



WP4



BECAN Project

**Balkan Epidemiological Study
on Child Abuse and Neglect**

**Grant agreement no.: 223478,
Collaborative Project**

**Institute of Child Health,
Department of Mental Health
and Social Welfare**

January 2013



D4.2 CASE-BASED SURVEILLANCE STUDY (CBSS): BALKAN 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"

REPORT INFORMATION

Project

Project acronym:	BECAN
Project full title:	Balkan Epidemiological Study on Child Abuse and Neglect
Grant agreement no.:	223478
Funding scheme:	Collaborative Project
Project start date:	1-10-2009
Project duration:	40 months
Call topic:	Promoting healthy behaviour in children and adolescents, Implementation of research into healthcare practice, Trends of population health [HEALTH-2007-3.3-1, 3.1-1, 3.2-7]
Project web-site:	www.becan.eu

Report

Deliverable number:	4.2 (+ Achievements 4.2 and 5.4)
Deliverable title:	Report on Incidence rates (on national and Balkan level) of reported CAN cases
Due date of deliverable:	38 th Month
Actual submission date:	40 th Month
Authors:	Ntinapogias, A., Nikolaidis, G. (on the basis of WP4 National Reports prepared by BECAN WP4 Partners)
Beneficiary:	Greece
Work Package no.:	4
Work Package title:	Case-based Surveillance
Work Package leader:	Institute of Child Health-Department of Mental Health & Social Welfare
WP Participants:	CRCA-AL, SWU-BG, UNIZG-HR, UniCIPsy-FYRoM, UBB-RO, FASPER-RS, AAHD-TR, FPN-BiE
Person-months for deliverable:	306,76 (ICH- GR: 92, CRCA-AL: 11, SWU-BG: 8, UNIZG-HR: 34,36, UniCIPsy-FYRoM: 21, UBB-RO: 44,4, FASPER-RS: 40, AAHD-TR: 15, FPN-BiE: 41)
Dissemination level:	PU
Nature:	R
Version:	Final
No of pages (+ cover):	154
Keywords:	case, child abuse neglect (CAN), surveillance, incident, forms of maltreatment, caregiver, perpetrator, family, agencies, services, archives, databases

EXECUTIVE SUMMARY

Child abuse and neglect (CAN) constitutes a complex public health problem caused by numerous factors. CAN occurs across all social, cultural, religious and ethnic population-groups, resulting in immediate and long-term social, health and financial consequences. Despite the importance of the problem, however, there is a data-related gap concerning accurate estimates of CAN extent and characteristics in the general population.

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 and a case-based surveillance study for the estimation of incidence of CAN based on available records located in the archives of agencies administrating child maltreatment cases in the same countries. Data derived from the Balkan epidemiological survey on CAN aim 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. Results of the case-based surveillance were expected to highlight that actual rates of the phenomenon deriving from the epidemiological survey are substantially higher than the number of cases actually known or provided for by services in the participant countries.

Scope of the Case-Based Surveillance Study (CBSS). 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.

Method. The steps that followed in each individual country towards the completion of the CBSS have as follows. First, CAN related agencies in each country were identified and networking activities took place, during which partners informed agencies’ representatives about the BECAN Project and its aims. Next, in each country the eligible agencies that could potentially being data sources for CBSS were selected on the basis of a set of pre-defined criteria developed for the needs of the CBSS. Eligible agencies were invited to provide access to their archives/databases. At the same time the CBSS Toolkit was developed, including the study’s protocol, research tools (extraction forms) as well as an “Operations’ Manual for Researchers”; on the basis of the CBSS toolkit the national versions of toolkit were prepared (translated and adapted according to country specifics). Upon the completion of the material and tools, a training seminar of partners on the usage of tools was conducted and consequently trained partners

implemented similar seminars in their own countries where they trained the field researchers of the national research teams. Trained field researchers proceeded to site visits to the eligible agencies accepted to provide access to their files and extracted data on CAN cases detected and/or reported during 2010 using the methodology and the CBSS tools. Data entered and analysed and national reports were drafted presented the results of the CBSS per country. On the basis of these reports the Balkan CBSS report was prepared.

Balkan Countries conducted the epidemiological survey & the case-based surveillance study: Albania (AL), Bosnia and Herzegovina (BH), Bulgaria (BG), Croatia (HR), Former Yugoslav Republic of Macedonia (FYRoM), Greece (GR), Romania (RO), Serbia (RS), Turkey (TR).

