms of violence were mauling and punching, followed by whipping, slapping, and dunking their heads in water. Of the nine girls interviewed, two said they experienced physical abuse (Save the Children UK, 2004). Police violence against children in conflict with the law was also noted in a study with 113 adolescents living or working on the streets in the Philippines. The majority (82%) of the respondents claimed to stay on the streets both day and night. In the evenings, the adolescents would go to community discos and other places, engage in drug use, petty theft, or prostitution. The main risk associated with living on the streets was being arrested by abusive law enforcers, according to 44% of the respondents (Tambayan 2000).

Another study in Hanoi, Viet Nam, highlighted the abuse in particular of children in one detention centre called Dong Dau. The study found that the children from the streets are subject to routine beatings, verbal abuse, and mistreatment by staff or other detainees, sometimes with staff acquiescence, and that Dong Dau staff members slap, punch, and beat children with rubber truncheons for violations of often indistinct rules.

Furthermore, at the end of their detention no efforts were made to take them home or reunite them with their families. Instead, children involved in the study said they were deposited at the gates of the centres—which are more than 20 miles from Hanoi—and expected to find their own way back to the city streets. Most did not go to their homes in the countryside, but returned to Hanoi with no new alternatives. The study also found that children as young as two or three can be detained together with adults as old as 79 (HRW, 2005). Only 1% of the children surveyed indicated they would seek assistance from the police (HRW, 2005). In addition to police violence, children may also be subject to extortion. A study on the situation of migrant child labour in Thailand found that children who were arrested had to

pay fines to the police. There are reports that Burmese migrant workers, including child labourers, had to bribe Thai police officials every month in order not to be arrested (ARCM, no date).

Human Rights Watch has also conducted two studies in Papua New Guinea on the abuse of children by police officers. Several community members commented:

“The first thing is belting. . . . There are kids, age 14 and 15, here. The police come belt them up. A lot of small kids get belted up.”

“They remove their big police belt or use the gun butt.”

“Or the stick. The truncheon.”

“And the iron.”

“Any iron or stone they see on the ground here, they use it to belt people up.”

Three men in a Port Moresby urban settlement who had witnessed police beating children, 16 September 2004 (HRW, 2005).

This study suggested that widespread impunity and lack of enforcement of existing accountability mechanisms contributes to some form of police violence against 75% of children who come into conflict with the law (HRW, 2005). This includes ‘panel beating’, the colloquial term used to describe severe physical assault (often with the use of gun butts, fan belts and steel bars), rape and other forms of sexual abuse, torture and extra-judicial shootings.

A follow-up study on the situation in Papua New Guinea in 2006 revealed that police continued to use excessive force. In some cases, the research revealed instances of torture. These acts take place during encounters in the community, in the course of arrest, transport to the station, and interrogation, for the purposes of on-the-spot punishment, to extract confessions, or for sheer abuse of power. Children continue to be detained with adults in poor conditions and denied medical care in police lockup.

In addition to severe physical violence, children may also experience sexual violence at the hands of those who are supposed to protect them. In the Davao facility in the Philippines, a comment from a child in conflict with the law that “boys become girls inside police detention cells” is an area of abuse that may involve both the police and inmates, and about which little is known because of the embarrassment and shame that is often associated with it. Young children were sometimes “adopted” by an adult as a sleeping partner and/or an errand boy (Save the Children UK, 2004). The study conducted in Papua New Guinea found that girls and sometimes boys are vulnerable to sexual abuse by police. In interviews with Human Rights Watch, girls and women talked about rape, including gang rape, in police stations, vehicles, barracks, and other locations. In some cases, police carried out rapes in front of witnesses. Witnesses described seeing police rape girls and women vaginally and orally, sometimes using objects such as beer bottles. Girls and women who are street vendors, sex workers, and victims reporting crimes to police, as well as boys and men who engage in homosexual conduct, appear to be especially targeted (HRW, 2005).

In a multicountry, coordinated qualitative study in the East Asia and Pacific region conducted by UNESCAP, it was found that in many countries, the police and military are involved in the prostitution and trafficking of children and youth. In some provinces in one country, these officers were the owners of sex establishments housing prostituted children and profited from the trafficking of children for sexual purposes. Thus, few officials were actively involved in defending children against sexual exploitation or punishing perpetrators (UN, 2000).

## 4.8 Children living and working on the streets

In a situational analysis conducted by UNICEF, children living and working on the streets were defined as:

- Children from migrant families living and working on the street in public areas, with one or both parents or guardians;
- Children working on the street who live at home with their parents or guardians; or
- Children who have left home for economic reasons and live and work on the street, in public areas such as parks, under bridges in cities without their parents or guardians (MOLISA & UNICEF Viet Nam 2008 as cited in UNICEF, 2010).

Several studies have attempted to estimate the prevalence of children living and working on the streets. In a presentation of official statistics in the Philippines, the National Project on Street Children estimated they comprise 1–3% of the child and youth population of major cities. In 65 major cities of the Philippines, there are over 220,000 children living and working on the streets. In metro Manila alone there are 50,000–75,000 children living and working on the streets. National data reveal that 60,000 are sexually exploited or prostituted (Santos Ocampo, 2002). Official figures from Viet Nam estimate the total number of children living and working on the streets decreased from 16,000 in 2005 to about 13,000 in 2007 (MOLISA, 2008 as cited by UNICEF, 2010).

Children living and working on the streets are often very young. A Shanghai survey of 77 children living and working on the streets found 60% were 15 or younger, and that 90.9% were boys (Cheng & Lam, 2010). More than 60% of children in this sample had spent 30 days or less on the streets (Cheng & Lam, 2010). A study of migrant children living and working on the streets in Thailand found that the youngest child was a newborn baby and the oldest was 16 (ARCM, no date). Most of these children earned a living by begging either as independent beggars or as members of beggar gangs (ARCM, no date). The study found that the children in the beggar gangs were often forced, threatened, assaulted or beaten if they earned too little income. The controller would collect all the money that these children earned and only sometimes would share it with them (ARCM, no date). Another study in Thailand found that the average age of children living and working on the streets and beggars is eight or nine, although babies and toddlers are commonly found in their mothers' arms or begging alongside them. Older children, in their middle to late teens, also beg (Berger & Glind chapter in ILO-IPEC, 2001).

Children living and working on the streets are vulnerable to abuse. A study with adolescents living and working on the streets in the Philippines found that of those who shared their experiences of abuse on the streets (36/77), 39% said they had been subjected to physical abuse; More than a third (36%) said they had been sexually abused, and a fourth said they were arbitrarily arrested by authorities and publicly humiliated (Tambayan, 2003).

## 4.9 Peer abuse

---

### Prevalence and incidence of peer abuse

Overview to section

**Number of studies:** 36

**Number of articles/reports:** 38

**Topical areas covered in this section:** Bullying and intimate partner violence

**Countries and territories represented:** 18 including Cambodia, China, Fiji, Japan, Kiribati, Mongolia, Northern Mariana Islands, Marshall Islands, Palau, Philippines, Pohnpei, Republic of Korea, Singapore, Solomon Islands, Thailand, Tonga, Vanuatu and Viet Nam

**Range of dates for studies:** Data from 2000–2010 and studies published from 2000–2010

#### Brief summary

This section includes 36 studies on peer violence in the East Asia and Pacific region. Of these studies, 21 are drawn from some type of probability sample and 12 are of school-based and convenience samples with the remainder being qualitative studies. This section includes a range of data on bullying within school settings and in the community as well as intimate partner and dating violence among young people.

---

This review expands beyond a narrow definition of child maltreatment to capture peer violence against children. The UN Secretary-General's Study on Violence Against Children (2006) highlighted not only violence against children in the home but also in school and community settings. This section on peer abuse captures the current evidence-base around peer violence as it occurs in schools in the form of bullying and within adolescents' intimate partnerships.

### 4.9.1 Bullying

#### Measurements

Measurements used in the studies in this section have been presented in previous sections or are included in the findings of the tables below.

## Findings on bullying

**Table 27: Prevalence and incidence of bullying, studies with probability samples**

Sample size	Prevalence of Bullying
<b>Location:</b> Taiwan, <i>China</i> . <b>Study:</b> Chen & Astor, 2010	
3,058 junior high school students	<p>During the preceding year:</p> <ul style="list-style-type: none"> <li><b>18.7%</b> of students reported beating or kicking another student in a group to one situation</li> <li><b>13.4%</b> of students reported the use of objects/instruments to hurt someone else in school</li> <li><b>16.7%</b> of students reported coercing other students into buying things by force</li> <li><b>16.1%</b> of students reported verbally threatening or humiliating other students</li> <li><b>3.3%</b> of students reported extorting or blackmailing another student</li> </ul> <p>Significantly more males than females reported perpetrating all of these behaviours</p>
<b>Location:</b> Beijing, <i>China</i> . <b>Study:</b> Hazemba, Siziya, Muula & Rudatsikira, 2008	
2,348 junior middle school students	<p><b>20%</b> of students reported being bullied over the past 30 days</p> <p>Males were more likely to have reported being victims of bullying than females (23% versus 17%, respectively)</p>
<b>Location:</b> Pacific Islands – <i>Fiji</i> . <b>Study:</b> UNICEF Pacific, 2008	
248 CHHQ (16–17 year olds) in 35 locations in six provinces	<b>22%</b> of the CHHQ respondents report having been physically hurt by another child in the last month
<b>Location:</b> Pacific Islands – <i>Kiribati</i> . <b>Study:</b> UNICEF Pacific, 2008	
200 CHHQ (16–17 year olds) in 20 locations in five districts	<b>29%</b> of the CHHQ respondents report having been physically hurt by another child in the last month
<b>Location:</b> Pacific Islands – <i>Solomon Islands</i> . <b>Study:</b> UNICEF Pacific, 2008	
274 CHHQ (16–17 year olds) in 30 locations in eight provinces	<b>19%</b> of the CHHQ respondents report having been physically hurt by another child in the last month
<b>Location:</b> Pacific Islands – <i>Vanuatu</i> . <b>Study:</b> UNICEF Pacific, 2009	
248 CHHQ (16–17 year olds) in 30 locations in six provinces	<b>30%</b> of the CHHQ respondents report having been physically hurt by another child in the last month
<b>Study:</b> Rudatsikira, Mataya, Siziya & Muula, 2008	
7,338 high school students as part of the Global School-Based Health Survey (GSHS)	<b>35.5%</b> (34.7% male and 36.1% female) reported being bullied
<b>Location:</b> Five regions in the <i>Republic of Korea</i> . <b>Study:</b> Koo, Kwak & Smith, 2008	
2,926 students (11–16 year olds)	<p><b>5.8%</b> of Korean pupils reported receiving <i>wang-ta</i> once a month or more during the term of the study</p> <p><b>10.2%</b> reported that they did <i>wang-ta</i> to other peers, more than once or twice in the last term</p>
<b>Location:</b> Pattani province, <i>Thailand</i> . <b>Study:</b> Laeheem, Kuning, McNeil et al., 2009	
1,440 primary school students	<b>32.9%</b> reported that they had ever bullied other students. Of these, <b>67.1%</b> reported to have bullied others in the classroom setting

The percentage of children that admitted to bullying their peers according to studies with probability samples ranged from 10.2% in the Republic of Korea to 32.9% in Thailand (Laeheem, Kuning, McNeil et al., 2009). The percentage of kids who said they were bullied at school ranges from 5.8% from a study in the Republic of Korea (Koo, Kwak & Smith, 2008) to 35.5% from a large study conducted in the Philippines (Rudatsikira, Mataya, Siziya & Muula, 2008). A study of junior high school students in Taiwan, China explored the incidence of bullying behaviour over the previous year. These behaviours ranged from extortion and blackmailing another student (3.3% of students reported doing this), verbally threatening or humiliating other students (16.1%), coercing other students into buying things (16.7%), using objects/instruments to hurt someone else in the school (13.4%) and beating or kicking another student in a group to one situation (18.7%) (Chen & Astor, 2010).

The incidence of bullying victimization ranges from 19% of children in the Solomon Islands who reported having been physically hurt by another child in the preceding month, to 29% in Kiribati (UNICEF Pacific 2008 & 2009). A study in China with middle school students found that 20% reported being bullied within the previous 30 days (Hazemba, Siziya, Muula & Rudatsikira, 2008).

**Table 28: Prevalence and incidence of bullying, studies with convenience sampling**

Sample size	Prevalence and/or incidence of bullying
<b>Location:</b> <i>Cambodia</i> (national study). <b>Authors/year of publication:</b> Miles, G. & Thomas, N., 2007 & Tearfund, no date <b>Research design:</b> School survey of 12–15 year olds and focus groups	
1,314	<b>37.4%</b> (475/1271) direct experience of peer bullying
<b>Location:</b> Hong Kong, <i>China</i> . <b>Authors/year of publication:</b> Ng & Tsang, 2008 <b>Research design:</b> School survey of secondary students (mean age 13.55)	
364	<b>50.4%</b> had suffered from verbal bullying <b>10%</b> had experienced verbal bullying everyday during last four months <b>17.6%</b> had experienced physical bullying <b>7.1%</b> had experienced extortion
<b>Location:</b> Heibei Province, <i>China</i> . <b>Authors/year of publication:</b> Chen & Liao, 2005a <b>Research design:</b> School survey of technical secondary students	
484	<b>30.6%</b> reporting experiencing humiliation from peers/classmates (humiliation was defined as the experience of being humiliated using words such as 'stupid', 'ugly' or 'silly', and being scolded, or yelled at which caused serious damage to self-esteem)
<b>Location:</b> <i>China</i> . <b>Authors/year of publication:</b> Wong, Lok, Lo & Ma, 2008 <b>Research design:</b> Survey of primary school students	
7,025	<b>31.7%</b> reported being physically bullied in the past six months <b>62%</b> reported being verbally bullied in the past six months <b>28.1%</b> reported experiencing exclusion and <b>13.2%</b> reported experiencing extortion.
<b>Location:</b> <i>China</i> . <b>Authors/year of publication:</b> Xing, Tao, Hao et al., 2009 <b>Research design:</b> Survey of rural junior and high school students	
10,894	<b>2.06%</b> report being bullied <b>2.71%</b> report bullying others <b>2.8%</b> reported to both have been bullied and to also have bullied others
<b>Location:</b> <i>Japan, South Africa and the United States of America</i> ). <b>Authors/year of publication:</b> Dussich & Maekoya, 2007 <b>Research design:</b> Survey of university students	
Japan = 201 (total sample size of 812)	Respondents reporting bullying: Offender & victim <b>52.7%</b> Offenders only <b>16.9%</b> Victim only <b>17.4%</b> Not involved <b>12.9%</b>

**Table 28: Prevalence and incidence of bullying, studies with convenience sampling**  
(continued)

Sample size	Prevalence and/or incidence of bullying
<b>Location:</b> <i>Japan</i> . <b>Authors/year of publication:</b> Masuda, Yamanaka, Hirakawa et al., 2007 <b>Research design:</b> Survey of first and second year university students	
1,592	<b>21.8%</b> reported being bullied in elementary school  <b>11.7%</b> reported being bullied in junior high school (This experience was defined as a “yes” response to the question “Were you ever bullied by classmates or upperclassmen in elementary or junior high school?”)
<b>Location:</b> <i>Multicountry (China and Republic of Korea)</i> . <b>Authors/year of publication:</b> Kim, Kim, Park et al., 2000 <b>Research design:</b> Survey of elementary school children	
972	<b>42.7%</b> of students in China reported violence by peers within the last year (minor: 25.7%; serious: 13.7%)  <b>26%</b> of students in Republic of Korea reported violence by peers within the last year (minor: 11.5%; serious 14.3%)
<b>Location:</b> <i>Kwangju, Republic of Korea</i> . <b>Authors/year of publication:</b> Yang, Kim, Kim et al., 2006 <b>Research design:</b> Survey of primary school students and their parents	
1,187	<b>24.4%</b> prevalence of bullying and victimization behaviours. Bullies only <b>12%</b> Victims only <b>5.3%</b> Bully/victims <b>7.2%</b>

In studies with convenience samples, the prevalence of bullying behaviour toward others among junior and high school students ranged from 2.71% in China (Xing, Tao, Hao et al., 2009) to 16.9% in Japan (Dussich & Maekoya, 2007). The prevalence of victimization by verbal bullying in China was found to be between 30.6% and 62% (Chen & Liao, 2005a; Wong, Lok, Lo & Ma, 2008 respectively). A study of secondary school students there found 10% reported being verbally bullied every day of the previous four months (Ng & Tsang, 2008).

The prevalence of being victimized by physical bullying ranged from 17.6% to 42.7%, both also from studies in China (Ng & Tsang, 2008; Kim, Kim, Park et al., 2000 respectively). In a national study in Cambodia, 37.4% of students reported having direct experience of peer bullying (Miles & Thomas, 2007). In a mixed methods study of violence in schools in Mongolia involving 811 students, it was found that 80% of older kindergarten kids, 77.5% of primary class pupils and 98.6% of grade 6–11 secondary school students reported being subjected to violence, the majority of which was from other children in the form of bullying (MECS, UNICEF, MSUE & NHRCM, 2007).

Research from the region is starting to clarify the complex relationships around those who perpetrate bullying behaviours. Several studies have shown that perpetrators are often also victims of bullying. Three studies explored this relationship in the Republic of Korea, Japan and China. In a Korean study of bullying among primary school students, it was found that 12% of students reported being bullies only, 5.3% reported being victims only but 7.3% reported being both bullies and victims (Yang, Kim, Kim et al., 2006). In a study with rural junior and high school students in China, the bully/victim group was again found to be the largest of the three with 2.06% of respondents saying they were victims only, 2.71% were bullies only and 2.8% said they were both both bullies and victims (Xing, Tao, Hao et al., 2009). Among a slightly older age group (university students) in Japan who

were reporting on lifetime bullying perpetration and victimization, the bully/victim prevalence was nearly double that of the other groups (i.e. bully only or victim only). In this study, 16.9% reported being bullies only, 17.4% reported being victims only but 52.7% reported being both bullies and victims. More research is needed with other countries in the region to further understand this potential relationship.

## 4.9.2 Intimate partner violence

Definitions of intimate partner violence (IPV) include acts of physical, sexual and emotional abuse by a current or former intimate partner. This abuse can occur whether the partners are cohabiting or not. In addition, intimate partner violence definitions often include controlling or threatening behaviours, such as constraining a partner's mobility or their access to friends and relatives, and acts of extreme jealousy.

### Measurements

- *WHO Multi-Country Study of Women's Health and Domestic Violence Core Survey*: This survey instrument includes the following items which measure both physical violence and sexual violence by an intimate partner, and also controlling behaviours:

*Physical violence by an intimate partner* is separated into moderate and severe physical violence. Moderate physical violence asks if the respondent: a) was slapped or had something thrown at her that could hurt her, and b) was pushed or shoved. Severe violence asks if the respondent: a) was hit with fist or something else that could hurt, b) was kicked, dragged, or beaten up, c) was choked or burnt on purpose, and d) if the perpetrator threatened to use or actually used a gun, knife, or other weapon against her.

*Sexual violence by an intimate partner* was measured by asking the respondent: a) was she physically forced to have sexual intercourse when she did not want to, b) did she have sexual intercourse when she did not want to because she was afraid of what her partner might do, and c) was she forced to do something sexual that she found degrading or humiliating.

Lastly, the *Controlling behaviours by an intimate partner* measured seven items about the behaviour of the partner and if he a) tried to keep her from seeing friends, b) tried to restrict contact with her family of birth, c) insisted on knowing where she was at all times, d) ignored her and treated her indifferently, e) got angry if she spoke with another man, f) was often suspicious that she was unfaithful, and g) expected her to ask permission before seeking health care for herself (Garcia-Moreno et al., 2006).

- *Conflict in Adolescent Dating Relationships Inventory (CADRI)*: Developed by Wolfe and colleagues (2001), this is a 35-item, self-report instrument that assesses dating violence and dating relationships. Dating violence/abuse includes five subscales: threatening, verbal/emotional, relational, physical and sexual abuse. Each question about dating violence/abuse is posed twice, first as a question that assesses the respondent's behaviour toward their dating partners, and second, in asking about their dating partners' behaviour toward them.

- *World SAFE study:* In this study, psychological violence was measured using the following behavioural indicators: insulting, belittling/demeaning, threatening, threatening someone close to the woman, and doing something without actually touching the woman (e.g., raising hands to slap or hit), leaving the woman for at least six months without financial support, and being unfaithful. These behaviours are part of three domains: 1) verbal abuse (insulting, belittling/demeaning); 2) fear (threatening, threatening someone close, did something without touching), and 3) separation (leaving the woman for at least six months without financial support, and being unfaithful).
- *Intimate partner violence from the Aekplakorn & Kongsakon, 2007 study:* Questions on the woman's experience of violence were asked, including whether in the past 12 months she had been intimidated (belittled, slapped, kicked, beaten, forced to have sex, physically or psychologically or emotionally hurt) by her partner. For those who answered 'yes', they were asked further questions on the frequency of the occurrence. Within this study, intimate partner violence was defined as any behaviour or actions within an intimate relationship that caused physical, psychological or sexual abuse by the partner. Physical abuse included acts of physical aggression, such as hitting, slapping, kicking and beating. Psychological abuse included acts of intimidation, belittlement and humiliation. Sexual abuse included forced sexual intercourse. The severity of violence was classified into three groups: mild violence (any verbal assaults, at least once in a month), moderate violence (any verbal assaults of one time or more per week), and severe violence (any form of physical assaults and/or verbal assaults on most days).

## Findings on intimate partner violence

Tables 29 and 30 explore the issue of dating or intimate partner violence among young people in the region. The incidence of physical violence within dating ranges from 13.7% of high school students in Palau who reported being hit, slapped or physically hurt on purpose by their boyfriend or girlfriend during the past year, to 40.3% of all respondents between the ages of 15–35 in slum communities in Bangkok (Aekplakorn & Kongsakon, 2007; Lippe, Brener, Kann, et al., 2008; Balling, Grunbaum et al., 2003). From the study of Bangkok slum communities, the researchers found that women in the younger age group (<35 years) were three times more likely to experience partner abuse compared to older women (Aekplakorn & Kongsakon, 2007). Between 10% (Vanuatu) and 27.5% (Pohnpei, Federated States of Micronesia) of respondents in a study of junior and high school students in the Pacific Islands reported experiencing an intentional injury from their boyfriend or girlfriend (Smith, Phongsavan, Bampton et al., 2008) within the previous year.

A study with 883 randomly selected women in Viet Nam found that 9.2% had experienced past-year physical and/or sexual violence. Of these, 32.1% had been subjected to one or more controlling behaviours by their partners. The lifetime prevalence of physical violence was 30.9% and past year prevalence was 8.3% (Vung, Ostergren & Krantz, 2008). Seventeen year olds were included in this sample, but results were not disaggregated by age (Vung, Ostergren & Krantz, 2009 also reported in Krantz & Vung, 2009 and in Vung, Ostergren & Krantz, 2008).

**Table 29: Prevalence and incidence of intimate partner violence, studies with probability samples**

Sample size	Prevalence/Incidence of Intimate Partner Violence
<b>Location:</b> Ulaanbaatar, <i>Mongolia</i> . <b>Study:</b> Oyunbileg, Sumberzul, Udval et al., 2009	
4,967 men and women (aged 15 and older) from 1,000 households – 3338 women	<p><b>22.4%</b> of surveyed women between the ages of 15 and 24 had experienced domestic violence</p> <p><b>14.5%</b> had experienced physical domestic violence</p> <p><b>12.3%</b> had experienced emotional domestic violence</p> <p><b>5%</b> had experienced financial domestic violence</p>
<b>Location:</b> Multicountry ( <i>Thailand and Japan</i> ). <b>Study:</b> Garcia-Moreno, Jansen, Ellsberg et al., 2006 & WHO, 2005	
<p>Ever partnered women aged 15-49:</p> <p>Thailand city sample size of 1,049</p> <p>Thailand province sample size of 1,024</p> <p>Japan city sample size of 1,371</p>	<p><b>41.1%</b> of city and <b>47.3%</b> of provincial Thai women and <b>15%</b> of respondents in the Japan city sample had ever experienced physical or sexual violence or both from an intimate partner.</p>
<b>Location:</b> Pacific Islands – <i>Commonwealth of the Northern Mariana Islands, Republic of the Marshall Islands &amp; Republic of Palau</i> . <b>Study:</b> Balling, Grunbaum et al., 2003	
Students in grades 9–12; sample sizes vary but the data were weighted to reflect student nonresponse. Thus, the data are considered representative of students in grades 9–12 in CNMI, RMI, and Palau.	<p>Northern Mariana Islands: <b>11.8%</b> of females and <b>11.4%</b> of males (11.7% of all students) reported being hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend during the 12 months before the survey</p> <p>Marshall Islands: <b>25.7%</b> of females and <b>34.1%</b> of males (29.9% of all students) reported being hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend during the 12 months before the survey</p> <p>Palau: <b>9.1%</b> of females and <b>13.6%</b> of males (11.2% of all students) reported they were hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend during the 12 months before the survey</p>
<b>Location:</b> Pacific Islands – <i>Commonwealth of the Northern Mariana Islands, Republic of the Marshall Islands &amp; Republic of Palau</i> (among others). <b>Study:</b> Lippe, Brener, Kann, et al., 2008	
Students in grades 9–12: Northern Mariana Islands: 2,292; Marshall Islands: 1,522; Palau: 732	<p>Northern Mariana Islands: <b>13%</b> of females and <b>14.9%</b> of males (14.1% of all students) reported they were hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend during the 12 months before the survey</p> <p>Marshall Islands: <b>25.9%</b> of females and <b>35.5%</b> of males (30.8% of all students) reported they were hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend during the 12 months before the survey</p> <p>Palau: <b>17.4%</b> of females and <b>10%</b> of males (13.7% of all students) reported they were hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend during the 12 months before the survey</p>

**Table 29: Prevalence and incidence of intimate partner violence, studies with probability samples** (continued)

Sample size	Prevalence/Incidence of Intimate Partner Violence
<p><b>Location:</b> Pacific Islands – Pohnpei, <i>Federated States of Micronesia</i>; <i>Tonga</i> and <i>Vanuatu</i>  <b>Study:</b> Smith, Phongsavan, Bampton et al., 2008</p>	
<p>Pohnpei State: 1,495; Tonga: 2,808 and Vanuatu: 4,474 students aged 11–17 years old</p>	<p>Among 14–17 year olds:</p> <p>Pohnpei, Federated States of Micronesia: <b>31%</b> of boys (n=712) and <b>24%</b> of girls (n=763) reported experiencing an intentional injury from their boyfriend or girlfriend during the previous 12 months</p> <p>Tonga: <b>27%</b> of boys (n=502) and <b>18%</b> of girls (n=668) reported experiencing an intentional injury from their boyfriend or girlfriend during the previous 12 months.</p> <p>Vanuatu: <b>12%</b> of boys (n=1,576) and <b>8%</b> of girls (n=1,478) reported experiencing an intentional injury from their boyfriend or girlfriend during the previous 12 months.</p>
<p><b>Location:</b> Paco, <i>Philippines</i>. <b>Study:</b> Hassan et al., 2004</p>	
<p>WorldSAFE – 1,000 Filipino women aged 15–49 who cared for at least one child younger than 18 years old from a larger sample of 3,995.</p>	<p>Lifetime prevalence of intimate partner violence in the Philippines:</p> <p>Slap: <b>18.1%</b>            Kick: <b>6.4%</b>            Hit: <b>7.3%</b>            Beat: <b>3.7%</b>            Any physical IPV: <b>21.2%</b>            Severe physical IPV: <b>10.1%</b>            Multiple severe physical IPV (presence of two or all of the severe variables): <b>2.5%</b>            Disabling IPV (defined as the woman was so badly injured by IPV that she could not do normal chores or return to work for income): <b>2.4%</b>            Health care requiring IPV (injury from IPV that required hospitalization or required medical attention whether or not she received it): <b>2.6%</b></p> <p>Current prevalence of IPV in the Philippines:</p> <p>Slap: <b>4.8%</b>            Kick: <b>2.2%</b>            Hit: <b>2.3%</b>            Beat: <b>1.4%</b>            Any physical IPV: <b>6.2%</b>            Severe physical IPV: <b>3.2%</b>            Multiple severe physical IPV: <b>0.9%</b></p>
<p><b>Location:</b> Manila, <i>Philippines</i>. <b>Study:</b> Ramiro, Hassan, &amp; Peedicayil, 2004</p>	
<p>WorldSAFE study –1,000 Filipino women aged 15–49 who cared for at least one child younger than 18 years old from a larger sample of 3,995</p>	<p>Lifetime prevalence of severe psychological verbal violence <b>11%</b></p> <p>Past year prevalence of severe verbal psychological violence from current partner <b>3.6%</b></p>
<p><b>Location:</b> Sampaloc district of the city of Manila, <i>Philippines</i>. <b>Study:</b> Serquina-Ramiro, 2005</p>	
<p>600 unmarried adolescents aged 15–19</p>	<p>386 or <b>64.3%</b> reported to have ever practiced or experienced any one form of pressure and coercion in their intimate relationships</p> <p>Of this number, 321 had been targets of coercion, whereas 65 admitted that they had perpetrated the coercive act</p>

**Table 29: Prevalence and incidence of intimate partner violence, studies with probability samples** (continued)

Sample size	Prevalence/Incidence of Intimate Partner Violence
<b>Location:</b> Bangkok, <i>Thailand</i> . <b>Study:</b> Aekplakorn & Kongsakon, 2007	
580 married women aged 15 or older randomly sampled from seven slum communities in Bangkok	<b>27.2%</b> reported having experienced intimate partner violence in the past 12 months (the prevalence for the under 35 years old age group was 43%)
<b>Location:</b> <i>Thailand</i> . <b>Study:</b> Im-Em, Kanchanachitra & Archavanitkul, 2005	
2,817 women from 4,899 households, 2,800 in Bangkok and 2,099 in Nakornsawan province aged 15 to 49	For those in the 15–24 age group (n=239): <b>27.5%</b> reported ever consenting to sex out of fear of their partner  <b>18.4%</b> reported consenting to sex out of fear of their partner in the last 12 months
<b>Location:</b> <i>Thailand</i> . <b>Study:</b> Kongsakon, Bhatanaprabhabhan & Pocham, 2008	
Random sample of 580 married women aged 15 and over from seven slum communities in Bangkok	<b>27.2%</b> reported past year physical and psychological violence in the family (age 15 and older)  <b>34%</b> reported past year verbal abuse in the family (age 15 and older)
<b>Location:</b> Bangkok, <i>Thailand</i> . <b>Study:</b> Pradubmook-Sherer, 2009	
Stratified clustered random sampling of 1,296 Thai adolescents (582 from nine high schools, 613 from 10 vocational schools and 101 who were out of school)	Of the 695 participants who had started dating:  Emotional abuse: <b>49.2%</b> of the males and <b>46.7%</b> of the females reported being verbally or emotionally abused by their dating partner in the last year  Physical abuse: <b>41.9%</b> of the males and <b>41.2%</b> of the females reported having been physically abused by their partner in the past year  Sexual abuse: <b>43.2%</b> of the males and <b>46.7%</b> of the females reported that they had been sexually abused by their partners in the past year

The overall incidence of emotional violence ranges from 12.3% of Mongolian young people (Oyunbileg, Sumberzul, Udval et al., 2009) to 47.9% of students in a Thai study that reported being verbally or emotionally abused by their dating partner in the last year (Pradubmook-Sherer, 2009).

Sexual violence includes not only forced sex but coercive sex as well. The incidence of sexual violence from an intimate partner ranged from 18.4% of young Thai women who reported consenting to sex out of fear of their partner in the last 12 months (Im-Em, et al., 2005), to 44.9% of all students in a Thailand study who reported being sexually abused by their partners in the last year (Pradubmook-Sherer, 2009). Regarding lifetime prevalence, another Thailand study found that 27.5%, or 1 in 4 young women (ages 15–24), reported ever consenting to sex out of fear of their partner (Im-Em et al., 2005).

A study conducted with young people in the Philippines found that 64.3% reported to have ever practiced or experienced pressure and coercion in their intimate relationships (Serquina-Ramiro, 2005). In general, a combination of methods was used to force the partner to submit to the sexual desires of the other. However, the use of verbal mechanisms, such as verbal deception and insistence, were noted to be most common in all stages of the intimate process. Significantly, more females experienced verbal insistence than males ( $p = .04$ ,  $x^2 = 4.038$ ,  $df = 1$ ).

**Table 30: Prevalence and incidence of partner violence, studies with convenience samples**

Sample size	Prevalence/Incidence of Intimate Partner Violence
<b>Country:</b> Liaoning Province, <i>China</i> . <b>Study:</b> Chen, 2009	
697 male students	Among the 512 male students who had a dating history, <b>7.0%</b> reported <i>perpetrating</i> physical, <b>27.7%</b> psychological, and <b>2.1%</b> sexually aggressive behaviours to their partners in the past year <b>25.2%</b> of them had <i>experienced</i> aggression by their partners, physically (10.4%), psychologically (21.9%) or sexually (1.6%) in the preceding 12 months
<b>Country:</b> Multicountry ( <i>China, Republic of Korea &amp; Singapore</i> ). <b>Study:</b> Straus, 2004	
Sample size used for analysis, i.e. those with a dating history was not given (from a larger sample of 8,666)	<b>33.7%</b> of students in the Republic of Korea, <b>28.6%</b> of students in Hong Kong, China and <b>22.7%</b> of students in Singapore reported perpetrating dating violence (measured by CTS2)  <b>10.1%</b> of students in the Republic of Korea, <b>5.5%</b> of students in Hong Kong, China and <b>3.6%</b> of students in Singapore reported inflicting injury on a dating partner in the previous 12 months
<b>Country:</b> Multicountry ( <i>China, Republic of Korea &amp; Singapore</i> ). <b>Study:</b> Douglas & Straus, 2006	
China: 220 students, Singapore: 280, and 314 students from the Republic of Korea (from a larger sample of 9,549)	<b>33.3%</b> of students in the Republic of Korea, <b>38.6%</b> of students in Hong Kong, China and <b>23.1%</b> of students in Singapore reported perpetrating dating violence (measured by CTS2)  <b>10.3%</b> of students in the Republic of Korea, <b>6.3%</b> of students in Hong Kong, China, and <b>3.7%</b> of students in Singapore reported inflicting injury on a dating partner in the previous 12 months

There were fewer convenience sample studies on the issue of intimate partner violence in the region. However, a Chinese study of male students found that 7% reported perpetrating physically aggressive behaviours, 27.7% reported perpetrating psychologically aggressive behaviours, and 2.1% sexually aggressive behaviours against their partners in the past year (Chen, 2009). In addition, about a quarter of the male students reported being on the receiving end of aggression from their intimate partners, mostly in the form of psychological aggression (21.9%) (Chen, 2009). Another study explored the perpetration of dating violence in several countries including China, the Republic of Korea and Singapore. It was found that 33.7% of surveyed students in the Republic of Korea, 28.6% of students in Hong Kong and 22.7% of students in Singapore reported perpetrating dating violence (Straus, 2004). A replica study carried out two years later but with a larger sampling size delivered very similar findings, but with a higher rate in Hong Kong (38.6%) (Douglas & Straus, 2006). The severity of perpetrated violence was also measured in two of these studies, with 10.1% of students in the Republic of Korea, 5.5% of students in Hong Kong and 3.6% of students in Singapore reporting inflicting injury on a dating partner in the previous 12 months (Straus, 2004).

# 5

## Consequences of child maltreatment

This section highlights key outcome findings of child maltreatment in the region and is presented in both textual and table formats. The first table, titled 'Consequences of child maltreatment in the East Asia and Pacific region overview' represents all the consequences identified through literature in the review and is presented by type of maltreatment.

Throughout the section, several tables are included which present odds ratios (OR) and in a few examples the relative risk (RR) identified in the research studies for particular consequences or outcomes. An odds ratio is a measure of effect size, describing the strength of association or non-independence between two data values (Mosteller, 1968). The odds ratio can be calculated in non-random samples whereas the relative risk is calculated from population-level data. These measures refer to the ratio of the odds of an event occurring in an exposed group versus an unexposed group – in the case of this review it being those with a history of a specific type of child maltreatment and those without a history. In other words, odds ratios allow us to compare whether the probability of a certain outcome occurring is the same for two groups (i.e. those with a history of child maltreatment and those without). Odds ratios can also be used to give an idea of how strongly a given variable may be associated with a specific outcome.

When reading the odds ratio tables, notation will be given as to whether the ratio is adjusted or crude. Odds ratios may be adjusted for confounding factors or other variables researchers think will also impact on the outcome of interest. The crude odds ratio is the unadjusted odds ratio. Within the tables the adjusted odds ratios are marked with an AOR and, where specified in the research, the other variables controlled for in the model are listed. Also listed within the odds ratio tables are the confidence intervals, which are a statistical notation that specifies a range of values which span from the Lower Confidence Limit to the Upper Confidence Limit, in which the population parameter for the variable of interest will be contained according to a particular level of certainty (i.e. 95% or  $p < .05$ ). For example, if we take 100 samples studying child maltreatment and a specific outcome, for 95 of the samples, the confidence interval will contain the population mean of the outcome and for five of the samples the mean will fall outside of the confidence interval (for a 95% confidence level, the higher the confidence the more likely the confidence interval will contain the population mean). In other words, the confidence interval is a statement of the reliability of an estimate.

## Consequences of child maltreatment in the East Asia and Pacific region overview

Physical abuse	Sexual abuse	Emotional abuse	Neglect	Exploitation
<p><b>Mental health outcomes</b></p> <ul style="list-style-type: none"> <li>- Increased somatization</li> <li>- Increased paranoid inaction</li> <li>- Psychoticism</li> <li>- Impairment of mental health</li> <li>- Depression</li> <li>- Onset of mental disorders</li> <li>- Anxiety</li> <li>- Self blame</li> <li>- ADHD</li> <li>- Suicide Ideation</li> <li>- Self harm</li> <li>- Attempted suicide</li> </ul> <p><b>Physical health outcomes</b></p> <ul style="list-style-type: none"> <li>- Eating disorders</li> <li>- Pain disorders</li> <li>- Irritable bowel Syndrome</li> <li>- Functional Dyspepsia</li> <li>- Stomach pain</li> <li>- Shortness of breath</li> <li>- Chest pain</li> <li>- Dizziness</li> <li>- Psychosomatic Disorder</li> <li>- Injuries</li> <li>- Problem drinking</li> <li>- Early smoking initiation</li> <li>- Abuse of medication</li> <li>- Use of psychoactive drugs</li> <li>- Use of heroin</li> <li>- Illicit drug use</li> <li>- Poor appetite</li> <li>- Lifetime prevalence of sexual IPV</li> </ul>	<p><b>Mental health outcomes</b></p> <ul style="list-style-type: none"> <li>- Feeling sad or hopeless</li> <li>- Depression</li> <li>- Passive coping</li> <li>- Impairment of mental health</li> <li>- Intermittent explosive disorder</li> <li>- PTSD</li> <li>- Mood disorder</li> <li>- Obsessive-compulsive</li> <li>- Loss of memory</li> <li>- Attention impairment</li> <li>- Lower plasma NPY levels</li> <li>- Shame</li> <li>- Dissociation</li> <li>- SDHD</li> <li>- Psychoticism</li> <li>- Suicide ideation</li> <li>- Suicide attempt</li> </ul> <p><b>Physical health outcomes</b></p> <ul style="list-style-type: none"> <li>- Genital-urinary symptoms</li> <li>- Shortness of breath</li> <li>- Chest pain</li> <li>- Dizziness</li> <li>- Had ever been drunk</li> <li>- Problem drinking</li> <li>- Vomit or take laxatives</li> <li>- Weight &gt; 170lbs</li> <li>- Partners in lifetime &gt;2</li> <li>- Partners in last year &gt;1</li> <li>- Fear of being harassed</li> <li>- Concurrent partners</li> <li>- Sex to please partner</li> <li>- Early sex (16 or younger)</li> <li>- Premarital sex</li> </ul> <p><b>Violence outcomes</b></p> <ul style="list-style-type: none"> <li>- Carrying a weapon</li> <li>- Delinquency</li> <li>- Lifetime prevalence of physical IPV</li> <li>- IPV in the last year</li> <li>- Hit hard by partner</li> <li>- Past year has been threatened or injured with a weapon at school</li> <li>- Physical sexual harassment</li> <li>- Verbal sexual harassment</li> </ul>	<p><b>Mental health outcomes</b></p> <ul style="list-style-type: none"> <li>- Anxiety</li> <li>- Depression</li> <li>- Anger-hostility</li> <li>- Low self-esteem</li> <li>- Common mental disorder</li> <li>- Anger</li> <li>- Fear</li> <li>- Hopelessness</li> <li>- Suicidal ideation</li> <li>- Attempted suicide</li> <li>- Self harm</li> <li>- Runaway impulse</li> </ul> <p><b>Physical health outcomes</b></p> <ul style="list-style-type: none"> <li>- Psychosomatic disorder</li> </ul>	<p><b>Mental health outcomes</b></p> <ul style="list-style-type: none"> <li>- Onset of mental disorders</li> <li>- Suicide ideation</li> <li>- Attempted suicide</li> </ul> <p><b>Physical health outcome</b></p> <ul style="list-style-type: none"> <li>- Current alcohol use</li> <li>- Problem drinking</li> <li>- Multiple partners (&gt;3)</li> </ul> <p><b>Violence</b></p> <ul style="list-style-type: none"> <li>- IPV perpetration</li> <li>- Physically assaulting partner</li> </ul>	<p><b>Impacts on education</b></p> <ul style="list-style-type: none"> <li>- Non-school attendance</li> <li>- Dropping out of school</li> </ul> <p><b>Employment</b></p> <ul style="list-style-type: none"> <li>- Debt bondage</li> <li>- Unpaid wages</li> <li>- Long hours</li> </ul> <p><b>Mental health</b></p> <ul style="list-style-type: none"> <li>- PTSD</li> <li>- Depression</li> <li>- Low self-esteem</li> <li>- Stigma</li> </ul> <p><b>Physical health outcome</b></p> <ul style="list-style-type: none"> <li>- Have ever drank alcohol</li> <li>- Have ever smoked tobacco</li> <li>- STIs</li> <li>- HIV/AIDS</li> <li>- Unwanted pregnancy</li> <li>- Abortion</li> </ul> <p><b>Violence</b></p> <ul style="list-style-type: none"> <li>- Slapped or beaten</li> <li>- Abused with harsh words</li> </ul>

## 5.1 Education and employment

This first section of the chapter on consequences of child maltreatment focuses on the impact of child maltreatment and exploitation on education and employment. Specifically, it covers the impact child labour and exploitation has on school attendance and children's experiences in employment.

**Table 31: Consequences to education of child maltreatment**

Research Design	Findings on Education Consequences
<b>Location:</b> Chubb Rubber Plantation in Tboung Kmom District in Kampong Cham Province, <i>Cambodia</i> <b>Authors/Year of Publication:</b> Centre for Advanced Study, 2001	
Initial household survey (4,081 children) followed by qualitative interviewing of children and parents (114) working in the plantation	Of the total number of 4,081 children aged between 6 and 17 years old, <b>32%</b> reported not going to school. The most frequently reported reason was the need to work at the rubber plantation or at home because the parents both work at the plantation (mentioned 431 times).
<b>Location:</b> Three fishing areas in Krong Preah Sihanouk, <i>Cambodia</i> <b>Authors/Year of Publication:</b> Centre for Advanced Study, 2001b	
Initial cross-sectional household survey followed by qualitative interviewing of children and parents (114) working in the fisheries	<b>57%</b> of the working children did not go to school or did this very irregularly. The most cited reasons for not going to school were a lack of money to pay the costs, having to earn money for the family, and having to help working. <b>30%</b> of these children were 14 years old or younger.
<b>Location:</b> <i>Cambodia</i> . <b>Authors/Year of Publication:</b> Pan, 2010	
Secondary data analysis of the Cambodian Child Labour Survey 2001/02	Regression analyses found that when controlling for other factors, children's working had a positive and statistically significant relationship with school attendance likelihood.
<b>Location:</b> <i>Cambodia</i> . <b>Authors/Year of Publication:</b> Phoumin, 2008	
Secondary data analysis of Cambodian Child Labour Survey 2001/02 and development of trade-off model.	Trade-off model found that if children's average working hours are below the threshold level of 22 hours per week, then education is not affected.
<b>Location:</b> <i>Cambodia</i> . <b>Authors/Year of Publication:</b> ILO, 2005	
Interviews with children (246) from a larger household survey about cross-border migration.	<b>61.4%</b> of 10–14 year olds (27/44) and <b>57.5%</b> (42/73) of 15–17 year olds stopped going to school because their parents needed help with work
<b>Location:</b> Multicountry ( <i>Cambodia &amp; Philippines</i> among other countries) <b>Authors/Year of Publication:</b> Ray & Lancaster, 2005	
Secondary data analysis of the ILO's Statistical Information and Monitoring Programme on Child Labour (SIMPOC)	<b>2.6%</b> of boys and <b>9%</b> of girls ages 12–14 years old in Cambodia are not in school but are working  <b>7%</b> of boys and <b>2.9%</b> of girls ages 12–14 years old in the Philippines are not in school but are working

## Impacts on education

Several studies in the review examined the impact on education of child maltreatment and specifically child labour. The findings from these studies are presented below.

- Two studies that utilised secondary data analysis to explore results from the Cambodia Child Labour survey showed that working did not impact on a child's likelihood of school attendance. Pan (2010) found that working children were more likely to attend school. She postulates that this finding may be a result of the child's income reducing the family's financial burden, which then supports children to attend school. Analyzing the same dataset, Phoumin (2008) also found this relationship, but only for children working under 22 hours a week. Working more hours negatively impacted a child's likelihood of attending school.
- In a qualitative study of working children in Jakarta, Indonesia Bessel (2009) found the cost of education caused many children to drop out of school, most often at the end of primary school. In many cases, children had dropped out of school first and then looked for work. For those who combined school and work, their income was important in contributing to the costs of their own education and sometimes that of siblings.
- In a multicountry secondary analysis study of ILO data, Ray & Lancaster (2005) found that for Cambodia, child labour has an adverse impact on children's education (for 12–14 year olds) from the very first hour of work. In other words, even a limited amount of child work can be detrimental to the child's education, it said.
- In a study with child domestic workers in Indonesia (Human Rights Watch, 2005), it was found that domestic work by children often interferes with their right to an education. In addition to costs, domestic workers who are permitted to attend school face significant challenges, including long hours of work and less sleep which interfere with scholastic performance as does being tardy, absent, or unable to complete school assignments which are realities of the job they hold.
- In a study on emerging issues with working youth in Eastern Visayas in the Philippines (Bañez-Sumagaysay, 2003), the author found that during the previous two years, the educational profile of unemployed youth had improved. There was no reported incidence of unemployed youth without any education. For those with some years of elementary education, drop out rates dropped from 30% to 25%. Three major reasons for dropping out of school were: 1) not interested to go to school (42%), 2) cannot afford to go to school (27%), and 3) to augment family income (12%).
- In an ILO study in the Philippines (2005), it was found that a significant proportion of child workers in the pyrotechnics industry are not in school. In Bulacan, only six of 10 child workers are in school. A majority (66.2%) of migrant child workers in other households as well as a significant minority (36.2%) of non-migrant children in other households do not go to school. About 40% of migrant children in their own household and native children in other households also do not attend school.
- A 2004 ILO study of children working in the Philippines in agriculture, as domestic workers, and those being sexually exploited found that across all three survey reports, a lack of money for school-related expenses was cited as the main reason for dropping out. The researchers were unsure if the child domestic workers would have dropped out of school at that age regardless

of whether they were engaged in domestic work. This study also found that 41% out of the 44 respondents from the sexual exploitation portion had stopped going to school. All of the boys had quit school. However, more girls had been out of school for longer periods than the boys. Despite free primary and secondary education offered by the government, half of the children – 18 girls and four boys – said their respective families could not afford to send them to school due to the high cost of school supplies, uniforms and transport fares, among other reasons. At least 70% (or more) of the sexually exploited children in the study across the three countries (including the Philippines) and regions do not attend school. When working, girls often fall below the average level of educational achievement, and the researchers cited that repeating a grade is not really an option due to their fear of being ridiculed at school.

