

Defining child maltreatment for research and surveillance: an international, multi-sectoral, Delphi consensus study in 34 countries in Europe and surrounding regions

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Summary

Child maltreatment is a complex public health issue that has consequences across the life-course. Studies to quantify child maltreatment and identify interventions and services are constrained by a lack of uniform definitions. We conducted a European Delphi study to reach consensus on types and characteristics of child maltreatment for use in surveillance and research. Statements were developed following a scoping review and identification of key concepts by an international expert team ($n = 19$). A multidisciplinary expert panel ($n = 70$) from 34 countries completed three rounds of an online survey. We defined consensus as $\geq 70\%$ agreement or disagreement with each statement after the final round. Consensus was reached on 26/31 statements (participant retention rate 94%). From the statements, we propose a unified definition of child maltreatment to improve measurement and surveillance in Europe. Concerted efforts are now required to test and refine the definition further prior to real-world operationalisation.

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Introduction

Child maltreatment has been recognised by the World Health Organization (WHO) as a major public health problem that can have severe and long-lasting effects on physical and mental health and wellbeing across the life-course.¹ It is also associated with significant financial and societal costs.² In Europe, an estimated 18 million children experience sexual abuse, 44 million physical

abuse, and 55 million emotional abuse before their 18th birthday.³ In addition, at least 850 children in Europe die every year because of severe maltreatment.³ Governments and international organizations advocate for increased action to prevent child maltreatment.^{4,5} However, for prevention efforts to be successful, improved measurement strategies and systematic surveillance are required.⁶ High quality measurement and surveillance of child maltreatment, in turn, require the use of a standardized definition.

Global public health organizations have adopted their own definitions of child maltreatment, and these

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Key messages

- There is a lack of consensus-based definitions of child maltreatment, which hinders measurement of child maltreatment and limits comparability across sectors and countries.
- We conducted a pan-European study in 34 countries with a multidisciplinary panel of 70 experts and adults with lived experience of child maltreatment using Delphi methodology, to gain consensus on types and characteristics of child maltreatment for use in surveillance and research.
- In the final round of the e-Delphi survey, consensus was reached for 26 of 31 statements, enabling the development of a standardised definition of child maltreatment, including features that distinguish child maltreatment from violence against children, subtypes, and key characteristics of child maltreatment.
- Use of a standardized definition will improve measurement and recording of child maltreatment, and lead to the development and implementation of more effective and targeted services and interventions. This in turn has the potential to reduce inequalities and lead to improved public health outcomes for children at risk of maltreatment.
- Concerted efforts are now required to test and refine the definition further prior to real-world operationalisation.

have been used to inform national and international child protection policies, strategies and legal frameworks.^{5,7,8} However, these organizations acknowledge that the quantification of child maltreatment is complex and that estimates vary, in large part because of inconsistent definitions.⁵ Research using both population-based surveys and administrative data^{9,10} has also shown that a standardised definition is needed because differences in definitions lead to variation in prevalence and incidence estimates.^{11–16} Different sectors and professions involved in child protection practice and research use their own terminology and use varying definitions, and these can often be non-specific or implicit.¹⁰ In addition, the definition of child maltreatment varies within and between countries.^{17,18} All of these issues hinder attempts to quantify child maltreatment and compare trends over contexts or time, and to monitor the effectiveness of services and interventions.¹⁹

Among the major issues in defining child maltreatment is whether all types of “violence against children” should be considered “child maltreatment”, and whether all sub-types of child maltreatment (such as “neglect”) should be considered “violence”. Linked to this is the breadth of perpetrators included,¹⁰ for example, whether child maltreatment is restricted to caregiver-perpetrated violence or whether it also includes violence by acquaintances, peers, or strangers (especially when considering child sexual abuse). Major debates also circle around the defining characteristics of violent acts and omissions, including whether power differentials between victims and perpetrators are required. Distinguishing violent acts and omissions from (normal) difficulties associated with parenting is

another challenge (for example, should a single event of belittling be counted as child maltreatment?).¹⁰

Several attempts have been made to standardise definitions for research and surveillance in this field. However, these have either focused on a broader concept of violence against children that includes collective as well as interpersonal violence (for example, during armed conflict),²⁰ or specific forms of child maltreatment such as abusive head trauma²¹ or near-fatal child maltreatment.²² In addition, few of these have used robust consensus-based methodologies.^{7,20,21} This evidence gap is increasingly being recognised, with recent calls for a standardised definition of child maltreatment to support global surveillance efforts.²³

Euro-CAN (Multi-Sectoral Responses to Child Abuse and Neglect in Europe: Incidence and Trends) is a multidisciplinary network funded by the European Cooperation in Science and Technology Association (COST) under COST Action number 19106.²⁴ It comprises researchers and child protection practitioners from 35 countries in Europe and surrounding regions, established to develop a unified system of child maltreatment data collection. There are five working groups, with Working Group 1 (the investigators of this current study) focused on developing an international, consensus-based, multi-sectoral definition that can be used for child maltreatment data collection and surveillance in Europe. The aim of this study was to reach consensus on types and characteristics of child maltreatment for use in surveillance and multi-sectoral research within the countries represented within the Euro-CAN network. The specific objectives were to develop consensus on 1) the characteristics that distinguish child maltreatment as a subset of violence against children, 2) types and sub-types of child maltreatment, and 3) the minimum characteristics required to define an incident as child maltreatment for surveillance and research purposes.

Methods

We conducted an electronic Delphi (e-Delphi) study. The full methodology is reported in the study protocol.²⁵ Ethical approval was granted by the Cardiff University School of Medicine ethics committee in February 2023 (reference number: SMREC22/96). We report the methods and results in accordance with the Conducting and Reporting Delphi Studies (CREDES) Guidelines (see [Appendix](#), page 1).²⁶

This study was designed and conducted by an international, multidisciplinary expert team of 19 researchers and child protection practitioners from 11 countries involved in the Euro-CAN network. Of 19 team members, 11 do not have English as their mother tongue. Preliminary work included a scoping review,²⁷ comparative analysis of international child maltreatment classification systems (infographic available at²⁴), a

survey of child maltreatment experts, and critical appraisal of other attempts to improve surveillance systems in this field.^{20,28} Taken together, these showed substantial variation in definitions of child maltreatment and data collection practices. The scoping review of 25 studies found that only four studies reported attempts to create new conceptualizations or definitions of child maltreatment, and only one study tested their new definition in practice. The results also indicated that more attention should be paid to the conceptualization of psychological and emotional maltreatment and neglect during efforts to define child maltreatment. The comparative framework analysis found that most classifications^{5,8,29–31} organized maltreatment into only types ranging from four to seven types, whereas one used a hierarchical classification⁷ in which maltreatment categories are organized into types and subtypes. We identified 14 criteria used to define child maltreatment and its (sub)types, such as type of behaviour, impact on the child, and severity of harm, but the classifications did not use the same criteria, or define the criteria in the same way. The survey of experts in child maltreatment showed inconsistencies in national definitions for data collection purposes in different public systems. Taken together, this preliminary work showed substantial variation in definitions and surveillance of child maltreatment.

