

Contents lists available at [ScienceDirect](https://www.sciencedirect.com)

Child Abuse & Neglect

journal homepage: www.elsevier.com/locate/chiabuneg

Research article

Assessing large-scale violence against children surveys in selected Southeast Asian countries: A scoping review



Sandra Dewi Arifiani^{a,*}, Sri Andini Handayani^{a,1}, Monique Baumont^{b,1},
Cyril Bennouna^b, Santi Kusumaningrum^a

^a Center on Child Protection and Wellbeing, Universitas Indonesia (PUSKAPA); Gedung Nusantara II FISIP Lantai 1, Universitas Indonesia, Kota Depok, Jawa Barat 16424 Indonesia

^b Department of Population and Family Health, Mailman School of Public Health, Columbia University, 60 Haven Avenue #B2, New York, NY, 10032, USA

ARTICLE INFO

Keywords:

Indonesia
Violence against children
Children
Survey
Sexual violence
Physical violence
Emotional violence

ABSTRACT

Background: Violence against children (VAC) is a widespread, global issue with far-reaching social and economic consequences. In recent years, VAC has received substantial international attention, resulting in government initiatives to reduce VAC, in part, by strengthening data collection and information systems.

Objective: This scoping review was undertaken to map survey methodologies for VAC measurement in Indonesia and other Southeast Asian countries and to identify key considerations for developing both methodologically sound and culturally appropriate VAC surveys in Indonesia and similar contexts.

Methods: The authors conducted manual and automated searches in English and Bahasa Indonesia through PubMed, global databases, and websites, and consulted with partners from the government of Indonesia and the child protection field to identify surveys conducted from 2006 to 2016 in Indonesia and Southeast Asia. The search identified 275 records, of which 11 met all inclusion criteria.

Results: The 11 surveys utilized a wide range of methodologies and employed inconsistent definitions, different age ranges for respondents, and different combinations of self-administered and face-to-face modes. A majority of the studies utilized household-based sampling, did not include a qualitative component, and used a tablet for data collection.

Conclusion: In developing VAC surveys, researchers should consider which groups of children are excluded from the sampling frame; how qualitative data can be used to strengthen the validity of survey results; how to maximize privacy in face-to-face interviews; and whether self-administered modes are feasible and acceptable. Researchers should also ensure that the survey and research protocol undergo rigorous ethical review.

* Corresponding author at: Center on Child Protection and Wellbeing, Universitas Indonesia (PUSKAPA), Gedung Nusantara II FISIP Lantai 1, Universitas Indonesia, Kota Depok, Jawa Barat 16424 Indonesia.

E-mail addresses: sandradewi@puskapa.org (S.D. Arifiani), sri.andini@puskapa.org (S.A. Handayani), mb4344@cumc.columbia.edu (M. Baumont), cb2937@cumc.columbia.edu (C. Bennouna), santikn@puskapa.org (S. Kusumaningrum).

¹ The first three authors contributed equally to this work.

<https://doi.org/10.1016/j.chiabu.2019.05.005>

Received 28 December 2018; Received in revised form 15 April 2019; Accepted 5 May 2019

Available online 17 May 2019

0145-2134/ © 2019 The Authors. Published by Elsevier Ltd. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

1. Introduction

In the last decade, there has been growing international support for the development of rigorous scientific methods to assess the prevalence, risk factors, and consequences of violence against children (VAC). VAC, as defined by Article 19 of the Convention on the Rights of the Child, includes “all forms of physical or mental violence, injury and abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child” (United Nations General Assembly (UNGA), 1989). Beginning in 2006, the UN’s *World Report on Violence Against Children* noted a dearth of data and statistics on VAC and called for increased commitment to improve national data collection and information systems (Pinheiro, 2006). In an attempt to increase state accountability for VAC, the UN also called for the elimination of violence against women and children in the Sustainable Development Goals (United Nations General Assembly, 2015). Since the 2006 report, there has been a proliferation of standardized surveys and initiatives to measure VAC, including the Multiple Indicator Cluster Survey (MICS), WorldSafe, Health Behavior in School-aged Children, the Global School Based Health Survey, and the CDC-VAC survey (Chiang et al., 2016).

Despite this growing interest in enumerating VAC, in lower- and middle-income countries (LMICs), there remains little data on VAC, and the quality of existing data is highly inconsistent (United Nations Children’s Fund, 2014b; Dunne et al., 2015). Most standardized tools for measuring VAC were developed in high-income countries and have been implemented in LMICs without sufficient field-testing, resulting in varied levels of success in different cultural contexts (United Nations Children’s Fund, 2014b; Chiang et al., 2016). Additionally, while more LMICs have begun to collect data on VAC, findings remain largely absent from the published literature (United Nations Children’s Fund, 2014b). Consequently, many research initiatives remain unknown to researchers and practitioners in the field of child protection and well-being.

Systematic reviews of VAC in the East Asia and Pacific region indicate that it is widespread throughout the region (United Nations Children’s Fund, 2012a; Dunne et al., 2015). While VAC research initiatives have increased in the region, several countries, including Indonesia, Malaysia, and Myanmar, among others, continue to lack national prevalence estimates of VAC (United Nations Children’s Fund, 2012a; Fang et al., 2015). Moreover, existing prevalence estimates for VAC, defined as the proportion of children who have ever experienced physical, emotional, or sexual violence or neglect in their lifetime, vary greatly in the region. Among LMICs in the region, a meta-analysis found that prevalence ranged from 7 to 35% for boys and girls (United Nations Children’s Fund, 2014b). Evidence is particularly lacking on child neglect and emotional abuse, the consequences of violence, and the effectiveness of prevention programs in these settings (Dunne et al., 2015; Fang et al., 2015). A report on the region by UNICEF identified an urgent need to examine and improve study designs and data collection techniques for VAC in East Asia (United Nations Children’s Fund, 2014b).

1.1. VAC in Indonesia

Despite being the largest economy in Southeast Asia, Indonesia currently lacks reliable prevalence data on VAC. The government undertook a population-based survey of VAC in 2013 utilizing the CDC-VAC survey methodology and estimated national violence prevalence as 38.62% for boys and 20.48% for girls (Ministry of Development Planning, 2014). However, this survey failed to reach its intended sample size and did not cover all forms of violence, limiting the ability to generate population-level estimates (Rumble, Ramly, Nuryana, & Dunne, 2017). A review of the 2013 study called for revision of the VAC questionnaire to address the diversity of cultures in Indonesia and to improve the response rate (Rumble et al., 2017). Currently, the Indonesian government primarily uses agency reports from the online platform *SIMFONI PPA* (*Sistem Informasi Online Perlindungan Perempuan dan Anak* or Online Information System for Woman and Child Protection), established by the Ministry of Women’s Empowerment and Child Protection in 2016, to inform policy decisions and monitor child protection programs (Ministry of Women’s Empowerment & Child Protection (KPPPA), 2018). Agency reports, however, are insufficient for developing programs and policy initiatives, since they only include cases reported to authorities (Meink et al., 2016).

Indonesia has shown increased commitment in recent years to reducing VAC. In 2015, the Indonesian government agreed to a National Plan of Action for Child Protection and, in 2016, it established a National Strategy for the Elimination of VAC (*Global partnership to end violence against children*, 2016). As part of the National Strategy, the government plans to undertake another population-based survey on VAC as a necessary step for producing evidence-based policies and programming. Addressing shortcomings from the 2013 VAC survey and successfully adapting the survey instrument requires a detailed review of methodologies used in other large-scale surveys to measure VAC in Indonesia and other Southeast Asian countries. While a systematic review has previously been conducted on VAC in Indonesia, this study only examined childhood sexual violence, did not focus specifically on provincial and national-level studies, and focused primarily on findings rather than study design (Rumble et al., 2018).