Participating Agencies in nine Balkan Countries: From a total of 505 agencies fulfilled the eligibility criteria set for the needs of the CBSS and were invited to participate in the CBSS, finally 281 provided access to their archives. In their vast majority the participated agencies belonged to the sector of social welfare, and therefore the information for the CAN cases identified in the context of the national CBSS derives mainly from the social welfare sector. The results concerning participating agencies’ characteristics showed that there is a notable variation in the situation of CAN monitoring among Balkan countries in terms of structures, policies, methodologies and resources which actually hinders the comparison of the magnitude and characteristics of the problem among countries. On the other hand, it is of note that in all countries there was available a short of data related to CAN cases and it is encouraging that all the organizations maintain files that would potentially be used as a basis for the improvement or even the establishment of CAN monitoring mechanisms, where no such mechanisms are available.

Estimated CAN incidence rates in Balkan countries resulted from the CBSS: Given the study limitations, CAN incidence rates calculated via CBSS range from 0,41 cases per 1000 children in RO to 6,05 cases per 1000 children in GR and 6,8 per 1000 children in HR. For the remaining countries, the rates for BG and FYRoM are 3,77/1000 and 3,45/1000 while for RS, BH, AL and TR from 1,94/1000 to 1,24/1000. A general observation concerning these total CAN incidence rates is that they are higher for countries without CAN monitoring systems (such as GR, BG, FYRoM) than in countries where a kind of CAN monitoring system is available, namely RO and RS, with the exception of HR. The rate for TR is actually also high enough, given that the vast majority of the cases recorded concern sexual abuse as the agencies provided data were either courts of low or hospital. Considering BECAN CBSS estimated CAN incidence rates with the respective rates of countries where CAN surveillance systems are employed, such as the US, Australia and Canada, it is obvious that they are considerably lower in most of the Balkan countries. The rates estimated in Croatia and Greece are more close to the respective estimations in the above mentioned countries but continue to be significantly lower.

Incidence rates per form of CAN resulted for the nine Balkan Countries in the CBSS: As for the physical abuse the incidence ranges from a minimum of 0,11/1000 (RO) to a maximum of 2,02/1000 (BG). For countries with the convenience sample of agencies provided data the rate range from 1,08-2,02/1000

(except for TR) while for countries who selected their agencies by sampling the rates are lower and less than 1/1000, ranging from 0,11-0,8/1000. For sexual abuse, the trend is similar: countries with monitoring systems have lower rates; specifically for HR the rate assessed at 0,01/1000, for BH at 0,05/1000, for RO at 0,09/1000, and for RS at 0,42/1000. On the other hand, incidence rates for sexual abuse in the remaining countries range in higher levels, as for the FYRoM the rate was assessed at 1,87/1000, for BG 0,95/1000, for TR 0,85/1000, for GR 0,79/1000 and for AL, the lower among this group of countries, at 0,34/1000. For both, psychological abuse and neglect, the rates in GR were calculated as significantly higher than the rest of the countries, justifying in an extent the difference in the total CAN incidence rates. As for the remaining countries, incidence for psychological abuse is higher than 1/1000, except for BH, RO and TR, while the incidence of neglect in BH and FYRoM is higher than 1/1000, in AL, BG and RS ranges from 0,05 to 1/1000 and in HR, RO and TR is less than 0,05/1000.

Incidence rates by gender: As for the total CAN incidence by gender for each of the nine countries, in some of the countries, CAN seem to be more frequent among boys and in other countries more frequent among girls (even with small differences between genders). Specifically, In AL, FYRoM, HR and TR, CAN incidence is higher among girls than boys. For BH, GR, RO and RS CAN incidence is higher among boys than girls. The larger difference of incidence rates between gender was noted in TR, where the CAN incidence for girls is more than twice the incidence of boys (1,72/1000 vs. 0,73/1000), while the smaller difference is observed in RO where CAN incidence rate for boys is 0,41/1000 vs 0,40/1000 for girls. For BG the respective rates are not available as the information for the general population by gender in the specific areas for the year 2010 was not available.