We discussed this evidence at a study workshop in October 2022 during which the key areas where consensus was lacking were identified and the statements for the Delphi questionnaire were developed. We finalised the questionnaire at a second study workshop in January 2023, after which we piloted it with 12 members involved in the Euro-CAN network, to ensure clarity of language and format. Where there were linguistic challenges, these were discussed by the team and resolved in real time to ensure that the statements were interpreted in the same way by individuals from different countries.

The e-Delphi process

We purposefully recruited an expert panel from the countries contributing to the Euro-CAN network, consisting of child protection professionals, healthcare professionals, academics, police, legal professionals, forensic specialists, policy makers or civil servants, and adults with lived experience of child maltreatment. The inclusion criteria were significant practical experience and/or a robust research track record in child maltreatment (see [Appendix](#) page 4 for participant eligibility criteria). These were developed to ensure that participants would have knowledge of the existing international classification systems and the current issues and challenges in defining child maltreatment for population-level data collection. We recruited adults with lived experience of child maltreatment via the Children's Social Care Research and Development

Centre (CASCADE) established public involvement groups. The expert panel was independent of the study team. All participants gave informed consent to take part in the study.

We collected data over three rounds between April and December 2023 (round one in April to May, round two in July to September, round three in October to December), using the KoBo toolbox platform (www.kobotoolbox.org/). We divided the questionnaire into three sections to correspond with the three study objectives and initially included 21 statements in English. Participants ranked their agreement with each statement using a 4-point Likert scale ('strongly agree', 'agree', 'disagree', 'strongly disagree').^{32,33} Open-ended questions allowed participants to elaborate on their level of agreement with each statement; make suggestions for additions or changes to be incorporated into the statements for the next round; and/or indicate where the wording of a statement was unclear or non-specific.

Data analysis

After each round, we calculated the percentage consensus for each statement based on the Likert scale responses. We defined consensus a priori as 70% or more of the panel rating a statement as 'agree' or 'strongly agree', or 70% or more of the panel rating a statement as 'disagree' or 'strongly disagree'.^{33,34} Median values for the Likert scale responses were also examined to gain an understanding of the strength of agreement (median value of 4 indicates strong agreement) or disagreement (median value of 1 indicates strong disagreement). Free-text comments were analysed thematically by six members of the study team (LEC, UN, KD, DL, LH, AN), including three individuals whose first language is not English (UN, KD, DL), to explore the rationale behind participants' responses.

The study team reviewed the quantitative and qualitative results at workshops in May (round one) and September (round two) 2023. Where there was evidence that statements were unclear or participants were conflicted in their responses, the qualitative data was used to inform decisions on changes to the wording or explanatory text. This was particularly evident for the statements included under objective three, which required changes between each round. For example, responses after round one, where participants were asked about the characteristics that are "important to consider" when defining child maltreatment, suggested that this phrasing was unclear: "*chronicity is important when considering impact ... but is not central in defining whether or not an incident is maltreatment*" (participant 25, academic researcher). Therefore, the final wording for these statements in round three asked participants whether a characteristic was "essential" for the definition. New statements were introduced when it was clear that key concepts had been missed. For example, we

added the statements on power, responsibility and trust under objective one because multiple respondents referred to these in their comments on the nature of the child-perpetrator relationship.

We provided participants with feedback and anonymised aggregate data at the start of subsequent rounds, to explain why and how the statements changed, in accordance with standard Delphi procedures.³⁵ For statements that did not change, participants rated these again, so that we could examine the stability of agreement across rounds. For statements that changed, participants were shown the previous and adapted statements but only rated the adapted statements. Statements achieving consensus after the final round were used to develop a definition of child maltreatment for research and surveillance.

Role of the funding source

The study funders had no role in the study design, data collection, data analysis, data interpretation, or writing of the findings.

Findings

Of the 71 participants who were invited to contribute to the Delphi process, 70 (99%) agreed and completed round one, 66 (94% of 70) completed round two, and 66 (94% of 70) completed round three. A broad range of professions was represented (Table 1), and 21 participants held multiple roles. The commonest professions were academic researchers (50%) or healthcare professionals in the field (26%). Four adults with lived experience of child maltreatment also participated.

	Expert panel (n = 70)
Profession^a	
Child protection professional	9 (9%)
Healthcare professional	25 (26%)
Academic	48 (50%)
Police	1 (1%)
Legal professional	2 (2%)
Forensic specialist	4 (4%)
Policy maker/civil servant	3 (3%)
Adult survivors of CM	4 (4%)
Geographic region^b	
Eastern Europe	9 (13%)
Northern Europe	24 (34%)
Southern Europe	22 (31%)
Western Europe	10 (14%)
Other ^c	5 (8%)

^aTotal is 96 (not 70) because participants had multiple roles (5 identified that they had 3 roles and 16 identified that they had 2 roles). ^bAccording to the classification of the United Nations Statistics Division (<https://unstats.un.org/unsd/methodology/m49/>). ^cIsrael (n = 3), Turkey (n = 2).

Table 1: Respondents and response rates.

Participants from all European regions were included; 34% were from Northern Europe and 31% were from Southern Europe. There were also five participants from countries outside of Europe but with links to the Euro-CAN network (Israel and Turkey). There were seven experts from the United Kingdom, four from Norway, three from six countries, two from 15 countries, and one from 11 countries (Fig. 1).

There were 21 statements assessed in round one (Fig. 2). Seven were added, and ten were modified for round two, making a total of 28 statements assessed. Nine were added, nine were modified, and six were removed for round three, making a total of 31 statements assessed. Overall, consensus was reached for 26 statements and not reached for five. Results from each round are presented in Tables 2–4 accompanied by the statements tested in the third round. The statements from rounds one and two are provided in the Appendix for completeness (see page 5 onwards). For statements where consensus was reached, quotes that illustrate participants' rationale for their responses are given in Table 5. For statements where consensus was not reached, quotes that illustrate the reasons for participants' opposing views are given in Table 6. A definition of child maltreatment was formed by combining the information from the 26 statements for which consensus was reached. This is provided in Panel 1.

Objective 1: the characteristics that distinguish child maltreatment as a subset of violence against children

Across all three rounds, there was consensus that child maltreatment should be classified as a subset of violence against children (Table 2), with 91% consensus (median score 4) in round three. There was also consensus that the nature of the victim-perpetrator relationship is one of the key characteristics that defines child maltreatment as a sub-type of violence against children, with 90% consensus in round three (median score 3). There was consensus that perpetrators of child maltreatment can be adults or minors (83% consensus in round three; median score 3). To distinguish between child maltreatment and violence against children, we asked participants which relationships between the child and perpetrator were applicable to each. Participants agreed that the perpetrators of child maltreatment could be family, other caregivers, other authority figures, and other trusted figures, but not strangers or peers, whereas all could be perpetrators of violence against children.

