WP4

BECAN Project

"Balkan Epidemiological Study on Child Abuse and Neglect"

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Children's Human Rights Centre of Albania (CRCA)

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CASE-BASED SURVEILLANCE STUDY (CBSS): ALBANIA REPORT

In the context of Achievement 4.2: "Incidence rates of reported and/or detected CAN cases, types of CAN and socio-demographic characteristics of families, in 9 Balkan countries" & Achievement 5.4: "Ten Reports of the researches results (9 National and 1 Balkan)" for the preparation of Deliverable 4.2: "Report on Incidence rates (on national and Balkan level) of reported CAN cases"

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EXECUTIVE SUMMARY

The Project "Balkan Epidemiological Study on Child Abuse and Neglect" (B.E.C.A.N.) run from September 2009 until January 2013 in 9 Balkan countries and was co-funded by the EU's 7th Framework Programme for Research and Innovation (FP7/2007-2013)[1] and the participating partner Organizations. The project's coordinator was the Institute of Child Health, Department of Mental Health and Social Welfare, Centre for the Study and Prevention of Child Abuse and Neglect (ICH-MHSW), in Athens (Greece), while the national coordinator for Albania was the Children's Human Rights Centre of Albania (CRCA Albania).

The Case-Based Surveillance Study (CBSS) aimed at identifying CAN incidence rates based on already existing data extracted from the archives of agencies involved in the handling of CAN cases (such as child protection, health, judicial and police-services and NGOs) in the same geographical areas and for the same time period as the epidemiological field survey. The collected data were related to the characteristics of individual cases such as child, incident, perpetrator(s), caregiver(s), and information concerning the family. At the same time, the CBSS targeted to map the existing surveillance mechanisms, where available, and to outline the characteristics of the surveillance practices in each participating country. Moreover, comparison at national level between inductance rates of CAN as found in field survey in one hand and in case based surveillance study on the other would produce evidence based estimates of the instantiation of the "iceberg" phenomenon regarding CAN, viz. that actual rates of the phenomenon are substantially higher than the number of cases actually known or provided for by services in the participant countries.

Albania has neither a central system of reported CAN cases nor unified databases of CAN cases exist; instead, cases are reported to a range of different agencies. Previous independent reports during more than a 10 year life-span have continuously reported lack of legislation and policies when it comes to CAN monitoring and provisions of services.

Child protection services are new in Albania and as such they are one area of social services that are faced with rapid development and transformation. In late 2010 Albania approved a new law "On Children's Rights", which among many new dispositions it requires agencies across the social service sector to report on CAN prevalence and incidence. The child protection system is currently being developed and the country doesn't have either a system of CAN monitoring nor indicators approved. A Unicef led initiative, funded by EU, is currently assisting the Albanian Ministry of Labour, Social Affairs and Equal Opportunities to develop cross-sector protocols and indicators for monitoring CAN.

A Unicef funded Report in 2012 pointed out that: "….(there is) inequality in distribution of services across the country and have suggested that CPUs might be the place to start in terms of building capacity by establishing such units in both urban and rural settings. However, while, creating new services (or CPUs) is a good beginning, there is a need to strengthen the existing system through enhancing human capacities and budgeting their activities and services[2]."

[1] Grant Agreement No: HEALTH-F2-2009-223478.
[2] *"How to Improve Responsiveness of Service Providers in Identifying, Reporting and Referring Cases of Violence against Children",* Albanian Center for Economic Research 2012.

The child protection system is part of the administration of social services. By law every Municipality and Commune[3] is required to have some form of social services established, which shall provide: a) economical aid to those who are in extreme difficult financial situation and b) social services to those in need. Social administrators are required to identify the cases and take a decision on each of them. In practice the system it has been working to provide in most of the cases economical aid, a parallel and dual system of child protection was established (in several cases a separate one for women too can be observed), which was reflected also to the Law on Protection of Children's Rights[4].

Albania is a signatory party of the UN Convention on the Rights of the Child as of 1992 and it has submitted two country reports to the CRC so far. In its last observations[5] of October 2012, the Committee: "…urges the State party to reinforce the coordination role of the State Agency for the Protection of Children's Rights by ensuring that the Agency has high status, sufficient authority and adequate human, technical and financial resources to effectively coordinate actions for children's rights across different sectors and from the national to the local levels. The Committee also urges the State party to rationalize the work of the various child rights bodies and provide them with the necessary human and financial resources to carry out their role with efficiency.

As BECAN research shows, violence against children in Albania is prevalent in the lives of a very large number of children. On one side the services such as: education, social services, health, police, justice etc, shall be able to capture and understand cases where CAN is prevalent in the life of child and on the other side, it shall be prepared to offer most effective services that at its final aim should help a child live a life without violence.

As it is explained in this report, in its current state the system works not as a single unit vertically and horizontally, but rather as separated horizontal units of agencies, institutions and NGO's that make efforts to provide a range of limited services to children victims of child abuse and neglect. More than often a case of CAN will move across the system until it disappears from it. As a unified follow-up and monitoring mechanism is not in place within the system, it is not clear whether a case was solved, forgotten within the system or it was pulled out by those who reported at the first place.

In general it can be stated that the system it identifies the CAN prevalence and incidence although it doesn't report effectively. The non-balanced distribution of Child Protection Units and social services, either government or NGO based services, it provides children in larger urban areas with more opportunities to be placed under protection of those services than children living in rural areas, where extremely few child protection services have been established.

The research shows that most of the children that access the services have already suffered a great degree of violence of multiple forms and through a long time. Reported cases from this research also show that most of them are severe CAN cases which is an evidence that children access the services mainly when the violence has already got aggravated or in some of its worst forms. Consequently, it can be noted that the

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[3] Forms of administrative organization in Albania. A municipality is the authority of local administration in a city/town, while the commune is the authority in a group of villages.

[4] A copy of the law can be accessed in Albanian language in this link: http://www.ashmdf.al/index.php?option=com_content&view=article&id=75&Itemid=4

[5] Committee on the Rights of the Child of United Nations, Concluding Observations for Albania: http://www2.ohchr.org/english/bodies/crc/crcs61.htm

services are not able to notice and identify violence at it early stages, but rather seem to be in "waiting" for the next case to be reported.

Albania does not have a mandatory reporting system on violence against children. The research shows that the majority of CAN cases are reported to the social services and at a lesser degree at police. When it comes to justice a small proportion of CAN cases is reported, which corresponds with the time of data collection for this report and when many forms of violence against children were not prohibited by law.

The report shows that prevention of CAN is not streamlined in its three levels among the system of child protection and other child-related services. The education system does identify, register and reports few cases of CAN, while the child protection system doesn't provide short and long-term interventions to children and parents alike. As the system of social welfare is focused mainly on providing economical aid it lacks a long-term vision to raise public awareness in general population on consequences of child abuse and neglect. Either other sectors such as education and health implement information and education campaigns on how parents can build healthy relationships with children because they lack the knowledge on CAN. This further stresses the importance on establishing, on one side mechanisms in place to identify and report CAN and on the other side change the violent behaviour into a non-violent one.

Main findings

- Methodology for completing the data files DNF cases varies from agency to agency, due to the lack of standardized instruments to record the data of the case. From 7 agencies only 2 of them have established some form of databases where data is recorded while 5 others have data stored only in files. This is the result of the lack of a centralised system for child protection agencies which can provide integrated services for children that fall victim of child abuse and neglect.

- Albania does not have a well-coordinated and central collection, reporting, referral and case management of children among all agencies that manage and deal with CAN cases. This in reality shows that there are different standards of work in different agencies or on certain occasions different standards are applied within the same Agency when it comes to risk assessment, needs assessment, decision-making and intervention plan.

- Case management is often implemented without a full assessment of the case. On several occasions the system seems to show a lack of consideration and practice on deciding what are the primary and the most urgent needs of the child for safety and protection, while plan to implement further preventative measures that can facilitate the process of recovery of the child. It is of prime importance to gather sufficient data and information on each CAN case, which could help the case management and planning for future and specific interventions.

- A considerable part of the institutions and agencies report that they collect information on CAN, but actually they collect only basic information and unspecified or verified with other child protection

agencies. Most public agencies do not have sufficient staff to manage cases and no proper system of building and maintaining CAN files.

- Compared to the general prevalence and incidence of CAN studied by the field research, the child protection agencies are faced with the most difficult and severe cases of CAN. This indicates that for the most common cases of CAN the system is not prepared to identify and report them at an initial phase and either children are enough aware where to report on violence being used against them.

- The study shows that the level of child protection services is limited in the scope and supply. Recorded cases of children show that on the one hand, children are exposed to some of the worst form of violence and in many multiple forms and combinations. Most of such children belong to parents who have a history of substance abuse, alcohol, are unemployed or have been themselves victims of violence when young.

- During the preparation of this CBSS Report the team observed that research and systematic studies of CAN and its consequences are missing in Albania. This creates a series of problems in terms of recognising and assessing across-agencies services and their level of distribution.

Recommendations of the research

The research team has the following recommendations to make at the end of the CBSS process in Albania:

- Data collection on CAN cases among agencies and service providers shall be made by using a set of core indicators and data required to be collected from all agencies dealing with CAN cases, including the use of standardized instruments to be placed online.

- The study recommends that the State Agency for Protection of Children's Rights in Albania to establish a central data collection system with access and accessible by all agencies and institutions that work on child protection and provide services for them and their parents. Data must be unified, filled and filed according to specific protocols approved by the highest authority possible.

- The CBSS study suggests the development of instruments and standard procedures for the evaluation of cases and later for case management. These procedures should be used in every step of the case management, including continuous monitoring and reporting of the situation of the child and the case itself.

- In the opinion of the researchers the system of child protection and generally social services administration, needs to be trained for building a system of filing, maintenance, recording and reporting on CAN. Moreover the establishment of online databases and standard procedures is a necessity to follow each case throughout its journey within the system. Providing adequate personnel and funding to CPUs shall be a priority to local governments across Albania.

- Prevention of violence against children should be a priority for all agencies at national and local level. This requires that services focus not only in terms of treatment, but to establish early warning system from pre-school education to the pre-university one. Programs like COMBI (behavioural change for teachers) and awareness on ALO 116-National Child Helpline are of primary importance to protect children and adolescents from CAN.

- Prevention of violence against children requires that first, second and third levels of prevention provide integrated and multi-disciplinary services for all family members. Dealing with children only provides a temporary solution to a major problem, while durable solutions should include education sector, social services and building relationships between family members.

- The study recommends the systematic monitoring, reporting and research of CAN reported cases. The process can be turned into a sustainable process of improving the system by learning. Research on one hand can show the situation where the system is, while on the other hand, they can recommend practical and sustainable solutions to solve observed problems. Such studies serve to measure the progress of the system over the years and look into new trends for the child protection system in Albania.

CONTENTS

page(s)

DOCUMENT INFORMATION i
EXECUTIVE SUMMARY ii
CONTENTS iv
List of Tables v
CHAPTER A: INTRODUCTION & BACKGROUND 1
A.1. The BECAN Project 1
A.2. CBSS in Albania: Background, Aim and Objectives 3
Specific objectives 5
A.3. Current situation concerning CAN Monitoring System in Albania 5
A.4. The necessity for development of a National CAN Monitoring System 8
A.5. CBSS Challenges Encountered in Albania 9
CHAPTER B. METHODOLOGY 11
B.1. Organization of CBSS in Albania 11
B1.1. Timeframe 12
B.1.2. Identification of Eligible Services-CBSS Data Sources 13
B.1.3. Preparation of the Research instruments 15
B.1.4. Train the Research Team 15
B.2. Process followed for Data Collection 16
CHAPTER C. CBSS RESULTS IN ALBANIA 17
C.1. Description of Participating Services & their Archives-Databases 17
C.2. CAN incidence in Albania 20
C.2.1. Children's vulnerability to CAN and to Specific Forms of Maltreatment 22
C.2.2. Child- CAN victims' characteristics 27
C.2.3. Characteristics of Families and Households of Maltreated Children 32
C.2.4. Characteristics of CAN-Perpetrators 34
C.2.5. Characteristics of Caregivers of Maltreated Children 36
C.2.6. Agencies involved in administration of CAN cases and Services provided to children-victims and their families 40
C.3. File completeness concerning the characteristics of the recorded CAN cases: lessons learned from the missing values 42
CHAPTER D. CONCLUSIONS 44
RECOMMENDATIONS 46
Literature 48
ANNEXES
ANNEX I: List of Organizations that provided data
ANNEX II: Extraction Forms Part I & II
ANNEX III: Operations' Manual for Researchers

LIST OF TABLES

Table C.1.1 Organizations/Services that participated in CBSS by providing access to their archives/databases by geographical area

Table C.1.2 Profile of the Organizations/Services that provided data for the CBSS

Table C.1.3 Main characteristics of Archives/Databases from which the data were derived

Table C.2.1 Child maltreatment incidence per form of CAN, age, gender and geographical area

Table C.2.2 Status of CAN's substantiation for children 11, 13 & 16 years old, per form of maltreatment and geographical area (for the year 2010)

Table C.2.1.1 Single versus Multiple Forms of abuse per age, gender and geographical area

Table C.2.1.2 Physical abuse: Specific types of physical abuse, injuries sustained and severity of injuries per gender and age (for the year 2010)

Table C.2.1.3 Sexual abuse: Specific types of sexual abuse per gender and age (for the year 2010)

Table C.2.1.4 Psychological abuse: Specific types of psychological abuse per gender, age and geographical area (for the year 2010)

Table C.2.1.5 Neglect: Specific types of neglect per age, gender and geographical area (for the year 2010)

Table C.2.1.6 Single and Multiple forms of abuse per gender, age and geographical area (for the year 2010)

Table C.2.2.1 Child-CAN victims' characteristics per age and gender

Table C.2.2.2 Child-physical abuse victims' characteristics

Table C.2.2.3 Child-sexual abuse victims' characteristics

Table C.2.2.4 Child-CAN psychological abuse victims' characteristics

Table C.2.2.5 Child-neglect victims' characteristics

Table C.2.3 Children-victims' Family and Household characteristics per form of maltreatment

Table C.2.4 Perpetrators and Caregivers

Table C.2.5.1 Perpetrators' characteristics per form of maltreatment

Table C.2.5.2 Caregivers who are also Perpetrators' characteristics per form of maltreatment

Table C.2.5.3 Caregivers' characteristics per form of maltreatment

Table C.2.6.1 Agencies involved in CAN cases' administration per form of maltreatment

Table C.2.6.2 Referrals made to services and services provided to children-victims and their families per form of maltreatment

Table C.3 Availability of information concerning the characteristics of the recorded CAN cases

CHAPTER A: INTRODUCTION & BACKGROUND

A.1. The BECAN Project

The Project "Balkan Epidemiological Study on Child Abuse and Neglect" (B.E.C.A.N.) run from September 2009 until January 2013 in 9 Balkan countries and was co-funded by the EU's 7th Framework Programme for Research and Innovation (FP7/2007-2013)[6] and the participating partner Organizations. The project's coordinator was the Institute of Child Health, Department of Mental Health and Social Welfare, Centre for the Study and Prevention of Child Abuse and Neglect (ICH-MHSW), in Athens (Greece), while the national coordinators for each of the participating countries were the following Organizations:

- Children's Human Rights Centre of Albania (Albania)
- Department of Medical Social Sciences, South-West University "Neofit Rilski" (Bulgaria)
- Faculty of Political Sciences, University of Sarajevo (Bosnia & Herzegovina)
- Department of Social Work, Faculty of Law, University of Zagreb (Croatia)
- University Clinic of Psychiatry, University of Skopje (F.Y.R. of Macedonia)
- Social Work Department, Faculty of Sociology and Social Work, Babes-Bolyai University (Romania)
- Faculty for Special Education and Rehabilitation, University of Belgrade (Serbia)
- Association of Emergency Ambulance Physicians (Turkey)

The project's evaluation was conducted by Istituto degli Innocenti (Italy) and the project's external scientific supervision was undertaken by Prof. Kevin Browne, Head of the W.H.O. Collaborating Centre for Child Care and Protection (United Kingdom) and Chair of Forensic Psychology and Child Health, Institute of Work, Health & Organisations, University of Nottingham.

The BECAN project included the design and realization of an **Epidemiological field survey** and a **Case-Based Surveillance study** in 9 Balkan countries (Albania, Bosnia & Herzegovina, Bulgaria, Croatia, F.Y.R. of Macedonia, Greece, Romania, Serbia and Turkey).

The 9 Epidemiological Surveys that were conducted aimed at investigating the prevalence and incidence of child abuse and neglect (CAN) in representative randomized samples of the general population of pupils attending three grades (the grades attended mainly by children 11, 13 and 16 year-olds). In addition, supplementary surveys were conducted to convenience samples of children that have dropped-out of school in countries where the drop-out rates are high for producing estimates of respectful CAN indicators at national level. Data were collected by two sources, namely by matched pairs of children and their parents, by using two of the ICAST Questionnaires (the ICAST-CH and the ICAST-P) modified for the purposes of the BECAN project.

[6] Grant Agreement No: HEALTH-F2-2009-223478.

The Case-Based Surveillance Study (CBSS) aimed at identifying CAN incidence rates based on already existing data extracted from the archives of agencies involved in the handling of CAN cases (such as child protection, health, judicial and police-services and NGOs) in the same geographical areas and for the same time period as the epidemiological field survey. The collected data were related to the characteristics of individual cases such as child, incident, perpetrator(s), caregiver(s), and information concerning the family. At the same time, the CBSS targeted to map the existing surveillance mechanisms, where available, and to outline the characteristics of the surveillance practices in each participating country. Moreover, comparison at national level between inductance rates of CAN as found in field survey in one hand and in case based surveillance study on the other would produce evidence based estimates of the instantiation of the "iceberg" phenomenon regarding CAN, viz. that actual rates of the phenomenon are substantially higher than the number of cases actually known or provided for by services in the participant countries.

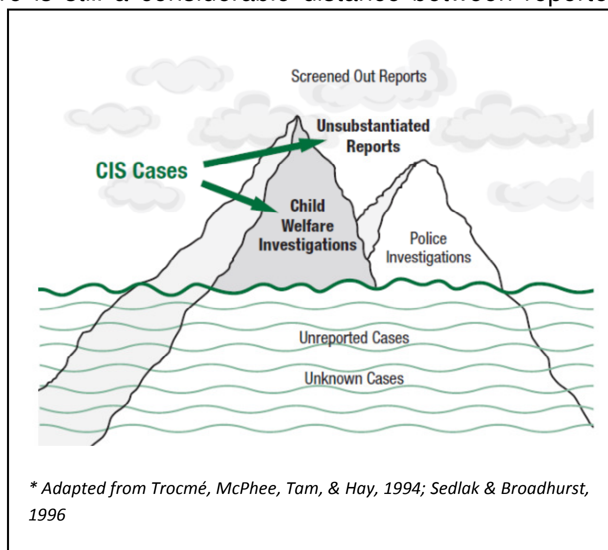
In addition, in the context of the BECAN Project were built National Networks of agencies (governmental and non-governmental) working in the fields of child protection from the areas of welfare, health, justice, education and public order. In total, 9 National Networks were developed in the participating countries, having more than 430 agencies-members. Last but not least, a wide range of dissemination activities were conducted which included the organization of National Conferences and one International Conference, scientific papers, announcements to scientific conferences and meetings, publications in press/media, publication of Reports, etc (more information about the project's activities can be found at the project's website: www.becan.eu).

Finally, BECAN aimed to include all aforementioned outcomes in terms of evidence produced, experience gained and networking of resources into comprehensive consolidated reports at national and Balkan level that could facilitate evidence based social policy design and implementation for improving child protection services and overall provisos.

The current Report describes in detail the methodology and the main results of the case-based surveillance study conducted in Albania.

A.2. CBSS in ALBANIA: Background, Aim and Objectives

Research and interventions in CAN despite laborious efforts and undoubted progresses achieved insofar, still face a number of serious shortcomings. First of all, there is still a considerable distance between reported cases and the actual incidence and prevalence of cases of child abuse, the later remaining quite unclear in a substantial part of the world. This results in serious deficiencies in the epidemiological understanding of the phenomenon, obscuring the picture and, thus, decreasing effectiveness of respectful interventions. Secondly, there are – even today - disparities in definitions utilized by services and professionals as well as discrepancies in research and monitoring tools used.