- A study in the Philippines (ILO, 2002) that interviewed 226 respondents including children working in the drug trade (N=123) and those who were not (n=103), found that almost two-thirds of the respondents (63.4%) were not in school, indicating a relationship between school attendance and involvement in the drug trade. Those who are not in school are more likely to be involved in the drug trade. The author feels this is substantiated by the fact that some respondents gave “being idle” as a reason for being engaged in the drug trade. The majority of the respondents (55.3%) completed primary school, while 31% did not. It is likely that the latter will never complete their elementary education because they are using drugs and engaged in the drug trade. One-third of the respondents mentioned lack of money and support as reasons for leaving school. Other reasons mentioned were family problems (13.01%) and peer influence (8.94%).
- In a study of 100 children involved in the drug trade in Bangkok, Thailand, researchers found that 86% (43 cases) of the sampling group from the communities had to stop studying and leave school because of problems they experienced such as being absent and displaying inappropriate behaviour. For the sampling group from the Central Observation and Protection Centre, the results were essentially the same: 90% (45 cases) were had left school. The results of the studies showed a link between leaving full time education before finishing high school and involvement in the drug trade (Sunthornkajit, 2002).
- Another ILO–IPEC participatory action-oriented qualitative research study (2004) of children involved in the production, sale and trafficking of drugs in Indonesia, the Philippines and Thailand, found that if children were in school, they were likely to be expelled and/or lose interest in schooling. They were also likely to engage in high-risk behaviour such as unsafe sexual practices, stealing and committing other crimes, and dropping out of school. Some of the children’s parents had died, divorced/separated, or were incarcerated due to drugs and harsh anti-drug campaigns.
- In a study of child labour in the tourism industry in Cebu City, Philippines, among 221 firms and a total of 237 child workers, 53 child workers indicated that they were being prostituted. In terms of academic background, 74% of these child workers had stopped going to school. They were either still in high school (38%) or had finished high school but never attended college (30%), while others had completed a few years in college (14%). As many as 17% had never reached high school. The author notes that this is particularly difficult in Philippine society, which puts a very high premium on education (Edralin, 2003).

- A participatory action research study with adolescents living and working on the streets in Davao City, Philippines, found that eight out of ten children working or living on the streets who participated were out of school, the majority being high school dropouts. The study involved peer researchers, who conducted qualitative interviewing and focus groups with 113 street adolescents. Only three males (8% of all males) were in school at the time of the research, while 19, or 26%, of their female counterparts were enrolled in several levels (Tambala, 2003).
- A Human Rights Watch study of child domestic workers in Cambodia found that direct and indirect school costs often force children to drop out of elementary and lower secondary school, and are a contributing factor to them being pushed into the labour force. In one example, when asked why she started working as a domestic worker at age 13, Rukhmana replied: "I had completed primary school and my family could no longer afford to pay for school."
- In qualitative interviews with 13 female child domestic workers in Viet Nam, Rubenson and colleagues (2004) found that education did not appear to be a priority for the girls, their families, or their employers. The educational level of the girls varied from three years of primary school to one girl having completed ninth grade. Lack of funds for school fees was the main reason given for not continuing in school, but also common was the idea that education was not important, as two of the child domestic workers reflected on:

"In my hometown old people say that girls do not need to learn a lot, they only need a few classes and then they can stay at home." (Interview with Hanh).

"Education is for nothing – as a girl there is no need to learn – I thought then.

And everybody thought so." (Interview with Tran) (Rubenson, Ahn, Homer, et al. 2004).

- Neglect can also potentially impact on education. A study of children left home alone in three countries, including Viet Nam, found they were often removed from school at young ages to become caregivers for their younger siblings. Almost three out of every four children across the three countries taken out of school to care for younger siblings had been left home alone (Cesar's & Hermann, 2009).
- An ILO study (2005) of 100 child domestic workers in Ho Chi Minh City, Viet Nam, found that 89% of the children had dropped out of school. Some 35.5% of those who had previous jobs prior to the current employment reported having to drop out of school on the first day of work.
- In a study of migrant children and young people, employers and recruiters in four industries (agriculture, domestic work, manufacturing and fishing) in various sites in and around Bangkok as part of the Mekong Sub-regional Project to Combat Trafficking in Children and Women (ILO, 2006), 14.2% of respondents said that their work allowed them to go to school. Only 0.8% of respondents in agriculture, 6% in fishing and 9.2% in manufacturing attended formal or non-formal education (5.3% average).

In-depth interviews with 110 children in commercial sexual exploitation in Surakarta, Indonesia (Kaka Foundation & Terres des Homes, 2008) revealed that prostituted children were particularly vulnerable to dropping out of school. About 6.4% of children were involved in prostitution for economic reasons, hoping they could make money from the sexual services they provided. For instance, a child was involved in prostitution after being sold by her parents to enable them to pay their debt and meet family needs.

- In a situational analysis of sexually exploited children and child abuse in Fiji, which included in-depth interviews with 130 prostituted children (Save the Children Fiji, 2006) 67% of respondents in Suva said the main reasons they fell into commercial sexual exploitation were a lack of educational and employment opportunities, as well as a feeling of wanting to help contribute to family/caregiver income. The vast majority of 76% of respondents in Savusavu, 75% in Nadi, and 60% in Lavaca voiced similar reasons for falling into commercial sexual exploitation.

## Employment & livelihoods

In addition to impacts on education, child maltreatment and exploitation, especially in the form of child labour, trafficking and sexual exploitation, influences the working environment for children. The studies in this review highlighted exploitative working situations, including debt bondage, unpaid wages and long working hours, among other forms of abuse.

## Debt bondage & unpaid wages

A study on the situation of migrant children in prostitution in Thailand (data from 14 documents and two interviews) found that prostituted minors never received their wages in full. Some received half of the price quoted and some only one fourth. A few earned only a small per diem or were not paid at all. The owners of the commercial sex establishments deducted from the children's earnings the amounts paid to agents or for the purchase price of the children. The owners also charged the children for personal expenses, such as housing, clothes, food, etc. at a price higher than the actual cost, or deducted for 'interest' payments. The amount of money the children received from the owners was much less than what the customers paid. Sometimes, the owner of the business would pay the children's parents in advance, and later make the child work at the establishment until this advance fee, including interest and other so-called expenses incurred by the children, is repaid. The authors noted that this resulted in the children being unable, in the short term, to escape from the exploitation (ARCM, no date).

The situation is similar for migrant child workers. In a study of Burmese child migrant workers in Mae Sot, Thailand, it was found that 40% had experienced wage deductions for 'mistakes' they made while on the job, 22% were not paid overtime, 21.5% worked excessive hours and over 13% experienced salary payment delays (ILO, 2006b).

In a study of child domestic workers in Cambodia, Human Rights Watch interviewed girls who were cheated out of their full salary or received no salary at all. Some employers refused to pay domestic workers on a monthly basis as a way of ensuring they did not leave. Typically, these employers withhold wages until the child visits her home for the Eid-ul-Fitr holidays. An example of this is the story of Titan, who began working at 12. She told Human Rights Watch:

"My employer did not pay me every month, but told me that she would pay me at Eid. When I went home for Eid she told me that she would pay me when I came back." Titan did not return because "the work was too tiring." Titan worked 17 hours a day.

Debt bondage is the practice of incurring a debt for services or accommodation that keeps a person in an exploitative situation until they pay off what is owed. A rapid assessment conducted by the National Coalition for the Elimination of Commercial Sexual Exploitation of Children (2008) found that debt bondage was common in Indonesia. Pimps usually lent money to parents with the intention

of trapping their children in prostitution. Parents used the money for different purposes; such as to meet the needs of the family, pay off their debts, build a house, as start-up capital, or to finance a family party, which is a local tradition. The amount of debt varied from family to family and parents could only repay the loan by sending their children to pimps to be prostituted (National Coalition, 2008). A study of sexually abused and exploited children in Viet Nam (UN, 2000) found as much as 30–50% of a child's wages was given to their employer and other persons such as pimps, decoys and intermediaries. Furthermore, almost half of them sent money home on a fairly consistent basis.

A study of 272 children in commercial sexual exploitation in Indonesia found they wanted to leave prostitution. However, due to various factors such as the pressures of their family situation, intention to obtain a high wage, the promise of employment and debt bondage, they could not do so (National Coalition for the Elimination of Commercial Sexual Exploitation of Children, Ministry of Women's Empowerment and UNICEF, 2009).

## 5.2 Mental health

Much of the research on the consequences of child maltreatment has focused on mental health. In this section, the research on mental health consequences has been divided into eight subject headings: 1) depression, 2) sadness and anxiety, 3) self-esteem, 4) stigma, 5) coping and dissociation, 6) neurological findings, 7) overall mental health, and 8) poly-victimization.

### Depression

A frequently cited consequence of child maltreatment throughout the literature in this review is depression. In a study of runaway adolescents in Seoul, the Republic of Korea, depression was found to have a negative correlation ( $r = -.34$ ;  $p < .05$ ) with family relationships, indicating that more frequent negative family relationships were associated with more serious depression (Chun & Springer, 2005). Depression also had the expected relationship with parental abuse, such that the more abuse that occurred the more adolescents became depressed ( $r = .38$ ;  $p < .001$ ) (Chun & Springer, 2005). In a qualitative study with 74 trafficked children who had been exposed to physical, mental and psychological abuse, the children repeatedly spoke of their experiences with depression, as well as other psychological effects such as hatred, loneliness, low self-esteem and hopelessness (ECPAT Philippines & TDH-NL, 2004).

Several research studies illustrate the relationship between child sexual abuse and depression. A study of 892 female medical students in China showed that students who had experienced child sexual abuse reported higher levels of depression than those with no such experience (Chen, Han & Dunne (2004). A similar relationship between abuse and depression was found in a study of male high school students. In this study, the male students who reported experiencing child sexual abuse had higher scores of depression on clinical measurements and lower self-esteem when compared with students who had no history of abuse (Chen, Wang & Dunne, 2003).

Research in the region is also beginning to look at the relationship between bullying victimization and perpetration, and subsequent depression. In a study on bullying in primary schools, researchers found that the association between bullying and victimization behaviours and depressive symptoms was notable, as it was significant regardless of gender. In the study, 48% of bullies and 55% of victims had symptoms of depression. As much as 32% of children with depressive symptoms

bullied others, and others bullied 24% of children with depressive symptoms. These symptoms were common among bullies as well as victims. The authors postulated that children with depressive symptoms may bully others as a way of 'acting out' (Yang, Kim, Kim et al., 2006).

This relationship between depression and child maltreatment has also been found in a case-control study in Malaysia of those with depressive disorders and those without. In this study, nearly a quarter (23%) of depressed patients reported being abused in childhood compared with none in the control group. Among the depressed subjects, 19% reported a history of physical abuse and 4% had a history of childhood sexual abuse. There was a positive relationship between experiences of childhood abuse in general and childhood physical abuse, specifically with adult depressive disorders (Loh, Maniam, Tan & Badi'ah, 2010).

## Sadness and anxiety

Closely related to depression are the feelings of sadness and anxiety that can become all encompassing for survivors of child abuse. This was found in a study of 122 prostituted children in Viet Nam, in which 17.2% (21/122) reported experiencing sadness and anxiety about the future (ILO-IPEC, 2002). Table 32 highlights several of the mental health consequences discussed throughout this section. In the first study, research with high schools students in China found that females with a history of both non-contact and contact child sexual abuse were 2.38 and 1.67 times more likely (respectively) to feel sad and hopeless almost every day for two weeks or more, and stop their usual activities, than those students without a history of child abuse (Chen, Dunn, Han, 2004).

Several studies have examined the associations between anxiety and child maltreatment with mixed results. In a clinical case-control study examining parental verbal abuse in Japan, researchers found that, as expected, subjects who experienced parental verbal abuse had substantially higher levels of anxiety, depression, somatization and anger-hostility than those with no such experience. In total, 48% of the subjects who had experienced parental verbal abuse had a history of mood disorders, and 24% a history of anxiety disorders (Tomoda, Sheu, Rabi et al., 2010). Similar results were found in another case-control study (cases were those with a history of childhood physical abuse, and controls were those without a history) of outpatients visiting a hospital for psychosomatic symptoms in Japan. Some 12.7% of patients with depressive disorders and 16.7% of those with anxiety disorders reported a history of childhood physical abuse. Several different types of anxiety were higher in the abused group than in the non-abused group (Handa et al., 2008).

Though anxiety may be influenced by other factors, a study of university students in Japan (through structural equation modelling) found that witnessing family violence failed to add significant contribution in predicting anxiety or depression. The authors found that although witnessing family violence is correlated with anxiety and depression, it loses its significance when controlling for the effects of angry feelings and expression (Kitamura & Hasui, 2006).

## Self-esteem

Self-esteem, or a person's overall appraisal of his or her own self-worth, significantly impacts all areas of functioning. Like depression, sadness and anxiety, studies have shown that child maltreatment can have an impact on children's and adults' self-esteem. A study of children living and working on the streets of Shanghai, China found many of them had low self-esteem, with 69.8% thinking they were 'no good' most or all of the time (Cheng & Lam, 2010). The children's

level of general life satisfaction was significantly lower than the general population's neutral point on average (Cheng & Lam, 2010). A similar finding emerged in multicountry research on sexually abused and exploited children (UN, 2000). The psychosocial effects on children and youth subjected to sexual abuse and sexual exploitation in the six countries included low self-esteem, symptoms of psychological stress and despair.

Two qualitative studies in the review found an emerging theme of low self-esteem in research with children on parental verbal abuse. Esteban (2006) conducted one-on-one interviews with 15 highly abused females and nine highly abused males. Both groups expressed tolerance and acceptance of the offensive communication from their parents, and when asked to react to parental verbal abuse that had been presented to them in three scenarios, they responded that such communication was "normal," "natural," "common," "expected," "typical," "usual," or "a parental prerogative" as a disciplinary practice. Despite their acceptance of it as normal, thematic analyses of the students' perceptions of the effects revealed that parental verbal abuse also saddens, hurts, frightens, frustrates, and undermines the self-esteem of its victims. The emotional/psychological effects of abuse identified by children in an exploratory study on verbal abuse (10 qualitative interviews) in the Philippines included anger, fear, pain, hopelessness, low self-esteem, and even suicidal tendencies. When asked what personal consequences verbal abuse has had on them, most said it led to a negative self-image often exhibited through being withdrawn, sullen or depressed (Figer, 2008).

Suffering multiple forms of abuse can have a magnified impact on self-esteem as found in a representative study of college students in Taiwan, China. In this study, participants who experienced dual violence (witnessing inter-parental violence and experiencing child physical maltreatment) reported lower self-esteem than those experiencing only one type of family violence or none at all. Male participants who experienced dual violence reported lower self-esteem than female participants who experienced it. Furthermore, dual violence significantly predicts young adults' self-esteem after controlling for other potential confounding factors (Shen, 2008).

One aspect of self-worth and appraisal of self-esteem is the concept of self-blame. In a study of children in the Child Protective Services system in the Republic of Korea, it was found that many thought the causes of maltreatment were their fault. Children justified what happened by thinking of these acts as a form of teaching or something that would happen normally, instead of recognizing them as maltreatment. Three sub-themes that were identified are as follows: 1) uncertainty regarding the maltreatment; 2) confused feelings about the offender; and 3) denial. Children suffered from stress and pervasive uncertainty because it was difficult to predict the reasons for the abusive act and to process negative feelings such as anger and sadness. Children were either hesitant to express feelings about the actual experience or stated them indifferently as if they were not their own personal matters. The children learned self-evaluation based on the views of the offender, and were unstable and suffered low self-esteem (Ju & Lee, 2010).

## Stigma

Studies in the East Asia and Pacific region have shown the pervasive effects that stigma can have on children. Fear of stigma can keep abuse hidden and allow it to continue, and it can ostracize children from society and prevent them from getting help. It can also be a barrier for communities seeking to identify the root causes of violence. In the studies in this review, stigma was specifically mentioned in correlation with child exploitation and very vulnerable children, such as children living

and working on the streets. In a participatory action research study with adolescents on the streets of Davao City in the Philippines, children said the stigma of being on the streets was more pronounced for girls, as they are negatively labelled '*buntog*', if not called 'whores' or prostitutes outright by people in their communities (Tambayan, 2003).

Stigma may be a barrier for children who have come into conflict with the law. In a study that interviewed 194 children in conflict with the law and 496 professionals working in the field in the Philippines, the majority of minors who spent time in prison said their incarceration affected their lives negatively. They were concerned about finding work, afraid they would be teased if they returned to school, or were simply afraid of general societal prejudice (Save the Children UK, 2004). In a qualitative study with trafficked children in the Philippines, a common theme was that the children felt stigmatized, judged and looked down upon. The children also expressed fears of being accused of or framed for crimes because of their status (ECPAT Philippines & TDH-NL, 2004).

Stigma and intense shame were major recurring themes identified in a qualitative study of boys and young men that had been sexually abused in Cambodia (Hilton, 2008). In addition, respondents reported experiencing fear, embarrassment and loss of honour as a result of abuse. These led boys to hide, run away from home and in some cases consider suicide (Hilton, 2008).

This sense of stigmatization can be extended to families as well. In a qualitative study of the commercial sexual exploitation of children in the Solomon Islands by men involved in the logging industry, the parents and families of affected children spoke about living with the effects of the exploitation on their families. The shame attached to having a young child who was married or pregnant was mentioned in a number of interviews (Herbert, 2007).

## Coping and dissociation

Abuse and exploitation are traumatic events and coping with these experiences is typically difficult, especially for children. In a study of Korean children in Child Protective Services, three specific coping strategies that the children used emerged: 1) accepting the maltreatment; 2) escaping; and 3) secretly crying and trying to endure by keeping silent (Ju & Lee, 2010).

'Keeping silent' is one coping mechanism explored in a study of parental verbal abuse from a random sample of university students in the Philippines. Results indicated that both males and females mainly coped in silence. Neither used humour to relieve anxiety nor an intermediary to facilitate communication with the abusive parent. Multivariate analysis of variance suggested that while both experienced anger, females were more inclined than males to accept and tolerate verbal abuse, suppress feelings and attempt to please the abusive parent (Esteban, 2006).

'Escaping' or disassociating oneself from the event has also been found to be a common coping strategy for survivors of abuse. A life-history study of 11 survivors of child sexual abuse in Taiwan, China, found that dissociation shielded the participants from the overwhelming memory of child sexual abuse. Dissociation also made it possible for participants with a higher educational level to succeed academically (Chien, 2007). Dissociation as a coping mechanism can also have negative consequences for survivors. In a study of 799 male juvenile inmates in Japan, a significant association was found between childhood attention deficit and hyperactivity disorder (ADHD) symptoms and current dissociative tendency. The Adolescent Dissociative Experience Scale (ADES)

and Wender Utah Rating Scale (WURS) scores were higher in inmates with child physical abuse and/or child sexual abuse than in those without. This study potentially demonstrates that childhood ADHD symptoms are associated with a current dissociative tendency. The authors note that previous findings of an association between ADHD symptoms and dissociation in abused children may also be true for adults with a history of child abuse, and that ADHD symptoms in childhood might be a precursor to dissociation in some men (Matsumoto & Imamura, 2007).

## Neurological findings

Research is also beginning to show that there may be actual changes to the brain matter as a result of child maltreatment. A clinical case-control study in Japan (Kitayama, Brummer, et al., 2007) found that there were no differences in total area of the corpus callosum or in individual subregions, but that the subregion/total area ratio was significantly smaller in posterior midbody in subjects with Post-traumatic Stress Disorder (PTSD) compared with the healthy subjects. Another clinical case-control study (Tomoda, Sheu, Rabi et al., 2010) examining parental verbal abuse in Japan showed that exposure to parental verbal abuse was associated with alterations in the left superior temporal gyrus (STG/BA22). This region plays a critical role in the processing of language and speech. Similarly, the Plasma neuropeptide Y (NPY), a neurotransmitter in the brain responsible for several physiologic processes including the regulation of energy balance, memory and learning, and epilepsy, has been found to be significantly lower in child sexual abuse victims than in controls. The results indicate that female victims of child sexual abuse could have memory and execution impairments. The decreased plasma NPY level may play a role in memory impairment, but it is not related to the severity of post-traumatic stress symptoms (Huang, Zhang, Zou et al., 2006).

Loss of memory was also found in a case-control study of female inmates in China, in which cases were those who had experienced child sexual abuse before the age of 13, and controls were those that did not report experiencing abuse. The scores of the memory quotient (MQ) measurement found that both long-term and short-term memory among the group that had experienced child sexual abuse were significantly lower than those in the control group, showing a potential link between child sexual abuse and memory loss (Huang, Zhang, Shen et al., 2005). Other results from the case-control study of female inmates in China in relation to scores on execution and attention tests found that child sexual abuse victims had to take the test more often and made more errors. They also achieved a lower score on the attention test than the controls. The female victims of child sexual abuse had memory, execution and attention impairments, which were significantly correlated with the severity of post-traumatic stress symptoms (Huang, Zhang, Shen et al., 2005). These findings have also been found in a study of university students from Japan and the US, which indicated that a substantial proportion of participants reporting childhood abuse by those close to them also reported associated memory disruption and psychological distress. However, the results from this study also provide evidence that many individuals develop chronic distress in attempting to cope with some experiences, and that high betrayal (HB) experiences (which includes sexual abuse by someone close to the victim) are more likely to result in distress than other forms of trauma. Memory disruptions were reported by 54 (68.4%) of the participants and for 82 (61.7%) of the 133 potentially traumatic pre-adulthood events disclosed (Allard, 2009).

**Table 32: Mental health consequences of child maltreatment**

Those with Increased/Decreased Risk	Consequence	OR/AOR (CI)
<b>Location:</b> Beijing, Hubei, Henan and Hebei Provinces, <i>China</i> . <b>Study:</b> Chen, Dunne, Han, 2004 <b>Sample Size:</b> 2,300 high school students.		
Females with history of non-contact child sexual abuse	Feeling sad and hopeless almost every day for two weeks or more and stopped doing usual activities	2.38* OR (1.52, 3.71)
Females with history of contact child sexual abuse	Feeling sad and hopeless almost every day for two weeks or more and stopped doing usual activities	1.67* OR (1.08, 2.58)
<b>Location:</b> <i>China</i> . <b>Study:</b> Su, Tao, Cao et al., 2008. <b>Sample Size:</b> 1,428 college students		
College students with a history of any sexual abuse (non-physical or physical contact sexual abuse) during their primary school years	CES-D depression score of greater than or equal to 41 <sup>1</sup>	2.495* OR (1.854, 3.358)
College students with a history of physical contact sexual abuse during their primary school years	Passive coping (greater than or equal to a score of 29 on TSCQ indicating obvious passive coping style)	2.021* OR (1.294–3.157)
<b>Location:</b> Shandong Province, <i>China</i> . <b>Study:</b> Sun, Zhang, Dong, et al., 2008. <b>Sample Size:</b> 1,307 college students.		
Females with a history of physical contact child sexual abuse	Impairment of mental health (SCL-90)	2.157 * OR (1.20, 3.88)
<b>Location:</b> Hebei province, <i>China</i> . <b>Study:</b> Ma, Chen, Dunne et al., 2005 <b>Sample Size:</b> 528 technical secondary and college students.		
College and technical school students in sample with a history of ever being beaten by bare hands three or more times	Increased somatization (SCL-90)	4.07* OR (2.29, 7.23), 2.66* OR (1.45, 4.89) for those ever beaten by bare hands 1–2 times
Males with a history of physical contact child sexual abuse	Impairment of mental health (SCL-90)	2.761* OR (1.34, 5.68)
College and technical school students in sample with a history of ever being beaten by bare hands three or more times	Increased paranoid ideation (SCL-90)	2.41* OR (1.53, 3.79), 2.27* OR (1.45, 3.56) for those ever beaten by bare hands 1–2 times
College and technical school students in sample with a history of ever being beaten by bare hands three or more times	Increased psychoticism (SCL-90)	2.05* OR (1.24, 3.39)
College and technical school students in sample with a history of ever being beaten by bare hands three or more times	Impairment of mental health (total SCL-90 score)	2.00*OR (1.22, 3.30)
<b>Location:</b> <i>China</i> . <b>Study:</b> Sun, Sun, Duan et al., 2006. <b>Sample Size:</b> 701 female vocational college students		
History of contact child sexual abuse before the age of 18	Impairment of mental health (total SCL-90 score)	2.157** (CI not given)
<b>Location:</b> Taiwan, <i>China</i> . <b>Study:</b> Yen, Yang, Chen et al., 2008. <b>Sample Size:</b> 374 adolescents		
History of child physical abuse <sup>2</sup>	Depression	OR/AOR (CI): 1.96* OR (1.438–2.275)

**Table 32: Mental health consequences of child maltreatment (continued)**

Those with Increased/Decreased Risk	Consequence	OR/AOR (CI)
<b>Location: Japan. Study:</b> Fujiwara, Kawakami & WMHJSG, 2010. <b>Sample Size:</b> 1,722 Japanese-speaking community respondents over the age of 20		
History of childhood physical abuse	Onset of mental disorders (DSM-IV/CIDI classes of disorders)	1.58* OR (1.03–2.42)
History of childhood neglect	Onset of mental disorders (DSM-IV/CIDI classes of disorders)	2.15* OR (1.21–3.82)
History of child physical abuse	Mood disorder (DSM-IV/CIDI)	1.8* OR (1.2–2.9)
History of child sexual abuse	Intermittent explosive disorder (DSM-IV/CIDI)	15.6* OR (1.3–187.0)
<b>Location: Multicountry (Cambodia). Study:</b> de Jong, Komproe, Ommeren et al., 2001 <b>Sample Size:</b> 610 community sample of survivors of war and mass violence aged 16 or older in Cambodia		
History of youth domestic stress	Lifetime history of PTSD <sup>3</sup>	2.1*** OR (1.5–3.0), 1.7** AOR (1.1–2.6) adjusted for other domains, sex, age, marital status, having children, education and religion
<b>Location: Republic of Korea. Study:</b> Chung & Ann, 2001. <b>Sample Size:</b> -		
History of emotional abuse	Runaway impulse	1.93** OR
<b>Location: Bangkok, Thailand. Study:</b> Jirapramukpitak, Harpham & Prince, 2010 <b>Sample Size:</b> 1,052 young residents aged 16–25		
Exposure to domestic violence during childhood	Common Mental Disorders (CMD)	2.3* AOR (adjusted for age, gender, head of household's education and asset index) (1.3–4.1)
History of childhood physical abuse	Common Mental Disorders	2.2 * AOR (see above) (1.4–3.6)
<b>Location: Northern Bangkok, Thailand. Study:</b> Jirapramukpitak, Prince & Harpham, 2005 <b>Sample Size:</b> 202 young residents aged 16–25		
History of emotional abuse by parent or other adult that occurred when they were 16 years or younger.	Common Mental Disorder measured using the Revised Clinical Interview Schedule (CIS-R) and those meeting the ICD-10 diagnostic criteria for non-psychotic disorders or scoring 12 or above on the CIS-R were regarded as having a common mental disorder	21.3* OR (4.6, 98.3), 19.9* AOR (4.1–97.5) (adjusted for sex, education of the respondents and head of household, other forms of abuse and witnessing maternal battering)

\* $p < .05$  \*\* $p < .01$  \*\*\* $p < .001$

<sup>1</sup> A CES-D score of 41 or higher is defined as significant depressive symptoms (Su, Tao, Cao et al., 2008).

<sup>2</sup> If the respondent reported ever being struck, slapped, kicked or otherwise physically injured by family members during childhood, and, if the abrasions, bruises or pain lasted into the second day, the subject was classified as physically abused.

<sup>3</sup> The PTSD section of the WHO's Composite International Diagnostic Interview 2.138 (CIDI) was used to assess lifetime PTSD according to *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)* criteria.

## Overall mental health

Table 32 highlights key findings of the consequences of child maltreatment on mental health. Several studies have used mental health disorder classification systems to measure these consequences. One such measure is called The Symptom Checklist-90 (SCL-90). The SCL-90 is a 90-item self-report inventory used to measure current (i.e. past seven days) psychiatric symptoms. Specifically it measures psychological symptoms such as somatization, obsessive-compulsive behaviour, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation and psychoticism. These can be assessed and are summarized into an overall score. Specific cut-offs have been developed by specialists to determine what level could be clinically considered to have a common mental disorder (such as is presented in Table 32). ICD-10 diagnostic criteria are a similar tool to determine mental and behavioural disorders.

A randomized college sample that compared students who had reported experiencing child sexual abuse with a national youth group on the Symptom Checklist-90 (SCL-90), found that scores in the basis symptom factors of the SCL-90 test were higher in students who had experienced child sexual abuse than in the national youth group. Significant differences were found between the two groups in symptoms of somatization, obsessive-compulsive behaviour and psychoticism (Sun, Zhang, Dong et al, 2008).

Similar findings (Table 32) point to a relationship between various forms of child maltreatment, including neglect and physical and sexual abuse, and the onset of mental disorders (Yen, Yan, Chen et al., 2008; Jurapramukpitak, Harpham & Prince, 2010; Sun, Zhang, Dong et al., 2008; Ma, Chen, Dunne et al., 2005; Jirapramukpitak, Prince & Harpham, 2004). Other studies highlighted the link between intimate partner or dating violence and mental disorders in later life. The WorldSAFE study of women aged 14–49 years in four countries found that in the Philippines, those who had experienced physical intimate partner violence were 2.52 times more likely to also experience mental distress (1.71, 3.72; 95% CI – adjusted for women’s level of education, history of child abuse, outside employment, number of children, partner’s level of education and alcohol abuse, household crowding and neighbourhood support) (Vizcarra, Hassan, Hunter et al., 2004).

Other studies have also highlighted the link between child maltreatment and overall mental health. For example, a convenience sample study of technical secondary students in China found that nearly half (46.7%) of the students experienced humiliation at least once before the age of 16. The humiliations were mainly from peers/classmates (30.6%), teachers (25.8%), fathers (21.1%), mothers (20.9%) and brothers/sisters (18.4%). Compared with their peers who reported not having any major humiliating experience, the case students showed significantly higher scores in psychological symptoms of somatization, obsessiveness, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation and psychoticism. There were also dose-reaction trends between humiliating experiences and the mean scores of interpersonal sensitivity, depression, hostility, paranoid ideation, psychoticism and the total score of SCL-90 (Chen & Liao, 2005a). In the same study (2005b), Chen & Liao found that when compared with their peers who had experienced no corporal punishment, the students who had experienced non-contact corporal punishment 10 times or more were at a significantly higher risk of developing psychological symptoms.

Child maltreatment often explains the observed variance between groups on mental health indicators. For example, in a study on bullying, Ng and Tsang (2008) found that among girls, the victim role was associated with the poorest mental health. For boys, being both a bully and a victim of bullying was associated with the poorest mental health state. Furthermore, regression analyses indicated that school bullying explained 6% of the observed variance in mental health ( $R^2 = 0.06$ ). School bullying problems and gender contributed 8% of the variance in mental health (Ng & Tsang, 2008).

## Poly-victimization

Poly-victims, or those that have experienced multiple types of victimization, often experience more severe consequences. In a convenience sample of secondary students, Nguyen, Dunne & Lee (2010) conducted statistical tests to examine multiple experiences of maltreatment and their effect on adolescents' mental health. It was found that the effects of experiencing multiple forms of maltreatment were large and statistically significant, especially for depression. More moderate effects were found with anxiety and self-esteem. A dose-response effect was also perceived, meaning the more maltreatment a child experienced, the more the effects would be seen. A similar dose-response effect was found in a study of 5,141 middle school students in China that used the SCL-90. It found that the more types of repeat abuse experienced the greater the rates of general mental problems and psychopathological symptoms (Tao, Huang, Kim et al., 2006).

This accumulation of trauma was also found in a study of 46 women in the Republic of Korea who had been involved in prostitution and 31 age and education-matched Korean women with no history of childhood abuse or prostitution. Researchers found that a history of child sexual abuse by a known perpetrator together with involvement in prostitution was common in the subjects with the highest levels of both PTSD and depressive disorders. This finding underscores the possible additive effects of repeated trauma on psychological functioning and the appearance of symptoms (i.e., depression symptoms) not usually seen in conventional PTSD following a single trauma (Choi, Klein, Shin & Lee, 2009).

## Suicide ideation

**Table 33: Suicide ideation and a history of child maltreatment**

Those with Increased/Decreased Risk	Consequence	OR/AOR (95% CI)
<b>Location:</b> Hong Kong, <i>China</i> . <b>Study:</b> Chan, Tiwari, Leung et al, 2007. <b>Sample Size:</b> 651 university students <sup>1</sup> .		
Students with neglect history	Suicide ideation	1.06* OR
<b>Location:</b> Hong Kong, <i>China</i> . <b>Study:</b> Chan, Yan, Brownridge, Tiwari, Fong, 2010 <b>Sample Size:</b> 1,154 Household survey with those aged 16 or older.		
Childhood sexual abuse history	Suicide ideation	7.477** OR (2.839, 19.6), 5.134** AOR, (1.486, 17.735), adjusted for gender, age, alcohol and drug, abuse and sex with partner
Childhood witness of parental psychological aggression	Suicide ideation	3.016*** OR (1.962, 4.636)/, 2.698*** AOR (1.636, 4.449)
<b>Location:</b> Beijing, Hubei, Henan and Hebei Provinces, <i>China</i> . <b>Study:</b> Chen, Dunne, Han, 2004 <b>Sample Size:</b> 2,300 high school students.		
Males with history of contact child sexual abuse	Past 12 months, ever seriously considered attempting suicide	2.95* OR (1.56, 5.57)
Males with history of contact child sexual abuse	Past 12 months, ever made a plan about how would attempt suicide	2.87* OR (1.17, 7.09)
<b>Location:</b> Henan Province, <i>China</i> . <b>Study:</b> Chen, Dunne & Han, 2006. <b>Sample Size:</b> 351 female medical secondary students.		
Females with a history of non-contact child sexual abuse	Past 12 months, ever made a plan about how would attempt suicide	6.31* OR (1.72–23.10)
Females with a history of contact child sexual abuse	Past 12 months, ever made a plan about how would attempt suicide	8.52* OR (3.0–24.15)

**Table 33: Suicide ideation and a history of child maltreatment (continued)**

Those with Increased/Decreased Risk	Consequence	OR/AOR (95% CI)
<b>Location:</b> Shatin District, Hong Kong, <i>China</i> . <b>Study:</b> Lau, Chan, Lam, Choi & Lai, 2003 <b>Sample Size:</b> 489 Form 2 (8th grade) students.		
Ever beaten to injury by family member	Ever think of hurting self	5.03 ***OR
<b>Location:</b> Shandong Province, <i>China</i> . <b>Study:</b> Liu, Sun & Yang, 2008. <b>Sample Size:</b> 1,920 adolescents (11–16 years old).		
Physical punishment when child violated the rules made by parents	Suicidal behaviour	7.94*** OR (4.73, 13.28)/ 3.42*** AOR (1.81, 6.43)
<b>Location:</b> <i>China</i> . <b>Study:</b> Su, Tao, Cao et al., 2008. <b>Sample Size:</b> 1,428 college students		
College students with a history of physical contact sexual abuse during their primary school years	Suicidal plans over the last year	2.973* OR (1.139–7.757)
<b>Location:</b> <i>China</i> . <b>Study:</b> Wan & Leung, 2010. <b>Sample Size:</b> 2,754 (grade 7–11)		
Youth with a history of physical abuse	Suicide ideation	5.8*** OR (4.2–8.1)
<b>Location:</b> Guangzhou, <i>China</i> . <b>Study:</b> Wong, Leung, Tang et al., 2009 <b>Sample Size:</b> 6,628 junior high school students (ages 12–16)		
Youth with history of physical maltreatment	Suicide ideation	2.0** OR (1.7, 2.3)
Youth with history of sexual abuse	Suicide ideation	3.5** OR (1.8, 6.5)
<b>Location:</b> Republic of Korea. <b>Study:</b> Jeon, Roh, Kim et al., 2009. <b>Sample Size:</b> 6,986 medical students		
Medical students with a history of emotional abuse	Suicide ideation	3.5*** AOR (2.8–4.4) adjusted for physical health, economic status and stress
Medical students with a history of emotional abuse	Ever made a plan about how would attempt suicide	3.9*** AOR <sup>2</sup> (2.4–6.2)
Medical students with a history of physical abuse	Ever made a plan about how would attempt suicide	2.2** AOR <sup>2</sup> (1.4–3.4)
Medical students with a history of sexual abuse	Ever made a plan about how would attempt suicide	2.2* AOR <sup>2</sup> (1.1–4.5)
<b>Location:</b> Seoul and Anyang, Republic of Korea. <b>Study:</b> Kim, Koh & Leventhal, 2005 <b>Sample Size:</b> 1,718 7th- and 8th-grade students.		
Students who are both victims and perpetrators of bullying	Suicide ideation over past six months	1.90*AOR (1.26–2.87) <sup>3</sup> adjusted for anxiety/depression symptoms, gender, residence, family structure and socio-economic status
Suicide ideation over past two weeks	2.8* OR (1.6–5.1)	Female victims of bullying
Female perpetrators of bullying	Suicide ideation over past two weeks	2.0* OR (1.2–3.1)
Females who are both victims and perpetrators of bullying	Suicide ideation over past two weeks	2.8* OR (1.4–5.7)

**Table 33: Suicide ideation and a history of child maltreatment (continued)**

Those with Increased/Decreased Risk	Consequence	OR/AOR (95% CI)
<b>Location:</b> Republic of Korea. <b>Study:</b> Park, Schepp, Jang & Koo, 2006 <b>Sample Size:</b> 1,312 high school students (10th–12th grades).		
Males with a history of physical abuse two or more times (adult hitting them with something or physically attacking them)	Suicide ideation over past two weeks	6.52***OR (3.36–12.63)
Females with a history of physical abuse two or more times (adult hitting them with something or physically attacking them)	Suicide ideation over past two weeks	1.97* OR (1.08–3.57)
Males with a history of sexual abuse 2 or more times (any adult try have sex with them or sexually attack against their will)	Suicide ideation over past two weeks	7.42*** OR (2.83–19.46)

\* $p < .05$  \*\* $p < .01$  \*\*\* $p < .001$

<sup>1</sup> Part of the International Dating Violence study

Table 33 highlights studies from China and the Republic of Korea that explore the relationship between child violence and suicide ideation in both children and adults. These studies highlight the links between child sexual abuse, physical abuse and suicide ideation for both males and females.

The relationship between child sexual and/or physical abuse and suicide ideation exists for several different age groups, including middle school students. The rate of self-harm from the Xiao, Tao & Yu, 2008 study of middle school students (10,894) was 22.3% for physically maltreated students. A dose-response trend existed between the number of items of repeated serious or moderate childhood physical abuse and emotional abuse with rates of general self-injurious behaviours. Another study with middle school students in China (Wong, Leung, Tang et al., 2009) found those with a history of either physical maltreatment or child sexual abuse were respectively two times and 3.5 times more likely to have suicide ideation than students who had not experienced abuse. A study of eighth grade (form 2) students in Hong Kong found that children who had ever been beaten to the point of injury by a family member were more likely to ever think of hurting themselves (5.03 OR) than other students (Lau, Chan, Lam, Choi & Lai, 2003).

The association between child sexual abuse, physical abuse and suicide continues to be seen in high school populations. In a matched case control study of 90 technical secondary students in Xuzhou city in Henan province, China, (Zhu, Li, Tao, Yang, Qiao & Tian, 2007), researchers found that compared with those who had not experienced abuse, the abused students had higher percentages of suicide ideation in the past week (14.4% vs. 2.2%,  $2 = 7.27$ ,  $P < 0.01$ ) and past year (32.2% vs. 14.4%,  $2 = 13.12$ ,  $P < 0.01$ ). Furthermore, more of them had actually attempted suicide (15.6% vs. 3.3%,  $2 = 6.50$ ,  $P < 0.0105$ ). A study in the Republic of Korea of over a thousand high school students found that both males and females with a history of physical abuse, which consisted of an adult hitting them with something or attacking them more than two times in the past, were more likely to report suicide ideation over the two weeks preceding the survey (6.52 OR, 3.36–12.63 and 1.97 OR, 1.08–3.57 95% CI respectively) (Park, Schepp, Jang & Koo, 2006).

The relationship between child physical and sexual abuse and suicide ideation continues into adulthood. In a study of 892 female medical students in China, a greater proportion of students who

had experienced child sexual abuse reported ever seriously considering attempting suicide (23.7 % vs. 15.4 % ,  $z = 8.09$  ,  $P = 0.004$ ) and making a plan about how they would kill themselves (17.9 % vs. 9.7 % ,  $z = 10.62$  ,  $P = 0.001$ ) (Chen, Han & Dunne, 2004). The study also found that the relationship with suicide ideation existed for females that experienced both contact and non-contact child sexual abuse. In a household survey with Hong Kong adolescents and adults it was found that those who reported a history of child sexual abuse were seven times more likely to report suicide ideation than those who did not (7.477\*\*OR, 2.839, 19.6, 95% CI). This relationship remained strong even after controlling for other possible influencing factors, such as gender, age, and alcohol and drug abuse (Chan, Yan, Brownridge et al., 2010).

Several studies have also begun to show the linkages between bullying behaviours – perpetrating, being victimized, or both – and suicide ideation among adolescents. A study (Xiao, Tao & Hao, 2009) of 16 schools in Anhui province, China on factors related to suicide among rural middle school students, found that attempted suicides within the last 12 months were more prevalent among students who were both victims and perpetrators of bullying than students who only practiced bullying (28.7% vs. 15.8%,  $p < .001$ ), were victims of bullying only (28.7% vs. 10.6%,  $p < .001$ ) or who never experienced or perpetrated bullying (28.7% vs. 4.8%,  $p < .001$ ). A study in the Republic of Korea of seventh and eighth grade students found that females who are both victims and perpetrators of bullying were more likely to report suicide ideation in the past two weeks than females who did not report these behaviours (2.8 OR, 1.4-5.7 95% CI) (Kim, Koh & Leventhal, 2005). This relationship existed for females who reported either only being a victim of bullying or only bullying others (Kim, Koh & Leventhal, 2005).

Witnessing parental domestic violence as a child also increases the risk of suicide ideation in adolescents. A study in Cebu City, the Philippines (Hindin & Gultiano, 2006) found that for both males and females, those who had witnessed parental domestic violence were significantly more likely to report depressive symptoms. The longitudinal, population-based household survey which included 2,051 Filipino 17 to 19 year olds, found that 11% of young men and 19% of young women reported wishing that they were dead occasionally or most of the time, and 7% of young men thought about taking their own life. In addition, 31% of young women thought they were worthless, 21% of young women thought life was not worth living and nearly half of all respondents recalled parental domestic violence. Female adolescents had significantly higher scores than male adolescents on a 12-item index of depressive symptoms. Another population-based household survey in China found that those who reported witnessing parental psychological aggression in childhood were nearly three times more likely to report suicide ideation than those who did not (Chan, Yan, Brownridge, et al, 2010).

Several studies have highlighted the complex role that parents have in adolescent suicide ideation. In a study of junior and high school students in eight cities in China, researchers found that family factors played a significant part in adolescents' reported suicide ideation (Xing, Tao, Wan et al., 2010). Independent ratings of adolescents' descriptions of their parents suggested that those who had attempted suicide perceived their parent(s) as more likely to use inadequate parental rearing patterns, such as physical discipline, being less caring, and using too much control. A case-control study of patients with eating disorders and a history of suicide attempts and community controls in Japan found that more of the suicidal subjects (31.3%) reported a history of child abuse than the non-suicidal subjects (2.9%) ( $p < .01$ ) (Yamaguchi et al., 2000). This study found a relationship between parental rearing behaviours and suicide among an eating disordered population. More research is needed to fully understand these associations and their impact on the health and well-being of children in the region.

In addition to suicide ideation, strong linkages have been found between histories of child maltreatment and actual suicide attempts. Table 34 highlights the relationships found in several studies in China, the Republic of Korea and the Philippines. Several types of child maltreatment and violence victimization have been shown to have a link with attempted suicide, including being bullied, experiencing physical abuse, sexual abuse, psychological neglect, emotional abuse and experiencing intimate partner violence.

In a qualitative study with suicide attempters aged 15–24 who had been consecutively hospitalized from August 2001 to August 2003 in the Intensive Care Unit at the Socson District Hospital in Viet Nam, the patients felt that they did not receive practical, financial and psychological support when they felt distressed. Personal conflict was adjudged to be the main driver of attempted suicide for 18 of the patients. Ten of the young suicide attempters were regularly beaten by their parents. An additional 16 of them were psychologically abused by their families for at least one year before attempting suicide, incurring regular scolding, blame and criticism, or being reproached in ways that made them feel guilty and sad (Wasserman, Thanh, Minh et al., 2008). Similarly, in a case-control study of adolescents incarcerated in a Juvenile Classification Home in Japan and peers from the community, researchers found that the incarcerated adolescents, particularly girls, more frequently reported histories of suicidal behaviour and sexual abuse (Matsumoto, Tsutsumi et al., 2009).

### Other self-harm behaviours

In addition to suicide attempts, studies have shown a relationship between other self-harm behaviours and a history of child maltreatment. In a study of 10,894 junior and senior secondary students in China, researchers found that students with a history of severe physical abuse were more likely to report engaging in self-harm behaviours, such as banging their head, cutting their wrist, swallowing inedible things, cutting the body, than other students. This relationship had a dose-response effect, meaning the more episodes they reported of severe physical abuse in their childhood the more likely their odds of engaging in self-harm. For example, students with a history of one episode of severe physical abuse were two times more likely to report cutting their wrist than students without this history; students who reported two episodes and three or more episodes of severe physical abuse were respectively nine times and 27 times more likely to report cutting their wrist than students without a history of severe physical abuse (Xiao, Tao, Xu et al., 2008).

A study of adolescents admitted to a detention centre in Japan (Matsumoto, Yamaguchi, Chiba et al., 2004) found self-cutters experienced traumatic events more frequently than non-cutters. The research examined findings by type of self-harm behaviour. Among the types of traumatic events reported, being bullied in elementary school, and experiencing sexual abuse and physical abuse in childhood were most prevalent among the wrist-cutting, arm-cutting, and wrist and arm cutting groups. Another case-control study in Japan that looked at self-cutting behaviours found that habitual self-mutilators more frequently reported a history of sexual and physical abuse; however, there were habitual self-mutilation patients who did not have an abuse history, and not all patients who were abused in childhood develop habitual self-mutilation (Matsumoto, Azekawa, et al., 2004).

**Table 34: Attempted suicide and child maltreatment**

Those with Increased/Decreased Risk	Consequence	OR/AOR [CI]
<b>Location:</b> Eight cities in <i>China</i> . <b>Study:</b> Xing, Tao, Wan et al., 2010. <b>Sample Size:</b> 13,512 of students in grades 7 to 11.		
Those having experienced "improper parental rearing behavior" <sup>1</sup>	Attempted suicide	1.83*** OR (1.66, 2.02)/ 1.76 *** AOR (1.59, 1.95)
<b>Location:</b> Shatin District, Hong Kong, <i>China</i> . <b>Study:</b> Lau, Chan, Lam, Choi & Lai, 2003. <b>Sample Size:</b> 489 Form 2 (8th grade) students.		
Ever beaten to injury by family member	Tried hurting self	8.47 OR***
<b>Location:</b> <i>China</i> . <b>Study:</b> Wan & Leung, 2010. <b>Sample Size:</b> 2,754 (grade 7–11).		
Youth with a history of physical abuse	Attempted suicide	5.3*** OR (3.3–8.6)
<b>Location:</b> <i>Republic of Korea</i> . <b>Study:</b> Jeon, Roh, Kim et al., 2009. <b>Sample Size:</b> 6,986 medical students.		
Medical students with a history of emotional abuse	Attempted suicide	4.1*** AOR <sup>2</sup> (2.8–4.4) adjusted for health, economic status and stress
Medical students with a history of sexual abuse	Attempted suicide	3.3*** AOR <sup>2</sup> (1.8–6.1) (adjusted same as above)
<b>Location:</b> Seoul and Anyang, <i>Republic of Korea</i> . <b>Study:</b> Kim, Koh & Leventhal, 2005 <b>Sample Size:</b> 1,718 7th- and 8th-grade students		
Students who are both victims and perpetrators of bullying	Suicidal/self-injurious behaviours over the past 6 months	1.85 * AOR <sup>3</sup> (1.01–3.40) [2.01 crude AOR: 1.20–3.37] adjusted for anxious/depression symptoms, gender, residence, family structure and socio-economic status
<b>Location:</b> <i>China</i> . <b>Study:</b> Su, Tao, Cao et al., 2008. <b>Sample Size:</b> 1,428 college students		
College students with a history of physical contact sexual abuse during their primary school years	Suicide attempts in the last year	2.977* OR (1.555–5.701)
<b>Location:</b> <i>Philippines</i> . <b>Study:</b> Ramiro, Madrid & Brown, 2010 <b>Sample Size:</b> 1,068 adults aged 35 years or older residing in urban barangays in Quezon City, Metro Manila		
Adults with a history of child sexual abuse	Attempted suicide	5.2* AOR (2.2, 12.3) adjusted for age, sex, SES, education
Adults with a history of psychological neglect	Attempted suicide	5.0 * AOR (2.3, 10.5)
<b>Location:</b> <i>Philippines</i> . <b>Study:</b> Vizcarra, Hassan, Hunter et al., 2004. <b>Sample Size:</b> 1,000 women aged 14–49		
Women with a history of physical intimate partner victimization	Attempted suicide	7.17* AOR (1.48, 4.64) adjusted for women's level of education, history of child abuse, outside employment, number of children, partner's level of education and alcohol abuse, crowding and neighbourhood support

\* $p < .05$  \*\* $p < .01$  \*\*\* $p < .001$

<sup>1</sup> Includes scolding, physical punishment, perceived over parental control, failed to live up to expectations of parents, perceived poor relationship with family member, perceived parental conflict, perceived low parental care.