Defining the nature of the relationships further was challenging and this was the only area where there was a lack of consensus remaining after the third round for some statements. Participants agreed that the perpetrator must be in a position of power over the victim in *child maltreatment* (80% consensus in round three; median score 3), but there was no consensus on whether

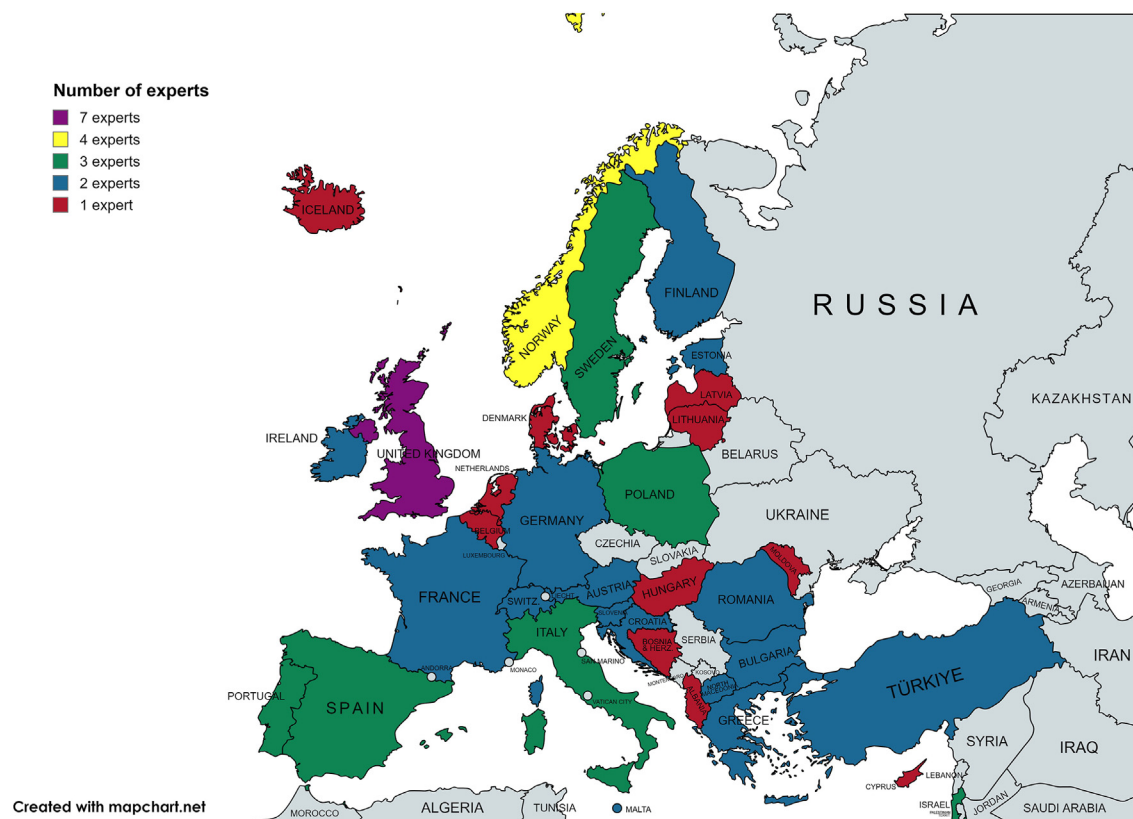


Fig. 1: Map of participants' countries.

they must be in a position of responsibility or have a relationship of trust with them (Tables 2 and 6). There was consensus that perpetrators do not need to be in a position of responsibility for, or have a relationship of trust with, the victim in *violence against children* (78% and 72% consensus respectively in round three; median score for both 2), but no consensus on whether they must be in a position of power.

Objective 2: types and sub-types of child maltreatment

There was consistent agreement across all rounds for the four statements included under this objective (Table 3). There was consensus that “neglect” is a broad type of child maltreatment within which there are different sub-types (97% consensus in round three; median score 4), and that all sub-types of neglect can be characterised as a failure to provide or a failure to supervise (90% consensus in round three; median score 3). Participants also agreed that the term “psychological” should be used as the overarching term to encompass emotional, cognitive, and behavioural maltreatment (97% consensus in round three; median score 4), and that psychological maltreatment should be divided into sub-types of psychological abuse and psychological

neglect for research and surveillance purposes (92% consensus in round three; median score 4).

Objective 3: the minimum characteristics required to define an incident as child maltreatment, for surveillance and research purposes

After round three, consensus was reached for all statements included under this objective (Table 4). Participants agreed that it is essential to know that an act or omission has caused harm, or has the potential to harm a child, to define an incident as child maltreatment, and that a harmful act should be defined as child maltreatment regardless of the traditional or cultural beliefs of the perpetrator (86% consensus for both after round three; median scores 3). Participants did not think that an act or omission must be intentional (77% consensus after round three; median score 2), severe (75% consensus after round three; median score 2), or continual and/or repeated (76% consensus after round three; median score 2) to define it as child maltreatment for research or surveillance purposes. There was also consensus that maltreatment does not require confirmation, for example by a multidisciplinary team or statutory authority (70% consensus after round three; median score 2), for research or surveillance purposes.