* Adapted from Trocmé, McPhee, Tam, & Hay, 1994; Sedlak & Broadhurst, 1996

Thirdly, due to the very nature of the subject matter, interdisciplinary approaches are necessary (from health, social and legal scientific discourses), implying wide diversities in methodological approaches employed by different disciplines. This is the source of another known problem, namely, the sometimes occurring, incommensurability of health, social and legal processes employed to address a single case of child abuse. Additionally, since at the onset of sensitization of modern societies towards child abuse, the issue was heavily charged, sometimes activist human-rights' approaches are still intergraded with scientific – empirical studies and interventions, creating disputes and yet unresolved conflicts on critical questions about the nature, incidence and characteristics of the phenomenon (not always dealt within the constraints of required scientific austerity). Finally, on the grounds of all the above, policy and decision makers seem often to be left without vital information in resources prioritizing and procedures harmonizing, resulting in sometimes fragmented interventions, campaigns and networks. Moreover, within the range of the EU, things concerning child abuse seem to face severe troubles towards the targets of harmonization of procedures and health unification. BECAN study aims at tackling all issues mentioned above, facilitating the progress from currently existing condition in all these aspects.

Among the objectives of the BECAN Project were the following:

- A more realistic picture to be revealed concerning the difference between reported and hidden incidence of CAN cases in school-aged children in Balkan countries through the Consortium's access to national databases of identified cases of CAN and the obtaining of epidemiological data.
- Comparable and compatible data on CAN to be delivered, facilitating future research and better understanding of CAN features via the use of common instruments for data collection from all potential data-sources and unified definitions related to CAN issues.

Following up annually at CAN's level will provide a longitudinal view of the problem and thus a better understanding of the effectiveness of intervention and prevention programs, permitting for corrective decisions.

Differences between reported and hidden incidence and prevalence: Even today, throughout the world, there aren't many widely accepted field surveys of a general population's randomly selected sample. Seen from this angle, BECAN study will be a pioneering attempt to map (a) prevalence and incidence of child abuse in a randomized population sample and (b) observed differences between findings of population-based research and reported cases of abuse. Thus, a more realistic picture will be revealed and the relation between reported and hidden prevalence will be clarified (will be achieved through milestones 2 and 9, and reported in Final Report to EC). Consequently, a number of indicators can be delivered concerning the actual incidence, prevalence and observed socio-demographic and regional differences of child abuse in respect to reported/registered cases (will be achieved through milestones 2, 4 and 9, and reported in Final Report to EC).

BECAN CBSS constitutes a systematic effort to collect CAN data from already existing archives and databases of agencies and facilities involved in the handling of CAN cases, such as child protection services, health, judicial and police services and NGOs and at the same time to map the existing surveillance mechanisms.

The primary aim of the CBSS is to measure all forms of CAN incidence rate, namely the number of children maltreated in a single year, including substantiated, suspected, and unsubstantiated cases based on already existing CAN surveillance practices from a variety of related agencies in 9 Balkan countries for a specific time period.

CAN prevalence concerns the measurement of the number of people maltreated at any time during their childhood. Given that data collection will target a specific 12-month time period, CAN prevalence estimation is not feasible and therefore is out of the scope of this study.

The second aim of the study is to compare its results with the results of the epidemiological survey; in this manner the opportunity will be provided to test whether the non-systematic recording of CAN cases (reported/ detected) in some of the participating countries and the more systematic surveillance in some others sufficiently depict the CAN incidence rates. Such a comparison is expected to reveal a more realistic picture concerning the difference between reported and hidden incidence of CAN cases in school-aged children nationally in the nine Balkan countries. Therefore, the results can be used as a "needs assessment" indicator in order to identify potential weaknesses of the existing surveillance mechanisms in each individual country, even for those that have already established a CAN surveillance system.

The conclusions of the CBSS and the results of its comparison with the respective results of the epidemiological survey could be used for the development of a strategic plan in the context of the BECAN project suggesting the establishment of national permanent CAN monitoring systems in countries where no such systems exist or to improve already available systems. Furthermore, these data would operate as a starting point to enable the analysis of fundamental questions about the causes of variation between and within these countries, cultures and ethnic groups. Moreover, identification of the differences between the epidemiological survey and the CBSS results within each country and consequent comparison of these differences among countries could potentially indicate what works better in CAN surveillance and to assess the quality of the already existing CAN surveillance systems in terms of their usefulness, simplicity, flexibility,

acceptability, sensitivity, specificity, representativeness, timeliness and resources, given that different methodologies, tools and mechanisms are currently employed for the monitoring of CAN.

Specific objectives

- To identify CAN incidence rates in Albania, namely to quantify the size of the problem based on already existing data in the same geographical areas and for the same time period the epidemiological survey will be conducted in nine Balkan countries.
- To collect data on child maltreatment from a range of sources nationwide in Albania about the characteristics of individual cases including case identity, child-, incident-, perpetrator(s)-, caregiver-, family-, household, previous maltreatment-, agencies involved- and services provided-related information (see also "indicators to be explored"). On the basis of this information we would outline the profile of maltreated children and their families, to identify potential risk factors and characteristics of groups at risk, to explore the severity of CAN in terms of duration and harm/injury and to outline investigation outcomes, including substantiation rates, placement in care, use of child welfare court, and criminal prosecution.
- To collect data related to characteristics of the existing surveillance systems targeting the outline of the current situation in the participating countries concerning CAN-surveillance infrastructures and identify common patterns and differences in the methods and tools used. Towards this objective, data are going to be collected concerning the identity of the agencies keeping CAN-related records, their legal status, the sector they belong to and their mission, their size (number of employees and the number of CAN cases turnover), the people who make the recording and whether they have received any special training in handling CAN cases, the sources of referrals, whether routine screening is being enforced and implemented and whether these agencies collect statistic data on CAN. Furthermore, data will be collected on characteristics of the records, namely the format of the record (database or archive, electronic or paper), the total time-period covered by the archive/database, whether a specific "CAN recording form" is used, the type of cases that are included in the record and whether further documentation accompanying the record is available in the agencies.

A.3. Current situation concerning CAN Monitoring System in Albania

Albania has neither a central system of reported CAN cases nor unified databases of CAN cases exist; instead, cases are reported to a range of different agencies. Previous independent reports during more than a 10 year life-span have continuously reported lack of legislation and policies when it comes to CAN monitoring and provisions of services.

“Unfortunately, in Albania we don’t have any legislation to determine when to intervene except for cases of extreme violence. Specialists say that their intervention becomes difficult even for the fact that there

is lack of specialized services for abusers' treatment. Such services would influence on preventing the large number of cases of abused children and to lower the level of abuse.[7]"

Child protection services are new in Albania and as such they are one area of social services that are faced with rapid development and transformation. In late 2010 Albania approved a new law "On Children's Rights", which among many new dispositions it requires agencies across the social service sector to report on CAN prevalence and incidence. The child protection system is currently being developed and the country doesn't have either a system of CAN monitoring nor indicators approved. A Unicef led initiative, funded by EU, is currently assisting the Albanian Ministry of Labour, Social Affairs and Equal Opportunities to develop cross-sector protocols and indicators for monitoring CAN.

A Unicef funded Report in 2012 pointed out that: "….(there is) inequality in distribution of services across the country and have suggested that CPUs might be the place to start in terms of building capacity by establishing such units in both urban and rural settings. However, while, creating new services (or CPUs) is a good beginning, there is a need to strengthen the existing system through enhancing human capacities and budgeting their activities and services[8]."

Albania has a very young population. Based on the results of the 2011 Census, the total population in the country is 2,831,741,[9] composed of 50.2 percent males and 49.8% females. The percentage of children 0–14 years old is 26.2%, higher than the 15.7% average of the European Union[10].

It has to be stated that the child protection system it started as an initiative of non-governmental organisations through *child protection units* or other similar forms of organisations and services. In late 2010 only 18 Child Protection Units (CPU) were functioning across Albania, supported by Unicef, Terre des Homme, Save the Children, Children's Partners and World Vision. A National Child Helpline (ALO 116) is functioning since 2009 and is the only available child protection service 24 hour available to children. As of the end of 2012, some 62 CPU's were reported to function across Albania[11] including the central authority (National Agency for Protection of Children's Rights). The system has yet to become a single coordinated body for the protection of children at risk and those victims of child abuse, neglect and exploitation.

The child protection system is part of the administration of social services. By law every Municipality and Commune[12] is required to have some form of social services established, which shall provide: a) economical aid to those who are in extreme difficult financial situation and b) social services to those in need. Social administrators are required to identify the cases and take a decision on each of them. In practice the system it has been working to provide in most of the cases economical aid, a parallel and dual system of child protection was established (in several cases a separate one for women too can be observed), which was reflected also to the Law on Protection of Children's Rights[13].

[7] Haxhiymeri E., Kulluri E., Hazizaj A. *Violence against Children in the Family,* CRCA 2005.
[8] *"How to Improve Responsiveness of Service Providers in Identifying, Reporting and Referring Cases of Violence against Children",* Albanian Center for Economic Research 2012.
[9] Albanian Institute of Statistics (INSTAT), "CENSUS 2001 results", Source: http://www.instat.gov.al/al/figures/statistical-databases.aspx
[10] Idem
[11] National Agency for the protection of Children's Rights, list of CPU's 2012 http://www.ashmdf.al/index.php?option=com_content&view=article&id=83&Itemid=32
[12] Forms of administrative organization in Albania. A municipality is the authority of local administration in a city/town, while the commune is the authority in a group of villages.
[13] A copy of the law can be accessed in Albanian language in this link: http://www.ashmdf.al/index.php?option=com_content&view=article&id=75&Itemid=4

The Council of Ministers approved several decisions during 2012, among them the decision on referral mechanism for protection of children. The mechanism describes how the system of child protection it will be organised and responsible parties for referral, coordination and management of the cases[14].

Albania is a signatory party of the UN Convention on the Rights of the Child as of 1992 and it has submitted two country reports to the CRC so far. In its last observations[15] of October 2012, the Committee: "…urges the State party to reinforce the coordination role of the State Agency for the Protection of Children's Rights by ensuring that the Agency has high status, sufficient authority and adequate human, technical and financial resources to effectively coordinate actions for children's rights across different sectors and from the national to the local levels. The Committee also urges the State party to rationalize the work of the various child rights bodies and provide them with the necessary human and financial resources to carry out their role with efficiency.

As BECAN research shows, violence against children in Albania is prevalent in the lives of a very large number of children. On one side the services such as: education, social services, health, police, justice etc, shall be able to capture and understand cases where CAN is prevalent in the life of child and on the other side, it shall be prepared to offer most effective services that at its final aim should help a child live a life without violence.

As it is explained in this report, in its current state the system works not as a single unit vertically and horizontally, but rather as separated horizontal units of agencies, institutions and NGO's that make efforts to provide a range of limited services to children victims of child abuse and neglect. More than often a case of CAN will move across the system until it disappears from it. As a unified follow-up and monitoring mechanism is not in place within the system, it is not clear whether a case was solved, forgotten within the system or it was pulled out by those who reported at the first place.

In general it can be stated that the system it identifies the CAN prevalence and incidence although it doesn't report effectively. The non-balanced distribution of Child Protection Units and social services, either government or NGO based services, it provides children in larger urban areas with more opportunities to be placed under protection of those services than children living in rural areas, where extremely few child protection services have been established.

The research shows that most of the children that access the services have already suffered a great degree of violence of multiple forms and through a long time. Reported cases from this research also show that most of them are severe CAN cases which is an evidence that children access the services mainly when the violence has already got aggravated or in some of its worst forms. Consequently, it can be noted that the services are not able to notice and identify violence at it early stages, but rather seem to be in "waiting" for the next case to be reported.

Albania does not have a mandatory reporting system on violence against children. The research shows that the majority of CAN cases are reported to the social services and at a lesser degree at police.

[14] National Agency for the Protection of Children, information on Council of Ministers decisions, texts can be read in Albanian only in the link: http://www.ashmdf.al/index.php?option=com_content&view=article&id=85&Itemid=6

[15] Committee on the Rights of the Child of United Nations, Concluding Observations for Albania: http://www2.ohchr.org/english/bodies/crc/crcs61.htm

When it comes to justice a small proportion of CAN cases is reported, which corresponds with the time of data collection for this report and when many forms of violence against children were not prohibited by law.

The report shows that prevention of CAN is not streamlined in its three levels among the system of child protection and other child-related services. The education system does identify, register and reports few cases of CAN, while the child protection system doesn't provide short and long-term interventions to children and parents alike. As the system of social welfare is focused mainly on providing economical aid it lacks a long-term vision to raise public awareness in general population on consequences of child abuse and neglect. Either other sectors such as education and health implement information and education campaigns on how parents can build healthy relationships with children because they lack the knowledge on CAN. This further stresses the importance on establishing, on one side mechanisms in place to identify and report CAN and on the other side change the violent behaviour into a non-violent one.

A.4. The necessity for development of a National CAN Monitoring System

The need for systematic CAN surveillance systems is a commonly accepted priority. The value of permanent national CAN referral and administration centers involving coordinating contribution of diverse sectors such as the social, health, justice and police services and NGOs is also well-known.[16]

"*Surveillance*" according to the standard definition used by WHO "*is the ongoing, systematic collection, analysis and interpretation of health data essential to the planning, implementation, and evaluation of health practice, closely integrated with the timely dissemination of these data to those who need to know.*"[17]

In the context of this rationale, in 1996, the United Nations Secretary General, considering the fact that the prevalence of various types of violence against children remained unknown throughout most of the world, called for a world study of violence against children. Among the main study outcomes was the recognition of the need for common methodology, namely shared definitions, procedures and research tools, in order to set priorities and benchmarks for comparison at a national level, to develop preventive action plans in both national and international context[18] and evaluate CAN preventive measures or strategies to deal with individuals and families where child maltreatment already exists.

Given the lack of valid and reliable data concerning the magnitude of children maltreatment, both decision-makers as well as the general public often refuse to accept that CAN represents a serious challenge in their societies.[19,20,21] In 2000, Djeddah stressed that "existing surveillance systems do not always capture child abuse" and, furthermore, that existing data on morbidity and other consequences, such as disabilities and socio-economic implications, are scarce and often unreliable.[22]

[16] Barber-Madden, R., Cohn, A. H., & Schloesser, P. (1988). Prevention of Child Abuse: A Public Health Agenda. Journal of Public Health Policy, *9*(2), 167-176 http://www.jstor.org/pss/3343003
[17] Holder, Y., Peden, M., Krug, E. et al (Eds). (2001). Injury surveillance guidelines. Geneva, World Health Organization.
[18] Zolotor, A. J. et al. (2009). ISPCAN Child Abuse Screening Tool Children's Version (ICAST-C): Instrument development and multi-national pilot testing. Child Abuse & Neglect, *33*, 833–841.
[19] Dunne, M. P., et al. (2009). ISPCAN Child Abuse Screening Tools Retrospective version (ICAST-R): Delphi study and field testing in seven countriesChild Abuse & Neglect, *33*, 815–825.
[20] Wolfe, DA. (1999. Child abuse: Implications for child development and psychopathology. Thousand Oaks, Calif: Sage.
[21] Holder, Y., Peden, M., Krug, E. et al (Eds). (2001). Injury surveillance guidelines. Geneva, World Health Organization.
[22] Djeddah, C., Facchin, P., Ranzato, C., Romer, C. (2000). Child abuse: current problems and key public health challenges. Soc Sci Med. *51*(6), 905-15.

Such realizations equally apply today to the majority of the Balkan countries, as different surveillance methodologies based on different policy provisions, including different tools, processes and sources, are employed for monitoring CAN across the Balkans.[23] In many cases these methodologies are not sufficient in providing a reliable picture of the CAN burden and often lead to an underestimation of the magnitude of the problem. Furthermore, available data resulting from the existing national CAN surveillance systems -where such systems exist- are fragmented, not comparable and compatible, determine bias and therefore are inadequate in contributing to a solid national and international policy development. Additionally, comparison among the different cultures within the same country is difficult to achieve.

In general, the surveillance process involves proper records of individual cases, collection of information from these records, interpretation of this information, and a report of it to any interested party such as the government officials responsible for policy-making in the field of public health, international agencies, health care practitioners, as well as the general public. Surveillance may be "active" or "passive". In *active surveillance*, maltreated children are identified through a variety of sources (such as police and judicial reports, social and health service agencies and educational authorities), are interviewed and, subsequently, followed-up. This type of surveillance usually requires large expenditures in terms of human and financial resources. In *passive surveillance*, relevant information is collected in the course of carrying out other routine tasks.[24] Passive surveillance is usually less costly compared to active, although the thoroughness of reporting depends on the motivation of the person preparing the report. Even in cases where the incident report is mandatory by law, often the practitioners do not report all cases due to excessive workload or in order to avoid potential involvement in long-term judicial procedures that many times follow the reporting, especially in countries where there is no provision for a type of "professional legal immunity".[25]

A.5. CBSS Challenges Encountered in Albania

The research faced many difficulties and challenges during its implementation. As Albania, at the time when data was collected, did not have an established list of registered service providers and that the information is circulated only among few institutions and organisations, was rather very difficult to build a map of services and institutions. The research used different methods to identify all the possible institutions and organisations from contacting individually each agency to visiting premises of those that reported to have registered cases of CAN during 2010 and 2011.

As noted in the WHO report (2006) "*access to and use of any particular service is always remarkably uneven between different groups in the population. Case-based information collected from such services and facilities can never therefore be used to measure the overall extent of the problem of non-fatal child maltreatment*". CAN surveillance for non-fatal cases relies particularly on cases being reported to or detected by the authorities and therefore it misses all CAN incidents that go unreported.[26] Therefore, it is expected that the information gained from the reported and/or detected CAN cases will potentially be limited and biased.

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[23] BECAN Current Situation Country Reports (http://www.becan.eu/node/21)
[24] Holder, Y., Peden, M., Krug, E. et al (Eds). (2001). Injury surveillance guidelines. Geneva, World Health Organization.
[25] Wolfe, D. A., Yuan, L. (2001). A conceptual and epidemiological framework for child maltreatment surveillance. Ottawa: Minister of Public Works and Government Services Canada, Health Canada.
[26] Ibid.

Surveillance of reported CAN cases is, however, an appropriate indicator for the trends in service provision and service utilization, but cannot give a proper overview of the problem.

Agencies collect information on different aspects of child abuse and neglect, depending on the nature of their involvement. They include statistics about allegations or investigations, or substantiated cases, perpetrators etc. Given that in most cases there are no national guidelines concerning standard data collection on child maltreatment, available information varies significantly among agencies.

A major challenge that the research team faced was the lack of response among the identified agencies and those that provided data. From 31 agencies identified with a geographical distribution in North, Central and South Albania, one 22 agencies were considered eligible and out of those only 7 agreed to allow our team to look into their files and archives of cases. In 2 occasions joint teams worked to register the cases into the Extraction Form.

Although few central public institutions were considered eligible to provide information related to CAN extracting information from them it proved almost impossible. Most of the central institutions such as for example Ministry of Interior, may have in their registers reported cases of CAN, in their current form it is impossible to extract any relevant information from such databases. The information provided it's limited and impossible to be used for the purposes of this research.

Contrary to the lack of specific data observed to the central public agencies the local ones, such as CPU's hold more reliable data on CAN and as will it can be seen from the tables below, they are able to identify almost all the forms of it. However, the team found out from site visits that their filing system is very poor, not well organised and protected. Only 3 agencies had a well-protected and organised filing system and some form of databases. None of the databases were connected to any central or local system of reporting of CAN cases. Either the agencies had to mandatory report to local social services on CAN, unless the case constituted a criminal act.

Nonetheless, the information provided by the agencies present a good overview of how the system was working in Albania pre-2012, when major changes shall have taking place. With the entry into force of the Law on Protection of Children's Rights and Council of Minister's decisions, the system is supposed to work in more coordinated manner with a flow of information and coordination among, at least, central and local public child protection agencies and other services.