## 5.3 Physical health and health behaviours

There are a wide variety of physical health consequences associated with child maltreatment. This section will highlight the findings from studies included in the review on physical health and health behaviours including sleep disturbances, reproductive and genito-urinary problems as well as self-evaluated health status.

**Table 35: Physical health consequences of child maltreatment**

Those with Increased/Decreased Risk	Consequence	OR/AOR [CI]
<b>Location: Urban China. Study:</b> Luo, Parish & Laumann, 2008. <b>Sample Size:</b> 2,994 (1,519 women and 1,475 men)		
Women with history of peer perpetrated childhood sexual contact	Genito-urinary symptoms	2.20* AOR (1.04, 4.66)
Women with any childhood sexual contact	Genito-urinary symptoms	1.94* AOR (1.07, 3.52)
<b>Location: Guangzhou, China. Study:</b> Wong, Leung, Tang et al., 2009 <b>Sample Size:</b> 6,628 junior high school students (ages 12–16)		
Youth with history of physical maltreatment	Stomach pain	1.5** (1.3, 1.6)
Youth with history of physical maltreatment	Shortness of breath	1.5** (1.3, 1.8)
Youth with history of sexual abuse	Shortness of breath	2.3* (1.2, 4.6)
Youth with history of physical maltreatment	Chest pain	1.9** (1.7, 2.2)
Youth with history of sexual abuse	Chest pain	3.1** (1.6, 6.1)
Youth with history of physical maltreatment	Dizziness	1.8** (1.6, 2.0)
Youth with history of sexual abuse	Dizziness	2.0* (1.1, 6.2)
<b>Location: Japan. Study:</b> Masuda, Yamanaka, Hirakawa, et al., 2007. <b>Sample Size:</b> 1,592 university students.		
Youth with a history of emotional abuse (defined as a) did your parents often neglect you? b) did your parents often swear at you? c) did your parents often say that you were not necessary for your family? d) did your parents regard you as the black sheep of your family? e) were you afraid of your parents?)	Psychosomatic Disorder <sup>1</sup>	2.2* OR (1.5–3.1); 1.9* RR (1.4–2.5)
Youth with a history of physical violence from teachers (measured by the question “How often did teachers use violence (slap, kick, punch, throw something) against you?”)	Psychosomatic Disorder	3.0* OR (1.1–7.8), 2.4* RR (1.1–4.0)

\* $p < .05$  \*\* $p < .01$  \*\*\* $p < .001$

<sup>1</sup> Diseases such as non-ulcer dyspepsia, peptic ulcer, headache including migraine, irritable bowel syndrome, hyperventilation syndrome, hypertension, autonomic nervous dysfunction, and ulcerative colitis were considered as due to psychosomatic disorder.

An immediate consequence of child maltreatment is adverse physical health and injuries. For example, a study that utilised a retrospective chart review performed on all non-pregnant patients seen in the Women and Child Protection Unit (WCPU) in Vicente Sotto Memorial Medical Centre (VSMMC) in Cebu City, Philippines found that injuries from physical abuse included contusions and haematomas (69%), abrasions and lacerations (22%), head, eye and neck injuries (12%), and single digit incidences of fractures, stab wounds, burns, gunshot wounds and blunt injury (Acebes, Nerida & Chez, 2002).

This can be seen in many clinical studies, including those on shaken baby syndrome (Kobayashi, Yamada, Ohba et al., 2009), which found severe physical health consequences due to maltreatment. A clinical study of 32 cases of shaken baby syndrome over a one-year period in two hospitals in Japan (Kobayashi, Yamada, Ohba et al., 2009) found that 17 eyes of ten patients (31%) had vitreous haemorrhage, 22 had bilateral retinal haemorrhages and 10 had unilateral retinal haemorrhages. In addition to severe eye damage, acute subdural haemorrhages were seen in 24 patients (75.0%), chronic subdural haemorrhages in nine (28.1%), skull fractures in four (12.5%), brain oedema in two (6.3%), brain contusion in two (6.3%), brain injury in two (6.3%), and encephalopathy in one (3.1%). Long bone fractures were seen in two patients (6.3%). Of 10 patients with severe head trauma (i.e., skull fractures, brain injury, or both), six (60%) had vitreous haemorrhages, three (30%) disc haemorrhages, and seven (70%) haemorrhages in the entire retina. In the other 22 patients without severe head trauma, vitreous haemorrhage was seen in four (18%), disc haemorrhage in two (9%), and retinal haemorrhage in eight (36%). Vitreous haemorrhage was significantly associated with the severity of the head trauma. In this study, all four infants who died were boys, and of the 32 patients, boys accounted for 65.6%.

Other immediate health consequences include physical pain for children exploited through child labour. In a study of children working in the tourism industry in the Philippines (Edralin, 2003), the children had to work long, irregular hours, and often at night. Similar findings exist for child domestic workers who often work 12 or more hours a day.

Aside from the acute physical health consequences of child maltreatment, there are many chronic consequences, including daily headaches (Juan, Wang, Fuh et al., 2004), skin infections (UNESCAP multiple country study, 2000), stomach pain, shortness of breath, chest pain, dizziness, irregular menstruation, sleep disturbances (Wong, Leung, Tang et al., 2009), genito-urinary symptoms (Luo, Parish & Laumann, 2008) and psychosomatic disorders (Masuda et al., 2007).

Children and young people who have experienced child maltreatment also tend to rate their own health as poorer than those who have not experienced child abuse (Yen, Yang, Chen et al., 2008; Chen, Wang & Dunne, 2003, Chen Han & Dunne, 2004; Chen, 2004).

Alcohol use has been linked in a variety of ways to child maltreatment, including drinking from an early age, problem drinking and marrying an alcoholic. Several studies from the region have begun to highlight these associations. Problem drinking appears to be an especially strong association. In a study of young residents in northern Bangkok, it was found that those with a history of penetrative (oral, anal and/or vaginal) sexual abuse before the age of 16 were 19 times more likely to report problem drinking habits than young adults without a history of abuse (Jirapramukpital, Prince & Harpham, 2005). A similar association between experiencing child physical abuse and a higher likelihood of problem drinking was found in a study of junior high school students in China (Yen, Yang, Chen et al., 2008).

## Alcohol use

**Table 36: Alcohol use and a history of child maltreatment**

Those with Increased/Decreased Risk	Consequence	OR/AOR [CI]
<b>Location:</b> Beijing, Hubei, Henan and Hebei Provinces, <i>China</i> . <b>Study:</b> Chen, Dunne, Han, 2004 <b>Sample Size:</b> 2,300 high school students.		
Females with history of non-contact child sexual abuse	Had ever been drunk (during lifetime)	3.02* OR (1.78, 5.12)
Females with history of contact child sexual abuse	Had ever been drunk (during lifetime)	2.90* OR (1.76, 4.7)
<b>Location:</b> Hefui, Wuhu, and Bengbu of Anhui Province in eastern <i>China</i> . <b>Study:</b> Xiao, Dong, Yao & Ye, 2008 <b>Sample Size:</b> 2,073 medical students.		
History of four or more episodes of Adverse Childhood experiences	Self-reported alcoholism	3.1*AOR (2.2, 4.0)
History of four or more episodes of Adverse Childhood experiences	Ever married an alcoholic	3.1*AOR (2.3, 4.2)
<b>Location:</b> Taiwan, <i>China</i> . <b>Study:</b> Yen, Yang, Chen et al., 2008. <b>Sample Size:</b> 374 junior high school students		
History of child physical abuse <sup>1</sup>	Problem drinking	3.360* OR (2.389–4.725)
<b>Location:</b> <i>Philippines</i> . <b>Study:</b> Ramiro, Madrid & Brown, 2010. <b>Sample Size:</b> 1,068 adults aged 35 years or older residing in urban barangays in Quezon City, Metro Manila		
Adults with a history of childhood physical neglect	Current alcohol use	2.1 * AOR (1.5, 3.1) (see above)
<b>Location:</b> Bangkok, <i>Thailand</i> . <b>Study:</b> Jirapramukpitak, Harpham & Prince, 2010 <b>Sample Size:</b> 1,052 young residents aged 16–25.		
History of child physical abuse	Problem drinking <sup>1</sup>	1.7* AOR (see above) (1.1–2.7)
<b>Location:</b> Northern Bangkok, <i>Thailand</i> . <b>Study:</b> Jirapramukpitak, Prince & Harpham, 2005 <b>Sample Size:</b> 202 young residents aged 16–25.		
History of penetrative (oral, anal or vaginal sexual intercourse) child sexual abuse before the age of 16	Problem drinking	21.3* OR (4.6, 98.3), 19.9* AOR (4.1–97.5) (adjusted for sex, education of the respondents and head of household, other forms of abuse and witnessing maternal battering)
<b>Location:</b> Bangkok, <i>Thailand</i> . <b>Study:</b> Wakai, Miura & Umenai, 2005. <b>Sample Size:</b> 215–100 working and 115 nonworking students in 7th to 9th grades (ages 13–14).		
Students who work	Have ever drank alcohol	2.64**OR (1.44, 4.82)

\* $p < .05$  \*\* $p < .01$  \*\*\* $p < .001$

<sup>1</sup> Problem drinking assessed using the Alcohol Use Disorder Identification Test (AUDIT).

## Smoking

**Table 37: Smoking and a history of child maltreatment**

Those with Increased/Decreased Risk	Consequence	OR/AOR [CI]
<b>Location: Philippines. Study:</b> Ramiro, Madrid & Brown, 2010 <b>Sample Size:</b> Adults with a history of physical maltreatment as a child (before 18 years old)		
Adults with a history of physical maltreatment as a child (before 18 years old)	Early smoking initiation (15 years or younger)	11.2* AOR (2.9, 42.6) adjusted for age, sex, SES and education
Adults who reported their mother was treated violently when they were a child (<18)	Early smoking initiation (15 years or younger)	2.4* AOR (1.6, 3.7) adjusted for age, sex, SES and education
<b>Location: Bangkok, Thailand. Study:</b> Wakai, Miura & Umenai, 2005. <b>Sample Size:</b> 215–100 working and 115 nonworking students in 7th to 9th grades (ages 13–14).		
Students who work	Have ever smoked tobacco	4.91***OR (1.97, 12.24)

\* $p < .05$  \*\* $p < .01$  \*\*\* $p < .001$

Early smoking initiation and ever smoking as a child have been linked to child maltreatment and child labour. A study of 892 female medical students in China (Chen, Han & Dunne, 2004) found that more students who had experienced child sexual abuse reported smoking during the previous 30 days than those without a history of abuse (smoking 8.8 % vs. 4.4 %,  $z = 6.17$ ,  $P = 0.013$ ). A representative study of bullying in Beijing, China among junior middle schools students (Hazemba et al., 2008) found that adolescents who reported having been bullied were also more likely to have smoked.

A study in Thailand focused on the linkage between child labour (children aged 13–14 who were working) and smoking and alcohol use. The study found that 29% of working children smoked as compared with 7% of nonworking children. Students who worked were 4.91 times more likely to use tobacco (1.97, 12.24 95% CI) than students who did not work.

Several studies have explored the links between child maltreatment and substance abuse. The table above presents the crude and adjusted odds ratios for substance misuse. Similar to the findings above, an additional study in 13 runaway and homeless adolescent shelters in the Republic of Korea (Park, Kim, Kim & Sung, 2007) found that adolescents subjected to physical abuse (by anyone in the last year) were more likely to meet problematic criteria for substance abuse.

Children living and working on the streets, trafficked children and those involved in the drug trade are particularly vulnerable to substance abuse. An ILO (2002, Philippines) rapid assessment of 226 respondents, including both children involved ( $N=123$ ) and not involved ( $N=103$ ) in the drug trade, found that most of those working with drugs were also users. Only 10 of the respondents did not use drugs. Drug use ranked second (24.39%) in the list of reasons for why children were involved in the narcotics trade and second (22.76%) in the list of uses of the income accrued from profits.

A participatory action research study with Filipino children living and working on the streets also found high levels of drug use. When asked whether they used drugs in their groups or gangs, an overwhelming 70% of those who answered (54/78) said 'yes' (Tambayan, 2003).

## Substance abuse

**Table 38: Substance abuse and a history of child maltreatment**

Those with Increased/Decreased Risk	Consequence	OR/AOR (95% CI)
<b>Location:</b> Shatin District, Hong Kong, <i>China</i> . <b>Study:</b> Lau, Chan, Lam, Choi & Lai, 2003 <b>Sample Size:</b> 489 Form 2 (8th grade) students.		
Ever beaten to injury by family member	Abused medication in past six months	20.38** OR (CI not stated)
<b>Location:</b> Hong Kong, <i>China</i> . <b>Study:</b> Lau, Kim, Tsui et al., 2005. <b>Sample Size:</b> 95,788 secondary students		
Beaten to injury by a family member without provocation in last six months	Ever use psychoactive drugs	2.07***AOR (13%, 95% CI: 11.7, 14.3)
Beaten to injury by a family member without provocation in last six months	Currently use psychoactive drugs	2.39***AOR (8.3%, 95% CI: 7.2, 9.3)
Beaten to injury by a family member without provocation in last six months	Ever use heroin	2.30***AOR (8.0%, 95% CI: 7.0, 9.1)
Beaten to injury by a family member without provocation in last six months	Currently use heroin	3.07***AOR (4.0%, 95% CI: 3.2, 4.7)
Beaten to injury by a family member without provocation in last six months	Anticipate future use of psychoactive substances	1.53***AOR (28.1%, 95% CI: 26.4, 29.8)
<b>Location:</b> Bangkok, <i>Thailand</i> . <b>Study:</b> Jirapramukpitak, Harpham & Prince, 2010 <b>Sample Size:</b> 1,052 young residents aged 16–25		
Exposure to domestic violence during childhood	Illicit drug use	2.8*AOR (adjusted for age, gender, head of household's education and asset index) (1.4–5.5)
History of child physical abuse	Illicit drug use	2.0* AOR (see above) (1.1, 3.5)

\* $p < .05$  \*\* $p < .01$  \*\*\* $p < .001$

<sup>1</sup> If the respondent reported ever being struck, slapped, kicked or otherwise physically injured by family members during childhood, and, if the abrasions, bruises or pain lasted into the second day, the subject was classified as physically abused.

For trafficked and exploited children, drug use is often a consequence of their exploitation. In a qualitative study that employed in-depth interviews with 74 trafficked children in the Philippines, the children reported being forced to take drugs to lessen fear, fatigue, embarrassment or discomfort (ECPAT & TDH-NL, 2004). In a multicountry, coordinated, qualitative study on sexually abused and exploited children (UN, 2000), the findings from the Cambodia study indicated that children living and working on the streets were addicted to cigarettes and glue sniffing to ward off hunger.

## Eating disorders

**Table 39: Eating disorders and a history of child maltreatment**

Those with Increased/ Decreased Risk	Consequence	OR/AOR (95% CI)
<b>Location:</b> Beijing, Hubei, Henan and Hebei Provinces, <i>China</i> . <b>Study:</b> Chen, Dunne, Han, 2004 <b>Sample Size:</b> 2,300 high school students.		
Females with history of non-contact child sexual abuse	Past 30 days, had vomited or taken laxatives to lose weight or to keep from gaining weight	3.50* OR (1.25, 9.79)
Females with history of contact child sexual abuse	Past 30 days, had vomited or taken laxatives to lose weight or to keep from gaining weight	3.00* (1.08, 8.37)
Males with history of contact child sexual abuse	Past 30 days, had gone without eating for 24 hours or more to lose weight or to keep from gaining weight	7.30* (1.88, 28.32)
<b>Location:</b> Guangzhou, <i>China</i> . <b>Study:</b> Wong, Leung, Tang et al., 2009 <b>Sample Size:</b> 6,628 junior high school students (ages 12–16).		
Youth with history of physical maltreatment	Poor appetite	1.5** (1.4, 1.7)
<b>Location:</b> <i>Philippines</i> . <b>Study:</b> Ramiro, Madrid & Brown, 2010 <b>Sample Size:</b> 1,068 adults aged 35 years or older residing in urban barangays in Quezon City, Metro Manila		
Adults with a history of child sexual abuse	Weight > than or equal to 170 lbs	2.2 * AOR (1.0, 4.8) adjusted for age, sex, SES, education

\* $p < .05$  \*\* $p < .01$  \*\*\* $p < .001$

Recent research in the region has highlighted the associations between child maltreatment and eating disorders among both adolescents and adults. A study of high school students in China found that females with a history of both non-contact and contact child sexual abuse were approximately three times more likely to have vomited or taken laxatives to lose weight or to keep from gaining weight than females without a history of abuse (Chen, Dunne & Han, 2004). This consequence was actually more pronounced for males who had a history of contact child sexual abuse – these male high school students were over seven times more likely to vomit or use laxatives to lose weight or keep from gaining weight than males without a history of abuse.

Other associations have been found with eating habits and weight. For example, a survey of junior high school students in China found students with a history of physical maltreatment were more likely to have poor appetites (Wong, Leung, Tang et al., 2009). A study in the Philippines among adults found those with a history of child sexual abuse were more like to weigh more than or equal to 170 lbs than other adults in the study without the history of abuse (Ramiro, Madrid & Brown, 2010).

## 5.4 Sexual behaviours and exposure to HIV/STIs

**Table 40: Exposure to HIV/STIs and risky sexual behaviours as a consequence of child maltreatment**

Research Design	Findings on HIV/STI and Risky Sexual Behaviour Consequences
<b>Location:</b> Cambodia. <b>Authors/Year of Publication:</b> McCauley, H.L., Decker, M.R. & Silverman, J.G., 2010	
136 intake forms from trafficked women seeking services at 26 NGOs across Cambodia	<b>65.8%</b> (48/73) self-reported STI infection
<b>Location:</b> Phnom Penh, Cambodia. <b>Authors/Year of Publication:</b> Nishigaya, K., 2002	
20 Qualitative in-depth interviews with young prostituted girls	Multiple constraints against condom use with some clients 'refusing by force'
<b>Location:</b> Battambang Province, Cambodia. <b>Authors/Year of Publication:</b> Yi, S., Poudel, K.C., Yasuoka, J. et al., 2010	
1,049 students aged 14 to 20 years (10% of population using probability proportionate to size sampling)	After controlling for other covariates, among girls, higher likelihood of risky sexual behaviour remained significantly associated with higher levels of community-violence witnessing ( $\beta = 0.136$ , SE = 0.023, $p = 0.010$ ), and lower levels of family support ( $\beta = 0.197$ , SE = 0.004, $p < 0.001$ )
<b>Location:</b> Urban China. <b>Authors/Year of Publication:</b> Luo, Parish & Laumann, 2008	
2,994 (1,519 women and 1,475 men)	Women with history of adult perpetrated childhood sexual contact are 5.63** (AOR 1.70, 18.65) times more likely to get sexually transmitted infections than women without a history of adult perpetrated childhood sexual contact  Women with any childhood sexual contact are 3.35** (AOR 1.42, 7.94) times more likely to get sexually transmitted infections than women without a history of adult perpetrated childhood sexual contact
<b>Location:</b> Ulaanbaatar, Darkhan-Uul, Zamiin-Uud of Dornogobi aimag, and Khavirga, Mongolia <b>Authors/Year of Publication:</b> ILO/IPEC, 2005	
91 women and girl sex workers (under the age of 25)	<b>47.3%</b> reported health problems during their sex work with the most common being STDs, kidney and urinary tract infections

\* $p < .05$  \*\* $p < .01$  \*\*\* $p < .001$

### Risky sexual behaviours

Child exploitation, specifically trafficking and commercial sexual exploitation, has significant associations with risky sexual behaviours, including sexually transmitted infections and HIV/AIDS. A study of prostituted young migrant children in northern Viet Nam found that a general sense of powerlessness also extends into the realm of condom use and negotiation, because the prostituted children do not have the personal power to negotiate safe sexual practices and often may be working under the threat or fear of violence (Rushing, Watts, Rushing, 2005). This is echoed by another study of prostituted migrant children in Thailand (ARCM, no date), that found the children were at significant risk of contracting disease from their sexual activities and that they did not know how to protect themselves. A qualitative study in Cambodia found that for young girls, there were multiple constraints against condom use, including some clients 'refusing by force'.

In a study of 272 commercially exploited children in Indonesia (National Coalition for the Elimination of Commercial Sexual Exploitation of Children, Ministry of Women's Empowerment and UNICEF, 2009), 60% of child victims of commercial sexual exploitation in Mangga Besar and its surrounding areas were elementary school graduates, and 94.3% of them had more than one sexually transmitted infection (STI). Similarly, in a UNESCAP multicountry, coordinated qualitative study in the East Asia and Pacific region on sexually abused and exploited children (UN, 2000), many children in each country were found to be suffering from sexually transmitted diseases, including gonorrhoea, syphilis and herpes simplex; some were HIV positive.

## HIV/AIDS

---

### Case Study 8: HIV/AIDS and trafficking

In a study of trafficked persons in the Lao People's Democratic Republic, two stories of contracting HIV/AIDS emerged.

*Bay, 21, is an ethnic Khmou girl who was deceived and trafficked to work in a massage parlour in Sansouk village in Suphan Buri province, Thailand. The hours at the massage parlour were grueling: Bay had to work from 7pm to 3am. The living conditions were hard. The rooms were cramped and the girls slept four to a room on the floor with no mattress. For the first two months, Bay never received any money and was given only 50 baht per day for food. The massage parlour owner, Mrs. Mee, claimed she had already handed over the equivalent of two months' salary, 57,000 baht, as payment for Bay and another girl. She made it clear that she expected the girls to work for free for the next couple of months to pay off her investment. After that, they were supposed to start receiving a salary for the services provided. The money paid by the clients was divided in three ways: one part for Mrs. Mee; one part for the 'officers' (the local police,) and the remainder for the girls.*

*After six months of working at the massage parlour, Bay became seriously ill. She went to the district hospital, very weak and barely able to walk. She had rashes and spots all over her skin and was bloated. She could not sleep or eat, was nauseous and often vomited if she did manage to get some food down. They tried to treat her symptoms, but there were so many. Eventually she found out she had tested positive for HIV. Bay went back to work, but two months later, she fell extremely ill again. Mrs. Mee told Bay to go home and paid her 28,000 baht. On returning home, Bay became gravely ill. Since completion of the research, Bay has died.*

*Ly, a Lue ethnic girl from Pak Tha district, Bokeo province, was deceived by traffickers and in 1992 was sold into prostitution in Hat Yai, Thailand, where she worked for six years until she was finally freed. She died one year after returning home. Before dying, she confessed to her family and friends that she was sick because when she was in Thailand, she was forced to sleep with clients five to ten times a day, and then her employers suspected she was HIV positive and decided to let her go.*

A situational analysis conducted by UNICEF in Viet Nam in 2010 found that many young migrants are especially vulnerable to economic and sexual exploitation, as well as drug abuse, which are high-risk activities that can lead to HIV infection. Very little research has been done on HIV/AIDS as a consequence of child maltreatment and exploitation in the region. Another study of sexually abused and exploited children in Viet Nam (UN, 2000) found that the physical consequences of sexual abuse included STIs, HIV and gynaecological diseases. Some of the children had become pregnant, and either terminated the pregnancy, or had the child. Because of sexual relations with many people, 70% of the sexually abused children were infected with various diseases, including STIs, HIV and gynaecological conditions. Some 5% of the children interviewed had contracted HIV. Only 70% of the girls indicated that they usually used condoms during sex. The main reason for not using a condom was refusal by the customer to wear one. Furthermore, 83% of the girls had their hymen torn, as they were too young to have sexual relations.

### Unwanted/unintended pregnancies

Another consequence of child sexual abuse and commercial exploitation of children is unintended and unwanted pregnancies. In an ILO–IPEC (2005) study of women and girls (under the age of 25) who were prostituted in Mongolia, 22% of those surveyed (n=91) said they had had an abortion. All of those who reported this were over the age of 16. Another study of sexual exploitation of children in the Solomon Islands by men involved in the logging industry (Herbert, 2007) highlighted nine stories of girls becoming pregnant, five of which involved early marriage. The ages of the girls who became pregnant were between 12 and 17, with babies dying in two cases. Within this community-based research project, six of the 24 groups in the community awareness-raising work also discussed teen pregnancy as an issue in their village (Herbert, 2007).

Similar findings are highlighted in studies in Viet Nam and Thailand. In a study of 122 prostituted children in Viet Nam (ILO-IPEC, 2002) very few of those surveyed (9 out of 122, or 7.4 %) said that their employers bought medicines or took them to hospitals for treatment, including abortions, when they were pregnant or suffered from health problems, such as sexually transmitted infections. They were required to pay for the treatment themselves, which could lead to very dangerous situations for girls with unwanted pregnancies.

Among sexually abused and exploited children in a Vietnamese study (UN, 2000), an investigation showed that 12 girls had become pregnant. Four ended up bearing their children, while the others had abortions. Another qualitative study in Thailand that followed up with 60 substantiated cases of child sexual abuse identified in clinical settings (Trangkasombat, 2008) found that 17 children (28.3%) had problems resulting from sexual abuse. The list included pregnancy (seven cases), STD (gonorrhoea and syphilis, five cases), genital tears (three cases), and HIV infection (one case). In a clinical study conducted with all non-pregnant patients seen in the Women and Child Protection Unit in Vicente Sotto Memorial Medical Centre in Cebu City, Philippines, a retrospective chart review found that 21 (4%) of the rape victims seen through the centre became pregnant and 10 of these women underwent an induced abortion (Acebes, Nerida & Chez, 2002).

A study of 1,068 adults in Manila, the Philippines, found that adults with a history of psychological abuse or psychological neglect were more likely to have an unintended pregnancy than those without the history of abuse or neglect, after controlling for age, sex, socioeconomic status and education (Ramiro, Madrid & Brown, 2010). This study also found that adults with a history of child

sexual abuse were more than eight times more likely to have an early pregnancy (under the age of 18) than those without a history of abuse (8.5 AOR, 3.9, 18.6, 95% CI).

**Table 41: Sexual behaviours and a history of child maltreatment**

Those with Increased/Decreased Risk	Consequence	OR/AOR [CI]
<b>Location: Urban China. Study:</b> Luo, Parish & Laumann, 2008. <b>Sample Size:</b> 2,994 (1,519 women and 1,475 men)		
Women with history of peer perpetrated childhood sexual contact	Partners in lifetime > 2	4.84** AOR (1.84, 12.76)
Women with history of peer perpetrated childhood sexual contact	Partners in last year > 1	5.03** AOR(1.77, 14.30)
Women with history of any childhood sexual contact	Fear of being harassed	5.64*** AOR (2.31, 13.76)
Men with a history of any childhood sexual contact	Concurrent partners	2.79*** AOR (1.67, 4.64)
Men with a history of adult perpetrated sexual contact	Sex to please partner	13.39*** AOR (4.99, 35.92)
Men with a history of any childhood sexual contact	Fear of being harassed	5.01*** AOR (1.99, 12.64)
Men with a history of adult perpetrated childhood sexual contact	Fear of being harassed	8.95** AOR (2.47, 32.42)
<b>Location: Philippines. Study:</b> Ramiro, Madrid & Brown, 2010 <b>Sample Size:</b> 1,068 adults aged 35 years or older residing in urban barangays in Quezon City, Metro Manila		
Adults with a history of child sexual abuse	Early sex (age 16 or younger)	11.6* AOR (6.3, 21.4) adjusted for age, sex, SES and education
Adults with a history of childhood psychological neglect	Multiple partners (greater than three)	2.0* AOR (1.5, 2.7) (see above)
<b>Location: Suburb of Hanoi, Viet Nam. Study:</b> Le & Blum, 2009 <b>Sample Size:</b> 2,394 never married youth ages 15 to 24 years old		
Youth who had ever been sexually abused	Premarital sex	34.994***

\*  $p < .05$  \*\* $p < .01$  \*\*\* $p < .001$

The table above shows the associations primarily between child sexual abuse and other sexual behaviours for both men and women. The study by Lou and colleagues (2008) looked at a whole range of consequences as a result of child sexual abuse, and found that men who had experienced this were more likely to have concurrent partners, to have sex to please a partner and to fear being harassed than men without a history of child sexual abuse. Likewise, there were several associations for women, including having more sexual partners both during their lifetime and in the past year, and also being more fearful of being harassed, than women who did not experience child sexual abuse (Luo, Parish & Laumann, 2008).

## 5.5 Aggression, violence and criminality

**Table 42: Aggressive behaviours, carrying weapons and a history of child maltreatment**

Those with Increased/ Decreased Risk	Consequence	OR/AOR [CI]
<b>Location:</b> Beijing, Hubei, Henan and Hebei Provinces, <i>China</i> . <b>Study:</b> Chen, Dunne, Han, 2004 <b>Sample Size:</b> 2,300 high school students		
Males with history of contact child sexual abuse	Past 30 days, had carried a weapon such as a knife or club	3.62* OR (1.45, 9.04)
<b>Location:</b> <i>Philippines</i> . <b>Study:</b> Rudatsikira, Mataya, Siziya & Muula, 2008 <b>Sample Size:</b> 7,338 high school students as part of the Global School-Based Health Survey (GSBS)		
Students bullied 6–9 days in the past month	Being in a physical fight	4.45*** AOR (2.61, 7.60) controlling for age, gender, substance use and parental supervision
<b>Location:</b> <i>Republic of Korea</i> . <b>Study:</b> Kim, Leventhal & Koh, 2006 <b>Sample Size:</b> Cohort study of 1,655 middle school students (7th and 8th grade)		
Victim-Perpetrators of Bullying	Aggression in last six months (subscale of K-YSR measured as argumentative, defiant, fighting, aggressive, or cruel)	4.85***AOR <sup>a</sup>
Victim-Perpetrators of Bullying	Externalizing problems in last six months (subscale of K-YSR measured as aggressive, fighting, conduct problems, or externalized and under controlled behaviours)	4.82***AOR <sup>a</sup>

\*  $p < .05$  \*\*  $p < .01$  \*\*\*  $p < .001$

<sup>a</sup> adjusted for sex, grade, family structure, parental educational level, residence and socioeconomic status.

### Aggression

Recent studies suggest a link between child maltreatment, specifically harsh or severe corporal punishment, and subsequent adolescent and adult aggression. One anthropological fieldwork study highlighted the relationship between experiencing violence and future aggression among boys (Rydström, 2006). In a study of grade four children in a Hong Kong primary school, Chang and colleagues (Chang, Lansford, Schwartz & Farver, 2004) found that harsh parenting was positively associated with child externalising, meaning that the more severe the punishment by parents, the more likely the child was to act out in other ways. In another study at two kindergartens in Hong Kong, China, Chang and colleagues (Chang, Schwartz, Dodge & McBride-Chang, 2003) found that harsh parenting from both mothers and fathers affected child emotion regulation, which, in turn, led to aggression. These effects were significant. Fathers' harsh parenting also had a significant effect on child aggression.

Similar findings were found in a Singapore study of preschool children and their parents, but with an exploration of the type of punishment and its effect on aggression. Within this study specifically, caning by fathers was directly linked to child aggression, whereas caning by mothers was linked only when she rated low in rejection (i.e. making the child feel rejected and unloved). Mother slapping was linked to sons' but not daughters' aggression, but father slapping was linked to daughters' but not sons' aggression only when he was rated low in rejection. Notably, all links were

positive when they existed (Sim & Ong, 2005). In another study of adolescent Filipino students (Maxwell & Maxwell, 2003), researchers found that child-directed and child-witnessed violence influence adolescent aggression. This direct and positive relationship remains even while controlling for several other factors that are commonly used to explain antisocial behaviour and/or delinquency. The effects of both family violence measures on aggression also do not vary by gender, suggesting that both forms of family violence have similar negative consequences for both boys' and girls' levels of aggression. The findings also showed that of the two family violence measures examined, witnessing violence had the largest observed effect on children's aggression.

## Antisocial and disruptive behaviour

**Table 43: Violent behaviours perpetration and a history of child maltreatment**

Those with Increased/Decreased Risk	Consequence	OR/AOR [CI]
<b>Location:</b> Hong Kong, <i>China</i> . <b>Study:</b> Chan, Tiwari, Leung et al, 2007. <b>Sample Size:</b> 651 university students		
Males with neglect history	Physical violence perpetration in an intimate partnership	1.12* Crude OR
<b>Location:</b> <i>Philippines</i> . <b>Study:</b> Asara & Hindin, 2009. <b>Sample Size:</b> 1,861 women		
Women with a history of violence between parents	Wife only perpetration of physical aggression toward an intimate partner	1.80**** RRR (1.36,2.37)
Women with a history of violence between parents	Husband only perpetration of physical aggression toward an intimate partner	1.49** RRR (1.002,21)
Women with a history of violence between parents	Both partner (husband and wife) perpetration of physical aggression toward an intimate partner	1.95**** RRR (1.38, 2.76)
<b>Location:</b> Pacific Islands – Pohnpei State in the <i>Federated States of Micronesia, Kingdom of Tonga and Vanuatu</i> <b>Study:</b> Smith, Phongsavan, Bampton et al., 2008 <b>Sample Size:</b> 14–17 year olds in Pohnpei State: 1,442; Tonga: 1,148 and Vanuatu: 2,925		
14–17 year olds who have sometimes or often “taken part” in bullying in this school term	Intentional injury (from anyone including parents, teachers, boyfriend or girlfriend)	Pohnpei: 1.73***AOR (1.42, 2.09) (adjusted for clustering effect by school and corrected for finite population sampling)
<b>Location:</b> <i>Republic of Korea</i> . <b>Study:</b> Kim & Kim, 2006. <b>Sample Size:</b> 2,167 adolescents (1,196 students and 971 delinquents)		
Adolescents with history of sexual abuse	Conflict with the Law	1.68 (p value not stated)

\*  $p < .05$  \*\*  $p < .01$  \*\*\*  $p < .001$

In addition to aggressive behaviours, research is beginning to identify linkages between child abuse and violence victimisation and other antisocial and disruptive behaviours. In the same study mentioned in the previous section (different paper and just with the sixth grade sample), Maxwell (2001) found a linkage between a specific indicator of familial strain (witnessing violence) on varying levels of the children's self-reported antisocial behaviours, and the teacher's predictions score (of their students' behaviours), which is an independent measure of antisocial behaviour. This relationship holds even when indicators of social control and differential association were controlled. Surprisingly,

parent-to-child aggression, which has been found in many Western studies to have an important effect on delinquency, was not significant in any of the models tested in this study (Maxwell, 2001).

Child abuse also has associations with child disruptive behaviour disorders (DBD). In a clinical study of 144 patients receiving routine outpatient treatment for attention deficit hyperactivity disorder (ADHD) (Bandou, Koike & Matuura, 2010), it was found that child abuse and parental psychiatric disorders were likely to have strong associations with comorbid disruptive behavioural disorders.

## Intimate partner violence perpetration

Several studies have shown an association between adverse childhood experiences, specifically abuse and witnessing domestic violence as a child, and intimate partner violence perpetration. A study in the Philippines (Asara & Hindin, 2009) found that relatively few factors predicted wife-only perpetration (i.e. the wife is the sole perpetrator of violence within the relationship). Violence between the wife's parents was the only personal history variable that was significant, indicating a higher risk of perpetration for women reporting this experience. The study found many more factors were associated with husband-only perpetration. Among the personal history variables, higher husband age was associated with a lower risk, whereas violence between the wife's parents was associated with a higher risk (Asara & Hindin, 2009). These risk factors are apparent in a case-control study in China (Liu, Zhang, Cao, Huang, 2010) of 38 participants with severe intra-familial physical violence (SIFPV) and 38 non-domestic violence (nDV) community controls. The adults in the SIFPV group got significantly higher scores of physical, emotional and sexual abuse, and emotional neglect than that of the group that was not exposed to domestic violence in childhood.

In a study of university students in the Republic of Korea, Gover and colleagues (2010) found that males who witnessed mother-to-father violence reported a significantly higher frequency of psychological abuse perpetration than females who witnessed mother-to-father violence. In addition, older males reported a significantly lower frequency of physical violence perpetration, and females who witnessed father-to-mother violence reported a significantly higher frequency of physical violence perpetration.

## Children in conflict with the law

Several studies conducted in the region have examined the various paths and risk factors associated with what is termed in the psychology field as 'adolescent delinquency' and referred elsewhere as children in conflict with the law. For example, in a study of 1,908 adolescents in the Republic of Korea (Kim & Kim 2005), researchers found that for females in conflict with the law, drug abuse (.368) had the greatest total effect on their behaviour, followed by a feeling of isolation (.295), antisocial personality tendency (.279), parent-child relationships (.166), sexual abuse (.145), and family instability (.145). Again, all effects were in the hypothesized direction, in that the rate of being in conflict with the law rises with increases in each of these variables. For females, drug abuse had the highest direct effect, as well as the highest total effect, on their behaviour. In contrast, age, maternal rearing attitude, family stability, and parent-child relationships had only indirect effects on behaviour, while sexual abuse, antisocial personality tendency, a feeling of isolation, and alcohol and drug abuse had only a direct effect. The same four variables – antisocial personality tendency, parent-child relationship, alcohol and drug abuse, and a feeling of isolation – were among the

strongest variables in explaining both male and female involvement in 'delinquent' behaviour. In the path analysis, the most powerful contributing variables affecting males in conflict with the law were age, antisocial personality tendency, parent-child relationship, a feeling of isolation and a history of sexual abuse, in that order (Kim & Kim, 2005).

Another study by Kim & Kim (2006) found that adolescents in conflict with the law had a higher frequency of sexual victimization in their families as well as a higher frequency of family violence than student adolescents not in conflict with the law.

However, a case-control study of Singaporean youths involved in corner street gangs (cases) and student controls (Kee, Sim, Teoh et al., 2003) found a modest association of family variables. The experience of less open communication and higher levels of control (over-protective, over-controlling, critical, guilt-inducing) with their mothers were the only two factors significantly associated with the adolescent's involvement in street corner gangs. It does not appear that the youths involved in street corner gangs experienced greater levels of abuse or indifference from their parents as compared to controls. This does not necessarily contradict other studies which suggest that being in conflict with the law is associated with the above two factors. This is because different subgroups of children in conflict with the law may be associated with different family variables. Similarly, Moon & Blurton (2007) found that chronic parental punishment and being bullied are negatively related to general 'delinquency' in a study in the Republic of Korea, contrary to previous studies showing that children, physically and/or emotionally punished by parents, are more likely to engage in behaviours that would put them in conflict with the law. The researchers feel a possible explanation for this contradictory finding is that the cultural emphasis in the Republic of Korea on parental control of children through physical punishment and shaming might produce a deterrent effect, as evidenced in the present study.

## Impact on bullying and school violence

Several studies have shown linkages between child maltreatment and violent behaviours – specifically on violence within school settings. In a study of 892 female medical students in China, Chen, Han & Dunne (2004) found that compared to the students who had not experienced child sexual abuse, the students who had were more likely to have been involved in physical fights (16.7 % vs. 5.6 %  $\chi^2 = 27.05$ ,  $P = 0.000$ ) in the 12 months preceding the survey. Similarly, a study of 201 Japanese students (in a larger sample of 812 university students from Japan, South Africa and the United States by Dussich & Maekoya (2007) found significant relationships between physical child harm and three types of bullying-related behaviours: offending, being victimized, and offending plus being victimized. Using social coping theory, this research suggests that the manner in which physically harmed children cope with their early victimization has a bearing on their subsequent involvement with bullying-related behaviours.

However, a study that looked at pathways to various behaviours (Chen & Astor, 2011) found the link between childhood experiences of abuse and perpetrating violence could be mediated through other factors. Students' prior victimization has direct links to both violence against other students and violence against teachers in school settings. Prior victimization also has indirect effects on violence against students mediated through school engagement and risky peers, and indirect effects on violence against teachers mediated through all school variables, the study found. Therefore, there may be other factors involved in mediating these consequences. In another study among high school

students in the city of Taegu, Republic of Korea, (Morash & Moon, 2007), researchers found that the combination of abuse by teachers with delinquent peers is the strongest predictor of violence perpetration for both girls and boys. However, another study found that the biggest risk factor for bullying might be actually experiencing bullying oneself. In a representative random sample of middle school students in the Republic of Korea, Lee (2010) found that prior bullying victimization experience is the single most important factor that increases bullying behaviours at all levels. Further research needs to be conducted to fully explore the consequences of violence victimisation on violence perpetration among children and young people.

## Other violence perpetration

Only one study examined the link between child abuse and children's violence against animals. In a case-control study of maltreated and non-maltreated children in Japan, Yamazaki (2010) found that the maltreated children were more likely to witness and perpetrate more serious animal abuse, compared with those in the non-maltreated group. Maltreated children reported worries such as their animals being killed or abused – concerns not reported by those in the control group. Thus, generally, the results imply that the maltreated children sought more support from animals as portrayed by the array of positive experiences they had, but at the same time, they also experienced more violence involving animals.

There is a growing evidence base in the East Asia and Pacific region showing the links between child maltreatment – and specifically child sexual abuse or witnessing parental domestic violence – and subsequent intimate partner violence. In a study of female medical students in China, Han (2006) found that females with a history of contact sexual abuse (i.e. molestation and forced sex) were more than five times more likely to have been hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend in the last 12 months, than females who had not experienced child sexual abuse. In a case-control study of 1,393 adolescents and young women seeking abortion in China, Cheng, Kang, Wang and colleagues (2001) found that in the case group (abortion-seeking women who had experienced sexual coercion), 4.6% of the women had been battered by their partner and 8.8% had been abused by their male partners. By comparison, in the control group (abortion-seeking women who had not experienced sexual coercion), only 1.7% of the women had experienced battery and 5.0% had been abused. The difference between the case and the control group was significant ( $p < .001$ , OR = 2.87 and 1.84 respectively). The Japan portion of the WHO Multi-country Study on Women's Health and Domestic Violence (Yoshihama & Horrocks, 2010) found a significant relationship between child sexual abuse and sexual initiation, and the subsequent risk of intimate partner violence among Japanese women, with this finding being consistent with studies conducted in the other countries. However, a study of newly married couples in China (Zou, Zhang, Zhang et al., 2007) found that respondents with experience of intimate partner violence in the past year reported significantly higher scores for emotional, physical and overall abuse during childhood, but not for sexual abuse and neglect.

**Table 44: Intimate partner violence victimization and a history of child maltreatment**

Those with Increased/Decreased Risk	Consequence	OR/AOR (95% CI)
<b>Location:</b> Hong Kong, <i>China</i> . <b>Study:</b> Chan, Yan, Brownridge, Tiwari, Fong, 2010 <b>Sample Size:</b> 1,154 Household survey with those aged 16 or older		
Childhood sexual abuse history	Lifetime prevalence of physical IPV	3.65* Crude OR(1.195, 11.147)/ 4.719** AOR (1.434, 15,531)
Childhood sexual abuse history	Preceding-year prevalence of physical IPV	3.869* (1.178, 12.706)/ 4.657* (1.291, 16.802)
Childhood witness of parental physical violence or injury	Lifetime prevalence of physical IPV	2.681**(1.285, 5.596)/ 1.505 (0.638, 3.552)
Childhood witness of parental physical violence or injury	Lifetime prevalence of sexual IPV	2.414* (1.016, 5.735)/ 1.204 (0.426, 3.405)
Childhood witness of parental physical violence or injury	Preceding-year prevalence of sexual IPV	3.258* (1.18, 9)/1.722 (0.455, 6.521)
<b>Location:</b> Beijing, Hubei, Henan and Hebei Provinces, <i>China</i> . <b>Study:</b> Chen, Dunne, Han, 2004 <b>Sample Size:</b> 2,300 high school students.		
Females with history of contact child sexual abuse	Past 12 months, had been hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend	2.86* OR (1.12, 7.29)
<b>Location:</b> Henan Province, <i>China</i> . <b>Study:</b> Chen, Dunne & Han, 2006. <b>Sample Size:</b> 351 female medical secondary students		
Females with a history of non-contact child sexual abuse	Past 12 months, had been hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend	2.55 (.51–12.63)
Females with a history of contact child sexual abuse	Past 12 months, had been hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend	5.52 (1.90–16.02)
<b>Location:</b> Urban <i>China</i> . <b>Study:</b> Luo, Parish & Laumann, 2008. <b>Sample Size:</b> 2,994 (1,519 women and 1,475 men)		
Women with history of any childhood sexual contact	Hit hard by partner	2.98* AOR (1.09–8.16)
Women with a history of parental physical violence	Physical violence by a partner (CTS)	1.5***RR
<b>Location:</b> Multicountry ( <i>China &amp; Republic of Korea among others</i> ). <b>Study:</b> Straus & Savage, 2005 <b>Sample Size:</b> 7,875 (from a larger sample of 9,069)		
University students with a history of neglect	Physically assaulting a dating partner (CTS2)	OR/AOR (95% CI): 1.11** AOR (controlled for sex, age, relationship length and social desirability)
University students with a history of neglect	Physically injuring a dating partner (CTS2)	1.21** AOR (controlled for sex, age, relationship length and social desirability)
<b>Location:</b> <i>Philippines</i> . <b>Study:</b> Fehringer & Hindin, 2009 <b>Sample Size:</b> Subsample of 472 married or cohabiting young adults from the Cebu Longitudinal Health and Nutrition Survey (CLHNS).		
Young adults with a history of mother perpetrated domestic violence against father witnessed during childhood	Victimization of partner violence in the previous 12 months	4.18** unadjusted RRR (1.37, 12.70)
Young adults with a history of father perpetrated domestic violence against mother witnessed during childhood	Reciprocal partner violence (i.e. both a victim and perpetrator in intimate partnership) in the previous 12 months	1.89* unadjusted RRR (1.11, 3.19)

**Table 44: Intimate partner violence victimization and a history of child maltreatment (continued)**

Those with Increased/Decreased Risk	Consequence	OR/AOR (95% CI)
<b>Location:</b> Manila, <i>Philippines</i> . <b>Study:</b> Ramiro, Hassan & Peedicayil, 2004 <b>Sample Size:</b> WorldSAFE study—1,000 Filipino women aged 15-49 who cared for at least one child younger than 18 years old from a larger sample of 3,995..		
Women (15–49 year olds) with a history of child abuse	Ever a victim of severe verbal abuse from an intimate partner	1.92* AOR (1.12, 3.30)
<b>Location:</b> Republic of Korea. <b>Study:</b> Kim, Park & Emery, 2009. <b>Sample Size:</b> 1,079 representative sample of women		
Women with a history of parental verbal violence	Physical violence by partner (CTS)	1.6***RR
<b>Location:</b> Rural Viet Nam. <b>Study:</b> Vung & Krantz, 2009. <b>Sample Size:</b> 730 married women ages 17-60		
Women with a history of witnessing interparental violence as a child	Lifetime physical/sexual intimate partner violence	2.50* AOR (1.57, 3.97)

\*  $p < .05$  \*\* $p < .01$  \*\*\* $p < .001$

This link appears to be especially strong for adults who witnessed domestic violence as a child. In a representative study of over 800 married women in Bangkok, Thailand, (Kerley, Xu, Sirisunyaluck et al., 2010), the authors found that Thai women who were exposed to family violence as children tended to respond violently as well in adult family contexts. In a representative Korean study, women with a history of parental verbal or physical abuse were one and a half times more likely to experience physical violence by a partner than women without such a history (Kim, Park & Emery, 2009). This can also be seen in studies from China, the Philippines and Viet Nam. A study in the Philippines found that young adults with a history of witnessing mother-perpetrated domestic violence against their fathers in childhood are four times more likely to have been victimized by partner violence in the preceding year than those who did not (Fehringer & Hindin, 2009). In a study of 1,399 university students in the Republic of Korea, Gover and colleagues (2010) found that witnessing mother-to-father violence was significantly related to physical violence victimization for males ( $b = 0.66$ .  $SE = 0.15$ ,  $p < .001$ ).

