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Epidemiology of violence against children in migration: A systematic literature review

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ABSTRACT

Background: Children in migration experience various forms of violence before, on, and after their migration journey. Epidemiological research on the prevalence of violence in this highly vulnerable group is lacking, however.
Method: A PRISMA-guided systematic literature review with a three-tiered search strategy was conducted by searching academic literature databases and gray literature on websites of international organizations and by contacting experts. All empirical studies published within the last 15 years were eligible. Predefined search terms related to violence, children, epidemiology, and migration were used.
Findings: Of 1014 records, 17 studies met the inclusion criteria. Sample sizes ranged from 100 to 8,047, with a total of 16,915 children (*Mdn* = 311). Lifetime prevalence of violence varied considerably: Child physical maltreatment ranged from 9 %–65 % and child sexual abuse from 5 %–20 %. For internally displaced children, violence often occurred at the hands of those who were responsible for their care. Unfortunately, data on the context and country in which the violence occurred—in the country of origin, on route, or in the country of arrival—were lacking.
Conclusion: The discrepancy between the importance of the topic and the dearth of data is striking. Filling the gaps requires not only more rigorous methodology but also more research in general on the epidemiology of violence against children in migration. We outline methodological challenges and draft an agenda for improved data on the topic. There is an urgent need for evidence that supports the development and adaptation of effective, tailored, and child-sensitive prevention and intervention programs for children in migration.

1. Introduction

The number of people in migration is enormous: "In 2015, there were 244 million people worldwide living outside their country of birth; 31 million of them were children" (United Nations Children's Fund [UNICEF], 2016, p. 17). Although it is not always hardship that necessarily leads to migration, a majority of people move to avoid armed conflicts, persecution, the fallout of natural disasters, and economic instability. Fleeing from hardship, refugees regularly cross (multiple) international borders on arduous journeys, often seeking asylum in the country of arrival (UNICEF, 2016, p. 17; United Nations High Commissioner for Refugees UNHCR, 2016a, p. 2). However, millions of people are also internally displaced and do not cross internationally recognized state borders (UNICEF, 2016, p. 14). Many experience migration in childhood, the arguably most vulnerable stage of life (see Bagattini,

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2019): About 10 million children were forcibly displaced from their country of origin in 2015 (UNICEF, 2016, p. 17), and approximately 100,000 unaccompanied or separated children filed claims for asylum in 78 countries (UNHCR, 2016b, p. 8).

In this paper, the term 'children in migration' is used as a generic term that describes (unaccompanied and accompanied) children and adolescents on the move in any form—across internationally recognized state borders or within. It also refers to children who have recently arrived in a (potential) host country. Hence, the term includes children who are asylum seekers, refugees, internally displaced or any other type of (im)migrants. Children are defined as persons below the age of 18 (Article 1 of the *United Nations' Convention on the Rights of the Child*); the terms "refugee" and "internally displaced person" are used in accordance with the UNICEF report *Uprooted* (UNICEF, 2016, p. 14). Unfortunately, there are no standard and thus no uniformly shared definitions of child maltreatment or child abuse and neglect in the multidisciplinary domain of child protection research (e.g., Herrenkohl, 2005; Jud & Voll, 2019). Meta-analyses and reviews have highlighted major variances in the prevalence of child maltreatment (Sethi, Mitis, Alink et al., 2013; Stoltenborgh, Bakermans-Kranenburg, Alink, & van IJzendoorn, 2015). However, there are examples of a growing consensus on definitions of maltreatment, such as the widely cited definition from the Centers for Disease Control and Prevention that was developed in a multidisciplinary process (Leeb, Paulozzi, Melanson, Simon, & Arias, 2008): Maltreatment covers any act or series of acts of commission (physical abuse, sexual abuse, psychological abuse) or omission (neglect) by a parent or other caregiver that results in harm, potential for harm, or threat of harm to a child. For this paper, we have additionally included peer- and stranger-perpetrated violence against children, as suggested in the broad definitions of child maltreatment by the World Health Organization (World Health Organization [WHO], 1999 and 2016).

1.1. A cycle of violence

Frequently, children in migration experience violence at the origin of migration. They witness and experience the atrocities of war and terrorism, police brutality, and community violence (UNICEF, 2016, pp. 7, 88). They may face violence within their family, within their community, or by strangers. Children are also regularly exposed to violence, abuse, and exploitation on their journeys (Jensen, Fjermestad, Granly, & Wilhelmsen, 2015; Pfeiffer, Sachser, Rohlmann, & Goldbeck, 2018; UNICEF, 2017, p. 15; Völkl-Kernstock et al., 2014). They are deprived of basic physical and emotional support; they are beaten, kicked, hit, raped, and more. They may spend months in limbo together with their families and may witness their parents or relatives being abused or humiliated (UNICEF, 2017, p. 15). Some of these journeys—unaccompanied or not—even end in death. In 2016, an estimated 700 children lost their lives on the Central Mediterranean route from North Africa to Italy (UNICEF, 2017, p. 15). Besides being accompanied or non-accompanied, a child's risk of experiencing violence and exploitation in migration probably depends on a number of factors, such as the child's nationality and legal status, whether they belong to an ethnic or religious minority, or whether they have a disability or psychiatric disorder (UNICEF, 2017, p. 15). Vulnerability probably also varies depending on the gender and age of the child, but this issue has only been marginally explored (UNICEF, 2018).