CHAPTER B. METHODOLOGY

According to WHO (2006) "data collection on child maltreatment must be based on accepted, standardized definitions so that categories are uniform and sets of data can be effectively compared".[27] As stressed in the international literature, however, there is no absolute consensus on definitions of child maltreatment[28],[29],[30] and this lack of standard definitions has been repeatedly identified as a major obstacle in the development of child maltreatment research and practice.[31]

Existing definitions have been shown to differ considerably, depending on the context where they are formulated (such as legal, medical, social, or cultural), the specifics of the national legislation (such as the definition of "childhood") and the fact that events that constitute CAN may change over time (for example, initially only physical abuse was considered as maltreatment, then sexual abuse was added and at an even later stage psychological abuse and neglect were included in the events considered as CAN).

In addition to these difficulties, individual values, beliefs and perceptions of persons responsible for referrals and recording of cases about what constitutes a reportable case complicate the picture. As a consequence of this reality, the incidence of child maltreatment reported to official agencies varies according to the reporting procedures and definitions used. The extent of documented child maltreatment varies greatly among and within countries, and reflects the differences in social norms and values, while the respective data represent only those cases that are known to the authorities, and the true prevalence of abuse far exceeds this.[32]

B.1. Organization of CBSS in Albania

National statistics on the incidence and prevalence of CAN rely on various disparate data sources,[33] derived from governmental and non-governmental agencies and include child and social welfare services' databases and archives but also records from numerous other different sectors such as the health, justice and police services. Therefore, in the context of BECAN CBSS in Albania, we involved all available "data sources" partners from different sectors and disciplines. [34]

............As it has been stated in this report, Albania doesn't have a system of child protection in place and either a mandatory reporting on child abuse and neglect. This has been reported and documented in several NAB reports and Research Team reports. In the opinion of researchers this made it difficult to observe and study the system as there are not legally binding rules on how to respond to CAN cases, either a national data

[27] Ibid.
[28] National Research Council. (1993). Understanding child abuse and neglect. Washington, DC: National Academy Press.
[29] Wolfe, D. A., Yuan, L. (2001). A conceptual and epidemiological framework for child maltreatment surveillance. Ottawa: Minister of Public Works and Government Services Canada, Health Canada.
[30] Scott, D. et al. (2009). The utility and challenges of using ICD codes in child maltreatment research: A review of existing literature Child Abuse & Neglect, *33*, 791–808.
[31] National Research Council (1993). Understanding child abuse and neglect. Washington, DC: National Academy Press.
[32] International Society for Prevention of Child Abuse and Neglect, (2006). World perspectives on child abuse, 7th ed. Chicago.
[33] Scott, D. et al. (2009). The utility and challenges of using ICD codes in child maltreatment research: A review of existing literature Child Abuse & Neglect, *33*, 791–808.
[34] Wolfe, D. A., Yuan, L. (2001). A conceptual and epidemiological framework for child maltreatment surveillance. Ottawa: Minister of Public Works and Government Services Canada, Health Canada.

collection system or a set of indicators that shall be gathered and reported. The Team noted that at the moment of the preparation of the report several forms of CAN were not expressively prohibited by the law.

Another event to be noted during the course of the implementation of the CBSS was the approval and entry into force of the Law on Protection of Children's Rights. The law protects children from every form of violence and neglect. It has to be stated that the approval of the law did not influence the implementation of WP4, contrary to that it did facilitate it. The law established a National Child Protection Agency and calls for Child Protection Units to be established throughout the country wherever they are not. At the period of writing this report it was reported that 69 Child Protection Units in 69 municipalities and communes were established and 9 Child Rights Units out of 12 were established in regions. However during 2011 the law was not fully implemented and many parts of the law remain yet to be implemented, a major one related to child referral mechanism. Same situation continued through 2012.

............In early 2010 the team prepared a list of 46 institutions and organisations where CAN could be reported and carried out a pre-screening to review whether the institutions received cases of CAN and recorded them. The list was prepared based upon available information and Agencies lists provided by organisations such as Unicef and the Ministry of Labour, Social Affairs and Equal Opportunities.

............In mid-2010 invitations and requests with few specific questions were sent to the whole list of organisations / institutions. Much of the responses were negative via phone or e-mail on some occasions.

............Based on the responses and received information, out of the preliminary list a new inventory was produced with 31 eligible institutions and organisations. A letter was sent by the National Coordinator and the Team Leader to all the agencies identified during the initial process. Many organisations responded to the letter stating that they did not collect directly the data or that their data were not recorded or their data had only partial records that did not provide any detailed information on the case.

............Faced with a low response rate from agencies across the regions and the country, the CBSS Research Team in Albania decided to approach the case 1 by 1 organisation/institution visiting them onsite by having arranged an appointment prior to the visit. From this process only 3 NGO's and 4 institutions agreed to allow our Field Researchers to look into their archives and provide data for CBSS, while the rest either had no person in charge to assist the team or did not hold reliable data to report.

............In consultation with National Board Ethics was decided that only the data and information collected from 7 organisations/institutions through the Extraction Forms to be used for the research which, represented 120 cases of children from all over Albania.

B1.1. Timeframe

A strict timeline was followed to implement the CBSS in Albania. The team initiated the work in early June 2010 and it continued to work on the collection of information and cases through 2011.

In mid-2011 the team was engaged to start filling information based on agencies that had already agreed to provide data and allow the team to visit their archives. During this time the records of 2 major

agencies were checked. One of the agencies provided a work load of more than 5000 cases, out of which at least 500 where related to CAN cases during 2011.

During 2012 the Team completed the rest of 4 agencies after a long process of communication. Nonetheless all the necessary formal procedures were followed to collect information on CAN including the protection of children's data.

B.1.2. Identification of Eligible Services-CBSS Data Sources

Firstly, a set of eligibility criteria (Table 1) was decided and approved in consultation with National Advisory Board, upon for the selection of potential organizations that were considered to be recruited as data sources concerning their "identities". The criteria's used are described below:

Table 1: Eligibility criteria for the participation in case-based surveillance
A. Geographical Area: Any organization/ agency/ service that
- Is settled in the territory of Albania
- Its geographical coverage of database/ archive recordings to be identical to that of the epidemiological survey
B. Legal status
Be a not-for-profit and an NGO oriented towards child welfare and supporting the Rights of the Child **OR**
Be a semi-public agency for child wellbeing and/ or care, addressing also CAN issues / Child protective services (e.g. municipalities and prefectures) **OR**
Be a Governmental Organization/ structure belonging to the following branches
– Health care system/ Child services
– Judicial Authorities/ Public Prosecutor's Office for Juveniles
– Police Services/ Child abuse reported to the police
– Educational System **OR**
Be an Independent Authority such as the Ombudsman for the Rights of the Child **OR**
Be a University and/or Research Institute with CAN-related studies and studies on safety promotion for children
C. Organization's mission & operational characteristics
*Have a demonstrable commitment to improving the lives of children **AND***
*Operate with honesty, integrity and transparency **AND/OR***
Demonstrate commitment to the rights of vulnerable children through a Child Protection Policy or equivalent

D. Available information in the Organizations
Maintain at least one database with reported/detected cases of CAN ***AND/OR***
Maintain at least one record (archive) with reported/detected cases of CAN ***AND***
*Is able to provide a list of the recorded variables for each available database and/ or archive** ***AND***
Is willing to participate in the BECAN network and is willing and able to share resources

The identified national agencies that satisfied the agreed-upon criteria were listed in an inventory of potential data-sources per country including social services, health services, judicial and police services and non-governmental organizations with interests in CAN-related issues.[35]

Next, informational material along with an invitation was sent to all eligible agencies included in the national inventories in order to inform them about the BECAN CBSS and to invite them to participate by providing access to their databases/archives. For the agencies that responded positively, further communication followed in order to explore whether their existing CAN databases/ archives satisfied the minimum requirements to be included in the BECAN CBSS. This process was made via a questionnaire entitled "Form Summarizing the Characteristics of existing CAN-related database / archive" developed for this specific reason. The issues in question are presented below (see Table 2).

Table 2: Form Summarizing the Characteristics of existing CAN-related database / archive
1. General information concerning CAN recording
2. Availability of data
3. Availability of victim-related information
4. Availability of incident-related information
5. Availability of family-related information
6. Availability of perpetrator-related information
7. Definitions used by the organization for CAN

Assessing and selecting data sources

Each potential source of data was expected to have its own set of advantages and disadvantages in terms of completeness and representativeness. According to existing literature, police records, for example, can be excellent sources of information about the circumstances surrounding serious intentional injury, but unfortunately, thorough investigating and reporting is not usually the norm; instead, trauma registries typically contain great detail about the clinical condition of an injured person but do not always include information about the circumstances or causes of injury.[36] To this end, a set of eligibility criteria for available databases and/or archives including minimum data requirements were set in order to decide which of the databases can be included in the CBSS (Table 3).

Table 3. Criteria for eligible available data, databases and archives
Minimum data requirements
A. Victim-related information

[35] Holder, Y., Peden, M., Krug, E. et al (Eds). (2001). Injury surveillance guidelines. Geneva, World Health Organization.
[36] Ibid.

– Age, gender

B. Incident-related information
– CAN type (physical-, sexual-, psychological-abuse and neglect)

Some of the identified databases/archives suffer from problems related to restricted access, depending on whether or not there are legal, jurisdictional or ownership issues.[37] To assess potential data sources and select the ones that are best suited for BECAN CBSS purposes, we followed the following process: first communication was made with the respective agencies via official letters where we informed any eligible agency that fulfilled the pre-defined criteria to participate in the BECAN CBSS. Next, eligible agencies were informed about CBSS aims, namely to develop a *ready-to-use toolkit for extracting CAN information from existing archives/databases* and to develop and formulate a major argument for establishing permanent CAN Monitoring Systems at both national and Balkan levels.

B.1.3. Preparation of the National Research instruments

Two pre-coded data extraction forms were translated and adopted in Albanian for data collection from eligible archives and/or databases, based on the same instruments developed by the Lead Agency. First form aims to facilitate collection of information regarding the agencies participating in the study per country as well as their archives/databases. Second extraction form will be used for data extraction for each individual CAN case will identified in the existing archives and databases.

The Extraction Forms were consulted with few partner agencies to see how much information and data they could capture for the purposes of CBSS in Albania. The majority of agencies found Extraction Forms difficult because they asked detailed information on many aspects of CAN cases that the majority or agencies did not collect.

B.1.4. Train the National Research Team

Field researchers that undertook data extraction concerning detected and/or reported CAN cases already recorded in archives and/or databases of a variety of agencies were professionals (all graduated from Social Sciences University) qualified with at least basic research skills. CBSS field researchers were the same persons as the epidemiological survey.

A Research Team was established at the initial stages of the project and continued to be responsible for the overall implementation of WP4 till the end of preparation and submission of this report. The research team was comprised of 2 team leaders and 4 field researchers.

The Train the Trainers seminar was conducted on 11-12 October 2010 in Cluj-Napoca, Romania. During the 1st day of the training, a general introduction of the WP4-Toolkit was made (theoretical background & methodological issues) on the basis of presentations which –apart from the Research Protocol for the CBSS and the Operations’ Booklet- also included information on how to organize the train-the-researchers' seminars

[37] Ibid.

and the necessary material (all material used during the train the trainers seminar are available in the BECAN Managerial Forum). Furthermore, both extraction forms (for agencies and for CAN cases) were discussed in detail through a process of reviewing each individual variable. The second day of the training was mainly dedicated to practicing the use of the WP4 toolkit. The process focused on the piloting of the extraction forms via a simulation of the extraction process using a "mock CAN case" and based on the CBSS protocol. Apart from familiarizing the trainers with the protocol, this process provided the opportunity to test the extraction forms, namely whether all the participants extracted identical information from the same case on the basis of the protocol. During the whole duration of the train the trainers seminar, weaknesses in the tools were identified and final improvements were made in the protocol, the operations' booklet for the researchers and the extraction forms before starting the case-based surveillance study.

Trained partners ("trainers") in their turn organized and conducted a two-day seminar in early 2011 for training the researchers' groups *before* starting the implementation of the extraction of information on reported/detected cases of CAN. The aim of the seminar was to train the field researchers in order to adequately and uniformly extract and code data. For the needs of the seminar, it was decided to develop a short instructional booklet including operational definitions of the main terms of the CBSS protocol in Albanian language, a detailed description of its content and instructions of how-to-use the protocol in regards to the extraction, recording and coding of the data. This module for the researchers' training also aims to enhance the creation of the strategic plan to be developed under WP6 for the for the establishment of permanent CAN monitoring system in Albania.

B.2. Process followed for Data Collection

The process of data collection followed a clear-cut strategy. Once the whole team was trained, team leaders started with the printing of Extraction Forms and an electronic filing system was established. The coding of every Form followed strict rules provided in the Protocol prepared for the purposes of WP4 research. Two codes were applied for every Form, one responding to the agency and the other one responding to the case. The number of Extraction Forms made available for Field Researchers were decided depending on the reported numbers of CAN cases from each of the agencies. No major challenges were observed during the implementation process. Once the process finished field researchers were included in the data processing in SPSS, while a statistician monitored the process closely to avoid any mistake in data entry. Upon the completion of this process, the data were processed and analysis generated from the statistician. The data were provided to the Team Leaders upon the discussion with the NAB and data comparison with the WP3 research team.

CHAPTER C. CBSS RESULTS IN ALBANIA

C.1. Description of Participating Services and their Archives-Databases

Following the process described in part B.1.2 and given the situation in Albania, a total of 46 organizations/child services were identified in the 3 geographical areas. From these organizations/services 31 fulfilled the eligibility criteria set for the needs of the CBSS in Albania. Out of the 22 of the eligible agencies that were invited to participate in the CBSS, 7 provided access to their archives. In Table C.1.1 the identified, eligible, and finally participating organizations/services-data sources for the CBSS are presented below.

Table C.1.1. Organizations/Services that participated in CBSS by providing access to their archives/databases by geographical area

	Total		Central		South		North	
	f	%	f	%	f	%	f	%
Total Agencies identified	**46**	**100**	**32**	**69.6**	**8**	**17.4**	**6**	**13**
Agencies invited to provide data	**31**	**67.4**	**21**	**67.7**	**6**	**19.4**	**4**	**13**
Eligible agencies	**22**	71.0	12	54.5	6	27.3	4	18
Non eligible	**9**	29.0	9	100	0	0.0	0	0
Provided data	**7**	31.8	4	57.1	3	42.9	0	0
Non cooperated	**15**	32.6	8	53.3	3	20.0	4	27
Cooperation not achieved due to practical reasons	**8**	53.3	3	37.5	2	25.0	3	38
No records for various reasons	**3**	20.0	3	100	0	0.0	0	0
Did not respond at all	**4**	26.7	2	50	1	25	1	25
Non eligible agencies	**9**	**29.0**	**9**	**100**	**0**	**0.0**	**0**	**0**
Referred all cases to other social services	**7**	77.8	7	77.8	0	0.0	0	0
Did not work for children	**1**	11.1	1	14.3	0	0.0	0	0
Accepted the invitation but had no cases of CAN in 2010	**1**	11.1	1	100	0	0.0	0	0

The table shows the total number of agencies identified for the purposes of the research (not by sampling) by reviewing all available databases of child related services and by contacting one by one each agency to collect initial information on their eligibility, based on a set of criteria's such as legal status, available CAN information, system in place for data storage and accessibility etc.

As it can be observed agencies from Central, South and North of Albania were invited to provide data, but only agencies in two geographical areas provided information, while one of them did not. This may have happened due to the detailed information and the level of access that was being asked from each agency that we communicated with.

Table C.1.2. Profile of the Organizations/Services that provided data for the CBSS

	Total		South		Central	
	f	%	f	%	f	%
Total CSW (or Agencies)						
Sector	7	100	3	43	4	57
Health Sector	1	14	0	0	1	100
Social Welfare	7	100	3	43	4	57
Judicial Sector	3	43	1	33	2	67
Public Order/Police	1	14	0	0	1	100
Mission	7	100	3	43	4	57
Primary Prevention	6	86	2	33	4	67
Secondary Prevention/Support	7	100	3	43	4	57
Tertiary Prevention/Treatment	5	71	2	40	3	60
Legal Support	5	71	2	40	3	60
Geographic area	7	100	3	43	4	57
Urban	6	86	3	50	3	50
Suburban	2	33	0	0	2	100
Rural	3	150	0	0	3	100
Routine Screening Policy	7	100	3	43	4	57
No	1	14	1	100	0	0
Yes	6	86	2	33	4	67
Special CAN-training for personnel	7	100	3	43	4	57
No	0	0	0	0	0	0
Yes, but not formal	0	0	0	0	0	0
Yes	7	100	3	43	4	57
Availability of CAN data	7	100	3	43	4	57
No	0	0	0	0	0	0
Yes	7	100	3	43	4	57

Table C.1.3. Main characteristics of Archives/Databases from which the data were derived

	Total		South		Central	
	f	%	f	%	f	%
Total CSW (or Agencies)	7	100	3	43	4	57
Trained staff for recording cases	7	100	3	43	4	57
No	1	14	0	0	1	100
Yes	6	86	3	50	3	50
Yes, but not formal	0	0	0	0	0	0
Specialties of staff who record CAN	7	100	3	43	4	57
Social Workers	7	100	3	43	4	57
Health Professionals	1	14	0	0	1	100
Mental Health Professionals	0	0	0	0	0	0
Education-related professional	2	0	0	0	2	100
Police officer	0	0	0	0	0	0
Judicial officer	2	29	0	0	2	100
Type of archive	7	100	3	43	4	57
Paper archive	7	100	3	43	4	57
Electronic archive	5	71	2	40	3	60
Database	2	29	0	0	2	100
Existence of recording form	7	100	3	43	4	57
No	0	0	0	0	0	0
Yes	7	100	3	43	4	57
Type of cases recorded in the files	7	100	3	43	4	57
Reported CAN cases	6	86	2	33	4	67
Detected CAN cases	5	71	2	40	3	60
Mixed file (including non-CAN cases)	6	86	3	50	3	50
Availability of text description	7	100	3	43	4	57
No	0	0	0	0	0	0
Yes	6	86	2	33	4	67
Availability of further documentation	7	100	3	43	4	57
No	0	0	0	0	0	0
Yes	5	71	2	40	3	60

C.2. CAN incidence in Albania

Table C.2.1. Child maltreatment incidence per form of CAN, age, gender and geographical area

	General population for selected areas[38]	CAN Cases identified*					Incidence /1000 children				
		Physical Abuse	Sexual Abuse	Psychological Abuse	Neglect	All forms of CAN	Physical Abuse	Sexual Abuse	Psychological Abuse	Neglect	All forms of CAN
South Albania Male	15500	12	0	14	13	14	0.77	0.00	0.90	0.84	0.90
11	**5183**	5	0	6	5	6	0.96	0.00	1.16	0.96	1.16
13	**5584**	5	0	5	5	5	0.90	0.00	0.90	0.90	0.90
16	**4733**	2	0	3	3	3	0.42	0.00	0.63	0.63	0.63
Female	14057	7	1	12	10	12	0.50	0.07	0.85	0.71	0.85
11	**4755**	3	0	6	5	6	0.63	0.00	1.26	1.05	1.26
13	**5076**	1	0	1	1	1	0.20	0.00	0.20	0.20	0.20
16	**4226**	3	1	5	4	5	0.71	0.24	1.18	0.95	1.18
Overall	29557	19	1	26	23	26	0.64	0.03	0.88	0.78	0.88
11	9938	8	0	12	10	12	0.80	0.00	1.21	1.01	1.21
13	10660	6	0	6	6	6	0.56	0.00	0.56	0.56	0.56
16	8959	5	1	8	7	8	0.56	0.11	0.89	0.78	0.89
Central Male	27621	38	7	30	25	45	1.38	0.25	1.09	0.91	1.63
11	**9105**	13	3	14	12	17	1.43	0.33	1.54	1.32	1.87
13	**9546**	14	0	11	8	17	1.47	0.00	1.15	0.84	1.78
16	**8970**	11	4	5	5	11	1.23	0.45	0.56	0.56	1.23
Female	25041	32	20	31	26	49	1.28	0.80	1.24	1.04	1.96
11	**8354**	9	2	8	8	11	1.08	0.24	0.96	0.96	1.32
13	**8679**	9	9	8	10	15	1.04	1.04	0.92	1.15	1.73
16	**8008**	14	9	15	8	23	1.75	1.12	1.87	1.00	2.87
Overall	52662	70	27	61	51	94	1.33	0.51	1.16	0.97	1.78
11	17459	22	5	22	20	28	1.26	0.29	1.26	1.15	1.60
13	18225	23	9	19	18	32	1.26	0.49	1.04	0.99	1.76
16	16978	25	13	20	13	34	1.47	0.77	1.18	0.77	2.00
Total Male	43121	50	7	44	38	59	1.16	0.16	1.02	0.88	1.37
11	14288	18	3	20	17	23	1.26	0.21	1.40	1.19	1.61
13	15130	19	0	16	13	22	1.26	0.00	1.06	0.86	1.45
16	13703	13	4	8	8	14	0.95	0.29	0.58	0.58	1.02
Female	39098	39	21	43	36	61	1.00	0.54	1.10	0.92	1.56
11	13109	12	2	14	13	17	0.92	0.15	1.07	0.99	1.30
13	13755	10	9	9	11	16	0.73	0.65	0.65	0.80	1.16
16	12234	17	10	20	12	28	1.39	0.82	1.63	0.98	2.29
Overall	82219	89	28	87	74	120	1.08	0.34	1.06	0.90	1.46
11	27397	30	5	34	30	40	1.10	0.18	1.24	1.10	1.46
13	28885	29	9	25	24	38	1.00	0.31	0.87	0.83	1.32
16	25937	30	14	28	20	42	1.16	0.54	1.08	0.77	1.62

[38] Source: National Statistics Authority, 2010.