Incidence rates per country by gender for each individual form of abuse: Concerning physical abuse, incidence is higher among girls than boys in 5 out the 8 countries (BH, GR, HR, RO and TR) while physical abuse incidence is higher among boys than girls in AL, FYRoM and RS. The smaller difference is observed in RO (0,11/1000 vs. 0,12/1000 for boys and girls respectively) while the larger difference is noted in FYRoM (where incidence for boys is more than twice the respective incidence for girls). The higher incidence rate of physical abuse concerns girls in GR (2,04/1000) while the lower concerns boys in RO (0,11/1000). Regarding sexual abuse incidence rates in all countries (but BG where data are not available) incidence rates for girls are higher than those for boys. In two countries, BH and HR, incidence of sexual abuse among boys was zero. In the rest of the countries, sexual abuse among girls estimated even as three folds than boys. As for the sexual abuse among girls, the higher rates were observed in FYRoM (1,69/1000), followed by TR (1,48/1000) and Greece (1,07/1000) while the lower rates concern HR (0,03/1000), BH (0,1/1000) and RO (0,14/1000). Incidence rates for psychological abuse for both genders were higher in GR than the remaining countries, while the rate for girls is higher than the respective for boys. In AL, FYRoM, HR and TR, incidence rates of psychological abuse is also higher among girls than the boys and range from 0,42/1000 in TR to 1,6/1000 in HR. In BH, RO and RS, incidence rates of psychological abuse are higher among boys but the difference with the respective rates of the girls are low enough. Regarding the neglect, neglect incidence rates in GR for both genders are for once more higher than the rest of the countries, with boys to have higher rate than girls. In

BH, FYRoM, RO and TR neglect incidence is also higher for boys than girls, while in AL and HR the opposite is observed. In RS, incidence rate of neglect is almost identical between boys and girls. The lower rate of neglect concern girls in TR (but this is probably due to the nature of the source of the data), RO and HR, while for BH and FYRoM (boys) are higher than 1/1000.

Study limitations: The nine case-based surveillance studies in the respective Balkan countries in the context of the BECAN project have been made following common methodology (namely identical tools and common data extraction processes) and their results provide a comprehensive picture of the current situation in each participating country along with a series of facts indicating weaknesses and positive characteristics of the CAN surveillance. However, due to a series of limitations these results—as it was expected- and could not be considered complete regarding their validity, reliability and representativeness, and international comparisons could not be made.

On the one hand main limitations concern the underreporting of CAN incidences which is observed globally for a variety of bibliographically well-known reasons hindering the accurate estimation of the magnitude and the characteristics of the phenomenon in general population. In many countries information for CAN incidence and prevalence is not available due to lack of coordinated national CAN monitoring efforts. Even in countries where a CAN surveillance system exist, as all international organizations working on children's rights point out, there is much more CAN than the reported cases' statistics reveal. Furthermore, given that access and use of services is uneven between different population groups, case-based information collected from services and facilities cannot be considered as adequate measurement of the overall extent of the problem of non-fatal child maltreatment.

On the other hand, the restrictions of the BECAN CBSS not allowing comparisons among countries, and this is mainly due to two issues: first, the current situation in the nine countries (existence or not of a CAN monitoring mechanism) and secondly the selection of the participating agencies per country (sampling or not). In this way, although identical tools and data extraction processes were used, the CBSS results are based on data derived from archives of agencies across the Balkans that use different surveillance methodologies based on different policy provisions, including different tools, processes and sources for monitoring CAN. Therefore, estimated incidence rates are by definition biased due to selection process and underestimated.

BECAN epidemiological surveys & case-based surveillance: issues for consideration

Despite its limitations, information collected in the context of the BECAN CBSSs could be considered helpful because of a. an adequate mapping of the agencies administering CAN cases was made in countries having no related monitoring mechanism, b. it was the first effort to gather and present systematically data on the incidence and the characteristics of abuse and neglect cases of children from the data available in the archives of the identified agencies that could potentially be the basis for a future national surveillance system, c. revealed the weaknesses of already existing monitoring mechanisms concerning their sensitivity in capturing CAN cases and the methodologies currently used, d. provided an estimation of the CAN magnitude according to what is known in the related agencies/surveillance systems that could lead to substantial discussion when they will be considered along

with the results of the respective epidemiological studies, namely once it will be compared what the dedicated agencies seem to know to what the children and their parents say.

A first observation is that the trend in the prevalence of types of CAN are similar between the two studies per country; in general psychological abuse seems to be the more frequent type of abuse followed by physical abuse while sexual abuse is the less prevalent among the forms of maltreatment.