Witnessing domestic violence might also have an impact on age at first marriage. In a prevalence study conducted in Timor-Leste, researchers found that intimidation and control by an intimate partner during the preceding year was significantly associated with age at first marriage, with women married at age 19 or younger being three times more likely than women 25 or older to report this type of violence ( $p$ -value =0.03) (IRC, 2003).

In a study on domestic violence in Myanmar (Kyu & Kanai, 2005), researchers compared women who had and hadn't witnessed parental violence as a child. The women who witnessed parental violence often or very often reported more minor physical assaults than those who hadn't. Moreover, women who witnessed parental violence often or very often reported more minor and severe psychological aggression than those who rarely or never witnessed parental violence. The researchers found no effect of witnessing parental violence on severe physical assault. Through the analysis of variance, researchers found that except for severe physical assault, the women who witnessed and experienced parental violence often or very often had the highest domestic violence tendencies among all other groups. However, the results also indicated that when other factors were controlled

for, witnessing parental violence as a child had a significant effect on minor psychological aggression only and that for all other forms of intimate partner violence the characteristics of the husband had a much greater impact on the likelihood of the woman experiencing violence (Kyu & Kanai, 2005).

Studies in this review have shown that a potential consequence of experiencing child maltreatment is other violence victimization from peers and partners. In a study of 892 female medical students in China, Chen, Han & Dunne (2004) found that compared to the students who had not experienced child sexual abuse, those who had were over six times more likely to be threatened or injured by someone with a weapon such as a knife or club on school property (3.5 % vs. 1.1 % ,  $Z = 6.17$  ,  $P = 0.013$ ) in the 12 months preceding the survey. A study of 14–17 year olds in the Pacific Islands found that those who had a history of being bullied were nearly one and a half times more likely to sustain an intentional injury from someone in their lives (be it a parent, teacher, boyfriend or girlfriend) (Smith, Phongsavan, Bampton, et al., 2008).

Several studies have pointed to the link between childhood sexual abuse and experiencing further victimization. In a study of college students in Shanghai, China, researchers found that those respondents who had ever experienced child sexual abuse before the age of 14 also reported more experiences of sexual intercourse and forced sexual intercourse later than those who had not been abused (Niu, Lou, Gao, Zoo & Fang, 2010). A study of nearly 3,000 men and women in urban China found that women with childhood sexual contact abuse were over four times as likely to also experience physical sexual harassment, and nearly three times as likely to experience verbal sexual harassment, than women who had not been abused (Luo, Parish & Laumann, 2008).

**Table 45: Violence victimization and a history of child maltreatment**

Those with Increased/ Decreased Risk	Consequence	OR/AOR (95% CI)
<b>Location:</b> Beijing, Hubei, Henan and Hebei Provinces, <i>China</i> . <b>Study:</b> Chen, Dunne, Han, 2004 <b>Sample Size:</b> 2,300 high school students.		
Females with history of contact child sexual abuse	Past 12 months, had been threatened or injured by somebody with a weapon on school property	6.28* OR (1.04, 38.05)
<b>Location:</b> Urban <i>China</i> . <b>Study:</b> Luo, Parish & Laumann, 2008. <b>Sample Size:</b> 2,994 (1,519 women and 1,475 men)		
Women with any childhood sexual contact	Physical sexual harassment	4.55*** AOR (2.24, 9.25)
Women with any childhood sexual contact	Verbal sexual harassment	2.67** AOR (1.35, 5.27)
<b>Location:</b> Pacific Islands – Pohnpei State in the <i>Federated States of Micronesia, Kingdom of Tonga and Vanuatu</i> <b>Study:</b> Smith, Phongsavan, Bampton et al., 2008 <b>Sample Size:</b> 14–17 year olds in Pohnpei State: 1,442; Tonga: 1,148 and Vanuatu: 2,925		
14–17 year olds who have been bullied sometimes or more in this school term	Intentional Injury (from anyone including parents, teachers, boyfriend or girlfriend)	Pohnpei: 1.42***AOR (1.13, 1.78), Tonga: 1.40* AOR (1.07, 1.84), Vanuatu: 1.66* AOR (1.34, 2.05) (adjusted for clustering effect by school and corrected for finite population sampling)

\*  $p < .05$  \*\* $p < .01$  \*\*\* $p < .001$

## 5.6 Exposure to further abuse

**Table 46: Exposure to further abuse as a consequence of child maltreatment**

Research Design	Findings on Further Abuse as a Consequence
<b>Location:</b> Seven districts in Phnom Penh, <i>Cambodia</i> <b>Authors/Year of Publication:</b> National Institute of Statistics, Ministry of Planning in collaboration with ILO-IPEC, 2004	
2,500 household randomized baseline survey	Children working as domestic workers: <b>1.9%</b> abused with harsh/vulgar words <b>5.4%</b> slapped/beaten with bare hands <b>1.4%</b> beaten with objects <b>4.9%</b> not provided with sufficient food
<b>Location:</b> Phnom Penh, <i>Cambodia</i> . <b>Authors/Year of Publication:</b> ILO, 2006	
426 beer promotion girls	When asked why they disliked their job (n=136), <b>54.4%</b> stated they suffered from verbal abuse and <b>13.2%</b> suffered from physical abuse
<b>Location:</b> Banteay Menace Province, <i>Cambodia</i> . <b>Authors/Year of Publication:</b> ILO, 2005	
Interviews with 246 children (as part of a larger household survey) on cross-border migration	Cross-border migrant workers and families may encounter further risks such as being abused and exploited. <b>53%</b> of the 80 returning labourers reported experiencing various types of abuse and exploitation, including being shouted and cursed at, forced to work long hours, underpaid, not paid, not allowed to leave the workplace, forced to work in dangerous conditions, physical violence, sexual abuse and being arrested.

Another consequence of child maltreatment is that of exposure to further abuse. Several studies highlighted this exposure, which can manifest in different ways. For child domestic workers and child labourers there is exposure to further physical, sexual and financial abuse and even neglect. In a study of child domestic workers in Phnom Penh, Cambodia, it was found that approximately 1 in 20 had been slapped or beaten by their employer, and nearly that same ratio had not been provided with sufficient food (NIS MoP & ILO, 2004). A similar study of domestic workers in Indonesia found they were particularly vulnerable to further abuse, such as harassment and sexual and physical abuse, because they were ‘hidden’ from view and less able to seek help or have others intervene on their behalf. Furthermore, domestic workers who live on the premises may not have a lock on their living area, leaving them without protection (Human Rights Watch, 2005). One example from this study is the story of Dian, who began working for her cousin when she was 13. Her salary, 1 million rupiah (US\$111.11) a year, was paid directly to her mother. She told Human Rights Watch: “We lived in a very small house. The husband slept in the *warung* [restaurant] and I slept with the female employer. It happened three months after I started working. One day, the husband was sick so the female employer went to the store to get medication. It was 4 a.m. and I was still sleeping. He came into the room. I was forced to have sex with him. He threatened me. He said he would hit me if I told anyone. He told me that he would throw me out and my mother would get no money. He would come to me three times a week whenever his wife was not home. This happened for three years. I was scared, but I wanted to support my mother. I had no choice. I wrote my experience in my diary and one day the wife found the diary. She was angry at me and called me a whore. The husband and wife quarrelled. The wife shouted at me. She thought I was a flirt, a provocateur. I was desperate. I did not know what to do. The next day I was thrown out” (Human Rights Watch, 2005). Child

domestic workers, like other child labourers, are in a vulnerable position, and if they talk about the abuse they are suffering they may risk losing their job and their income (which often goes to support other family members).

These findings are echoed in other studies related to child labourers and other vulnerable children. A study of the situation of migrant child labour in Thailand found that children were often at risk of sexual abuse and rape by agents or by the people they work for (ARCM, no date). Physical abuse is also common, as indicated in a study of beer promotion girls in Phnom Penh, with 1 in 10 stating that they disliked their job because they suffered from physical abuse while working (ILO, 2006). A study in Cebu, Philippines, of child labour in the tourism industry found that of the 53 sexually exploited children, 36% became victims of additional abuse in one form or another, including 11% being further sexually abused, 10% experiencing verbal violence; 8% physical abuse, and the rest becoming ill because of their working conditions, although they did not suffer any direct harm (Endralin, 2003). In a study of 122 prostituted children in Viet Nam (ILO-IPEC, 2002), 12.3% of the children reported being beaten by employers or street gangs, and 18% experiencing rude treatment from customers.

In addition to exposure to further abuse for child labourers and sexually exploited youth, there is the potential for children that have experienced abuse within their family to experience it again or by someone outside of the family, thereby creating a cycle of abuse. In a study of children living in protective services in the Republic of Korea, Ju & Lee (2010) found that many had been abandoned by their families. These children tend to lead highly unstable lives characterized by a vicious circle of being referred to protective care, returning to their families, experiencing a second round of abuse, and then being readmitted to care. Fear of this abusive cycle continuing is also a consequence of child maltreatment. In a study of the long-term effects identified by female survivors of child sexual abuse in Taiwan, China, through a life-history approach, Chien (2007) found that those who became mothers were afraid that their children might be sexually abused or become perpetrators of such abuse. All the mothers, especially those with daughters, felt insecure as parents because of their experience of abuse (Chien, 2007). Another publication by Chien (2008) explores these same women's feelings towards their own mothers. Participants in the study stated that experiencing child sexual abuse did not directly affect their relationships with their mothers; however, dealing with the maternal reaction to their disclosure of child sexual abuse did have an impact, though as time passed it was easier for them to understand their mother's reaction (Chien, 2008). Similarly, in a study of sexual coercion among 600 unmarried adolescents in Manila, Philippines (Serquina-Ramiro, 2005), it was found that 39% of those who reported experiencing sexual coercion were abandoned by their partners and 35.8% received insults and were belittled.

All of these findings reinforce the concept of poly-victimization or the notion that children that have been maltreated are at particular risk of and often experience further victimizations (Finkelhor, Ormrod & Turner, 2007). A randomized household survey study in Japan (Fujiwara, Kawakami, WMHJSG, 2010) found that high comorbidity was confirmed: among those who reported at least one childhood adversity, 32% reported having others. The mean number of childhood adversities was 2.4 among those who experienced any, and for those who reported experiencing childhood physical abuse, 51% had another childhood adversity with a mean number of almost three other adversities (such as parental death, parental divorce, other parental loss, parental mental illness, parental substance abuse, parental criminal acts, family violence, physical abuse, sexual abuse, neglect, physical illness of the child and/or economic adversity). For children who had experienced sexual abuse, 70% reported at least one other childhood adversity, with the mean number of

additional traumatic events being three (Fujiwara, Kawakami, WMHJSG, 2010). Similar patterns were found for children who experienced neglect with nearly 9 out of 10 (89.5%) reporting additional child adversities (mean number of three), and for those who experienced family violence, 1 in 2 (50.1%) experienced further adversities such as abuse.

Other studies have shown similar findings. In a study by Chaopricha & Jurapramukpitak (2010) of a population-based survey with 488 16–25 year olds in Thailand, 6.5% reported experiencing two types of abuse (which included physical abuse, sexual abuse, witnessing domestic violence or experiencing partner violence), and a further 1.5% had experienced three types of abuse. Not only does maltreatment and abuse put children at risk for further abuse, but the additional abuse starts a cycle of additional consequences. For example, in a study of university students in Japan, researchers found that the relative risk of psychosomatic disorders was increased by 2.5 in those who had one or two intra-familial adverse childhood experiences such as physical or sexual abuse, (95% CI: 1.4–4.0;  $p < 0.01$ ), and by 3.0 (95% CI: 1.9–4.4;  $p < 0.01$ ) in those who had three or more intra-familial adverse childhood experiences (Masuda, Yamanaka, Hirakawa et al., 2007). A household survey in the Philippines (Ramiro, Madrid & Brown, 2010) found that 100% of the respondents who reported adverse childhood experiences, including maltreatment and abuse, also reported an additional two adverse experiences. These findings are similar for those who reported experiencing sexual abuse, with 75% reporting an additional two adverse childhood experiences, and 71.7% of those reporting they had experienced physical neglect also reporting multiple adverse experiences.

# APPENDICES



## Appendix A: Overview of studies included in the review

Location	Authors and Date	Issues Studied	Sampling Design	Total Sample Size	Research Question Answered	Quality Assessment
<b>Nationally Representative Sample Surveys</b>						
<i>Cambodia</i>	The Ministry of Education, Youth and Sports, UNICEF and UNESCO, 2004	Youth behaviours	Randomly selected schools from an initial sampling of 319 schools. Students also randomly selected from school lists to take the YRBS survey. The second stage focused on young people not going to school. Household survey methodology was used in the villages.	9,388 young people in all 24 provinces and municipalities of which 4,284 students in 319 schools and 5,104 young people out of school in 319 villages.	Prevalence and incidence	6/8
Hong Kong, <i>China</i>	Chan, Yan, Brownridge, Tiwari, Fong, 2010	The prevalence and impact of childhood sexual abuse (CSA) on future intimate partner violence (IPV) in dating relationships in Hong Kong, China	Randomized population-based (household) survey	1,154	Consequences	8/8
Hong Kong, <i>China</i>	Chan, 2010	The prevalence of co-occurrence of intimate partner violence (IPV) and child abuse and neglect (CAN) in a cohort of Chinese parents	Randomized population-based (household) survey	Subsample (2,363 parents) from a larger (4,347) randomized household survey	Consequences	8/8
Taiwan, <i>China</i>	Chen & Astor, 2010	Explores whether theorized risk factors in Western countries can be used to predict school violence perpetration in an Asian cultural context	Data were obtained from a nationally representative sample of 14,022 students from elementary to high school (Grades 4 to 12) across Taiwan using two-stage probability cluster sampling	The analysis reported in this study focuses on only junior high school students (Grades 7 to 9, $N = 3,058$ ).	Incidence	8/8
Taiwan, <i>China</i>	Chen & Astor, 2011	To examine how within-school variables (school engagement, risky peers, and student-teacher interaction) mediate external-school variables (personal traits, parental monitoring, and victimization) and school violence in Taiwanese vocational and academically-oriented schools	Data were obtained from a nationally representative sample of 14,022 students from elementary to high school (Grades 4 to 12) across Taiwan using two-stage probability cluster sampling	7,841 students from vocational and academic high schools		8/8
Hong Kong, <i>China</i>	Lau, Kim, Tsui et al., 2005	The associations between these two forms of physical maltreatment with substance-use-related behaviours and attitudes	Data were obtained from a nationally representative sample of 95,788 students from secondary schools across Hong Kong using two-stage probability cluster sampling	95,788	Prevalence and consequences	8/8

Location	Authors and Date	Issues Studied	Sampling Design	Total Sample Size	Research Question Answered	Quality Assessment
<i>China</i>	Luo, Parish & Laumann, 2008	Childhood sexual contact	A national stratified probability sample of women and men aged 20–64 years in urban China completed as a computer-administered survey	2,994–1,519 women and 1,475 men	Prevalence and consequences	8/8
<i>China</i>	Pang, Yang, Ren et al., 2005	Neglect	A randomized representative sample of 1163 parents of 3–6-year-old children in 25 cities in 15 provinces of China	1,163 parents	Prevalence	7/8
Hong Kong, <i>China</i>	Wan & Leung, 2010	Factors associated with youth suicide	Randomly sampled high school students surveyed from 15 schools in Hong Kong (purposive sampling for schools)	2,754 grade 7–11 students	Consequences	8/8
<i>Japan</i>	Fujiwara, Kawakami & World Mental Health Japan Survey Group, 2010	Childhood adversities and onset of mental disorders	Randomized household survey of Japanese-speaking respondents over the age of 20 from seven cities/municipalities in Japan	1,722 (of larger 2,436 sample)	Prevalence and consequences	8/8
Ulaanbaatar, <i>Mongolia</i>	Oyunbileg, Sumberzul, Udval et al., 2009	Domestic violence	Cross-sectional, population-based household survey design	4,967 subjects (aged 15 and older) from 1,000 households	Prevalence	8/8
Multicountry ( <i>Japan and Thailand</i> )	WHO, 2005	Child sexual abuse and intimate partner violence	Multicountry cross-sectional, population-based household survey design	Ever partnered women aged 15–49:  Thailand city sample size of 1,049  Thailand province sample size of 1,024  Japan city sample size of 1,371	Prevalence and consequences	8/8
Pacific Islands – <i>New Caledonia</i>	Hamelin, Saloman, Sitta et al., 2009	Childhood sexual abuse and adult binge drinking	Randomized, age-stratified population-based survey of women	1,012 women	Prevalence and consequences	8/8
Pacific Islands – <i>Commonwealth of the Northern Mariana Islands, Republic of the Marshall Islands &amp; Republic of Palau</i>	Balling, Grunbaum, et al., 2003	Youth Risk Behaviour Survey 2003	Two-stage cluster sampling of public school students in grades 9–12	Sample sizes vary but the data were weighted to reflect student nonresponse. Thus, the data are considered representative of students in grades 9–12 in CNMI, RMI, and Palau.	Prevalence	8/8
Pacific Islands – <i>Commonwealth of the Northern Mariana Islands, Republic of the Marshall Islands &amp; Republic of Palau (among others)</i>	Lippe, Brenner, Kann, et al., 2008	Youth Risk Behaviour Survey 2007	Two-stage cluster sampling of public school students in grades 9–12	Northern Mariana Islands: 2,292; Marshall Islands: 1,522; Palau: 732	Prevalence	8/8

Location	Authors and Date	Issues Studied	Sampling Design	Total Sample Size	Research Question Answered	Quality Assessment
Pacific Islands – Pohnpei State in the Federated States of Micronesia, Kingdom of Tonga and Vanuatu	Smith, Phongsavan, Bampton, et al., 2008	Intentional injury	Population-based surveys with students aged 11–17 years	Pohnpei State: 1,495; Tonga: 2,808 and Vanuatu: 4,474	Prevalence and consequences	8/8
Republic of Korea	Kim, Park & Emery, 2009	Parental abuse and domestic violence	Stratified nationally representative sample of women over the age of 20 who live with their husbands	1,079	Prevalence and consequences	8/8
Republic of Korea	Lee, 2010	Bullying	Cross-sectional randomized multi-stage cluster representative sample of middle school students in the Republic of Korea	1,238	Consequences	8/8
Republic of Korea	Jeon, Roh, Kim et al., 2009	Early trauma and suicidal behaviour	Nationwide survey conducted on the entire population of medical students in 41 medical schools	6,989 medical students	Consequences	8/8
Republic of Korea	Ju & Lee, 2010	Experiences of family maltreatment by Korean children in Korean National Protective Services	Cross-sectional survey with children ages 9–12 living in protective care as a result of maltreatment. Follow-up in-depth interviews with children who have experienced serious maltreatment	357 children	Prevalence and consequences	5/8
Thailand	Decker, McCauley, Phuengsamran et al., 2010	Female sex workers	Sampled proportionate to size in each province, randomly selected venues	815 female sex workers	Consequences	8/8
Thailand	Garcia-Moreno, Jansen, Ellsbert et al., 2006	Intimate partner violence	Population-based household survey of women aged 15–49 years who had ever had a male partner	1,049 (city) and 1,024 (province) of ever partnered women (from larger sample size of 24,097)	Prevalence	8/8
Thailand	Im-Em, Kanchanachitra & Archavanitkul, 2005	Sexual coercion	Population-based household survey	2,817 women from 4,899 households, 2,800 in Bangkok and 2,099 in Nakornsawan province aged 15 to 49	Prevalence	5/8
Thailand	Thailand National Statistical Office, 2006	Child marriage	Population-based household survey	43,400 households	Prevalence	8/8
Timor-Leste	IRC, 2003	Gender-based violence	Cross-sectional, population-based randomized survey of women of reproductive age (18–49)	288 women	Prevalence	8/8
<b>Other Probability Sample Studies</b>						
Cambodia	Yi, Yasuoka, Palmer, Yi & Jimba, 2010	Risk and protective factors of risky sexual behaviour	Probability proportional to size sampling of students in grades 10–12 of 11 schools in Battambang provincial town	1,049	Consequences	8/8

Location	Authors and Date	Issues Studied	Sampling Design	Total Sample Size	Research Question Answered	Quality Assessment
<i>Cambodia</i>	Center for Advance Study, 2001	Child labour at the Chub Rubber Plantation	Household survey of all families in the plantation and qualitative interviewing of households in four villages	4,081 children counted (between 6–17 years old) living in the rubber plantation. Qualitative interviews with 57 families	Prevalence and consequences	4/8
<i>Cambodia</i>	Center for Advanced Study, 2001b	Child labour in the fisheries in Sihanoukville, Cambodia	Household survey to identify working children, follow-up qualitative interviews in three main fishing areas	Initial survey of 5,000 households, Interviews with 58 families (parents and children) for a total of 114 interviews	Prevalence and consequences	4/8
<i>Cambodia</i>	ILO, 2005	Cross border labour migration (including child labour) from Cambodia to Thailand	Household survey and interviews with heads of household and children in various age groups	239 interviews with heads of households (3% of total number of families in the 31 sample villages and 1.68% of the total number of families in the surveyed area's 63 villages. Interviews with 80 returned migrant labourers, 78 interviews with children aged 10–14, 85 interviews with children aged 15–17, and 83 interviews with young adults aged 18–25.	Prevalence, incidence and consequences	6/8
<i>Cambodia</i>	National Institute of Statistics & ILO-IPEC, 2004	Child labour	This household-based child domestic worker survey in all seven districts in Phnom Penh; 125 villages randomly selected as primary sampling units, and 2,500 households randomly selected as secondary sampling units.	2,500 households and a total of 293 CDWs were identified and interviewed in this survey	Prevalence	5/8
<i>Cambodia</i>	de Jong, Komprou, Ommeren et al., 2001	PTSD and post-conflict settings	Randomized survey of community populations in four countries including Cambodia of survivors of war or mass violence (aged 16 years or older)	610 community sample of survivors of war and mass violence aged 16 or older in Cambodia	Prevalence and consequences	7/8
Hunan, <i>China</i>	Cao, Zhang, Sun, et al., 2006	Domestic violence and child abuse	Purposive sampling of cities/counties and random sampling of communities/ villages and cluster sampling within each community/ village/suburb for a household survey	9,451 households and 32,720 people	Prevalence	5/8
Tianjin, Liaoning, Henan, and Shaanxi provinces of <i>China</i>	Guo, Wu, Qu & Yan, 2004	Domestic abuse on women in China before, during and after pregnancy	A community-based face-to-face survey of a representative group of women who had a child aged 6 to 18 months in 32 communities of Tianjin, Liaoning, Henan, and Shaanxi provinces	12,044 mothers	Prevalence	7/8

Location	Authors and Date	Issues Studied	Sampling Design	Total Sample Size	Research Question Answered	Quality Assessment
Beijing, <i>China</i>	Hazemba, Siziya, Muula & Rudatsikira, 2008	Bullying	The data were taken from the Beijing Global School-Based Health Survey conducted in 2003, which used a two-stage probability sampling technique	2,348 students	Prevalence	8/8
Shatin District of Hong Kong, <i>China</i>	Lau, Chan, Lam et al., 2003	Associations between adolescent family physical maltreatment and psychiatric morbidity or psychological problems	Survey of randomly selected secondary school students in Form 2 from 10 non-randomly selected schools in Hong Kong	489 secondary school students	Prevalence and consequences	8/8
Guangzhou, <i>China</i>	Leung, Wong, Chen & Tang, 2008	Child maltreatment	Survey of high schools using two-stage stratified random sampling technique	6,592	Incidence	8/8
Wuhan, <i>China</i>	Liu, Jiang, Luo et al., 2010 & Liu, Luo, Jiang et al., 2009	Neglect	Cross-sectional, self-report Survey of parents with preschool children (ages 3–6 years) from 3 kindergartens of urban Wuhan	1,154 parents	Prevalence	5/8
Taiwan, <i>China</i>	Shen, 2008 & Shen, 2009	Inter-parental violence, child physical maltreatment and long-term impacts and effects on self-esteem	National proportionately stratified sample of college students at 44 departments in 20 universities or colleges in six major areas in Taiwan	1,924	Prevalence and consequences	8/8
Hong Kong, <i>China</i>	Tang, 2006	Corporal punishment and physical maltreatment	Cross-sectional and randomized household interviews were conducted with Chinese parents	1,662 parents	Prevalence	8/8
Guangzhou, <i>China</i>	Wong, Chen, Goggins et al., 2009 & Leung, Wong, Chen & Tang, 2008 & Wong, Leung, Tang et al., 2009	Child physical abuse	Survey of junior high schools students from 24 schools recruited through stratified random sampling	6,628 junior high school students (ages 12–16)	Prevalence and consequences	8/8
Taiwan, <i>China</i>	Yen, Yang, Chen et al., 2008	Child physical abuse and outcomes	Randomized sampling of junior high schools in rural areas in southern Taiwan as part of the larger Project for Health of Adolescents in Rural Taiwan	374	Consequences	8/8
Taiwan, <i>China</i>	Yen, Yang & Yang, 2008	Child physical and sexual abuse	Randomized sampling of junior high schools in rural areas of southern Taiwan	1,684	Prevalence and consequences	8/8
<i>Indonesia</i>	Hsin, 2007	Child Labour	Secondary data drawn from the Worker and Iron Status Evaluation, an ongoing longitudinal survey (attached to an RCT) of 4,662 households in Central Java, Indonesia	2,928 children between the ages of 8 and 18 (1,576 boys; 1,352 girls) and 1,930 households.	Prevalence	7/8

Location	Authors and Date	Issues Studied	Sampling Design	Total Sample Size	Research Question Answered	Quality Assessment
Yokohama, <i>Japan</i>	Yoshihama & Horrocks, 2010	The role of childhood sexual abuse and sexual initiation with intimate partner violence	Stratified, multi-stage random sample of women aged 18–49 in Yokohama, Japan as the Japan study as part of the WHO Multi-country Study of Women's Health and Domestic Violence	1,371 women	Prevalence and consequences	8/8
<i>Mongolia</i>	The Mongolian Gender Equality Center (GEC), 2006	Trafficking	Randomly sampled survey of young adults, adults and miners (*sampling specifics not stated) and focus groups and interviews.	1,212	Consequences	4/8
<i>Myanmar</i>	Kyu & Kanai, 2005	Domestic Violence	Stratified cluster sampling design of women 18–59 in Mandalay	286	Consequences	8/8
Pacific Islands – <i>Fiji</i>	UNICEF Pacific, 2008	Child protection	Purposively sampled (1st stage) and then randomly selected (2nd stage) households for both child (16–17 year olds) and adult household questionnaires, (CHHQs and AHHQs), key informant interviews (KII) and group activities (GA) in 35 locations throughout the six provinces	913 people total: including 284 CHHQs 262 AHHQs 131 KIIs and 272 GA	Prevalence, consequences	5/8
Pacific Islands – <i>Kiribati</i>	UNICEF Pacific, 2008	Child protection	Purposively sampled (1st stage) and then randomly selected (2nd stage) households for both child (16–17 year olds) and adult household questionnaires, (CHHQs and AHHQs), key informant interviews (KII) and group activities (GA) in 20 locations in five districts	772 people total: including 200 CHHQs 199 AHHQs 173 KIIs 200 GA	Prevalence and consequences	5/8
Pacific Islands – <i>Solomon Islands</i>	UNICEF Pacific, 2008	Child protection	Purposively sampled (1st stage) and then randomly selected (2nd stage) households for both child (16–17 year olds) and adult household questionnaires,, (CHHQs and AHHQs), key informant interviews (KII) and group activities (GA) in 30 locations in eight provinces	918 people total: including 274 CHHQs 273 AHHQs 93 KIIs 278 GA	Prevalence and consequences	5/8
Pacific Islands – <i>Vanuatu</i>	UNICEF Pacific, 2009	Child protection	Purposively sampled (1st stage) and then randomly selected (2nd stage) households for both child (16–17 year olds) and adult household questionnaires, (CHHQs and AHHQs), key informant interviews (KII) and group activities (GA) in 30 locations in six provinces	913 people total: including 248 CHHQs 262 AHHQs 131 KIIs 272 GA	Prevalence and consequences	5/8

Location	Authors and Date	Issues Studied	Sampling Design	Total Sample Size	Research Question Answered	Quality Assessment
<i>Philippines</i>	Asara & Hindin, 2009	Intimate partner violence	Randomized Longitudinal study as part of the 2002 Cebu Longitudinal Health and Nutrition Survey	1,861 women who were either married or living with a partner at the time of the 2002 survey	Consequences	8/8
<i>Philippines</i>	Esteban, 2006	Verbal abuse	Stratified cluster sample design of university students from one university in Metro Manila	294	Prevalence and consequences	6/8
<i>Philippines</i>	Fehringer & Hindin, 2009	Intergenerational partner violence	Randomized Longitudinal study as part of the 2002 Cebu Longitudinal Health and Nutrition Survey	472 married or cohabiting young adults	Prevalence and consequences	8/8
<i>Philippines</i>	Hassan, et al., 2004 & Jeyaseelan, Sadowski, Kumar et al., 2004 & Runyan, Shankar, Hassan et al., 2010 & Vizcarra, Hassan, Hunter et al., 2004 & Ramiro, Hassan, & Peedicayil, 2004	Intimate partner violence & Abuse in family environment as risk factor for intimate partner violence & Harsh child discipline & Partner violence and mental health outcomes & Histories of child maltreatment and intimate partner violence	WorldSAFE study – population-based household survey of women ages 14–49 who care for a child under the age of 18 in Paco, Manila in the Philippines	1,000 ever partnered women in Pico, Philippines (ages 15–49)	Prevalence and consequences	8/8
<i>Philippines</i>	Hindin & Gultiano, 2006	Witnessing parental domestic violence	Randomized Longitudinal study as part of the 2002 Cebu Longitudinal Health and Nutrition Survey	2051 Filipino adolescents (ages 17–19)	Prevalence and consequences	8/8
<i>Philippines</i>	Maxwell & Maxwell, 2003 & Maxwell, 2001	The effects of child-directed and child-witnessed violence on adolescent aggression	6th grade and 1st and 2nd year high-school students surveyed from randomly chosen grade schools and purposively sampled high schools in Cagayan de Oro, Southern Philippines	921 sixth graders from urban and rural schools in the area and 458 first- and second-year high school students	Prevalence and consequences	8/8
<i>Philippines</i>	Ramiro, Madrid & Brown, 2010	Adverse Childhood experiences	Cross-sectional, random household survey of males and females aged 35 years and older in selected barangays in Quezon City in Metro Manila	1,068 (535 males and 533 females)	Prevalence and consequences	8/8
<i>Philippines</i>	Serquina-Ramiro, 2005	Sexual coercion	Cross-section multi-stage household survey of unmarried adolescents aged 15-19 in Sampaloc district of the city of Manila	600 unmarried adolescents	Prevalence and consequences	5/8
<i>Seoul, Republic of Korea</i>	Chun & Springer, 2005	Correlates of depression among runaway adolescents	Random selection of runaway shelters (1 from each district in Seoul). All the youth in the selected shelters were sampled for the survey.	98	Consequences	8/8

Location	Authors and Date	Issues Studied	Sampling Design	Total Sample Size	Research Question Answered	Quality Assessment
<i>Republic of Korea</i>	Kim & Kim, 2005 & Kim, Kim, 2008	Gender differences in delinquent behaviour to determine family factors related to juvenile delinquency	Surveys were administered to adolescents from middle and high-school and from 11 juvenile corrective institutions, using proportional stratified random sampling	1,908	Consequences	7/8
<i>Republic of Korea</i>	Kim & Kim, 2006	Discriminate factors of delinquent behaviours in adolescents	Questionnaires were administered to adolescents sampled from 8 middle and high schools and 6 juvenile corrective institutions, using proportional stratified random sampling	2,357	Consequences	6/8
Five regions in the <i>Republic of Korea</i>	Koo, Kwak & Smith, 2008	To examine the nature, incidence, and distinctive features of Korean bullying or Wang-Ta	Random selection of schools and survey of students aged 11–16 years old	2,926	Incidence and consequences	6/8
<i>Republic of Korea</i>	Moon & Blurton, 2007	General Strain Theory study on delinquency	Random selection of middle schools and students in three different cities (Incheon, Daegu, and Cheongju)	777	Consequences	8/8
Taegu, <i>Republic of Korea</i>	Morash & Moon, 2007	General Strain Theory study on delinquency	Random selection of high schools and students in Taegu, Republic of Korea.	385	Consequences	8/8
<i>Thailand</i>	Aekplakorn & Kongsakon, 2007	Intimate partner violence in slum communities	Cross-sectional randomized sample of married women aged 15 or older in slum communities in Bangkok	580 married women	Prevalence	6/8
<i>Thailand</i>	Chaopricha & Jirapramukpitak, 2010	Child abuse and health risk behaviours	Cross-sectional population survey	488 young people aged 16–25	Prevalence and consequences	6/8
<i>Thailand</i>	Isaranurug, Nitirat, et al., 2001	Aggressive behaviour of caregivers towards children	Cross-sectional randomized school-based survey in inner and outer areas of Bangkok	413 grade 6 students	Prevalence	6/8
<i>Thailand</i>	Isaranurug, Auewattana et al., 2002	Violence against children by parents	Cross-sectional randomized school-based survey in Muang District, Amnatcharoen Province	212 grade 6 students	Prevalence	6/8
<i>Thailand</i>	Jirapramukpitak, Harpham & Prince, 2010	Family violence and adverse mental outcomes	Population-based cross-sectional, household survey of young residents (16–25) in Rangsit, Bangkok	1,052 young residents aged 16–25	Prevalence and consequences	8/8
<i>Thailand</i>	Jirapramukpitak, Prince & Harpham, 2005	Child abuse and mental health and substance misuse outcomes	Population-based cross-sectional household survey of young residents in Northern Bangkok	202 young residents aged 16–25	Prevalence and consequences	8/8
<i>Thailand</i>	Kongsakon, Bhatanaprabhabhan & Pocham, 2008	Impact of domestic violence	Random sample of women from seven slum communities in Bangkok	580 married women aged 15 and over	Prevalence and consequences	5/8
<i>Thailand</i>	Ruangkanchanasetr, Plitponkarnpim, Hetrakul et al., 2005	Youth Risk Behaviour Survey (YRBS)	Thai YRBS in 8 schools, 13 communities and 2 juvenile homes	2,311 adolescents	Prevalence	8/8

Location	Authors and Date	Issues Studied	Sampling Design	Total Sample Size	Research Question Answered	Quality Assessment
<i>Thailand</i>	Kelley, Xu, Sirisunyaluck et al., 2010	Exposure to family violence in childhood and intimate partner perpetration and victimization in adulthood	Household survey of married women randomly selected via multistage probability cluster sampling	816 married women	Prevalence and consequences	7/8
<i>Thailand</i>	Laeheem, Kuning, McNeil et al., 2009	Bullying	Cross-sectional school-based survey of primary school students. Purposive first stage sampling and random cluster sampling and purposive sampling in the second stage.	1,440 primary school students	Prevalence	5/8
Bangkok, <i>Thailand</i>	Pradubmook-Sherer, 2009	Dating violence	Stratified clustered random sampling of adolescents in three settings: high schools, vocational schools and out of school adolescents	1,296 Thai adolescents (582 from 9 high schools, 613 from 10 vocational schools and 101 who were out of school)	Prevalence	8/8
<i>Thailand</i>	Wakai, Miura & Umenai, 2005	Child labour and tobacco, alcohol and drug use	Cross-sectional, random sample of schools and students in grades 7–9 in central and adjacent areas of Bangkok	215–100 working and 115 nonworking students in 7th–9th grades.	Prevalence and consequences	7/8
<i>Viet Nam</i>	ILO, 2006	Child domestic work	Household survey of child domestic workers in Ho Chi Minh City (not enough found to achieve sample size so additional CDWs found through snowball sampling)	100 child domestic workers	Consequences	
<i>Viet Nam</i>	Krantz & Vung, 2009 & Vung, Ostergren & Krantz, 2008 & 2009	Intimate partner violence	Cross-sectional study within the framework of a demographic surveillance site	883 married or partnered women (198 aged 17–29)	Prevalence and consequences	8/8
<i>Viet Nam</i>	Le & Blum, 2009	Premarital sex and condom use among youth	Cross-sectional survey of randomly sampled never-married youth in Gia Lam District towns.	2,210 never married youth ages 15–24 years old	Consequences	8/8
<i>Viet Nam</i>	The Quality of Life Promotion Centre and Christina Cacioppo, 2006	Trafficking of women and children	Survey and interviews with a random sample of at-risk women and children (at risk for trafficking as identified by local authorities)	372 people (149 children)	Prevalence	5/8
<i>Viet Nam</i>	Vung & Krantz, 2009	Witnessing interparental violence and subsequent intimate partner violence	Cross-sectional study within the framework of a demographic surveillance site	730 married women, aged 17–60	Prevalence and consequences	8/8
<b>Convenience Sample Surveys</b>						
<i>Cambodia</i>	Miles & Thomas, 2007	Corporal punishment in the home and in school, sexual abuse, trafficking, bullying and gang violence	Anonymous survey of school children aged 12 to 15 years old (roughly 50 from each province in Cambodia)	1,314	Prevalence	5/8

Location	Authors and Date	Issues Studied	Sampling Design	Total Sample Size	Research Question Answered	Quality Assessment
Phnom Penh, Cambodia	ILO, 2006	Working conditions and vulnerabilities of Cambodia's 'beer promotion girls'	Quantitative survey of beer promotion girls and employers and qualitative interviews with key informants	426 beer promotion girls	Prevalence and consequences	5/8
Siem Reap, Cambodia	ILO, 2006b	Working conditions and vulnerabilities of young people in Cambodia's hotel and guesthouse sector	Quantitative survey of hotel and guesthouse workers and qualitative interviews with key informants	371 hotel and guesthouse (HGH) workers and 17 employers for the survey and 13 key informant interviews	Prevalence	5/8
Hong Kong, China	Chan & Brownridge, 2008	Intimate partner violence and child abuse	Survey of women living in a refuge for battered women or who had left the refuge less than a year before	210 women	Prevalence	7/8
Hong Kong, China	Chan, Tiwari, Leung et al, 2007	Interrelationships between IPV and suicidal ideation	Survey of university students in social work and other social science classes at three local universities	651	Consequences	6/8
Hong Kong, China	Chang, Lansford, Schwartz & Farver, 2004	The effect of harsh parenting, maternal depressed affect, and marital quality on children's externalising behaviour problems	At two time points, peers and teachers provided ratings of children's externalising behaviours, and mothers completed questionnaires assessing depressed affect, marital quality, and harsh parenting	158 primary school children	Consequences	7/8
Hong Kong, China	Chang, Schwartz, Dodge & McBride-Chang, 2003	Examines the relationship between harsh parenting and child emotion regulation and aggression	Parents of the participating children completed a set of questionnaires at home, about themselves and their child. About six months after the initial questionnaire collection from the parents, teachers filled out a behavioural checklist on the children in their classes.	2 kindergartens: 325 Chinese children and their parents	Consequences	6/8
China	Chen, 2004	To examine child sexual abuse experiences and its associations with self-reported mental health status and risky behaviours among university students	Survey of undergraduate students	565	Prevalence and consequences	5/8
Liaoning Province, China	Chen, 2009	To explore the prevalence of 'dating violence' in male university students.	Cross-sectional questionnaire survey of male college students.	697 male students	Prevalence	3/8
Hubei, Henan, Hebei and Beijing Provinces, China	Chen, Dunne & Han, 2004	To examine Child Sexual Abuse (CSA) experiences and associations with demographic factors, self-reported health and risky behaviours among senior high school students in four provinces in central and northern China	Survey of high school students	2,300	Prevalence and consequences	6/8

Location	Authors and Date	Issues Studied	Sampling Design	Total Sample Size	Research Question Answered	Quality Assessment
Henan Province, China	Chen, Dunne & Han, 2006	To assess the prevalence of child sexual abuse and possible effects on mental health and risky behaviour among female adolescents living in China	Survey of female medical secondary students	351 female students	Prevalence and consequences	6/8
China	Chen, Dunne & Wang, 2002	Prevalence of child sexual abuse among female senior high school students	Convenience sample of female students in a senior high school (equivalent to grades 10–12) in a city in China	985	Prevalence	3/8
China	Chen, Han & Dunne, 2004	To ascertain the prevalence of child sexual abuse among female students of a medical school and to explore the impact of CSA on mental health and health related risk behaviours	Convenience sample of female medical school students	892 females	Prevalence and consequences	5/8
China	Chen & Liao, 2005a & Chen & Liao, 2005b	Prevalence of childhood humiliation experiences  Prevalence of non-contact corporal punishment	Convenience sample of technical secondary school students in Heibei Province, China	484	Prevalence	4/8
China	Chen, Wang & Dunne, 2003	Prevalence of child sexual abuse in male high school students	Convenience sample of male students in a senior high school	239	Prevalence	5/8
China	Cheng & Lam, 2010	To examine children living and working on the street's Subjective Wellbeing (SWB) by investigating their global evaluations of their lives	Survey of children living and working on the streets from government institutions and on the street	88	Incidence and consequences	5/8
Tangshan City, China	Cui, Pang, Du et al, 2010	Prevalence of physical and emotional maltreatment by parents of children ages 3–6 years old	Convenience sample of parents of preschool-aged children	243 parents	Prevalence	2/8
China	Duan, Li, Sun & Sun, 2006	The relationship between family environment and childhood sexual abuse	Convenience sample of female college students	701	Prevalence	1/8
China	He & Tian, 2009	Experiences of physical punishment and disciplinary behaviour	Convenience sample of law and social science university students in China and England	979 students – 498 in China and 481 in England	Prevalence	3/8
Suzhou city, China	Hua, Wu, Giu, Chen & Zhu, 2006	Child neglect	Convenience sample of one public kindergarten and two private kindergartens in urban areas (children ages 4–6 years old)	370	Prevalence	1/8
Hebei province, China	Ma, Chen, Dunne et al., 2005	The impacts of childhood experiences of being beaten by bare hands on adolescents' mental health	Convenience sample of technical secondary school and college students in Hebei province	528	Prevalence and consequences	5/8

Location	Authors and Date	Issues Studied	Sampling Design	Total Sample Size	Research Question Answered	Quality Assessment
Shanghai, <i>China</i>	Niu, Lou, Gao, Zoo & Feng, 2010	Prevalence of childhood sexual abuse and impact on later sex behaviour among college students	Convenience sample of 4 universities in Shanghai	1,099	Prevalence and consequences	3/8
Hong Kong, <i>China</i>	Ng & Tsang, 2008	School bullying and its effect on mental health	Cross-sectional, convenience sample of junior secondary school students	364	Prevalence and consequences	5/8
Heilongjiang province, <i>China</i>	Qin, Sun, Xia et al, 2008	Emotional abuse	Cross-sectional, convenience sample of junior high school students (grades 7–9)	865	Prevalence and consequences	3/8
<i>China</i>	Su, Tao, Cao et al., 2008	Child sexual abuse	Cross-sectional, convenience sample of college students	1,428	Prevalence and consequences	4/8
<i>China</i>	Sun, Dong, Yi et al., 2006 & Sun, Duan, Sun et al., 2005 & Sun, Sun, Duan et al., 2006 & Sun, Zhang, Dong et al., 2008	Child sexual abuse	Cross-sectional, convenience sample of college students	1,307	Prevalence and consequences	5/8
Hong Kong, <i>China</i>	Tang, 2002	Child sexual abuse	Convenience sample of students at all universities in Hong Kong	2,147	Prevalence	6/8
Anhui Province, <i>China</i>	Tao, Ye & Kim, 2006 & Tao, Huang, Kim et al., 2006 & Tao, Ye, Kim et al., 2006 & Ye, Tao, Fang et al., 2006	Child maltreatment	Convenience sample of students from junior and senior middle schools and vocational middle schools	5,141	Prevalence	4/8
Baotao city of Inner Mongolia Autonomous Region, <i>China</i>	Wang, Chen & Ma, 2007	The prevalence of physical maltreatment by parents of kindergarten children	Convenience sample of parents with children from five kindergartens in Baotou City	810	Prevalence	3/8
Hong Kong, <i>China</i>	Wong, Lok, Lo & Ma, 2008	Bullying	Cross-sectional convenience sample of students at 47 primary schools in Hong Kong	7,025	Prevalence	6/8
Anhui Province, <i>China</i>	Xiao, Dong, Yao, et al., 2008	Adverse childhood experiences	Cross-sectional convenience sample of medical students	2,073	Prevalence and consequences	7/8
Anhui Province, <i>China</i>	Xiao, Tao, Xu et al., 2008 & Xiao, Tao, Hao et al., 2009	Child maltreatment, school bullying and self-harm behaviours in adolescents	Cross-sectional survey of rural junior and senior secondary school students	10,894 students	Prevalence and consequences	4/8
<i>China</i>	Xing, Tao, Wan et al., 2010	Family factors associated with suicide attempts	Cluster sampling method of junior and senior high schools in eight cities	12,470 students	Consequences	5/8
Xi'an, Shaanxi province, <i>China</i>	Yan, Jiao, Lin & Jiao, 2009	Effects of childhood physical and emotional abuse on psychological health in undergraduate students	Convenience sample of first and second year undergraduate students	1,200	Prevalence and consequences	5/8

Location	Authors and Date	Issues Studied	Sampling Design	Total Sample Size	Research Question Answered	Quality Assessment
Hunan province, <i>China</i>	Yang, Zhang, Guo & Huang, 2003 & Yang, Zhang, Huang & Guo, 2005	To explore the effects of parental rearing behaviour on child abuse	Convenience sample of middle school students	282	Incidence	5/8
Anhui province, <i>China</i>	Zhang, Hao, Zhang et al., 2009	Physical and emotional abuse	Convenience sample of junior and senior secondary students from a major city area of Anhui province	3,798	Prevalence	5/8
Guangzhou, <i>China</i>	Zhang, Zheng & Zou, 2006	Child neglect	Convenience sample of parents of children in nine kindergartens (3–6 year olds)	1,013	Prevalence	5/8
Anhui province, <i>China</i>	Zhao, Tao, Su et al., 2008	Physical and emotional abuse	Convenience sample of rural junior and senior secondary school students	2,061	Prevalence	5/8
<i>China</i>	Zhao, Zhao, Li et al., 2010	Child sexual abuse among vulnerable populations	Third annual assessment (and the only one in which CSA questions were asked) of a longitudinal study of the psychosocial needs of children affected by HIV in China	1,019 children (including 417 HIV orphans, 326 vulnerable children, and 276 comparison children)	Prevalence and consequences	7/8
Xuzhou city, Henan province, <i>China</i>	Zhu, Li, Tao, Yang, Qiao & Tian, 2007	Behavioural problems of abused pupils	Separate parent's and children's surveys	179 students	Consequences	6/8
Changsha, <i>China</i>	Zou, Zhang, Zhang et al., 2007	To explore the correlation between intimate partner violence (IPV) and childhood abuse	Cross-sectional, convenience survey of pairs of newly married couples	291 couples = 582 persons	Consequences	4/8
<i>Japan</i>	Allard, 2009	Prevalence and sequelae of betrayal trauma	Cross-sectional, convenience sample of students at Japanese and American universities	79 university students	Consequences	4/8
<i>Japan</i>	Ariga, Uehara, Takeuchi et al., 2008	PTSD among juvenile delinquents	Convenience sample of juvenile detention centre, randomized selection of subjects	64 female juvenile delinquents	Consequences	7/8
<i>Japan</i>	Dussich & Maekoya, 2007	Physical child harm and bullying	Cross-sectional survey of university students in three countries (Japan, South Africa and the US)	812 university students (Japan sample size = 201)	Prevalence and consequences	2/8
<i>Japan</i>	Fujiwara, Okuyama, Izumi & Osada, 2010	Impact of child abuse history and domestic violence on the mental health of women	Cross-sectional survey of mothers in 83 Mother-Child Home facilities across Japan	421 mothers	Consequences	7/8
<i>Japan</i>	Igarashi, Hasui, Uji et al., 2010	Impact of child abuse history on borderline personality traits, negative life events and depression	Longitudinal (survey each week for nine weeks – but different measures each week) survey of students at two universities	243 university students	Consequences	5/8
<i>Japan</i>	Kitamura & Hasui, 2006	Witnessing family violence and anger feelings and anger expression	Cross-sectional, convenience sample of junior high school students	457 junior high school students	Consequences	3/8
Kofu, <i>Japan</i>	Kitamura, Kaibori, Takara et al., 2000	Child abuse and other early experiences	Cross-sectional, convenience sample of community population	220 inhabitants	Prevalence and consequences	5/8
<i>Japan</i>	Matsumoto & Imamura, 2007	Childhood ADHD and adulthood dissociation in males	Cross-sectional, convenience sample of male inmates	799 male inmates	Prevalence and consequences	3/8