Unfortunately, the cycle of violence does not necessarily end in the country of arrival. Children may face discrimination and xenophobia from strangers (Gorinas & Pytliková, 2017), elevated risks of bullying by peers (Maynard, Vaughn, Salas-Wright, & Vaughn, 2016), or violence at the hands of their parents, who might lack the resources for the adequate upbringing of their offspring (Timshel, Montgomery, & Dalgaard, 2017). If parents have experienced (war-related) trauma themselves, they may be unable to fulfill their parental responsibilities (e.g., to create a safe environment). Problematic parenting, family dysfunction, and domestic violence are significantly more frequent in traumatized families (Beiser, Hou, Hyman, & Tousignant, 2002; Fegert, Diehl, Leyendecker, Hahlweg, & Prayon-Blum, 2018; Saile, Neuner, Ertl, & Catani, 2013; Saile, Ertl, Neuner, & Catani, 2014).

1.2. Individual consequences of violence

As a consequence of victimization and adverse childhood experiences, children in migration have an elevated risk of developing mental health problems (Blackmore et al., 2020; Curtis, Thompson, & Fairbrother, 2018; El Baba & Colucci, 2018; Jaycox et al., 2002; Reavell & Fazil, 2017). Mental health issues, in turn, have a large impact on the school performance of immigrants and child refugees (e.g., Reavell & Fazil, 2017) and not the least on their successful integration into the host society (Bronstein & Montgomery, 2011; Keles, Friborg, Idsøe, Sirin, & Oppedal, 2016; Oppedal & Idsoe, 2012). In the long run, childhood traumatization has a crucial effect on migrants' long-term well-being and overall level of functioning and may cause lifelong medical and psychological problems (Dye, 2018; Lansford et al., 2002).

1.3. Gaps in the data on violence against children in migration

Generally, there is still a huge lack of quantitative and qualitative data to deepen understanding of the dynamics of child migration. Methodological issues, such as paucity and poor data quality, missing standardization, lack of consensus regarding definitions and their operationalization, and double counting are major barriers to obtaining comparable and consistent data (Humphris & Sigona, 2016; Singleton, 2018). In a joint call to action, "A call to action: Protecting children on the move starts with better data" (UNICEF, 2018), UNICEF, UNHCR, the International Organization for Migration (IOM), Eurostat, and the Organisation for Economic Co-operation and Development (OECD) all point to alarming gaps in the availability, timeliness, and accessibility of evidence on migration beyond administrative data. The gap is particularly pronounced for children in migration. There is, therefore, an urgent need to improve the evidence base on the devastating experiences of children in migration with a view to developing tailored approaches to improving their lives.

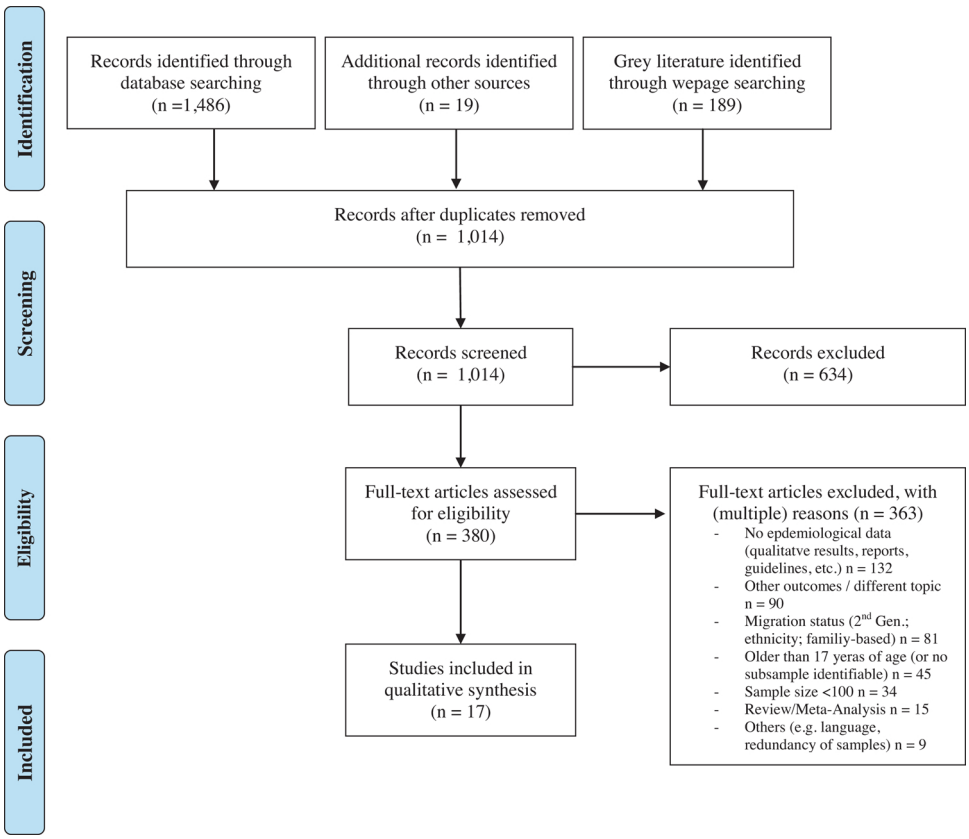

Fig. 1. Prisma flow chart.

1.4. Aims

Both in the professional and political debate on children in migration, there is a dearth of comparable and reliable data. Information on the frequency and types of violence experienced by children at different stages of migration is widely lacking. We endeavor to bridge this gap by compiling a review of epidemiological research on violence against children in migration, analyzing factors that drive prevalence and identifying methodological challenges. In view of the multiple definitions in the context of child victimization and the assumed lack of studies on the frequency of violence against children in migration, we decided to opt for a wide definitional approach, so as to not exclude potentially important contributions. However, findings on prevalence rates will be differentiated by types of violence (sexual abuse, neglect, physical and psychological maltreatment), perpetrators (caregiver, peer, stranger), severity, and by settings of violence (country of origin, on the move, country of arrival) to adequately enable a transfer of findings into valid recommendations.