The main observation for all participating countries is that there is a huge difference between the estimations of the size of CAN calculated in epidemiological survey and the case-based surveillance studies. The epidemiological survey showed high incidence and prevalence for all forms of maltreatment; specifically, for experiences of psychological violence prevalence ranged from 64.58% (FYRoM) to 83.16% (GR) and incidence from 59.62% (RS) to 70.02% (GR); for experiences of physical violence, prevalence ranged from 50.66% (FYRoM) to 76.37% (GR) and incidence from 42.40% (FYRoM) to 51.01% (BH); for experiences of non-contact sexual violence, prevalence ranged from 7.60% (FYRoM) to 18.68% (BH) and incidence from 5% (RO) to 13% (BH); for experience of contact sexual violence, prevalence ranged from 3.56% (RO) to 9.75% (BH) and incidence from 2.09% (RO) to 7.65% (BH); lastly, concerning children's subjective feeling of being neglected, prevalence ranged from 22.60% (RO) to 42.62% (TR) and incidence from 16.17% (RO) to 37.55% (TR). On the other hand, the incidence rates estimated on the basis of available information recorded in archives of agencies working with CAN cases were dramatically lower for all forms of child abuse identified for the same year and geographical areas; specifically, for psychological abuse recorded cases incidence ranged from 0.008% (RO) to 0.566% (GR); for physical abuse from 0.011% (RO) to 0.202% (BG); for sexual abuse from 0.004% (HR) to 0.187% (FYRoM); and for neglect incidence rates based on the recorded cases ranged from 0.009% (TR) to 0.499% (GR). It should be clarified that this difference in the size of the phenomenon between the two studies does not mean that every child that responded positively even to one sole item in the epidemiological study is necessarily an abused child and therefore should be recorded in the archives of a related agency. However, the gap in the estimated rates between the two studies is huge and it is expected that even if the strictest criteria were applied in the results of the epidemiological studies per country for defining potential abuse cases, the recorded (reported and/or identified) cases in the archives of the relevant agencies would still be significantly lower, and this is an issue for further elaboration and discussion. Such a comparison between inductance rates of CAN at national level would produce estimates of the instantiation of the "iceberg" phenomenon regarding CAN, namely 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.

RECOMMENDATIONS at National level

Albania

- Data collection on CAN cases among service providers shall be made by using a set of core indicators and data to be collected from all the related agencies, including the use of standardized instruments to be placed online.
- The State Agency for Protection of Children's Rights in Albania should establish a central data collection system with access and accessible by all agencies working on child protection and provide services for them and their parents. Data must be

unified and filled according to specific protocols approved by the highest authority possible.

- 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.
- The professionals working in the field of child protection (mainly in social services) need to be trained for building a system of filing, maintenance, recording and reporting on CAN. The establishment of online databases is a necessity to follow each case through-out its journey within the system. Providing more personnel and funding to CPUs shall be a priority to local governments across Albania.
- Prevention of CAN should be a priority for all agencies at national and local level. Services should 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 and awareness on ALO 116-National Child Helpline are of primary importance to protect children & adolescents from CAN.

Bosnia-Herzegovina

- Development and standardization of record-keeping and monitoring of child victims of abuse and neglect.
- Improvement and revision of types of data collected in cases of violence against children.
- Establishing a system of recording in a variety of systems that are working on issues of violence against children contributes to the creation of a clear and realistic picture of the incidence of reported CAN cases in BiH that can be a starting point for determining the existence of serious problems.
- Undertaking initiatives for a full range of professional training and empowerment of professionals employed in CSW to work with child victims of abuse and neglect in the family.
- A protocol on the procedure in the case of violence, abuse or neglect of children would be important to sign for the entire state with primary purpose to improve social care for children and help them when they are exposed to CAN in a manner to ensure adequate and timely reaction of the competent institutions.

Bulgaria

- Even though there is a developed monitoring system for child abuse and neglect, there are some gaps that should be fulfilled.
- The communication between agencies involved in the process of identification and record of CAN cases is still not very efficient.
- There is a need for development of screening policy for children at risk for child abuse and neglect.
- Continuous training of the personnel working in child protection services on CAN interventions should be organized in all sectors.
- Multisectoral approach is necessary towards the implementation of effective CAN preventive practices at all levels.
- CBSS results should be used for the improvement of the system for identification and monitoring CAN while good practices of BECAN partners' countries should be adapted in Bulgaria.
- There is a need for regular survey concerning the effectiveness of the common practices in the field of CAN in order to develop evidence-based, and child friendly policies and interventions.

Croatia

- At the national level, clearly define and adopt the goals because of which it is important to keep complex documentation in cases of violence against children
- Clearly define and operationalize terms in existing legislation, such as violence, abuse and neglect, using behavioural categories.