Given the diverse range of methodologies for measuring VAC, this scoping study was conducted with two primary aims: 1) to map primary data collection methods for generating prevalence estimates of VAC using nationally representative and government-led surveys in Indonesia and other Southeast Asian countries; and 2) to situate the methodologies within existing evidence to identify key considerations for measuring VAC in Indonesia and in similar contexts. The ultimate objective of this study was to inform the development of the next VAC survey in Indonesia, as well as future surveys on VAC, which can be used to guide national efforts at reducing VAC and meeting the Sustainable Development Goals.

2. Methods

The scoping review was conducted in accordance with the methodological framework outlined by Arksey and O’Malley (2005)

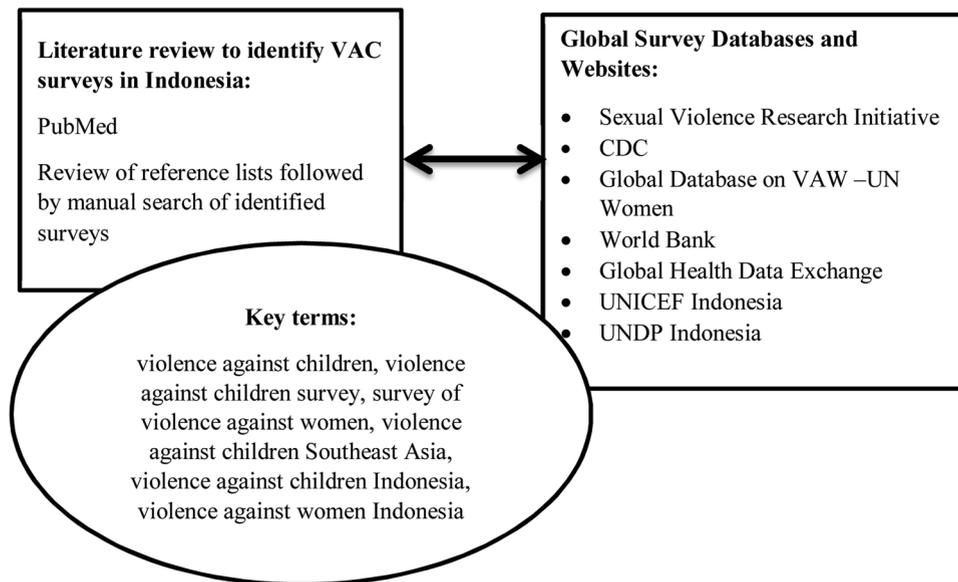


Fig. 1. Search strategy for databases and peer-reviewed literature.

and included the following stages: identifying the research question, identifying relevant studies, selecting studies, systematically charting data, and collating and summarizing results.

Children were defined as individuals under the age of 18 years, in accordance with the UN Convention on the Rights of the Child (United Nations General Assembly (UNGA), 1989). Since the primary aim of this review was to inform the development of the next VAC survey in Indonesia, definitions of violence were drawn from the CDC-VAC survey methodology (Centers for Diseases Control & Prevention, 2017). While not exhaustive, this review focused on three forms of VAC: physical violence, emotional violence, and sexual violence. Physical violence was defined as, “the intentional use of physical force with the potential to cause death, disability, injury or harm,” perpetrated by peers or adults (Centers for Diseases Control & Prevention, 2017). Emotional violence was defined as “a pattern of verbal behavior over time or an isolated incident that is not developmentally appropriate and supportive and that has a high probability of damaging a child’s mental health or his or her physical, mental, spiritual, moral or social development.” While the CDC definition of emotional violence only includes violence perpetrated by adults, this scoping review took a more inclusive approach by including incidents perpetrated by peers, in accordance with UNICEF’s definition (United Nations Children’s Fund, 2014a). Sexual violence was defined as “all forms of sexual abuse and sexual exploitation,” including “completed non-consensual sex acts, attempted non-consensual sex acts, abusive sexual contact, and non-contact sexual abuse” (Centers for Diseases Control & Prevention, 2017).

2.1. Identifying relevant studies

Between June and October 2017, the research team conducted automated and manual searches of both published academic literature and grey literature on the implementation of VAC surveys in Indonesia and in the Southeast Asia region (see Fig. 1). The searches were conducted in English and Bahasa Indonesia to identify VAC surveys and violence against women surveys with components on childhood violence that were implemented within a 10-year timeframe, from 2006 to 2016. The team conducted an initial PubMed search using the key terms “violence against children Indonesia” and “violence against women Indonesia.” The team then reviewed reference lists of relevant articles to identify additional surveys. When additional surveys were identified, manual searches were conducted to locate survey reports. Peer-reviewed literature published in 2017 was included as long as the articles discussed surveys conducted between 2006 and 2016.

Due to the limited information on VAC surveys in Indonesia obtained in the peer-reviewed literature, the team held consultations with child protection partners, and conducted additional database and website searches to identify reports on large-scale VAC surveys from the Southeast Asia region, including Indonesia. This search strategy utilized institution-specific databases that were known to house reports on global VAC surveys, including publication databases of the CDC, UNICEF Indonesia, UN Women, UNDP Indonesia, the World Bank, Sexual Violence Research Initiative, and Global Health Data Exchange. The search included the key terms “violence against children,” “violence against children survey,” “survey of violence against women,” and “violence against children survey Southeast Asia.” Government partners in Indonesia were consulted once the final list of surveys was constructed to identify any additional surveys that may have been missed through the search.

2.2. Selecting studies

After conducting all searches, 275 records were identified. Once duplicates were removed, there were 242 unique records. The team first reviewed the 242 records to ensure they referenced surveys conducted in Indonesia or another Southeast Asian country, resulting in the exclusion of 55 records. Records were then reviewed for study scope and measured indicators. Records were excluded if the surveys did not measure the prevalence of physical, sexual, or emotional violence against children. Additionally, surveys had to either be nationally representative or conducted by, or in partnership with, a national government office using a standardized survey instrument. Purely qualitative studies or studies relying on secondary data were thus excluded. One additional criterion was applied to surveys conducted in Southeast Asian countries outside of Indonesia to ensure that the reviewed surveys were highly relevant to the aims of the review. Records from countries outside of Indonesia were included if the survey was originally based on the CDC-VAC survey instrument, as that is the primary instrument for Indonesia's future VAC survey and is the basis for nationwide prevalence estimates in Southeast Asian countries. If a researcher was unsure of whether a survey met the inclusion criteria, a team of three additional researchers consisting of both native Bahasa Indonesia and English speakers were consulted.

Ten surveys were identified that met all of the inclusion criteria. In some cases, surveys were identified in the search, but reports were unavailable. In this case, the team contacted child protection and government partners in Indonesia in order to obtain survey reports and to verify that the list of 10 surveys was complete. Upon consulting partners from the Indonesian government, one additional survey conducted in 2016 on Women's Life Experiences was identified, the report for which has yet to be published. Researchers received access to the unpublished report from the government office and, upon review, confirmed that this survey met the inclusion criteria. Eleven surveys were thus included in the scoping review.

2.3. Data charting

A data matrix was created in Excel to ensure that information was extracted uniformly across all studies. Two researchers charted the data and a third researcher verified the matrix. The following information was recorded for all studies: study name; implementing agency; year; geographic scope; whether the study measured physical, sexual or emotional violence; other VAC concepts measured; research method; study participants; sampling methodology; mode of administration; ethical review process; and survey framing.