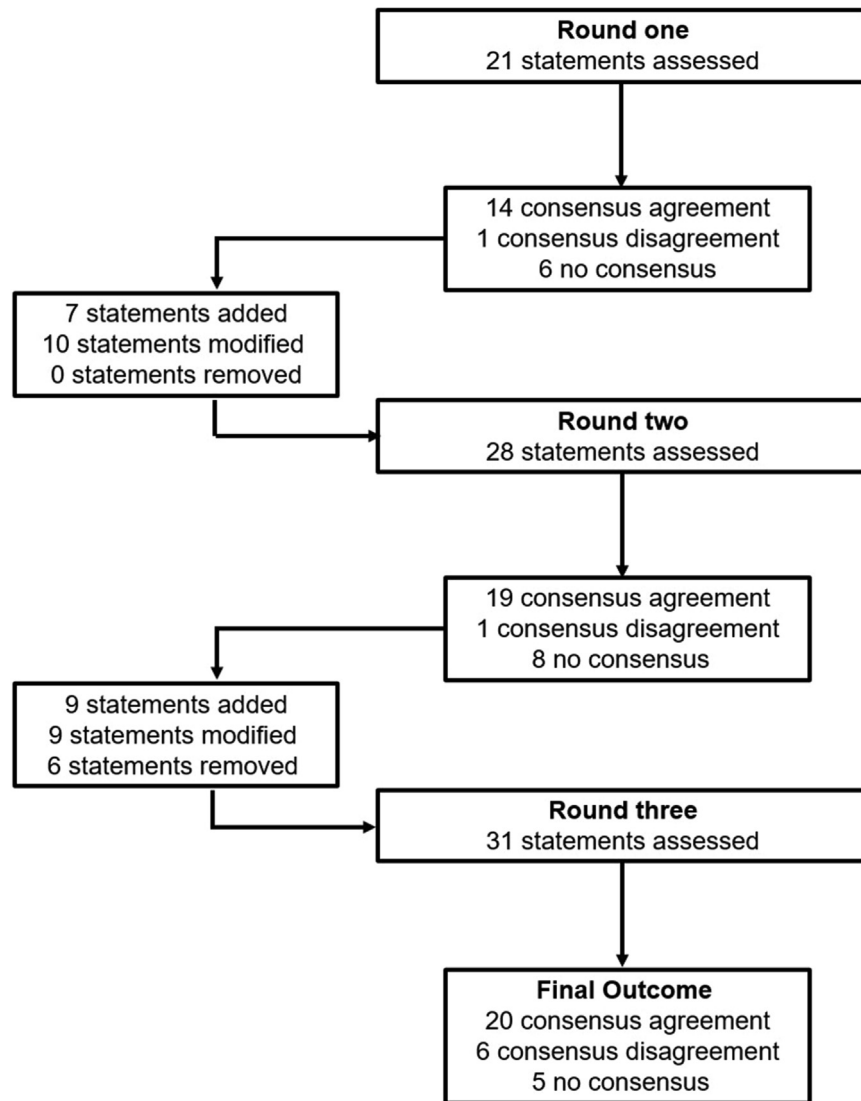


Fig. 2: Flowchart of statements.

Responses were consistent for all types of child maltreatment.

Discussion

The aim of this study was to reach consensus on types and characteristics of child maltreatment for use in surveillance and multi-sectoral research in the Euro-CAN countries, using a robust Delphi methodology. A definition was formed from the 26 statements for which consensus was reached. Our Delphi study aimed to unify and simplify child maltreatment definitions across disciplines and regions. We identified key elements from existing classification systems, to obtain consensus on areas where there are differences, and

therefore to distil the essential features required to define child maltreatment in the context of research and surveillance. Our proposed definition is therefore not a completely new definition, but builds on and synthesises information from the existing classifications.

It is important to recognise that this is the first step in achieving international consensus on a definition of child maltreatment that can be widely used within research and surveillance. The next step will be to test whether the consensus commands support amongst additional experts from a wider range of professions. We suspect that several aspects of the definition will be challenged. These debates are positive and necessary, and may lead to significant refinements and

Statement from Round 3	Round 1 (n=70)			Round 2 (n=66)			Round 3 (n=66)		
	Agree	Disagree	Median	Agree	Disagree	Median	Agree	Disagree	Median
"Child maltreatment" should be classified as a subset of "violence against children"	73%	27%	3	89%	11%	4	91%	9%	4
The nature of the victim-perpetrator relationship is one of the key characteristics that defines "child maltreatment" as a sub-type of "violence against children"	75%	25%	3	90%	10%	3	90%	10%	3
The perpetrator can be an adult or a minor when defining "child maltreatment"	*	*	*	86%	14%	3	83%	17%	3
The following relationship between the child and perpetrator is specific to "child maltreatment":									
Family (including immediate family, siblings and other relatives)	92%	8%	4	95%	5%	4	95%	5%	4
Other caregiver (e.g., foster parents, other childcare)	94%	6%	3	95%	5%	4	95%	5%	4
Other authority figure (e.g., teacher, healthcare professional, religious figure, coach)	82%	18%	3	93%	7%	4	87%	13%	3
Other trusted figure (e.g., familiar adult such as a neighbour)	84%	16%	3	92%	8%	3	85%	15%	3
Strangers	-	-	-	59%	41%	3	52%	48%	2
Peers	-	-	-	66%	34%	3	50%	50%	3
The following relationship between the child and perpetrator is specific to "violence against children":									
Family (including immediate family, siblings and other relatives)	-	-	-	-	-	-	83%	17%	3
Other caregiver (e.g., foster parents, other childcare)	-	-	-	-	-	-	78%	22%	3
Other authority figure (e.g., teacher, healthcare professional, religious figure, coach)	-	-	-	-	-	-	82%	18%	3
Other trusted figure (e.g., familiar adult such as a neighbour)	-	-	-	-	-	-	80%	20%	3
Strangers	-	-	-	-	-	-	83%	17%	3
Peers	-	-	-	-	-	-	88%	12%	3
The perpetrator must be in a position of power over the victim in "child maltreatment"	-	-	-	71%	29%	2	80%	20%	3
The perpetrator must be in a position of responsibility for the victim in "child maltreatment"	-	-	-	59%	41%	2	62%	38%	3
The perpetrator must have a relationship of trust with the victim in "child maltreatment"	-	-	-	49%	51%	1	62%	38%	3
The perpetrator must be in a position of power over the victim in "violence against children"	-	-	-	-	-	-	47%	53%	2
The perpetrator must be in a position of responsibility for the victim in "violence against children"	-	-	-	-	-	-	22%	78%	2
The perpetrator must have a relationship of trust with the victim in "violence against children"	-	-	-	-	-	-	28%	72%	2

* Statements were changed to such an extent that comparison of percentages and medians is not meaningful (for example, statements were changed from positive to negative).

Table 2: Quantitative results for objective 1.

modifications prior to wider acceptance and operationalisation. We discuss several of the key issues that require further consideration below.

An international classification of violence against children (ICVAC) was recently developed to promote standardized data collection and enable countries to produce comparable statistical data.²⁰ This includes collective as well as interpersonal violence (for example, during armed conflict). We drew on this work to attempt to distinguish between the concepts of violence against children and child maltreatment. There was clear consensus in our study that child maltreatment is a subset of violence against children. Our participants also

agreed that violence against children has a broader set of perpetrators, consistent with a recent umbrella review of child maltreatment definitions.¹⁶ In addition, the defining characteristics of child maltreatment as identified in our study differ from those adopted for violence against children in ICVAC. Our findings suggest that for child maltreatment, it is only essential to know that the act or omission has caused harm or has the potential to cause harm, whereas for the definition of violence against children, it is assumed that four characteristics (deliberate, unwanted, non-essential, harmful) must be present simultaneously. The experts in this study strongly agreed that "child maltreatment" is a sub-set of

Statement from Round 3	Round 1 (n=70)			Round 2 (n=66)			Round 3 (n=66)		
	Agree	Disagree	Median	Agree	Disagree	Median	Agree	Disagree	Median
"Neglect" is a broad type of child maltreatment within which there are different sub-types	*	*	*	99%	1%	4	97%	3%	4
All sub-types of neglect can be characterised as a failure to provide and/or a failure to supervise	-	-	-	90%	10%	3	90%	10%	3
There is agreement on what we mean when referring to the "physical" types of child maltreatment. However, the terms "psychological" and "emotional" are often used interchangeably. In addition, some disciplines consider psychological maltreatment as an overarching term that includes emotional, cognitive and behavioural maltreatment. The term "psychological" should be used as the broad umbrella term to describe all these types of child maltreatment (in a similar way to the broad term "physical")	86%	14%	3	92%	8%	3	97%	3%	4
Psychological maltreatment should be split into sub-types of psychological abuse and psychological neglect for research and surveillance purposes	-	-	-	85%	15%	3	92%	8%	4

*Statements were changed to such an extent that comparison of percentages and medians is not meaningful (for example, statements were changed from positive to negative).