- Establish a coordinated system of recording in various systems that are involved in dealing with cases of violence against children in the family.
- Develop a system of record-keeping and monitoring that is focused on the child. A mandatory list of data, that need to be recorded in each report of violence against children, should be created.
- Establish a data collection system that is based on the individual child who is exposed to violence and enables more complex correlation or comparative analysis.
- Based on the Guidelines for recording and monitoring of child abuse (ChildONEurope, 2009), it is necessary to monitor not only court actions against the perpetrator, but also social protection measures for the victim and the availability and effectiveness of treatment for the victims, perpetrators, and the family as a system.

To utilize the collected data to improve practice:

- To expand the range of treatment interventions that are available to victims, perpetrators and family members.
- To deconstruct the term "counseling". What it really means as a common intervention of CSC for children? Can an equality sign be put between counseling and psychological treatment of children and young people traumatized by violence in the family? By whom and where such treatment can be carried out?
- To carefully develop a system of professional care of the needs of children who are direct victims of violence and children who witness domestic violence.

Greece

- Development of a permanent CAN Monitoring System at a National level, specifically National Center for CAN-Reference and Unified National Database for CAN Cases on the basis of common and mutually agreed CAN definitions.
- Development and operation of a system for quality evaluation of agencies in the field of child protection.
- Drafting, piloting and using of an Integrated National Protocol for Diagnosis and Administration of CAN cases on the basis of culturally adapted international good practices and guidelines in order also for the services provided to children victims of violence to correspond to standards of Children Friendly Justice (such as the adoption of forensic interview by certified professionals).
- Networking of stakeholders, multisectoral approach of CAN surveillance, sensitization and training of involved professionals on CAN recording on the basis of a common methodology and tools
- Periodical Epidemiological surveys at a national level for follow up on the rates and characteristics of CAN and creation of a scientific basis for future assessments of the effectiveness and efficiency of any CAN-related intervention such as preventive and legal.
- Enforcing mandatory reporting of CAN cases and provisions for non-compliance and adoption of legal immunity measures for professionals (expansion of the Article 23 of Law 3500/2007 concerning teachers' obligations for mandatory referral of CAN).
- Harmonization with the priorities set by the Guidelines of Council of Europe CM/AS(2009) Rec1864final/06.11.2009 (adopted by the Committee of Permanent Representatives in 06/11/2009 and ratified in 18/11/2009).
- Establishment of Family Court.

Romania

- Institutional capacity development and clear methodological guidelines are needed in order to improve access to services and the quality of provided services. The need for adequate and available specialized services is enhanced by the study.
- Facilitating access of rural children and families to social services and therapy to recover from the trauma caused by abuse,

considering hiring social workers in environmentally disadvantaged communities and for the creation of mobile intervention teams.

- Recognizing the progress made, it is recommended improving secondary legislation by reviewing existing standards and methodologies and developing a toolkit for child protection specialists nationally applicable as follows:
 - Procedures for referral of cases of ill-treatment by professionals who have the obligation to report and working procedures intra- and inter- agency throughout the management process in cases of children's exposure to CAN.
 - Assess risks faced by any child for whom a referral was made, or reference, or a report of abuse, neglect, exploitation or trafficking, maltreatment.
 - Coordinates the evaluation and adoption of common tools specialists, applicable national needs assessments for children and families.
 - Establish a set of criteria for making decisions in the best interests of the child and coordinate a plan of action for how to involve community resources
 - Revision of a set of demographic indicators that serve to improve the monitoring of CAN cases nationwide.

Serbia

- Development of new or improvement of existing procedures and tools for registration and follow up of trends in the field of protection of children from violence across all sectors: health, education, social protection, police and judiciary.
- Development of an integrated system of registration of data in CAN (central data base)
- Training of the staff in all sectors for the application of central data base
- Conducting inter-sectoral research on violence against children
- Use of international standardized questionnaires for surveillance of violence against children (all the above in the context of objective 2.6 "Improvement of the system for collecting and analyzing data and reporting on CAN and exploitation" of the Action Plan for the implementation of the National Strategy for prevention and protection of children from abuse and neglect)

Turkey

- Integration of existing recording systems (National Judiciary Informatics System, Child Follow Up Centers, hospital based child protection centers, Institute of Forensic Medicine, Child Police Departments, Family and Social Policies Directories etc.) and developing web based electronic registration system.
- Regular investigation of institutions recording CAN cases, giving feedback and training of professionals such as health personnel, prosecutors, judges, lawyers, police, social service personnel, teachers, school counselors etc. and relevant NGOs.
- Planning seasonal epidemiological research according to target group, and to evaluate prior year's data standard methods in the first 2 months of the new year; Turkish Statistics Institute may monitor with cooperation of relevant Ministries.