3. Results

Of the 11 surveys that met inclusion criteria, eight were nationally representative. Five of these nationally representative surveys were conducted in Indonesia and three were conducted in the Philippines, Cambodia, and Lao PDR, respectively. The remaining three surveys were not nationally representative but were implemented by government agencies in Indonesia utilizing standardized instruments. Two of these surveys were conducted at the provincial level, specifically in Papua and West Papua, while the third survey was conducted in three sites in Indonesia representing a mix of rural and urban areas. A description of each of the reviewed surveys is included in [Table 1](#).

3.1. Types of violence measured

Eight of the surveys measured at least some aspect of physical, emotional, and sexual violence, although surveys varied on the context in which each form of violence was explored. The Global School Based Health Survey II, for instance, focused primarily on violence perpetrated by peers, while the 2016 Survey on Women's Life Experiences examined violence in terms of intimate partner and non-partner violence ([Kusumawardani et al., 2015](#); [Ministry of Women's Empowerment & Child Protection, 2017](#)). The Philippines VAC survey discussed physical, sexual, and emotional violence in multiple contexts, including disaster-related violence, violence in the community, and work-related violence.

Two surveys examined physical and emotional violence only, while one survey measured only physical and sexual violence. In addition to the minimum criteria, multiple surveys measured at least one additional aspect of VAC, including neglect, child marriage, child labor, trafficking, health behaviors and protective factors, controlling behaviors, perpetration of violence, attitudes toward violence, and the consequences of violence.

3.2. Research methods

Eight surveys utilized quantitative data components alone, while three surveys were part of larger VAC studies with qualitative components. Each of the surveys that were part of a mixed-methods study utilized different qualitative techniques and targeted different age groups. The Global School Based Health Survey II supplemented survey findings with observations of schools' physical environments and in-depth interviews with students, parents, teachers, and staff to provide contextual information on economic, social, and environmental determinants influencing health behaviors. The Philippines VAC survey conducted a qualitative stakeholder analysis with adult leaders to identify supporting and impeding factors for implementing VAC programs, while the Cambodia VAC survey supplemented quantitative findings by conducting participatory workshops for children under 18 and focus group discussions with respondents ages 18–24 to understand factors influencing disclosure of violence, help-seeking behaviors, and boundaries and perceptions related to sexual and physical violence.

Table 1
Overview of 11 Reviewed Studies.

Survey Name, Year	Implementing Agency	Scope	Type of Violence	Other VAC concepts measured	Research Method	Survey Participants	Sampling	Survey Mode	Survey Framing	Ethical Review	Sources
Survey of Violence against Women and Children in Indonesia 2006	Statistics Indonesia (BPS)	Indonesia National	Physical, emotional, sexual	Economic violence, neglect, forced labor, trafficking	Survey only	Women 18+ or below 18 if ever married; Children below 18, never married	Household-based, multi-stage cluster sampling	In-person interview, paper	In National Socio Economic Survey	None	Utami (2013)
Global School Based Health Survey I 2007	Ministry of Health, Ministry of Education and Culture, WHO	Indonesia National	Physical, emotional in the context of bullying, peer violence	Health behaviors, protective factors, consequences of violence	Survey only	Male and female students in grades 7-9 age	School-based, multi-stage cluster sampling	Self-admin, paper	Study on risky behaviors	National IRB	Indonesia Ministry of Health et al. (2007)
Multiple Indicator Cluster Survey in Papua and West Papua 2011	BPS, UNICEF	Indonesia Provincial Papua and West Papua	Physical, emotional violence in the context of child discipline	Child marriage, child labor	Survey only	Female adult caregivers of children under 5; women ages 15-49 self-report child marriage	Household-based, multi-stage stratified cluster sampling within districts	In-person interview, paper	Health and education	None	United Nations Children's Fund and Statistics Indonesia (BPS) (2012), 2013
Men's Experiences of Violence Against Women in Indonesia 2012	UN Entity for Gender Equality and the Empowerment of Women; UNDP; UNFPA	Indonesia – 3 sites: Jakarta, Jayapura, Purworejo	Physical, emotional, sexual	Witness violence, neglect, perpetrating violence	Survey only	Males ages 18-49 reporting about childhood experience	Household based, study sites: purposive, multi-stage cluster sampling	In-person interview, self-admin for sensitive questions, digital	Men's life experiences	University IRB	Hayati et al. (2015), Coram International, 2016 Coram International (2016) (unpublished)
Violence Against Children Survey 2013	Ministry of Social Affairs; Ministry of National Development Planning, Ministry of Women's Empowerment and Child Protection, BPS, UNICEF, CDC	Indonesia – National	Physical, emotional, sexual violence	Perpetrating violence, consequences of violence	Survey only	Males and females ages 13-24	Household-based, multi-stage stratified cluster sampling	In-person interview, electronic notepad	Child health and well-being	National IRB	Alit et al. (2014); Rumble et al. (2017); Ministry of Social Affairs (2013), 2017
Violence Against Children Survey Cambodia 2013	Ministry of Women's Affairs; Ministry of Social Affairs; Veterans, and Youth Rehabilitation; UNICEF	Cambodia – National	Physical, emotional, sexual	Perpetrating violence, consequences of violence	Mixed methods	Males and Females ages 13-24	Household, multi-stage stratified sampling	In-person interview, tablet	Child health, education, and life experiences	National IRB	Ministry of Women's Affairs & UNICEF Cambodia (2014)
Violence Against Children Survey Lao PDR 2014	Lao Statistics Bureau, National Commission for Mothers and Children	Lao -National	Physical, emotional, sexual	Perpetrating violence, consequences of violence	Survey only	Males and females ages 13-24	Household, multi-stage stratified sampling	In-person interview, electronic notebook	Child health, education, and life experiences	National IRB	Lao Statistics Bureau & National Commission for Mothers & Children (2016)
Violence Against Children Survey	National Steering Committee,	Philippines – National	Physical, emotional, sexual	Disaster-related, community/workplace	Mixed methods	Males and Females Ages 13-24	Household, multi-stage sampling	In-person interview with self-	Child health and safety	University IRB	Council for the Welfare of Children (2016); Council for

(continued on next page)

Table 1 (continued)

Survey Name, Year	Implementing Agency	Scope	Type of Violence	Other VAC concepts measured	Research Method	Survey Participants	Sampling	Survey Mode	Survey Framing	Ethical Review	Sources
Philippines 2015	University of the Philippines Manila			violence, perpetrating violence			stratified sampling	admin modules, paper			the Welfare of Children (CWC), United Nations Children's Fund (2016)
Global School Based Health Survey II 2015	Ministry of Health, WHO, CDC	Indonesia – National	Physical, emotional, sexual	Health behaviors and protective factors	Mixed methods	Male and female students ages 12-19	School-based, systematic random sampling	Self-admin, paper	Child health and health-related behaviors	National IRB	Kusumawardani et al. (2015)
Study on Women's health and life experiences in Papua, Indonesia 2016	BPS, UNDP	Indonesia – Provincial Papua and West Papua	Physical and sexual violence before age 15	Perpetrating violence	Survey only	Males and females ages 14-64	Household-based, two-stage layered sampling (systematic sampling of census blocks, random sampling of dwelling)	In-person interview with self-admin modules for sensitive questions, computer tablets	Health and life experiences	University IRB	UNDP (2016)
National Survey of Women's Life Experiences 2016	BPS, KPPPA	Indonesia – National	Physical, emotional, sexual		Survey only	Females ages 15-64	Household-based, multi-stage cluster sampling	In-person interview, tablet	Health and life experiences	None	Ministry of Women's Empowerment and Child Protection (2017)

3.3. Survey participants

The ages of participants varied widely among the 11 surveys. One survey asked adult caregivers about VAC and one survey asked both female adult respondents and children about their childhood experiences; the remaining eight included only child and youth respondents. The Global School Based Health Survey II included the youngest respondents in its survey for children (ages 12–19), a wider range than the Global School Based Health Survey I, which included respondents ages 13–15. The provincial survey on Women's and Men's Health and Life Experiences in Papua, Indonesia and the Survey on Women's Life Experiences included the widest age ranges for respondents, 14–64 and 15–64, respectively. On the other hand, the Men's Experiences of Violence Against Women study capped the age of respondents at 49 to reduce recall bias. The four nationwide VAC surveys based on the CDC-VAC survey methodology all interviewed respondents ages 13–24. Seven surveys asked both men and women about childhood violence, three surveys asked only female respondents, and one asked only male respondents.

