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ORIGINAL RESEARCH

Prevalence of Child Maltreatment in Israel: A National Epidemiological Study

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Abstract The current study is based on data collected from Jewish and Arab 6th, 8th and 10th grade students (age range 12-17) within the Israeli national school system ($N = 12,035$). Data collection for the study utilized two complementary instruments: the Childhood Trauma Questionnaire (CTQ) and the Juvenile Victimization Questionnaire (JVQ). Study results revealed that the lifetime prevalence of child maltreatment in contemporary Israeli society is within the range of estimates from other countries. However, contrary to others, Israeli boys reported higher rates of abuse, including sexual abuse, compared to girls. Additionally, Arab compared to Jewish children and youth reported higher rates of all types of abuse. The need for widely accepted, uniform definitions of the various child maltreatment types, a standardized methodology of data collection, and regularly updated national and international data bases is discussed.

Keywords Child maltreatment · Child abuse · Sexual abuse · Physical abuse · Emotional abuse · Neglect · Domestic violence · Israel

Child maltreatment (CM), defined as any act or series of acts of commission or omission by a parent or other caregiver that results in harm, potential for harm, or threat of harm to a child, is a global problem deeply rooted in cultural, economic and social practices (Gilbert et al. 2009; Higgins 2004). The deleterious short and long-term effects of CM on victimized children's physical, psychological and social well-being has been demonstrated in numerous studies (Currie and Widom 2010; Gilbert et al. 2009; Widom 2014). Consequently, the toll CM takes on society, both socially and economically, is estimated as being extremely high (Fang et al. 2012; Wang and Holton 2007).

CM prevalence rates vary considerably according to the operational definitions of maltreatment used, the research designs and methods applied, the availability and nature of data sources and the actual disclosure rates (Lalor and McElvaney 2010; Pinheiro 2006; Price-Robertson et al. 2010). Moreover, it is estimated that there is a substantial gap between reported and actual prevalences, as many CM incidents are never reported, or the reporting is delayed (Radford et al. 2011). The difficulty in obtaining parental consent for children's participation in self-report studies is yet another hampering factor in achieving more accurate information. The current study is the first national survey in Israel that focuses on self-reported CM in Jewish and Arab children and youth, within the Israeli Ministry of Education's national school system.

Scientific Background

Definitions and Types of Child Maltreatment

There is an ongoing scientific and public debate among researchers and policy makers regarding CM 's definition (Cicchetti and Toth 2005; Miller-Perrin and Perrin 2013). Definitions generally vary by the extent to which they stress different aspects of CM, such as: the characteristics of the act

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itself, its intensity and frequency, the risk it comprises or the harm it causes, the identity of victims and perpetrators, and the features of their relationship. For example, the World Health Organization defines CM as including "…all forms of physical and emotional ill-treatment, sexual abuse, neglect, and exploitation that results in actual or potential harm to the child's health, development or dignity. Within this broad definition, five subtypes can be distinguished – physical abuse; sexual abuse; neglect and negligent treatment; emotional abuse; and exploitation" (WHO 2014). The U.S. Children's Bureau (2010), has defined CM as encompassing all forms of illegal or inadequate actions directed towards a child. This, as any act of CM will ultimately impede the underlying child's ability to live a happy and healthy life. Facets of the broader social context, such as the degree of public acceptance or the legitimacy of certain appearances of CM, have likewise been cited in this respect (Krug et al. 2002).As maltreated children frequently suffer multiple types of CM (Higgins, 2004, 2005) concurrently or over time (Turner et al. 2010) - see Lev-Wiesel et al. (in press, 2016) for an examination of the topic of multi-type maltreatment based on the present study's findings. Definitions of specific CM types follow:

Childhood physical abuse (CPA)

This term is defined as the non-accidental or intentional use of physical force that results in harm, or has a high likelihood of resulting in harm, to the child (Al-Shail et al. 2012). This definition generally encompasses a large variety of types and degrees of physical force, such as: shoving, hitting, slapping, shaking, throwing, punching, biting, burning or kicking (Butchart and Harvey 2006; Krug et al. 2002); excluding spanking as a form of corporal punishment (Finkelhor et al. 2005).