Table 3: Quantitative results for objective 2.

“violence against children”. We acknowledge that other experts may not agree with this finding. For example, some professionals may consider online abuse, witnessing domestic violence, or exploitation as forms of child maltreatment rather than violence against children. Additional work is needed to clarify the characteristics that distinguish between these concepts, as well as to identify mechanisms that can be used by professionals working in this field to identify and classify new forms of maltreatment as they come to light.

Related to this, several internationally-recognised classification systems for child maltreatment were also identified in our background work, each using different approaches, definitions and terminology (infographic

available at²⁴). Most of these^{5,8,29,30} organize maltreatment by type, including physical abuse, sexual abuse, psychological abuse, and neglect, and some include additional types (e.g., exploitation⁸). In contrast, the Centres for Disease Control Child Maltreatment Surveillance (CMS) recommendations⁷ organize maltreatment by both type and sub-type (e.g., “physical neglect” is a sub-type of “failure to provide” which, in turn, is a sub-type of “child neglect”). Given these differences, it is no surprise that obtaining consistent measurements of child maltreatment is challenging. Results of our background work indicated that areas requiring particular attention were the conceptualization of neglect and psychological maltreatment. Whilst we did not attempt

Statement from Round 3	Round 1 (n=70)			Round 2 (n=66)			Round 3 (n=66)		
	Agree	Disagree	Median	Agree	Disagree	Median	Agree	Disagree	Median
It is essential to know that an act or omission has caused harm, or has the potential to harm a child, to define an incident as child maltreatment	81%	19%	3	80%	20%	3	86%	14%	3
A harmful act should be defined as child maltreatment regardless of the traditional or cultural beliefs of the perpetrator	*	*	*	*	*	*	86%	14%	3
It is essential to know that the act or omission is intentional to define it as child maltreatment	40%	60%	3	35%	65%	2	23%	77%	2
It is essential to know that the harm is severe, or could be severe, to define an incident as child maltreatment	43%	57%	2	38%	62%	2	25%	75%	2
It is essential to know that the act or omissions are continual and/or repeated to define an incident as child maltreatment	47%	53%	3	38%	62%	2	24%	76%	2
It is essential to know that the suspected maltreatment has been confirmed (e.g., by a multidisciplinary team or statutory authority) to define an incident as child maltreatment	50%	50%	2.5	36%	64%	2	30%	70%	2

*Statements were changed to such an extent that comparison of percentages and medians is not meaningful (for example, statements were changed from positive to negative).

Table 4: Quantitative results for objective 3.

Statement from round 3	Percentage consensus	Participant quotes
"Child maltreatment" should be classified as a subset of "violence against children"	91% agreed	<i>Violence against children is a broader term than child maltreatment, and it may include other phenomena such as child exploitation, trafficking, exposure to domestic violence, war-related phenomena etc. (Participant 1, healthcare professional)</i>
The nature of the victim-perpetrator relationship is one of the key characteristics that defines "child maltreatment" as a sub-type of "violence against children"	90% agreed	<i>I understand child maltreatment as a form of violence carried out by someone who exercises the role of caregiver or trusted person. Moreover, "violence against children" can be exercised by institutions. (Participant 54, academic researcher)</i> <i>Child abuse is a concept that includes all dimensions of violence. But I think the relationship between the child and the abuser is important in maltreatment, because the abusers are parents/caregivers or familiar adults. There is an ongoing relationship with the child as they are the persons responsible for the care of the child. (Participant 62, academic researcher)</i>
The perpetrator can be an adult or a minor when defining "child maltreatment"	83% agreed	<i>Caregiving responsibilities can also be trusted to minors, and of course, the parents can be minors. (Participant 8, academic researcher)</i> <i>Maltreatment is maltreatment, regardless of the age of the perpetrator. (Participant 25, academic researcher)</i>
The following relationship between the child and perpetrator is specific to "child maltreatment":		<i>They cover all kinds of relationships I would include. (Participant 54, academic researcher)</i> <i>I think the relationship of responsibility the perpetrator has with the child defines child maltreatment; this includes family, other caretakers, trusted figures but not peers and strangers. Peers and strangers who are acting violent towards a child are committing violence against children in my opinion. Difficulties are possible: is sexual abuse of children always child maltreatment, when the perpetrator is a complete stranger? (Participant 61, healthcare professional)</i>
Family (including immediate family, siblings and other relatives)	95% agreed	
Other caregiver (e.g., foster parents, other childcare)	95% agreed	
Other authority figure (e.g., teacher, healthcare professional, religious figure, coach)	87% agreed	
Other trusted figure (e.g., familiar adult such as a neighbour)	85% agreed	
The following relationship between the child and perpetrator is specific to "violence against children":		<i>I think maltreatment does refer more to family/friends/people in the child's immediate community circle. (Participant 43, healthcare professional)</i> <i>In my opinion, violence against children can be committed by anyone (no matter the age and relationship with the victim), while child maltreatment should include the perpetrator's profile (trust, family bonding etc.) and should not include peer violence and violence committed by strangers. (Participant 44, legal professional)</i>
Family (including immediate family, siblings and other relatives)	83% agreed	
Other caregiver (e.g., foster parents, other childcare)	78% agreed	
Other authority figure (e.g., teacher, healthcare professional, religious figure, coach)	82% agreed	
Other trusted figure (e.g., familiar adult such as a neighbour)	80% agreed	
Strangers	83% agreed	
Peers	88% agreed	
The perpetrator must be in a position of power over the victim in "child maltreatment"	80% agreed	<i>The position of power of the perpetrator on the child distinguishes child maltreatment from other forms of violence amongst children e.g., bullying, where the power imbalance is not present. (Participant 36, healthcare professional)</i> <i>Child maltreatment takes place in the context of a caregiving relationship; power is a characteristic of that relationship and thus differentiates child maltreatment from other forms of violence against children. (Participant 49, academic researcher)</i>
The perpetrator must be in a position of responsibility for the victim in "violence against children"	78% disagreed	<i>A random passer-by can e.g., rob a child, and this would be considered violence (against children). For someone to maltreat a child, they first have to be in a position to have some kind of responsibility over the child's wellbeing. (Participant 15, healthcare professional)</i> <i>A neighbour who sexually abused a girl is not responsible for her, but he is the perpetrator. (Participant 22, healthcare professional)</i>
The perpetrator must have a relationship of trust with the victim in "violence against children"	72% disagreed	<i>A relationship of trust is not necessary for acts of violence. (Participant 46, academic researcher)</i> <i>Often there will be a relationship of trust - this, in effect, gives the perpetrator some power over the victim. However, that will not always or necessarily be the case, it could be difficult to define, and therefore I think it is not a practical criterion to use. (Participant 66, child protection professional)</i>
"Neglect" is a broad type of child maltreatment within which there are different sub-types	97% agreed	<i>Neglect, just like abuse, includes at least two mutually exclusive forms: physical and psychological. Physical neglect should probably refer to depriving the child of physical care like clothing, heating, proper shelter, etc. Psychological neglect probably refers to depriving the child of loving care, cognitive stimulation, social interactions and so on. Then, there may be educational neglect and medical neglect. (Participant 51, academic researcher)</i> <i>The effects caused by physical, psychological (inattention to psychological needs), or material (inattention to material needs for home, clothing, etc.) negligence are different and should be studied separately. (Participant 55, healthcare professional)</i>
All sub-types of neglect can be characterised as a failure to provide and/or a failure to supervise	90% agreed	<i>This is a key part of the definition of neglect. (Participant 8, academic researcher)</i> <i>Failure to provide and failure to supervise cover all forms of neglect at the individual level. (Participant 25, academic researcher)</i> <i>It is important to develop a complex category-system with clear explanations. (Participant 35, academic researcher)</i>