Location	Authors and Date	Issues Studied	Sampling Design	Total Sample Size	Research Question Answered	Quality Assessment
Japan	Matsumoto, Yamaguchi, Chiba et al., 2004	Adolescents in conflict with the law, self-harm and adverse childhood experiences	Cross-sectional convenience sample of adolescents in conflict with the law who had been consecutively admitted to a detention centre	201 adolescents	Consequences	4/8
Japan	Matsuura, Hashimoto & Toichi, 2009	Self-esteem, adverse childhood experiences	Convenience sample of female juvenile correction facility and survey of all inmates.	81 females in a juvenile correction facility	Consequences	6/8
Japan	Uji, Shono, Shikai et al., 2007	Negative sexual experiences	Cross-sectional, university-based convenience sample	532 female university students	Prevalence	2/8
Japan	Yoshinaga, Kadomoto, Otani et al., 2004	Prevalence of Post-traumatic Stress Disorder (PTSD) in adolescents in conflict with the law	Cross-sectional, convenience sample of 14–19 year olds in Juvenile Classification Homes in Japan	251 adolescents in conflict with the law	Prevalence	7/8
Malaysia	Runyan, Dunne, Zoloor et al., 2009	Parental behaviours towards children	Piloting of the ISPCAN Child Abuse Screening Tool-Parent Version in six countries	120 parents in Malaysia	Prevalence	5/8
Ulaanbaatar, Darkhan-Uul, Zamiin-Uud of Dornogobi aimag, and Khavirga, Mongolia	ILO/IPEC, 2005	Prostituted women and sexually exploited girls	Convenience sample of prostituted women and sexually exploited girls under the age of 25	91	Prevalence and consequences	5/8
Mongolia	Kohrt, Kohrt, Waldman et al., 2004	Child psychopathology	Convenience sample of boys aged 3–10 years from representative population cohorts (institutionalized, urban poor, urban middle class and semi-rural)	99 boys	Consequences	N/A
Mongolia	MECS, UNICEF, MSUE & NHRCM, 2007	Violence at school	Case studies methodology using mixed methods (qualitative and quantitative) with children, parents and teachers at schools throughout Mongolia	811 students (survey: 280; drawing: 240; interview: 243; psychological testing: 45; focus group: 6)	Prevalence and consequences	2/8
Multicountry (China and the Republic of Korea)	Kim, Kim, Park et al., 2000	Family violence, peer violence and corporal punishment by teachers	Cross-section, convenience sample of elementary school children in four cities (two in China and two in the Republic of Korea)	972 children (238 in Shanghai; 245 in Yanji; 248 in Seoul; 241 in Kimpo)	Prevalence and consequences	7/8
Multicountry (China and the Republic of Korea)	Straus & Savage, 2005	Neglect and impact on dating violence	Convenience sample of students in 33 universities in 17 nations	7,875 (from a larger sample of 9,069)	Prevalence and consequences	5/8
Multicountry (China, the Republic of Korea and Singapore)	Straus, 2004	Dating violence	Convenience sample of students in 31 universities in 16 nations	Sample size used for analysis, i.e. those with a dating history was not given (from a larger sample of 8,666)	Prevalence	5/8

Location	Authors and Date	Issues Studied	Sampling Design	Total Sample Size	Research Question Answered	Quality Assessment
Multicountry (China, the Republic of Korea and Singapore)	Douglas & Straus, 2006	Corporal punishment and dating violence	Convenience sample of students at 36 universities in 19 nations	China: 220 students, Singapore: 280 and 314 students from the Republic of Korea (from a larger sample of 9,549)	Prevalence and consequences	5/8
Multicountry (China, Philippines and Thailand among other non-East Asian/Pacific countries)	Lansford, Almay et al., 2010	Corporal punishment	Convenience sample of schools and interviews with fathers and children ages 7-10 years old	1,146 fathers and 1,417 children (not split out by country)	Prevalence	7/8
Philippines	Edralin, 2003	Child labour in the tourist industry	Purposive sampling of children in tourism industry in Cebu for a survey and focus groups	221 firms and 237 children	Prevalence and consequences	3/8
Philippines	ILO, 2005	Child labour in pyrotechnics and fashion accessories industries	Convenience sample of employers and subcontractors, follow-up focus groups conducted	100 employers and subcontractors	Prevalence and consequences	4/8
Philippines	ILO, 2004	Girl child labour	Includes two separate studies involving convenience samples of children domestic workers and sexually exploited youth	CDW portion: 36 children and 13 parents; Sexually exploited portion: 44 children and 10 parents	Prevalence and consequences	2/8
Philippines	ILO, 2002	Child labour in the drug trade	Convenience sample of children and young people in the drug trade and those from the community	226 respondents: children involved in the drug trade (N=123) and children not involved in the drug trade (N=103)	Prevalence and consequences	3/8
Gangwon, Republic of Korea	Ahn, Kim & Ko, 2002	Child abuse	Cross-sectional survey of principle caregivers who were raising children under the age of 18, who were receiving support from the three social welfare centres in Gangwon	105	Prevalence	5/8
City of Seoul and Kyunggi Province, Republic of Korea	Chung & Ann, 2001	Factors influencing youth runaway impulse	Cross-sectional high school survey	610	Consequences	5/8
Republic of Korea	Gover, Park, Tomsich & Jennings, 2010	The link between child maltreatment and dating violence perpetration and victimization	University-based survey (one large university)	1,399	Prevalence and consequences	5/8
Seoul and Anyang, Republic of Korea	Kim, Koh & Leventhal, 2005	Bullying	Cross-sectional survey of middle school students (7 <sup>th</sup> and 8 <sup>th</sup> graders)	1,718	Prevalence and consequences	6/8
Seoul, Republic of Korea	Park, Kim & Cho, 2008	Internet addiction and family factors	Randomized selection of middle and high schools in Seoul and all students in each school	903	Consequences	7/8
Seoul and Kyung-gi Province, Republic of Korea	Park, Kim, Kim & Sung, 2007	Prevalence of substance use and explored risk factors that predict substance abuse by sheltered adolescents	Survey of adolescents in runaway and homeless shelters	132	Prevalence and consequences	6/8

Location	Authors and Date	Issues Studied	Sampling Design	Total Sample Size	Research Question Answered	Quality Assessment
<i>Republic of Korea</i>	Park, Schepp, Jang & Koo, 2006	Predictors of suicide ideation in adolescents	Cross-sectional survey of students at 6 high schools in 3 cities	1,312	Consequences	3/8
<i>Seoul, Republic of Korea</i>	Schwartz, Farver, Chang & Lee-Shin	Victimization in South Korean children's peer groups	Cross-sectional study including peer nomination, children's survey and teacher assessment checklist in one primary school	122	Consequences	7/8
<i>Kwangju, Republic of Korea</i>	Yang, Kim, Kim et al., 2006	Bullying	Cross-sectional, convenience survey of children and their parents at five primary schools	1,187	Prevalence and consequences	6/8
<i>Singapore</i>	Back, Jackson, Fitzgerald et al., 2003	Child sexual and physical abuse	Cross-sectional convenience sample of university women in Singapore and the United States	Total sample: 152 (88 from Singapore)	Prevalence and consequences	6/8
<i>Singapore</i>	Sim & Ong, 2005	Physical punishment	Cross-sectional, convenience sample of Chinese preschoolers and their parents	286 preschool children	Prevalence	6/8
<i>Thailand</i>	ECPAT, 2003	Internet use and experiences of children and young people	Convenience sample of young internet users	557 young Thai people	Prevalence and consequences	2/8
<i>Thailand</i>	Farley, Cotton, Lynne et al., 2004	Prostitution and trafficking	Convenience sample of prostituted girls, women and transgendered persons in nine countries including Thailand	166 persons in Thailand	Prevalence and consequences	2/8
<i>Thailand</i>	ILO, 2006	Child labour	Purposive sample of migrant children and young people, employers and recruiters in four industries (agriculture, domestic work, manufacturing and fishing) in various sites in and around Bangkok	Survey: 696 migrants 316 employers  In-depth interviews: Employers: 44 Migrants: 97 Recruiters: 10	Prevalence and consequences	5/8
<i>Thailand</i>	ILO, 2006b	Child labour	Cross-sectional purposive sampling of Burmese child migrants in industrial factories and the informal sector in Mae Sot district, Tak province, Thailand for surveys and in-depth interviews	313 Burmese migrant child workers	Prevalence and consequences	3/8
<i>Thailand</i>	Sunthornkajit et al., 2002	Child labour	Convenience, cross-sectional sample of children under 18 years of age who are or used to be involved in drug trading (from both slum communities and from five centres of the Central Observation and Protection Centre) in Bangkok	100 children	Prevalence and consequences	3/8

Location	Authors and Date	Issues Studied	Sampling Design	Total Sample Size	Research Question Answered	Quality Assessment
Viet Nam	Nguyen, Dunne & Le, 2010	Child maltreatment and adolescent mental health	Cross-sectional convenience sample of secondary students in Hanoi and Hai Dong	2,591 secondary students	Prevalence and consequences	7/8
<b>Case-Control and Cohort Studies</b>						
China	Cheng, Kang, Wang et al., 2001	Sexual coercion	This was a case-controlled study. Among the adolescent abortion seekers, if the abortion seeker had experienced sexual coercion, she was classified into the case group. If the abortion seekers had never experienced sexual coercion, she was classified into the control group.	1,393	Consequences	5/8
China	Huang, Zhang, Shen et al., 2005 & Huang, Zhang, Zou et al, 2006	The relationship between cognitive impairment and post-traumatic symptoms among female victims of child sexual abuse  & The relationship between cognitive functions among female victims of child sexual abuse and levels of plasma neuropeptide-Y (PNY)	1:1 matched case-control design with 21 adult female inmates in prison who experienced child sexual abuse before the age of 13 and 21 controls from the same prison with similar demographic characteristics who did not have child sexual abuse experiences	42 female inmates	Consequences	4/8
China	Juang, Wang, Fuh et al., 2004	Association between adolescent chronic daily headache and childhood adversity	Subjects were all students in three public junior high schools in Taiwan. Cases were students who screened positive and were then diagnosed by a neurologist to have chronic daily headaches (CDH). Controls were students from the same school without CDH and of the same sex	4645 students were surveyed and 58 with CDH were identified	Consequences	7/8
Mianyang City, Sichuan Province, China	Liu, Zhang, Cao & Huang, 2010	To explore the correlation between personality characteristics of adult male abusers and childhood abuse	1:1 matched case-control design, data were obtained by self-report questionnaire survey in the household	38 abusers and 38 age and other demographic matched controls.	Consequences	7/8
China	Luo, Peng, Zong et al, 2008	'Left-Behind' children and neglect	1:1 Case-control with a two-stage stratified random cluster sampling. All 'left-behind' children in the chosen villages were interviewed. Controls were matched children in the same villages	1,548 children (774 pairs)	Prevalence and consequences	7/8

Location	Authors and Date	Issues Studied	Sampling Design	Total Sample Size	Research Question Answered	Quality Assessment
Xuzhou City, Henan Province, <i>China</i>	Zhu, Liang, Li, Wei & Tian, 2006	Child abuse and suicide ideation	1:1 matched case control study, technical Secondary School Students with history of being abused and equal number without that history	180–90 cases (abused) and 90 controls (non-abused)	Consequences	2/8
<i>Japan</i>	Handa, Nukina, Hosoi & Kubo, 2008	Child abuse and anxiety, depression and self-injurious behaviour in outpatients with psychosomatic symptoms	First time outpatients to a Psychosomatic department were divided in a group that had experienced child physical abuse (cases) and a group that had not (controls)	564 outpatients		3/8
<i>Japan</i>	Kitayama, Brummer, Hertz et al., 2007	Clinical study of alterations in corpus callosum in abuse-related PTSD	Clinical study using MRI to assess the corpus callosum area in subjects who were matched for their age	18 – 9 female subjects with abuse-related PTSD and 9 healthy female subjects	Consequences	4/8
<i>Japan</i>	Matsumoto, Azekawa, Yamaguchi et al., 2004	Child abuse histories and self-mutilation	Female self-mutilating outpatients visiting a department of Psychiatry (SM group), matched with two sets of age-matched groups: general psychiatric outpatients (GP group) and a non-clinical volunteer group (NC group)	91 – 34 in SM case group; matched with 31 GP group and 26 in NC group	Consequences	7/8
<i>Japan</i>	Matsumoto, Tsutsumi, et al., 2009	Suicidal behaviour and sexual abuse history in adolescents in conflict with the law	The cases were adolescents who were continuously incarcerated in the Yokohama Juvenile Classification Home at the time of the study. Controls were students at two coeducational public schools located in suburban areas of Kanagawa prefecture	451 adolescents (135 delinquent adolescents cases and 316 non-delinquent controls)	Consequences	6/8
<i>Japan</i>	Miura, Fujiki, Shibata et al., 2006	Methamphetamine use and history of adverse childhood experiences among adolescents in conflict with the law	The cases were 93 subjects who had a history of methamphetamine use who had been admitted to the Nagoya Juvenile Classification Home. The remaining 1269 subjects were enrolled in the control group.	1362 adolescents (93 cases and 1269 controls)	Prevalence and consequences	5/8
<i>Japan</i>	Nagata, Kaye, Kiriike et al., 2001	Eating disorders and histories of child abuse		259 – 38 patients with anorexia nervosa restricting type (AN-R), 46 patients with anorexia nervosa binge eating/purging type (AN-BP), 76 patients with bulimia nervosa purging type (BN) and 99 controls (students in nursing programme).	Prevalence and consequences	6/8

Location	Authors and Date	Issues Studied	Sampling Design	Total Sample Size	Research Question Answered	Quality Assessment
<i>Japan</i>	Tomoda, Sheu, Rabi et al., 2010	Parental verbal abuse and impacts on brain morphology	Clinical case-control study. Cases were unmedicated, right-handed subjects with histories of parental verbal abuse. Controls were psychiatrically healthy controls of comparable age and gender	21 cases and 19 controls	Consequences	5/8
<i>Japan</i>	Yamaguchi, Kobayashi, Tachikawa, et al., 2000	Eating disorders, suicide and histories of child abuse and parent representation	Sample included patients with eating disorders admitted to the Department of Neuro-psychiatry and controls were community volunteers matched for age and sex	51 patients with eating disorders and 107 community volunteers (ages 14–36)	Consequences	7/8
<i>Japan</i>	Yamazaki, 2010	Child maltreatment and subsequent abuse of animals	Sample included a group of institutionalized, maltreated children (who could not live in their homes for various reasons including abuse) as the case group and a group of children at an elementary school (non-maltreated children, group or control group)	26 cases and 113 controls	Consequences	5/8
<i>Republic of Korea</i>	Choi, Klein, Shin & Lee, 2009	Post-traumatic Stress Disorder (PTSD) and Disorders of Extreme Stress (DESNOS) symptoms following sexual exploitation and childhood abuse	The sample included Korean women who had been involved in prostitution and age and education-matched Korean women with no history of either childhood abuse or involvement in prostitution	46 Korean women who were involved in prostitution 31 women with no history of CSA or prostitution	Consequences	5/8
<i>Republic of Korea</i>	Kim, Leventhal & Koh, 2006	Prevalence of suicidal ideations and behaviours in victims, perpetrators, and victim-perpetrators of school bullying compared to students in the same schools who were not involved with bullying	Cohort study of a sample of students at 2 public middle schools (7th and 8th grade) measured at two times 10 months apart	1,655	Prevalence, incidence and consequences	6/8
<i>Malaysia</i>	Loh, Maniam, Tan & Badi'ah, 2010	Childhood adversity and adult depressive disorder	1:1 matched case control study of patients who met the criteria for major depressive disorder or dysthymia and controls matched for age and sex	104 – 52 cases and 52 controls	Consequences	7/8
<i>Singapore</i>	Kee, Sim, Teoh et al., 2003	Family characteristics of youth involved in street corner gangs	1:1 Matched case controls study of youth involved in corner street gangs (cases) and students (controls)	127 – 36 youth involved in street corner gangs and 91 age and academic stream matched control students	Consequences	4/8

Location	Authors and Date	Issues Studied	Sampling Design	Total Sample Size	Research Question Answered	Quality Assessment
<i>Singapore</i>	Wong, Chan, Koh et al., 2009		Matched case-control study with adolescents who reported having engaged in voluntary sex for most recent sex (cases) and control adolescents matched for age, gender and ethnicity	500 cases 500 controls	Consequences	4/8
<i>Thailand</i>	Techakasem & Kolkijkovin, 2006	Runaway youths and correlating factors	1:1 matched case-control study of runaway and non-runaway youth seen at Vajira Hospital	42 – 21 cases (runaway youth) and 21 controls (non-runaway youth)	Prevalence	4/8
<b><i>Clinic and Service Based Studies</i></b>						
<i>Cambodia</i>	ECPAT-Cambodia, 2010	Rape, sexual trafficking and sexual indecency with children	Media analysis of cases of rape, sexual trafficking and sexual indecency with children as reported in the first two quarters of 2010	139 rape cases with 145 victims, 86 of whom were under the age of 18; 15 reported cases of sexual trafficking and 8 reports of sexual indecency with children	Incidence	N/A
<i>Cambodia</i>	ECPAT-Cambodia, 2009a	Rape, sexual trafficking and debauchery	Media analysis of cases of rape, sexual trafficking and debauchery in 2009	322 cases of rape with 337 victims, of whom 204 were children; 7 reports of sexual trafficking; 18 cases of sexual debauchery with children involving 24 victims	Incidence	N/A
<i>Cambodia</i>	ECPAT-Cambodia, 2009b	Rape and sexual trafficking	Cases of trafficking for sexual exploitation and rape were collected from 27 NGOs across Cambodia for the period from January to December 2009	85 incidences of sexual trafficking involving 109 victims between the ages of 7 to 39  535 rape cases involving 541 victims were seen by NGOs in 2009	Incidence	N/A
<i>Cambodia</i>	ECPAT-Cambodia, 2008a	Rape, sexual trafficking and debauchery	Media analysis of cases of rape, sexual trafficking and debauchery in 2008	268 rape cases, 13 recorded cases of trafficking for sexual purposes with 33 victims and 17 cases of debauchery with 27 victims, 17 of whom were minors	Incidence	N/A

Location	Authors and Date	Issues Studied	Sampling Design	Total Sample Size	Research Question Answered	Quality Assessment
<i>Cambodia</i>	ECPAT-Cambodia, 2008b	Rape and sexual trafficking	Cases of trafficking for sexual exploitation and rape were collected from 32 NGOs across Cambodia for the two year period from 2007-2008.	165 reported cases of sex trafficking. 1,499 reported rape cases involving 1,563 victims.	Incidence	N/A
<i>Cambodia</i>	McCauley, Decker & Silverman, 2010	Sex trafficking	Trafficked women seeking services at 26 NGOs across Cambodia from 2005–2006	136	Consequences	4/8
<i>Cambodia</i>	Micheau, Lauwers, Vath, Seilha, Dumurgier & Joly, 2004	Acid burns	Acid burns patients treated by hospital team over course of 12 years	24	Consequences	N/A
<i>Cambodia</i>	ECPAT Cambodia and NGO Committee on CRC, 2004	Rape and trafficking	Clients seen at 22 local and international NGOs across the country	1,319 cases of rape and trafficking by 22 partner NGOs	Incidence	N/A
<i>Taiwan, China</i>	Chien, Pai, Lin & Chen, 2003	Hospitalised burn patients	Data drawn from Burn Injury Information System (BIIS) with data from 34 hospitals from July 1997 to June 1999	4,741 patients	Incidence	N/A
<i>Hong Kong, China</i>	Fong, Cheung & Lau, 2005	Non-accidental head injuries	Children admitted to the United Christian Hospital between January 1996 and April 2004 with a clinical diagnosis of child abuse	377 children	Incidence	N/A
<i>Hong Kong, China</i>	Hong Kong Medical Coordinators, 2003	Suspected cases of child abuse	Surveillance data from all public hospitals in Hong Kong with a paediatric department	592 cases	Incidence	N/A
<i>China</i>	Jiao, Qiao, Zhou et al., 2000	Suspected cases of child abuse	Retrospective analysis of presenting child abuse cases	86 cases	Incidence	N/A
<i>Hong Kong, China</i>	Lee & So, 2006	Suspected cases of child abuse	Retrospective hospital chart review for periods 1994–1995 and 2002–2003	109 cases (1994–1995) and 320 cases (2002–2003)	Incidence	N/A
<i>Hong Kong, China</i>	Sun, Zhu & Poon, 2006	Head trauma	Retrospective analysis of presenting cases of subdural haemorrhage	18 cases	Incidence	N/A
<i>Japan</i>	Bandou, Koike & Matuura, 2010	Predictive familial risk factors and pharmacological responses in ADHD with comorbid disruptive behaviour disorders	Sample of patients receiving routine outpatient treatment for ADHD at the Department of Child Psychiatry.	144 subjects	Consequences	N/A
<i>Japan</i>	Endo, Sugiyama & Someya, 2006	Attention-deficit/hyperactivity disorder and dissociation among abused children	Child inpatients at a children's health and medical centre were screened for child abuse	39	Consequences	N/A
<i>Japan</i>	Fujiwara, Okuyama, Kasahara et al., 2008a & Fujiwara, Okuyama, Kasahara et al., 2008b	Munchausen syndrome by proxy	Survey of doctors from 11 hospitals about cases from 1995–2004	21 MSBP cases (20 families)	Incidence	N/A

Location	Authors and Date	Issues Studied	Sampling Design	Total Sample Size	Research Question Answered	Quality Assessment
Japan	Fujiwara, Okuyama, Miyasaka, 2008	Head trauma	Retrospective medical chart analysis of presenting patients (0–2 years old) with symptoms to suspect head injury	260	Incidence	N/A
Japan	Kobayashi, Yamada, Ohba et al., 2009	Shaken baby syndrome	Retrospective chart analysis from two hospitals	32 cases	Incidence	N/A
Japan	Zhu, Oritani, Ishida et al., 2000	Child deaths	Retrospective review of child forensic autopsy cases in Osaka City.	53 child cases	Incidence	N/A
Malaysia	Fahrudin & Edwards, 2009	Child sexual assault	Clinical, quantitative study of child sexual assault survivors	80	Incidence and consequences	N/A
Myanmar (Burma)	The Shan Human Rights Foundation (SHRF) & The Shan Women's Action Network (SWAN)	Rape	Mapping and detailing incidents of rape and other forms of sexual violence against women and girls	173 incidents of rape involving 625 women and girls	Incidence and consequences	N/A
Pacific Islands – Fiji	Adinkrah, 2003	Paternal filicides	Analysis of filicide from the Fiji Police Force registers	13 cases	Incidence	N/A
Pacific Islands – Fiji	Adinkrah, 2003b	Homicide-suicides	Analysis of homicide-suicides from the Fiji Police Force Register and newspapers	14 homicide victims	Incidence	N/A
Pacific Islands – Fiji	Adinkrah, 2000	Maternal filicides	Analysis of filicide from the Fiji Police Force registers	16 cases	Incidence	N/A
Philippines	Acebes, Nerida & Chez, 2002	Suspected cases of physical and sexual violence	Retrospective analysis of non-pregnant presenting patients at the Women and Child Protection Unit (WCPU) at Vicente Sotto Memorial Medical Centre (VSMCC) in Cebu City	1,354	Incidence	N/A
Republic of Korea	Choi, Ahn, Ahn, Choi et al., 2000	Suspected cases of child abuse	Retrospective analysis of presenting child abuse cases, The injury severity of the victims was compared with the control group of 197 general violence victims who visited the same emergency centre	47	Incidence	N/A
Republic of Korea	Choi, Kim, Sim et al., 2007	Suspected cases of child abuse	Retrospective analysis of presenting child abuse cases	20	Incidence	N/A
Republic of Korea	Lee, Han, Kim et al., 2007	Suspected cases of child sexual abuse	Retrospective analysis of presenting child sexual abuse cases	292	Incidence	N/A
Singapore	Ministry of Community Development, Youth and Sports	Child maltreatment	Child protective services data	393 reported cases with evidence of abuse	Incidence	N/A
Singapore	Yiming & Fung, 2003	Cases of child sexual abuse	Retrospective review of consecutive cases of child sexual abuse seen at a child guidance clinic in Singapore	38 cases	Incidence	N/A

Location	Authors and Date	Issues Studied	Sampling Design	Total Sample Size	Research Question Answered	Quality Assessment
<i>Thailand</i>	Boonma, Bhoopat, Treratwerapong et al., 2007	Suspected cases of child sexual abuse	Retrospective analysis of rape records and records of sexually abused children and adolescents treated at the Child-Women Protection Centre at Taksin Hospital	250	Incidence	N/A
<b>Qualitative Studies</b>						
<i>Cambodia</i>	Chab Dai Coalition, 2006	Trafficking of girl children	Qualitative methods including semi-structured interviews and focus groups with participatory activities	Six focus groups with children (81 children), nine focus groups with adults (34 adults) and 24 semi-structured interviews among other activities	Prevalence and consequences	18/23
<i>Cambodia</i>	Chenda, 2006	Child trafficking	Qualitative interviews with former victims of trafficking ages 13–18 living in two provinces	17 children (8 girls)	Consequences	18/23
<i>Cambodia</i>	Hilton, 2008	Sexual abuse and exploitation of boys and young men in Cambodia	Qualitative interviews with boys and young men who have been sexually abused	40	Consequences	23/23
<i>Cambodia</i>	Nishigaya, 2002	Child labour	15 Focus groups of garment factory workers and 20 in-depth interviews (also quantitative component but this article focused on qualitative findings)	95	Consequences	12/23
<i>Taiwan, China</i>	Chien, 2007 & Chien, 2008	Long-term sequelae of child sexual abuse on Taiwanese women  Relationships of Taiwanese women with a history of childhood sexual abuse to their non-offending mothers	Life histories of Taiwanese women with a history of CSA who identified the perpetrator of the abuse as a father figure (an intra- or extra-familial member) known to them before the abuse.	11 women	Consequences	23/23
<i>Yogyakarta, Indonesia</i>	Beazley, 2002	Children living and working on the street	Informal interviews were conducted with a group of street girls in the City Park of Yogyakarta through focus group discussions and PRA activities.	12 female children living and working on the streets	Consequences	10/23
<i>Jakarta, Indonesia</i>	Bessel, 2009	Child labour	Semi-structured conversations and PRA techniques	121 children between the ages of ten and 16	Consequences	18/23
<i>Yogyakarta, Indonesia</i>	Berman, 2000	Children living and working on the street	Narratives of children living and working on the streets/analysis of stories written by children living and working on the streets and published in <i>Jejal</i> (a monthly uncensored street bulletin)	167 stories published in 1994	Consequences	21/23

Location	Authors and Date	Issues Studied	Sampling Design	Total Sample Size	Research Question Answered	Quality Assessment
Bekasi, Jakarta, Medan, Pamulang, Semarang, Surabaya, Yogyakarta, and two sending areas (areas where child domestics are recruited), one outside Medan, and the other outside Yogyakarta, <i>Indonesia</i>	Human Rights Watch, 2005	Child labour	Qualitative interviews (sampling method not specified)	105 interviews; 44 with current or former child domestic workers	Consequences	12/23
Indramayu, Manado, Medan, Semarang, Solo and Surabaya, <i>Indonesia</i>	National Coalition for the Elimination of Commercial Sexual Exploitation of Children, 2008	Commercial Sexual Exploitation of Children	Qualitative rapid assessment of CSEC in six areas	Not stated	Consequences	9/10
Jakarta, Lampung, Lombok, Batam, Bandung, Bali and Pontianak, <i>Indonesia</i>	National Coalition for the Elimination of Commercial Sexual Exploitation of Children, Ministry of Women's Empowerment & UNICEF, 2009	Commercial sexual exploitation of children	7 rapid assessments conducted with sexually exploited children in 7 areas of Indonesia	272 children ages 12–17	Prevalence and consequences	13/23
Surakarta, <i>Indonesia</i>	Kakak Foundation & Terres des Homes, 2008	Commercial sexual exploitation of children	In-depth interviews with commercially exploited children to map the situation of child prostitution in Surakarta.	110 prostituted children (100 girls and 10 boys)	Prevalence and consequences	7/23
Khammuane, Savannakhet and Champassak, <i>Lao PDR</i>	ILO-IPEC, 2003	Trafficking of children and women for labour exploitation	Interviews, brief structured surveys and multiple field methods in selected communities identified by the provincial and district authorities and key informant interviews.	The assessment involved 1,614 families and 21 children returnees. During the assessment 38 key informants were also interviewed.	Prevalence and consequences	16/23
<i>Lao PDR</i>	UNICEF, 2006	Trafficking	Rapid Appraisal methodologies	Interviews with 253 trafficked persons	Consequences	17/23
Multicountry ( <i>Thailand, Lao PDR and Myanmar</i> )	ILO, 2002	Trafficking of children into the worst forms of child labour	Rapid assessment including desk review and interviews with professionals, children and parents	283 interviews –included 153 children, 16 family members	Prevalence and consequences	11/23
Multicountry ( <i>Indonesia, Philippines and Thailand</i> )	ILO-IPEC, 2004	Use of children in the production, sales and trafficking of drugs	Participatory action-oriented research involving qualitative methods	Not stated	Prevalence and consequences	12/23
<i>Myanmar</i>	Kachin Women's Association Thailand (KWAT)	Trafficking of Kachin women on the China-Myanmar border	Interviews with women and girls who had been trafficked, their family members and community members who had witnessed incidents of trafficking	63 trafficking cases from larger sample of 85 women and girls	Prevalence	14/23
<i>Myanmar</i>	Human Rights Watch, 2007	Children recruited by armed forces or groups	Interviews with current and former soldiers and officers	At least 62 interviews (total number not stated)	Prevalence	14/23
<i>Myanmar</i>	The Women's League of Burma (WLB), 2004	Sexual violence by the military regime's army and authorities in Myanmar	Documented stories	26	Prevalence and consequences	13/23

Location	Authors and Date	Issues Studied	Sampling Design	Total Sample Size	Research Question Answered	Quality Assessment
<i>Myanmar</i>	UNESCAP, 2000	Sexual abuse and exploitation	Qualitative interviews with sexually exploited children and youth	19	Prevalence	17/23
Pacific Islands – <i>Solomon Islands</i>	Herbert, 2007	Commercial sexual exploitation	Awareness-raising events, children's sessions, community leaders and interviews in six villages across the Arosi Region of the Makira Province	370 children attended the children's sessions. 6 meetings with community leaders (12–20 people in each meeting) 41 interviews (12 with victims)	Prevalence and consequences	17/23
Pacific Islands – <i>Papua New Guinea, Vanuatu, Fiji and Kiribati</i>	Roberts, 2007	Masculinity, mental health and violence	Four country study Utilizing mostly qualitative techniques of focus groups and interviews with youth ages 15 to 30	Not stated	Consequences	8/23
Pacific Islands – <i>Fiji</i>	Save the Children Fiji, 2006	Commercial sexual exploitation of children and child sexual abuse	In-depth interviews and focus groups with prostituted girls, parents and community leaders	130 prostituted children (under the age of 18 or where under the age of 18 when first became prostituted)	Prevalence	16/23
Pacific Islands – <i>Fiji</i>	Save the Children Fiji, 2006b	Physical and emotional punishment of children	Use of participatory research tools such as drawing and sentence completion with school children	536 children aged 10–17	Prevalence and consequences	20/23
Pacific Islands – <i>Fiji, Kiribat, Papua New Guinea, Solomon Islands and Vanuatu</i>	UNICEF, UNESCAP and ECPAT, 2006	Commercial sexual exploitation of children and child sexual abuse	Five country case studies utilising interviews, focus groups and collection of police and service-based statistics	Not available	Prevalence	7/23
<i>Papua New Guinea</i>	FSVAC & UNICEF, 2005	Violence against children	Community consultation through group discussions in eight provinces (aimed for two schools and one community in each province)	Not available	Prevalence	10/23
<i>Papua New Guinea</i>	Human Rights Watch, 2005	Children in detention and abuse by police	Interviews with a wide range of people including victims and site visits of nine facilities	160 people	Prevalence and consequences	8/23
<i>Papua New Guinea</i>	Human Rights Watch, 2006	Children in detention and abuse by police	Interviews with a wide range of people including victims and site visits of facilities	90 people	Prevalence and consequences	8/23
<i>Philippines</i>	ECPAT Philippines & Terre des Hommes-Netherlands (TDH-NL), 2004	Trafficking of children	In-depth interviews with trafficked children, parents or relatives of survivors of trafficking, observations, community dialogues and secondary data review	74 children	Prevalence and consequences	16/23
<i>Philippines</i>	Figer, 2008	Verbal child abuse	Qualitative and exploratory study interviewing children	10 children	Consequences	13/23

Location	Authors and Date	Issues Studied	Sampling Design	Total Sample Size	Research Question Answered	Quality Assessment
<i>Philippines</i>	Save the Children UK, 2004	Children in conflict with the law	3 study sites, interviews with professionals working in the field, interviews with children, record review, case studies and a drama workshop	496 interviews with professionals in the field -194 interviews with children -104 children at drama forum -21 case studies -11,391 records reviewed	Consequences	20/23
<i>Philippines</i>	Tambayan Center for the Care of Abused Children, Inc , 2003	Adolescents living and working on the streets	Participatory action research with adolescents living and working on the streets that involved peer researchers and qualitative interviewing and focus groups	113 street adolescents	Prevalence and consequences	19/23
Regionwide	United Nations, 2000	Sexually abused and sexually exploited children and youth	Multicountry coordinated qualitative research including observation, informal discussions and semi-structured interviews.	84 sexually abused children and 176 sexually exploited children	Prevalence and consequences	21/23
Regionwide	UNICEF, 2002	Children recruited by armed forces or groups	In-depth interviews with current and former children recruited by armed forces or groups in six countries (Cambodia, Timor-Leste, Indonesia, Myanmar, Papua New Guinea and the Philippines) in East Asia and the Pacific region.	69 current or former children recruited by armed forces or groups	Prevalence and consequences	7/23
<i>Republic of Korea</i>	Yang, 2009	Corporal punishment	In-depth interviews with married couples with more than one child	17 married couples	Information to inform prevalence	16/23
<i>Thailand</i>	Engstrom, Minas, Espinosa & Jones, 2004	Trafficking	Semi-structured interviews and desk research	Not stated	Consequences	6/23
<i>Thailand</i>	Trangkaso-mbat, 2008	Child sexual abuse	Clinical sample followed up for qualitative interviewing.	60	Prevalence and consequences	22/23
<i>Thailand</i>	UNICEF, 2008	Life of children living in the Southern provinces	Mixed qualitative methods of drawing, mapping, interviews, listing and sentence completion with children living in the southernmost provinces and children living in central Thailand as controls	2,640 children ages 7–17: including 2,357 children living in the southernmost provinces and 283 children living in central Thailand as the control group	Prevalence and consequences	16/23
<i>Timor-Leste</i>	Pradet & UNICEF, 2002	Abuse and exploitation of children	Semi-structured interviews with sexually abused and exploited children identified through agencies and professionals	103 children	Prevalence and consequences	6/23
<i>Timor-Leste</i>	Alola Foundation, 2004	Trafficking	Mixed methods of convenience survey and interviews	42 'sex workers'	Consequences	17/23

Location	Authors and Date	Issues Studied	Sampling Design	Total Sample Size	Research Question Answered	Quality Assessment
<i>Viet Nam</i>	ActionAid, 2005	Trafficking of women and children	Interviews and focus groups were held with women and girls and other key stakeholders in Viet Nam, China (Taiwan) and Cambodia	138 women and children interviews 238 men and women in focus groups (total: 376 in the three areas)	Prevalence and consequences	15/23
<i>Viet Nam</i>	Casares & Heymann, 2009	Neglect	In-depth interviews of working parents attending government health clinics in urban and rural settings	147 parents	Prevalence and consequences	20/23
<i>Viet Nam</i>	Human Rights Watch, 2005	Abuse of children living and working on the streets in detention	In-depth interviews with children living and working on the street and young adults	25 interviews (18 with children living and working on the street and seven young adults)	Prevalence and consequences	8/23
<i>Viet Nam</i>	ILO-IPEC, 2002	Sexually exploited children	Interviews with children in prostitution in four areas of Viet Nam	122 children (ages 13 to 17)	Consequences	23/23
<i>Viet Nam</i>	Rubenson, Ahn, Hojer & Johansson, 2004	Child labour	In-depth interviews with child domestic workers in Hanoi	13	Consequences	23/23
<i>Viet Nam</i>	Rubenson, Hahn, Hojer & Johansson, 2005	Sexual exploitation of girls	Life stories of prostituted girls in Ho Chi Minh City	22	Prevalence and consequences	23/23
<i>Viet Nam</i>	Rushing, Watts & Rushing, 2005	Sexual exploitation and prostituted girls	In-depth interviews with prostituted girls in Hai Phong Province in Northern Viet Nam	20	Prevalence and consequences	21/23
<i>Viet Nam</i>	Rydstrom, 2006	Masculinity and punishment	Anthropological fieldwork	Not stated	Prevalence and consequences	17/23
<i>Viet Nam</i>	United Nations, 2000	Sexually abused and exploited children	Interviews with sexually abused and exploited children	75	Consequences	22/23
<i>Viet Nam</i>	Wasserman, Thanh, Minh et al., 2008	Suicide	In-depth interviews with suicide attempters between the ages of 15–24	19	Prevalence and consequences	23/23
<b>Secondary Data Analysis</b>						
<i>Indonesia</i>	Federman & Levine, 2005	Child labour	Secondary data analysis of a large sample of individual- and household-level survey data from 274 districts collected by Indonesia's Central Bureau of Statistics (BPS)	274 districts in Indonesia	Consequences	N/A
<i>Japan</i>	Yasumi & Kageyama, 2009	Filicide	Review of newspaper coverage and comparison with official statistics	933 cases and 1,084 victims under the age of 15	Prevalence	N/A
<i>Republic of Korea</i>	Pai, Kim, Chung & Ryu, 2009	Child abuse	reporting of government collected statistics	5,578 child abuse cases from 2001–2008	Prevalence	N/A
<i>Malaysia</i>	WHO, 2006	Health and violence in Malaysia	Desk review of official statistics	Not stated	Prevalence and incidence	N/A
Multicountry ( <i>Cambodia and Philippines</i> )	Ray & Lancaster, 2005	Child labour	Secondary analysis of ILO Statistical Information and Monitoring Programme on Child Labour (SIMPOC) datasets for 7 countries	Not stated	Prevalence and consequences	N/A

Location	Authors and Date	Issues Studied	Sampling Design	Total Sample Size	Research Question Answered	Quality Assessment
Multicountry	IOM, 2008	Trafficking	Review of data sources and government statistics	Not stated	Prevalence	N/A
Multicountry (East Asian countries)	UNICEF EAPRO, 2008	Child protection	Secondary data analysis of child protection data from the Demographic and Health Survey (DHS) and the Multiple Indicator Cluster Survey (MICS)	Varies	Prevalence	N/A
Multicountry	US Department of Labor, 2010	Worst forms of child labour	Desk review of existing data	Not stated	Prevalence	N/A
Multicountry	US Department of Labor, 2008	Worst forms of child labour	Desk review of existing data	Not stated	Prevalence	N/A
Myanmar	KWAT, 2008	Trafficking	Data collected by the Kachin Women's Association	133 cases of trafficking involving 163 women and girls	Incidence	N/A
Papua New Guinea	UNICEF, 2009	Situational analysis of child protection	Situational analysis and review of existing data	Not stated	Prevalence	N/A
Philippines	Abrera-Mangahas presentation published in ILO-IPEC, 2001	Child labour	Presentation of national data on children in hazardous work from the Labour Force Survey	Not stated	Prevalence and consequences	N/A
Philippines	A Situationer of Street Children in the Philippines presentation, no author, 2003	Children living and working on the streets	Desk review of existing data	Not stated	Prevalence and consequences	N/A
Philippines	Bañez-Sumagaysay, 2003	Child labour	Desk review of existing data	Not stated	Prevalence	N/A
Philippines	Rudatsikira, Mataya, Siziya & Muula, 2008	Bullying	Secondary data analysis of a large nationally representative school-based survey	7,338 high school students	Prevalence and consequences	N/A
Philippines	Santos Ocampo, 2002	Child maltreatment	Presentation of official statistics/desk review	Not stated	Prevalence	N/A
Thailand	Asian Research Center for Migration (ARCM), n.d.	Migrant children in difficult circumstances	Review of government statistical records and interviews	Not stated	Consequences	N/A
Thailand	Berger & Glind chapter in ILO-IPEC, 2001	Child labour and commercial sexual exploitation	Review of government statistical records and interviews with key stakeholders	Not stated	Prevalence and consequences	N/A
Timor-Leste	Banks, 2008	Child protection, child labour and abuse in detention	Desk review of existing data and key stakeholder interviews	Not stated	Prevalence	N/A
Timor-Leste	UNFPA, 2005	Gender-based violence	Mixed methods of interviews, focus groups and desk research	Not stated	Prevalence	N/A
Viet Nam	UNICEF, 2010	Situational analysis of children in Viet Nam	Desk review of existing research and government documents and statistics and conversations with key stakeholders	Not Stated	Prevalence	N/A

# Appendix B: Included Studies: References by Country

## CAMBODIA

1. Action Pour Les Enfants. (2006). *Survey on street-based child sexual exploitation in Cambodia: Overview of 7 provinces*. Phnom Penh: Cambodia. Renault, R.
2. Cambodian League for the Promotion and Defense of Human Rights (LICADHO). (2007). *Prison conditions in Cambodia 2005 & 2006: One day in the life*. Phnom Penh: Cambodia.
3. Center for Advanced Study. (2001). *Child work and child labour at the Chub Rubber Plantation in Cambodia*. Phnom Penh: Center for Advanced Study. Zweers, J., Tirith, H., Ketya, S., Sidedine, L., Sareth, K., Sophea, M.,...Rithy, P.
4. Center for Advanced Study. (2001). *Child work and child labour in the fisheries in Sihanoukville, Cambodia*. Phnom Penh: Center for Advanced Study. Zweers, J., Sidedine, L., Ketya, S., Tirith, H., Sareth, K., Sophea, M. & Kannitha, H.
5. Chab Dai Coalition. (2006). *At what price honour? Research into domestic trafficking of Vietnamese (girl) children for sexual exploitation, from urban slums in Phnom Penh, Cambodia*. Phnom Penh: Chab Dai.
6. ECPAT-Cambodia. (2010). *Media analysis: Reported cases of sexual abuse in Cambodia in the first half of 2010*. Phnom Penh: ECPAT-Cambodia.
7. ECPAT-Cambodia. (2009). *NGO joint statistics: Database report on trafficking and rape in Cambodia, 2009*. Phnom Penh: ECPAT-Cambodia.
8. ECPAT-Cambodia. (2009b). *Media analysis: Rape, trafficking for sexual purposes and indecent cases in six months of 2009*. Phnom Penh: Cambodia.
9. ECPAT-Cambodia. (2009c). *Media analysis: Rape, sexual trafficking and indecent cases in Cambodia for the first 9 months of 2009*. Phnom Penh: Cambodia.
10. ECPAT-Cambodia. (2009d). *Media analysis: the sexual abuse in 2009 in Cambodia*. Phnom Penh: ECPAT-Cambodia.
11. ECPAT-Cambodia. (2009e). *Media analysis: Rape, sexual trafficking and debauchery cases in the first quarter of 2009*. Phnom Penh: ECPAT-Cambodia.
12. ECPAT-Cambodia. (2008a). *NGO joint statistics: Database report on trafficking and rape in Cambodia, 2007-2008*. Phnom Penh: ECPAT-Cambodia.
13. ECPAT-Cambodia. (2008b). *Total rape, sexual trafficking and debauchery cases in 2008*. Phnom Penh: ECPAT-Cambodia.
14. ECPAT-Cambodia in cooperation with NGO Committee on CRC. (n.d.). *Database report: Project on 'NGO joint statistics on rape and trafficking: 2003-2004'*. Phnom Penh: Cambodia.
15. Alistair Hilton. (2008). *I thought it could never happen to boys: Sexual abuse and exploitation of boys in Cambodia, an exploratory study*. Phnom Penh: Social Services of Cambodia (SSC).
16. ILO. (2006). *Mekong Challenge. Cambodia's 'beer promotion girls': Their recruitment, working conditions and vulnerabilities*. Bangkok: International Labour Office.
17. ILO. (2006b). *Mekong Challenge. Cambodia's hotel and guesthouse workers: Their recruitment, working conditions and vulnerabilities*. Bangkok: International Labour Office.
18. ILO. (2005). *Mekong Challenge. Destination Thailand: A cross-border labour migration survey in Banteay Meanchey Province, Cambodia*. Bangkok: International Labour Office.
19. ILO, UNICEF and the World Bank. (2006). *Children's work in Cambodia: A challenge for growth and poverty reduction*. Report No. 38005.
20. IOM. (2007). *Out of sight, out of mind? Child domestic workers and patterns of trafficking in Cambodia*. Brown, E.
21. IOM. (2006). *Life after reintegration: The situation of child trafficking survivors*. Phnom Penh, IOM.
22. IOM and the U.S. Department of State, Bureau of Population, Refugees, and Migration. (2007). *The ties that bind: Migration and trafficking of women and girls for sexual exploitation in Cambodia*. Brown, E.
23. Legal Support for Children and Women (LSCW). (2005). *Gender analysis of the patterns of human trafficking into and through Koh Kong Province*. Phnom Penh, LSCW. Preece, S.
24. McCauley, H.L., Decker, M.R. & Silverman, J.G. (2010). *Trafficking experiences and violence victimization of sex-trafficked young women in Cambodia*.
25. Micheau, P., Lauwers, F., Vath, S.B., Seilha, T.C., Dumurgier, C. & Joly, B. (2004). *Acid burns. An experience of 24 patients treated in Cambodia*. *Annales de chirurgie plastique esthetique*, 49, 239-254.
26. Miles, G. & Thomas, N. (2007). 'Don't grind an egg against a stone'—Children's rights and violence in Cambodian history and culture. *Child Abuse Review*, 16, 383-400.
27. Ministry of Education, Youth and Sports, UNICEF and UNESCO. (2004). *Cambodia national youth risk behaviour survey*. Phnom Penh: Kingdom of Cambodia.
28. Ministry of Education, Youth and Sports. (2010). *Most at risk young people survey Cambodia 2010*. Phnom Penh: Kingdom of Cambodia.