Childhood sexual abuse (CSA)

This term is defined as the child being subject to any behavior of sexual intent or content by an adult or by another child substantially older than her/himself. Hence, CSA may range from fondling to rape, noncontact abuse such as voyeurism, exhibitionism or unwanted sexual comments, sexual exploitation, or any other form of assault of sexual nature (Krug et al. 2002). This broad definition is frequently narrowed down, with some definitions stressing the degree of sexual development of the child (Butchart and Harvey 2006); cultural context or legal issues (Miller-Perrin et al. 2013); the child's consent or his capacity to give consent (Lalor and McElvaney 2010); and/or the use of coercion, force or threat (Council of Europe Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse, Article 18, CETS No. 201).

Childhood psychological maltreatment (CPM).

This term is often used interchangeably with psychological abuse, mental cruelty, or emotional abuse (Hibbard et al. 2012; O'Hagan 1995). CPM is often difficult to distinguish from sub-optimal parenting, comprising isolated incidents of abusive behavior or neglect (Hibbard et al. 2012; Wolfe and McIsaac 2011). Moreover, CPM is frequently overshadowed by other forms of CM that co-occur with it and show more recognizable and immediate effects on the child (Mulholland 2010). The high frequency of apparently CPM-like incidents, combined with their low diagnostic value, their ambiguous predictive power and the uncertainty of the context necessary for their interpretation, add to a high risk of CPM false positives (Gilbert et al. 2009). Glaser (2002, 2011) suggests a detailed conceptual framework of CPM with emotional abuse and emotional neglect as its distinctive manifestations. The latter study defines these forms of abuse and neglect as persistent acts and interactions of both commission and omission that are non-physical and harmful in regard to the child. Accordingly, CPM may comprise verbal and nonverbal degrading, terrorizing, exploiting, corrupting, ignoring, isolating; as well as hostility, rejection and the prevention of needed stimuli and/or the denial of emotional responsiveness.

Childhood physical neglect (CPN)

This term is defined as the caretaker's failure to provide for the child's basic developmental needs, such as nutrition, clothing, healthcare, hygiene, shelter, safe living conditions and supervision (Gilbert et al. 2009; Stoltenborgh et al. 2012), despite the caregiver's ability to do so (DePanfilis 2006). CPN is associated yet distinguished from adverse circumstances such as poverty, where by the resources necessary for appropriate child care are unavailable (Minty and Pattinson 1994).

Childhood exposure to domestic violence (CEDV)

This term is defined as indirect exposure to inter-parental violence and/or parental assault of a sibling; as well as the direct exposure to the aftermath of said assault (Euser et al. 2010; Finkelhor et al. 2005; Jouriles et al. 2013; Teicher and Vitaliano 2011).

International Prevalence Rates of Child Maltreatment

In the past two decades, numerous studies have presented international estimates of CM prevalence rates (i.e., predominantly based on CSA). Certainly, many cases of CM are never reported to the authorities. Moreover, comparing international studies in this field is complex, considering their many differences (Fallon et al. 2010). Besides varying methodologies and definitions, these differences include the large gap between

rates estimated by studies based on children's self-reports and those based on agencies' official data. Lifetime prevalence rates for CSA, for example, as obtained in children's self-report studies have been reported as 12.7 %, compared to 0.4 % for informant studies (Stoltenborgh et al. 2014). This prevalence gap remains substantial even when using the same definitions (i.e., approximately five times higher prevalence for self-report vs. official studies), as demonstrated by Euser et al. (2013). In addition, reports of lifetime exposure to violence, as in the U.S. National Survey of Children's Exposure to Violence (Finkelhor and Turner 2009), generally yield prevalence rates of about one-third to one-half higher than reports of past-year exposure; with approximately 87 % of children who report lifetime exposure to violence (i.e., including childhood exposure to violence and crime), reporting such exposure during the preceding year as well.