3.4. Sampling

Nine surveys utilized household-based sampling, while two surveys utilized school-based sampling. None of the surveys included samples from non-traditional settings, such as residential care institutions or homeless families. Of the household-based surveys, all four surveys utilizing the CDC-VAC survey methodology employed multi-stage, cluster sampling stratified by gender. Two surveys utilized multi-stage, cluster sampling but did not stratify based on gender. In two surveys, the researchers selected the study sites purposively and then employed multi-stage, cluster sampling within each site. One household-based survey used two-stage, layered sampling involving systematic sampling of census blocks, followed by random sampling of dwellings.

The two school-based surveys also used different sampling methods. The Global School Based Health Survey I utilized multi-stage, cluster sampling while the Global School Based Health Survey II utilized systematic, random sampling.

3.5. Modes of administration

Six surveys administered all components of the survey through face-to-face interviews. Two surveys were primarily interviewer-administered but utilized audio-assisted computer devices so that respondents could self-administer sensitive questions, such as those on sexual violence perpetration. The two school-based surveys were self-administered, while for the Philippines VAC survey, respondents were given the option to self-administer the survey, self-administer with interviewer guidance, or conduct the survey through a face-to-face interview.

The three surveys that were primarily self-administered and the 2006 Survey of Violence Against Women and Children in Indonesia were all paper-based, while the remaining seven surveys utilized a netbook or tablet for survey administration.

3.6. Survey framing

None of the 11 surveys were explicitly framed as studies about VAC. One study was embedded in the Indonesian National Socioeconomic Survey (SUSENAS), four studies were embedded in more general health-related surveys, and six surveys were stand-alone studies specifically about violence. Of the six surveys specifically about violence, five were framed in terms of child health and at least one of the following: child education, life experiences, or child safety. One survey was framed in terms of men's life experiences.

3.7. Ethical clearance

The majority of surveys received ethical approval from a national or government office ethical review board. In Indonesia, these reviews were conducted by the Ethical Committee on Research & Development of the Ministry of Health. Three surveys received ethical clearance from university review boards rather than government offices. The 2006 Survey of Violence Against Women and Children, the 2016 Survey of Women's Health and Life Experiences, and MICS did not receive any ethical clearance.

4. Discussion

The scoping review identified a diverse range of survey methodologies used for measuring the prevalence of VAC. Surveys varied greatly on the definitions and framing of different forms of violence, the age range of respondents, and the extent to which surveys were either self-administered or interviewer-administered. Despite differences, the majority of surveys utilized household-based sampling, did not include any qualitative component, utilized electronic devices for data collection, and adopted a broad health-based framing for the survey. Key areas for consideration that emerged from the scoping review results are outlined below alongside evidence on best practices to inform the development of future VAC surveys and surveys on sensitive topics more broadly.

4.1. Balancing adaptation with standardization

The 11 surveys reviewed were inconsistent in terms of the terminology and definitions employed for different types of VAC. Even in instances where the type of violence measured was the same across studies, questions about violence were often framed differently,

either by location (e.g. home, community, workplace, etc.) or by type of perpetrator. Although the Philippines, Lao PDR, and Cambodia studies all based their surveys on the CDC-VAC instrument, significant adaptations to the instrument resulted in different measures for physical, emotional, and sexual violence, limiting comparability between countries. Lack of consistency in definitions and terminology for VAC has been documented across studies in the East Asia and Pacific region and in the global literature, indicating that issues of comparability are widespread (Jones et al., 2012; United Nations Children's Fund, 2014b; Hillis, Mercy, Amobi, & Kress, 2016; Stark & Landis, 2016; Rumble et al., 2018). On the other hand, in the implementation phase, local adaptation is often considered paramount, and studies have suggested that international standardized tools need to be adapted to the local context to improve validity (Rumble et al., 2017). Culture and societal norms influence people's understanding of a particular concept, and the available standardized tools may fail to capture other forms of child maltreatment that are specific to certain cultures or contexts. To better capture child maltreatment in the context of the Philippines, the Philippines VAC survey added additional questions on migration, children of overseas workers, and violence in emergencies, which might not be relevant in other countries.

Therefore, efforts to adapt global VAC survey definitions and the framing of questions to the Indonesian context should be balanced with the need for standardization to improve comparability among studies. To balance this tension, researchers might start with formative research followed by extensive instrument piloting. Formative research can inform larger research projects as to what particular areas are most relevant to the study population and should be explored in greater detail. As these areas of interest are being translated using globally standardized instruments, piloting helps researchers understand the local context in which the questions are being asked and ensure that key concepts are culturally relevant and meaningful to participants. The piloting phase provides a space for researchers to contextualize questions with specific parameters to keep some key definitions comparable between other VAC surveys while improving the instrument's validity in the local context.

4.2. Quantitative vs mixed methods

The vast majority of reviewed surveys did not include a qualitative component, although one Indonesian survey and two surveys conducted in Southeast Asia employed mixed methods. Employing qualitative techniques alongside a quantitative survey may strengthen the interpretation of quantitative findings through an enriched understanding of people's experiences, perspectives, and beliefs (Testa, Livingston, & Vanzile-Tamsen, 2011). Cambodia's VAC survey included a qualitative component to provide additional contextual information, such as the types of violence experienced in different settings, how children understand emotional and sexual violence, particular areas in which children feel safe or unsafe, and barriers to disclosing violent experiences (Ministry of Women's Affairs, UNICEF Cambodia, 2014). Qualitative findings were presented alongside related quantitative components to provide a deeper understanding of how children conceptualized and experienced different forms of violence. The qualitative component of the Philippines' VAC survey allowed researchers to formulate stronger policy recommendations by identifying barriers to implementing successful child protection programs and gaps in existing services (Council for the Welfare of Children, 2016).

When used in the formative research stage, qualitative techniques can provide insight on multicultural understandings of a concept such as childhood violence and assist in developing valid measurement scales that are appropriate for the context (Ungar & Liebenberg, 2011). A qualitative exploratory study on childhood adversity in Indonesia, for example, found that different districts had different conceptualizations of VAC and varying levels of openness to discussing the topic (Center on Child Protection, 2016). Failure to account for these differences may result in differential rates of reporting, depending on the locale. Given Indonesia's size and diversity, qualitative methods may be particularly useful for understanding nuances in how VAC is conceptualized and developing valid measures. A qualitative study can also be designed after analyzing quantitative results to enrich and add nuance to findings. For instance, a qualitative study may provide additional insight on barriers to reporting acts of violence or contextual factors that impact the types of VAC experienced in different parts of the country. For surveys on sensitive topics such as violence, follow-up qualitative studies about how the survey questions impacted respondents can also play an essential role in mitigating unintended consequences, and improving future survey instruments.