Table C.2.2. Status of CAN's substantiation[39] for children 11, 13 & 16 years old, per form of maltreatment and geographical area[40] (for the years 2010-2011)

	No of Cases	Substantiated		Indicated		Unsubstantiated		Ongoing		Unspecified/other	
		f	%	f	%	f	%	f	%	f	%
South-Total	**26**										
Physical abuse	**19**	17	89.5	2	10.5	0	0.0	0	0.0	0	0.0
Sexual abuse	**1**	0	0.0	1	100.0	0	0.0	0	0.0	0	0.0
Psychological. Abuse	**26**	23	88.5	2	7.7	0	0.0	0	0.0	1	3.8
Neglect	**23**	23	100.0	0	0.0	0	0.0	0	0.0	0	0.0
Central-Total	**94**										
Physical abuse	**70**	36	51.4	17	24.3	16	22.9	0	0.0	1	1.4
Sexual abuse	**27**	11	40.7	10	37.0	3	11.1	0	0.0	3	11.1
Psychological Abuse	**61**	27	44.3	21	34.4	5	8.2	0	0.0	8	13.1
Neglect	**51**	40	78.4	4	7.8	4	7.8	0	0.0	3	5.9
Overall-Total	**120**										
Physical abuse	**89**	**53**	**59.6**	**19**	**21.3**	**16**	18.0	**0**	**0**	**1**	1.1
Sexual abuse	**28**	**11**	**39.3**	**11**	**39.3**	**3**	10.7	**0**	**0**	**3**	10.7
Psychological Abuse	**87**	**50**	**57.5**	**23.0**	**26.4**	**5.0**	5.7	**0.0**	**0.0**	**9.0**	10.3
Neglect	**74**	**63**	**85.1**	**4**	**5.4**	**4**	5.4	**0**	**0**	**3**	4.1

[39] According to the Agencies that provided information for maltreatment
[40] In many cases multiple forms of CAN were identified; therefore, sum of CAN's forms is higher than the number of cases

C.2.1. Children's vulnerability to CAN and to Specific Forms of Maltreatment

Table C.2.1.1 Single versus Multiple Forms of abuse per age, gender and geographical area

	Total CAN Cases		Single vs. Multiple forms of CAN				Individual forms of CAN							
			Single form		Multiple forms		Physical abuse		Sexual abuse		Psychological abuse		Neglect	
	f	%	f	%	f	%	f	%	f	%	f	%	f	%
South-Total	**26**	**100.0**	**1**	**100.0**	**25**	**100.0**	**19**	**100.0**	**1**	**100.0**	**26**	**100.0**	**23**	**100.0**
male 11	6	23.1	0	0.0	6	24.0	5	26.3	0	0.0	6	23.1	5	21.7
13	5	19.2	0	0.0	5	20.0	5	26.3	0	0.0	5	19.2	5	21.7
16	3	11.5	0	0.0	3	12.0	2	10.5	0	0.0	3	11.5	3	13.0
subtotal	14	53.8	0	0.0	14	56.0	12	63.2	0	0.0	14	53.8	13	56.5
female 11	6	23.1	1	100.0	5	20.0	3	15.8	0	0.0	6	23.1	5	21.7
13	1	3.8	0	0.0	1	4.0	1	5.3	0	0.0	1	3.8	1	4.3
16	5	19.2	0	0.0	5	20.0	3	15.8	1	100.0	5	19.2	4	17.4
subtotal	12	46.2	1	100.0	11	44.0	7	36.8	1	100.0	12	46.2	10	43.5
Central-Total	**94**	**100.0**	**32**	**100.0**	**62**	**100.0**	**70**	**100.0**	**27**	**100.0**	**61**	**100.0**	**51**	**100.0**
male 11	17	18.1	3	9.4	14	22.6	13	18.6	3	11.1	14	23.0	12	23.5
13	17	18.1	6	18.8	11	17.7	14	20.0	0	0.0	11	18.0	8	15.7
16	11	11.7	6	18.8	5	8.1	11	15.7	4	14.8	5	8.2	5	9.8
subtotal	45	47.9	15	46.9	30	48.4	38	54.3	7	25.9	30	49.2	25	49.0
female 11	11	11.7	3	9.4	8	12.9	9	12.9	2	7.4	8	13.1	8	15.7
13	15	16.0	6	18.8	9	14.5	9	12.9	9	33.3	8	13.1	10	19.6
16	23	24.5	8	25.0	15	24.2	14	20.0	9	33.3	15	24.6	8	15.7
subtotal	49	52.1	17	53.1	32	51.6	32	45.7	20	74.1	31	50.8	26	51.0
All areas-Total	**120**	**100.0**	**33**	**100.0**	**87**	**100.0**	**89**	**100.0**	**28**	**100.0**	**87**	**100.0**	**74**	**100.0**
male 11	**23**	19.2	**3**	9.1	**20**	23.0	**18**	20.2	**3**	10.7	**20**	23.0	**17**	23.0
13	**22**	18.3	**6**	18.2	**16**	18.4	**19**	21.3	**0**	0.0	**16**	18.4	**13**	17.6
16	**14**	11.7	**6**	18.2	**8**	9.2	**13**	14.6	**4**	14.3	**8**	9.2	**8**	10.8
subtotal	**59**	49.2	**15**	45.5	**44**	50.6	**50**	56.2	**7**	25.0	**44**	50.6	**38**	51.4
female 11	**17**	14.2	**4**	12.1	**13**	14.9	**12**	13.5	**2**	7.1	**14**	16.1	**13**	17.6
13	**16**	13.3	**6**	18.2	**10**	11.5	**10**	11.2	**9**	32.1	**9**	10.3	**11**	14.9
16	**28**	23.3	**8**	24.2	**20**	23.0	**17**	19.1	**10**	35.7	**20**	23.0	**12**	16.2
Subtotal	**61**	50.8	**18**	54.5	**43**	49.4	**39**	43.8	**21**	75.0	**43**	49.4	**36**	48.6

Table C.2.1.2 Physical abuse (n=89): Specific types of physical abuse, injuries sustained and severity of injuries per gender and age (for the years 2010-2011)

n	Male				Female				Total			
	11	13	16	All	11	13	16	All	11	13	16	All
Total CAN cases	23	22	14	59	17	16	28	61	40	38	42	120
Total Physical abuse cases identified	18	19	13	50	12	10	17	39	30	29	30	89
Type of physical abuse-Unspecified	0	2	0	2	0	0	2	2	0	2	2	4
Type of physical abuse-Specified	15	15	15	45	15	15	15	45	30	30	30	90
Spanking	9	3	6	18	5	5	6	16	14	8	12	34
Slapping/Beating	14	12	11	37	8	8	12	28	22	20	23	65
"Beat-up"	14	7	7	28	8	7	7	22	22	14	14	50
Pushing/Kicking/Throwing	16	11	13	40	10	9	14	33	26	20	27	73
Hitting with an object	11	2	6	19	7	8	8	23	18	10	14	42
Grabbing/Shaking	11	6	6	23	7	5	4	16	18	11	10	39
Hitting on head	13	8	8	29	9	5	8	22	22	13	16	51
Hair pulling	5	2	1	8	6	5	5	16	11	7	6	24
Twisting ears	9	6	5	20	3	5	2	10	12	11	7	30
Locking up	2	2	1	5	4	4	3	11	6	6	4	16
Forcing to hold painful position	5	1	0	6	3	4	3	10	8	5	3	16
Pinching	1	1	0	2	2	1	1	4	3	2	1	6
Threatening with a knife or gun	2	1	0	3	2	2	2	6	4	3	2	9
Burning/Scalding	0	1	0	1	1	1	1	3	1	2	1	4
Tying up or tying to something	1	1	0	2	3	3	2	8	4	4	2	10
Choking/Smothering/Squeezing	0	1	0	1	1	1	2	4	1	2	2	5
Stabbing/Shooting	0	1	0	1	1	1	0	2	1	2	0	3
Biting	0	1	0	1	0	4	1	5	0	5	1	6
Forcing Spicy Foods	0	1	0	1	0	0	0	0	0	1	0	1
Severity of Injury-Unspecified	5	4	4	13	4	2	9	15	9	6	13	28
Severity of Injury-Specified	11	11	9	31	8	7	5	20	19	18	14	51
No Injury	2	4	0	6	0	1	3	4	2	5	3	10
Minor	2	2	2	6	1	0	0	1	3	2	2	7
Moderate	7	6	7	20	3	5	2	10	10	11	9	30
Severe	6	4	4	14	6	3	3	12	12	7	7	26
Life threatening	1	1	0	2	2	1	0	3	3	2	0	5
Nature of Injury-Unspecified	7	7	4	15	4	3	6	14	11	6	12	29
Nature of Injury-Specified	9	11	9	29	8	7	6	21	17	18	15	50
Bruise	8	7	8	23	7	7	4	18	15	14	12	41
Cute/Bite/Open wound	6	3	5	14	2	5	3	10	8	8	8	24
Burn	0	1	0	1	0	1	1	2	0	2	1	3
Fracture	3	0	2	5	2	0	1	3	5	0	3	8
Organs system injury	0	1	0	1	1	1	0	2	1	2	0	3
Concussion	0	1	0	1	0	1	0	1	0	2	0	2
Sprain/Strain	2	1	1	4	3	2	2	7	5	3	3	11

Table C.2.1.3 Sexual abuse (n=28): Specific types of sexual abuse per gender and age (for the years 2010-2011)

n	Male				Female				Total			
	11	13	16	All	11	13	16	All	11	13	16	All
Total CAN cases identified	23	22	14	59	17	16	28	61	40	38	42	120
Total Sexual abuse cases identified	3	0	4	7	2	9	10	21	5	9	14	28
Type of Sexual abuse-Unspecified	1	0	1	2	0	1	1	2	1	1	2	4
Type of Sexual abuse-Specified	2	0	3	5	2	8	9	19	4	8	12	24
Completed sexual activity	1	0	1	2	0	6	6	12	1	6	7	14
Attempted sexual activity	0	0	2	2	0	5	5	10	0	5	7	12
Touching/fondling genitals	1	0	2	3	1	5	3	9	2	5	5	12
Adult exposing genitals to child	1	0	2	3	1	5	4	10	2	5	6	13
Sexual exploitation	0	0	2	2	0	5	3	8	0	5	5	10
Sexual harassment	1	0	2	3	1	5	5	11	2	5	7	14
Voyeurism	1	0	0	1	2	5	3	10	3	5	3	11

%	Male				Female				Total			
	11	13	16	All	11	13	16	All	11	13	16	All
Total CAN cases identified (n)	**23**	**22**	**14**	**59**	**17**	**16**	**28**	**61**	**40**	**38**	**42**	**120**
Total Sexual abuse cases identified (n)	3	0	4	7	2	9	10	21	5	9	14	28
Type of Sexual abuse-Unspecified	33.3	0	25.0	28.6	0.0	11.1	10.0	9.5	20.0	11.1	14.3	14.3
Type of Sexual abuse-Specified	66.7	0	75.0	71.4	0	88.9	90.0	90.5	80.0	88.9	85.7	85.7
Completed sexual activity	33.3	0	25.0	28.6	0.0	66.7	60.0	57.1	20.0	66.7	50.0	50.0
Attempted sexual activity	0.0	0	50.0	28.6	0.0	55.6	50.0	47.6	0.0	55.6	50.0	42.9
Touching/fondling genitals	33.3	0	50.0	42.9	50.0	55.6	30.0	42.9	40.0	55.6	35.7	42.9
Adult exposing genitals to child	33.3	0	50.0	42.9	50.0	55.6	40.0	47.6	40.0	55.6	42.9	46.4
Sexual exploitation	0.0	0	50.0	28.6	0.0	55.6	30.0	38.1	0.0	55.6	35.7	35.7
Sexual harassment	33.3	0	50.0	42.9	50.0	55.6	50.0	52.4	40.0	55.6	50.0	50.0
Voyeurism	33.3	0	0.0	14.3	0	55.6	30.0	47.6	60.0	55.6	21.4	39.3

Table C.2.1.4 Psychological abuse (n=87): Specific types of psychological abuse per gender, age and geographical area (for the years 2010-2011)

n	Male				Female				Total			
	11	13	16	All	11	13	16	All	11	13	16	All
Total CAN cases identified	23	22	14	59	17	16	28	61	40	38	42	120
Total Psychol. abuse cases identified	20	16	8	44	14	9	20	43	34	25	28	87
Type of Psychol. abuse-Unspecified	0	0	0	0	0	0	0	0	0	0	0	0
Type of Psychol. abuse-Specified	20	16	8	44	14	9	20	43	34	25	28	87
Rejection through verbal abuse	16	4	3	23	9	7	16	32	25	11	19	55
Isolation	9	4	3	16	7	7	10	24	16	11	13	40
Ignorance	13	5	3	21	11	9	15	35	24	14	18	56
Corruption	3	5	0	8	2	4	3	9	5	9	3	17
Exploitation	11	9	7	27	7	7	4	18	18	16	11	45
Terrorization	6	2	3	11	4	1	2	7	10	3	5	18
Witnessing family violence	9	8	5	22	9	6	7	22	18	14	12	44

%	Male				Female				Total			
	11	13	16	All	11	13	16	All	11	13	16	All
Total CAN cases identified (n)	**23**	**22**	**14**	**59**	**17**	**16**	**28**	**61**	**40**	**38**	**42**	**120**
Total Psychol. abuse cases identified (n)	**20**	**16**	**8**	**44**	**14**	**9**	**20**	**43**	**34**	**25**	**28**	**87**
Type of Psychol. abuse-Unspecified	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Type of Psychol. abuse-Specified	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Rejection through verbal abuse	80.0	25.0	37.5	52.3	64.3	77.8	80.0	74.4	73.5	44.0	67.9	63.2
Isolation	45.0	25.0	37.5	36.4	50.0	77.8	50.0	55.8	47.1	44.0	46.4	46.0
Ignorance	65.0	31.3	37.5	47.7	78.6	100.0	75.0	81.4	70.6	56.0	64.3	64.4
Corruption	15.0	31.3	0.0	18.2	14.3	44.4	15.0	20.9	14.7	36.0	10.7	19.5
Exploitation	55.0	56.3	87.5	61.4	50.0	77.8	20.0	41.9	52.9	64.0	39.3	51.7
Terrorization	30.0	12.5	37.5	25.0	28.6	11.1	10.0	16.3	29.4	12.0	17.9	20.7
Witnessing family violence	45.0	50.0	62.5	50.0	64.3	66.7	35.0	51.2	52.9	56.0	42.9	50.6

Table C.2.1.5 Neglect (n=74): Specific types of neglect per age, gender and geographical area (for the years 2010-2011)

n	Male				Female				Total			
	11	13	16	All	11	13	16	All	11	13	16	All
Total CAN cases identified	23	22	14	59	17	16	28	61	40	38	42	120
Total Neglect cases identified	17	13	8	38	13	11	12	36	30	24	20	74
Type of Neglect-Unspecified	0	0	0	0	0	0	0	0	0	0	0	0
Type of Neglect-Specified	17	13	8	38	13	11	12	36	30	24	20	74
Physical neglect	14	8	8	30	12	8	9	29	26	16	17	59
Medical neglect	14	8	5	27	10	7	7	24	24	15	12	51
Educational neglect	12	10	7	29	11	9	8	28	23	19	15	57
Economic exploitation	9	9	7	25	6	5	5	16	15	14	12	41
Failure to protect from physical harm	12	8	8	28	10	6	7	23	22	14	15	51
Failure to protect from sexual abuse	5	2	4	11	6	6	6	18	11	8	10	29
Failure to provide treatment for mental problems	13	3	4	20	7	8	9	24	20	11	13	44
Permitting maladaptive/criminal behaviour	5	4	7	16	2	4	3	9	7	8	10	25
Abandonment/Refusal of custody	8	5	1	14	5	6	4	15	13	11	5	29

Table C.2.1.6 Single and Multiple forms of abuse (n=120) per gender, age and geographical area (for the years 2010-2011)

n	Male				Female				Total			
	11	13	16	All	11	13	16	All	11	13	16	All
Total cases	23	22	14	59	17	16	28	61	40	38	42	120
Single CAN form	3	6	6	15	4	6	8	18	7	12	14	33
Physical abuse	2	3	6	11	2	1	1	4	4	4	7	15
Sexual abuse	0	0	0	0	0	3	4	7	0	3	4	7
Psychological abuse	0	1	0	1	1	0	3	4	1	1	3	5
Neglect	1	2	0	3	1	2	0	3	2	4	0	6
Multiple CAN forms	20	16	8	44	13	10	20	43	33	26	28	87
Physical & Sexual	0	0	1	1	0	0	1	1	0	0	2	2
Physical & Psychological	3	5	0	8	1	0	7	8	4	5	7	16
Physical & Neglect	0	1	0	1	0	1	2	3	0	2	2	4
Sexual & Psychological	1	0	0	1	0	1	0	1	1	1	0	2
Sexual & Neglect	0	0	0	0	0	0	0	0	0	0	0	0
Psychological & Neglect	3	0	0	3	3	0	4	7	6	0	4	10
Physical, Sexual & Psych.	0	0	0	0	0	0	0	0	0	0	0	0
Physical, Sexual & Neglect	0	0	0	0	0	0	0	0	0	0	0	0
Physical, Psych. & Neglect	11	10	3	24	7	3	1	11	18	13	4	35
Sexual, Psych. & Neglect	0	0	0	0	0	0	0	0	0	0	0	0
Physical, Sexual, Psychological & Neglect	2	0	4	6	2	5	5	12	4	5	9	18