Global comparisons of CM prevalence rates provide insight regarding worldwide trends. Due to the nature of the present study, the following scientific review focuses primarily on studies utilizing self-report data on lifetime CM - as in the meta-analyses of Stoltenborgh et al. (2011, 2012, 2013a, 2013b, 2014). From Stoltenborgh et al. (2014), incorporating data gathered from 244 publications and comprising 551 prevalence rates, the overall estimated worldwide and North America self-reported CM prevalences are: physical abuse (22.6 % global, 24.0 % North America); emotional abuse (36.3 % global, 36.5 % North America); physical neglect (16.3 % global, 19.2 % North America); emotional neglect (18.4 % global, 14.5 % North America) and sexual abuse (12.7 % global, 14.1 % North America) with sexual abuse further differentiated according to the average of male and female values (18.0 % global female, 20.1 % North America female, 7.6 % global male, 8.0 % North America male). Regarding CEDV, Kessler et al. (2010), reported 4.2–7.8 % prevalence ranges from their review of 21 countries, including Israel, based on surveys from the World Mental Health Survey (WMH).

Further, in an attempt to estimate CM prevalence in Israel, Ben-Arie and Haj-Yahia (2006) examined reported cases of CM by determining its frequency and rates according to nationality, area of residence, and size and type of locality. They found that the rate of reported cases of CM was 17.8 per 1000 Israeli children in 2000. The rates were, however, lower in Arab localities (9 per 1000 children) than in Jewish ones (20 per 1000). In another study, Zeira et al. (2003) reported high rates of violence among peers in all age groups in schools; with relatively higher rates of low-level violent behaviors and lower rates of more severe violent events.

The main goal of the current epidemiological study was to broaden the knowledge and understanding regarding the prevalence of CM in Israel, as well as to provide a data-based relevant plan for prevention and intervention. More specifically, the current study objectives were: (a) to document prevalence rates of children and youth's CM victimization; (b) to compare prevalence rates between boys and girls; (c) to compare prevalence rates between Jewish and Arab children and youth; and (d) to account for the gap between the formal statistics on CM and children and youth's self-reports. The study was approved by the Ethics Board of the University of Haifa and by the chief Scientist of the Israeli Ministry of Education (no. 8018).

Method

Participants and Procedure

The study was preceded by a pre-test conducted with a sample of $N = 281$ children at risk between the ages of 12–17 (Mean Age = 14.0, SD = 1.0) that were placed in residential facilities, funded by social welfare, due to having experienced and/or witnessed domestic violence (Lev-Wiesel et al. 2014). The pre-test, which was granted approval by the ethics committee of the University of Haifa, was a necessary prerequisite for obtaining the approval of the Israeli's Ministry of Education's research authority.

The present study's sample was designed to represent all students in grades 6, 8 and 10 in the national public school system (264 schools, 528 classes), under the supervision of the Israeli Ministry of Education. The sampling method was a stratified two-stage random sampling. The strata were the three types of schools (Primary/Junior high/High school); the two sectors (Jewish/Arab); the nine Israeli school districts combined into four geographic areas (Northern Israel/Central Israel/Greater Jerusalem area/Southern Israel); and the school socio-economic status (SES) indicator, comprising a three-level measure (high/medium/low) provided by the Ministry of Education. School SES was calculated by accounting for parental education (40 %), per capita family income (20 %), geographic peripherality (20 %), and the less than 1 % of students with immigrant backgrounds.

In the first sampling stage, schools were randomly selected according to the above strata. In the second stage, two classes within each relevant grade were randomly selected from each school. Participants were then administered an anonymous self-report questionnaire during class. Students whose parents did not agree that their children participate were excluded. Moreover, participants were free to withdraw from the study at any time and for any reason. Withdrawal information was not given to the researchers in order to protect anonymity of the children. The educational authorities reported, however, that only few parents resisted participation of their children. Data was collected either by pen and paper questionnaires or by a mobile device (iPod), computer assisted self-interviewing (CASI) version. The procedure lasted for approximately one school hour (45 min).