Collecting data from the highly vulnerable group of children in migration raises ethical issues, like potential retraumatization or greater pressure for socially desirable responses. Findings on the prevalence of violence and methodological gaps will therefore also be discussed from the angle of ethical challenges.

2. Methods

2.1. Literature search and screening criteria

A systematic search of the literature, in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) statement (Moher, Liberati, Tetzlaff, & Altman, 2009), was conducted and is presented in Fig. 1.

Literature sources. A three-tiered search strategy involved searching for empirical studies in national/international databases, screening gray literature on the websites of specific organizations, and contacting experts.

(1) A total of 10 databases (*PubMed, WebOfScience, PsychInfo, Cochrane,* Embase, Medline, PsyNDEX,) and the French- or German-only products “Banque de Données en Santé Publique,” “WISO,” and “Dissonline” were screened by one reviewer.
(2) Additionally, the websites of the United Nations, its branches concerned with children (UNICEF, UNHCR, UNFPA), migration (IOM), and health (WHO), the *European Commission’s Department of Migration* and *Home Affairs*, key multilateral or national aid

agencies (Agence Française de Développement, UK Department for International Development, USAID, World Bank, etc.) and other international organizations (Amnesty International, ECPAT international, Save the Children, etc.) were searched for reports and policy papers on violence against children in migration.

(3) In a last step, to avoid any publication bias, the list of articles and reports identified through searches in electronic bibliographic databases and on websites was presented to experts at the symposia and workshops of two conferences, the *ISPCAN XXII International Congress on Child Abuse and Neglect* in Prague, Czech Republic from September 2–5, 2018 and the *XV EUSARF Conference* in Porto, Portugal from October 2–5, 2018. The attending scholars suggested additional references for inclusion.

Search strategy. Medical Subject Headings (MesH) or a comparable method was used to identify search terms. No language restrictions were applied to the inclusion of studies on epidemiology of violence and man-made victimization of children in migration. Search algorithms for all sources covered search terms on violence (e.g., war, terrorism, torture, maltreatment, abuse, neglect), combined with keywords on children (child, adolescents, youth, etc.), migration (migration, displacement, refugee), and epidemiology (e.g., prevalence, frequency) in English, German, and French, respectively.

The initial search was conducted in January 2018 by one of the authors of this paper. All empirical studies published in the last 15 years from 2003 to 2017, a period with a steady rise in migration (UNICEF, 2016, p. 18), were considered. The database searches yielded 1486 records, with an additional 19 records identified through citation snowballing and field experts, and 189 records within the gray literature. Duplicates were first automatically searched using Endnote software, then checked and removed. Next, the records were automatically searched by title and author, and then by title only, and duplicates were again removed. The records were then put in order by the author, manually checked, and the last duplicates removed. After removing duplicates that were found in more than one database, 1014 records remained. This process was documented according to the rules of the international PRISMA standard (www.prisma-statement.org) in a flow chart (see Fig. 1).

2.2. Study selection

Studies were considered for inclusion in the systematic review if they represented original research and all of the following a priori eligibility criteria were met:

(1) The children were 0–17 years of age (Article 1, Convention on the Rights of the Child)
(2) The children were first-generation migrants (had their own migration experiences)
(3) The sample size was N > 100 children
(4) Investigators applied a definition of violence
(5) The study reported epidemiological data on violence against children in migration (prevalence or incidence data)

To draw conclusions on the prevalence of violence that are not just anecdotal or valid only for specific contexts, the samples covered had to exceed a sample size of n > 100 children and present epidemiological data. Without a documented definition of violence, it would not have been possible to categorize and compare the results of the detected studies.

Studies were included if at least one distinguishable subsample was reported that met the inclusion criteria. For example, if the manuscript reported on a group of native-born children in comparison to a group of first-generation immigrant children, only data from the second group were extracted. By applying the inclusion criteria to the information contained in the article title and abstract, the pool of records was reduced to 380 (see Fig. 1). After reviewing the full text, a total of 17 studies from 19 publications remained (two studies were excluded due to redundancy of the sample).

A second reviewer independently screened 50 % of the studies identified and previously screened by the first reviewer, and agreement was reached in 96 % of cases. Uncertainties were discussed, and consensus was reached in all cases. In the case of any missing or inconclusive information in the full text, the corresponding author of the publication in question was searched electronically to retrieve their current e-mail address and then contacted by the last-listed author with a polite request to provide the missing or additional information. In the event that no current address of the corresponding author could be found, we contacted the co-authors directly. Altogether, 45 authors of 47 full-text publications were contacted; 12 authors of 13 publications responded. All details of the publications that remained unspecified are marked with “n/a” (not available) throughout the tables.

2.3. Data extraction

The following data were extracted from all included studies: (1) names of all authors, (2) year of publication, (3) sample size, (4) study region, (5) sample demographics (e.g., mean age, percentage of females), (6) migration status, (7) sampling method, (8) type of rating, (9) type of epidemiological outcome (e.g., lifetime prevalence, incidence), (10) context of victimization, (11) measurement (e.g., instrument name, type, and additional information), (12) perpetrator (caregiver, peer, stranger), and (13) type of violent act(s) (sexual abuse, neglect, physical and psychological maltreatment, witnessing violent events). We used tables to report the act with the highest prevalence. We also intended to present information on the severity of violence. This was not possible, as scarcely any information was available: Studies hardly ever reported on the aspects of chronicity, i.e., age at first incident, frequency, extent, and continuity (see English, Graham, Litrownik, Everson, & Bangdiwala, 2005). Moreover, items regularly lacked the information needed to reliably assess the severity of violence by the nature of an act itself; for instance, an item “experienced sexual abuse” does not differentiate between forced intercourse, touching of breasts, or verbal sexual harassment. In order to distinguish bullying as a form

Table 1
Design characteristics of reviewed studies.