General RECOMMENDATIONS at Balkan level

- Make the problem visible
- Advocate multisectoral approach of CAN
- Monitor CAN at a national level by using common definitions, tools & methodology
- Evaluate & follow up on the CAN rates & characteristics annually
- Develop a basis for assessment of the effectiveness & efficiency of applied interventions

DOCUMENT INFORMATION	i
EXECUTIVE SUMMARY	ii
CONTENTS	vi
List of Tables	vii
List of Figures	viii
CHAPTER A: INTRODUCTION & BACKGROUND	1
A.1. The BECAN Project	1
A.2. CBSS in nine Balkan Countries: Background, Aim and Objectives	3
A.3. Current situation concerning CAN Monitoring System in Balkans	6
A.4. The necessity for development and/or improvement of a existing National CAN Monitoring Systems	18
A.5. CBSS Challenges Encountered	24
CHAPTER B. METHODOLOGY	29
B.1. Organization of CBSS	29
B1.1. Timeframe	35
B.1.2. Identification of Eligible Services-CBSS Data Sources	35
B.1.3. Preparation of the Research instruments: Main and national versions	37
B.1.4. Train the Trainers and Train the National Research Teams	43
B.2. Process followed for Data Collection in each country	48
CHAPTER C. COMPILED CBSS RESULTS IN NINE BALKAN COUNTRIES	52
C.1. Description of Participating Services & their Archives-Databases	52
C.2. CAN incidence in Balkans	56
C.2.1. Children's vulnerability to CAN and to Specific Forms of Maltreatment	66
C.2.2. Child- CAN victims' characteristics	79
C.3. File completeness concerning the characteristics of the recorded CAN cases: lessons learned from the missing values	88
CHAPTER D. CONCLUSIONS	104
D.1 Study limitations	104
D.2 Conclusions at Balkan level	105
D.3 File completeness concerning the characteristics of the recorded CAN cases: <i>lessons learned from the missing values</i>	112
D.4 Conclusions at National level	115
CHAPTER E. BECAN EPIDEMIOLOGICAL SURVEYS & CASE-BASED SURVEILLANCE STUDIES: ISSUES FOR CONSIDERATION	131
RECOMMENDATIONS	137

LIST OF TABLES

Table C.1.1.	Organizations/Services that participated in the CBSS by providing access to their archives/databases per Country
Table C.1.2.	Profile of the Organizations/Services that provided data for the CBSS per Country
Table C.1.3.	Main characteristics of Archives/Databases from which the data were derived per Country
Table C.2.1.	Child maltreatment incidence per form of CAN, gender and Country
Table C.2.2.	Status of CAN's substantiation per form of maltreatment and per Country (for the year 2010)
Table C.2.3	Agencies involved in assessment of CAN cases' substantiation per country
Table C.2.1.1	Single versus Multiple Forms of abuse per gender and Country
Table C.2.1.2	Physical abuse (n=923): Specific types of physical abuse, injuries sustained and severity of injuries per Country (for the year 2010)
Table C.2.1.3	Sexual abuse (n=665): Specific types of sexual abuse per Country (for the year 2010)
Table C.2.1.4	Psychological abuse (n=1445): Specific types of psychological abuse per Country (for the year 2010)
Table C.2.1.5	Neglect (n=1212): Specific types of neglect per Country (for the year 2010)
Table C.2.1.6	Single and Multiple forms of abuse (n=2447) per Country (for the year 2010)
Table C.2.2.1	Child-CAN victims' characteristics per Country
Table C.2.2.2	Child-physical abuse victims' characteristics per Country
Table C.2.2.3	Child-sexual abuse victims' characteristics per country
Table C.2.2.4	Child-CAN psychological abuse victims' characteristics per country
Table C.2.2.5	Child-neglect victims' characteristics per country
Table C.3	Availability of information concerning the characteristics of the recorded CAN cases