4.3. Age of respondents: reducing bias while upholding ethics

While there was no consistent age range utilized by surveys, all surveys included respondents over the age of 12. It has been suggested that self-reports on the frequency of childhood violence and maltreatment among children as young as seven years of age can be reliable (Hamby & Finkelhor, 2000). Although some VAC instruments in high-income countries, such as the Juvenile Victimization Questionnaire and the Violence Exposure Scale have begun to incorporate children under the age of 13 as respondents, this has yet to be done in LMICs (Stover & Berkowitz, 2005). More research needs to be conducted on the ethical implications and impact on data quality of engaging children of this age group in research about VAC in LMICs.

The CDC-VAC survey methodology and several of the other reviewed surveys included adolescents and youth ages 13–24 as participants. This age group is considered capable of participating directly in research and of assenting to their own participation, following caregiver consent (Santelli, Haerizadeh, & McGovern, 2017). A key benefit of surveying young respondents as opposed to older adults is reduction in recall bias. Adult respondents are likely to have higher recall bias due to several factors, including subsequent experiences that may influence memories, current physical or psychological health status, and not being able to remember specific details, such as timing of the incident during the early years of life (United Nations Children's Fund, 2012a). A substantial challenge with involving children, however, is obtaining consent from both a parent or guardian and assent from the child. The low response rate in Indonesia's 2013 VAC survey was partially attributed to difficulty in gaining parental/guardian

consent, since many heads of household were either not interested in the survey or felt the topic was too sensitive to discuss with children (Rumble et al., 2017). The Philippines VAC survey also noted that the most significant challenge in administering the survey was receiving parental consent for participants ages 13–17 (Council for the Welfare of Children (CWC), United Nations Children's Fund, 2016).

In addition to receiving parental consent, engaging child and youth participants requires providing sufficient time and opportunities for children to consider whether they would like to participate. Young Lives, a longitudinal study researching childhood adversity in Ethiopia, India, Peru, and Vietnam provided children with 24 h to make a decision regarding participation (Morrow, 2013). In another study, researchers sent information to prospective respondents in advance to inform them about the upcoming survey and to consider whether they would like to decline the survey (Nybergh, Taft, & Krantz, 2013). Although children of this age group frequently participate in research on violence and other sensitive subjects, researchers should continue to evaluate children's evolving capacities and consider the most appropriate questions and tools to employ with each adolescent population (Graham, Powell, Taylor, Anderson, & Fitzgerald, 2013; United Nations Children's Fund, 2017).

Utilizing enumerators with previous experience and providing comprehensive training on identifying signs of distress, reading instructions, and reducing power differentials is critical for implementing surveys with adolescent and youth respondents ethically (Boo, Araujo, & Tome, 2016; Kishor & Johnson, 2004). The 2006 Survey on Violence against Women and Children in Indonesia provided enumerators with only one day of training and utilized primarily male enumerators, which posed concerns regarding how well enumerators understood dynamics of violence and how comfortable female respondents felt disclosing experiences of violence (Utami, 2013). On the other hand, the Study on Women's and Men's Health and Life Experiences in Papua hired experienced enumerators and conducted multiple days of training on gender inequity, power relations, childhood, parenting and relationships, female victim characteristics, empathetic communication, and safety and ethics among other topics (United Nations Development Programme (UNDP), 2016). The Lao PDR VAC survey also conducted extensive enumerator trainings on informed consent, sensitivity toward study participants, procedures for maintaining confidentiality, identification and response to adverse effects, respondent safety, and referral procedures (Lao Statistics Bureau, National Commission for Mothers & Children, 2016). Without significant investment in hiring and training enumerators, surveys risk jeopardizing fundamental ethical principles and causing harm to child participants.

Lastly, only the 2011 MICS relied on adults reporting on behalf of children. Parent- or caregiver-based surveys can provide information on child maltreatment, particularly among younger children who may be too young to respond to surveys themselves (Meink et al., 2016). However, adult respondents may underreport violence due to stigmatization or fear of disclosing incidents of violence and social desirability bias (Meink et al., 2016). Additionally, research indicates low child-parent concordance in reports of violence exposure (Shahinfar, Fox, & Leavitt, 2000). While reasons for the discordance are unclear, it has been posited that children and adults vary in their perceptions of violence and that once children begin engaging in activities outside the home, such as school, parents become less aware of their child's experiences (Shahinfar et al., 2000). While adult caregivers or relatives can provide insight on children's experiences of violence, surveys of adult caregivers should be interpreted cautiously, due to the likelihood of under-reporting.

4.4. Household-based versus school-based sampling

The vast majority of reviewed surveys in Indonesia and Southeast Asia were household surveys rather than school-based surveys. Household surveys are among the main instruments that can gather social and demographic data from respondents in all age groups while also collecting information related to family conditions and background (United Nations Children's Fund, 2014b). Household surveys also allow for the possibility of estimating parameters comparable to those measured in population and housing censuses (United Nations Statistics Division, 2005). By definition, however, household surveys exclude children outside of household, including those living in residential care institutions and those considered homeless. This poses a significant challenge for obtaining a sample of children that is truly representative.

Household surveys also pose ethical concerns in the Indonesian context, where most households lack private spaces, compromising individual privacy and participant openness (Rumble et al., 2017). Despite this, other surveys in similar contexts have been able to manage privacy in household surveys and minimize ethical risks. The 2012 Indonesian Demographic Health Survey, for instance, instructed enumerators to note the presence of other persons in the household and "make every effort" to ensure privacy before asking the participant about their opinions regarding domestic violence and sexual activity (Statistics Indonesia, 2013). WorldSAFE recommends the use of decoy questionnaires on topics other than violence to deflect the interest of others in the survey questions during data collection (Hunter et al., 2004; Sadowski, Hunter, Bangdiwala, & Muñoz, 2004). For the VAC surveys in Cambodia and Lao PDR, enumerators were provided with plastic mats so that interviews could be conducted under trees and in outside spaces away from others in the household (Lao Statistics Bureau, National Commission for Mothers & Children, 2016; Ministry of Women's Affairs, UNICEF Cambodia, 2014).

Sampling strategies for household surveys should also consider the privacy and safety of respondents. For instance, MICS in Papua and West Papua placed respondents at risk by asking questions related to violence and sexuality to multiple individuals within a single household (Coram International, 2016 unpublished). The Indonesian Demographic Health Survey and 2013 VAC survey avoided this by randomly selecting one member of the household to interview (Kishor & Johnson, 2004; Rumble et al., 2017). Additionally, VAC surveys in Lao PDR, Cambodia, and the Philippines utilized stratified sampling to ensure that each primary sampling unit was either all-female or all-male (Lao Statistics Bureau, National Commission for Mothers & Children, 2016; Ministry of Women's Affairs, UNICEF Cambodia, 2014; Council for the Welfare of Children, 2016). Although this was meant to prevent

perpetrators and survivors of violence in the same area from taking the survey, these protections assumed that perpetrators and respondents were not of the same sex, which may have posed challenges for protecting survivors of same-sex intimate partner violence or peer violence.