Measures

Background information was collected using 13 questions focusing on socio-demographic data (e.g., age, gender, number of siblings, and parents' marital, educational and employment status). Data on victimization was obtained by the following two instruments - both of which were translated into Hebrew and Arabic, with the Arabic versions checked by back-translation into Hebrew.

Childhood Trauma Questionnaire (CTQ)

A modified version of the CTQ short-form (Bernstein and Fink 1998; Bernstein et al. 2003) was employed. Following a request from the Israeli Ministry of Education, 5 items in the questionnaire were slightly rephrased in order to obtain language positivity. For example, instead of: "I thought that my parents wished that I had never been born" the translated version conveyed: "I feel that my parents were happy that I was born". The 28 items of the CTQ refer to lifelong abusive experiences and cover five types of maltreatment: sexual abuse, physical abuse, physical neglect, emotional abuse and emotional neglect. Unlike the original CTQ, which encompasses a five category Lickert scale, the modified version recorded data in a dichotomous true/false format. The stability of the CTQ's five-factor structure. in general, and the differentiation of CPM and CPN in particular, have been discussed in the literature (Grassi-Oliveira et al. 2014).

Juvenile Victimization Questionnaire (JVQ)

A modified version of the JVQ (Finkelhor et al. 2005) was employed. The original instrument encompasses 34 items focusing on lifelong and previous-year maltreatment and victimization experiences, which are organized in modules. Each module starts with a screener item on a certain maltreatment/victimization type, and continues with further exploratory questions. The present study included 11 forms of victimization against children and youth, grouped into three modules or domains: caregiver victimization (3 items), sexual victimization with/without contact (6 items), and witnessing/indirect victimization (2 items).

With each of the above-mentioned instruments taking a slightly different approach in measuring CM, the current study made use of the advantages of both measures to describe the phenomena. Hence, a condition was considered matched if the child reported an incident either on a CTQ item or on the equivalent JTQ item, or on both scales. Stemming from this, in the combined measure there were six subscales, four of which were combined: *Sexual abuse* ($\alpha = 0.77$) with 11 items, *Physical abuse* ($\alpha = 0.68$) with 6 items, *Physical neglect* ($\alpha = 0.40$) with 6 items, *Emotional abuse* ($\alpha = 0.69$) with five items, *Emotional neglect* ($\alpha = 0.64$) with six items, and *indirect exposure to domestic violence* with two items. All items referred to lifetime experiences, with information on incidents during the preceding year recorded only by the JVQ scale.

Data and Statistical Analysis

Descriptive analyses were performed to calculate the prevalence rates for each of the six victimization types and for victimization categories (i.e., at least one victimization, two types, three or more types). Each type of maltreatment was examined by ethnicity, gender, and grade level in order to examine the differences of victimization among Arabs/Jews, boys/girls, and the different grade levels. If a child suffered from more than one maltreatment type, the running count in the data analysis (to determine prevalence) was incremented for each of these maltreatment types; signifying that percentages shown for the different maltreatment types may add up to more than 100 %. All analysis was performed with

Table 1 Sample characteristics ($N = 12{,}035$)

Variables		Frequency	%
Gender	Female	6385	53.1
	Male	5650	46.9
Ethnicity	Jewish	9836	81.7
	Arab	2199	18.3
Health Status	Fair	11,543	96.6
	Poor	406	3.4
School Grade	Sixth	5654	47.0
	Eighth	3044	25.3
	Tenth	3337	27.7
Parents Marital Status	Married	10,072	83.9
	Divorced	1466	12.2
	Widowed	252	2.1
	Other	212	1.8
Family size	Typical (1–3 children)	6950	58.3
	Large (4 or more children)	4963	41.7
District	Northern Israel	4356	36.2
	Central Israel	4715	39.2
	Southern Israel	2067	17.2
	Greater Jerusalem	897	7.5
School SES indicator	Low	3069	25.5
	Medium	4201	34.9
	High	4765	39.6

IBM® SPSS® Statistics Version 21. For all analyses, significance was set at $p < .05$.