Study		Measures/instrument			Sample		Child demographics		
Authors	Study region	Concept assessed	Instrument name	Source	Strategy	size	Mean age	% female[‡]	Migration status[$]
Bridges et al., 2010	North America (United States)	Trauma exposure	NSA-Study (adapted)	self-rated	convenience sampling	131	12.62	0.46	I
Depoortere et al., 2004[3]	Africa (West Darfur)	Fatalities	self-developed	proxy-rated	randomized sampling	3488[†]	n/a (< 5 y.)	n/a	ID
Derluyn et al., 2008	Europe (Belgium)	Stressful Life Events	SLE (translated)	self-rated	randomized sampling	1043	15.03	0.47	I
Feller, 2016	Europe (Greece)	Hardships during journey	self-developed	self-rated	Case study, population (local)	132	n/a (< 18 y.)	n/a	R/UMC
Gao et al., 2017	Asia (China)	Maltreatment	Parent–Child CTS (adapted)	self-rated	representative sample	667	14.05	0.42	ID
Goosen et al., 2014	Europe (Netherlands)	Assault/harmful event	ICPC (validated)	administrative data	population (national)	8047	n/a (4 – 17)	0.48	R
Gormez et al., 2017	Middle East (Turkey)	Traumatic or stressful events	self-developed	self-rated	randomized sampling	218	11.99	0.51	R
Grgic et al., 2005	Europe (Croatia)	War trauma	War Trauma Questionnaire (validated)	self-rated	population (local)	112	13.67	0.38	ID
Izutsu et al., 2005	South Asia (Pakistan)	Traumatic events experience	self-developed	self-rated	randomized sampling	100	9.25	0.30	R
Maynard et al., 2016	North America (United States)	Bullying	Olweus Bully/Victim Questionnaire (adapted)	self-rated	randomized sampling	1068	13.16	0.45	I
Montgomery et al., 2006	Europe (Denmark)	Exposure to violence/ trauma exposure	self-developed	proxy-rated (interpreter)	population (local)	311	7.50	0.49	R
Morgos et al., 2007	Africa (Southern Darfour)	War experiences/ trauma exposure	self-developed	self-rated	randomized sampling	331	12.00	0.44	ID
Ruf, 2008	Europe (Germany)	Trauma exposure	UCLA PTSD (adapted, translated)	self-rated	convenience sampling	104	10.64	0.54	R
Stark et al., 2017_DRC	Africa (DR Congo)	Violence	ICAST, VACS (adapted)	self-rated	randomized sampling	377	13.53	1.00	ID
Sulkowski et al., 2014	North America (United States)	Peer victimization & aggression	self-developed (Items on peer victimization adapted from Werner & Nixon (2005))	self-rated	Population (schools)	280	13.42	0.45	I
Thabet, Abed, & Vostanis, 2004	Middle East (Gaza Strip)	(Political) violence (Israel army)	Gaza Traumatic Event Checklist (adapted)	self-rated	randomized sampling	403	12.00	0.53	R
Vervliet et al., 2014	Europe (Belgium)	Stressful Life Events	SLE (validated)	self-rated (interpreter)	population (local)	103	15.99	0.16	R/UMC

Note. [‡] Percentages are interpreted as e.g., 0.46 = 46 %; [$] I = immigrants, ID = internally displaced, R = refugees, UMC = unaccompanied migrant children; [†] children younger than 5 years present at survey date.

Table 2
Violence against internally displaced children.

Study	Perpetrator	Physical violence[1]	Psychological violence[1]	Sexual violence[1]	Witnessing violent events[1]	Violent deaths	War experience
Grgić et al., 2005	n/a				0.39‡		Yes
Morgos et al., 2007	n/a	0.22‡	0.50‡	0.15‡	0.94‡		Yes
Stark et al., 2017_DRC	a) family members b) intimate partners c) members of an armed group d) officials with authority in the community	0.35#	0.38#	0.21[1]‡ 0.16[1]#			Yes
Gao et al., 2017	Parent	0.58#	0.82#				No
Depoortere et al., 2004	n/a					0.0-0.35[2]	Yes

Note. All numbers are percentages (e.g., 0.39 = 39 %); [1] act/event with the highest prevalence value; [2] recall periods depend on study region (Murnei and Zialingei: before and after displacement; Niertiti and El Geneina: only after displacement); # 12-month prevalence; ‡lifetime prevalence.

of peer-perpetrated violence from ubiquitous 'friendly teasing,' however, it was only included if studies applied a power differential: Bullying had to differ from *fighting/arguing between students of equal strength or power* and exceed a threshold for chronicity of 2–3 or more times a month (see Maynard et al., 2016).

No meta-analysis could be conducted due to the heterogeneity of outcome measures. Narrative synthesis was used to analyze the results. Data were stored for potential future meta-analyses.