29. National Institute of Statistics, Ministry of Planning in collaboration with ILO-IPEC. (2004). *Child domestic worker survey, Phnom Penh-2003*. Kingdom of Cambodia.
30. National Institute of Statistics. (2001). *Cambodian Child Labour Survey*. Phnom Penh: National Institute of Statistics.
31. NGO Committee on the Rights of the Child (NGOCRC). *The middle way: Bridging the gap between Cambodian culture and children's rights*. Steve Gourley. Phnom Penh: NGO Committee on the Rights of the Child.
32. Nishigaya, K. (2002). Female garment factory workers in Cambodia: Migration, sex work and HIV/AIDS. *Women & Health, 35*(4), 27-42
33. Pan, J. (2010). The effects of child labor on school attendance in Cambodia. *Masters Abstracts International, 48*(5). (MAI No. 1475217). Retrieved December 3, 2010, from Dissertations and Theses database.
34. Phoumin, H. (2008). Human capital and hours worked of children in Cambodia: Empirical evidence for policy implications. *Asian Economic Journal, 22*(1), 25-46.
35. The Research Institute for Asia and the Pacific at the University of Sydney and UNICEF. (2005). *An assessment of the situation of children in conflict with the law in the Kingdom of Cambodia*. Dr. Sandra Egger. UNICEF, Cambodia.
36. Save the Children, Australia. (2005). *Takmau homeless youth survey*. Cambodia. Domrei Research and Consulting.
37. Steinfatt, T.M. (2003). *Measuring the number of trafficked women and children in Cambodia: A direct observation field study, Part III of a series*. Phnom Penh, USAID.
38. Steinfatt, T.M., Baker, S. & Beesey, A. (2002). *Measuring the number of trafficked women in Cambodia: 2002*. Presentation from the Office to Combat and Monitor Trafficking, U.S. State Department, 'The human rights challenge of globalization in Asia-Pacific-U.S.: The trafficking in persons, especially women and children'. November 13-15, 2002. Honolulu, Hawaii.
39. Tearfund. (n.d.). *Stop violence against us: summary report. A preliminary national research study into the prevalence and perceptions of Cambodian children to violence against children in Cambodia*. Phnom Penh: Cambodia. Miles, G. & Varin. S.
40. UNESCAP, Swedish International Development Cooperation Agency (Sida), Section for International Maternal and Child Health at Uppsala University and Cambodian Centre for the Protection of Children's Rights. (2000). *Sexually abused and sexually exploited children and youth in Cambodia: A qualitative assessment of their health needs and available services in selected provinces*. New York: United Nations.
41. United States Department of Labor, 2007 Findings on the Worst Forms of Child Labor - Cambodia, 27 August 2008, available at: <http://www.unhcr.org/refworld/docid/48caa4633f.html> [accessed 15 February 2011]
42. World Vision Cambodia. (2006). *As if they were watching MY body: Pornography and the development of attitudes towards sex and sexual behaviour among Cambodian Youth*. Phnom Penh: World Vision Cambodia.
43. World Vision Cambodia. (2005). *How and why we work: Child workers in the informal economy in Phnom Penh and Battambang*. Phnom Penh: World Vision Cambodia. Te, H.
44. Yi, S., Poudel, K.C., Yasuoka, J., Palmer, P.H., Yi, S. & Jimba, M. (2010). Role of risk and protective factors in risky sexual behavior among high school students in Cambodia. *BMC Public Health, 10*, 477-485.

## CHINA (including Hong Kong and Taiwan)

45. Cao, Y.P., Zhang, Y.L., Sun, S.Q., Guo, G.Y., Li, Y.C., Yuan, D.,...Li, J.G. (2006). An epidemiological study on domestic violence in Hunan, China. Article in Chinese. *Chinese Journal of Epidemiology, 27*(3), 200-203.
46. Chan, K.L. (2010). Co-occurrence of intimate partner violence and child abuse in Hong Kong Chinese families. *Journal of Interpersonal Violence, (epub ahead of print)*, 1-21.
47. Chan, K.L., Yan, E., Brownridge, D.A., Tiwari, A. & D.Y.T. Fong. (2010). Childhood sexual abuse associated with dating partner violence and suicide ideation in a representative household sample in Hong Kong. *Journal of Interpersonal Violence (epub ahead of print)*, 1-22.
48. Chan, K.L. & Brownridge, D.A. (2008). Personality characteristics of Chinese male batterers: An exploratory study of women's reports from a refuge sample of battered women in Hong Kong. *American Journal of Men's Health, 2*(3): 218-228.
49. Chan, K.L., Tiwari, A., Leung, W.C., Ho, H.W.Y. & Cerulli, C. (2007). Common correlates of suicidal ideation and physical assault among male and female university students in Hong Kong. *Violence and Victims, 22*(3): 290-303.
50. Chang, L., Lansford, J.E., Schwartz, D. & Farver, J.M. (2004). Marital quality, maternal depressed affect, harsh parenting, and child externalizing in Hong Kong Chinese families. *International Journal of Behavioral Development, 28*(4), 311-318.
51. Chang, L., Schwartz, D., Dodge, K.A., & McBride-Chang, C. (2003). Harsh parenting in relation to child emotion regulation and aggression. *Journal of Family Psychology, 17*(4): 598-606.
52. Chen, J.K. & Astor, R.A. (2011). School engagement, risky peers, and student-teacher relationships as mediators of school violence in Taiwanese vocational versus academically oriented high schools. *Journal of Community Psychology, 39*(1), 10-30.
53. Chen, J.K. & Astor, R.A. (2010). School violence in Taiwan: Examining how western risk factors predict school violence in an Asian culture. *Journal of Interpersonal Violence, 25*(8), 1388-1410.
54. Chen, J.Q. (2009). Study on dating violence in 697 male university students. Article in Chinese. *Chinese Journal of Epidemiology, 30* (10): 1013-1016.
55. Chen, J.Q. (2004). A retrospective survey in child sexual abuse among 565 university students. Article in Chinese. *Chinese Journal of Epidemiology, 25*(10), 873-7.
56. Chen, J.Q., Dunne, M.P. & Han, P. (2006). Child sexual abuse in Henan province, China: Associations with sadness, suicidality, and risk behaviors among adolescent girls. *Journal of Adolescent Health, 38*, 544-549.

57. Chen, J.Q., Dunne, M.P. & Han, P. (2004). Child sexual abuse in China: A study of adolescents in four provinces. *Child Abuse & Neglect*, 28, 1171-1186.
58. Chen, J.Q., Dunne, M.P., Wang, X.W. (2003). Childhood sexual abuse: An investigation among 239 male high school students. Article in Chinese. *Chinese Mental Health Journal*, 17, 345-347.
59. Chen, J.Q., Dunne, M.P. & Wang, X.W. (2002). Prevalence of childhood sexual abuse among female students in a senior high school. Article in Chinese *Chinese Journal of School Health*, 23, 345-347.
60. Chen, J.Q., Han, P. & Dunne, M.P. (2004). Child sexual abuse: a study among 892 female students of a medical school. Article in Chinese. *Chinese Journal of Pediatrics*, 42(1), 39-43.
61. Chen, J.Q. & Liao, W. (2005a). Childhood humiliated experience and its correlation with the mental health in technical secondary school students. Article in Chinese. *Chinese Journal of School Health*, 26(5): 355-357.
62. Chen, J.Q., Liao, W. (2005b). Childhood Non-contact Corporal Punishment Revealed in the Questionnaire Survey of Technical Secondary School Students. Article in Chinese. *Chinese Mental Health Journal*, 19(4): 243-246.
63. Cheng, F. & Lam, D. (2010). How is street life? An examination of the subjective well-being of street children in China. *International Social Work*, 53(3), 353-365.
64. Cheng, Y. Kang, B., Wang T., Han, X., Shen, H., Lu, Y.,...Yu, Q. (2001). Case-controlled study on relevant factors of adolescent sexual coercion in China. *Contraception*, 64, 77-80.
65. Chien, M.H. (2008). The current relationship of Taiwanese women with a history of childhood sexual abuse to their non-offending mothers. *Journal of Social Service Research*, 34(4), 29-39.
66. Chien, M.H. (2007). Consequences and impact of childhood sexual abuse on Taiwanese women. *Social Development Issues*, 29(3), 47-58.
67. Chien, W.C., Pai, L., Lin, C.C. & Chen, H.C. (2003). Epidemiology of hospitalized burns patients in Taiwan. *Burns*, 29, 582-588.
68. Cui, L.H., Pang, S.L., Du, W.R., Xue, L., Ren, Q., Wang, W.X., et al. (2010). Prevalence of physical and emotional maltreatment by parents in preschool children. Article in Chinese. *Chinese Journal of Public Health*, 26(4): 486- 487.
69. Duan, Y.P., Li, C.S., Sun, Y.P., Sun, D.F. (2006). Single Factor Analysis of Family Environment and Childhood Sexual Abuse. Article in Chinese. *Chinese Journal of School Health*, 27(2):131- 132.
70. Fong, C.M., Cheung, H.M. & Lau, P.Y. (2005). Fractures associated with non-accidental injury—an orthopaedic perspective in a local regional hospital. *Hong Kong Medical Journal*, 11(6), 445-451.
71. Guo, S.F., Wu, J.L., Qu, C.Y. & Yan, R.Y. (2004). Domestic abuse on women in China before, during, and after pregnancy. *Chinese Medical Journal*, 117(3), 331-336.
72. Hazemba, A., Siziya, S., Muula, A.S. & E. Rudatsikira. (2008). Prevalence and correlates of being bullied among in-school adolescents in Beijing: Results from the 2003 Beijing Global School-Based Health Survey. *Annals of General Psychiatry*, 7(6), 1-6.
73. He, J. & Tian, L. (2009). Girls' and boys' experiences and perceptions of parental discipline and punishment while growing up in China and England. *Child Abuse Review*, 18, 401-413.
74. Hokoda, A., Lu, H.H.A. & Angeles, M. (2006). School bullying in Taiwanese adolescents. *Journal of Emotional Abuse*, 6(4), 69-90.
75. Hong Kong Medical Coordinators on Child Abuse. (2003). Management of child abuse in Hong Kong: Results of a territory-wide inter-hospital prospective surveillance survey. *Hong Kong Medical Journal*, 9(1), 6-9.
76. Hua, J., Wu, Y., Gu, G.X. Chen, J. & Zhu, L.L. (2006) An investigation in 370 cases of child neglect. *Chinese Journal of Clinical Rehabilitation*, 10(18), 172-175.
77. Huang, G.P., Zhang, Y.L., Shen, J.J., Zou, S.H., Xiang, H., Zhao, L. (2005). Cognitive Function and Posttraumatic Stress Symptoms among the Victims of Child Sexual Abuse in Female Inmates. Article in Chinese. *Chinese Mental Health Journal*, 19(10):702-705.
78. Huang, G.P., Zhang, Y.L., Zou, S.H., Shen, J.J., Xiang, H., Zhao, L. (2006). Plasma neuropeptide-Y and cognitive function in female inmates with childhood sexual abuse. Article in Chinese. *Chinese Journal of Psychiatry*, 39(1):12-15.
79. ILO. (2005). *Analysis report of the baseline survey for the TICW project Phase II in Yunnan Province*. Bangkok: International Labour Office.
80. ILO-IPEC. (2002). *Yunnan Province, China: Situation of trafficking in children and women, a rapid assessment*. Yunnan Province Women's Federation. Bangkok: International Labour Office.
81. Jiao, F., Qiao, J., Zhou, X., Li, Y. & Kang, H. (2000). [A clinical and epidemiological study of 86 cases on abused children]. Article in Chinese. *Chinese Journal of Epidemiology*, 21(5), 335-7.
82. Juang, K.D., Wang, S.J., Fuh, J.L., Lu, S.R. & Chen, Y.S. (2004). Association between adolescent chronic daily headache and childhood adversity: A community-based study. *Cephalalgia*, 24, 54-59.
83. Ku, M.M.L. (2004). Life stories of aboriginal juvenile prostitutes in Taiwan. *Dissertation Abstracts International*, 64(11), 4204. (UMI No. 3111564). Retrieved on December 3, 2010 from Dissertation and Theses Database.
84. Lau, J.T.F., Kim, J.H., Tsui, H.Y. Cheung, A., Lau, M. & Yu, A. (2005). The relationship between physical maltreatment and substance use among adolescents: a survey of 95,788 adolescents in Hong Kong. *Journal of Adolescent Health*, 37(2), 110-119.
85. Lau, J.T.F., Chan, K.K., Lam, P.K.W., Choi, P.Y.W. & Lai, K.Y.C. (2003). Psychological correlates of physical abuse in Hong Kong Chinese adolescents. *Child Abuse & Neglect*, 27, 63-75.
86. Lee, A.C.W., Li, C.H. & So, K.T. (2006). The impact of a management protocol on the outcomes of child abuse in hospitalized children in Hong Kong. *Child Abuse & Neglect*, 30, 909-917.

87. Leung, P.W.S., Wong, W.C.W., Chen, W.Q. & Tang, C.S.K. (2008). Prevalence and determinants of child maltreatment among high school students in Southern China: A large school based survey. *Child and Adolescent Psychiatry and Mental Health*, 2(27), 1-8.
88. Liu, C.X., Jiang, Q.J., Luo, X.B., Chen, G.X, Zhang, D.N., Xiang, G.Y., et al. (2010). Analysis on the Influencing Factors of Child Neglect Among Preschool Children of Urban Wuhan. Article in Chinese. *Chinese Journal of School Health*, 31(3): 307-308.
89. Liu, C.X., Luo, X.B., Jiang, Q.J., Chen, G.X., Zhang, D.N., Xiang, G.Y., et al. (2009). Investigation and analysis on neglect of children aged 3-6 years old in urban areas, Wuhan. Article in Chinese. *Maternal and Child Health Care of China*, 24(27):3831-3833.
90. Liu, N., Zhang, Y.L., Cao, Y.P., Huang, G.P. (2010). Association between personality characteristics of adult male severe physical abuser and childhood abuse. Article in Chinese. *Chinese Journal of Public Health*, 26(6): 733-734.
91. Luo, J., Peng, X., Rong, Z., Yao, K., Hu, R., Du, Q., ... Zhu, M. (2008). The status of care and nutrition of 774 left-behind children in rural areas in China. *Public Health Reports*, 123, 382-389.
92. Luo, Y., Parish, W.L. & Laumann, E.O. (2008). A population-based study of child sexual contact in China: Prevalence and long-term consequences. *Child Abuse & Neglect*, 32, 721-731.
93. Ma, Y.X., Chen, J.Q., Dunne, M.P., Liang, Y.H., Cheng, Y.J., Wu, C.M., et al. (2005). The Impacts of Childhood Experience of Beaten by Bare Hand on Adolescents Mental Health. Article in Chinese. *Chinese Journal of School Health*, 26(12),1001-1003.
94. Ng, J.W.Y & Tsang, S.K.M. (2008). School bullying and mental health of junior secondary school students in Hong Kong. *Journal of School Violence*, 7(2), 3-20.
95. Niu, H.-F., Lou, C.-H., Gao, E.-S., Zuo, X-Y. & Shah, I. (2010). Analysis of childhood sexual abuse among 1,099 university students in Shanghai. *Journal of Reproduction & Contraception*, 21(1), 53-61.
96. Pan, J.P., Yang, Z.N., Ren, X.H., Wang, G.X., Wang, H.S., Xi, W.P.,...Li, H.Q. (2005). Study on the current situation and influential factors of child neglect among aged 3-6 year-olds in the urban areas of China. Article in Chinese. *Chinese Journal of Epidemiology*, 26(4), 258-62.
97. The Permanent Mission of the People's Republic of China to the United Nation. (2004). *Response to the United Nations Secretary General's Study on Violence Against Children: Questionnaire to Governments*. In Chinese. Geneva: The Permanent Mission of the People's Republic of China.
98. Qin, L.Z., Sun, Y.Y., Xia, W., Chen, S.F. & Zhang, H.Y. (2008), Risk factors for emotional abuse in 844 adolescents. *Chinese Journal of Contemporary Pediatrics*, 10(2), 228-230.
99. Ross, C.A., Keyes, B.B., Xiao, Z., Yan, H., Wang, Z., Zou, Z., Xu, Y.,...Zhang, H. (2005). Childhood physical and sexual abuse in China. *Journal of Child Sexual Abuse*, 14(4), 115-126.
100. Shen, A.C.T. (2009). Long-term effects of interparental violence on child physical maltreatment experiences on PTSD and behavior problems: A national survey of Taiwanese college students. *Child Abuse & Neglect*, 33, 148-160.
101. Shen, A.C.T. (2008). Self-esteem of young adults experiencing interparental violence and child physical maltreatment: Parental and peer relationships as mediators. *Journal of Interpersonal Violence*, 24(5), 770-794.
102. Su, P.Y., Tao, F.B. & Cao, X.J. (2008). Study on the relationship between sexual abuse in childhood and psychiatric disorder, risky behaviors in youthhood among 1386 medicos. Article in Chinese. *Chinese Journal of Epidemiology*, 29(1), 94-5.
103. Sun, D.T.F., Zhu, X.L. & Poon, W.S. (2006). Non-accidental subdural haemorrhage in Hong Kong: Incidence, clinical features, management and outcome. *Childs Nervous Systems*, 22, 593-598.
104. Sun, Y.P., Dong, Z.J., Yi, M.J. & Sun, D.F. (2006). Childhood sexual abuses among 1307 adult students and analysis on results of Symptom Checklist-90 test. Article in Chinese. *Chinese Journal of Pediatrics*, 44(1), 21-5.
105. Sun, Y.P., Duan, Y.P., Sun, D.F., Yi, M.J., Gao, F.G. & Wang, J. (2005). Study on the risk factors and characteristics on childhood sexual abuses among female students in a college] Article in Chinese. *Chinese Journal of Epidemiology*, 26(12), 947-50.
106. Sun, Y.P., Zhang, B., Dong, Z.J., Yi, M.J., Sun, D.F. & Shi, S.S. (2008). Psychiatric state of college students with a history of child sexual abuse. *World Journal of Pediatrics*, 4(4), 2898-294.
107. Sun, D.T.F., Zhu, X.L. & Poon, W.S. (2006). Non-accidental subdural haemorrhage in Hong Kong: Incidence, clinical features, management and outcome. *Childrens Nervous System*, 22, 593-598.
108. Tang, C.S.K. (2006). Corporal punishment and physical maltreatment against children: A community study on Chinese parents in Hong Kong. *Child Abuse & Neglect*, 30, 893-907.
109. Tang, C.S.K. (2002). Childhood experiences of sexual abuse among Hong Kong Chinese college students. *Child Abuse & Neglect*, 26, 23-37.
110. Tao, F.B., Huang, K., Kim, S., Ye, Q., Sun, Y., Zhang, C.Y.,...Zhu, P. (2006). Correlation between psychopathological symptoms, coping style in adolescent and childhood repeated physical, emotional maltreatment. Article in Chinese. *Chinese Journal of Pediatrics*, 44(9), 688-93.
111. Tao, F.B., Ye, Q., Kim, S., et al. (2006). Repeating childhood physical, emotional maltreatment in adolescents and the related factors. Article in Chinese. *Chinese Journal of School Health*, 27(4), 310-314.
112. Wan, G.W.Y. & Leung, P.W.L. (2010). Factors accounting for youth suicide attempt in Hong Kong: A model building. *Journal of Adolescence*, 33, 575-582.
113. Wang, F.Y., Chen, J.Q., Ma, Y.X. (2007). The Prevalence of Physical Maltreatment by Parents in 810 Kindergarten Children. Article in Chinese. *Chinese Journal of School Health*, 28(11): 987-990.
114. Wei, H.S. & Chen, J.K. (2009). Social withdrawal, peer rejection and peer victimization in Taiwanese middle school students. *Journal of School Violence*, 8, 18-28.

115. Wong, D.S.W., Lok, D.P.P., Lo, T.W. & Ma, S.K. (2008). School bullying among Hong Kong Chinese primary schoolchildren. *Youth & Society, 40*(1), 35-54.
116. Wong, W.C.W., Chen, W.Q., Goggins, W.B., Tang, C.S. & Leung, P.W. (2009). Individual, familial and community determinants of child physical abuse among high school students in China. *Social Science and Medicine, 68*, 1819-1825.
117. Wong, W.C.W., Leung, P.W.S., Tang, C.S.K., Chen, W.-Q., Lee, A. & Ling, D.C. (2009). To unfold a hidden epidemic: Prevalence of child maltreatment and its health implications among high school students in Guangzhou, China. *Child Abuse & Neglect, 33*, 441-450.
118. Xiao, Q., Dong, M.X., Yao, J., Li, W.X. & Ye, D.Q. (2008). Parental alcoholism, adverse childhood experiences, and later risk of personal alcohol abuse among Chinese medical students. *Biomedical and Environmental Sciences, 21*, 411-419.
119. Xiao, Y.N., Tao, F.B., Xu, S.J. et al. (2008). Self-injurious behaviors in adolescents with repeated childhood abuse. Article in Chinese. *Chinese Journal of Public Health, 24*(9), 1028-1030.
120. Xing, X.Y.X, Tao, F.B., Wan, Y.H., Xing, C., Xi, X.Y., Hao, J.H.,...Huang, L. (2010). Family factors associated with suicide attempts among Chinese adolescent students: A national cross-sectional survey. *Journal of Adolescent Health, 46*, 592-599.
121. Xing, X.Y., Tao, F.B., Hao, J.H., Xu, S.J, Su, P.Y. & Huang, Z.H. (2009). [Study on the school-related-factors of attempted suicide among rural middle school students]. Article in Chinese. *Zhonghua liu xing bing xue za zhi , 30*(1), 21-5.
122. Ye, Q., Tao, F.B., Fang, D.S., Huang, K. & Sun, Y. (2006). Impact of childhood abuses on the psychology and behaviors regarding harmful dietary pattern in adolescents. Article in Chinese. *Chinese Journal of Epidemiology, 27*(4), 319-323.
123. Yen, C.F., Yang, M.S., Chen, C.C., Yang, M.J., Su, Y.C., Wang, M.H. & Lan, C.M. (2008). Effects of childhood physical abuse on depression, problem drinking and perceived poor health status in adolescents living in rural Taiwan. *Psychiatry and Clinical Neurosciences, 62*, 575-583.
124. Yen, C.F., Yang, M.S., Yang, M.J., Su, Y.C., Wang, M.H. & Lan, C.M. (2008). Child hood physical and sexual abuse: Prevalence and correlates among adolescents living in rural Taiwan. *Child Abuse & Neglect, 32*, 429-438.
125. Zhang, Z.H., Hao, J.H., Yang, L.S., Zhang, X.J., Sun, Y.H., Hu, C.L, ...Tao, F.B. (2009). The relationship between emotional, physical abuse and Internet addiction disorder among middle school students. Article in Chinese. *Journal of Epidemiology, 30*(2), 115-8.
126. Zhang, Z.H., Hao, J.H., Zhang, X.J. et al. (2009). Epidemiologic features and status of emotional and physical maltreatment among middle school students in Hefei. Article in Chinese. *Chinese Journal of School Health, 30*(11), 994-997.
127. Zhang, D.M., Zheng, H.Y., Zou, Y.H. (2006). Cross-sectional Study on the Influential Factors of Neglect Among Children Aged 3-6 in Guangzhou City. *Chinese Journal of School Health, 27*(11): 947-948.
128. Zhao, Q., Zhao, J., Li, X., Zhao, G., Fang, X., Lin, X., ...Stanton, B. (2010). Childhood sexual abuse and its relationship with psychosocial outcomes among children affected by HIV in rural China. *Journal of the Association of Nurses in AIDS Care* (epub ahead of print), 1-13.
129. Zhao, Y.Y., Tao, F.B., Su, P.Y., et al. (2008). Childhood abuse and adolescents' life satisfaction. Article in Chinese. *Chinese Journal of School Health, 29*(4), 302-305.
130. Zhu, X.H., Li, J., Tao, M., Yang, Y.J., Qiao, J., Tian, Y.X. (2007). Survey on the Behavioral Problems of Abused Pupils in Xuzhou. Article in Chinese. *Chinese Journal of School Health, 28*(10):880-882.
131. Zhu, X.H., Liang, G.L., Li, J., Wei, X.Y., Tian, Y.X. (2006). Effect of Childhood Abuse on Attitude of Committing Suicide and Suicide Ideation. Article in Chinese. *Chinese Mental Health Journal, 20*(7):462- 464.
132. Zou, S.H., Zhang, Y.L., Zhang, Y., Huang, G.P., Liu, N., Liu, T. (2007). Association between intimate partner violence and childhood abuse. Article in Chinese. *Chinese Journal of Public Health, 23*(2):181-182.

## INDONESIA

133. Ambassador/Permanent Representative of the Republic of Indonesia to the United Nations. (2005). *Response to the United Nations Secretary General's Study on Violence Against Children: Questionnaire to Governments*. Geneva: Permanent Representative of the Republic of Indonesia to the UN.
134. Beazley, H. (2002). 'Vagrants wearing make-up': Negotiating spaces on the streets of Yogyakarta, Indonesia. *Urban Studies, 39*, 1665-1683.
135. Berman, L. (2000). Surviving on the streets of Java: Homeless children's narratives of violence. *Discourse Society, 11*: 149-174.
136. Bessell, S. (2009). Indonesian children's views and experiences of work and poverty. *Social Policy & Society, 8*(4), 527-540.
137. Federman, M. & Levine, D.I. (2005). The effects of industrialization on education and youth labor in Indonesia. *Contributions to Macroeconomics, 5*, 1-32.
138. Hsin, A. (2007). Children's time use: Labor divisions and schooling in Indonesia. *Journal of Marriage and Family, 69*(5), 1297-1306.
139. Human Rights Watch. (2009). *Workers in the shadows: Abuse and exploitation of child domestic workers in Indonesia*. New York: NY.
140. Human Rights Watch. (2005). Always on call: Abuse and exploitation of child domestic workers in Indonesia. *Human Rights Watch, 17*(7).
141. Kakak Foundation and Terres des Homes. (2008). Situation of Child Prostitution in Surakarta: Analysis of the Elimination of Commercial Sexual Exploitation.

142. National Coalition for the Elimination of Commercial Sexual Exploitation of Children, Ministry of Women's Empowerment and UNICEF. (2009). *Report on seminar and workshop on the results of rapid assessment on the situation of CSEC in Indonesia held in Jakarta 2-3 September 2009*. Report in Bahasa. Medan: Koalisi Nasional.
143. International Catholic Migration Commission (ICMC) & American Center for International Labor Solidarity (Solidarity Center). (n.d.). *Trafficking of women and children in Indonesia*. Rosenberg, R. (ed). Jakarta: Indonesia.

## JAPAN

144. Allard, C. (2009). Prevalence and sequelae of betrayal trauma in a Japanese student sample. *Psychological Trauma: Theory, Research, Practice, and Policy*, 1(1), 65-77.
145. Ariga, M., Uehara, T., Takeuchi, K., Ishige, Y., Nakano, R. & Mikuni, M. (2008). Trauma exposure and posttraumatic stress disorder in delinquent female adolescents. *The Journal of Child Psychology and Psychiatry*, 49(1), 79-87.
146. Bandou, N., Koike, K. & Matsuura, H. (2010). Predictive familial risk factors and pharmacological responses in ADHD with comorbid disruptive behavior disorders. *Pediatrics International*, 52, 415-419.
147. Dussich, J.P.J. & Maekoya, C. (2007). Physical child harm and bullying-related behaviors: A comparative study in Japan, South Africa, and the United States. *International Journal of Offender Therapy and Comparative Criminology*, 51(5), 495-509.
148. Endo, T., Sugiyama, T. & Someya, T. (2006). Attention-deficit/hyperactivity disorder and dissociative disorder among abused children. *Psychiatry and Clinical Neurosciences*, 60, 434-438.
149. Fujiwara, T., Kawakami, N. & World Mental Health Japan Survey Group. (2010). Association of childhood adversities with the first onset of mental disorders in Japan: Results from the World Mental Health Japan, 2002-2004. *Journal of Psychiatric Research* (epub ahead of print), 1-7.
150. Fujiwara, T., Okuyama, M., Izumi, M. & Osada, Y. (2010). The impact of childhood abuse history and domestic violence on the mental health of women in Japan. *Child Abuse & Neglect*, 34, 267-274.
151. Fujiwara, T., Okuyama, M., Kasahara, M. & Nakamura, A. (2008). Characteristics of hospital-based Munchausen Syndrome by Proxy in Japan. *Child Abuse & Neglect*, 32, 503-509.
152. Fujiwara, T., Okuyama, M., Kasahara, M. & Nakamura, A. (2008b). Differences of Munchausen syndrome by proxy according to predominant symptoms in Japan. *Pediatrics International*, 50, 537-540.
153. Fujiwara, T., Okuyama, M. & Miyasaka, M. (2008). Characteristics that distinguish abusive from nonabusive head trauma among young children who underwent head computed tomography in Japan. *Pediatrics*, 122(4), 841-847.
154. Government of Japan. (2005). *Response to the United Nations Secretary General's Study on Violence Against Children: Questionnaire to Governments*. Tokyo: Government of Japan.
155. Handa, M., Nukina, H., Hosoi, M. & Kubo, C. (2008). Childhood physical abuse in outpatients with psychosomatic symptoms. *BioPsychoSocial Medicine*, 2(8), 1-6.
156. Igarashi, H., Hasui, C., Uji, M., Shono, M., Nagata, T. & Kitamura, T. (2010). Effects of child abuse history on borderline personality traits, negative life events, and depression. A study among a university student population in Japan. *Psychiatry Research*, 180, 120-125.
157. Kitamura, T. & Hasui, C. (2006). Anger feelings and anger expression as a mediator of the effects of witnessing family violence on anxiety and depression in Japanese adolescents. *Journal of Interpersonal Violence*, 21(5), 843-855.
158. Kitamura, T., Kaibori, Y., Takara, N., Oga, H., Yamauchi, K. & Fujihara, S. (2000). Child abuse, other early experiences and depression: I. Epidemiology of parental loss, child abuse, perceived rearing experiences and early life events among a Japanese community population. *Archives of Women's Mental Health*, 3, 47-52.
159. Kitayama, N., Brummer, M., Hertz, L., Quinn, S., Kim, Y. & Bremner, J.D. (2007). Morphologic alterations in the Corpus Callosum in abuse-related posttraumatic stress disorder. *The Journal of Nervous and Mental Disease*, 195(12) 1027-1029.
160. Kobayashi, Y., Yamada, K., Ohba, S., Nishina, S., Okuyama, M. & Azuma, N. (2009). *Japan Journal of Ophthalmology*, 53, 384-388.
161. Masuda, A., Yamanaka, T., Hirakawa, T., Koga, Y., Minomo, R., Munemoto, T. & Tei, C., (2007). Intra- and extra-familial adverse childhood experiences and a history of childhood psychosomatic disorders among Japanese university students. *BioPsychoSocial Medicine*, 1(9), 1-7.
162. Matsumoto, T., Tsutsumi, A., Izutsu, T., Imamura, F., Chiba, Y. & Takeshima, T. (2009). Comparative stud of the prevalence of suicidal behavior and sexual abuse history in delinquent and non-delinquent adolescents. *Psychiatry and Clinical Neurosciences*, 63, 238-240.
163. Matsumoto, T. & Imamura, F. (2007). Association between childhood attention-deficit-hyperactivity symptoms and adulthood dissociation in male inmates: Preliminary report. *Psychiatry and Clinical Neurosciences*, 61, 444-446.
164. Matsumoto, T., Azekawa, T., Yamaguchi, A., Asami, T. & Iseki, E. (2004). Habitual self-mutilation in Japan. *Psychiatry and Clinical Neurosciences*, 58, 191-198.
165. Matsumoto, T., Yamaguchi, A., Chiba, Y., Asami, T., Iseki, E. & Hirayasu, Y. (2004). Patters of self-cutting: A preliminary study on differences in clinical implications between wrist- and arm-cutting using a Japanese juvenile detention center sample. *Psychiatry and Clinical Neurosciences*, 58, 377-382.
166. Matsuura, N., Hashimoto, T. & Toichi, M. (2009). Correlations among self-esteem, aggression, adverse childhood experiences and depression in inmates of a female juvenile correctional facility in Japan. *Psychiatry and Clinical Neurosciences*, 63, 478-485.

167. Miura, H., Fujiki, M., Shibata, A. & Ishikawa, K. (2006). Prevalence and profile of methamphetamine users in adolescents at a juvenile classification home. *Psychiatry and Clinical Neuroscience*, *60*, 352-357.
168. Nagata, T., Kaye, W.H., Kiriike, N., Rao, R., McConaha, C. & Plotnicov, K.H. (2001). Physical and sexual abuse histories in patients with eating disorders: A comparison of Japanese and American patients. *Psychiatry and Clinical Neuroscience*, *55*, 333-340.
169. Tomoda, A., Sheu, Y.S., Rabi, K., Suzuki, H., Navalta, C.P., Polcari, A. & Teicher, M.H. (2010). Exposure to parental verbal abuse is associated with increased gray matter volume in superior temporal gyrus. *NeuroImage* (epub ahead of print).
170. Uji, M., Shono, M., Shikai, N. & Kitamura, T. (2007). Case illustrations of negative sexual experiences among university women in Japan: Victimization disclosure and reactions of the confidant. *International Journal of Offender Therapy and Comparative Criminology*, *51*(2), 227-242.
171. Yamaguchi, N., Kobayashi, J., Tachikawa, H., Sato, S., Hori, M., Suzuki, T. & Shiraishi, H. (2000). Parental representation in eating disorder patients with suicide. *Journal of Psychosomatic Research*, *49*, 131-136.
172. Yamazaki, S. (2010). A comparison of maltreated children and non-maltreated children on their experiences with animals—A Japanese study. *Anthrozoos*, *23*(1), 55-67.
173. Yasumi, K. & Kageyama, J. (2009). Filicide and fatal abuse in Japan, 1994-2005: Temporal trends and regional distribution. *Journal of Forensic and Legal Medicine*, *16*, 70-75.
174. Yoshihama, M. & Horrocks, J. (2010). Risk of intimate partner violence: Role of childhood sexual abuse and sexual initiation in women in Japan. *Children and Youth Services Review*, *32*, 28-37.
175. Yoshinaga, C., Kadomoto, I., Otani, T., Sasaki, T. & Kato, N. (2004). Prevalence of post-traumatic stress disorder in incarcerated juvenile delinquents in Japan. *Psychiatry and Clinical Neurosciences*, *58*, 383-388.
176. Zhu, B.L., Oritani, S., Ishida, K., Quan, L., Sakoda, S., Fujita, M.O. & Maeda, H. (2000). Child and elderly victims in forensic autopsy during a recent 5 year period in the southern half of Osaka city and surrounding areas. *Forensic Science International*, *113*, 215-218.

## REPUBLIC OF KOREA

177. Ahn, H.Y., Kim, S.J., Ko, J.A. (2002). Child abuse in high-risk group. In Korean. *Journal of the Korean Academy of Nursing*, *32*(6), 775-783.
178. Choi, H., Klein, C., Shin, M.S. & Lee, H.J. (2009). Posttraumatic Stress Disorder (PTSD) and Disorders of Extreme Stress (DESNOS) symptoms following prostitution and childhood abuse. *Violence against Women*, *15*(8), 933-951.
179. Choi, J.T., Ahn, M.E., Ahn, H.C., Choi, Y.M., You, K.C., Cho, Y.J.,...Song, K.J. (2000). Victims of child abuse to present to the emergency department. In Korean. *Journal of the Korean Society of Emergency Medicine*, *11*(1), 111-119.
180. Choi, Y.J., Kim, S.M., Sim, E.J., Cho, D.J., Kim, D.H., Min, K.S. & Yoo, K.Y. (2007). A clinical study of child abuse. In Korean. *Korean Journal of Pediatrics*, *50*(5), 436-442.
181. Chun, J. & Springer, D.W. (2005). Correlates of depression among runaway adolescents in Korea. *Child Abuse & Neglect*, *29*, 1433-1438.
182. Chung, H.K. & Ann, O.H. (2001). Predicting factors on youth runaway impulse. In Korean. *Korean Journal of Child Health Nursing*, *7*(4), 483-493.
183. Felson, R.B., Ackerman, J. & Yeon, S.J. (2003). The infrequency of family violence. *Journal of Marriage and Family*, *65*(3), 622-634.
184. Gover, A.R., Park, M., Tomsich, E.A. & Jennings, W.G. (2010). Dating violence perpetration and victimization among South Korean college students: A focus on gender and childhood maltreatment. *Journal of Interpersonal Violence*, (epub ahead of print).
185. Government of the Republic of Korea. (2005). *Response to the United Nations Secretary- General's Study on Violence Against Children: Questionnaire to Governments*. Seoul: Government of the Republic of Korea.
186. Hong, K.J., Ahn, H.Y. & Kim, H.W. (2004). Influence of parenting self-efficacy and belief in corporal punishment on physical abuse of children in Korea. In Korean. *Korean Journal of Child Health Nursing*, *10*(4), 479-487.
187. Jeon, H.J., Roh, M.S., Kim, K.H., Lee, J.R., Lee, D., Yoon, S.C. & Hahm, B.J. (2009). Early trauma and lifetime suicidal behavior in a nationwide sample of Korean medical students. *Journal of Affective Disorders*, *119*, 210-214.
188. Ju, S. & Lee, Y. (2010). Experiences of family maltreatment by Korean children in Korean National Protective Services. *Child Abuse & Neglect*, *34*, 18-27.
189. Kim, H.S. & Kim, H.S. (2008). The impact of family violence, family functioning, and parental partner dynamics on Korean juvenile delinquency. *Child Psychiatry and Human Development*, *39*, 439-453.
190. Kim, H.S. & Kim, H.S. (2006). Discriminative factor analysis of juvenile delinquency in South Korea. *Journal of Korean Academy of Nursing*, *36*(8), 1315-1323.
191. Kim, H.S. & Kim, H.S. (2005b). Gender differences in delinquent behavior among Korean adolescents. *Child Psychiatry and Human Development*, *35*(4), 325-345.
192. Kim, Y.S., Koh, Y.J. & Leventhal, B.L. (2005). School bullying and suicidal risk in Korean middle school students. *Pediatrics*, *115*, 357-363.
193. Kim, Y.S., Koh, Y.J. & Leventhal, B.L. (2004). Prevalence of school bullying in Korean middle school students. *Archives of Pediatrics and Adolescent Medicine*, *158*, 737-741.

194. Kim, Y.S., Leventhal, B.L., Koh, Y.J., Hubbard, A. & Boyce, W.T. (2006). School bullying and youth violence: Causes or consequences of psychopathologic behavior? *Archives of General Psychiatry*, 63, 1035-1041.
195. Kim, J., Park, S. & Emery, C.R. (2009). The incidence and impact of family violence on mental health among South Korean women: Results of a national survey. *Journal of Family Violence*, 24, 193-202.
196. Kim, S. (2004). Korean women's experience of child abuse and its relationship with interpersonal functioning. *Dissertation Abstracts International*, 64(8), 4004. (UMI No. 3101086). Retrieved December 3, 2010 from Dissertation and Theses database.
197. Kong, S. & Bernstein, K. (2009). Childhood trauma as a predictor of eating psychopathology and its mediating variables in patients with eating disorders. *Journal of Clinical Nursing*, 18, 1897-1907.
198. Koo, H., Kwak, K. & Smith, P.K. (2008). Victimization in Korean schools: The nature, incidence, and distinctive features of Korean bullying or *Wang-Ta*. *Journal of School Violence*, 7(4), 119-139.
199. Lee, C.H. (2010). Personal and interpersonal correlates of bullying behaviors among Korean middle school students. *Journal of Interpersonal Violence*, 25(1), 152-176.
200. Lee, H.J., Han, H.J., Kim, J.H., Lee, H.S. & Lee, I.L. (2007). Clinical investigation of child sexual abuse. In Korean. *Korean Journal of Pediatrics*, 50(1), 20-27.
201. Lee, H.J., Kim, Y.H. & Park, N.H. (2006). Comparative study on family perception between abused and general children through the kinetic family drawing.
202. Moon, B., Blurton, D. & McCluskey, J.D. (2008). General strain theory and delinquency: Focusing on the influences of key strain characteristics on delinquency. *Crime & Delinquency*, 54(4), 582-613.
203. Morash, M. & Moon, B. (2007). Gender differences in the effects of strain on the delinquency of South Korean youth. *Youth Society*, 38(3), 300-321.
204. Pai, K.S., Kim, S.Y., Chung, Y.K. & Ryu, K.H. (2009). The present state of child abuse in Korea and its system for child protection. In Korean. *Korean Journal of Pediatrics*, 52, 1185-1193.
205. Park, H.S., Schepp, K.G., Jang, E.H. & Koo, H.Y. (2006). Predictors of suicidal ideation among high school students by gender in South Korea. *The Journal of School Health*, 76(5), 181-188.
206. Park, M. (2009). Family experience, attachment to parents, and low self-control in dating violence in the U.S. and Korea. *Dissertation Abstracts International*, 71(2). (UMI No. 3392745). Retrieved December 3, 2010 from Dissertation and Theses Database.
207. Park, S.K., Kim, J.Y. & Cho, C.B. (2008). Prevalence of internet addiction and correlations with family factors among South Korean adolescents. *Adolescence*, 43(172), 895-909.
208. Park, S.K., Kim, H.S., Kim, H. & Sung, K.T. (2007). Exploration of the prevalence and correlates of substance use among sheltered adolescents in South Korea. *Adolescence*, 42(167), 603-616.
209. Schwartz, D., Farver, J.M., Chang, L. & Lee-Shin, Y. (2002). Victimization in South Korean children's peer groups. *Journal of Abnormal Child Psychology*, 30(2), 113-125.
210. Yang, S.J., Kim, J.M., Kim, S.W., Shin, I.S. & Yoon, J.S. (2006). Bullying and victimization behaviors in boys and girls at South Korean primary schools. *Journal of the American Academy of Child and Adolescent Psychiatry*, 45(1), 69-77.

## LAO PEOPLE'S DEMOCRATIC REPUBLIC

211. Fluke, J.D., Casillas, K., Chen, L., Cappa, C. & Wulczyn, F. (2010). *Executive summary: parental child disciplinary practices in a range of low- and middle-income countries: Results from the third round of the Multiple Indicator Cluster Survey* article within the Ninth Edition of World Perspectives on Child Abuse. Aurora: The International Society for Prevention of Child Abuse and Neglect (ISPCAN).
212. Ministry of Labour and Social Welfare Lao People's Democratic Republic and UNICEF. (2004). *Broken promises shattered dreams: A profile of child trafficking in the Lao PDR*.
213. Phetsiriseng, I. (2003). *Preliminary assessment on trafficking of children and women for labour exploitation in Lao PDR*. ILO-IPEC Lao PDR.

## MALAYSIA

214. Fahrudin, A. & Edward, D. (2009). Family characteristics and traumatic consequences associated with the duration and frequency of sexual assault. *Asian Social Work and Policy Review*, 3, 36-50.
215. Government of Malaysia. (2005). *Response to the United Nations Secretary General's Study on Violence Against Children: Questionnaire to Governments*. Kuala Lumpur: Government of Malaysia.
216. Loh, S.F., Maniam, T., Tan, S.M.K. & Badi'ah, Y. (2010). Childhood adversity and adult depressive disorder: A case-controlled study in Malaysia. *East Asian Archives of Psychiatry*, 20, 87-91.
217. Runyan, D.K., Dunne, M.P., Zolotor, A.J., Madrid, B., Jain, D., Gerbaka, B., ...Youssef, R.M. (2009). *Child Abuse & Neglect*, 33, 826-832.
218. WHO. (2006). *National report on violence and health Malaysia*. Kobe: WHO Kobe Centre.

## MONGOLIA

219. The Asia Foundation. (2006). *Human trafficking in Mongolia: Risks, vulnerability and trauma*. Ulaanbaatar: Mongolia.
220. Gender Equality Center and ILO-IPEC. (2005). *Study on children and youth working in the service sector, risks of engaging into sexual exploitation and estimation of girls and women engaged in prostitution outside of the service sector in selected urban centres and border towns*.
221. Kohrt, H.E., Kohrt, B.A., Waldman, I., Saltzman, K. & Carrison, V.G. (2004). An ecological-transactional model of significant risk factors for child psychopathology in outer Mongolia. *Child Psychiatry and Human Development*, 35(2), 163-181.
222. MECS, UNICEF, MSUE & NHRCM. (2007). *Violence at school and kindergarten environment and the ways to eliminate it*. Mongolia: UNICEF.
223. Oyunbileg, S., Sumberzul, N., Udval, N., Wang, J.D. & Janes, C.R. Prevalence and risk factors of domestic violence among Mongolian women. *Journal of Women's Health*, 18(11), 1873-1880.
224. United States Department of Labor, 2007 Findings on the Worst Forms of Child Labor - Mongolia, 27 August 2008, available at: <http://www.unhcr.org/refworld/docid/48caa4803c.html> [accessed 15 February 2011]

## MULTI-ASIAN COUNTRY STUDIES

225. The ASEAN Secretariat and IOM. (2008). *ASEAN and trafficking in persons: Using data as a tool to combat trafficking in persons*. Geneva: IOM.
226. De Jong, J.T.V.M., Komproe, I.H., Ommeren, M.V., Masri, M.E., Araya, M., Khaled, N., Somasundaram, D. (2001). Lifetime events and posttraumatic stress disorder in 4 postconflict settings. *JAMA*, 286(5), 555-562.
227. Douglas, E.M., Straus, M.A. (2006). Assault and injury of dating partners by university students in 19 countries and its relation to corporal punishment experienced as a child. *European Journal of Criminology*, 3, 293-318.
228. Farley, M., Cotton, A., Lynne, J., Zumbek, S., Spiwak, F., Reyes, M.E.,...Sezgin, U. (2003). Prostitution and trafficking in nine countries: An update on violence and posttraumatic stress disorder. *Journal of Trauma Practice*, 2(3/4), 33-74.
229. Garcia-Moreno, C., Jansen, H.A.F.M., Ellsberg, M., Heise, L, Watts, C.H. on behalf of the WHO Multi-country Study on Women's Health and Domestic Violence against Women Study Team. Prevalence of intimate partner violence: findings from the WHO multi-country study on women's health and domestic violence. *Lancet*, 368, 1260-69.
230. ILO. (2001). *Thailand-Lao People's Democratic Republic and Thailand-Myanmar Border Areas: Trafficking in children into the worst forms of child labour: A rapid assessment*. Wille, C. Geneva: ILO-IPEC.
231. Kim, D.H., Kim, K.I. & Park, Y.C. (2000). Children's experience of violence in China and Korea: A transcultural study. *Child Abuse & Neglect*, 24(9), 1163-1173.
232. Lansford, J.E., Alampay, L.P., Al-Hassan, S., Bacchini, D., Bombi, A.S., Bornstein, M.H.,...Zelli, A. (2010). Corporal punishment of children in nine countries as a function of child gender and parent gender. *International Journal of Pediatrics*.
233. Trinidad Osteria. (2008). *Secondary Analysis of Child Protection Data from the Demographic and Health Survey (DHS) and Multiple Indicator Cluster Survey (MICS): Selected Countries in Asia*. Bangkok: UNICEF EAPRO.
234. Pereda, N., Guilera, G., Forns, M. & Benito, J.G. (2009). The prevalence of child sexual abuse in community and student samples: A meta-analysis. *Clinical Psychology Review*, 29, 328-338.
235. Porio, E. & Crisol, C.S. (2004). *The use of children in the production, sales and trafficking of drugs: A synthesis of participatory action-oriented research programs in Indonesia, the Philippines and Thailand*. Geneva: IOM-IPEC.
236. Ray, R. & Lancaster, G. (2005). The impact of children's work on schooling: Multi-country evidence. *International Labour Review*, 144(2), 189-210.
237. Save the Children UK. (2001). *Breaking through the clouds: A participatory action research (PAR) project with migrant children and youth along the borders of China, Myanmar and Thailand*. London: Save the Children (UK).
238. Straus, M.A. & Savage, S.A. (2005). Neglectful Behavior by parents in the life history of university students in 17 countries and its relation to violence against dating partners. *Child Maltreatment*, 10(2), 124-135.
239. Straus, M.A. (2004). Prevalence of violence against dating partners by male and female university students worldwide. *Violence Against Women*, 10(7), 790-811.
240. United States Department of Labor. (2010). *2009 Findings on the Worst Forms of Child Labor*. Washington, D.C.: U.S. Department of Labor.
241. World Health Organization. (2005). *WHO multi-country on women's health and domestic violence against women: summary report of initial results on prevalence, health outcomes and women's responses*. Geneva: World Health Organization.

## MYANMAR (BURMA)

242. Human Rights Watch. (2007). *Sold to be soldiers: The recruitment and use of child soldiers in Burma*. Human Rights Watch, 19(15).
243. Kachin Women's Association Thailand (KWAT). (2008). *Eastward bound: An update on migration and trafficking of Kachin women on the China-Burma border*. Chiang Mai: Thailand.
244. Kachin Women's Association Thailand (KWAT). (2005). *Driven away: Trafficking of Kachin women on the China-Burma border*. Chiang Mai: Thailand.

245. Kyu, N. & Kanai, A. (2005). Prevalence, antecedent causes and consequences of domestic violence in Myanmar. *Asian Journal of Social Psychology, 8*, 244-271.
246. The Shan Human Rights Foundation (SHRF) & The Shan Women's Action Network (SWAN). (2002). *License to Rape: The Burmese military regime's use of sexual violence in the ongoing war in Shan State*.
247. The Women's League of Burma (WLB). (2004). *System of impunity: Nationwide patterns of sexual violence by the military regime's army and authorities in Burma*. Chiang Mai: Thailand.
248. UNESCAP. (2000). *Sexually abused and sexually exploited children and youth in Myanmar*. New York: United Nations.