Results

Sample Description

Table 1 shows that the sample of 12,035 children was evenly distributed between boys (46.9 %) and girls (53.1 %), with participants' age ranging from 12 to 17 years, with an average age of 14.1 years (SD = 1.7). A total of 81.7 % of the children in the sample were Jewish. Regarding participants' family status, 83.9 % of the children reported that their parents were married; 12.2 %, reported that their parents were divorced; and 3.9 % reported that one or both parents were deceased. Most of the children (96.6 %) reported good health, without chronic diseases or disabilities.

Child Maltreatment Prevalence

Table 2 presents data on the percentage of student reports for each type of maltreatment by ethnicity, gender and grade levels. Over half of the respondents (52.9 %) had at least one lifetime experience of victimization, of any one of the maltreatment types measured herein. The most frequently reported types of victimization were emotional abuse (31.1 %) and sexual abuse (18.7 %), followed by physical neglect (17.0 %), physical abuse (18.0 %), emotional neglect (17.0 %), and exposure to domestic violence (9.8 %).

To examine the differences between the five types of CM according to ethnicity (see Table 2), chi-square (χ^2) tests were carried out for the comparison of Arabs and Jews; boys and girls; and 6th, 8th and 10th grade students (see Table 3). Arab participants were found significantly more likely to be victimized than Jewish participants ($\chi^2 = 233.9$, $p < .001$). with approximately 67.6 % of Arab participants and 49.6 % of the Jewish participants reporting at least one victimization type. Moreover, rates increase to more than 25 % from Arabs to Jews for each victimization type. For example, over one-fourth (27.4 %) of Arab children reported having been physically abused, compared to 14.7 % of Jewish children. Ethnic differences were found for both overall and each form of maltreatment (for overall: $\chi^2 = 239.8$, $p < .001$, for emotional abuse: $\chi^2 = 105.4$, $p < .001$, for sexual abuse: $\chi^2 = 36.1$, $p < .001$, for physical neglect: $\chi^2 = 415.5$, $p < .001$, for physical abuse: $\chi^2 = 203.2$, $p < .001$, for emotional neglect: $\chi^2 = 41.9$, $p < .001$, and for exposure to domestic violence: $\chi^2 = 51.3$) (see Table 4).

Pertaining to gender, in both ethnic groups, boys were found significantly more likely to be victimized than girls. In the Jewish group, boys reported significantly higher rates of physical neglect (16.7 % vs. 12.8, $\chi^2 = 29.5$, $p < .001$) and physical abuse (17.6 % vs. 12.2 %, $\chi^2 = 56.00$, $p < .001$) than girls. In contrast, Jewish girls reported significantly higher rates of exposure to domestic violence (10.0 % vs. 7.8 %, $\chi^2 = 14.78$, $p < .001$) compared to boys. In the Arab group, boys reported significantly higher rates of sexual abuse (28.4 % vs. 18.7 %, $\chi^2 = 28.87$, $p < .001$), physical neglect (39.8 % vs. 27.4 %, $\chi^2 = 38.20$, $p < .001$), physical abuse (32.6 % vs. 22.9 %, $\chi^2 = 25.66$, $p < .001$), and emotional neglect (26.7 % vs. 17.6 %, $\chi^2 = 26.66$, $p < .001$) than girls. In contrast, similarly to the Jewish group, Arab girls reported significantly higher rates of exposure to domestic violence (15.6 % vs. 12.0 %, $\chi^2 = 21.3$, $p < .05$). Additionally, in both ethnic groups, the older the child was the more abusive exposure he or she reported For example, in the Jewish group, the reports of being sexually abused increased from 6th grade (13.2 %) to 8th grade (19.8 %), and peaked in 10th grade (23.9 %). Similar results were found in the Arab group (19.6 %, 24.9 % and 26.2 %, respectively).