3. Findings and discussion

Table 1 summarizes the characteristics of the designs of the studies included in our review. The findings on the subgroups of internally displaced children and refugee/other children with a migration background are discussed separately in the following. To further advance an area with a paucity of research, a third subsection discusses findings on methodological challenges in collecting data on the epidemiology of violence against children in migration (see section 3.3).3.1. The terrors of war and the sufferings of internally displaced children

Context of studies. Internally displaced children lived in a refugee camp in Croatia (Grgić, Vidović, Soldo-Butković, & Koić, 2005), Darfur/Sudan (Depoortere et al., 2004; Morgos, Worden, & Gupta, 2007), or the Democratic Republic of Congo (DR Congo) (Stark et al., 2017). All studies measured various violent acts of commission but did not systematically differentiate between the commonly used categories of sexual, physical, or emotional violence. They rather generally listed different war-related experiences, such as shelling, home invasion, or witnessing houses being burnt (Grgić et al., 2005; Morgos et al., 2007; Stark et al., 2017). Child victimization through acts of omission (neglect) was been documented. Due to varying concepts of violence, the rates of violent exposures are hardly comparable (see Table 2). There were no consistent findings on age and gender differences regarding violent experiences. Contrary to popular beliefs, as the most frequent perpetrators two studies reported caregivers and not members of an armed group or other officials (Gao, Atkinson-Sheppard, & Liu, 2017; Stark et al., 2017).

Fatalities. Some particular findings merit further discussion. A highly specific outcome and the ultimately severe consequence were deaths due to violence. In Depoortere et al.'s (2004) study, the percentage of deaths of internally displaced minors in refugee camps due to violence was especially high in the Murnei region (35.4 %) but substantially lower in other nearby West Darfur regions (0 %–5 %). Depoortere et al. argued that this imbalance might be explained by the different start dates of the recall periods. In Niertiti and El Geneina, recall periods only started after the main waves of displacement and arrival.

Child maltreatment. Stark et al. (2017) presented a particularly detailed description of violence against internally displaced adolescent girls in the DR Congo. More than half of the sample reported victimization in the previous 12 months (54.4 %); a majority suffered multiple incidents of victimization. The most frequently reported type of victimization was psychological violence (38.0 %). Approximately one fifth of the girls reported sexual violence, forced sex being the most frequently reported form of sexual abuse. Stark et al. (2017) highlighted the fact that the most frequent perpetrators of all forms of violence, including sexual abuse, were the girls' intimate partners (husbands or boyfriends) and/or family members. Gao et al. (2017) found parents to be the most frequent perpetrators of violence. A family's low socioeconomic status and neighborhood disorganization were identified as risk factors. Despite methodological caution, the similarity with Stark et al.'s (2017) findings outlined above, which also highlighted caregiver-perpetrated violence, is at least worth noting, as the two samples differed in many important aspects, such as the reason for migration (armed conflict vs. economic reasons), current living arrangement (refugee camp vs. major city), or geographical location (Asia vs. Africa).

3.1. Lifetime prevalence of violence against refugee and immigrant children

Context of studies. All of the studies on refugee and immigrant children reported at least one category of abuse (see Table 3), but only three refugee studies reported physical or psychological neglect (Feller, 2016 (Greece); Gormez et al., 2017 (Turkey); Izutsu

Table 3
Violence against refugee and immigrant/migrant children.

Study name	Migration status[$]	Perpetrator	Physical violence*	Psychological violence*
Bridges et al., 2010	I	Caregiver, n/a	0.33	
Derluyn et al., 2008	I	n/a	0.31	
Feller, 2016	R/UMC	Smugglers	——————————0.6-5——————————	
Goosen et al., 2014	R	n/a		
n/a				
Gormez et al., 2017	R	n/a	0.26	
Izutsu et al., 2005[◆]	R	n/a		
Maynard et al., 2016[#]	I	Peers	0.09	0.16
Montgomery et al., 2006	R	n/a		
Ruf, 2008	R	Intrafamilial, soldiers/ police	0.15	
Sulkowski et al., 2014	I	Peers	0.33	0.58
Thabet et al., 2004	R	n/a		
Vervliet et al., 2014[§]	R/UMC	n/a	0.58	
Total			**0.09 – 0.65**	**0.16 – 0.65**

Study name	Sexual violence*	Witnessing violent event*	Neglect	Context of victimization
Bridges et al., 2010	0.07	0.52		n/a
Derluyn et al., 2008	0.09	0.43		premigration/country of origin
Feller, 2016		0.09	0.59	Move
Goosen et al., 2014	——0.21-			
	#——			
n/a				
Gormez et al., 2017		0.70	0.14	n/a
Izutsu et al., 2005[◆]		0.09	0.19	n/a
Maynard et al., 2016[#]	0.14			Arrival
Montgomery et al., 2006		0.83		n/a
Ruf, 2008	0.05	0.41		n/a
Sulkowski et al., 2014				Arrival
Thabet et al., 2004		0.71		Move
Vervliet et al., 2014[§]	0.20	0.79		n/a
Total	**0.05 – 0.20**	**0.09 – 0.83**	**0.14 – 0.59**	

Note. All numbers are percentages (e.g. 0.33 = 33 %); * act/event with the highest prevalence value; [◆] Numbers based on own calculations by MJ; [$] I = immigrants, R = refugees, UMC = unaccompanied migrant children; [§] only data from first (arrival) measurement – no follow-up; # Exposure to any type of violence undifferentiated.

et al., 2005 (Pakistan)). Studies conducted in Europe tended to report higher maltreatment rates than studies on other continents (Derluyn, Broekaert, & Schuyten, 2008; Feller, 2016; Goosen, Stronks, & Kunst, 2014; Montgomery & Foldspang, 2006; Ruf, 2008; Vervliet et al., 2014). Unfortunately, little to no research has been conducted in South America and Oceania up to now. The most common categories of victimization that were recorded are physical abuse (eight studies), witnessing violent events (eight studies), and sexual abuse (five studies). As most of the studies in different parts of the world focus on (war) trauma, a variety of traumatic events was assessed in these studies. The most prevalent events were witnessing explosions, bombing, gun battles, war, or armed conflicts, with a range from 9 %–83 % (Gormez et al., 2017; Izutsu et al., 2005; Montgomery & Foldspang, 2006; Thabet, Abet, & Vostanis, 2004; Vervliet et al., 2014).