(Table 5 continues on next page)

Statement from round 3	Percentage consensus	Participant quotes
(Continued from previous page)		
There is agreement on what we mean when referring to the “physical” types of child maltreatment. However, the terms “psychological” and “emotional” are often used interchangeably. In addition, some disciplines consider psychological maltreatment as an overarching term that includes emotional, cognitive and behavioural maltreatment. The term “psychological” should be used as the broad umbrella term to describe all these types of child maltreatment (in a similar way to the broad term “physical”)	97% agreed	<i>I agree psychological is broader than emotional and as a term can be compared to “physical”. (Participant 56, healthcare professional)</i> <i>I think that is an important umbrella term because the patterns and effects of these types of abuse are often overlapping and require an over-arching theme for purposes of research and practice. (Participant 43, healthcare professional)</i>
Psychological maltreatment should be split into sub-types of psychological abuse and psychological neglect for research and surveillance purposes	92% agreed	<i>This makes sense, since actions and omissions should ideally be separable. (Participant 10, academic researcher)</i> <i>There may be psychological abuse without neglect or vice versa. This is probably most true for neglect, where many parents had no intention to cause any harm to their children. (Participant 57, healthcare professional)</i>
It is essential to know that an act or omission has caused harm, or has the potential to harm a child, to define an incident as child maltreatment	86% agreed	<i>An act without the potential to harm a child, with harm defined as both physical and mental short- and long-term, has no meaningful connection to child maltreatment. (Participant 11, academic researcher)</i> <i>“Harm” (or at least “potential to cause harm”) is at the core of the definition of maltreatment. (Participant 15, healthcare professional)</i>
A harmful act should be defined as child maltreatment regardless of the traditional or cultural beliefs of the perpetrator	86% agreed	<i>These are important considerations in understanding the nature and impact of any maltreatment, but should not form part of the definition; if an act is harmful or potentially harmful, then it is harmful regardless of the tradition or culture of the family. (Participant 67, academic researcher)</i> <i>There are some behaviours that are culturally normative, e.g., early marriages in the Roma population or physical discipline in the USA, but this doesn’t mean that they should not be considered as maltreatment. This is why we need to use international guidelines. (Participant 8, academic researcher)</i>
It is essential to know that the act or omission is intentional to define it as child maltreatment	77% disagreed	<i>Intent is relevant only from a criminal law perspective, but not in terms of a definition of the act itself. (Participant 14, academic researcher)</i> <i>While intentionality can indeed play a role in some instances of child maltreatment, it is not a necessary condition for all forms of maltreatment. Neglect, one of the primary forms of child maltreatment, often arises from omissions or failures to act. While some neglect may be intentional, many instances result from factors like parental ignorance, inability, or circumstances beyond the caregiver’s control (e.g., extreme poverty). Recognizing such cases as maltreatment is vital for the welfare of the child, even if the parents (or other caregiver) did not intend harm. (Participant 13, legal professional)</i>
It is essential to know that the harm is severe, or could be severe, to define an incident as child maltreatment	75% disagreed	<i>The severity of the abuse can be used to determine the penalty, but not to determine whether or not there is maltreatment. (Participant 55, healthcare professional)</i> <i>An act or omission does not have to be ‘severe’ to constitute child maltreatment. For example, a parent who ‘mildly’ spansks a child is still maltreating the child. (Participant 25, academic researcher)</i>
It is essential to know that the act or omissions are continual and/or repeated to define an incident as child maltreatment	76% disagreed	<i>Chronicity is important when considering impact (and punishment for perpetrators), but it is not central in defining whether or not an incident is maltreatment. If an incident is maltreatment, it is maltreatment whether it happens once, or multiple times. As stated above, there is no ‘ok’ level or amount of harm. (Participant 26, child protection professional)</i> <i>A rape might be a one-off incident, but the harm caused is so severe that chronicity should not play any part in how to define it. (Participant 20, academic researcher)</i> <i>One act of abusive head trauma is potentially lethal. Even if it happens once, that may be more than enough for permanent brain damage or immediate death. (Participant 10, academic researcher)</i>
It is essential to know that the suspected maltreatment has been confirmed (e.g., by a multidisciplinary team or statutory authority) to define an incident as child maltreatment	70% disagreed	<i>Confirmation is a statutory, legal or administrative issue that does not define maltreatment per se. (Participant 59, academic researcher)</i> <i>This is very difficult to verify in emotional abuse or neglect. (Participant 63, healthcare professional)</i> <i>Most maltreatment (particularly sexual) does not come to the notice of professionals, and even when it does, it often cannot be confirmed. I think it is important to distinguish between confirmed and unconfirmed maltreatment ... but this should not be the criterion for definition - we need to be able to capture that maltreatment which has not been reported to official agencies. (Participant 66, child protection professional)</i>

Table 5: Qualitative results where there is consensus.

to gain consensus on all potential sub-types of maltreatment, our study participants agreed that neglect and psychological maltreatment are broad types of maltreatment within which there are sub-types.