Unlike household-based surveys, school-based surveys in Indonesia provide an opportunity to include children living in Islamic boarding schools or other residential care institutions (Rumble et al., 2017). However, this type of survey usually only targets students in formal school, excluding those who have dropped out, were never enrolled, are homeschooled, or attend informal religious schools. As of 2014, approximately 23% of secondary school-aged children in Indonesia were not attending a school corresponding to their age group (United Nations Educational, Scientific, & Cultural Organization (UNESCO), 2017). Considering that children in Indonesia's lowest income quintile are nearly five times more likely to be out of school than children from the highest quintile, school-based sampling is likely to introduce considerable bias (United Nations Educational, Scientific, & Cultural Organization (UNESCO), 2017). Moreover, school-based surveys have historically collected less contextual information than household surveys, particularly when respondents are young and cannot answer household questions without assistance from parents, limiting the ability of researchers to identify correlates of violence exposure (Coram International, 2016 unpublished). These surveys are also likely to exclude young children and adults, and require obtaining additional layers of consent from both the school administration and the child's guardian. In designing VAC surveys, researchers should carefully consider which groups of children are excluded from the sampling frame and how lack of information on these children will impact the ability to meet needs through programs and policies.

4.5. Moving toward self-administered and digital surveys

Face-to-face interviews are the most frequently used methods for VAC research both in Indonesia and Southeast Asia, although studies are increasingly incorporating self-administered components. Interviewer-administered surveys allow enumerators to confirm that the respondent understands the meaning of questions (Center on Child Protection, 2017). Findings remain inconsistent regarding whether face-to-face or self-administered modes are ideal for sensitive topics. On one hand, face-to-face interviews may compromise privacy, since family members or teachers who are present may overhear the interviews (Rumble et al., 2017). Despite this, the WHO Multi-Country Study on Women's Health and Domestic Violence Against Women suggested that women may feel more comfortable disclosing sexual abuse through face-to-face than self-administered modes (World Health Organization (WHO), 2005). Another study found that the response rate to questions related to psychological stress was higher in face-to-face interviews compared to self-administered questionnaires, while the reverse was true regarding questions related to stigmatized behavior, such as violence by an intimate partner (Newman et al., 2002). Others have found that, for child participants, self-administered questionnaires can reduce pressure to answer sensitive questions by reducing the influence of power differentials and enabling participants to open up more comfortably (Falb et al., 2016; United Nations Children's Fund, 2014b).

Using a self-administered questionnaire for a nationwide VAC survey requires careful consideration in the Indonesian context, due to variation in education and literacy levels (Rumble et al., 2017). Self-administered modes may be particularly challenging with VAC, since there are likely to be large differences in developmental capabilities both between and within groups of respondents, such as child respondents and youth respondents. In developing the next VAC survey instrument in Indonesia, researchers should consider piloting self-administered modules among different age groups to better understand participants' level of comfort responding with a tablet and disclosing information in-person compared to through self-administered modes.

In recent years, VAC surveys have also been moving toward digital modes of administration, which can reduce the probability of errors in data entry (United Nations Children's Fund, 2014b). While computer-assisted interviews reduce error particularly in surveys with complex skip patterns, they can be challenging to use in areas with limited electricity, internet, and battery supplies (Rumble et al., 2017). The use of electronic devices for data collection also requires sufficient time to digitize the survey and ensure enumerators are well-trained. The diverse range of cultures and norms in Indonesia requires additional research to identify whether a single mode is feasible, effective, and acceptable across regions, particularly in remote areas.

4.6. Survey framing

Two approaches were used to frame VAC surveys in this review: embedding questions about VAC in a broader health-related survey and creating a stand-alone VAC survey framed in terms of overall child health and well-being. Embedding violence-related questions in a health survey may limit a deeper understanding on particular violent incidents by limiting the number of question related to VAC that researchers can include in the instrument (United Nations, 2011). On the other hand, including a limited number of questions to measure overall wellbeing in surveys about violence may help to disguise the sensitive nature of the survey and balance the difficult subject matter with less serious questions (Hunter et al., 2004). VAC surveys in the Philippines, Lao PDR, and Cambodia all utilized the latter strategy and succeeded in achieving reported response rates above 89%, suggesting that VAC surveys can successfully stand alone when framed in terms of broader health (Council for the Welfare of Children, 2016; Lao Statistics Bureau, National Commission for Mothers & Children, 2016; Ministry of Women's Affairs, UNICEF Cambodia, 2014). Due to high rates of refusal to participate in Indonesia's 2013 VAC survey (Rumble et al., 2017), additional time may need to be spent in the next Indonesian VAC survey on conducting community sensitization meetings and carefully framing the survey so that it is deemed acceptable by the community. Efforts to improve participation rates through broad framing should be balanced with the ethical obligation to provide sufficient information for informed consent and assent. While mentioning child abuse or maltreatment may reduce rates of participation, failure to disclose sufficient information about the contents of the survey may result in a misleading and

unethical consent process (United Nations Children’s Fund, 2012b).

4.7. Ethical review

One highly concerning finding from the review was that three Indonesian surveys did not submit their studies for review by an ethical board or committee. Research participants are vulnerable to harm during the research encounter, especially when participants are young, have lower levels of education, and have been subjected to violence. Failure to secure ethical review for research with human participants can result in manipulation, psychological distress, breach of confidentiality, or other types of harm to participants (World Health Organization (WHO), 2009). Research on sensitive topics, such as violence and research involving child participants, requires special ethical consideration (United Nations Children’s Fund, 2012b). While studies conducted by Indonesia’s Ministry of Health require ethical approval, many other government offices lack ethical committees, creating a gap in ethical standards for research that is affiliated with neither the Ministry of Health nor a university. Additionally, most of the governmental and university review committees in Indonesia are staffed by clinicians and do not include members outside of the medical profession (World Health Organization (WHO), 2002).

The lack of ethical review in VAC studies is reflective of a broader problem in which Indonesia’s legal framework for ethics is dominated by traditional biomedical viewpoints. Indonesia’s Law on Child Protection, for example, mentions ethics only in the context of health research for children, creating a gap in the legal framework for research in the social sciences (Law of the Republic of Indonesia No. 23 of 2002 on Child Protection, 2019). Although ethical clearance is not mandatory and thus not common practice for research conducted through government offices outside of the Ministry of Health, researchers for all future VAC surveys should uphold the highest ethical standards by seeking ethical review. This would not only protect participants, but would also set a precedent for other researchers to seek ethical review. To ensure ethical standards are upheld for future studies, the Indonesian government should prioritize the establishment of national policies and guidelines regarding ethical clearance to cover research outside the traditional health sciences to include social sciences and other fields. Following that, the government should invest in training for government officials in research institutions and university students on ethical approval processes.

4.8. Limitations

The aim of this scoping review was to synthesize existing methods for implementing large-scale VAC surveys in Indonesia and other Southeast Asian countries. While the findings map the current state of large-scale VAC survey methodologies, results should be interpreted cautiously due to methodological constraints. This scoping review identified only a small number of surveys measuring VAC, limiting our ability to identify methodological trends among surveys. One reason for the limited sample size was this review’s focus on nationally representative surveys and surveys conducted by the national government on VAC. While many other VAC studies have been conducted in Indonesia, these have typically been conducted on a small scale. The key words used in this scoping study may have also limited findings to surveys that were primarily focused on VAC rather than those with only a small component measuring VAC. Furthermore, the scoping review methodology does not include a quality assessment for each survey, limiting the ability to directly compare surveys in terms of quality or effectiveness in generating prevalence estimates of VAC. Despite these limitations, the reviewed surveys employed a wide range of methodologies to consider in developing Indonesia’s next VAC survey, as well as future surveys that examine sensitive topics related to violence.