Physical violence was highly prevalent among refugee and immigrant children, particularly in the two samples of unaccompanied migrant children (UMC) (Vervliet et al., 2014, Feller, 2016). Two of the studies reporting physical violence investigated this in the context of bullying in samples of immigrant youth in the United States (Maynard et al., 2016; Sulkowski, Bauman, Wright, Nixon, & Davis, 2014); they are the only studies that focused on victimization in the country of arrival and solely on peer victimization. Sulkowski et al. (2014) reported far higher prevalence rates than Maynard et al. (2016); for physical bullying, rates differ by more than 20 %. The mixed findings on the same topic even within one country hamper valid interpretations for this context and beyond.

Sexual abuse. The prevalence rate of sexual abuse among immigrant and refugee children (5 % and 20 %) was comparable to other (worldwide) studies (e.g. Stoltenborgh, van Ijzendoorn, Euser, & Bakermans-Kranenburg, 2011). A sample with UMC (Vervliet et al., 2014) showed the highest prevalence for hands-on sexual victimization (20 %). Hands-on sexual acts were distinctly lower (5 %) in a German child refugee sample (Ruf, 2008). The bullying study by Maynard et al. (2016) included, in addition, verbal sexual abuse and reported a prevalence of 14 %.

Traumatic experiences. Another publication by Derluyn, Mels, and Broekaert (2009)) analyzed the prevalence rates of the traumatic experiences of the Belgian migrant sample according to separation from parents. Additional analyses by Derluyn et al. for this manuscript revealed that here again, the prevalence rates for the UMC are the highest among all subgroups (physical violence 64 % vs. 26 %–41 %; sexual abuse 18 % vs. 5 %–11 %; witnessing physically mistreatment 67 % vs. 38–48 %).

Neglect. Among the three studies reporting neglectful behavior, the IOM study (Feller, 2016) of Egyptian UMC is the one with the highest proportion measured on the basis of a lack of access to food and water (59 %). The two other studies in Pakistan and Turkey with children accompanied by family members also reported a lack of access to food (19 %; Izutsu et al., 2005) or being left without food or shelter (14 %; Gormez et al., 2017).

In summary, only three studies likewise provided important information on both the context of victimization and the perpetrator (Feller, 2016; Maynard et al., 2016; Sulkowski et al., 2014). Most studies reported lifetime prevalence rates of maltreatment. Consequently, there is a lack of information on the context of victimization. The studies also do not contain any information on potential gender differences in victimization experiences of refugees and immigrant children.

3.2. Challenges in measuring violence against children in migration

Research on violence against children in migration is conducted in a multidisciplinary field. It is associated with a multitude of concepts, definitions, and discourses. The authors of the publications included in this review were affiliated with departments of psychiatry and psychology (Bridges, de Arellano, Rheingold, Danielson, & Silcott, 2010; Ruf, 2008), social work (Maynard et al., 2016), sociology (Gao et al., 2017), and others. Some may have engaged in exchanges at the same international conferences and published in the same edited books or journals, but others will have used different channels. The 17 publications in this review were distributed among 15 different journals and books. The variety of backgrounds may also have led to a variability in dependent variables and measurements. The terms used in the publications referred to different concepts and ranged from trauma, hardship, stressful life events, and violent exposures to highly specific violent fatalities. Consequently, the studies probably covered an overly inclusive range of different violent phenomena of varying degrees of severity. Yet, to best inform practice and policy on research findings, definitions should preferably be operationalized at a medium abstraction level, with terms covering similar causes and consequences (e.g., Ammerman, 1998). Our recommendations, therefore, include as a major aim clarification of the phenomena measured under the umbrella term 'violence against children in migration.'

Instruments. Only one questionnaire (SLE) was used twice across the 17 studies, and many instruments had been developed by the researchers themselves (see Table 1). Only four studies used standardized tools with available population norms (Derluyn et al., 2008; Goosen et al., 2014; Grgić et al., 2005; Vervliet et al., 2014). This is not surprising, as most standardized instruments had been developed in English-speaking countries. Some had been translated into the languages of and validated for high-income countries. Translations into the languages of low- and middle-income countries are often not available, and their cultural sensitivity is questionable. Therefore, several researchers used adapted and self-translated versions of validated instruments. When adapting an instrument to different study populations, linguistic concerns are also linked with cultural issues, such as the varying acceptability of the disclosure of violence (Montalvo-Liendo, 2009) or the culture-specific use of metaphors to describe health care-related terms (see Wilson & Tang, 2007). The lack of population norms for self-translated versions is yet another challenge, and it is a tricky one. Depending on the context of experiencing violence, norms should probably either refer to the population in the country of origin or the host population. An avenue to achieving increased comparability is the use of easily accessible, non-expensive, validated questionnaires that are available free of charge and have been professionally translated into different languages. The International Society for Prevention of Child Abuse and Neglect (ISPCAN) ICAST screening tool is one possible option, as it is available in around 20 other languages. However, the ICAST would have to be adapted for collection of data on the different contexts of violence in

migration (country of origin, on the move, country of arrival).