## PACIFIC ISLANDS

249. Adinkrah, M. (2003a). Homicide-suicides in Fiji: Offense patterns, situational factors, and sociocultural contexts. *Suicide & Life—Threatening Behavior, 33*(1), 65-73.
250. Adinkrah, M. (2003b). Men who kill their own children: Paternal filicide incidents in contemporary Fiji. *Child Abuse & Neglect, 27*, 557-568.
251. Adinkrah, M. (2000). Maternal infanticides in Fiji. *Child Abuse & Neglect, 24*(12), 1543-1555.
252. Balling, A., Grunbaum, J.A., Speicher, N., McManus, T. & Kann, L. (2003). *Youth Risk Behavior Survey 2003: Commonwealth of the Northern Mariana Islands, Republic of the Marshall Islands, Republic of Palau*. Atlanta: Centers for Disease Control and Prevention.
253. Government of the Republic of Vanuatu. (2006). *Response to the United Nations Secretary-General's Study on Violence Against Children: Questionnaire to Governments*. Vanuatu: Government of the Republic of Vanuatu.
254. Hamelin, C., Salomon, C., Sitta, R., Gueguen, A., Cyr, A. & Lert, F. (2009). Childhood sexual abuse and adult binge drinking among Kanak women in New Caledonia. *Social Science & Medicine, 68*, 1247-1253.
255. Herbert, T. (2007). *Commercial sexual exploitation of children in the Solomon Islands: A report focusing on the presence of the logging industry in a remote region*. Solomon Islands: Christian Care Centre.
256. Lippe, J., Brener, N., Kann, L., Kinchen, S., Harris, W.A., McManus, T. & Speicher, N. (2008). Youth Risk Behavior Surveillance: Pacific Island United States Territories, 2007. *MMWR, 57*(SS12), 28-56.
257. Ministry for Women, Social Welfare & Poverty Alleviation. (2005). *Response to the United Nations Secretary General's Study on Violence Against Children: Questionnaire to Governments*. Suva: Government of Fiji.
258. Roberts, G. (2007). Masculinity, mental health and violence in Papua New Guinea, Vanuatu, Fiji and Kiribati. *Health Promotion in the Pacific, 14*(2), 35-41.
259. Save the Children Fiji. (2006). *The physical and emotional punishment of children in Fiji: A research report*. Suva: Fiji.
260. Save the Children Fiji. (n.d.). *The commercial sexual exploitation and sexual abuse of children in Fiji: A situational analysis*. Suva: Fiji.
261. Smith, B.J., Phongsavan, P., Bampton, D., Peacocke, G., Gilmete, M., Havea, D., Bauman, A.E. (2008). Intentional injury reported by young people in the Federated States of Micronesia, Kingdom of Tonga and Vanuatu. *BMC Public Health, 8*(145), 1-8.
262. UNICEF. (2009a). *A regional summary of the Fiji, Kiribati, Solomon Islands, and Vanuatu child protection baseline reports*. Suva, Fiji: UNICEF Pacific.
263. UNICEF. (2009b). *Protect me with love and care: A baseline report for creating a future free from violence, abuse and exploitation of girls and boys in Fiji*. Suva: UNICEF Pacific.
264. UNICEF. (2009c). *Protect me with love and care: A baseline report for creating a future free from violence, abuse and exploitation of girls and boys in Kiribati*. Suva: UNICEF Pacific.
265. UNICEF. (2009d). *Protect me with love and care: A baseline report for creating a future free from violence, abuse and exploitation of girls and boys in the Solomon Islands*. Suva: UNICEF Pacific.
266. UNICEF. (2009e). *Protect me with love and care: A baseline report for creating a future free from violence, abuse and exploitation of girls and boys in Vanuatu*. Suva: UNICEF Pacific.
267. UNICEF, UNESCAP and ECPAT. (2006). *Child sexual abuse and commercial exploitation of children in the Pacific: A regional report*. Suva: UNICEF Pacific.

## PAPUA NEW GUINEA

268. Family and Sexual Violence Action Committee. (2005). *Identification of violence against children in Papua New Guinea: a community consultation*. Jessica Redwood.
269. Human Rights Watch. (2006). *Still making their own rules: Ongoing impunity for police beatings, rape, and torture in Papua New Guinea*. New York: Human Rights Watch.
270. Human Rights Watch. (2005). *"Making their own rules": Police beatings, rape and torture of children in Papua New Guinea*. New York: Human Rights Watch.
271. Independent State of Papua New Guinea. (2005). *Papua New Guinea: United Nations Secretary General's Study on Violence Against Children*. Port Moresby: Independent State of Papua New Guinea.
272. UNICEF. (2009). *The 2009 child protection situational analysis: UNICEF Papua New Guinea*. UNICEF.

## PHILIPPINES

273. Acebes-Escobal, B.C., Nerida, M.C. & Chez, R.A. (2002). Abuse of women and children in a Philippine community. *International Journal of Gynecology & Obstetrics*, 76, 213-217.
274. Ansara, D.L. & Hindin, M.J. (2009). Perpetration of intimate partner aggression by men and women in the Philippines: Prevalence and associated factors. *Journal of Interpersonal Violence*, 24(9), 1579-1590.
275. Bañez-Sumagaysay, M. (2003). *Emerging issues and concerns on the working youth in Eastern Visayas*. Paper presented at the Fifth National Social Science Congress, May 15-17, Diliman, Quezon City.
276. ECPAT and Terra des Hommes. (2004). *Endangered generation: Child trafficking in the Philippines for sexual purposes*. Jakarta: ECPAT and Terra des Hommes.
277. Edralin, D.M. (2002). Kids at risk: Plight of child workers in the tourism industry in Cebu. *DLSU Business & Economics Review*, 13(2), 1-26.
278. Esteben, E.J. (2006). Parental verbal abuse: Culture-specific coping behavior of college students in the Philippines. *Child Psychiatry and Human Development*, 36(3), 243-259.
279. Fehringer, J.A. & Hindin, M.J. (2009). Like parent, like child: Intergenerational transmission of partner violence in Cebu, the Philippines. *Journal of Adolescent Health*, 44, 363-371.
280. Figer, R.C. (2008). Looking through the eyes of the child: The phenomenon of child verbal abuse in the Philippines. *Relational Child and Youth Care Practice*, 21(4), 46-58.
281. Government of the Philippines. (2005). *Response to the United Nations Secretary General's Study on Violence Against Children: Questionnaire to Governments*. Manila: Government of the Philippines.
282. Hassan, F., Sadowski, L.S., Bangdiwala, S.I., Bizcarra, B., Ramiro, L., de Paula, C.S., Bordin, I.A.S. & Mitra, M.K. (2004). Physical intimate partner violence in Chile, Egypt, India and the Philippines. *Injury Control and Safety Promotion*, 11(2), 111-116.
283. Hindin, M.J. & Gultiano, S. (2006). Associations between witnessing parental domestic violence and experiencing depressive symptoms in Filipino adolescents. *American Journal of Public Health*, 96, 660-663.
284. ILO. (2005). *Employers' demand for child labor in the pyrotechnics and fashion accessories industries in the Philippines*. Geneva: ILO.
285. ILO. (2004). *Gird child labour in agriculture, domestic work and sexual exploitation: Rapid assessments on the cases of the Philippines, Ghana and Ecuador*. Geneva: ILO.
286. Jeyaseelan, L., Sadowski, L.S., Kumar, S., Hassan, F., Ramiro, L. & Vizcarra, B. (2004). World studies of abuse in the family environment—risk factors for physical intimate partner violence. *Injury Control and Safety Promotion*, 11(2), 117-124.
287. Loh, J.M.I., Calleja, F. & Restubog, S.L.D. (2010). Words that hurt: A qualitative study of parental verbal abuse in the Philippines. *Journal of Interpersonal Violence* (epub ahead of print).
288. Madrid, B.J. & Castillo, M. (2010). *Philippines* article within the Ninth Edition of World Perspectives on Child Abuse. Aurora: The International Society for Prevention of Child Abuse and Neglect (ISPCAN).
289. Maxwell, C.D. & Maxwell, S.R. (2003). Experiencing and witnessing familial aggression and their relationship to physically aggressive behaviors among Filipino adolescents. *Journal of Interpersonal Violence*, 18, 1432-1451.
290. Maxwell, S.R. (2001). A focus on familial strain: Antisocial behavior and delinquency in Filipino society. *Sociological Inquiry*, 71(3), 265-92.
291. Ramiro, L.S., Madrid, B.J. & Brown, D.W. (2010). Adverse childhood experiences (ACE) and health-risk behaviors among adults in a developing country setting. *Child Abuse & Neglect*, 34, 842-855.
292. Ramiro, L.S., Hassan, F. & Peedicayil, A. (2004). Risk markers of severe psychological violence against women: a WorldSAFE multi-country study. *Injury Control and Safety Promotion*, 11(2), 131-137.
293. Rudatsikira, E., Mataya, R.H., Siziya, S. & Muula, A.S. (2008). Association between bullying victimization and physical fighting among Filipino adolescents: Results from the Global School-Based Health Survey. *Indian Journal of Pediatrics*, 75(12), 1243-1247.
294. Runyan, D.K., Shankar, V., Hassan, F., Hunter, W.M., Jain, D., Paula, C.S., ...Bordin, I.A. (2010). International variations in harsh child discipline. *Pediatrics*, 126, 701-711.
295. Santos Ocampo, P.D.S. (2002). Protecting children's rights in a developing country. Presented at the International Symposium on Child Abuse in Kobe, Japan, 13 December, 2001.
296. Serquina-Ramiro, L. (2005). Physical intimacy and sexual coercion among adolescent intimate partners in the Philippines. *Journal of adolescent Research*, 20(4), 476-496.
297. TABAYAN Center for the Care of Abused Children, Inc. (2003). *Kuyaw! Street adolescents in street gangs in Davao City*. Davao City: TABAYAN.
298. United States Department of Labor, 2007 Findings on the Worst Forms of Child Labor - Philippines, 27 August 2008, available at: <http://www.unhcr.org/refworld/docid/48caa48837.html> [accessed 15 February 2011]
299. Vizcarra, B., Hassan, F., Hunter, W.M., Munoz, S.R., Ramiro, L. & De Paula, C.S. (2004). Partner violence as a risk factor for mental health among women from communities in the Philippines, Egypt, Chile and India. *Injury Control and Safety Promotion*, 11(2), 125-129.

## REGIONWIDE

300. ECPAT International, UNESCAP and UNICEF EAPRO. (2008). *East Asia and the Pacific regional preparatory meeting for the World Congress III against sexual exploitation of children and adolescents: Regional report*. 18-19 August, Bangkok, Thailand.
301. ILO-IPEC. (2001). *Asian Regional Meeting on the Worst Forms of Child Labour, Phuket, Thailand 1999*. Bangkok: International Labour Office.
302. UNESCAP. (2000). *Sexually abused and sexually exploited children and youth in the Greater Mekong subregion: A qualitative assessment of their health needs and available services*. New York: UN.
303. UNICEF. (2002). *Adult wars, child soldiers: Voices of children involved in armed conflict in the East Asia and Pacific region*. Bangkok: UNICEF EAPRO.

## SINGAPORE

304. Back, S.E., Jackson, J.L., Fitzgerald, M., Shaffer, A., Salstrom, S. & Osman, M.M. (2003). Child sexual abuse and physical abuse among college students in Singapore and the United States. *Child Abuse & Neglect*, 27, 1259-1275.
305. Government of the Republic of Singapore. (2006). *Response to the United Nations Secretary General's Study on Violence Against Children: Questionnaire to Governments*. Singapore: Government of the Republic of Singapore.
306. Kee, C., Sim, K., Teoh, J., Tian, C.S. & Ng, K.H. (2003). Individual and familial characteristics of youths involved in street corner gangs in Singapore. *Journal of Adolescence*, 26, 401-412.
307. Rehabilitation and Protection Division of the Ministry of Community Development, Youth and Sports. (2005). *Protecting children in Singapore*. Singapore: MCYS.
308. Sim, T.N. & Ong, L.P. (2005). Parent physical punishment and child aggression in a Singapore Chinese preschool sample. *Journal of Marriage and Family*, 67, 85-99.
309. Wong, M.L., Chan, R.K.W., Koh, D., Tan, H.H., Lim, F.S., Emmaneul, S. & Bishop, G. (2009). Premarital sexual intercourse among adolescents in an Asian country: Multilevel ecological factors. *Pediatrics*, 124, 44-52.
310. Yiming, C. & Fung, D. (2003). Child sexual abuse in Singapore with special reference to medico-legal implications: A review of 38 cases. *Medicine, Science & Law*, 43(3), 260-266.

## THAILAND

311. Aekplakorn, W. & Kongsakon, R. (2007). Intimate partner violence among women in slum communities in Bangkok, Thailand. *Singapore Medical Journal*, 48(8), 763-768.
312. The Asian Research Center for Migration (ARCM). (n.d.). *Migrant children in difficult circumstances in Thailand*. Chulalongkorn University: ARCM.
313. Boonma, M., Bhoopat, T., Treratwerapong, T. & Jintanadilog, A. (2007). Physical effects of sexually abused children and adolescents at Taksin Hospital. *Journal of the Medical Association Thailand*, 90(12), 2608-15.
314. Chaopricha, S. & Jirapramukpitak. (2010). Child abuse and risky behaviours among youths. *Journal of the Medical Association of Thailand*, 93(S7): S160-165.
315. Decker, M.R., McCauley, H.L., Phuengsamran, D., Janyam, S., Seage III, G.R. & Silverman, J.G. (2010). Violence victimisation, sexual risk and sexually transmitted infection symptoms among female sex workers in Thailand. *Sexually Transmitted Infections*, 86, 236-240.
316. ECPAT International. (2003). *A survey report: Our children at risk online the example of Thailand*. Bangkok: ECPAT International.
317. Engstrom, D.W., Minas, S.A., Espinoza, M. & Jones, L. (2004). Halting the trafficking of women and children in Thailand for the sex trade: Progress and challenges. *Journal of Social Work Research and Evaluation*, 5(2), 193-206.
318. Farley, M., Cotton, A., Lynne, J., Zumbek, S., Spiwak, F., Reyes, M.E.....Sezgin, U. (2004). Prostitution and trafficking in nine countries. *Journal of Trauma Practice*, 2(3): 33-74.
319. Government of Thailand. (2005). *Response to the United Nations Secretary General's Study on Violence Against Children: Questionnaire to Governments*. Bangkok: Government of Thailand.
320. ILO. (2006). *The Mekong Challenge. Working Day and Night: The plight of migrant child workers in Mae Sot, Thailand*. Geneva: ILO.
321. ILO. (2006b). *The Mekong Challenge. Underpaid, Overworked and Overlooked: The realities of young migrant workers in Thailand (Volume 1)*. Geneva: ILO.
322. ILO. (2002). *Thailand child labour in illicit drug activities: A rapid assessment*. Sunthornkajit, V., Kaiyanunta, T., Varavarn, P & Varatechakongka, S. Geneva: ILO.
323. Im-Em, W., Kanchanachitra, C. & Archavanitkul, K. (2005). *Sexual coercion among ever-partnered women in Thailand*. In Jejeebhoy, S.J., Shah, I. & Thapa, S. (Eds.), *Sex without consent: Young people in developing countries* (pp74-85). London: Zed Books.
324. Isaranurug, S., Auewattana, P., Chansatitporn, N. & Wongarsa, C. (2002). Violence against children by parents. *Journal of the Medical Association of Thailand*, 85, 875-880.
325. Isaranurug, S., Nitirat, P., Chauyong, P. & Wongarsa, C. (2001). Factors relating to the aggressive behavior of primary caregiver toward a child. *Journal of the Medical Association of Thailand*, 84, 1481-1489.

326. Jirapramukpitak, T., Harpham, T. & Prince, M. (2010). Family violence and its 'adversity package': a community of family violence and adverse mental outcomes among young people. *Social Psychiatry and Psychiatric Epidemiology*, (epub ahead of print).
327. Jirapramukpitak, T. (2005). The experience of abuse and mental health in the young Thai population. *Social Psychiatry and Psychiatric Epidemiology*, 40, 955-963.
328. Kerley, K.R., Xu, X., Sirisunyaluck, B. & Alley, J.M. (2010). Exposure to family violence in childhood and intimate partner perpetration or victimization in adulthood: Exploring intergenerational transmission in urban Thailand. *Journal of Family Violence*, 25, 337-347.
329. Kongsakon, R., Bhatanaprabhabhan, D. & Pocham, N. (2008). Impact of domestic violence: a study in communities of Bangkok Metropolitan, Thailand. *ASEAN Journal of Psychiatry*, 9(2): 55-64.
330. Laeheem, K., Kuning, M., McNeil, N. & Besag, V.E. (2008). Bullying in Pattani primary schools in Southern Thailand. *Child: Care, Health and Development*, 35(2), 178-183.
331. Pradubmook-Sherer, P. (2010). Youth attitudes toward dating violence in Thailand. *International Journal of Offender Therapy and Comparative Criminology*, (epub ahead of print).
332. Pradubmook-Sherer, P. (2009). Prevalence and correlates of adolescent dating violence in Bangkok, Thailand. *Journal of Sociology & Social Welfare*, 36(1), 9-37.
333. Ruangchanasetr, S., Plitponkarnpim, A., Hetrakul, P. & Kongsakon, R. (2005). Youth risk behavior survey: Bangkok, Thailand. *Journal of Adolescent Health*, 36(1), 227-235.
334. Techakasem, P. & Kolkijkovin, V. (2006). Runaway youths and correlating factors, study in Thailand. *Journal of the Medical Association of Thailand*, 89(2), 212-6.
335. Trangkasombat, U. (2008). Sexual abuse in Thai children: A qualitative study. *Journal of the Medical Association of Thailand*, 91(9), 1461-7.
336. UNICEF. (2008). *Everyday fears: A study of children's perceptions of living in the southern border area of Thailand*. Bangkok: UNICEF.
337. UNICEF. (2006). *Monitoring the situation of children and women: Thailand Multiple Indicator Cluster Survey, December 2005-February 2006 Final Report*. Thailand: UNICEF.
338. United States Department of Labor, 2007 Findings on the Worst Forms of Child Labor - Thailand, 27 August 2008, available at: <http://www.unhcr.org/refworld/docid/48caa4923c.html> [accessed 15 February 2011]
339. Wakai, K., Miura, H. & Umenai, T. (2005). Effect of working status on tobacco, alcohol, and drug use among adolescents in urban area of Thailand. *Addictive Behaviors*, 30, 457-464.

## TIMOR-LESTE

340. ALOLA Foundation. (2004). *Trafficking in East Timor: A look into the newest nation's sex industry*. Dili: Alola Foundation.
341. Banks, C. (2008). *Situational assessment: Justice for children in Timor-Leste*.
342. Democratic Republic of Timor-Leste. (2005). *Response to the United Nations Secretary-General's Study on Violence Against Children: Questionnaire to Governments*. Dili: Government of the Democratic Republic of Timor-Leste.
343. PRADET Timor Lorosa'e and UNICEF East Timor. (2002). *An investigation on child abuse and commercial sexual exploitation of children (CSEC) in East Timor: A one month pilot study preliminary report*. Dili: PRADET.
344. UNFPA. (2005). *Gender-based violence in Timor-Leste: A case study*. Consultative Meeting, 17-20. Bucharest, Romania: UNFPA.
345. United States Department of Labor, 2007 Findings on the Worst Forms of Child Labor - East Timor, 27 August 2008, available at: <http://www.unhcr.org/refworld/docid/48caa46cc.html> [accessed 15 February 2011]

## VIET NAM

346. ActionAid International Vietnam. (2005). *Synthesis report of three research studies Cambodia, Taiwan (China), Vietnam on the trafficking of Vietnamese women and children*. Vietnam: ActionAid.
347. Human Rights Watch. (2006). *"Children of the dust": Abuse of Hanoi street children in detention*. New York: Human Rights Watch.
348. ILO. (2006). *Can Tho City, Hau Giang Province, and Tay Ninh Province in Southern Viet Nam: The situation of migration and trafficking of children and women: A rapid assessment*. The Quality of Life Promotion Centre and Christina Cacioppo. Bangkok: International Labour Office.
349. ILO. (2006b). *Survey Report: Child domestic workers in Ho Chi Minh City*. Vietnam: ILO.
350. ILO. (2002). *Children in prostitution in Hanoi, Ho Chi Minh City and Can Tho: A Rapid Assessment*. Duong, L.B. Bangkok: International Labour Office.
351. Krantz, G. & Vung, N.D. (2009). The role of controlling behavior in intimate partner violence and its health effects: A population based study from rural Vietnam. *BMC Public Health*, 9 143-153.
352. Le, L.C. & Blum, R.W. (2009). Premarital sex and condom use among never married youth in Vietnam. *International Journal of Medical Health*, 21(3), 1-14.

353. Nguyen, H.T., Dunne, M.P. & Le, A.V. (2009). Multiple types of child maltreatment and adolescent mental health in Viet Nam. *Bulletin of the World Health Organization*, 87, 22-30.
354. Permanent Mission of the Socialist Republic of Vietnam to the United Nations Office. (2006). *Response to the United Nations Secretary General's Study on Violence Against Children: Questionnaire to Governments*. Geneva: Permanent Mission.
355. Rubenson, B., Hanh, L.T., Höjer, B. & Johansson, E. (2005). Young sex-workers in Ho Chi Minh City telling their life stories. *Childhood*, 12, 391-411.
356. Rubenson, B., Anh, N.T.V., Höjer, B. & Johansson, E. (2004). Child domestic servants in Hanoi: Who are they and how do they fare? *The International Journal of Children's Rights*, 11, 391-407.
357. Ruiz-Casares, M. & Heymann, J. (2009). Children home alone unsupervised: Modeling parental decisions and associated factors in Botswana, Mexico, and Vietnam. *Child Abuse & Neglect*, 33, 312-323.
358. Rushing, R., Watts, C. & Rushing, S. (2005). Living the reality of forced sex work: Perspectives from young migrant women sex workers in Northern Vietnam. *Journal of Midwifery & Women's Health*, 50(4), e41-e44.
359. Rydström, H. (2006). Masculinity and punishment: Men's upbringing of boys in rural Vietnam. *Childhood*, 13, 329-348.
360. UNESCAP. (2000). *Sexually abused and sexually exploited children and youth in Viet Nam: A qualitative assessment of their health needs and available services in selected provinces*. New York: UN.
361. UNICEF Viet Nam. (2010). *An analysis of the situation of children in Viet Nam 2010*. Ha Noi: UNICEF Viet Nam.
362. Vung, N.D. & Krantz, G. (2009). Childhood experiences of interparental violence as a risk factor for intimate partner violence: A population-based study from northern Vietnam. *Journal of Epidemiology and Community Health*, 63, 708-714.
363. Vung, N.D., Ostergren, P.O. & Krantz, G. (2009). Intimate partner violence against women, health effects and health care seeking in rural Vietnam. *European Journal of Public Health*, 19(2), 178-182.
364. Wasserman, D., Thanh, H.T.T., Minh, D.P.T., Goldstein, M., Nordenskiöld, A. & Wasserman, C. (2008). Suicidal process, suicidal communication and psychosocial situation of young suicide attempters in a rural Vietnamese community. *World Psychiatry*, 7(1), 47-53.

## REVIEW REPORTS

- Chan, K.L. (2009). Sexual violence against women and children in Chinese societies. *Trauma, Violence and Abuse*, 10(1), 69-85.
- \*\*Chen, J.Q. (2006). [Review of prior research in China: child abuse and its impact on the victims]. Article in Chinese. *Zhonghua Er Ke Za Zhi*, 44(8), 625-8.
- ‡ Derks, A., Henke, R. & Vanna, L.Y. (2006). Review of a decade of research on trafficking in persons, Cambodia: Phnom Penh: The Asia Foundation.
- Dunne, M.P., Chen, J.Q. & Choo, W.Y. (2008). The evolving evidence base for child protection in Chinese societies. *Asia-Pacific Journal of Public Health*, 20(4), 267-276.
- ILO. (n.d.). *Child domestic labour in South East and East Asia: Emerging good practices to combat it*. Bangkok: International Labour Office.
- Qiao, D.P. & Chan, Y.C. (2005). Child abuse in China: A yet-to-be-acknowledged 'social problem' in the Chinese mainland. *Child and Family Social Work*, 10, 21-27.
- Mosteller, F. (1968). Association and estimation in contingency tables. *Journal of the American Statistical Association*, 63(321):1-28.
- UNICEF EAPRO. (2005). *Regional assessment on violence against children in East Asia and the Pacific, Desk Review 2005*. Bangkok: UNICEF EAPRO.
- Wong, D.S. (2004). School bullying and tackling strategies in Hong Kong. *International Journal of Offender Therapy and Comparative Criminology*, 48(5), 537-553.

## Appendix C: Country-at-a-glance tables

This appendix contains at-a-glance country profiles on the prevalence and incidence of child maltreatment. Countries with very little prevalence and incidence data may be excluded. These 'at-a-glance' tables represent a summary of the research included in this systematic review. It is important to note that some studies may be measuring different aspects with different populations in each of the categories below. For details on sampling, population and measurement definitions, please consult the data abstraction forms and the individual articles for each study.

### Country at-a-glance: China

\*\*Note: The China summary includes data from studies in Hong Kong and Taiwan as well as mainland China.

#### Physical abuse

##### From probability samples:

Research shows *lifetime prevalence* of physical child abuse from probability samples ranging from 4.5%–22.2% (Tang, 2006; Shen, 2009; Cao, Zhang, Sun et al., 2006; Chan, 2010; Yen, Yang, Yang et al., 2008b).

*Past Year Prevalence* of physical abuse from probability samples ranges from 5.9%–23.3% (Chan, 2010; Wong, Chen, Goggins et al., 2009).

##### From convenience samples:

Research shows *lifetime prevalence* of severe physical child abuse from convenience samples ranging from 4.7%–54% (Yan, Jiao, Lin & Jiao, 2009; He & Tian, 2009; Lau, Chan, Lam, Choi & Lai, 2003; Ma, Chen, Dunne et al., 2005; Tao, Ye & Kim, 2006).

Research shows *lifetime prevalence* of moderate physical child abuse from convenience samples ranging from 18.63%–68.90% (Tao, Ye, & Kim, 2006; Wang, Chen & Ma, 2007; Cui, Pan, Du et al., 2010; Xiao, Dong, Yao & Ye, 2008; Zhao, Tao, Su et al., 2008; Zhang, Hao, Zhang et al., 2009).

*Past Year Prevalence* of physical abuse from convenience samples ranges from 8.0%–30.5% (Tao, Ye & Kim, 2006; Yang, Zhang, Guo & Huang, 2003; Lau, Chan, Lam, Choi & Lai, 2003).

#### Corporal punishment

Corporal punishment measurements range from non-contact corporal punishment, such as being physically punished (including being forced to run, to do homework, to stand, to kneel down, to not eat or to suffer the cold in the winter) to contact corporal punishment (including being beaten, kicked, pinched, pushed, or hurt in other ways by an object, hand, foot or other parts of the body) by a parent, family member or teacher.

##### From probability samples:

Research shows *lifetime prevalence* of corporal punishment from probability samples ranging from 43.8%–57.5% (Chan, 2010; Tang, 2006).

*Past Year Prevalence* of corporal punishment from probability samples ranges from 23.2%–32.8% (Leung, Wong, Chen & Tang, 2008; Chan, 2010).

##### From convenience samples:

Research shows *lifetime prevalence* of corporal punishment from convenience samples ranging from 14.5%–33% (Chen & Liao, 2005b; Wang, Chen & Ma, 2007).

*Past half year prevalence* of corporal punishment from convenience samples of 4.5% (Lau, Chan, Lam, Choi & Lai, 2003).

#### Sexual abuse

##### From probability samples:

Research shows *lifetime prevalence* of either contact or non-contact child sexual abuse from a probability sample of 18.3% (Sun, Zhang, Dong et al., 2008).

Research shows *lifetime prevalence* of contact child sexual abuse from probability samples ranging from 1.7%–4.2% (Chan, Yan, Brownridge, Tiwari, Fong, 2010; Yen, Yang, Yang et al., 2008b).

*Past year prevalence* of child sexual abuse from a probability sample of 0.6% (Leung, Wong, Chen & Tang, 2008).

##### From convenience samples:

Research shows *lifetime prevalence* of either contact or non-contact child sexual abuse from convenience samples ranging from 5.0%–25.6% (Chen, Han & Dunne, 2004; Chen, Dunne & Han, 2004 & 2006; Chen, Wang & Dunne, 2003; Chen, Dunne & Wang, 2002; Sun, Dong, Yi et al., 2006; Chen, 2004; Duan, Li, Sun & Sun, 2006; Niu, Lou, Gao et al., 2010; Su, Tao, Cao et al., 2008; Ye, Tao, Fang et al., 2006; Zhao, Zhao, Li et al., 2010; Xiao, Dong, Yao & Ye, 2008; Tang, 2006).

Research shows *lifetime prevalence* of contact child sexual abuse from convenience samples ranging from 2%–14% (Chen, 2004; Duan, Li, Sun & Sun, 2006; Su, Tao, Cao et al., 2008; Ye, Tao, Fang et al., 2006; Zhao, Zhao, Li et al., 2010; Tang, 2002; Xiao, Dong, Yao & Ye, 2008; Chen, Han & Dunne, 2004).

#### Emotional abuse

##### From probability samples:

Research shows *lifetime prevalence* of parental emotional abuse and psychological aggression from probability samples ranging from 14.4%–68.5% (Tao, Ye & Kim, 2006; Chan, 2010).

*Past year prevalence* of parental psychological aggression from probability samples ranging from 61.2% - 78.3% (Chan, 2010; Leung, Wong, Chen & Tang, 2008).

##### From convenience samples:

Research shows *lifetime prevalence* of parental emotional abuse and psychological aggression from convenience samples ranging from 50.3%–81.1% (Qin, Sun, Xia et al., 2008; Ye, Tao, Fang et al., 2006; Zhang, Hao, Zhang et al., 2009; Zhao, Tao, Su et al., 2008; Zhao, Tao & Su, 2008).

Research shows *past year prevalence* of parental emotional abuse and psychological aggression from convenience samples ranging from 47.3%–67.1% (Cui, Pang, Du et al., 2010; Qin, Sun, Xia et al., 2008).

#### Neglect

##### From probability samples:

Research shows *lifetime prevalence* of neglect from probability samples ranging from 20.7%–28.0% (Chan, 2010; Pang, Yang, Ren et al., 2005).

*Past year prevalence* of neglect from a probability sample was 18% (Chan, 2010).

##### From convenience samples:

Research shows *lifetime prevalence* neglect from convenience samples ranging from 11.10%–24.96% (Liu, Jiang, Luo et al., 2010; Xiao, Dong, Yao & Ye, 2008).

### Country at-a-glance: Japan

#### Physical abuse

##### From probability samples:

7.5% reported experiencing physical abuse (Fujiwara, Kawakami & World Mental Health Japan Survey Group, 2010).

##### From convenience samples:

6.2% reported ever experiencing physical abuse (Masuda, Yamanaka, Hirakawa et al., 2007).

## Corporal punishment

Corporal punishment measurements range from non-contact corporal punishment, such as being physically punished (including being forced to run, to do homework, to stand, to kneel down, to not eat or to suffer the cold in the winter) to contact corporal punishment (including being beaten, kicked, pitched, pushed, or hurt in other ways by an object, hand, foot or other parts of the body) by a parent, family member or teacher.

### From probability samples:

No data available

### From convenience samples:

Research shows *lifetime prevalence* of the following:

## Father's harsh discipline

158 respondents  
(a) scolding – 38%  
(b) slapping – 26%  
(c) punching – 11%  
(d) hitting – 3%  
(e) burning – 1%

## Mother's harsh discipline

179 respondents.  
(a) scolding – 27%  
(b) slapping – 8%  
(c) punching – 4%  
(d) hitting – 3%  
(e) burning – 3%  
(Kitamura, Kaibori, Takara et al., 2000).

## Sexual abuse

### From probability samples:

Research shows *lifetime prevalence* of child sexual abuse from probability samples with a range of 0.5%–10.4% (Fujiwara, Kawakami & World Mental Health Japan Survey Group, 2010; Yoshihama & Horrocks, 2010).

### From convenience samples:

Research shows *lifetime prevalence* of either contact or non-contact child sexual abuse from convenience samples ranging from 2.9%–40% (Masuda, Yamanaka, Hirakawa et al., 2007; Uji, Shono, Shikai et al., 2007).

## Country at-a-glance: Republic of Korea

### Physical abuse

#### From probability samples:

Research shows lifetime prevalence of physical child abuse ranging from 9.5%–23.1% (Jeon, Roh, Kim et al., 2009; Kim, Park & Emery, 2009).

Rate of 0.53 of child abuse per 1,000 child population (Pai, Kim, Chung & Ryu, 2009).

#### From convenience samples:

Research shows *lifetime prevalence* of physical child abuse from convenience samples ranging from 9.4%–55.0% (Kim, Kim, Park et al., 2000; Gover, Park, Tomsich & Jennings, 2010).

*Past year prevalence* of physical abuse from convenience samples ranges from 39.0%–49.5% (Ahn, Kim & Ko, 2002).

### Corporal punishment

Corporal punishment measurements range from non-contact corporal punishment such as being physically punished (including being forced to run, to do homework, to stand, to kneel down, to not eat or to suffer the cold in the winter) to contact corporal punishment (including being beaten, kicked, pitched, pushed, or hurt in other ways by an object, hand, foot or other parts of the body) by a parent, family member or teacher.

#### From probability samples:

No data available

### From convenience samples:

Research shows *lifetime prevalence* of corporal punishment from convenience samples of 58.8% before the age of 12 (Douglas & Straus, 2006).

## Sexual abuse

### From probability samples:

Research shows *lifetime prevalence* of child sexual abuse from a probability sample of 2.9% (Jeon, Roh, Kim et al, 2009).

### From convenience samples:

No available data

## Emotional abuse

### From probability samples:

Research shows *lifetime prevalence* of parental emotional and verbal abuse from probability samples ranging from 6.0%–31.3% (Jeon, Roh, Kim et al., 2009; Kim, Park & Emery, 2009).

### From convenience samples:

In interviews with children in child protective care facilities, 87 cases of emotional abuse (24.37%) and 146 cases of emotional abuse combined with physical abuse (40.9%), were found.

## Neglect

### From probability samples:

No data available.

### From convenience samples:

Research shows *lifetime prevalence* of neglect from a convenience sample of students in which 36.4% reported three or more neglectful behaviours they experienced as a child (Straus & Savage, 2005).

## Sub-region at-a-glance: Pacific Island countries and territories

### Physical abuse

#### From probability samples:

Research shows *past month prevalence* of physical child abuse from probability samples ranging from 17%–37% (UNICEF Pacific 2008; UNICEF Pacific 2009).

Research shows *past year prevalence* of physical child abuse from probability samples ranging from 6%–26% (Smith, Phongsavan, Bampton et al., 2008).

#### From convenience samples:

No data available

### Corporal punishment

Corporal punishment measurements range from non-contact corporal punishment such as being physically punished (including being forced to run, to do homework, to stand, to kneel down, to not eat or to suffer the cold in the winter) to contact corporal punishment (including being beaten, kicked, pitched, pushed, or hurt in other ways by an object, hand, foot or other parts of the body) by a parent, family member or teacher.

#### From probability samples:

Research shows *past month prevalence* of corporal punishment from probability samples *from a teacher* ranging from 7% in the Solomon Islands to 29% in both Fiji and Kiribati (UNICEF Pacific, 2008; UNICEF Pacific, 2009).

*Past year prevalence* of corporal punishment from probability samples *from a teacher* ranges from 6% in Vanuatu to 12% in Tonga (Smith, Phongsavan, Bampton et al., 2008).

#### From convenience samples:

No data available

## Sexual Abuse

### From probability samples:

Research shows *lifetime prevalence* of contact sexual abuse from a probability sample of 11.6% for women in New Caledonia (Hamelin, Salomon, Sitta et al., 2009).

Research shows *lifetime prevalence* of forced sexual intercourse from probability samples ranging from 13% in the Mariana Islands to 35.8% in the Marshall Islands (Balling, Grunbaum et al., 2003; Hamelin, Salomon, Sitta et al., 2009; Lippe, Brener, Kann et al., 2008).

*Past month prevalence* of the child being touched inappropriately at home or in the community from probability samples ranges from 6% in Kiribati to 15% in Vanuatu (UNICEF Pacific 2008 & 2009).

*Past month prevalence* of the child being touched inappropriately at school from probability samples ranges from 7% in Kiribati to 32% in the Solomon Islands (UNICEF Pacific 2008 & 2009).

### From convenience samples:

No available data

## Emotional abuse

### From probability samples:

Research shows *past month prevalence* of being called inappropriate names by an adult in the household from probability samples ranging from 17% in Kiribati to 38% in Vanuatu (UNICEF Pacific 2008 & 2009).

*Past month prevalence* of the child being made to feel unwanted by an adult in the home from probability samples ranges from 7% in Kiribati to 24% in the Solomon Islands (UNICEF Pacific 2008 & 2009).

### From convenience samples:

No available data

## Country at-a-glance: Philippines

### Physical abuse

#### From probability samples:

Research shows *lifetime prevalence* of physical child abuse of 1.3% (Ramiro, Madrid & Brown, 2010).

#### From convenience samples:

No data available

### Corporal punishment

Corporal punishment measurements range from non-contact corporal punishment, such as being physically punished (including being forced to run, to do homework, to stand, to kneel down, to not eat or to suffer the cold in the winter) to contact corporal punishment (including being beaten, kicked, pitched, pushed, or hurt in other ways by an object, hand, foot or other parts of the body) by a parent, family member or teacher.

#### From probability samples:

Research shows *lifetime prevalence* of severe corporal punishment from probability samples ranging from 9.9%–12.9% (Runyan, Shankar, Hassan et al., 2010; UNICEF EAPRO, 2008).

Research shows *lifetime prevalence* of moderate corporal punishment from probability samples ranging from 49.7%–71.0% (Runyan, Shankar, Hassan et al., 2010; UNICEF EAPRO, 2008).

#### From convenience samples:

Research shows *past month prevalence* of corporal punishment from convenience samples ranging from 8%–9% (Lansford, Alampay et al., 2010).

### Sexual abuse

#### From probability samples:

Research shows *lifetime prevalence* of child sexual abuse from a probability sample of 5.2% (Ramiro, Madrid & Brown, 2010).

### From convenience samples:

No data available

## Emotional abuse

### From probability samples:

Research shows *lifetime prevalence* of parental emotional abuse and verbal abuse from probability samples ranging from 22.8%–48.0% (Ramiro, Madrid & Brown, 2010; Esteban, 2006).

### From convenience samples:

No available data

## Neglect

### From probability samples:

Research shows *lifetime prevalence* of neglect from a probability sample of 22.5% experiencing child physical neglect and of 43.6% experiencing psychological neglect (Ramiro, Madrid & Brown, 2010; Esteban, 2006).

### From convenience samples:

No data available

## Country at-a-glance: Thailand

### Physical abuse

#### From probability samples:

Research shows *lifetime prevalence* of physical child abuse ranging from 11.7%–66.1% (Jirapramukpitak, Prince & Harpham, 2005; Chaopricha & Jirapramukpitak, 2010; Jirapramukpitak, Harpham & Prince, 2010; Isaranurug, Auewattana et al., 2002; Isaranurug, Nitirat et al., 2001).

#### From convenience samples:

Research shows *lifetime prevalence* of severe physical child abuse for prostituted women and girls of 39% (Farley, Cotton, Lynne et al., 2004).

### Corporal punishment

Corporal punishment measurements range from non-contact corporal punishment, such as being physically punished (including being forced to run, to do homework, to stand, to kneel down, to not eat or to suffer the cold in the winter) to contact corporal punishment (including being beaten, kicked, pitched, pushed, or hurt in other ways by an object, hand, foot or other parts of the body) by a parent, family member or teacher.

#### From probability samples:

No data available

#### From convenience samples:

*Past month prevalence* of corporal punishment from convenience samples of 4% (Lansford, Alampay et al., 2010).

### Sexual abuse

#### From probability samples:

Research shows *lifetime prevalence* of either contact or non-contact child sexual abuse from probability samples ranges from 5.0%–32.8% (Yoshihama & Horrocks, 2010; Chaopricha & Jirapramukpitak, 2010; Jirapramukpitak, Prince & Harpham, 2005; Im-em et al., 2005).

A household study found that for women aged 15–24 (n=239): 32.8% reported they did not want to have sex but it happened anyway, and 8% reported their first sexual experience was forced. 10.2% reported ever experiencing forced sexual intercourse. 7.5% experienced forced sexual intercourse in the last 12 months. 7.2% reported ever being forced to engage in an unwanted sexual act, and 4.2% were forced to engage in an unwanted sexual act in the last 12 months (Im-em et al., 2005).

#### From convenience samples:

Research shows *lifetime prevalence* of either contact or non-contact child sexual abuse from convenience samples ranging from 17.1% among adolescents to 47% among prostituted women and girls (Ruangkanchanasetr, Plitponkampim, Hetrakul et al., 2005; Farley, Cotton, Lynne et al., 2004).

## Emotional abuse

### From probability samples:

Research shows *lifetime prevalence* of parental emotional abuse, verbal abuse and psychological aggression from probability samples ranging from 23.0%–64.2% (Isaranurug, Auewattana et al., 2002; Isaranurug, Nitirat et al., 2001; Jirapramukpitak et al., 2005).

### From convenience samples:

Data not available

## Neglect

### From probability samples:

Research shows *lifetime prevalence* of neglect from a probability sample of 40% of children reporting neglect in the form of not being provided with appropriate care and food and frequently being left alone at home (Isaranurug, Nitirat, et al., 2001).

### From convenience samples:

No data available

## Country at-a-glance: Viet Nam

---

### Physical abuse

#### From probability samples:

No available data

#### From convenience samples:

Research shows *lifetime prevalence* of physical child abuse from a convenience sample of 47.5% (Nguyen, Dunne & Le, 2010).

### Corporal punishment

Corporal punishment measurements range from non-contact corporal punishment, such as being physically punished (including being forced to run, to do homework, to stand, to kneel down, to not eat or to suffer the cold in the winter) to contact corporal punishment (including being beaten, kicked, pitched, pushed, or hurt in other ways, by an object hand, foot or other parts of the body) by a parent, family member or teacher.

#### From probability samples:

Research shows *lifetime prevalence* of corporal punishment from probability samples ranging from 9.4% for severe to 60.9% for minor (UNICEF EAPRO, 2008).

#### From convenience samples:

No data available

### Sexual abuse

Research shows *lifetime prevalence* of contact child sexual abuse and or coerced sex from a probability sample of 1.1% (Le & Blum, 2009).

### From convenience samples:

Research shows *lifetime prevalence* of either contact or non-contact child sexual abuse from a convenience sample of 19.7% (Nguyen, Dunne & Le, 2010).

## Emotional abuse

### From probability samples:

No data available

### From convenience samples:

Research shows *lifetime prevalence* of emotional abuse from a convenience sample of 39.5% (Nguyen, Dunne & Lee, 2010).

## Neglect

### From probability samples:

No data available

### From convenience samples:

Research shows *lifetime prevalence* of neglect from a convenience sample of 29.3% (Nguyen, Dunne & Le, 2010).

## Country at-a-glance: Singapore

---

### Physical abuse

#### From probability samples:

No available data

#### From convenience samples:

Research shows *lifetime prevalence* of physical child abuse from a convenience sample of 45.5% -62.5% (Back, Jackson, Fitzgerald et al., 2003).

### Corporal punishment

#### From probability samples:

No available data

#### From convenience samples:

Research shows *lifetime prevalence* of corporal punishment from convenience samples of 65.6% (Douglas & Straus, 2006).

### Sexual abuse

#### From probability samples:

No available data

#### From convenience samples:

Research shows *lifetime prevalence* of child sexual abuse from a convenience sample of 15.9% (Back, Jackson, Fitzgerald et al, 2003).