5. Conclusion

This scoping review mapped eight large-scale Indonesian surveys and three surveys on VAC conducted in other Southeast Asian countries to inform the development of future VAC studies and similar studies on sensitive topics in the region. The reviewed surveys employed a wide range of methodologies and exhibited variation in definitions of VAC, age of respondents, use of qualitative methods, and the degree to which surveys were self-administered. In developing the instrument and protocols for Indonesia’s next VAC survey and future VAC surveys in similar contexts, researchers should consider the following: utilizing standardized definitions of violence while adding questions to situate the violence within the local context; conducting qualitative formative research to understand how VAC is conceptualized among Indonesia’s diverse population; training enumerators and developing procedures to improve the privacy of interviews and ensure that interview methods and consent procedures are age-appropriate; examining the impact of school-based or household sampling on the exclusion of certain groups of children; piloting the face-to-face survey with a self-administered component to examine its effects on disclosure; and developing a broad, locally acceptable framing of the survey in consultation with communities. Researchers should ensure that ethical clearance is obtained prior to survey implementation, and advocate for stronger ethical review requirements for all research involving human participants in Indonesia. Given the size and diversity of Indonesia, further research should be undertaken to determine how the acceptability and validity of certain modes of administration and other survey methods vary across the country.

Declarations of interest

None.

Acknowledgements

We would like to thank our colleagues Shaila Tieken, Windy Liem, and Chris Laugen who contributed to earlier versions of this paper. We are also grateful to Ilana J. Seff who read its later versions and provided valuable inputs. During the analysis for this study, the Center on Child Protection and Wellbeing at Universitas Indonesia (PUKAPA) was in partnership with UNICEF Indonesia.

References

- Alit, K., Wismaayanti, Y., Irmayani, H., Widodo, N., Susantyo, B., Irwanto, & Praptorahoarjo, G. (2014). *Ringkasan hasil: Survey kekerasan terhadap anak Indonesia 2013. Summary results: Violence against children survey Indonesia 2013*. Jakarta: Government of Indonesia.
- Arksey, H., & O'Malley, L. (2005). Scoping studies: Towards a methodological framework. *International Journal of Social Research Methodology*, 8(1), 19–32. <https://doi.org/10.1080/1364557032000119616>.
- Boo, F. L., Araujo, M. C., & Tome, R. (2016). How is child care quality measured? A Toolkit. <https://doi.org/10.18235/0000242>.
- Center on Child Protection, University of Indonesia (PUKAPA) (2016). *Djalan peran deliverables report*.
- Center on Child Protection, University of Indonesia (PUKAPA) (2017). *Report on pre-pilot II pathways out of adversity instruments*. Depok: PUKAPA.
- Centers for Diseases Control and Prevention (2017). Violence against children surveys: Our methods. *Violence Prevention*. Retrieved June 25, 2018 from: <https://www.cdc.gov/violenceprevention/childabuseandneglect/vacs/methods.html>.
- Chiang, L. F., Kress, H., Sumner, S. A., Gleckel, J., Kawemama, P., & Gordon, R. N. (2016). Violence Against Children Surveys (VACS): Towards a global surveillance system. *Injury Prevention*, 22, i17–i22. <https://doi.org/10.1136/injuryprev-2015-041820>.
- Coram International (2016). *In-Depth Study on Violence Against Children in Indonesia*. Unpublished report.
- Council for the Welfare of Children (CWC) (2016). *National baseline study on violence against children in the Philippines*. Manila, Philippines: CWC, UNICEF.
- Council for the Welfare of Children (CWC), United Nations Children's Fund (2016). *The Philippine national baseline study: The story behind the research*.
- Dunne, M., Choo, W., Madrid, B., Subrahmanian, R., Rumble, L., Blight, S., ... Maternowska, M. (2015). Violence against children in the Asia Pacific region: The situation is becoming clearer. *Asia-Pacific Journal of Public Health*, 27(8 Suppl), 6S–8S. <https://doi.org/10.1177/1010539515602184>.
- Falb, K., Tanner, S., Asghar, K., Souidi, S., Mierzwa, S., Assazeneu, A., ... Stark, L. (2016). Implementation of Audio-Computer Assisted Self-Interview (ACASI) among adolescent girls in humanitarian settings: Feasibility, acceptability, and lessons learned. *Conflict and Health*, 10. <https://doi.org/10.1186/s13031-016-0098-1>.
- Fang, X., Fry, D., Brown, D., Mercy, J., Dunne, M., Butchart, A., et al. (2015). The burden of child maltreatment in the East Asian and Pacific region. *Child Abuse and Neglect*, 42, 146–162. <https://doi.org/10.1016/j.chiabu.2015.02.012>.
- Global partnership to end violence against children (2016). *Indonesia as a pathfinder to end violence against children: Discussion paper*.
- Graham, A., Powell, M., Taylor, N., Anderson, D., & Fitzgerald, R. (2013). *Ethical research involving children (ERIC)*. Florence: UNICEF Office of Research–Innocenti.
- Hamby, S. L., & Finkelhor, D. (2000). The victimization of children: Recommendations for assessment and instrument development. *Journal of the American Academy of Child & Adolescent Psychiatry*, 39(7), 829–840. <https://doi.org/10.1097/00004583-200007000-00011>.
- Hayati, E. N., Kodriati, N., Ag, S., Mas'ud, S. I., Warner, X., & Roselli, T. (2015). Men experiences of violence against women in Indonesia and how we can begin to prevent it. *Partners for Prevention*.
- Hillis, S., Mercy, J., Amobi, A., & Kress, H. (2016). Global prevalence of past-year violence against children: A systematic review and minimum estimates. *Pediatrics*, 137(3).
- Hunter, W. M., Sadowski, L. S., Hassan, F., Jain, D., De Paula, C. S., Vizcarr, B., ... Amarillo, M. L. (2004). Training and field methods in the WorldSAFE collaboration to study family violence. *Injury Control and Safety Promotion*, 11(2), 91–100. <https://doi.org/10.1080/15660970412331292315>.
- Indonesia Ministry of Health, Indonesia Ministry of Education, World Health Organization & US Centers for Disease Control and Prevention (2007). *Global School-based Student Health Survey (GSHS) Indonesia 2007: Country report*Indonesia: Ministry of Health.
- Jones, L., Bellis, M. A., Wood, S., Hughes, K., McCoy, E., Eckley, L., et al. (2012). Prevalence and risk of violence against children with disabilities: A systematic review and meta-analysis of observational studies. *The Lancet*, 380(9845), 8–14. [https://doi.org/10.1016/S0140-6736\(12\)60692-8](https://doi.org/10.1016/S0140-6736(12)60692-8).
- Kishor, S., & Johnson, K. (2004). *Profiling domestic violence: A multi-country study*. Calverton, Maryland: ORC Macro.
- Kusumawardani, N., Rachmalina, S., Wiryawan, Y., Anwar, A., Handayani, K., Mubasyiroh, R., et al. (2015). *Perilaku Berisiko Kesehatan Pada Pelajar SMP Dan SMA Di Indonesia*.
- Lao Statistics Bureau, National Commission for Mothers and Children (2016). *Violence against children in Lao PDR: Preliminary report*. Vientiane Capital: Together for girls.
- Law of the Republic of Indonesia Number 23 of 2002 on Child Protection [Indonesia], 22 October 2002, available at: <http://www.refworld.org/docid/54ee1e04.html>.
- Meink, F., Steinert, J. I., Sethi, D., Gilbert, R., Bellis, M. A., Mikton, C., et al. (2016). *Measuring and monitoring national prevalence of child maltreatment: A practical handbook*. Copenhagen: WHO Regional Office for Europe.
- Ministry of Development Planning (2014). *Rencana Pembangunan Jangka Menengah Nasional (RPJMN) 2015-2019: Buku I Agenda Pembangunan Nasional*. Jakarta: Government of Indonesia.
- Ministry of Social Affairs (2013). *Research protocol: Violence against children survey in Indonesia: Retrospective self-reports from 13-24 year old males and females*. Jakarta: Government of Indonesia.
- Ministry of Social Affairs (2017). *Refleksi Survei Kekerasan terhadap anak tahun 2013. Presentasi oleh Kemensos dalam pertemuan pembahasan SKTA tahun 2018*. Presentation. Jakarta.
- Ministry of Women's Affairs, UNICEF Cambodia (2014). *Findings from Cambodia's violence against children survey 2013*. Phnom Penh: UNICEF.
- Ministry of Women's Empowerment and Child Protection (2017). "Statistik gender Tematik: Mengakhiri Kekerasan Terhadap Perempuan dan Anak di Indonesia"/ *statistic on gender thematic: Ending violence against women and children in Indonesia*. Jakarta: Ministry of Women's Empowerment and Child Protection.
- Ministry of Women's Empowerment and Child Protection (KPPPA) (2018). *SIMFONI PPA-online information system for the protection of women and children*. Retrieved July 18, 2018 from: <https://kekerasan.kemempna.go.id/register/login>.
- Morrow, V. (2013). Practical ethics in social research with children and families in young lives: A longitudinal study of childhood poverty in Ethiopia, Andhra Pradesh (India), Peru and Vietnam. *SAGE*, 8(2), 21–35. <https://doi.org/10.4256/mio.2013.011>.
- Newman, J. C., Des Jarlais, D. C., Turner, C. F., Gribble, J., Cooley, P., & Paone, D. (2002). The differential effects of face-to-face and computer interview modes. *American Journal of Public Health*, 92(2), 294–297. <https://doi.org/10.2105/AJPH.92.2.294>.
- Nybergh, L., Taft, C., & Krantz, G. (2013). Psychometric properties of the WHO violence against women instrument in a female population-based sample in Sweden: A cross-sectional survey. *BMJ Open*, 3(5), <https://doi.org/10.1136/bmjopen-2012-002053> e002053.
- Pinheiro, P. S. (2006). *World report on violence against children: Secretary-General's study on violence against children*. Geneva: United Nations.
- Rumble, L., Febrianto, R. F., Larasati, M. N., Hamilton, C., Mathews, B., & Dunne, M. P. (2018). Childhood sexual violence in Indonesia: A systematic review. *Trauma, Violence & Abuse*, 1–16. <https://doi.org/10.1177/1524838018767932journals.sagepub.com/home/tva>.
- Rumble, L., Ramly, A. A., Nuryana, M. M., & Dunne, M. P. (2017). The importance of contextual factors in carrying out childhood violence surveys: A case study from Indonesia. *Child Indicators Research*, 11(2), 405–421. <https://doi.org/10.1007/s12187-017-9457-8>.
- Sadowski, L. S., Hunter, W. M., Bangdiwala, S. I., & Muñoz, S. R. (2004). The world studies of abuse in the family environment (WorldSAFE): A model of a multi-national study of family violence. *Injury Control and Safety Promotion*, 11(2), 81–90. <https://doi.org/10.1080/15660970412331292306>.
- Santelli, J. S., Haerizadeh, S., & McGovern, T. (2017). *Inclusion with protection: obtaining informed consent when conducting research with adolescents. Innocenti research briefs 2017-05, methods: Conducting research with adolescents in low and middle-income countries*, 6736, 1–18 (3).
- Shahinfar, A., Fox, N., & Leavitt, L. (2000). Preschool children's exposure to violence: Relation of behavior problems to parent and child reports. *American Journal of Orthopsychiatry*, 70(1), 115–125. <https://doi.org/10.1037/h0087690>.