Source of information. The validity and reliability of sources of information on violence against children is a tricky issue and not unique to violence against children in migration (e.g., Jud, Fegert, & Finkelhor, 2016). Indeed, rates of child maltreatment from different sources may vary quite considerably (Baldwin, Reuben, Newbury, & Danese, 2019; Negriff, Schneiderman, & Trickett, 2017; Pfeiffer et al., 2018). Data from parents and other caregivers may be biased for different reasons (Shaffer, Huston, & Egeland, 2008): Some caregivers are perpetrators and may therefore intentionally withhold information; others may be embarrassed about not having protected their child or may fear family disputes or a referral to authorities. Second, data from caregivers and other proxies such as social workers or teachers may also not reveal the full picture even if the proxy is a close confidant (Shaffer et al., 2008). Third, as violence against children is often not reported to authorities or referred to professionals, data from agency records and child protective services are also limited as a source of information, particularly in the context of migration and countries with a lack of infrastructure. Last, both adult survivors and adolescent victims may have memory biases or motives to withhold or fabricate information, e.g., due to embarrassment or not wanting to discuss upsetting events (see Baldwin et al., 2019; see also the paragraph on "Accessibility and ethical issues" below). Self-report measures of child maltreatment, therefore, have imperfect test-retest reliability (Colman et al., 2016). As a consequence, there is no gold standard for measuring child maltreatment (e.g., Child Protection Monitoring & Evaluation Reference Group, 2014). A combination of sources may aid better interpretation of the findings and partly balance the limitations of particular sources.

Sampling procedures and study design are yet another source of variability between studies. In 8 out of 17 publications, the researchers referred to some sort of randomized selection. At a second glance, the randomization of the sampling was questionable, however. For example, authors stated that "education centers were randomly selected due to their proximity and for logistic reasons" (Gormez et al., 2017). Moreover, school principals at camps for internally displaced people may not be completely unbiased when selecting participants according to a predefined quota (Morgos et al., 2007). As in the latter example, a basis for a completely unbiased randomized sampling often cannot be guaranteed in the context of children in migration due to the lack of administrative data from which to sample. A sophisticated multistage area probability sampling approach, such as that adopted by Maynard et al. (2016), is probably only possible in the case of studies on immigrants moving to high-income countries. As unbiased randomized sampling is not always possible, accessing the entire population of children in migration in a refugee camp or in a municipality in the country of arrival might be a methodologically sound alternative.

Context of violence and severity. With two exceptions, the studies on the frequency of violence against children in migration assessed the lifetime prevalence of exposure to violence. The phenomena grouped under the umbrella 'lifetime prevalence' may indeed vary markedly. For example, lifetime prevalence of violence does not clearly distinguish between the causes and outcomes of war atrocities in the country of origin, or the risks and sequelae of emotional neglect in the country of arrival. By not identifying the context of violence, researchers also failed to potentially identify the interrelatedness of experiences. The experience of war atrocities may potentially lead to a lack of emotional responsiveness in victimized children. This lack may later turn into an individual risk for emotional neglect: Emotionally non-responsive children live with emotionally non-responsive parents who have probably experienced similar atrocities (De Paul & Guibert, 2008). Future research should take into account the context of violent experiences (country of origin, on the move, country of arrival) in order to disentangle the interrelatedness of experiences. Moreover, the lack of information on severity and chronicity of violence is worrying. This information will be urgently needed in future studies to better connect violence with health outcomes. Scholars and, importantly, adult survivors of violence have criticized the fact that solely rating severity by the nature of an act ignores the subjective nature of harm (e.g., Jonzon & Lindblad, 2006; Shaffer et al., 2008). To ensure better consideration of the subjective nature of the severity of an incident, some questionnaires combine items on the chronicity of violent incidents with a follow-up question such as, "How much did this experience hurt or harm you?" (ICAST-R; Dunne et al., 2009).

Accessibility and ethical issues. Difficulties in comparing prevalence findings are also associated with challenges regarding accessibility to children in migration. Accessibility is minimized not only on the journey but also in countries of arrival. Illegal status, lack of (permanent) addresses and telephone numbers, and the need for reliable interpreters are just some of the issues. These methodological and practical barriers are accompanied by the ethical challenge of weighing the gain in knowledge against the potential for individual harm, for instance retraumatization. Disclosing highly sensitive information on experienced violence in a survey can be a challenge for victims. For multiply and severely victimized children, their unmanageable experiences might leave them too frightened to talk (Kohli, 2018). In a meta-analysis of 70 samples, Jaffe, DiLillo, Hoffman, Haikalis, and Dykstra (2015) fortunately presented rather favorable findings concerning participants' reactions to trauma research: Although participation may in some cases have led to some immediate psychological distress, the level of distress was not extreme. Not surprisingly, the immediate distress was greater for participants who actually reported past trauma. However, both individuals with and without past trauma did not regret participating and perceived benefits from doing so. Questionnaires on violent and traumatic experiences evoked less distress and should, therefore, generally be given priority over verbal disclosures of trauma (Jaffe, DiLillo, Hoffman, Haikalis, & Dykstra, 2015).

Challenges regarding the research perspective. Researchers on violence against children in migration face a special challenge: Many children in migration might also have a functional distrust of researchers and all authoritative persons, which means they are even more likely to provide responses that they perceive as expected or warranted in an asylum-seeking process (Kohli, 2018). Drawing on this line of argument, Derluyn and Watters (2018) pointed out that being diagnosed with mental health issues may not be to the detriment of a child refugee, as the diagnosis can offer protection from detention and deportation. The already extensive literature on refugee children's psychosocial well-being and mental health (Fazel & Stein, 2002) has also been criticized for its "Western view" of people's well-being and transference of cultural norms and individual behaviors into psychiatric categories

(Derluyn & Watters, 2018). These particular challenges have to be addressed with extra care, in terms of both methods and interpretation. One of several possible avenues is to include researchers with an ethnic background similar to that of the respondents (e.g., Awaad & Reicherter, 2016). Examples of qualitative participatory research with migrants were presented by Green and Kloos (2009) and Bertozzi (2010). Prevalence research has yet to develop improved methods for respondent participation.