Neglect, as agreed by our participants, is characterized by the failure to provide essential resources or failure to supervise a child, which leads to harm or the

potential for harm. This consensus progresses beyond the internationally recognized maltreatment classification systems mentioned above, which typically recognize a broader category of neglect without delineating sub-types. The agreement that all forms of neglect can be characterized as either a failure to provide or a failure to supervise aligns with the CMS.⁷ It will be helpful to

Statement from Round 3	Percent Agreed	Rationale for agreement	Rationale for disagreement
The following relationship between the child and perpetrator is specific to "child maltreatment": Strangers Peers	52% 50%	<i>I'm not certain about "stranger". "Peer" maybe more so (e.g., in a kindergarten, the other children). A stranger can have temporary responsibility for the wellbeing of a child, though. (Participant 15, healthcare professional)</i> <i>Any kind of the proposed relationship can be associated with maltreatment. (Participant 16, academic researcher)</i>	<i>Strangers don't have the responsibility, and peers don't have responsibility or power. (Participant 8, academic researcher)</i> <i>I tend to separate peer-perpetrated violence against children from adult-perpetrated violence, with the latter termed as child maltreatment. (Participant 58, healthcare professional)</i>
The perpetrator must be in a position of responsibility for the victim in "child maltreatment"	62%	<i>The reason for not giving the "strongly agree" is that the concept of responsibility is not precise (e.g., siblings, broader family etc.). However, I think that the responsibility has to be present at the time of the maltreatment. (Participant 8, academic researcher)</i>	<i>The perpetrator does not necessarily have to be in a position of responsibility for the victim. (Participant 34, child protection professional)</i>
The perpetrator must have a relationship of trust with the victim in "child maltreatment"	62%	<i>Some kind of (at least implicit) trust is present in child maltreatment, even if the child doesn't express it (or feel it) explicitly. e.g., a child that is left at the supervision of an adult at a "play park" in a shopping mall, while the caregivers are shopping. The adult is a stranger to the child, and the child doesn't have to trust the adult, but there is an implicit assumption of trust in that the adult will do their job and supervise the child professionally. (Participant 15, healthcare professional)</i>	<i>Again, I believe power is easier to operationalize than trust - I think trust is so subjective that any operationalization of this for research will be so heterogeneous that it will be difficult to use and interpret. (Participant 10, academic researcher)</i> <i>Relationship of trust is very difficult to assess and quite subjective. I do not think it is a necessary criterion for defining child maltreatment. (Participant 1, healthcare professional)</i>
The perpetrator must be in a position of power over the victim in "violence against children"	47%	<i>There is power of the perpetrator over the victim, but the type of power is different. I believe that violence against children includes, for example, wars, refugee problems, trafficking, etc. In these cases there is power, but it is not directly over specific children. (Participant 47, academic researcher)</i> <i>Any type of violence implies a power imbalance. (Participant 54, academic researcher)</i>	<i>There is no need to be in a pre-existing relationship of power. It can be someone that the child has never met before. (Participant 50, academic researcher)</i>

Table 6: Qualitative results where there is no consensus.

further categorise neglect within these two sub-types, because specific types of neglect (e.g., educational or medical) require different and specialized interventions and support. However, gaining consensus on further sub-divisions of neglect was beyond the scope of this study, and warrants a dedicated investigation.

Study participants also agreed that the term "psychological" should be used as the overarching term to encompass emotional, cognitive, and behavioural maltreatment. Brassard and colleagues have described psychological maltreatment as the least recognized and addressed form of child maltreatment, and note that a variety of terms are used interchangeably including emotional abuse and neglect, mental violence, and emotional maltreatment.³⁶ In the current study, the strong agreement (97% consensus) among experts that "psychological" should be used as an umbrella term (similar to "physical") rather than "emotional" was surprising given the widespread use of the term "emotional maltreatment" in practice. However, it is encouraging, because use of standardised terminology within surveillance and research will improve the comparability of estimates between settings and studies. However, whilst participants agreed that psychological maltreatment should be divided into sub-types of psychological abuse and psychological neglect, this finding contradicts attempts to classify maltreatment types into hierarchical categories. Specifically, according to our consensus definition, psychological neglect could either be a sub-type of psychological maltreatment or a sub-type of neglect. Further work is needed to explore how the concept of "psychological maltreatment" overlaps with the broad

neglect category and to understand whether there are additional sub-types within "psychological maltreatment" that could be important to distinguish (e.g., fabricated or induced illness³⁶ or childhood verbal abuse³⁷).

The WHO guidance on the prevention of child maltreatment provides a conceptual definition which states that child maltreatment occurs "*in the context of a relationship of responsibility, trust or power*".⁵ However, these inter-related concepts are not themselves defined or clearly delineated. They also appear in legal definitions, such as the "*abuse of position of trust*" in the UK Sexual Offences Act 2003,³⁸ where "*position of trust*" refers to adults in specific roles and settings who have regular and direct contact with children such as teachers, care workers, sports coaches, and faith group leaders. The statements on power, responsibility and trust were added to our questionnaire after the first round because some

Panel 1: Definition of child maltreatment developed from the 26 statements for which consensus was reached.

Child maltreatment is a sub-type of violence against children. The perpetrator can be an adult or minor but must be in a position of power over the victimized child. To define an act or omission as child maltreatment, it must cause harm or have the potential to cause harm, regardless of intention, severity, chronicity, or the traditional/cultural beliefs of the perpetrator. "Neglect" is a broad type of child maltreatment comprised of sub-types that can all be characterised as "failure to provide" or "failure to supervise". In addition, the broad umbrella term encompassing emotional, behavioural, or cognitive maltreatment should be "psychological", and psychological maltreatment should be divided into sub-types of psychological abuse and psychological neglect.

participants had identified one or more of these concepts as potentially relevant in the open-ended responses. When we tested these statements, participants agreed that for an act or omission to be defined as child maltreatment, the perpetrator must be in a position of “power” over the victim, but there was no consensus on positions of “trust” and “responsibility”. The qualitative data suggested that it is easier to operationalize and measure “power”, whereas “trust” and “responsibility” were thought to be too ambiguous or subjective to be of use for routine surveillance or research purposes. Further work is needed to define and distinguish between these concepts before they can be considered as defining features of child maltreatment.