Discussion

The current study is the first national epidemiological research focusing on self-reported CM in Israel's multi-faceted society. Due to a growing consensus among practitioners and

Table 2 Prevalence rates of lifetime maltreatment by ethnicity

Victimization type		Ethnicity		
	Total ($N = 12{,}035$) %	Jews ($n = 9{,}836$) %	Arabs ($n = 2{,}199$) %	χ^2
Emotional abuse	31.1	29.1	40.3	105.43***
Sexual abuse	18.7	17.7	23.2	36.09***
Physical neglect	18.0	14.6	33.1	415.55***
Physical abuse	17.0	14.7	27.4	203.25***
Emotional neglect	17.0	16.0	21.7	41.96***
Exposure to domestic violence	9.8	8.6	14.0	51.32***
Any type of victimization (≥1)	52.9	49.6	67.6	233.91***

Table 3 Prevalence rates of lifetime maltreatment by ethnicity and gender

Victimization type	Jews			Arabs		
	Boys ($n = 4{,}641$) %	Girls ($n = 5{,}195$) %	χ^2	Boys ($n = 1{,}009$) %	Girls ($n = 1{,}190$) %	χ^2
Emotional abuse	28.3	29.8	2.49	41.9	38.9	2.06
Sexual abuse	17.6	17.7	.05	28.4	18.7	28.87***
Physical neglect	16.7	12.8	29.50***	39.8	27.4	38.20***
Physical abuse	17.6	12.2	56.00***	32.6	22.9	25.66***
Emotional neglect	16.2	15.8	.42	26.7	17.6	26.56***
Exposure to domestic violence	7.8	10.0	14.78***	12.0	15.6	6.02*
Any type of victimization (≥1)	51.4	48.0	10.82***	72.4	63.5	19.84***

researchers that the prevalence rates of CM in Israeli society are underreported, the study aimed to produce an empirical understanding of the multivariate and complex phenomena of the prevalence of CM in Israel. Data, gathered from children and youth aged 12–17 within the Israeli national school system, consisted of self-reported physical, sexual and emotional abuse; as well as physical neglect, emotional neglect and indirect exposure to domestic violence.

International Comparisons of Child Maltreatment Prevalence

Being the first study of such magnitude focusing on self-reported CM, the lack of comparable data hinders comparisons with additional national/international studies in this field. Methodological issues also have a strong influence on prevalence estimates - as the phrasing of questions, the number of questions asked, the instruments of data collection used (i.e., interviews, self-administered paper and pencil questionnaires vs. CASI) may bias results.

Study findings are compared to worldwide prevalence rates, as previously presented from Stoltenborgh et al.'s (2014) review of meta-analyses on the prevalence of the various CM types. This aforementioned meta-analyses review demonstrates that CM prevalence rates of physical, emotional, and sexual abuse among females are more-or-less-similar worldwide, whereas sexual abuse among males was found to have a significantly higher prevalence rate in the current study (19.5 %) compared to international studies (7.6 %) and in North America (8 %) (i.e., calculated as the average of male and female sexual abuse values, Stoltenborgh et al. 2014). One possible explanation is the growing social legitimacy for males to disclose sexual abusive experiences, including the increased exposure to boys' testimonies and male disclosure discussions on the Internet. Another possible explanation is that boys within the religious educational school system are separated from girls, and educated by male teachers-thereby possibly exposing them to more violence from other males.