3.3. General implications for research and practice

Prevalence rates of violence against children in migration and the lack thereof. Overall, there is a dearth of epidemiological data on violence against children in migration (see also Singleton, 2018, p. 338). This coincides with the lack of timely and reliable disaggregated data on the scale of child migration in general (Singleton, 2018, p. 334). Available epidemiological data largely differ in terms of concepts, severity of violence, methods, and, consequently, outcomes. Even for internally displaced children, child maltreatment perpetrated by caregivers and family members may be among the most prevalent forms of violence experienced. Overall, percentages of the lifetime prevalence violent experiences vary considerably, between 9 % and 65 % for physical maltreatment and between 5 % and 20 % for child sexual abuse. Samples with unaccompanied migrant children widely reported the highest prevalence rates. The large variance of findings on the prevalence of violence against children in migration coincides with the generally large variance in prevalence of child maltreatment in epidemiological research (e.g., Stoltenborgh et al., 2011; Stoltenborgh, Bakermans-Kranenburg, van IJzendoorn, & Alink, 2013; Sethi et al., 2013). Given the lack of evidence on the topic, national and supranational stakeholders, therefore, do not have any information on potential effects of tailored intervention and targeted, culture-fair prevention (see Mikton & Butchart, 2009).

A research agenda. Given the striking lack of comparability of the different studies and the plethora of concepts of violence used, we call for an agenda to improve research on this particularly vulnerable and continuously growing group. The major challenges are:

a) Addressing methodological rigor in studies on the epidemiology of violence against children in migration. We outlined some directions in section 3.3 above on challenges in measuring violence against children in migration.
b) To avoid arbitrariness in the comparison of violent acts, all studies should describe and differentiate between types of violence, perpetrators (caregivers, peers, strangers), settings of violence (country of origin, on the move, country of arrival), and severity of acts.
c) The different disciplines and domains involved in this type of research need to move towards a shared discourse on concepts and definitions, as well as the operationalization of thresholds of severity.
d) Not just more methodologically rigorous research but more research in general on the epidemiology of the violent experiences of children in migration is needed. In many countries, the relevance of the topic will likely generate opportunities with new and matching funding calls. As the topic transcends international borders, supranational bodies such as the European Union or UNICEF should preferably also invest more in research to support their policies. Evidence-based approaches are needed to avoid well-meant but potentially damaging policies. Supranational bodies might also be better equipped to support research on internally displaced children. Up to now, this research has been particularly rare and is often conducted in less research-intensive countries.

3.4. Strengths and limitations

To the best of our knowledge, this is the first paper to review studies on the epidemiology of violence against children in migration. Even though we have put procedures in place to include reports on the epidemiology of violence against children in different languages, we still might have omitted several publications that matched the inclusion criteria. The last 15 years of research largely coincided with a continuous rise in (child) migration (UNICEF, 2016, p. 18). An additional exploratory search of empirical literature from 1982 to 2002 in databases with the same methodology yielded only around 100 hits (including duplicates), compared to 1486 records in this review's search period. It is therefore rather unlikely that we missed many important epidemiological studies by restricting the period. Second, even though we used a multitude of keywords for different forms of violence, we may have missed some publications that focused solely on exploitation. On the other hand, the broad definitions that we used so as not to exclude important contributions also led to a potential over-inclusion of concepts of violence. The caveats associated with this approach have been discussed at length above. Third, several studies that focused on young adults were excluded with a cut-off at age 18. However, all studies that covered an age range from below age 18 to young adulthood were included. Fourth, the variability in concepts and measures did not permit a meta-analysis.

4. Conclusion

The dearth of evidence is even more delicate, as migration is not only associated with sometimes harsh individual challenges but also has, at a secondary level, a political fallout. Host governments and societies have to deal with the increased costs of migration, both material and immaterial. Budgetary issues related to refugees and asylum seekers (emergency assistance, initial allocation, staff expenditure, border management, etc.) have increased for many countries (Savage & Siter, 2018). Both individual and societal challenges continue for many years after arrival, as immigrants' capacities to escape their often economically disadvantageous contexts are limited. Traumatic experiences, legal barriers to job applications or recognition of qualifications, lack of education, training or language skills, but also rising economic inequality, among other issues, have been linked to poor health in the mid- or

longer term (De Maio & Kemp, 2010; Dinesen, Nielsen, Mortensen, & Krasnik, 2011; Javier, Huffman, Mendoza, & Wise, 2010). Consequently, they may also generate an additional burden for health care or social welfare systems. For some immigrants, the lack of perspective may also lead to delinquency, although empirical studies on delinquency among immigrant youth refute popular beliefs in higher crime rates for non-native born adolescents (Chen & Zhong, 2013; MacDonald & Saunders, 2012).

Unfortunately, immigration also incites fear in many citizens of host countries: fear of the unknown, fear of job loss, fear of losing a perceived national identity, fear of imported religious violence, etc. These fears do not necessarily have to have a factual basis for them to have an impact on society. A potential consequence is the rise of right-wing parties with a political agenda directed against immigrants in many high-income countries, (Halikiopoulou & Vlandas, 2015). In addition, the vulnerable group of immigrants is an easy target for scapegoating and projection of actual and perceived problems onto them (Barbero, 2015).

This systematic review has just begun to accumulate data on the numerous forms of maltreatment that children in migration experience in various contexts. Child-sensitive and child-responsive research is now needed to fill the gaps in the literature on child abuse and neglect in refugees, asylum-seekers, internally displaced children, and children without documents. Only then will we be in a position to develop, implement, and evaluate evidence-informed preventive approaches and interventions tailored to the children's and their caregivers' needs to combat the circle of violence.

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