LIST OF FIGURES

- Figure 1.** CAN incidence rate per country /1000 children.
- Figure 2a.** Physical abuse, b. Sexual abuse, c. Psychological abuse and d. neglect incidence (‰) per country.
- Figure 3.** Rate of incidence of specific forms of abuse within each individual country (% of type of abuse among identified cases).
- Figure 4:** CAN incidence by gender per country.
- Figure 5a:** Physical abuse incidence by gender per country.
- Figure 5b:** Sexual abuse incidence by gender per country.
- Figure 5c:** Psychological abuse incidence by gender per country.
- Figure 5d:** Neglect incidence by gender per country.
- Figure 6:** % of substantiated cases by form of maltreatment by country.
- Figure 7a.** % of substantiation level for the total physical abuse cases.
- Figure 7b.** % of substantiation level for the total sexual abuse cases.
- Figure 7c.** % of substantiation level for the total psychological abuse cases.
- Figure 7d.** % of substantiation level for the total neglect cases.
- Figure 8.** Single vs. Multiple forms of maltreatment per country.
- Figure 9.** Single vs. Multiple forms of maltreatment by gender per country.
- Figure 10a.** % of types of sexual abuse per country.
- Figure 10b.** % of types of psychological abuse per country.
- Figure 10c.** % of types of neglect per country.
- Figure 11a.** % of types of single forms of abuse per country.
- Figure 11b.** % of types of coincidence of two forms of abuse per country.
- Figure 11c.** % of types of multiple (more than two) forms of abuse per country.
- Figure 12a:** Educational status of children-victims of CAN per country.
- Figure 12b:** Problems of children victims of CAN related to education per country.
- Figure 12c:** Working status of children-victims of CAN per country.
- Figure 12d1** Behavioral problems of children victims of CAN per country.
- Figure 12d2** Behavioral problems of children victims of CAN per country.
- Figure 12d3** Behavioral problems of children victims of CAN per country.
- Figure 12e:** Problems of children-victims of CAN related to alcohol and drug abuse per country.
- Figure 12f:** Health conditions of children-victims of CAN per country.

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)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 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.

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.

¹ Grant Agreement No: HEALTH-F2-2009-223478.

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 the nine Balkan countries participating in the BECAN Project.

A.2. CBSS: Background, Aim and Objectives

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".

As it was described in a series of comprehensive reports on current situation of child abuse and neglect in each one of the BECAN Participating countries, surveillance mechanisms and practices vary significantly among Balkan countries, as significant differences noted in both, the progress that each individual country has made in establishing CAN surveillance mechanisms and the methods each country uses in the monitoring of CAN.

Specifically, **Albania** lacks what would be considered according to international standards, a pro-active child protection system. The poor response to issues of child abuse and neglect is related to the lack of a unified law on violence and the appropriate implementation and supervision mechanisms. The National Child Strategy and the National Social Services Strategy are efforts to ameliorate the current situation, however, their action plans have yet to be implemented in practice. In **Bosnia & Herzegovina**, there is a governmental Institution, the Council for Children in BH, which is the advisory body to the government on child rights issues and maintains a CAN surveillance system at a national level. According to the Council's Report, it collects data from different sources, namely the education-, health-, social protection- and justice-sectors. Therefore, there is a lack of unified database about the abuse or neglect victims, as well as database of abusers. 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 **Croatia**, the social care system governed by Ministry of Health and Social Care administrates all cases of abuse and neglect of children. According to the Family Act (Article 108) and the Rules of Procedure in Cases of Family Violence, all the information 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. However, there is no uniform system for the recording of the data on cases of abuse and neglect of children. In **FYR of Macedonia**, also, there is not a unified data base which will provide accurate, clearly defined cases of CAN in the country. The Institute for Social Work developed a new surveillance system which up to today is in a preparatory phase; however, this is the only institution in the country that maintains data base for beneficiaries with a status of social risk such as children with different kinds of social risk, including CAN, but most of the problems overlap between each other and CAN cases can not be identified. In **Greece** there is no Registry for Reporting and Epidemiological Surveillance of CAN reported cases in Greece currently as well as no mandatory reporting and registering procedure. This results in the use of different classification criteria and assessment methodologies of CAN reports, either by professionals, between organizations/institutions and services involved, or sometimes even internally within the very same institutions. Therefore, there are no officially and systematically collected data at National level. In **Romania**, there is CAN surveillance system operating on a central level within the National Authority for the Protection of Child's Rights, General Direction for Social Assistance and Child Protection. It is a regulation authority among the aims of which is to monitor the child rights in the country. Thus, the NAPCR centralizes data concerning the child protection system and data concerning child rights on a monthly, quarterly or annual basis. 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 but 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 and the type of CAN cases and the services provided and suggest that the number of CAN increases yearly, but does not offer even the remote picture of real magnitude of the problem. In **Turkey**, finally, although there is a distinctive “Child in Need of Assistance” law adopted by Turkish government decades ago, child protection measures are still far from being comprehensive enough and does not cover issues such as a clear description of various types of CAN, mandatory reporting to child protective services, existence of a national database and surveillance system for both the victims and the offenders, and the need for multidisciplinary management.

It is more than obvious 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. In most of the Balkan countries the legislation of mandatory reporting is not sufficient and 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.