## Appendix D: Quality assessments

### Prevalence and incidence studies

Study	Country	Target population defined clearly?	Probability sampling used?	Characteristics of respondents match target population?	Data collection methods standardised?	Survey instruments reliable?	Survey instruments valid?	Special features of sampling design accounted for in analysis?	Were confidence intervals included with the data?
Center for Advanced Study, 2001	<i>Cambodia</i>	Y	Y	Y	Not Stated	Not Stated	Not Stated	Not Stated	N
Center for Advanced Study, 2001b	<i>Cambodia</i>	Y	Y	Y	Not Stated	Not Stated	Not Stated	Not Stated	N
ECPAT Cambodia and NGO Committee on CRC, 2004	<i>Cambodia</i>	Y	N	Y	Y	Not stated	Not stated	Not stated	N
ILO, 2005 (Cross-border migration)	<i>Cambodia</i>	Y	Y	Y	Y	Y	Y	Not stated	N
ILO, 2006 (beer promotion girls)	<i>Cambodia</i>	Y	N	Y	Y	Y	Y	Not stated	N
ILO, 2006b (hotel and guesthouse workers)	<i>Cambodia</i>	Y	N	Y	Y	Y	Y	Not stated	N
McCauley, Decker & Silverman, 2010	<i>Cambodia</i>	Y	N	Y	Y	Not stated	Not stated	Yes	N
Miles & Thomas, 2007	<i>Cambodia</i>	Y	N	Y	Y	Not stated	Not stated	Y	Y
de Jong, Komproe, Ommeren et al., 2001	<i>Cambodia</i>	Y	Y	Not stated	Y	Y	Y	Y	Y
The Ministry of Education, Youth and Sports, UNICEF and UNESCO, 2004	<i>Cambodia</i>	Y	Y	Y	Y	Y	Y	Not stated	N
National Institute of Statistics & ILO-IPEC, 2004	<i>Cambodia</i>	Y	Y	Y	Y	Not stated	Not stated	Y	N
Pan, 2010 AND National Institute of Statistics, 2001	<i>Cambodia</i>	Y	Y	Y	Y	Y	Y	Y	N/A
Yi, Poudel Yasuoka, Palmer, Yi & jimba, 2010	<i>Cambodia</i>	Y	Y	Y	Y	Y	Y	Y	Y
Cao, Zhang, Sun, et al., 2006	Hunan, <i>China</i>	Y	Y – at second stage	Y	Y	Not stated	Not stated	Not stated	Y
Chan & Brownridge, 2008	Hong Kong, <i>China</i>	Y	N	Y	Y	Y	Y	Y	Y
Chan, Tiwari, Leung et al, 2007	Hong Kong, <i>China</i>	Y	N	Y	Y	Y	Y	Y	N
Chan, Yan, Brownridge, Tiwari, Fong, 2010	Hong Kong, <i>China</i>	Y	Y	Y	Y	Y	Y	Y	Y
Chan, 2010	Hong Kong, <i>China</i>	Y	Y	Y	Y	Y	Y	Y	Y
Chang, Lansford, Schwartz & Farver, 2004	Hong Kong, <i>China</i>	Y	N	Y	Y	Y	Y	Y	Y
Chang, Schwartz, Dodge & McBride-Chang, 2003	Hong Kong, <i>China</i>	Y	N	Not stated	Y	Y	Y	Y	Y
Chen, 2004	<i>China</i>	Y	N	Not stated	Y	Y	Y	Not stated	Y

Prevalence and incidence studies (continued)

Study	Country	Target population defined clearly?	Probability sampling used?	Characteristics of respondents match target population?	Data collection methods standardised?	Survey instruments reliable?	Survey instruments valid?	Special features of sampling design accounted for in analysis?	Were confidence intervals included with the data?
Chen, 2009	Liaoning Province, <i>China</i>	Y	N	Not stated	Y	Not stated	Not stated	Not stated	Y
Chen & Astor, 2011	Taiwan, <i>China</i>	Y	Y	Y	Y	Y	Y	Y	Y
Chen & Astor, 2010	Taiwan, <i>China</i>	Y	Y	Y	Y	Y	Y	Y	Y
Chen, Dunne & Han, 2004	Hubei, Henan, Hebei and Beijing Provinces, <i>China</i>	Y	N	Not stated	Y	Y	Y	Y	Y
Chen, Dunne & Han, 2006	Hennan Province, <i>China</i>	Y	N	Not stated	Y	Y	Y	Y	Y
Chen, Dunne & Wang, 2002	<i>China</i>	Y	N	Not stated	Y	Not stated	Not stated	Not stated	Y
Chen, Han & Dunne, 2004	<i>China</i>	Y	N	Not stated	Y	Y	Y	Not stated	Y
Chen, Liao, 2005a & Chen, Liao, 2005b	<i>China</i>	Y	N	Not stated	Y	Y	Y	Not stated	N
Chen, Wang & Dunne, 2003	<i>China</i>	Y	N	Not stated	Y	Y	Y	Not stated	Y
Cheng & Lam, 2010	<i>China</i>	Y	N	Not stated	Y	Y	Y	Not stated	Y
Cui, Pang, Du et al., 2010	<i>China</i>	Y	N	Not stated	Y	Not stated	Not stated	Not stated	N
Duan, Li, Sun & Sun, 2006	<i>China</i>	Y	N	Not stated	Not stated	Not stated	Not stated	Not stated	N
Guo, Wu, Qu & Yan, 2004	Tianjin, Liaoning, Henan, and Shaanxi provinces of <i>China</i>	Y	Y	Y	Y	Y	Y	Y	N
Hazemba, Siziya, Muula & Rudatsikira, 2008	Beijing, <i>China</i>	Y	Y	Y	Y	Y	Y	Y	Y
He & Tian, 2009	<i>China</i>	N	N	Y	Y	Not stated	Not stated	Not stated	Y
Hua, Wu, Giu, Chen & Zhu, 2006	Suzhou city, <i>China</i>	N	N	Not stated	Y	Not stated	Not stated	Not stated	N
Lau, Chan, Lam et al., 2003	Shatin District of Hong Kong, <i>China</i>	Y	Y	Y	Y	Y	Y	Y	Y
Lau, Kim, Tsui et al., 2005	Hong Kong, <i>China</i>	Y	Y	Y	Y	Y	Y	Y	Y
Leung, Wong, Chen & Tang, 2008	Guangzhou, <i>China</i>	Y	Y	Y	Y	Y	Y	Y	Y
Liu, Jiang, Luo et al., 2010 & Liu, Luo, Jiang et al., 2009	Wuhan, <i>China</i>	Y	N	Not stated	Y	Y	Y	Not stated	Y
Luo, Parish & Laumann, 2008	<i>China</i>	Y	Y	Y	Y	Y	Y	Y	Y
Ma, Chen, Dunne et al., 2005	Hebei province, <i>China</i>	Y	N	Not stated	Y	Y	Y	Not stated	Y
Niu, Lou, Gao, Zuo & Feng, 2010	Shanghai, <i>China</i>	Y	N	Not stated	Y	Not stated	Not stated	Not stated	Y
Ng & Tsang, 2008	Hong Kong, <i>China</i>	Y	N	Not stated	Y	Y	Y	Not stated	Y

Prevalence and incidence studies (continued)

Study	Country	Target population defined clearly?	Probability sampling used?	Characteristics of respondents match target population?	Data collection methods standardised?	Survey instruments reliable?	Survey instruments valid?	Special features of sampling design accounted for in analysis?	Were confidence intervals included with the data?
Pan, Yang, Ren et al., 2005	China	Y	Y	Not stated	Y	Y	Y	Y	Y
Qin, Sun, Xia et al, 2008	Heilongjiang province, China	Y	N	Not stated	Y	N	N	Not stated	Y
Shen, 2008 & Shen, 2009	Taiwan, China	Y	Y	Y	Y	Y	Y	Y	Y
Su, Tao, Cao et al., 2008	China	Y	N	Not stated	Y	Not stated	Y – the consequences scales (YRBS, etc.) but not stated for the CSA questions	Not stated	Y
Sun, Dong, Yi et al., 2006 & Sun, Duan, Sun et al., 2005 & Sun, Sun, Duan et al., 2006 & Sun, Zhang, Dong et al., 2008	China	Y	N	Not stated	Y	Y	Y	Not stated	Y
Tang, 2002	Hong Kong, China	Y	N	Y	Y	Y	Y	Not stated	Y
Tao, Ye & Kim, 2006 & Tao, Huang, Kim et al., 2006 & Tao, Ye, Kim et al., 2006 & Ye, Tao, Fang et al., 2006	China	Y	N	Y	Y	Not stated	Not stated	Not stated	Y
Tang, 2006	Hong Kong, China	Y	Y	Y	Y	Y	Y	Y	Y
Wan & Leung, 2010	Hong Kong, China	Y	Y	Y	Y	Y	Y	Y	Y
Wang, Chen & Ma, 2007	Baotao city of Inner Mongolia Autonomous Region, China	Y	N	Not stated	Y	Not stated	Not stated	Not stated	Y
Wong, Chen, Goggins et al., 2009 & Leung, Wong, Chen & Tang, 2008 & Wong, Leung, Tang et al., 2009	Guangzhou, China	Y	Y	Y	Y	Y	Y	Y	Y
Wong, Lok, Lo & Ma, 2008	Hong Kong, China	Y	N	Y	Y	Y	Y	Not stated	Y
Xiao, Dong, Yao, et al., 2008	Anhui Province, China	Y	N	Y	Y	Y	Y	Y	Y
Xiao, Tao, Xu et al., 2008 & Xiao, Tao, Hao et al., 2009	China	Y	N	Y	Y	Not stated	Not stated	Not stated	Y
Xing, Tao, Wan et al., 2010	China	Y	N	Y	Y	Not stated	Not stated	Y	Y
Yan, Jiao, Lin & Jiao, 2009	Xi'an, Shaanxi province, China	Y	N	Not stated	Y	Y	Y	Not stated	Y
Yang, Zhang, Guo & Huang, 2003 & Yang, Zhang, Huang & Guo, 2005	Hunan province, China	Y	N	Not stated	Y	Y	Y	Not stated	Y
Yen, Yang, Chen et al., 2008	Taiwan, China	Y	Y	Y	Y	Y	Y	Y	Y
Yen, Yang & Yang, 2008	Taiwan, China	Y	Y	Y	Y	Y	Y	Y	Y
Zhang, Hao, Zhang, et al. 2009	China	Y	N	Not stated	Y	Y	Y	Not stated	Y

Prevalence and incidence studies (continued)

Study	Country	Target population defined clearly?	Probability sampling used?	Characteristics of respondents match target population?	Data collection methods standardised?	Survey instruments reliable?	Survey instruments valid?	Special features of sampling design accounted for in analysis?	Were confidence intervals included with the data?
Zhang, Zheng & Zou, 2006	Guangzhou, China	Y	N	Not stated	Y	Y	Y	Not stated	Y
Zhao, Tao, Su, et, al. 2008	China	Y	N	Not stated	Y	Y	Y	Not stated	Y
Zhao, Zhao, Li et al., 2010	China	Y	N	Y	Y	Y	Y	Y	Y
Zhu, Li, Tao, Yang et al., 2007	China	Y	N	Not stated	Y	Y	Y	Y	Y
Zou, Zhang, Zhang et al., 2007	Changsha, China	Y	N	Not stated	Y	Not stated	Y	Not stated	Y
Hsin, 2007	Indonesia	Y	Y? (secondary data analysis – original study RCT but unclear if this sample comes before or after the randomization)	N (children in this sample have older and better educated parents, come from more rural areas and wealthier households)	Y	Y	Y	Y	Y
Allard, 2009	Japan	N	N	Not stated	Y	Y	Y – for American subjects but not tested for Japanese subjects	Not stated	Y
Ariga, Uehara, Takeuchi et al., 2008	Japan	Y	N	Y	Y	Y	Y	Y	Y
Dussich & Maekoya, 2007	Japan, South Africa and the USA	N	N	Not stated	Y	Not stated	Not stated	Not stated	Y
Fujiwara, Kawakami & World Mental Health Japan Survey Group, 2010	Japan	Y	Y	Y	Y	Y	Y	Y	Y
Fujiwara, Okuyama, Izumi & Osada, 2010	Japan	Y	N	Y	Y	Y	Y	Y	Y
Igarashi, Hasui, Uji et al., 2010	Japan	N	N	Not stated	Y	Y	Y	Y	Y
Kitamura & Hasui, 2006	Japan	N	N	Not stated	Y	N (yes for all except the witnessing violence item)	N (yes for all except the witnessing violence item)	Y	Y
Kitamura, Kaibori, Takara et al., 2000	Kofu, Japan	Y	N	Not stated	Y	Y	T	Not stated	Y
Matsumoto & Imamura, 2007	Japan	Y	N	Not stated	Y	Not stated	Not stated	Not stated	Y
Matsumoto, Yamaguchi, Chiba et al., 2004	Japan	Y	N	Y	Y	Not stated	Not stated	Not stated	Y
Matsuura, Hashimoto & Toichi, 2009	Japan	Y	N	Y	Y	Y	Y	Not stated	Y
Uji, Shono, Shikai et al., 2007	Japan	N	N	Not stated	Y	Not stated	Not stated	Not stated	Y
Yoshihama & Horrocks, 2010	Japan	Y	Y	Y	Y	Y	Y	Y	Y
Yoshinaga, Kadomoto, Otani et al., 2004	Japan	Y	N	Y	Y	Y	Y	Y	Y
ILO-IPEC, 2003	Lao PDR	Y	N	Y	Not stated	Not stated	Not stated	Not stated	Not stated

**Prevalence and incidence studies (continued)**

Study	Country	Target population defined clearly?	Probability sampling used?	Characteristics of respondents match target population?	Data collection methods standardised?	Survey instruments reliable?	Survey instruments valid?	Special features of sampling design accounted for in analysis?	Were confidence intervals included with the data?
Ahn, Kim & Ko, 2002	Gangwon, Republic of Korea	Y	N	Not stated	Y	Y	Y	Not stated	Y
Chun & Springer, 2005	Seoul, Republic of Korea	Y	Y	Y	Y	Y	Y	Y	N
Chung & Ann, 2001	City of Seoul and Kyunggi Province, Republic of Korea	Y	N	Not stated	Y	Y	Y	Not stated	Y
Gover, Park, Tomsich & Jennings, 2010	Republic of Korea	Y	N	N	Y	Y	Y	Y	N
Jeon, Roh, Kim et al., 2009	Republic of Korea	Y	Y	Y	Y	Y	Y	Y	Y
Ju & Lee, 2010	Republic of Korea	Y	N	Y	Y	Y	Y	Not stated	N/A
Kim & Kim, 2005 And Kim & Kim, 2008	Republic of Korea	Y	Y	Y	Y	Y	Y	Y	N
Kim & Kim, 2006	Republic of Korea	Y	Y	Y	Y	Y	Not stated	Not stated	Y
Kim, Koh & Leventhal, 2005	Seoul and Anyang, Republic of Korea	Y	N	Not stated	Y	Y	Y	Y	Y
Kim, Park & Emery, 2009	Republic of Korea	Y	Y	Y	Y	Y	Y	Y	Y
Koo, Kwak & Smith, 2008	Five regions in Republic of Korea	Y	Y	N	Y	Y	Y	Not stated	Y
Lee, 2010	Republic of Korea	Y	Y	Y	Y	Y	Y	Y	Y
Moon & Blurton, 2007	Republic of Korea	Y	Y	Y	Y	Y	Y	Y	Y
Morash & Moon, 2007	Taegu, Republic of Korea	Y	Y	Y	Y	Y	Y	Y	Y
Park, Kim & Cho, 2008	Republic of Korea	Y	Y	Y	Y	Y	Y	Not stated	Y
Park, Kim, Kim & Sung, 2007	Seoul and Kyung-gi Province, Republic of Korea	Y	N	Y	Y	Y	Y	Not stated	Y
Park, Schepp, Jang & Koo, 2006	Republic of Korea	Y	N	Not stated	Y	Not stated	Not stated	Not stated	Y
Schwartz, Farver, Chang & Lee-Shin	Seoul, Republic of Korea	Y	N	Y	Y	Y	Y	Y	Y
Yang, Kim, Kim et al., 2006	Kwangju, Republic of Korea	Y	N	Y	Y	Y	Y	Not stated	Y
Runyan, Dunne, Zoloor et al., 2009	Malaysia	Y	N	Not stated	Y	Y – for all scales except sexual abuse and neglect	Y – for all scales except sexual abuse and neglect	Not stated	Y
Oyunbileg, Sumberzul, Udval et al., 2009	Ulaanbaatar, Mongolia	Y	Y	Y	Y	Y	Y	Y	Y

Prevalence and incidence studies (continued)

Study	Country	Target population defined clearly?	Probability sampling used?	Characteristics of respondents match target population?	Data collection methods standardised?	Survey instruments reliable?	Survey instruments valid?	Special features of sampling design accounted for in analysis?	Were confidence intervals included with the data?
ILO/IPEC, 2005	Ulaanbaatar, Darkhan-Uul, Zamiin-Uud of Dornogobi aimag, and Khavirga, Mongolia	Y	Y	Y	Y	Not stated	Not stated	Y	N
The Mongolian Gender Equality Center (GEC), 2006	Mongolia	Y	Y (*specifics not stated)	Not stated	Y	Y	Not stated	N	N
MECS, UNICEF, MSUE & NHRCM, 2007	Mongolia	Y	N	Y	Not stated	Not stated	Not stated	Not stated	N
Kim, Kim, Park et al., 2000	Multicountry (China and Republic of Korea)	Y	N	Y	Y	Y	Y	Y	Y
Straus & Savage, 2005	Multicountry (China and Republic of Korea)	N	N	Not stated	Y	Y	Y	Y	Y
Straus, 2004	Multicountry (China, Republic of Korea and Singapore)	N	N	Not stated	Y	Y	Y	Y	Y
Douglas & Straus, 2006	Multicountry (China, Republic of Korea and Singapore)	N	N	Not stated	Y	Y	Y	Y	Y
Lansford, Alampay et al., 2010	Multicountry (China, Philippines and Thailand among others)	Y	N	Y	Y	Y	Y	Y	Y
WHO, 2005	Multicountry (Japan and Thailand)	Y	Y	Y	Y	Y	Y	Y	Y
Kyu & Kanai, 2005	Myanmar	Y	Y	Y – slightly overrepresented with middle income	Y	Y	Y	Y	Y
Balling, Grunbaum, et al., 2003	Pacific Islands – Commonwealth of the Northern Mariana Islands, Republic of the Marshall Islands and Republic of Palau	Y	Y	Y	Y	Y	Y	Y	Y
Lippe, Brener, Kann, et al., 2008	Pacific Islands – Commonwealth of the Northern Mariana Islands, Republic of the Marshall Islands and Republic of Palau (among others)	Y	Y	Y	Y	Y	Y	Y	Y
Hamelin, Saloman, Sitta et al., 2009	Pacific Islands – New Caledonia	Y	Y	Y	Y	Y	Y	Y	Y

**Prevalence and incidence studies (continued)**

Study	Country	Target population defined clearly?	Probability sampling used?	Characteristics of respondents match target population?	Data collection methods standardised?	Survey instruments reliable?	Survey instruments valid?	Special features of sampling design accounted for in analysis?	Were confidence intervals included with the data?
Smith, Phongsavan, Bampton, et al., 2008	Pacific Islands – Pohnpei State in the Federated States of Micronesia, Kingdom of Tonga and Vanuatu	Y	Y	Y	Y	Y	Y	Y	Y
UNICEF Pacific, 2008	Pacific Islands – Fiji	Y	Y	Y	Y	Not stated	Not stated	Y	N
UNICEF Pacific, 2008	Pacific Islands – Kiribati	Y	Y	Y	Y	Not stated	Not stated	Y	N
UNICEF Pacific, 2008	Pacific Islands – Solomon Islands	Y	Y	Y	Y	Not stated	Not stated	Y	N
UNICEF Pacific, 2009	Pacific Islands – Vanuatu	Y	Y	Y	Y	Not stated	Not stated	Y	N
Asara & Hindin, 2009 & Fehringer & Hindin, 2009 & Hindin & Gultiano, 2006	Philippines	Y	Y	Y	Y	Y	Y	Y	Y
Edralin, 2003	Philippines	Y	N	Y	Y	Not stated	Not stated	Not stated	N
Esteban, 2006	Philippines	Y	Y	Not stated	Y	Y	Not stated	Y	Y
ILO, 2005	Philippines	Y	N	Y	Y	Not stated	Y	Not stated	N
ILO, 2004	Philippines	Y	N	Not stated	Y	Not stated	Not stated	Not stated	N
ILO, 2002	Philippines	Y	N	Y	Y	Not stated	Not stated	Not stated	N
Hassan, et al., 2004	Philippines	Y	Y	Y	Y	Y	Y	Y	Y
Maxwell & Maxwell, 2003 & Maxwell, 2001	Philippines	Y	Y – 2nd stage	Y	Y	Y	Y	Y	Y
Ramiro, Hassan, & Peedicayil, 2004 & Jeyaseelan, Sadowski, Kumar et al., 2004 & Runyan, Shankar, Hassan et al., 2010 & Vizcarra, Hassan, Hunter et al., 2004	Philippines	Y	Y	Y	Y	Y	Y	Y	Y
Ramiro, Madrid & Brown, 2010	Philippines	Y	Y	Y	Y	Y	Y	Y	Y
Rudatsikira, Mataya, Siziya & Muula, 2008	Philippines	Y	Y	Y	Y	Y	Y	Y	Y
Serquina-Ramiro, 2005	Philippines	Y	Y	Y	Y	Not stated	Not stated	Not stated	Y
Back, Jackson, Fitzgerald et al., 2003	Singapore	Y	N	Y	Y	Y	Y	Not stated	Y
Sim & Ong, 2005	Singapore	Y	N	Not stated	Y	Y	Y	Y	Y
Aekplakorn & Kongsakon, 2007	Thailand	Y	Y	Y	Y	Not stated	Not stated	Y	Y
ECPAT, 2003	Thailand	Y	N	Not stated	Y	Not stated	Not stated	Not stated	N
Chaopricha & Jirapramukpitak, 2010	Thailand	Y	Y	Not stated	Y	Y	Y	Not stated	Y
Decker, McCauley, Phuengsamr-an et al., 2010	Thailand	Y	Y	Y	Y	Y	Y	Y	Y

Prevalence and incidence studies (continued)

Study	Country	Target population defined clearly?	Probability sampling used?	Characteristics of respondents match target population?	Data collection methods standardised?	Survey instruments reliable?	Survey instruments valid?	Special features of sampling design accounted for in analysis?	Were confidence intervals included with the data?
Farley, Cotton, Lynne et al., 2004	Thailand	Y	N	Not stated	Y	Not stated	Not stated	Not stated	N
Garcia-Moreno, Jansen, Ellsbert et al., 2006	Thailand (among other countries)	Y	Y	Y	Y	Y	Y	Y	Y
ILO, 2006	Thailand	Y	Y – alongside non-random sampling	Y	Y	Not stated	Not stated	Y	N
ILO, 2006b	Thailand	Y	N	Y	Y	Not stated	Not stated	Not stated	N
Im-Em, Kanchanachitra & Archavanitkul, 2005	Thailand	Y	Y	Y	Y	Not stated	Not stated	Not stated	Y
Isaranurug, Auewattana et al., 2002	Thailand	Y	Y	Not stated	Y	Y	Y	Not stated	Y
Isaranurug, Nitirat, et al., 2001	Thailand	Y	Y	Not stated	Y	Y	Y	Not stated	Y
Jirapramukpitak, Harpham & Prince, 2010	Thailand	Y	Y	Y	Y	Y	Y	Y	Y
Jirapramukpitak, Prince & Harpham, 2005	Thailand	Y	Y	Y	Y	Y	Y	Y	Y
Kerley, Xu, Sirisunyaluk et al., 2010	Thailand	Y	Y	Y	Y	Y	Y	Y	N
Kongsakon, Bhatanaprabhabhan & Pocham, 2008	Thailand	Y	Y	Y	Y	Not stated	Not stated	Not stated	N
Laeheem, Kuning, McNeil et al., 2009	Thailand	Y	Y	Y	Y	Not stated	Not stated	Not stated	Y
Pradubmook-Sherer, 2009	Thailand	Y	Y	Y	Y	Y	Y	Y	Y
Ruangkanchanasetr, Plitponkarpim, Hetrakul et al., 2005	Thailand	Y	Y	Y	Y	Y	Y	Y	Y
Sunthornkajit et al., 2002	Thailand	Y	N	Y	Y	Not stated	Not stated	Not stated	N
Thailand National Statistical Office, 2006	Thailand	Y	Y	Y	Y	Y	Y	Y	Y
Wakai, Miura & Umenai, 2005	Thailand	Y	Y	N – higher proportion of students in sample worked	Y	Y	Y	Y	Y
IRC, 2003	Timor-Leste	Y	Y	Y	Y	Y	Y	Y	Y
ILO, 2006	Viet Nam	Y	Y	Y	Y	Not stated	Not stated	Y	
Krantz & Vung, 2009 & Vung, Ostergren & Krantz, 2008 & 2009 & Vung & Krantz, 2009	Viet Nam	Y	Y	Y	Y	Y	Y	Y	Y
Le & Blum, 2009	Viet Nam	Y	Y	Y	Y	Y	Y	Y	Y
Nguyen, Dunne & Le, 2010	Viet Nam	Y	N	Y	Y	Y	Y	Y	Y
The Quality of Life Promotion Centre and Christina Cacioppo, 2006	Viet Nam	Y	Y	Y	Y	Not stated	Not stated	Not stated	N

## Case-control studies

Where Y= starred, N= not starred

Study	Country	Case definition adequate?	Representativeness of cases	Selection of controls	Definition of controls	Comparability of cases and controls	Ascertainment of exposure	Same method of ascertainment for cases and controls	Non-response rate
Cheng, Kang, Wang et al., 2001	China	N	Y	Y	Y	Y	N	Y	Not stated
Huang, Zhang, Shen et al., 2005 & Huang, Zhang, Zou et al., 2006	China	N	N	Y	Y	Y	N	Y	N
Juang, Wang, Fuh et al., 2004	China	Y	Y	Y	Y	Y	Y	Y	Not stated
Liu, Zhang, Cao & Huang, 2010	Mianyang city, Sichuan province, China	Y	Y	Y	Y	Y	Y	Y	Not stated
Luo, Peng, Zong et al., 2008	China	N	Y	Y	Y	Y	Y	Y	Y
Zhu, Li, Tao, Yang, Qiao & Tian, 2007	Xuzhou city, Henan province, China	N	N	Not stated	Y	N	N	Y	Not stated
Handa, Nukina, Hosoi & Kubo, 2008	Japan	N	Y	N	Y	N	N	Y	N
Kitayama, Brummer, Hertz et al., 2007	Japan	Y	N	N	Y	Y	N	Y	Not stated
Matsumoto, Azekawa, Yamaguchi et al., 2004	Japan	Y	Y	Y	Y	Y	N	Y	Y
Matsumoto, Tsutsumi et al., 2009	Japan	Y	Y	Y	Y	Y	Y	N	Not stated
Miura, Fujiki, Shibata et al., 2006	Japan	Y	Y	N	Y	Y	N	Y	Not stated
Nagata, Kaye, Kiriike et al., 2001	Japan	Y	Not stated	Y	Y	Y	Y	Y	Not stated
Tomoda, Sheu, Rabi et al., 2010	Japan	N	Y	Y	Y	Y	N	Y	Not stated
Yamaguchi, Kobayashi, Tachikawa, et al., 2000	Japan	Y	Y	Y	Y	Y	N	Y	Y
Yamazaki, 2010	Japan	Y	Not stated	Y	Y	Y	Y	Not stated	Not stated
Choi, Klein, Shin & Lee, 2009	Republic of Korea	Y	N	Y	Y	Y	N	Y	N
Kim, Koh & Leventhal, 2005	Republic of Korea	Y	N	Y	Y	Y	N	Y	N
Loh, Maniam, Tan & Badi'ah, 2010	Malaysia	Y	Y	Y	Y	Y	Y	Y	Not stated
Kee, Sim, Teoh et al., 2003	Singapore	Y	N	Y	N	Y	Y	Not stated	Not stated
Wong, Chan, Koh et al., 2009	Singapore	N	Y	Y	Y	Y	N	N	N
Techakasem & Kolkijkovin, 2006	Thailand	Y	Y	N	N	Y	N	Y	Not stated

## Cohort studies

Study	Country	Representativeness of the exposed cohort	Selection of non exposed cohort	Ascertainment of exposure	Demonstration that outcome of interest was not present at start of study	Comparability of cohorts on the basis of design or analysis	Assessment of outcome	Follow-up long enough for outcomes to occur?	Adequacy of follow-up?
Kim, Leventhal & Koh, 2006	Republic of Korea	Y	Y	N	Y	Y	N	Y	Y

## Qualitative Studies

Country	Study	Study Purpose (1/1)	Literature (1/1)	Study Design (3/3)	Sampling (3/3)	Data Collection (4/4)	Data Analyses (5/5)	Overall Rigour (4/4)	Conclusion and Implications (2/2)
Cambodia	Chab Dai Coalition, 2006	1	1	3	2 (not stated if sampling done until redundancy reached)	3 (procedural rigour not stated)	3 (auditability questions not addressed, i.e. decision trail and process of analysing data not discussed)	3 (unable to determine transferability)	2
Cambodia	Chenda, 2006								
Cambodia	Hilton, 2008	1	1	3	3	4	5	4	2
Cambodia	Nishigaya, 2002	1	0	3	2 (not stated if sampling done until redundancy reached)	3 (procedural rigour not stated)	1 (auditability questions not addressed, i.e. decision trail and process of analysing data not discussed)	Not enough information to determine	2
Taiwan, China	Chien, 2007 & Chien, 2008	1	1	3	3	4	5	4	2
Yogyakarta, Indonesia	Beazley, 2002	1	1	3	0	0	2 (Y-inductive; Y-theoretical connections)	1 (Y-credibility)	2
Jakarta, Indonesia	Bessel, 2009	1	1	3	2 (not stated if sampling done until redundancy reached)	3 (researcher assumptions and biases not stated)	3 (auditability questions not addressed, i.e. decision trail and process of analysing data not discussed)	3 (unable to determine transferability)	2
Indonesia	Human Rights Watch, 2005	1	1	3	0 (sampling design not stated)	0 (data collection strategies not specified)	3 (process of analysing data not described)	2 (unable to determine transferability and confirmability)	2
Yogyakarta, Indonesia	Berman, 2000	1	1	3	2 (informed consent not stated)	3 (complete description of all sites and participants not given)	5	4	2
Surakarta, Indonesia	Kakak Foundation & Terres des Homes, 2008	1	1	3	0 (sampling design not stated)	0 (data collection strategies not specified)	1 (process of analysing data not described)	Not enough information to determine	2
Indramayu, Manado, Medan, Semarang, Solo and Surabaya, Indonesia	National Coalition for the Elimination of Commercial Sexual Exploitation of Children, 2008	1	1	1 (methods not stated)	0 (sampling design not stated)	1 (data collection strategies not specified)	2 (process of analysing data not described)	1 (unable to determine transferability, credibility, and confirmability)	2

### Qualitative Studies (continued)

Country	Study	Study Purpose (1/1)	Literature (1/1)	Study Design (3/3)	Sampling (3/3)	Data Collection (4/4)	Data Analyses (5/5)	Overall Rigour (4/4)	Conclusion and Implications (2/2)
Jakarta, Lampung, Lombok, Batam, Bandung, Bali and Pontianak, Indonesia	National Coalition for the Elimination of Commercial Sexual Exploitation of Children, Ministry of Women's Empowerment & UNICEF, 2009	1	1	3	2 (not stated if sampling done until redundancy reached)	2 (researcher assumptions and biases not stated and some sites had more complete information given than others)	2 (process of analyzing data not described; auditability questions not addressed, i.e. decision trail and process of analysing data not discussed)	Not enough information to determine	2
Republic of Korea	Yang, 2009	1	1	3	3	0 (sites and participants not described, procedural rigour not addressed)	3 (auditability not addressed)	3 (unable to determine confirmability)	2
Lao PDR	ILO-IPEC, 2003	1	1	3	3	1 (researcher assumptions and biases, role of researcher and procedural rigour not stated)	3 (auditability questions not addressed, i.e. decision trail and process of analysing data not discussed)	2 (unable to determine transferability and comfirmability)	2
Lao PDR	UNICEF, 2006	1	1	3	2 (not stated if sampling done until redundancy reached)	3 (researcher assumptions and biases not stated)	3 (auditability questions not addressed, i.e. decision trail and process of analysing data not discussed)	2 (unable to determine transferability and comfirmability)	2
Multicountry (Thailand, Lao PDR and Myanmar)	ILO, 2002	1	1	3	1 (process not described and not stated if sampling done until redundancy reached)	1 (researcher assumptions and biases, role of researcher and procedural rigour not stated)	2 (process of analyzing data not described; auditability questions not addressed, i.e. decision trail and process of analysing data not discussed)	Not enough information to determine	2
Multicountry (Indonesia, Philippines and Thailand)	ILO-IPEC, 2004	1	1	3	1 (process not described and not stated if sampling done until redundancy reached)	2 (procedural rigour not stated)	2 (process of analyzing data not described; auditability questions not addressed, i.e. decision trail and process of analysing data not discussed)	Not enough information to determine	2
Myanmar	Human Rights Watch, 2007	1	1	2	1 (process not described and not stated if sampling done until redundancy reached)	1 (researcher assumptions and biases, role of researcher and procedural rigour not stated)	3 (auditability questions not addressed, i.e. decision trail and process of analysing data not discussed)	3 (unable to determine transferability)	2
Myanmar	Kachin Women's Association Thailand (KWAT)	1	1	2	1 (process not described and not stated if sampling done until redundancy reached)	1 (researcher assumptions and biases, role of researcher and procedural rigour not stated)	3 (auditability questions not addressed, i.e. decision trail and process of analysing data not discussed)	3 (unable to determine transferability)	2
Myanmar	The Women's League of Burma (WLB), 2004	1	0	2	0--Not stated	2 (researcher assumptions and biases and procedural rigour not stated)	3 (auditability questions not addressed, i.e. decision trail and process of analysing data not discussed)	3 (unable to determine transferability)	2

## Qualitative Studies (continued)

Country	Study	Study Purpose (1/1)	Literature (1/1)	Study Design (3/3)	Sampling (3/3)	Data Collection (4/4)	Data Analyses (5/5)	Overall Rigour (4/4)	Conclusion and Implications (2/2)
Myanmar	UNESCAP, 2000	1	0	2	3	3 (researcher assumptions and biases not stated)	3 (auditability questions not addressed, i.e. decision trail and process of analysing data not discussed)	3 (unable to determine transferability)	2
Pacific Islands – Solomon Islands	Herbert, 2007	1	1	3	3	1 (researcher assumptions and biases, role of researcher and procedural rigour not stated)	3 (auditability questions not addressed, i.e. decision trail and process of analysing data not discussed)	3 (unable to determine transferability)	2
Pacific Islands – Papua New Guinea, Vanuatu, Fiji and Kiribati	Roberts, 2007	1	1	2	0–Not stated	1 (researcher assumptions and biases, role of researcher and procedural rigour not stated)	1 (not enough information to assess)	0 (not enough information provided)	2
Pacific Islands – Fiji	Save the Children Fiji, 2006	1	1	3	1 (selection process not described, not stated if sampling done until redundancy reached)	3 (procedural rigour not stated)	3 (auditability questions not addressed, i.e. decision trail and process of analysing data not discussed)	2 (dependability and transferability not stated)	2
Pacific Islands – Fiji	Save the Children Fiji, 2006b	1	1	3	1 (selection process not described, not stated if sampling done until redundancy reached)	4	5	3 (unable to determine confirmability)	2
Pacific Islands – Fiji, Kiribati, Papua New Guinea, Solomon Islands and Vanuatu	UNICEF, UNESCAP and ECPAT, 2006	1	1	2	1 (selection process not described, not stated if sampling done until redundancy reached)	0 (not enough information provided on site, participants the role of the researcher, assumptions and biases and procedural rigour)	0 (not enough information to assess)	0 (not enough information provided)	2
Papua New Guinea	FSVAC & UNICEF, 2005	1	1	3	2	1 (not enough information provided on site, participants, assumptions and biases and procedural rigour)	0 (not enough information to assess)	0 (not enough information to assess)	2
Papua New Guinea	Human Rights Watch, 2005	1	1	2	1 (selection process not described, not stated if sampling done until redundancy reached)	1 (not enough information provided on site, participants, assumptions and biases and procedural rigour)	0 (not enough information to assess)	0 (not enough information to assess)	2
Papua New Guinea	Human Rights Watch, 2006	1	1	2	1 (selection process not described, not stated if sampling done until redundancy reached)	1 (not enough information provided on site, participants, assumptions and biases and procedural rigour)	0 (not enough information to assess)	0 (not enough information to assess)	2

**Qualitative Studies (continued)**

Country	Study	Study Purpose (1/1)	Literature (1/1)	Study Design (3/3)	Sampling (3/3)	Data Collection (4/4)	Data Analyses (5/5)	Overall Rigour (4/4)	Conclusion and Implications (2/2)
<i>Philippines</i>	ECPAT Philippines & Terre des Hommes-Netherlands (TDH-NL), 2004	1	1	3	1 (process not described and not stated if sampling done until redundancy reached)	2 (researcher assumptions and biases and procedural rigour not stated)	3 (auditability questions not addressed, i.e. decision trail and process of analysing data not discussed)	3 (unable to determine transferability)	2
<i>Philippines</i>	Figer, 2008	1	1	3	0 (Not stated)	3 (procedural rigour not stated)	3 (auditability questions not addressed, i.e. decision trail and process of analysing data not discussed)	0 (not enough information provided)	2
<i>Philippines</i>	Save the Children UK, 2004	1	1	3	3	4	3 (auditability questions not addressed, i.e. decision trail and process of analysing data not discussed)	3 (unable to determine transferability)	2
<i>Philippines</i>	Tambayan Center for the Care of Abused Children, Inc , 2003	1	1	3	2 (not stated if sampling done until redundancy reached)	4	3 (auditability questions not addressed, i.e. decision trail and process of analysing data not discussed)	3 (unable to determine transferability)	2
Regionwide	United Nations, 2000	1	1	3	3	4	3 (auditability questions not addressed, i.e. decision trail and process of analysing data not discussed)	4	2
<i>Regionwide</i>	UNICEF, 2002	1	1	3	0 (not stated)	0 (not stated)	0 (not stated)	0 (not enough information provided)	2
<i>Thailand</i>	Engstrom, Minas, Espinosa & Jones, 2004	1	1	2	0 (not stated)	0 (not stated)	0 (not stated)	0 (not enough information provided)	2
<i>Thailand</i>	Trangkasombat, 2008	1	1	3	2 (not stated if sampling done until redundancy reached)	4	5	4	2
<i>Thailand</i>	UNICEF, 2008	1	0	2	3	2 (researcher assumptions and biases and procedural rigour not stated)	3 (auditability questions not addressed, i.e. decision trail and process of analysing data not discussed)	3 (unable to determine dependability)	2
<i>Timor-Leste</i>	Pradet & UNICEF, 2002	1	0	2	1 (process not described and not stated if sampling done until redundancy reached)	0 (not stated)	0 (not stated)	0 (not enough information provided)	2
<i>Timor-Leste</i>	Alola Foundation, 2004	1	1	2	3	2 (researcher assumptions and biases and procedural rigour not stated)	3 (auditability questions not addressed, i.e. decision trail and process of analysing data not discussed)	3 (unable to determine transferability)	2

### Qualitative Studies (continued)

Country	Study	Study Purpose (1/1)	Literature (1/1)	Study Design (3/3)	Sampling (3/3)	Data Collection (4/4)	Data Analyses (5/5)	Overall Rigour (4/4)	Conclusion and Implications (2/2)
Viet Nam	ActionAid, 2005	1	1	3	3	2 (the role of the researcher not stated and not enough information from each site to assess procedural rigour)	3 (auditability questions not addressed, i.e. decision trail and process of analysing data not discussed)	0 (not enough information provided)	2
Viet Nam	Casares & Heymann, 2009	1	1	3	3	3 (researcher assumptions and biases not stated)	5	4	2
Viet Nam	Human Rights Watch, 2005	1	1	3	1 (process not described and not stated if sampling done until redundancy reached)	0 (not stated)	0 (not stated)	0 (not enough information provided)	2
Viet Nam	ILO-IPEC, 2002	1	1	3	3	4	5	4	2
Viet Nam	Rubenson, Ahn, Hojer & Johansson, 2004	1	1	3	3	4	5	4	2
Viet Nam	Rubenson, Hahn, Hojer & Johansson, 2005	1	1	3	3	4	5	4	2
Viet Nam	Rushing, Watts & Rushing, 2005	1	2	3	2 (not stated if sampling done until redundancy reached)	3 (researcher assumptions and biases not stated)	5	4	2
Viet Nam	Rydstrom, 2006	1	1	3	2 (only partial details given about anthropological fieldwork)	2 (researcher assumptions and biases and procedural rigour not stated)	3 (auditability questions not addressed, i.e. decision trail and process of analysing data not discussed)	3 (unable to determine confirmability)	2
Viet Nam	United Nations, 2000	1	1	3	2 (not stated if sampling done until redundancy reached)	4	5	4	2
Viet Nam	Wasserman, Thanh, Minh et al., 2008	1	1	3	3	4	5	4	2

**Other studies not assessed but further information provided in the data abstraction forms:**

<i>Japan</i>	Yasumi & Kageyama, 2009	Filicide	Review of newspaper coverage and comparison with official statistics	933 cases and 1,084 victims under the age of 15	Prevalence
<i>Indonesia</i>	Federman & Levine, 2005	Child Labour	Secondary data analysis of a large sample of individual- and household-level survey data from 274 districts collected by Indonesia's Central Bureau of Statistics (BPS)	274 districts in Indonesia	Consequences
<i>Mongolia</i>	Kohrt, Kohrt, Waldman et al., 2004	Child Psychopathology	Convenience sample of boys aged 3–10 years from representative population cohorts (institutionalized, urban poor, urban middle class and semi-rural)	99 boys	Consequences
<i>Japan</i>	Kitamura & Hasui, 2006	Witnessing family violence and anger feelings and anger expression	Cross-sectional, convenience sample of junior high school students (structural equation modeling)	457 junior high school students	Consequences
<i>Japan</i>	Zhu, Oritani, Ishida et al., 2000	Child deaths	Retrospective review of child forensic autopsy cases in Osaka City	53 child cases	Incidence
<i>Republic of Korea</i>	Pai, Kim, Chung & Ryu, 2009	Child abuse	**reporting of government collected statistics	5,578 child abuse cases from 2001-2008	Prevalence
<i>Malaysia</i>	WHO, 2006	Health and violence in Malaysia	Desk review of official statistics	Not stated	Prevalence and Incidence
<i>Multicountry</i>	IOM, 2008	Trafficking	Review of data sources and government statistics	Not stated	Prevalence
<i>Multicountry (Cambodia and Philippines)</i>	Ray & Lancaster, 2005	Child labour	Secondary analysis of ILO Statistical Information and Monitoring Programme on Child Labour (SIMPOC) datasets for 7 countries	Not stated	Prevalence and Consequences
<i>Multicountry—Asian countries</i>	UNICEF EAPRO, 2008	Child protection	Secondary data analysis of child protection data from the Demographic and Health Survey (DHS) and the Multiple Indicator Cluster Survey (MICS)	Varies	Prevalence
<i>Multicountry</i>	U.S. Department of Labor, 2010	Worst forms of child labour	Desk review of existing data	Not stated	Prevalence
<i>Multicountry</i>	U.S. Department of Labor, 2008	Worst forms of child labour	Desk review of existing data	Not stated	Prevalence
<i>Papua New Guinea</i>	UNICEF, 2009	Situational analysis of child protection	Situational analysis and review of existing data	Not stated	Prevalence
<i>Philippines</i>	Abreera-Mangahas presentation published in ILO-IPEC, 2001	Child labour	Presentation of national data on children in hazardous work from the Labour Force Survey	Not stated	Prevalence and Consequences
<i>Philippines</i>	A Situationer of Street Children in the Philippines presentation, no author, 2003	Children living and working on the streets	Desk review of existing data	Not stated	Prevalence and Consequences
<i>Philippines</i>	Bañez-Sumagaysay, 2003	Child labour	Desk review of existing data	Not stated	Prevalence
<i>Philippines</i>	Santos Ocampo, 2002	Child maltreatment	Presentation of official statistics/desk review	Not stated	Prevalence
<i>Singapore</i>	Ministry of Community Development, Youth and Sports	Child maltreatment	Child protective services data	393 reported cases with evidence of abuse	Incidence
<i>Thailand</i>	Asian Research Center for Migration (ARCM), n.d.	Migrant children in difficult circumstances	Review of government statistical records and interviews	Not stated	Consequences
<i>Thailand</i>	Berger & Glind chapter in ILO-IPEC, 2001	Child labour and commercial sexual exploitation	Review of government statistical records and interviews with key stakeholders	Not stated	Prevalence and Consequences
<i>Timor-Leste</i>	UNFPA, 2005	Gender-based violence	Mixed methods of interviews, focus groups and desk research	Not stated	Prevalence
<i>Timor-Leste</i>	Banks, 2008	Child protection, child labour and abuse in detention	Desk review of existing data and key stakeholder interviews	Not stated	Prevalence
<i>Viet Nam</i>	UNICEF, 2010	Situational analysis of children in Viet Nam	Desk review of existing research and government documents and statistics and conversations with key stakeholders	Not Stated	Prevalence

### Clinical and service-based studies not assessed:

<i>Cambodia</i>	ECPAT Cambodia and NGO Committee on CRC, 2004	Rape and trafficking	Clients seen at 22 local and international NGOs across the country	1,319 cases of rape and trafficking submitted by 22 partner NGOs	Incidence
<i>Cambodia</i>	ECPAT, 2010	Rape, sexual trafficking and sexual indecency with children	Media analysis of cases of rape, sexual trafficking and sexual indecency with children as reported in the first two quarters of 2010	139 rape cases with 145 victims, 86 of whom were under the age of 18; 15 reported cases of sexual trafficking and 8 reports of sexual indecency with children	Incidence
<i>Cambodia</i>	ECPAT, 2009a	Rape, sexual trafficking and debauchery	Media analysis of cases of rape, sexual trafficking and debauchery in 2009	322 cases of rape with 337 victims, of whom 204 were children; 7 reports of sexual trafficking; 18 cases of sexual debauchery with children involving 24 victims	Incidence
<i>Cambodia</i>	ECPAT, 2009b	Rape and sexual trafficking	Cases of trafficking for sexual exploitation and rape were collected from 27 NGOs across Cambodia for the period from January to December 2009	85 incidences of sexual trafficking involving 109 victims between the ages of 7 to 39. 535 rape cases involving 541 victims were seen by NGOs 2009.	Incidence
<i>Cambodia</i>	ECPAT, 2008a	Rape, sexual trafficking and debauchery	Media analysis of cases of rape, sexual trafficking and debauchery in 2008	268 rape cases, 13 recorded cases of trafficking for sexual purposes with 33 victims and 17 cases of debauchery with 27 victims, 17 of whom were minors	Incidence
<i>Cambodia</i>	ECPAT, 2008b	Rape and sexual trafficking	Cases of trafficking for sexual exploitation and rape were collected from 32 NGOs across Cambodia for the two-year period from 2007-2008	165 reported cases of sex trafficking. 1,499 reported rape cases involving 1,563 victims.	Incidence
<i>Taiwan, China</i>	Chien, Pai, Lin & Chen, 2003	Hospitalised burn patients	Data drawn from Burn Injury Information System (BIIS) with data from 34 hospitals from July 1997 to June 1999	4,741 patients	Incidence
<i>Hong Kong, China</i>	Fong, Cheung & Lau, 2005	Non-accidental head injuries	Children admitted to the United Christian Hospital between January 1996 and April 2004 with a clinical diagnosis of child abuse	377 children	Incidence
<i>Hong Kong, China</i>	Hong Kong Medical Coordinators, 2003	Suspected cases of child abuse	Surveillance data from all public hospitals in Hong Kong with a paediatric department	592 cases	Incidence
<i>China</i>	Jiao, Qiao, Zhou et al., 2000	Cases of child abuse	Retrospective analysis of presenting child abuse cases	86 cases	Incidence
<i>Hong Kong, China</i>	Lee & So, 2006	Suspected cases of child abuse	Retrospective hospital chart review for periods 1994–1995 and 2002–2003	109 cases (1994-1995) and 320 cases (2002-2003)	Incidence
<i>Hong Kong, China</i>	Sun, Zhu & Poon, 2006	Head trauma	Retrospective analysis of presenting cases of subdural haemorrhage	18 cases	Incidence
<i>Fiji</i>	Adinkrah, 2003	Paternal filicides	Analysis of filicide from the Fiji Police Force registers	13 cases	Incidence
<i>Fiji</i>	Adinkrah, 2003b	Homicide-suicides	Analysis of homicide-suicides from the Fiji Police Force Register and newspapers	14 homicide victims	Incidence
<i>Fiji</i>	Adinkrah, 2000	Maternal filicides	Analysis of infanticide from the Fiji Police Force registers	21 cases	Incidence
<i>Japan</i>	Bandou, Koike & Matuura, 2010	Predictive familial risk factors and pharmacological responses in ADHD with comorbid disruptive behavior disorders	Sample of patients receiving routine outpatient treatment for ADHD at the Department of Child Psychiatry.	144 subjects	Consequences
<i>Japan</i>	Endo, Sugiyama & Someya, 2006	Attention-deficit/hyperactivity disorder and dissociation among abused children	Child inpatients at a children's health and medical center were screened for child abuse	39	Consequences

**Clinical and service-based studies not assessed: (continued)**

<i>Japan</i>	Fujiwara, Okuyama, Miyasaka, 2008	Head trauma	Retrospective medical chart analysis of presenting patients (0–2 years old) with symptoms to suspect head injury	260	Incidence
<i>Japan</i>	Kobayashi, Yamada, Ohba et al., 2009	Shaken baby syndrome	Retrospective chart analysis from two hospitals	32 cases	Incidence
<i>Japan</i>	Zhu, Oritani, Ishida et al., 2000	Child deaths	Retrospective analysis of autopsy over a five-year period (1994–1998) of child and elderly victims	53 child cases	Incidence
<i>Republic of Korea</i>	Choi, Ahn, Ahn, Choi et al., 2000	Suspected cases of child abuse	Retrospective analysis of presenting child abuse cases. The injury severity of the victims was compared with the control group of 197 general violence victims who visited the same emergency center	47 cases	Incidence
<i>Republic of Korea</i>	Choi, Kim, Sim et al., 2007	Suspected cases of child abuse	Retrospective analysis of presenting child abuse cases	20 cases	Incidence
<i>Republic of Korea</i>	Lee, Han, Kim et al., 2007	Suspected cases of child sexual abuse	Retrospective analysis of presenting child sexual abuse cases	292	Incidence
<i>Malaysia</i>	Fahrudin & Edwards, 2009	Child sexual assault	Clinical, quantitative study of child sexual assault survivors	80	Incidence and Consequences
<i>Myanmar</i>	KWAT, 2008	Trafficking	Data collected by the Kachin Women's Association	133 cases of trafficking involving 163 women and girls	Incidence
<i>Myanmar</i>	The Shan Human Rights Foundation (SHRF) & The Shan Women's Action Network (SWAN)	Rape	Mapping and detailing incidents of rape and other forms of sexual violence against women and girls	173 incidents of rape involving 625 women and girls	Incidence and Consequences
<i>Philippines</i>	Acebes, Nerida & Chez, 2002	Suspected cases of physical and sexual violence	Retrospective analysis of non-pregnant presenting patients at the Women and Child Protection Unit (WCPU) at Vicente Sotto Memorial Medical Center (VSMMC) in Cebu City	1,354	Incidence
<i>Singapore</i>	Yiming & Fung, 2003	Cases of child sexual abuse	Retrospective review of consecutive cases of child sexual abuse seen at a child guidance clinic in Singapore	38 cases	Incidence
<i>Thailand</i>	Boonma, Bhoopat, Treratwerapong et al., 2007	Suspected cases of child sexual abuse	Retrospective analysis of Rape records and records of sexually abused children and adolescents treated at the Child-Women Protection Center at Taksin Hospital	250	Incidence





**UNICEF East Asia and Pacific Regional Office**

19 Phra Atit Road

Bangkok 10200 Thailand

Tel: (66 2) 356-9499

Fax: (66 2) 280-3563

E-mail: [eapro@unicef.org](mailto:eapro@unicef.org)

[www.unicef.org/eapro](http://www.unicef.org/eapro)