- Stark, L., & Landis, D. (2016). Violence against children in humanitarian settings: A literature review of population-based approaches. *Social Science and Medicine*, 152, 125–137. <https://doi.org/10.1016/j.socscimed.2016.01.052>.
- Statistics Indonesia (BPS), National Population and Family Planning Board, Indonesian Ministry of Health & ICF International (2013). *Indonesia demographic health survey 2012*. Jakarta: Government of Indonesia.
- Stover, C. S., & Berkowitz, S. (2005). Assessing violence exposure and trauma symptoms in young children: A critical review of measures. *Journal of Traumatic Stress*, 18(6), 707–717. <https://doi.org/10.1002/jts.20079>.
- Testa, M., Livingston, J. A., & Vanzile-Tamsen, C. (2011). Advancing the study of violence against women using mixed methods: Integrating qualitative methods into a quantitative research program. *Violence Against Women*, 17(2), 236–250. <https://doi.org/10.1177/1077801210397744>.
- Ungar, M., & Liebenberg, L. (2011). Assessing resilience across cultures using mixed methods: Construction of the child and youth resilience measure. *Journal of Mixed Methods Research*, 5(2), 126–149. <https://doi.org/10.1177/1558689811400607>.
- United Nations (2011). *Guidelines for producing statistics on violence against women: Statistical survey*. New York: United Nations.
- United Nations Children's Fund (2017). *A familiar face: Violence in the lives of children and adolescents*. New York: UNICEF.
- United Nations Children's Fund (2012a). *Child maltreatment: Prevalence, incidence and consequences in the East Asia and Pacific region*. Bangkok: UNICEF East Asia and Pacific Region.
- United Nations Children's Fund (2014a). *Hidden in Plain sight: A statistical analysis of violence against children*. New York: UNICEF.
- United Nations Children's Fund (2012b). *Ethical principles, dilemmas, and risks in collecting data on violence against children*. New York: UNICEF.
- United Nations Children's Fund (2014b). *Violence against children in East Asian and the Pacific: A regional review and synthesis of findings*. Bangkok: UNICEF.
- United Nations Children's Fund & Statistics Indonesia (BPS) (2012). *Multiple indicator cluster survey selected districts of Papua and Papua Barat: Key preliminary findings*. Dissemination Seminar.
- United Nations Children's Fund & Statistics Indonesia (BPS) (2013). *Indonesia-multiple indicator cluster survey 2011-selected districts of West Papua*. The World Bank.
- United Nations Development Programme (UNDP) (2016). *Study on women's and men's health and life experiences in Papua, Indonesia*.
- United Nations Educational, Scientific, and Cultural Organization (UNESCO) (2017). *Situation analysis of out-of-school children in nine Southeast Asian countries*. Bangkok: UNESCO.
- United Nations General Assembly (2015). *Transforming our world: The 2030 agenda for sustainable development*. New York: United Nations.
- United Nations General Assembly (UNGA) (1989). *Convention on the rights of the child*. New York: United Nations.
- United Nations Statistics Division (2005). *Designing household survey samples: Practical guidelines*. United Nations264. [https://doi.org/10.18356/8c1d45a4-en ST/ESA/STAT\(F No. 98\)](https://doi.org/10.18356/8c1d45a4-en ST/ESA/STAT(F No. 98)).
- Utami, D. R. W. W. (2013). *Violence against women survey in Indonesia. Workshop on improving the integration of gender perspective into official statistics* Presentation. Japan.
- World Health Organization (WHO) (2002). *An overview of ethical review mechanisms in countries of SEA region. 27th session of WHO South-East Asia Advisory Committee on Health Research 15-18 2002, Dhaka Bangladesh*. New Delhi: WHO Regional Office for South-East Asia.
- World Health Organization (WHO) (2005). *WHO multi-country study on women's health and domestic violence against women: Initial results on prevalence, health outcomes, and women's responses*. Geneva: WHO.
- World Health Organization (WHO) (2009). *Research ethics committees: Basic concepts for capacity-building*. Geneva: WHO.