Regarding CEDV, the current study's total sample result of 9.8 % is similar to Kessler et al.'s (2010) findings as obtained from 21 countries (4.2–7.8 %), and is also situated within the range of Gilbert et al.'s (2009) findings of 8–25 %. The latter

Table 4 Prevalence rates of lifetime maltreatment by ethnicity and grade level

Victimization type	Jews				Arabs			
	6th ($n = 4{,}765$) %	8th ($n = 2{,}517$) %	10th ($n = 2554$) %	χ^2	6th ($n = 889$) %	8th ($n = 527$) %	10th ($n = 783$) %	χ^2
Emotional abuse	24.2	30.0	37.3	139.28***	34.9	39.1	47.3	26.95***
Sexual abuse	13.2	19.8	23.9	141.83***	19.6	24.9	26.2	11.29**
Physical neglect	14.6	14.1	15.1	1.04	30.4	35.5	34.6	5.15
Physical abuse	13.8	14.5	16.7	11.17**	26.8	25.8	29.1	2.01
Emotional neglect	11.7	17.9	22.2	144.68***	20.6	26.0	20.2	7.43*
Exposure to domestic violence	7.5	9.1	11.5	32.87***	10.1	12.9	19.0	28.13***
Any type of victimization (≥1)	44.6	49.9	58.8	135.26***	63.6	68.1	71.9	13.33***

study's findings, however, refer to adolescent and adult past-year rates for CEDV rather than lifetime rates, which would most probably be even higher.

Child Maltreatment Prevalence Rates: Israeli Jews and Arabs

Results revealed that Israeli Arab compared to Jewish children and youth, reported higher levels of exposure to all forms of CM. This is consistent with previous studies that focus on CM among ethnic minority children (Culley 2006; Roberts et al. 2011). It is often also attributed to the different culture-specific parenting styles practiced in minority cultures (Elliott and Urquiza 2006) or to lower socio-economic status and social class. Based on the above and the fact that the Arab minority in Israel, compared with the Jewish majority, is characterized by higher rates of poverty and unemployment (Gharrah 2012; Hareven 2002), further studies focusing on the possible association between the SES indicator and CM should be conducted. The difference found could also stem from the fact that the majority of the Israeli Arab population live in rural areas that are located relatively farther away from the center of Israel, and thereby have less access to social and welfare services. This latter point is consistent with Ben-Arie and Haj-Yahia's (2006) findings indicating that a higher rate of CM is associated with low SES and geographic rural areas locations.

Child Maltreatment Prevalence Rates and Gender

The findings indicated that among participants, boys were generally more exposed than girls to all types of CM, including sexual abuse. Whereas, the fact that boys reported higher rates of exposure to physical abuse is in line with previous evidence (Sedlak et al. 2010; Stoltenborgh et al. 2011), the higher level of males' exposure to sexual abuse compared to females, is in contrast to previous findings. This may represent a shift from the traditional view of masculinity, which dictates that men should be assertive, sexually dominant, and heterosexual (Davies 2002) - to a more contemporary view that is less gender-based and that blurs the dichotomy between males' and females' roles. In line with such beliefs and attitudes, males may feel freer to label their experiences as rape, even if they have responded in a manner that suggested that they enjoyed the encounter (i.e., ejaculation or erection; Mezey, and King 2000; Ratner et al. 2003). The only type of CM that females were found to significantly experience more than males was CEVD.

Child Maltreatment Prevalence Rates and Age

In this study, the ages of participants were 12 years (6th grade), 14 years (8th grade) and 16 years (10th grade). Significant differences between younger and older participants were found for all maltreatment types, signifying that lifetime disclosure rates increase with age (Alaggia 2010). This is in line with previous findings indicating that disclosure is determined by a complex interplay of factors related to child demographics and personal characteristics, family environment, community influences, and cultural and societal attitudes (Alaggia 2010). Moreover, studies that examine latency of disclosure report a mean delay from 3 to 18 years (Hébert et al. 2009; Smith et al. 2000). Evidence further demonstrates that the age of onset of abuse has a significant impact on disclosure; signifying that the younger the child was when the abuse started, the more difficult/delayed the disclosure. Age obviously is also related to developmental constraints, such as cognitive and verbal functions and recall ability, which may impede the child's ability to disclose. Note, that the prevalence of emotional abuse and neglect, as well as physical neglect, in the current study did not take into account the chronicity of the abusive/neglectful behaviors. As such, by most definitions (i.e., defining these specific types of CM as ongoing, repeated and persistent abusive/neglectful incidents), they may be considered by others as overestimates.