A key strength of this study was the inclusion of 70 experts working across multiple disciplines, including child protection professionals, healthcare professionals, academics, police, legal or forensic professionals, policy makers or civil servants, as well as adults with lived experience of child maltreatment, who are frequently excluded from research in this field. Adults with lived experience of child maltreatment found some of the technical terms used difficult to understand, however they were supported by the member of our team responsible for public involvement to complete the survey in all three rounds. Another strength was the very high retention rate across rounds, with 94% of participants completing all three rounds. Whilst Delphi studies tend to have smaller sample sizes than other population health studies, the number of participants and the retention rate in this study compares very favourably with those of other published Delphi studies³⁹ and ensured that a broad range of different perspectives were included. However, most of the participants were academic researchers and/or healthcare professionals and there was only a small number of participants from some professions, for example legal professionals and police. In addition, we did not include other professional groups who may be dealing with individual cases of child maltreatment such as teachers. As such, our findings may not reflect the full range of opinions of all professions. We were also unable to analyse the data by professional group due to small numbers. Despite this, previous research has found that even a small panel (23 participants) with a general understanding of the field of interest is sufficient to achieve stable consensus and develop reliable criteria in a Delphi study.³²

In addition, we included experts from the 34 different countries involved in the Euro-CAN network. The fact that stable consensus was achieved for the majority of statements strengthens our confidence in the broad potential applicability of this definition to a range of countries, despite the differences in child protection systems, laws and policies throughout Europe. Although we had excellent participation from countries in the network, these are not necessarily representative of all countries. It is therefore not clear

how applicable the definition would be in countries outside of Europe, and replication of this study in other settings would strengthen confidence in our findings. However, achieving consensus within Europe is an important starting point and further work is now needed to develop consensus on a global scale. In addition, conducting the study in English limited participation to individuals who were confident with the English language. During the design of the questionnaire, the team identified several areas where use of terminology differed in different languages. For example, in Icelandic, the term “perpetrator” is only used to refer to adults, and in Polish there is no distinction between the terms “abuse” and “violence” in the context of child maltreatment. Due to the multilingual nature of the team, we were able to construct the statements to account for some of these linguistic nuances; however, it was evident from the qualitative responses that some differences in interpretation persisted. We carefully examined and discussed these with team members to identify areas where additional explanatory text was required to mitigate the effects of these challenges. If researchers are planning a similar study in other settings, we recommend that they carefully select team members for their diversity and follow the same approach as us.

We did not include statements relating to physical or sexual abuse because these are accepted within existing classification systems to be broad types of maltreatment. However, areas of uncertainty remain in relation to the specific sub-types and acts that should be considered as physical or sexual abuse. For example, the limits of physical punishment are not universally agreed, and not all studies of sexual abuse include non-contact sexual acts within their definition, which will underestimate prevalence.⁴⁰ In addition, whilst participants agreed that their responses applied to all types of maltreatment, the open-ended responses nevertheless suggested some nuances. For example, some participants suggested that the perpetrators of sexual abuse might be a wider group than those of other types of child maltreatment. It was beyond the scope of this study to reach consensus on the definitional criteria for each sub-type of maltreatment. However, these areas require further exploration. A planned secondary analysis of the qualitative data from this study may provide insights to guide this further work.

Study participants agreed that confirmation of child maltreatment is not essential for the definition. Longitudinal studies (such as⁴¹) have shown that children with confirmed and unconfirmed maltreatment reports have similar long-term outcomes. This suggests that, for research and surveillance purposes, data from multiple different sources (for example, self-report, administrative, and clinical data) can be used to count child maltreatment using our proposed definition. Research

and surveillance of child maltreatment also involves multiple sectors and institutions, including health, social care, and justice, among others. We suggest that researchers are transparent about the data sources used and clearly state whether and how child maltreatment cases have been confirmed to facilitate measurement and comparison in different settings.

As noted above, our research findings represent a pivotal first step that will now require concerted efforts to test and refine the definition. Ultimately, consideration will then need to be given to how such a consensus definition of child maltreatment can be operationalised. Standardised definitional elements are a prerequisite for the ability to compare the efficacy of interventions and prevention efforts across countries and systems in empirical studies. We propose a two-path roadmap towards operationalisation: first, with targeted actions to apply the consensus definitional elements within research and surveillance. The second path emphasises strategic advocacy. Equipped with the robust consensus achieved, we see the need to support professionals, advocates, and communities to push for the resources and infrastructure necessary for the empirical study of child maltreatment epidemiology, prevention, and intervention.

To tackle the gap identified in our scoping review—where previous child maltreatment definitions were rarely tested or operationalised—we propose developing standardised toolkits and cross-sectoral checklists, alongside pilot programmes.²⁷ One promising setting for piloting our definition is the Barnahus model, which is gaining traction across Europe as a multidisciplinary framework for the response to child maltreatment. Piloting within Barnahus centres, where healthcare, child protection, and law enforcement collaborate closely, will allow for real-world testing of the definition in venues already committed to interagency cooperation.⁴² In the long term, we recommend creating a comprehensive set of pan-European guidelines on definitional elements for cross-sectoral implementation, with consideration for adaptation given country-specific cultural and regional diversities. We anticipate that the adoption of our definition will be a gradual process that is dependent on the specific data collection systems in each sector and country.

Researchers often fail to penetrate policy-making realms due to the silos that separate these domains. This divide is often exacerbated by limited dissemination strategies and a lack of advocacy to ensure research findings translate into policy changes. The absence of policymaker engagement in research initiatives like Delphi studies can widen this gap, as consensus definitions fail to reach practical application in policy frameworks. Our two-part approach therefore includes proactive advocacy efforts, leveraging WHO's INSPIRE framework, which provides a strategic platform for child maltreatment prevention.⁴³ As WHO emphasises

implementation in “pathfinder” countries, our advocacy efforts can align with INSPIRE's evidence-based strategies, building momentum in European region countries prioritising the prevention of violence and abuse. By actively disseminating our findings via the Euro-CAN network and building alliances with stakeholders across sectors, we aim to bridge the research-policy divide, helping to embed our consensus-based definition into practice and enhance public health surveillance of child maltreatment.

This is the first study to have reached consensus on types and characteristics of child maltreatment and to provide a definition of child maltreatment for use in multi-sectoral research and surveillance in Europe. Use of a standardized definition will improve measurement and recording of child maltreatment, and lead to the development and implementation of more effective and targeted services and interventions. This in turn has the potential to reduce inequalities and lead to improved public health outcomes for children at risk of maltreatment. Concerted efforts are now required to operationalise, test, and monitor the definition in real world settings.

Contributors

AJ, GO and UN conceptualised the study and acquired the funding for the Euro-CAN network, and A Naughton acquired the study funding. All authors contributed to the design of the study and the questionnaire. LBR, LH and LEC led the study workshops. RV was responsible for patient and public involvement. UN was responsible for overall methodology, recruitment, obtaining ethical approval (with LH), and project administration. A Ntinapogias and UN curated the data for analysis, with DL conducting the quantitative analysis. LEC, LH, KD, DL, UN and A Naughton conducted the qualitative analysis. All authors were involved in interpreting the results. LEC and LH co-wrote the manuscript together and produced the tables and figures. All authors reviewed and edited the manuscript. LH provided supervisory support to LEC.

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Appendix A. Supplementary data

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