C.2.2. Child-CAN victim characteristics

Table C.2.2.1 Child-CAN victims' characteristics per age and gender

n	All forms of Maltreatment (n=278)											
	male				Female				Total			
	11	13	16	All	11	13	16	All	11	13	16	All
Total number of children-victims (n)	**23**	**22**	**14**	**59**	**17**	**16**	**28**	**61**	**40**	**38**	**42**	**120**
Educational status												
Unspecified	1	0	0	1	0	0	1	1	1	0	1	2
Not attending school at all	5	1	2	8	4	3	2	9	9	4	4	17
Dropped out	4	5	7	16	3	4	6	13	7	9	13	29
Attends school	13	16	5	34	10	9	19	38	23	25	24	72
Work status												
Unspecified	0	0	1	1	0	0	4	4	0	0	5	5
Not working	13	17	6	36	9	7	15	31	22	24	21	67
Working domestic/ unpaid	10	5	6	21	8	9	9	26	18	14	15	47
Working salaried work	0	0	1	1	0	0	4	4	0	0	5	5
Education-related problems												
Unspecified	11	8	10	29	7	6	12	25	18	14	22	54
None	3	6	2	11	6	6	9	21	9	12	11	32
Learning disability	5	4	0	9	3	1	3	7	8	5	3	16
Specialized education class	1	1	0	2	0	0	0	0	1	1	0	2
Irregular school attendance	7	8	2	17	1	3	7	11	8	11	9	28
Behaviour-related problems												
Unspecified	3	2	2	7	2	0	3	5	5	2	5	12
None	2	6	3	11	6	6	13	25	8	12	16	36
Problems in school	8	6	1	15	3	1	4	8	11	7	5	23
Problems in home	15	9	8	32	8	8	9	25	23	17	17	57
Violent behaviour	10	8	5	23	5	4	4	13	15	12	9	36
Bullying	3	1	2	6	1	0	2	3	4	1	4	9
Self-harming behaviour	5	2	1	8	3	5	4	12	8	7	5	20
Running away	7	6	6	19	4	6	8	18	11	12	14	37
Negative peer involvement	8	8	8	24	4	6	6	16	12	14	14	40
Inappropriate sexual behaviour	0	1	0	1	1	3	3	7	1	4	3	8
Criminal involvement	3	6	3	12	2	2	2	6	5	8	5	18
Substance abuse problems												
Unspecified	0	4	1	5	0	0	4	4	0	4	5	9
None	16	13	8	37	15	12	21	48	31	25	29	85
Drug abuse	2	2	4	8	1	2	2	5	3	4	6	13
Alcohol abuse	1	1	1	3	1	2	2	5	2	3	3	8
Diagnosed Disabilities												
Unspecified	4	6	2	12	2	3	5	10	6	9	7	22
None	10	10	10	30	10	9	16	35	20	19	26	65
Physical handicap	8	6	2	16	4	4	5	13	12	10	7	29
Visual-hear-speechimpairment	0	0	0	0	0	0	2	2	0	0	2	2
Impaired cognitive functioning	0	2	0	2	1	1	1	3	1	3	1	5
Psychiatric disorder	0	0	0	0	0	1	0	1	0	1	0	1

Table C.2.2.2 Child-physical abuse victims' characteristics

n	Physical Abuse (n=89)											
	male				Female				Total			
	11	13	16	All	11	13	16	All	11	13	16	All
Total number of physical abuse victims (n)	**18**	**19**	**13**	50	**12**	**10**	**17**	39	30	29	30	89
Educational status												
Unspecified	1	0	0	1	0	0	1	1	1	0	1	2
Not attending school at all	5	1	2	8	4	3	2	9	9	4	4	17
Dropped out	3	3	6	12	3	3	4	10	6	6	10	22
Attends school	9	15	5	29	5	4	10	19	14	19	15	48
Work status												
Unspecified	0	0	1	1	0	0	2	2	0	0	3	3
Not working	10	15	5	30	6	2	8	16	16	17	13	46
Working domestic/ unpaid	8	4	6	18	6	8	7	21	14	12	13	39
Working salaried work	0	0	1	1	0	0	0	0	0	0	1	1
Education-related problems												
Unspecified	10	6	9	25	7	5	10	22	17	11	19	47
None	2	5	2	9	4	2	4	10	6	7	6	19
Learning disability	3	4	0	7	0	1	2	3	3	5	2	10
Specialized education class	0	1	0	1	0	0	0	0	0	1	0	1
Irregular school attendance	5	8	2	15	1	2	3	6	6	10	5	21
Behaviour-related problems												
Unspecified	3	2	2	7	1	0	2	3	4	2	4	10
None	0	5	3	8	4	2	6	12	4	7	9	20
Problems in school	6	6	1	13	2	1	1	4	8	7	2	17
Problems in home	12	7	8	27	7	6	6	19	19	13	14	46
Violent behaviour	8	7	4	19	5	4	3	12	13	11	7	31
Bullying	2	1	2	5	1	0	1	2	3	1	3	7
Self-harming behaviour	5	2	1	8	2	5	4	11	7	7	5	19
Running away	6	5	6	17	4	6	7	17	10	11	13	34
Negative peer involvement	7	6	7	20	4	5	4	13	11	11	11	33
Inappropriate sexual behaviour	0	1	0	1	1	2	3	6	1	3	3	7
Criminal involvement	3	5	2	10	2	2	1	5	5	7	3	15
Substance abuse problems												
Unspecified	0	3	0	3	0	0	3	3	0	3	3	6
None	13	12	8	33	10	6	11	27	23	18	19	60
Drug abuse	3	1	4	8	1	2	2	5	4	3	6	13
Alcohol abuse	1	1	1	3	1	2	2	5	2	3	3	8
Diagnosed Disabilities												
Unspecified	4	6	2	12	1	2	2	5	5	8	4	17
None	6	9	9	24	8	4	10	22	14	13	19	46
Physical handicap	7	4	2	13	3	4	3	10	10	8	5	23
Visual-hear-speechimpairment	0	0	0	0	0	0	2	2	0	0	2	2
Impaired cognitive functioning	0	2	0	2	0	1	1	2	0	3	1	4
Psychiatric disorder	0	0	0	0	0	1	1	2	0	1	1	2

Table C.2.2.3 Child-sexual abuse victims' characteristics

n	Sexual Abuse (n=28)											
	male				Female				Total			
	11	13	16	All	11	13	16	All	11	13	16	All
Total number of sexual abuse victims (n)	**3**	**0**	**4**	7	**2**	**9**	**10**	21	5	9	14	28
Educational status												
Unspecified	0	0	0	0	0	0	0	0	0	0	0	0
Not attending school at all	1	0	1	2	2	3	2	7	3	3	3	9
Dropped out	0	0	3	3	0	2	4	6	0	2	7	9
Attends school	2	0	0	2	0	4	4	8	2	4	4	10
Work status												
Unspecified	0	0	0	0	0	0	1	1	0	0	1	1
Not working	2	0	1	3	0	3	4	7	2	3	5	10
Working domestic/ unpaid	1	0	3	4	2	6	5	13	3	6	8	17
Working salaried work	0	0	0	0	0	0	0	0	0	0	0	0
Education-related problems												
Unspecified	1	0	4	5	2	4	7	13	3	4	11	18
None	0	0	0	0	0	4	2	6	0	4	2	6
Learning disability	1	0	0	1	0	0	1	1	1	0	1	2
Specialized education class	1	0	0	1	0	0	0	0	1	0	0	1
Irregular school attendance	0	0	0	0	0	1	1	2	0	1	1	2
Behaviour-related problems												
Unspecified	0	0	0	0	0	0	1	1	0	0	1	1
None	0	0	0	0	0	3	3	6	0	3	3	6
Problems in school	1	0	0	1	0	0	1	1	1	0	1	2
Problems in home	3	0	4	7	2	6	5	13	5	6	9	20
Violent behaviour	3	0	1	4	1	3	2	6	4	3	3	10
Bullying	1	0	0	1	0	0	1	1	1	0	1	2
Self-harming behaviour	1	0	1	2	2	4	3	9	3	4	4	11
Running away	1	0	4	5	2	5	4	11	3	5	8	16
Negative peer involvement	1	0	4	5	2	6	3	11	3	6	7	16
Inappropriate sexual behaviour	0	0	0	0	0	3	3	6	0	3	3	6
Criminal involvement	1	0	1	2	2	2	1	5	3	2	2	7
Substance abuse problems												
Unspecified	0	0	0	0	0	0	2	2	0	0	2	2
None	2	0	1	3	0	5	5	10	2	5	6	13
Drug abuse	1	0	2	3	1	2	2	5	2	2	4	8
Alcohol abuse	1	0	1	2	1	2	2	5	2	2	3	7
Diagnosed Disabilities												
Unspecified	0	0	0	0	0	0	2	2	0	0	2	2
None	2	0	1	3	0	5	5	10	2	5	6	13
Physical handicap	0	0	0	0	0	0	0	0	0	0	0	0
Visual-hear-speechimpairment	0	0	0	0	0	0	2	2	0	0	2	2
Impaired cognitive functioning	0	0	0	0	0	1	1	2	0	1	1	2
Psychiatric disorder	0	0	0	0	0	1	1	s	0	1	1	2

Table C.2.2.4 Child-CAN psychological abuse victims' characteristics

n	Psychological Abuse (n=87)											
	male				Female				Total			
	11	13	16	All	11	13	16	All	11	13	16	All
Total number of psychological abuse victims (n)	**20**	**16**	**8**	44	**14**	**9**	**20**	43	34	25	28	87
Educational status												
Unspecified	1	0	0	1	0	0	0	0	1	0	0	1
Not attending school at all	5	1	1	7	4	3	1	8	9	4	2	15
Dropped out	3	3	6	12	3	2	5	10	6	5	11	22
Attends school	11	12	1	24	7	4	14	25	18	16	15	49
Work status												
Unspecified	0	0	0	0	0	0	2	2	0	0	2	2
Not working	10	12	4	26	7	2	11	20	17	14	15	46
Working domestic/ unpaid	10	4	4	18	7	7	7	21	17	11	11	39
Working salaried work	0	0	0	0	0	0	0	0	0	0	0	0
Education-related problems												
Unspecified	9	6	7	22	7	4	7	18	16	10	14	40
None	3	2	0	5	4	1	6	11	7	3	6	16
Learning disability	5	4	0	9	2	1	3	6	7	5	3	15
Specialized education class	1	1	0	2	0	0	0	0	1	1	0	2
Irregular school attendance	6	8	1	15	1	3	7	11	7	11	8	26
Behaviour-related problems												
Unspecified	1	2	0	3	1	0	1	2	2	2	1	5
None	1	2	0	3	5	1	8	14	6	3	8	17
Problems in school	8	6	1	15	2	1	4	7	10	7	5	22
Problems in home	15	8	7	30	8	7	9	24	23	15	16	54
Violent behaviour	10	8	4	22	5	4	4	13	15	12	8	35
Bullying	3	1	2	6	1	0	2	3	4	1	4	9
Self-harming behaviour	5	2	1	8	3	5	4	12	8	7	5	20
Running away	7	6	6	19	4	6	8	18	11	12	14	37
Negative peer involvement	8	7	8	23	4	6	6	16	12	13	14	39
Inappropriate sexual behaviour	0	0	0	0	1	3	3	7	1	3	3	7
Criminal involvement	3	6	3	12	2	2	2	6	5	8	5	18
Substance abuse problems												
Unspecified	0	4	1	5	0	0	0	0	0	4	1	5
None	13	9	2	24	12	5	17	34	25	14	19	58
Drug abuse	3	1	4	8	1	2	2	5	4	3	6	13
Alcohol abuse	1	1	1	3	1	2	2	5	2	3	3	8
Diagnosed Disabilities												
Unspecified	2	3	0	5	1	0	1	2	3	3	1	7
None	9	10	6	25	8	5	12	25	17	15	18	50
Physical handicap	8	3	2	13	4	4	5	13	12	7	7	26
Visual-hear-speechimpairment	0	0	0	0	0	0	2	2	0	0	2	2
Impaired cognitive functioning	0	2	0	2	1	1	1	3	1	3	1	5
Psychiatric disorder	0	0	0	0	0	1	1	2	0	1	1	2

Table C.2.2.5 Child-neglect victims' characteristics

n	Neglect Abuse (n=74)											
	male				Female				Total			
	11	13	16	All	11	13	16	All	11	13	16	All
Total number of neglect abuse victims (n)	**17**	**13**	**8**	38	**13**	**11**	**12**	36	30	24	20	74
Educational status												
Unspecified	0	0	0	0	0	0	0	0	0	0	0	0
Not attending school at all	5	1	1	7	4	3	1	8	9	4	2	15
Dropped out	3	4	6	13	3	4	3	10	6	8	9	23
Attends school	9	8	1	18	6	4	8	18	15	12	9	36
Work status												
Unspecified	0	0	0	0	0	0	1	1	0	0	1	1
Not working	9	8	4	21	5	3	7	15	14	11	11	36
Working domestic/ unpaid	8	5	4	17	8	8	4	20	16	13	8	37
Working salaried work	0	0	0	0	0	0	0	0	0	0	0	0
Education-related problems												
Unspecified	8	5	7	20	7	6	5	18	15	11	12	38
None	3	1	0	4	2	2	2	6	5	3	2	10
Learning disability	5	3	0	8	3	1	3	7	8	4	3	15
Specialized education class	0	1	0	1	0	0	0	0	0	1	0	1
Irregular school attendance	5	7	1	13	1	2	5	8	6	9	6	21
Behaviour-related problems												
Unspecified	1	0	0	1	1	0	1	2	2	0	1	3
None	2	2	0	4	3	2	2	7	5	4	2	11
Problems in school	6	5	1	12	3	1	4	8	9	6	5	20
Problems in home	13	8	7	28	8	7	8	23	21	15	15	51
Violent behaviour	8	5	4	17	5	4	3	12	13	9	7	29
Bullying	13	1	2	16	1	0	2	3	14	1	4	19
Self-harming behaviour	5	2	1	8	3	5	4	12	8	7	5	20
Running away	7	5	6	18	4	6	6	16	11	11	12	34
Negative peer involvement	8	7	8	23	4	5	5	14	12	12	13	37
Inappropriate sexual behaviour	0	1	0	1	1	2	3	6	1	3	3	7
Criminal involvement	3	5	3	11	2	2	2	6	5	7	5	17
Substance abuse problems												
Unspecified	0	2	1	3	0	0	1	1	0	2	2	4
None	10	6	2	18	11	7	8	26	21	13	10	44
Drug abuse	3	2	4	9	1	2	2	5	4	4	6	14
Alcohol abuse	1	1	1	3	1	2	2	5	2	3	3	8
Diagnosed Disabilities												
Unspecified	1	0	0	1	1	1	0	2	2	1	0	3
None	8	7	6	21	8	6	5	19	16	13	11	40
Physical handicap	7	6	2	15	3	4	5	12	10	10	7	27
Visual-hear-speechimpairment	0	0	0	0	0	0	2	2	0	0	2	2
Impaired cognitive functioning	0	2	0	2	1	1	1	3	1	3	1	5
Psychiatric disorder	0	0	0	0	0	1	1	2	0	1	1	2

C.2.3. Characteristics of Families and Households of Maltreated Children

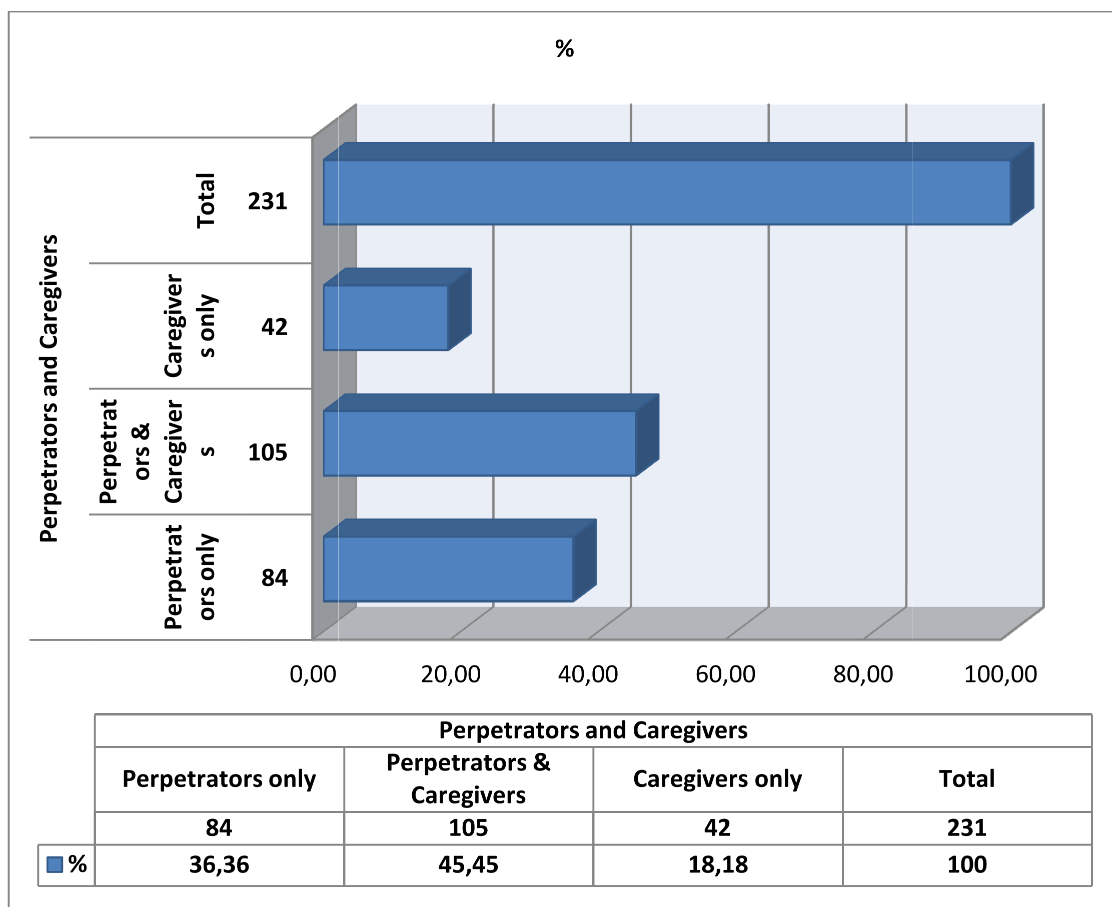
Table C.2.3 Children-victims' Family and Household characteristics per form of maltreatment

	Form of Maltreatment				
	Physical abuse	Sexual abuse	Psychological abuse	Neglect	All forms of maltreatment
n	89	28	87	74	278
Family Status					
Unspecified	4	3	4	3	4
Married parents	44	10	37	26	61
Divorced parents	20	5	21	19	25
Single parent family	15	9	18	18	21
Step family	6	1	7	8	9
Number of co-habitants					
Unspecified	3	1	2	1	3
2	15	0	3	4	5
3	31	5	13	8	22
4	9	9	31	27	45
>5	31	27	38	34	45
Co-habitants identity					
Unspecified	1	0	0	0	13
Mother	66	20	63	51	91
Father	58	16	55	43	81
Siblings	61	22	64	58	83
Grandparent(s)	9	3	10	8	10
Other blood/in-laws relative(s)	10	7	10	9	10
Parent's partner	13	5	10	11	15
Other CAN victims					
Unspecified	13	3	9	6	18
None	19	8	22	15	33
Siblings	51	14	49	48	61
Other types of abuse					
Unspecified	11	3	8	5	16
None	25	9	29	27	44
Intimate partner violence	39	10	38	29	45
Elderly abuse	4	3	4	4	4
Sibling abuse	17	11	16	17	19
Housing adequacy					
Unspecified	30	30	30	30	32
No	20	20	20	20	36
Yes	50	50	50	50	51
Household income					
Unspecified	21	3	9	3	25
Very low	42	15	46	50	55
Low	14	5	19	12	20
Moderate	11	5	12	9	19
Source of income					
Unspecified	14	3	6	2	17
No source of income	4	2	6	4	6
Full time employment	25	8	25	16	37
Part time/Seasonal employment	14	1	16	18	24
Social assistance	9	3	12	12	13
No reliable source	2	0	1	2	2
Financial problems					
Unspecified	27	4	15	6	33
No	9	6	14	12	68
Yes	53	18	58	56	19

C.2.4. CAN-Perpetrators & Caregivers of maltreated children

Table C.2.4 Perpetrators and Caregivers

	Perpetrators and Caregivers			
	Perpetrators only	Perpetrators & Caregivers	Caregivers only	Total
Frequency	84	105	42	231
%	**36**	**46**	**18**	**100**



	Perpetrators and Caregivers			
	Perpetrators only	Perpetrators & Caregivers	Caregivers only	Total
	84	105	42	231
%	36,36	45,45	18,18	100