Based on all the above, it appears that international collaboration of researchers striving to unify and standardize definitions, instruments, research designs and procedures, would greatly increase the ability to compare results and promote the understanding of the phenomenon of CM worldwide. A uniformity of concepts and methodology would likewise enable the development and application of service models that better serve children's needs both at large and as pertaining to to specific cultural and/or socioeconomic contexts.

Strengths and Limitations of the Current Study

While this study features the largest representative sample, to date, of children and youth of all surveys on this topic worldwide, it still has its limitations. Due to restrictions regarding respondents' welfare, as well as legal constraints, data collection was limited to one academic hour (45 min). For the same reasons, some of the questions were rephrased, which might have altered some aspects of the information. Furthermore, limiting the answer categories to a binary true/false format reduced the variance to a minimum, which also diminished the possibilities for advanced statistical analysis. The mixed use of two different methods of data collection (i.e., pen and pencil vs. CASI) might have also had an effect on the comparability of the data.

Conclusions and Implications

Estimating CM in the multi-faceted Israeli society, the current study stresses that valid baselines are needed to assess periodically the phenomenon of CM, its trends, as well as the

policies and programs designed to address it. Typically, an epidemiological strategy for knowledge building on a given phenomenon will follow a linear path encompassing: frequency, distribution, correlates, determinants, and, intervention models. From a practical aspect, such a survey, validly answering questions concerning CM frequency, would facilitate effective practice, as well as additional research in this field. Recent trends in empirically-based practice in the helping professions reiterate the need for periodically updated data bases on the phenomenon under scrutiny. It is also important to state that applying restrictive and ethnocentric concepts of CM in culturally diverse societies, such as Israel, may inevitably result in stigmatization of minorities with different perceptions of what constitutes child well-being vs. CM. Thus, it is imperative to develop more flexible concepts of CM, that will protect parents from criminalization, families from disruption, and society from conflict, while maintaining children's best interests (Reisig and Miller 2009). It is likewise important to consider development theory when dealing with CM, since children's responses to violence, whether domestic or outside the home, vary with age and developmental stage. The relevance of considering disclosure from a developmental perspective, is stressed here as well, since young children, for example, may not find the words to describe the abuse they experienced nor fully comprehend it Understanding age differences from a developmental point of view is particularly essential for practitioners, as well, as it may help in detecting abused children at an early stage of victimization, provide maltreated children with help and prevent further abuse (Coohey, Renner, Hua, Zhang, and Whitney 2011).

Given the scope of the present study's findings, violence against children should be considered a social problem of epidemic dimensions in Israel (i.e., encompassing direct victims, indirect victims, offenders, their families, as well as additional community social circles). The prevalence clearly indicates that victims come from the general child population (ages 12–17) and not only from the population defined as "children at-risk" or from other service populations. It is important to stress that as CM involves the direct victims, the offenders, the indirect victims (e.g., siblings), the silent witnesses, the supporters, and those who are obligated to report - CM should be addressed from an ecological context; with the unit of reference for intervention redefined as "community". This, as strengthening and empowering communities, will help balance the needs and rights of community members; with interventions for the prevention of CM are used from existing resources and services. Communities should likewise be helped in identifying resources that can promote informal coping methods and non-labeling interventions. In addition, the continued development of innovative programs, for empowering communities through positive statements, restorative justice models and cultural sensitive individual and familial intervention models, is warranted.

Compliance with Ethical Standards

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Conflict of Interest RLW declares that she has no conflict of interest. ZE declares that he has no conflict of interest. MF declares that she has no conflict of interest. RG declares that she has no conflict of interest. DM declares that he has no conflict of interest.

Ethical Approval All procedures performed in this study involving human participants were in accordance with the ethical standards of the University of Haifa, the Israeli the Ministry of Education Chief Scientist research committee, and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

Informed Consent Informed consent was obtained from all individual participants included in this study and their parents

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