C.2.5. Characteristics of Perpetrators and Caregivers

Table C.2.5.1 Perpetrators' characteristics per form of maltreatment

	Form of Maltreatment				
	Physical abuse	Sexual	Psychological abuse	Neglect	All forms of maltreatment (n=)
Number of Perpetrators	64	36	66	61	84
1	8	8	12	7	20
2	22	7	20	23	27
3	16	6	16	13	19
4 or more	18	15	18	18	18
Status of allegation	64	36	66	61	84
Unspecified	0	0	0	0	0
Perpetrator	56	30	59	58	65
Alleged Perpetrator	8	6	7	3	19
Gender	64	36	66	61	84
Male	47	29	51	45	66
Female	17	7	15	16	18
Age group	56	29	55	53	68
>18	8	5	3	2	12
19-24	6	7	7	6	7
25-34	14	5	16	16	16
35-44	15	5	16	15	19
45-54	7	4	6	7	7
55-64	5	2	5	5	5
>65	1	1	2	2	2
Educational Level	62	34	64	59	82
Unspecified	11	5	10	14	16
Has not attended school	9	4	10	9	10
Elementary school	17	8	16	16	18
Middle School	17	11	21	16	26
High School	5	6	5	4	9
Technical School	2	0	1	**0**	**2**
University	1	0	1	0	1
Employment status	51	28	52	48	69
Unspecified	5	3	4	6	6
Employed	16	10	21	16	25
Unemployed	28	14	24	23	35
Retired	2	1	3	3	3
Marital Status	62	35	64	58	81
Unspecified	5	3	4	2	6
Single	20	12	19	16	28
Married	15	7	15	18	20
Living together	6	3	7	6	7
Separated	6	4	7	6	8
Divorced	4	3	6	4	6
Widow/er	6	3	6	6	6

(Table C.2.5.1 cont.)	Form of Maltreatment				
	Physical abuse	Sexual	Psychological abuse	Neglect	All forms of maltreatment (n=278)
Relation to child	64	36	66	61	75
Unspecified	0	0	0	0	0
Mother	6	3	5	6	**6**
Father	11	4	13	12	16
Step-mother	2	0	2	3	3
Step-father	0	0	0	0	0
Full sibling	4	1	4	4	4
Partial/half sibling	0	0	0	0	0
Step-sibling	0	0	0	0	0
Grandparent	4	1	5	5	**5**
Other blood relative	5	5	6	6	8
In-laws	0	0	0	0	0
Foster Parent	0	0	0	0	0
Caregiver in institution	0	0	0	0	0
Health care provider	0	0	0	0	0
Parent's partner	4	1	3	3	4
Date	1	1	1	1	**1**
Roommate	0	0	0	0	0
Work-relation	0	0	0	0	0
Neighbour	1	2	3	1	3
Friend	15	9	13	11	23
Official /legal authority	0	0	0	0	0
Stranger	9	8	9	8	0
School Teacher	1	0	1	0	1
Teacher/Coach (outside school)	0	0	0	0	0
Family friend	1	1	1	1	1
History of substance abuse	66	40	72	65	88
Unspecified	9	7	10	7	18
None	12	7	13	10	20
Drug abuse	19	13	21	21	21
Alcohol abuse	26	13	28	27	29
Physical-Mental Disabilities					
Unspecified	20	12	19	14	29
None	29	17	31	31	37
Physical handicap	3	1	3	3	3
Psychiatric Disorder	2	1	3	3	3
Impaired cognitive functioning	4	2	5	5	6
History of victimization	55	30	58	53	75
Unspecified	31	17	32	27	47
None	1	1	1	1	3
Yes	23	12	25	25	25
Previous similar allegations	55	31	57	52	75
Unspecified	15	9	16	11	31
None	5	0	3	6	6
Yes	35	22	38	35	38

Table C.2.5.2 Caregivers who are also Perpetrators' characteristics per form of maltreatment

	Form of Maltreatment				
	Physical abuse	Sexual	Psychological abuse	Neglect	All forms of maltreatment (n=)
No of Caregivers/Perpetrators	83	23	79	72	105
Unspecified	0	0	0	0	0
1	44	5	38	30	55
2	18	3	20	21	29
3	11	6	11	11	11
4 or more	10	9	10	10	10
Status of allegation	83	23	79	70	103
Unspecified	0	0	0	0	0
Perpetrator	60	21	59	61	72
Alleged Perpetrator	23	2	20	9	31
Gender	83	23	79	70	103
Unspecified	0	0	0	0	0
Male	59	15	56	45	71
Female	24	8	23	25	32
Age group	49	20	55	55	62
>18	0	0	0	0	0
19-24	2	1	2	3	3
25-34	8	1	9	7	9
35-44	22	9	22	24	28
45-54	10	5	15	14	15
55-64	4	3	4	4	4
>65	3	1	3	3	3
Educational Level	81	22	77	68	61
Unspecified	32	6	23	18	0
Has not attended school	9	1	10	7	11
Elementary school	18	11	18	20	20
Middle School	15	4	19	18	21
High School	6	0	6	3	7
Technical School	0	0	1	**1**	**1**
University	1	0	0	1	1
Post-graduate studies	0	0	0	0	0
Employment status	78	20	74	64	92
Unspecified	6	0	3	3	3
Employed	34	4	33	18	43
Unemployed	37	15	37	42	45
Retired	1	1	1	1	1
Marital Status	83	23	79	70	103
Unspecified	0	0	0	0	0
Single	0	1	0	0	1
Married	51	9	48	37	64
Living together	6	0	5	4	6
Separated	12	6	13	13	15
Divorced	8	3	7	10	11
Widow/er	6	4	6	6	6

(Table C.2.5.2 cont.)	Form of Maltreatment				
	Physical abuse	Sexual	Psychological abuse	Neglect	All forms of maltreatment (n=)
Relation to child	82	23	79	70	103
Unspecified	0	0	0	0	0
Mother	24	8	22	23	**30**
Father	48	8	46	37	60
Step-mother	0	0	1	1	1
Step-father	3	2	2	2	3
Full sibling	1	1	1	2	2
Partial/half sibling	0	0	0	0	0
Step-sibling	0	0	0	0	0
Grandparent	3	3	3	3	**3**
Other blood relative	2	0	2	1	2
Parent's partner	0	1	1	1	1
Date	1	0	1	0	**1**
History of substance abuse	80	23	77	67	99
Unspecified	12	2	10	6	16
None	16	1	17	16	26
Drug abuse	9	4	9	7	9
Alcohol abuse	43	16	41	38	48
Physical-Mental Disabilities	76	16	71	62	95
Unspecified	23	2	16	9	27
None	36	11	37	36	49
Physical handicap	4	0	5	5	5
Psychiatric Disorder	6	1	6	6	6
Impaired cognitive functioning	7	2	7	6	8
History of victimization	77	19	73	64	97
Unspecified	59	9	52	44	74
None	6	2	8	8	10
Yes	12	8	13	12	13
Previous similar allegations	75	20	71	63	94
Unspecified	46	4	41	34	59
None	6	2	9	7	10
Yes	23	14	21	22	25

Table C.2.5.3 Caregivers' characteristics per form of maltreatment

	Form of Maltreatment				
	Physical abuse	Sexual	Psychological abuse	Neglect	All forms of maltreatment (n=)
No of Caregivers	22	16	21	15	42
Unspecified	0	0	0	0	0
1	8	4	13	11	14
2	14	12	8	4	28
3	0	0	0	0	0
4 or more	0	0	0	0	0
Gender	21	16	20	15	42
Unspecified	0	0	0	0	1
Male	6	7	4	2	14
Female	15	9	16	13	27
Age group	9	6	13	11	42
>18	0	0	0	0	0
19-24	0	0	0	0	0
25-34	1	0	2	2	2
35-44	6	6	8	5	11
45-54	2	0	3	4	4
55-64	0	0	0	0	25
>65	0	0	0	0	0
Educational Level	21	15	20	15	42
Unspecified	9	7	3	3	18
Has not attended school	1	0	2	2	2
Elementary school	7	0	0	0	13
Middle School	3	5	11	9	5
High School	0	2	1	0	1
Technical School	1	1	1	**0**	**2**
University	0	0	2	1	1
Post-graduate studies	0	0	0	0	0
Employment status	17	16	19	13	40
Unspecified	2	2	1	0	4
Employed	8	11	10	8	24
Unemployed	7	3	8	5	9
Retired	0	0	0	0	3
Marital Status	22	16	20	11	43
Unspecified	1	0	0	0	3
Single	1	1	2	1	2
Married	11	12	7	5	26
Living together	3	0	0	0	0
Separated	3	3	5	3	6
Divorced	2	0	4	0	4
Widow/er	1	0	2	2	2

(Table C.2.5.3 cont.)	Form of Maltreatment				
	Physical abuse	Sexual	Psychological abuse	Neglect	All forms of maltreatment (n=)
Relation to child	21	16	20	15	41
Unspecified	0	0	0	0	0
Mother	15	9	16	13	**27**
Father	6	7	4	2	14
Type of Guardianship	0	16	20	15	41
Unspecified	0	0	0	0	0
Parent	0	16	19	15	40
Legal guardian	0	0	1	0	1
History of substance abuse	19	15	20	13	38
Unspecified	6	5	4	0	11
None	13	10	16	13	27
Drug abuse	0	0	0	0	0
Alcohol abuse	0	0	0	0	0
Physical-Mental Disabilities	23	18	22	17	43
Unspecified	6	4	4	0	10
None	11	10	9	9	24
Physical handicap	0	0	0	0	0
Psychiatric Disorder	2	2	2	2	2
Impaired cognitive functioning	4	2	7	6	7
History of victimization	247	16	20	15	41
Unspecified	134	11	11	7	30
None	73	3	2	1	4
Yes	40	2	7	7	7
History of CAN allegations	21	16	20	15	41
Unspecified	12	4	14	11	19
None	7	11	6	2	19
Yes	2	1	0	2	3

C.2.6. Agencies involved in administration of CAN cases and Services provided to children-victims and their families

Table C.2.6.1 Agencies involved in CAN cases' administration per form of maltreatment

	Form of Maltreatment				
	Physical abuse	Sexual	Psychological abuse	Neglect	All forms of maltreatment
Case assessment of allegation					
Unspecified	3	0	1	0	4
Medical /Health services	25	25	31	29	31
Mental Health services	8	1	10	11	11
Education services	21	5	27	28	32
Social services	80	27	79	70	108
Police services	30	13	33	27	34
Legal/Judicial services	22	9	22	20	23
Maltreatment confirmation					
Unspecified	30	7	24	15	45
Medical /Health services	22	11	26	25	26
Mental Health services	8	2	8	8	8
Education services	15	5	21	21	24
Social services	48	18	52	52	61
Police services	32	13	33	29	36
Legal/Judicial services	16	6	15	13	16
Legal Action Taken					
Unspecified	8	1	5	2	65
None legal action taken	26	7	24	24	45
Social service/police -NO court involvement	45	19	50	44	53
Emergency protection procedures implemented	12	7	12	11	14
Judicial action to protect victim by court order(s)	10	4	11	8	13
Judicial action to remove parent(s) rights	0	1	1	0	1
Police/Judicial action to prosecute abuser	15	9	17	14	17
Care plan for child					
Unspecified	9	2	7	2	11
Child remains in family with no intervention	32	12	25	21	45
Child remains in family with planned intervention	23	5	32	29	39
Child removed from family (parents co-operation)	12	2	10	10	12
Child removed from family home by court order	7	4	7	6	7
Out of home placement					
Unspecified	13	5	9	5	15
No out of home placement	47	14	49	46	72
Children's Home Institution-NO individual carers	4	1	4	4	5
Mother/child shelter	10	4	11	5	12
Kinship Care with relatives/extended family	6	0	5	5	6
Abuser leaves the family home	1	0	1	2	2

Table C.2.6.2 Referrals made to services and services provided to children-victims and their families per form of maltreatment

	Form of Maltreatment				
	Physical abuse	Sexual	Psychological abuse	Neglect	All forms of maltreatment
Referrals made to services					
Unspecified	0	0	0	0	0
None	1	0	2	1	2
Parent support program	28	13	31	30	33
Drug or alcohol counseling	20	13	19	20	22
Other family counseling	58	19	62	61	74
Social welfare assistance	26	12	31	31	33
Food Bank	16	6	20	21	22
Shelter services	20	7	23	17	23
Domestic violence counseling	63	17	58	54	75
Psychiatric services	2	2	2	2	2
Psychological services	75	25	72	64	105
Special education referral	24	11	26	25	27
Recreational program	35	14	40	42	45
Victim support program	54	20	48	39	65
Medical/dental services	38	19	42	44	54
Other child counseling	76	24	72	66	99
Services received					
Unspecified	0	0	0	0	0
None	2	0	3	1	3
Parent support program	23	9	24	24	26
Drug or alcohol counseling	14	10	14	16	16
Other family counseling	47	18	53	51	58
Social welfare assistance	27	11	31	31	33
Food Bank	13	4	17	18	19
Shelter services	13	4	15	9	15
Domestic violence counseling	39	13	46	45	50
Psychiatric services	2	2	2	2	2
Psychological services	74	25	70	63	103
Special education referral	16	9	17	16	18
Recreational program	31	12	35	38	40
Victim support program	21	9	27	25	27
Medical/dental services	39	13	43	45	49
Other child counseling	75	22	69	61	95

C.3. File completeness concerning the characteristics of the recorded CAN cases: lessons learned from the missing values

Table C.3 Availability of information concerning the characteristics of the recorded CAN cases

	Availability of information (n=120)			
	Available information		Non-available information (missing/unspecified)	
	f	%	f	%
Report date (exact date of intake) (n=120)	120	100	0	0
Child-related information (n=120)				
Age	120	100	0	0
Gender	120	100	0	0
Nationality	118	98.33	2	1.67
Educational Status	118	98.33	2	1.67
Work Status	115	95.83	5	4.17
Education-related problems	66	55.00	54	45.00
Behaviour related problems	108	90.00	12	10.00
Substance-abuse problems	108	90.00	12	10.00
Diagnosed Disabilities	98	81.67	22	18.33
Contact details (n=118)				
Telephone number	118	98.33	2	1.67
Address	118	98.33	2	1.67
Incident related information (n=116)				
Duration of maltreatment	116	96.67	4	3.33
Source of referral	119	99.17	1	0.83
Scene of incident	115	95.83	5	4.17
Form of maltreatment	120	100.00	0	0.00
Physical abuse (n=88)				
Status of substantiation	88	73.33	32	26.67
Specific Forms	85	70.83	35	29.17
Injury due to physical abuse	61	50.83	59	49.17
Nature of injury(-ies)	50	41.67	70	58.33
Sexual abuse (n=25)				
Status of substantiation	25	20.83	95	79.17
Specific Forms	24	20.00	96	80.00
Psychological abuse (n=78)				
Status of substantiation	78	65.00	42	35.00
Specific Forms	87	72.50	33	27.50
Neglect (n=72)				
Status of substantiation	72	60.00	48	40.00
Specific Forms	74	61.67	46	38.33
Case assessment of allegation (n=116)	116	96.67	4	3.33
Maltreatment confirmation (n=75)	75	62.50	45	37.50
Legal action taken	110	91.67	10	8.33
Care plan for child	109	90.83	11	9.17
Out of Home placement	105	87.50	15	12.50

(Table C.3. cont.)	Availability of information (n=120)			
	Available information		Non-available information (missing/unspecified)	
	f	%	f	%
Perpetrator(s)' related information (n=XXX)				
Number of perpetrators	189	100	0	0
Status of allegation	189	100	0	0
Gender	189	100	0	0
Age	136	72.0	53	28.0
Nationality	132	69.8	57	30.2
Educational level	182	96.3	7	3.7
Employment status	174	92.1	15	7.9
Marital status	182	96.3	7	3.7
Relationship to child	189	100.0	0	0.0
History of substance abuse	146	77.2	43	22.8
Physical-Mental Disabilities	117	61.9	72	38.1
History of victimization/abuse	51	27.0	138	73.0
Previous similar allegations	81	42.9	108	57.1
Contact details (n=xxx)				
Telephone number	154	91.1	15	8.9
Address	169	89.4	20	10.6
Caregiver(s) related information (n=xxx)				
Number of caregivers	42	100	0	0
Relationship to Child	41	97.6	1	2.4
Type of Guardianship	41	97.6	1	2.4
Gender	41	97.6	1	2.4
Age	18	42.9	24	57.1
Nationality	37	88.1	5	11.9
Educational level	24	57.1	18	42.9
Employment status	36	85.7	6	14.3
Marital status	40	95.2	2	4.8
History of substance abuse	28	66.7	14	33.3
Physical-Mental Disabilities	31	73.8	11	26.2
History of victimization/abuse	11	26.2	31	73.8
History of CAN allegations	22	52.4	20	47.6
Contact details (n=xxx)				
Telephone number	38	90.5	4	9.5
Address	37	88.1	5	11.9
Family-related information (n=xxx)				
Family status	116	96.7	4	3.3
Number of co-habitants	117	97.5	3	2.5
Co-habitants' identity	117	97.5	3	2.5
Other CAN victims	99	82.5	21	17.5
Other types of abuse	98	81.7	22	18.3
Referrals made to services	119		1	0.8
Services received	119	99.2	1	0.8
Household-related information (n=xxx),				
Housing adequacy	88	73.3	32	26.7
Household income	95	79.2	25	20.8
Source of income	103	85.8	17	14.2
Financial problems	87	72.5	33	27.5
Previous maltreatment (n=xxx)				
Type of most severe maltreatment	40	100	0	0
Perpetrator(s)	39	97.5	1	2.5
Investigating agencies	90	39	1	1.1
Follow-up information (n=xxx)	111	92.5	9	7.5

CHAPTER D. CONCLUSIONS

The CBSS research conducted in Albania in combination with the field research on child abuse and neglect show that both children and parents are victims and perpetrators of abuse. The circle of abuse and neglect is passed from generation to generation because the system of child protection and social services doesn't implement all levels of preventative measures required, if not eliminate, to reduce the levels of violence against children and their perpetrators.

The CBSS can provide information into the consequences of violence and identify that violence is prevalent in most of the lives of children and their parents.

Albania is at it initial steps of establishing a functioning child protection system and that of social services for all those in need or risk. The analysis of the system it shows that it can identify most of the CAN forms. However as this process is finished it starts that of case management and many agencies cannot provide children with adequate and referral services as most of the services are not well-distributed, well-funded and coordinated.

The research team based on the analysis of data and respective results has the following conclusions:

Conclusion 1: Methodology for completing the data files DNF cases varies from agency to agency, due to the lack of standardized instruments to record the data of the case. From 7 agencies only 2 of them have established some form of databases where data is recorded while 5 others have data stored only in files. This is the result of the lack of a centralised system for child protection agencies which can provide integrated services for children that fall victim of child abuse and neglect.

Conclusion 2: Albania does not have a well-coordinated and central collection, reporting, referral and case management of children among all agencies that manage and deal with CAN cases. This in reality shows that there are different standards of work in different agencies or on certain occasions different standards are applied within the same Agency when it comes to risk assessment, needs assessment, decision-making and intervention plan.

Conclusion 3: Case management is often implemented without a full assessment of the case. On several occasions the system seems to show a lack of consideration

and practice on deciding what are the primary and the most urgent needs of the child for safety and protection, while plan to implement further preventative measures that can facilitate the process of recovery of the child. It is of prime importance to gather sufficient data and information on each CAN case, which could help the case management and planning for future and specific interventions.

Conclusion 4: A considerable part of the institutions and agencies report that they collect information on CAN, but actually they collect only basic information and unspecified or verified with other child protection agencies. Most public agencies do not have sufficient staff to manage cases and no proper system of building and maintaining CAN files.

Conclusion 5: Compared to the general prevalence and incidence of CAN studied by the field research, the child protection agencies are faced with the most difficult and severe cases of CAN. This indicates that for the most common cases of CAN the system is not prepared to identify and report them at an initial phase and either children are enough aware where to report on violence being used against them.

Conclusion 6: The study shows that the level of child protection services is limited in the scope and supply. Recorded cases of children show that on the one hand, children are exposed to some of the worst form of violence and in many multiple forms and combinations. Most of such children belong to parents who have a history of substance abuse, alcohol, are unemployed or have been themselves victims of violence when young.

Conclusion 7: During the preparation of this CBSS Report the team observed that research and systematic studies of CAN and its consequences are missing in Albania. This creates a series of problems in terms of recognising and assessing across-agencies services and their level of distribution.

RECOMMENDATIONS

Albania has a long away to go before it can achieve nation-wide and sustainable child protection services. Nonetheless many steps have been taken to improve the situation and if this trend continues within few years a new standardised system of social services and supporting services will be in place.

The research team has the following recommendations to make at the end of the CBSS process in Albania:

Recommendation 1: Data collection on CAN cases among agencies and service providers shall be made by using a set of core indicators and data required to be collected from all agencies dealing with CAN cases, including the use of standardized instruments to be placed online.

Recommendation 2: The study recommends that the State Agency for Protection of Children's Rights in Albania to establish a central data collection system with access and accessible by all agencies and institutions that work on child protection and provide services for them and their parents. Data must be unified, filled and filed according to specific protocols approved by the highest authority possible.

Recommendation 3: The CBSS study suggests the development of instruments and standard procedures for the evaluation of cases and later for case management. These procedures should be used in every step of the case management, including continuous monitoring and reporting of the situation of the child and the case itself.

Recommendation 4: In the opinion of the researchers the system of child protection and generally social services administration, needs to be trained for building a system of filing, maintenance, recording and reporting on CAN. Moreover the establishment of online databases and standard procedures is a necessity to follow each case throughout its journey within the system. Providing more personnel and funding to CPUs shall be a priority to local governments across Albania.

Recommendation 5: Prevention of violence against children should be a priority for all agencies at national and local level. This requires that services focus not only in terms of treatment, but to establish early warning system from pre-school education to the pre-university one. Programs like Combi (behavioural change for teachers) and awareness on ALO 116-National Child Helpline are of primary importance to protect children and adolescents from CAN.

Recommendation 6: Prevention of violence against children requires that first, second and third levels of prevention provide integrated and multi-disciplinary services for all family members. Dealing with children only provides a temporary solution to a major problem, while durable solutions should include education sector, social services and building relationships between family members.

Recommendation 7: The study recommends the systematic monitoring, reporting and research of CAN reported cases. The process can be turned into a sustainable process of improving the system by learning. Research on one hand can show the situation where the system is, while on the other hand, they can recommend practical and sustainable solutions to solve observed problems. Such studies serve to measure the progress of the system over the years and look into new trends for the child protection system in Albania.

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Runyan, D. K., Dunne, M. P., Zolotor, A. J., Madrid, B. et al. (2009). The development of the international screening tool for child abuse—The ICAST P (Parent Version), Child Abuse & Neglect, *33*, 826–832.

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ANNEXES

ANNEX I: List of Organizations that provided data

ANNEX II: Extraction Forms Part I & II

ANNEX III: Operations’ Manual for Researchers

ANNEX I:

List of Organizations that provided data

LIST OF ORGANISATIONS				
	Agency	**Location**	**Geographical Position**	**Status of Response**
1	Shelter for Battered Women and Girls in Albania	Tirana	Central	**Provided data**
2	Child Protection Unit	Berat	South	**Provided data**
3	Child Protection Unit	Elbasan	Central	**Provided data**
4	Child Protection Unit	Fier	South	**Provided data**
5	Child Protection Unit	Kucove	South	**Provided data**
6	ALO 116 – Albanian National Child Helpline	Tirana	Central	**Provided data**
7	ARSIS	Tirana	Central	**Provided data**

ANNEX II:

Extraction Forms Part I & II

ANNEX III:

Operations' Manual for Researchers

BECAN Project WP4:

Case-Based Surveillance Study

Protocol for Extracting

CAN information

from archives/ databases

&

Extraction Forms

September 13, 2010

Developed in the context of the
Working Package 4 ***"Case-Based Surveillance Study"*** *(CBSS)*
Balkan Epidemiological Study on Child Abuse & Neglect (BECAN) Project
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Contents

Introduction **1**
The need for CAN Surveillance 1
CAN-Surveillance: Current situation in Balkans 2
The BECAN Project 4
Case-based surveillance study (CBSS) **4**
Aim & Objectives 4
Indicators to be explored 5
Expected limitations 7
Research Methodology **8**
Selection of data-sources 8
Lists of Eligible Agencies to participate in CBSS 9
CBSS Time period and geographic coverage 21
Management structure for data collection 22
Research tools 23

References **24**

ANNEX
Operations' Booklet for the Researchers

Introduction

Child abuse and neglect (CAN) constitutes a complex public health problem caused by numerous factors related to individual, family and community characteristics.[41,42] Although it has wider recognition in the northern hemisphere and in high-income countries, CAN occurs in every country across all social, cultural, religious and ethnic population-groups, resulting in immediate and long-term social, health and financial consequences.[43,44]

Despite the importance of the problem, accurate estimates of its extent and characteristics in the general population are difficult to achieve mainly due to two reasons: a. the silence that surrounds maltreatment cases because of shame, social stigma and the consequent criminal liability leading to CAN underreporting and b. the lack of coordinated national CAN monitoring efforts that leads the majority of the world countries to have no valid and reliable data on its magnitude.[45]

The need for CAN Surveillance

The need for systematic CAN surveillance systems is a commonly accepted priority. The value of permanent national CAN referral and administration centers involving coordinating contribution of diverse sectors such as the social, health, justice and police services and NGOs is also well-known.[46] "*Surveillance*" according to the standard definition used by WHO "*is the ongoing, systematic collection, analysis and interpretation of health data essential to the planning, implementation, and evaluation of health practice, closely integrated with the timely dissemination of these data to those who need to know.*"[47] In the context of this rationale, in 1996, the United Nations Secretary General, considering the fact that the prevalence of various types of violence against children remained unknown throughout most of the world, called for a world study of violence against children. Among the main study outcomes was the recognition of the need for common methodology, namely shared definitions, procedures and research tools, in order to set priorities and benchmarks for comparison at a national level, to develop preventive action plans in both national and international context[48] and evaluate CAN preventive measures or strategies to deal with individuals and families where child maltreatment already exists.

Given the lack of valid and reliable data concerning the magnitude of children maltreatment, both decision-makers as well as the general public often refuse to accept that CAN represents a serious challenge in their societies.[49,50,51] In 2000, Djeddah stressed that "existing surveillance systems do not always capture child abuse" and, furthermore, that existing data on morbidity and other consequences, such as disabilities and socio-economic implications, are scarce and often unreliable.[52] Such realizations equally apply today to the majority of the Balkan countries, as different surveillance methodologies based on different policy provisions, including different tools, processes and sources, are employed for monitoring CAN across the Balkans.[53] In many cases these methodologies are not sufficient in providing a reliable picture of the CAN burden and often lead to an underestimation of the magnitude of the problem. Furthermore, available data resulting from the existing national CAN surveillance systems -where such systems exist- are fragmented, not comparable and compatible, determine bias and therefore are inadequate in contributing to a solid national and

[41] World Health Organization (1999). Report of the consultation on child abuse prevention, WHO, Geneva, 29-31.
[42] National Institutes of Health (NIH) (2007). Research on Interventions for Child Abuse and Neglect (R01) Program. http://grants.nih.gov/grants/guide/pa-files/pa-07-437.html
[43] Pinheiro, P. S. (2006). World Report on Violence against Children, United Nations Secretary-General's Study on Violence against Children, Geneva, 12.
[44] Runyan, D. K., Dunne, M. P., Zolotor, A. J., Madrid, B. et al. (2009). The development of the international screening tool for child abuse—The ICAST P (Parent Version), Child Abuse & Neglect, *33*, 826–832.
[45] Wolfe, D. A., Yuan, L. (2001). A conceptual and epidemiological framework for child maltreatment surveillance. Ottawa: Minister of Public Works and Government Services Canada, Health Canada.
[46] Barber-Madden, R., Cohn, A. H., & Schloesser, P. (1988). Prevention of Child Abuse: A Public Health Agenda. Journal of Public Health Policy, *9*(2), 167-176 http://www.jstor.org/pss/3343003
[47] Holder, Y., Peden, M., Krug, E. et al (Eds). (2001). Injury surveillance guidelines. Geneva, World Health Organization.
[48] Zolotor, A. J. et al. (2009). ISPCAN Child Abuse Screening Tool Children's Version (ICAST-C): Instrument development and multi-national pilot testing. Child Abuse & Neglect, *33*, 833–841.
[49] Dunne, M. P., et al. (2009). ISPCAN Child Abuse Screening Tools Retrospective version (ICAST-R): Delphi study and field testing in seven countriesChild Abuse & Neglect, *33*, 815–825.
[50] Wolfe, DA. (1999. Child abuse: Implications for child development and psychopathology. Thousand Oaks, Calif: Sage.
[51] Holder, Y., Peden, M., Krug, E. et al (Eds). (2001). Injury surveillance guidelines. Geneva, World Health Organization.
[52] Djeddah, C., Facchin, P., Ranzato, C., Romer, C. (2000). Child abuse: current problems and key public health challenges. Soc Sci Med. *51*(6), 905-15.
[53] BECAN Current Situation Country Reports (http://www.becan.eu/node/21)

international policy development. Additionally, comparison among the different cultures within the same country is difficult to achieve.

In general, the surveillance process involves proper records of individual cases, collection of information from these records, interpretation of this information, and a report of it to any interested party such as the government officials responsible for policy-making in the field of public health, international agencies, health care practitioners, as well as the general public. Surveillance may be “active” or “passive”. In *active surveillance*, maltreated children are identified through a variety of sources (such as police and judicial reports, social and health service agencies and educational authorities), are interviewed and, subsequently, followed-up. This type of surveillance usually requires large expenditures in terms of human and financial resources. In *passive surveillance*, relevant information is collected in the course of carrying out other routine tasks.[54] Passive surveillance is usually less costly compared to active, although the thoroughness of reporting depends on the motivation of the person preparing the report. Even in cases where the incident report is mandatory by law, often the practitioners do not report all cases due to excessive workload or in order to avoid potential involvement in long-term judicial procedures that many times follow the reporting, especially in countries where there is no provision for a type of "professional legal immunity".[55]

CAN-Surveillance: Current situation in the Balkans

National mechanisms of child maltreatment surveillance either capture data about specific behaviors known to place children at risk of maltreatment or describe children and families who have come to the attention of social services or legal authorities. Both types of data are collected in order to help the countries assess their needs with regards to the existence of a specific policy leading from prevention to intervention. Additionally, each country must fulfill its obligations as these have been described in the UN Convention on the Rights of the Child (CRC) concerning data collection "as a key tool in its monitoring efforts".

During the preparatory stage for BECAN's case-based surveillance study (CBSS), an informal investigation about the existing CAN surveillance system in the nine countries participating in the BECAN project revealed significant differences in the progress that each individual country has made in establishing CAN surveillance mechanisms as well as the methods each country uses in the monitoring of CAN.

Specifically, in **Albania**, **Greece**, and **Turkey,** currently neither central authorities where CAN cases can be reported nor unified databases of CAN cases exist; instead, cases are reported to a range of different agencies. A study conducted in Greece in 2008[56], showed that many organizations and services collect CAN-related data such as social services of municipalities, the National Center of Social Solidarity, the Child Ombudsman, child health and mental health services, Justice and Public Order sectors' services and NGOs using different tools and methodologies.

In the **Former Yugoslav Republic of Macedonia** a new surveillance system is being developed by the Institute of Social Work but to this date it remains in a preparatory stage. Despite the fact that there is a surveillance system in place exclusively for cases of sexual abuse, the existing mechanism may not be used to identify CAN cases concerning other child adversities or cases of domestic violence.

In **Serbia** since 2005, when the new Family Law and the amendments of the Criminal Law were adopted, referral of all CAN cases to one out of the 132 Centers for Social Work (CSW) has been obligatory. CSWs, which are public governmental institutions under the central governance and financing of the Ministry of Labour and Social Policy, are the main statutory agencies responsible for further investigation and management of CAN cases. Health, education and police services, even NGOs, are obliged to report to CSWs if they have any information or concern that a child has been abused or neglected or it is at risk of CAN. CSWs keep a common archive of all CAN cases which means that each child and his/her family have their own file. Since 2009, CSWs have been using a common CAN record form but descriptive data still predominate in those records. However, there is still no database on CAN cases in CSWs. The only data reported annually by the CSWs to the Ministry are the data on the number of CAN cases, the type of CAN and the services provided.

[54] Holder, Y., Peden, M., Krug, E. et al (Eds). (2001). Injury surveillance guidelines. Geneva, World Health Organization.
[55] Wolfe, D. A., Yuan, L. (2001). A conceptual and epidemiological framework for child maltreatment surveillance. Ottawa: Minister of Public Works and Government Services Canada, Health Canada.
[56] Νικολαΐδης, Γ., Πετρουλάκη, Κ., Τσιριγώτη, Α., Φατσέα, Ε., Μηλιώνη, Φ., & Σκιαδόπουλος, Κ. (2008). Μελέτη δημιουργίας επιδημιολογικών εργαλείων διαρκούς επιτήρησης της επίπτωσης κρουσμάτων κακοποίησης-παραμέλησης των παιδιών. Αθήνα: Εκδόσεις ΚΨΜ.

In **Bulgaria** since 2001, the State Agency for Child Protection collects data about cases of abused children from regional departments for child protection, police, prosecutors' offices and related NGOs. This surveillance system, however, needs improvement in terms of methodology and enrichment of the recorded variables.

In **Bosnia & Herzegovina**, the "Council for Children in BH" is the governmental institution which maintains a CAN surveillance system at a national level. This *Council* is the advisory body to the government on child rights issues and responsible for monitoring the implementation of the National Action Plan (2002-2010) for Children in BH and the National Strategy (2007–2010) for combating violence against children. According to the Council's Report, it collects data from different sources, namely the education-, health-, social protection- and justice-sectors.

In **Romania** there is CAN surveillance system operating within the National Authority for the Protection of Child's Rights, General Direction for Social Assistance and Child Protection.

In **Croatia**, the System for social care governs all cases of abuse and neglect of children. The Centres for social care are governed by Ministry of Health and Social Care. 115 Centres are distributed across the country and one centre can cover several municipalities. As it is proscribed in the Family Act (Article 108) and in the Rules of Procedure in Cases of Family Violence, issued by the Ministry of Family, Veterans' Affairs and Intergenerational Solidarity, all the information and knowledge about violence and abuse and/or neglect of children should be reported to the Centres for Social Care, who are obligated to immediately investigate the case and take measures to protect the child.

Due to the fact that in almost all countries CAN responses are multi-faceted, surveillance data are collected by distinct services belonging to a number of sectors. Concerning their developmental stage, capacity and comprehensiveness, national surveillance data systems range widely. In countries where the social service sector is not well resourced and systematically organized it may face greater challenges in developing corresponding administrative systems, and therefore other sectors such as health and judicial services offer a more feasible starting point for developing a data system.[57]

From the above description of the existing surveillance mechanisms it seems that in most of the Balkan countries multi- and inter-agency passive CAN-surveillance is mainly applied. This implies that CAN-related information is collected in the course of other routine tasks depending on the type of sector where the data are collected. Supposing that no screening policy is probably applied in the majority of the agencies collecting CAN data, it is expected that many CAN cases are not detected. Additionally, given that many cases of child maltreatment are never reported, information deriving from the recorded cases concerning CAN incidence, prevalence and its specific characteristics does not support an understanding of how CAN affects the overall population. It is obvious that CAN prevalence in the general population cannot be estimated only on the basis of the cases officially reported as abuse and neglect; reported cases usually represent only part of the extent of the phenomenon and therefore could potentially provide a starting point for identifying whether the problem exists.

The current situation concerning CAN surveillance in the Balkans suggests that for a more complete picture of the scale of the CAN problem, information gathering must move beyond case-based surveillance to epidemiological surveys using population-representative samples and asking individuals about their experiences of any form of CAN. Data collection processes targeting different age groups are expected to provide more valid information on the scale of CAN than the case-based surveillance. Repetition of such kind of surveys with same-age groups at periodic intervals or, alternatively establishment of permanent CAN monitoring systems can furthermore track how the phenomenon responds to prevention efforts.[58]

[57] Al Eissa, M. A., et al. (2009). A Commentary on National Child Maltreatment Surveillance Systems: Examples of Progress. Child Abuse & Neglect, *33*, 809–814.

[58] World Health Organization and International Society for Prevention of Child Abuse and Neglect. (2006). Preventing child maltreatment: a guide to taking action and generating evidence. Geneva: WHO Press.

The BECAN Project

The BECAN Project was initiated with the aim to contribute to the bridging of this data-related gap in the Balkan area, where there is no information on CAN prevalence and incidence in the general population of children, by implementing a large-sample epidemiological survey on CAN in nine Balkan countries. Data derived from the Balkan Epidemiological survey on CAN (BECAN) are expected to provide a quantitative definition of the problem that could be used by a range of involved groups from various sectors in order to enable early identification of CAN emerging trends. Furthermore, on the basis of these epidemiological data that will provide an overview of the geographical distribution of cases at a national and Balkan level, a series of policy recommendations could be formulated concerning CAN prevention and priorities addressing the associated risk factors that will help to plan future child support and protection services.[59,60]

Case-based surveillance study (CBSS)

A **case-based surveillance study** is scheduled to be conducted in the nine Balkan countries in the context of the BECAN Project in conjunction with the epidemiological survey in the same geographical areas and for the same time period.

Aim & Objectives

BECAN CBSS, which is the subject of the present protocol, constitutes a systematic effort to collect CAN data from already existing archives and databases of agencies and facilities involved in the handling of CAN cases, such as child protection services, health, judicial and police services and NGOs and at the same time to map the existing surveillance mechanisms.

The primary aim of the CBSS is to measure all forms of CAN incidence rate, namely the number of children maltreated in a single year, including substantiated, suspected, and unsubstantiated cases based on already existing CAN surveillance practices from a variety of related agencies in 9 Balkan countries for a specific time period.

CAN prevalence concerns the measurement of the number of people maltreated at any time during their childhood.[61] Given that data collection will target a specific 12-month time period, CAN prevalence estimation is not feasible and therefore is out of the scope of this study.

The second aim of the study is to compare its results with the results of the epidemiological survey; in this manner the opportunity will be provided to test whether the non-systematic recording of CAN cases (reported/ detected) in some of the participating countries and the more systematic surveillance in some others sufficiently depict the CAN incidence rates. Such a comparison is expected to reveal a more realistic picture concerning the difference between reported and hidden incidence of CAN cases in school-aged children nationally in the nine Balkan countries. Therefore, the results can be used as a "needs assessment" indicator in order to identify potential weaknesses of the existing surveillance mechanisms in each individual country, even for those that have already established a CAN surveillance system. The conclusions of the CBSS and the results of its comparison with the respective results of the epidemiological survey could be used for the development of a strategic plan in the context of the BECAN project suggesting the establishment of national permanent CAN monitoring systems in countries where no such systems exist or to improve already available systems. Furthermore, these data would operate as a starting point to enable the analysis of fundamental questions about the causes of variation between and within these countries, cultures and ethnic groups.[62] Moreover, identification of the differences between the epidemiological survey and the CBSS results within each country and consequent comparison of these differences among countries could potentially indicate what works better in CAN surveillance and to assess the quality of the already existing CAN surveillance systems in terms of their usefulness,

[59] Dunne, M. P., et al. (2009). ISPCAN Child Abuse Screening Tools Retrospective version (ICAST-R): Delphi study and field testing in seven countries, Child Abuse & Neglect, *33*, 815–825.
[60] Wolfe, D. A., Yuan, L. (2001). A conceptual and epidemiological framework for child maltreatment surveillance. Ottawa: Minister of Public Works and Government Services Canada, Health Canada.
[61] Ibid
[62] Elliot, K., Urquiza, A. (2006). Ethnicity, culture and child maltreatment. J Soc Issues. *62*, 787-809.

simplicity, flexibility, acceptability, sensitivity, specificity, representativeness, timeliness and resources, given that different methodologies, tools and mechanisms are currently employed for the monitoring of CAN.[63]

Specific objectives of BECAN CBSS are:

– To identify CAN incidence rates, namely to quantify the size of the problem based on already existing data in the same geographical areas and for the same time period the epidemiological survey will be conducted in nine Balkan countries.
– To collect data on child maltreatment from a range of sources nationwide in each country about the characteristics of individual cases including case identity, child-, incident-, perpetrator(s)-, caregiver-, family-, household, previous maltreatment-, agencies involved- and services provided-related information (see also "indicators to be explored"). On the basis of this information the objective is to outline the profile of maltreated children and their families, to identify potential risk factors and characteristics of groups at risk, to explore the severity of CAN in terms of duration and harm/injury and to outline investigation outcomes, including substantiation rates, placement in care, use of child welfare court, and criminal prosecution.[64], [65], [66]
– To collect data related to characteristics of the existing surveillance systems targeting the outline of the current situation in the participating countries concerning CAN-surveillance infrastructures and identify common patterns and differences in the methods and tools used. Towards this objective, data are going to be collected concerning the identity of the agencies keeping CAN-related records, their legal status, the sector they belong to and their mission, their size (number of employees and the number of CAN cases turnover), the people who make the recording and whether they have received any special training in handling CAN cases, the sources of referrals, whether routine screening is being enforced and implemented and whether these agencies collect statistic data on CAN. Furthermore, data will be collected on characteristics of the records, namely the format of the record (database or archive, electronic or paper), the total time-period covered by the archive/database, whether a specific "CAN recording form" is used, the type of cases that are included in the record and whether further documentation accompanying the record is available in the agencies.

Indicators

The following are specific indicators suggested to be explored targeting:

- to measure the extent of CAN (total incidence and incidence per form of CAN and status of substantiation)
- to outline risks for CAN related to child, family and household, characteristics of perpetrator exposure to abuse
- to map the characteristics of existing archives/databases and agencies collecting CAN data or recording CAN cases

List of suggested indicators to be explored in the context of CBSS:

1. CAN incidence
2. Children’s vulnerability to each specific form of CAN
3. Child-related risks for CAN
4. Family and Household-related risks for CAN
5. Risks related to perpetrator(s) characteristics
6. Agencies involved, services provided
7. File completeness concerning the characteristics of the recorded incidents
8. Availability of information to be used for further investigation
9. Characteristics of archive/database
10. Characteristics of agencies keeping databases/ archives

Specifically:

Indicator: CAN incidence

Measurement: The number of CAN cases identified during a 12-month period based on already existing archives/databases (including all forms of CAN, detected and/or reported, substantiated and non-substantiated).

Variable: A1

[63] Wolfe, D. A., Yuan, L. (2001). A conceptual and epidemiological framework for child maltreatment surveillance. Ottawa: Minister of Public Works and Government Services Canada, Health Canada.
[64] Krug, E. G. et al., ed. (2002). World report on violence and health. Geneva, World Health Organization.
[65] Butchart, A., Phinney, A., Check, P., & Villaveces, A. (2004). Preventing violence: a guide to implementing the recommendations of the World report on violence and health. Geneva, World Health Organization.
[66] World Health Organization and International Society for Prevention of Child Abuse and Neglect. (2006). Preventing child maltreatment: a guide to taking action and generating evidence. Geneva: WHO Press.

Indicator: Children’s vulnerability to each specific form of CAN

Measurement 1: The proportion of children (among the recorded cases) who are victims of physical, sexual, psychological abuse and neglect (including all cases, detected and/or reported, substantiated and non-substantiated)
Variable: C5
Measurement 2: The proportion of substantiated cases of CAN totally and per specific type of CAN
Variables: C6, C10, C12, C14

Indicator: Child-related risks for CAN

Measurement 1: The proportion of CAN-victims (among the recorded cases) with specific demographic characteristics [age, sex, ethnicity (specific ethnic group)] & living conditions [educational and work status]
Variables: B1, B2, B3(a,b), B4, B5
Measurement 2: The proportion of CAN-victims (among the recorded cases) having reported and/or diagnosed problems related to education, behaviour, substance abuse and disabilities
Variables: B6, B7, B8, B9

Indicator: Family and Household-related risks for CAN

Measurement 1: The proportion of CAN-victims whose caregivers are the perpetrators of CAN
Variables: E1
Measurement 2: The proportion of CAN-victims per type of guardianship and relationship between caregiver and child
Variables: E3, E4
Measurement 3: Characteristics of caregivers whose children are CAN victims (their age, sex, educational level, employment status and marital status)
Variables: E5, E6, E7(a,b), E8, E9, E10
Measurement 4: The proportion of CAN-victims whose caregiver(s) have a history of substance abuse, physical and/or mental disabilities
Variables: E11, E12
Measurement 5: The proportion of CAN-victims whose caregiver(s) have a history either of victimization or of previous allegation(s) for CAN
Variables: E13, E14
Measurement 6: The proportion of CAN-victims who live in violent family environments (previous maltreatment, other CAN incidents or other type of violence among adults)
Variables: H1, H2, H3, F4, F5, H4
Measurement 7: The proportion of CAN-victims (among the recorded cases) who live with families with inadequate housing and financial problems
Variables: G1, G2, (G3), (G4)
Measurement 8: The proportion of CAN-victims (among the recorded cases) deriving from families with specific characteristics (e.g. number of cohabitants)
Variables: F1, F2, (F3)

Indicator: Risks related to perpetrator(s) characteristics

Measurement 1: Socio-demographic profile of (alleged) perpetrator(s) (age, sex, educational level, employment status and marital status) and history of substance abuse, physical and/or mental disabilities
Variables: D3, D4, D5(a,b), D6, D7, D8, D10, D11
Measurement 2: Proportion of substantiated perpetrator(s)
Variables: D1, D2
Measurement 3: Relationship of perpetrator(s) with child
Variables: D9
Measurement 4: Perpetrator(s)' history of previous similar allegations and/or victimization
Variables: D13, D12

Indicator: Agencies involved, services provided
Measurement: Family referrals to services or services already received, agencies involved in investigation of previous maltreatment, contact with agencies and provided services for the current incident of CAN
Variables: C16, C17, C18, C19, C20

Indicator: File completeness concerning the characteristics of the incident described in the specific record
Measurement 1: Detailed presentation of maltreatment
Variables: C7, C11, C13, C15
Measurement 2: Detailed presentation of incident characteristics (date, source of referral, scene and duration)
Variables: C1, C2, C3, C4,
Measurement 3: Detailed record of injury (if any) due to maltreatment and its severity
Variables: C8, C9,

Indicator: Availability of information to be used for further investigation
Measurement: Report date, child's contact details (phone number and address), caregiver(s)' /perpetrator(s)' contact details
Variables: A3, B10, B11, E15, E16, D14, D15, I1

Indicator: Characteristics of archive/database
Measurement: Type of file, existence of recording form, content of archive/database, available documentation, text description, and time period covered
Variables: b1, b2, b3, b4, b5, b6, b7

Indicator: Characteristics of agencies keeping databases/ archives
Measure: legal status, sector, their mission, size and geographical area covered, their referral sources, the dedicated personnel for recording cases, whether they have adopted systematic screening policy and keep statistics on CAN
Variables: a2, a3, a4, a5, a6, a7, a8, a9, a10, a11, a12, a13, a14, a15

Expected limitations

As noted in the WHO report (2006) "*access to and use of any particular service is always remarkably uneven between different groups in the population. Case-based information collected from such services and facilities can never therefore be used to measure the overall extent of the problem of non-fatal child maltreatment*". CAN surveillance for non-fatal cases relies particularly on cases being reported to or detected by the authorities and therefore it misses all CAN incidents that go unreported.[67] Therefore, it is expected that the information gained from the reported and/or detected CAN cases will potentially be limited and biased. Surveillance of reported CAN cases is, however, an appropriate indicator for the trends in service provision and service utilization, but can not give a proper overview of the problem.

Agencies collect information on different aspects of child abuse and neglect, depending on the nature of their involvement. They include statistics about allegations or investigations, or substantiated cases, perpetrators etc. Given that in most cases there are no national guidelines concerning standard data collection on child maltreatment, available information is expected to vary significantly among but also within countries.

[67] Ibid.

Despite these limitations case-based information would be helpful in identifying the way the different agencies manage the cases in each participating country and, furthermore, along with the epidemiological study, to lead to a more complete understanding of child maltreatment in a particular place.

Research Methodology

According to WHO (2006) "data collection on child maltreatment must be based on accepted, standardized definitions so that categories are uniform and sets of data can be effectively compared".[68] As stressed in the international literature, however, there is no absolute consensus on definitions of child maltreatment[69],[70],[71] and this lack of standard definitions has been repeatedly identified as a major obstacle in the development of child maltreatment research and practice.[72] Existing definitions have been shown to differ considerably, depending on the context where they are formulated (such as legal, medical, social, or cultural), the specifics of the national legislation (such as the definition of "childhood") and the fact that events that constitute CAN may change over time (for example, initially only physical abuse was considered as maltreatment, then sexual abuse was added and at an even later stage psychological abuse and neglect were included in the events considered as CAN). In addition to these difficulties, individual values, beliefs and perceptions of persons responsible for referrals and recording of cases about what constitutes a reportable case complicate the picture. As a consequence of this reality, the incidence of child maltreatment reported to official agencies varies according to the reporting procedures and definitions used. The extent of documented child maltreatment varies greatly among and within countries, and reflects the differences in social norms and values, while the respective data represent only those cases that are known to the authorities, and the true prevalence of abuse far exceeds this.[73]

Conceptual definitions

To this end, for the needs of BECAN CBSS, the program Consortium agreed to adopt the conceptual definition of child maltreatment and its forms (namely, physical-, sexual-, psychological-abuse and neglect) as provided by WHO & ISPCAN (2006) and are presented below.

Conceptual Definitions WHO & ISPCAN (2006): *Child abuse or maltreatment constitutes all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power.*[74],[75],[76]

Child maltreatment: *Child maltreatment is defined as all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power. The World report on violence and health and the 1999 WHO Consultation on Child Abuse Prevention distinguish four types of child maltreatment:*

Physical abuse*: Physical abuse of a child is defined as the intentional use of physical force against a child that results in – or has a high likelihood of resulting in – harm for the child's health, survival, development or dignity. This includes hitting, beating, kicking, shaking, biting, strangling, scalding, burning, poisoning and suffocating. Much physical violence against children in the home is inflicted with the object of punishing.*

Sexual abuse*: The involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared, or else that violates the laws or social taboos of society. Children can be sexually abused by both adults and other children who are – by virtue of their age or stage of development – in a position of responsibility, trust or power over the victim.*

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[68] Ibid.
[69] National Research Council. (1993). Understanding child abuse and neglect. Washington, DC: National Academy Press.
[70] Wolfe, D. A., Yuan, L. (2001). A conceptual and epidemiological framework for child maltreatment surveillance. Ottawa: Minister of Public Works and Government Services Canada, Health Canada.
[71] Scott, D. et al. (2009). The utility and challenges of using ICD codes in child maltreatment research: A review of existing literature Child Abuse & Neglect, *33*, 791–808.
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[76] Krug, E. G. et al., ed. (2002). World report on violence and health. Geneva, World Health Organization.

***Psychological abuse**: Emotional and psychological abuse involves both isolated incidents, as well as a pattern of failure over time on the part of a parent or a caregiver to provide a developmentally appropriate and supportive environment. Abuse of this type includes: the restriction of movement; pattern of belittling, blaming, threatening, frightening, discriminating against or ridiculing; and other nonphysical forms of rejection or hostile treatment.*

***Neglect**: Neglect includes both isolated incidents, as well as a pattern of failure over time on the part of a parent or other family member to provide for the development and well-being of the child – where the parent is in a position to do so – in one or more of the following areas: health, education, emotional development, nutrition, shelter and safe living conditions." The parents of neglected children are not necessarily poor. They may equally be financially well-off.*

Selection of data-sources

National statistics on the incidence and prevalence of CAN rely on various disparate data sources,[77] derived from governmental and non-governmental agencies and include child and social welfare services' databases and archives but also records from numerous other different sectors such as the health, justice and police services. Therefore, in the context of BECAN CBSS, it is important to involve "data sources" partners from different sectors and disciplines from the outset depending on the existing situation in each participating country. [78]

The methodology used during the preparatory phase for BECAN CBSS in order to identify agencies' archives and databases that would potentially be used as data sources in each country is as follows:

Firstly, a set of eligibility criteria (Table 1) decided upon for the selection of potential organizations to be recruited as data sources concerning their "identities"

Table 1: Eligibility criteria for the participation in case-based surveillance
A. Geographical Area: Any organization/ agency/ service that - Is settled in one of the 9 BECAN participating Balkan countries (Albania, Bosnia and Herzegovina, Bulgaria, Croatia, F. Y. R. of Macedonia, Greece, Romania, Serbia and Turkey) - Its geographical coverage of database/ archive recordings to be identical to that of the epidemiological survey (WP3)
B. Legal status Be a not-for-profit and non-governmental organisation oriented towards child welfare and supporting the Rights of the Child **OR** Be a semi-public agency for child wellbeing and/ or care, addressing also CAN issues / Child protective services (e.g. municipalities and prefectures) **OR** Be a Governmental Organization/ structure belonging to the following branches – Health care system/ Child services – Judicial Authorities/ Public Prosecutor's Office for Juveniles – Police Services/ Child abuse reported to the police – Educational System **OR** Be an Independent Authority such as the Ombudsman for the Rights of the Child **OR** Be a University and/or Research Institute with CAN-related studies and studies on safety promotion for children
C. Organization's mission & operational characteristics *Have a demonstrable commitment to improving the lives of children **AND*** *Operate with honesty, integrity and transparency **AND/OR*** *Demonstrate commitment to the rights of vulnerable children through a Child Protection Policy or equivalent*
D. Available information in the Organizations

[77] Scott, D. et al. (2009). The utility and challenges of using ICD codes in child maltreatment research: A review of existing literature Child Abuse & Neglect, *33*, 791–808.

[78] Wolfe, D. A., Yuan, L. (2001). A conceptual and epidemiological framework for child maltreatment surveillance. Ottawa: Minister of Public Works and Government Services Canada, Health Canada.

Maintain at least one database with reported/detected cases of CAN ***AND/OR***
Maintain at least one record (archive) with reported/detected cases of CAN ***AND***
*Is able to provide a list of the recorded variables for each available database and/ or archive** ***AND***
Is willing to participate in the BECAN network
AND is willing and able to share resources

The identified national agencies that satisfied the agreed-upon criteria were listed in an inventory of potential data-sources per country including social services, health services, judicial and police services and non-governmental organizations with interests in CAN-related issues.[79]

Next, informational material along with an invitation was sent to all eligible agencies included in the national inventories in order to inform them about the BECAN CBSS and to invite them to participate by providing access to their databases/archives. For the agencies that responded positively, further communication followed in order to explore whether their existing CAN databases/ archives satisfied the minimum requirements to be included in the BECAN CBSS. This process was made via a questionnaire entitled "Form Summarizing the Characteristics of existing CAN-related database / archive" developed for this specific reason. The issues in question are presented below (see Table 2).

Table 2: Form Summarizing the Characteristics of existing CAN-related database / archive
1. General information concerning CAN recording
2. Availability of data
3. Availability of victim-related information
4. Availability of incident-related information
5. Availability of family-related information
6. Availability of perpetrator-related information
7. Definitions used by the organization for CAN

Assessing and selecting data sources

Each potential source of data was expected to have its own set of advantages and disadvantages in terms of completeness and representativeness. According to existing literature, police records, for example, can be excellent sources of information about the circumstances surrounding serious intentional injury, but unfortunately, thorough investigating and reporting is not usually the norm; instead, trauma registries typically contain great detail about the clinical condition of an injured person but do not always include information about the circumstances or causes of injury.[80] To this end, a set of eligibility criteria for available databases and/or archives including minimum data requirements were set in order to decide which of the databases can be included in the CBSS (Table 3).

Table 3. Criteria for eligible available data, databases and archives
Minimum data requirements
A. Victim-related information
– Age, gender
B. Incident-related information
– CAN type (physical-, sexual-, psychological-abuse and neglect)

Some of the identified databases/archives in each country suffer from problems related to restricted access, depending on whether or not there are legal, jurisdictional or ownership issues.[81] To assess potential data sources and select the ones that are best suited for BECAN CBSS purposes, each partner followed the following process: first communication was made with the respective agencies via official letters where each partner informed any eligible agency in his/her

[79] Holder, Y., Peden, M., Krug, E. et al (Eds). (2001). Injury surveillance guidelines. Geneva, World Health Organization.
[80] Ibid.
[81] Ibid.

country that fulfilled the pre-defined criteria to participate in the BECAN CBSS. Next, eligible agencies were informed about CBSS aims, namely to develop a *ready-to-use toolkit for extracting CAN information from existing archives/databases* and to develop and formulate a major argument for establishing permanent CAN Monitoring Systems at both national and Balkan levels.

Lists of Eligible Agencies to participate in CBSS

As a result of the above mentioned process an inventory of eligible agencies was developed in each country, which is presented in the tables below:

Table 4.1: Albania

SHTO LISTEN E GJITHE PARTNEREVE KETU PER BECAN

Time period and Geographical coverage

For each of the nine participating countries, both the time period and geographical areas to be covered by the CBSS depend on the respective time and areas the BECAN epidemiological survey will cover.

Table 13: Time period and geographical coverage of CBSS in Albania

Country	Geographical area	Time period
Albania:	North, South, Central	Mid 2010- 2012

Management structure for data collection

Selection of Researchers

Field researchers that will undertake data extraction concerning detected and/or reported CAN cases already recorded in archives and/or databases of a variety of agencies should be professionals (social or health-related scientists) qualified with at least basic research skills that would be willing to participate in the training the researchers seminars and successfully complete them.

CBSS field researchers could be the same persons as they will participate in the epidemiological survey.

Train the Trainers seminar

The Train the Trainers seminar was conducted on 11-12 October 2010 in Cluj-Napoca, Romania. Thirty-four trainees from the nine Balkan countries participated.

During the 1st day of the training, a general introduction of the WP4-Toolkit was made (theoretical background & methodological issues) on the basis of presentations which –apart from the Research Protocol for the CBSS and the Operations’ Booklet- also included information on how to organize the train-the-researchers' seminars and the necessary material (all material used during the train the trainers seminar are available in the BECAN Managerial Forum). Furthermore, both extraction forms (for agencies and for CAN cases) were discussed in detail through a process of reviewing each individual variable.

The aim of this training was to give trainers a clear insight and understanding of the CBSS protocol, to provide them with technical guidance on the use of the extraction forms and to provide them with instructions on how to use the Operations Booklet for coding the data.

The second day of the training was mainly dedicated to practicing the use of the WP4 toolkit. The process focused on the piloting of the extraction forms via a simulation of the extraction process using a "mock CAN case" and based on the CBSS protocol. Apart from familiarizing the trainers with the protocol, this process provided the opportunity to test the extraction forms, namely whether all the participants extracted identical information from the same case on the

basis of the protocol. During the whole duration of the train the trainers seminar, weaknesses in the tools were identified and final improvements were made in the protocol, the operations' booklet for the researchers and the extraction forms before starting the case-based surveillance study.

Training the Researchers seminars

Trained partners ("trainers") in their turn will organize and conduct in their countries two-day seminars for training the researchers' groups *before* starting the implementation of the extraction of information on reported/detected cases of CAN.

The aim of these seminars is to train the national research groups in order to adequately and uniformly extract and code data. For the needs of these seminars, it was decided to develop a short instructional booklet including operational definitions of the main terms of the CBSS protocol, a detailed description of its content and instructions of how-to-use the protocol in regards to the extraction, recording and coding of the data. This module for the researchers' training also aims to enhance the creation of the strategic plan to be developed under WP6 for the for the establishment of permanent CAN Monitoring Systems in the Balkan countries.

Research Tools

Two pre-coded data extraction forms were developed for data collection from eligible archives and/or databases.

First form aims to facilitate collection of information regarding the agencies participating in the study per country as well as their archives/databases.

Second extraction form will be used for data extraction for each individual CAN case will identified in the existing archives and databases.

For a detailed description of the research tools, please see APPENDIX "Operations Booklet for the Researchers"

References