In the context of the BECAN case-based surveillance study (CBSS) partner-countries had the opportunity 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 in a systematic way, uniform among the nine countries. Moreover, according to the existing situation concerning the monitoring of child abuse and neglect, each one of the countries had the opportunity to explore the strengths and the weaknesses of the already established CAN surveillance mechanisms and practices (where exist) or to collect evidence in order to promote the idea for the need of such a surveillance mechanism for monitoring of CAN.

Aims

The primary aim of the CBSS was 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 each one of the 9 Balkan countries for a specific time period. The second aim of the study was to proceed in a comparative consideration of the results of this study to the results of the epidemiological survey; in this way some conclusions about 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 consideration of the results 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 are to 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. Furthermore, results would provide a basis enabling the discussion of fundamental issues about the variation between and within the nine Balkan countries. The identification of any 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.

Objectives of BECAN CBSS

- 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.
- 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 each Country

Nine Balkan countries participated in the BECAN Project: Albania, Bosnia & Herzegovina, Bulgaria, Croatia, FYRoM, Greece, Romania, Serbia and Turkey. The current situation concerning CAN monitoring in each one of the countries is quite different: in countries such as in Romania there is already established a National Monitoring System for Child Abuse and Neglect in the context of the Child Protection System while for other countries, such as Greece, Turkey and Albania there is no such a type of structure. In between of the two extreme situations can be set all the remaining countries, where more or less systematic efforts take place for monitoring CAN. In this section, the current situation in each individual country is described.

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.²”

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 services³.”

Albania has a very young population. Based on the results of the 2011 Census, the total population in the country is 2,831,741,⁴ 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 Union⁵.

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 Albania⁶ including the central authority (National Agency for

² Haxhiymeri E., Kulluri E., Hazizaj A. *Violence against Children in the Family*, CRCA 2005.

³ “How to Improve Responsiveness of Service Providers in Identifying, Reporting and Referring Cases of Violence against Children”, Albanian Center for Economic Research 2012.

⁴ Albanian Institute of Statistics (INSTAT), “CENSUS 2001 results”, Source: <http://www.instat.gov.al/al/figures/statistical-databases.aspx>

⁵ Idem

⁶ 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

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 Commune⁷ 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 Rights⁸.

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 cases⁹.

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 observations¹⁰ 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 its early stages, but rather seem to be in "waiting" for the next case to be reported.

⁷ 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.

⁸ 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

⁹ 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

¹⁰ Committee on the Rights of the Child of United Nations, Concluding Observations for Albania:

<http://www2.ohchr.org/english/bodies/crc/crcs61.htm>

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.

Bosnia & Herzegovina

Every day in the world millions of children are victims of abuse. Violent acts occur at homes, schools, on the streets. The phenomenon of violence is complex one, and it is not easy to prevent it, to hold it under control and suppress it. It is not only the problem of the profession (psychological or other), but rather a multidisciplinary issue. Bosnia and Herzegovina (BiH) has dealt with these challenges along with multiple transitional processes ongoing for last two decades. Experiences so far indicate that effects of war (1992-1995), as well as democratic / economic transitions affected mostly the most vulnerable categories of society. Families that experience child abuse and neglect cases (hereinafter: CAN), as well as children who were victims of war are becoming additionally challenged in ensuring their rights.

How much is awareness on CAN problem and its magnitude and prevalence in BiH presented among general public, governmental bodies and institutions specialised for CAN protection? To what extent are the rights of the child protected? The next few pages will describe the situation and overview of the situation in Bosnia and Herzegovina.

The 1995 General Framework Agreement for Peace (the Dayton Accords), provides for a democratic republic with a bicameral parliamentary assembly but assigns many governmental functions to the two entities. The Dayton Accords also provide for a high representative with the authority to impose legislation and remove officials. Bosnia and Herzegovina is administratively organised in two Entities and one District: Federation of Bosnia and Herzegovina (FBiH), Republic of Srpska (RS) and Brcko District (BD BiH). Federation of BiH is comprised of 10 Cantons, which consist of a number of municipalities. Republic of Srpska has only municipality level of local governance. Brcko District is a separate small administrative unit with few municipalities. Overall complex administrative and political organisation in the Country is impeding unified approach in CAN protection, data collection and single legal framework.

According to the official estimates, in 2007 the population in BiH was 3.447.153. The number of children under age of 19 is 852 413. (Agency for Statistics of Bosnia and Herzegovina, Woman and Men in Bosnia and Herzegovina, 2009). In BiH data on the problem of abuse, as well as many other social problems and occurrences are not unified; hence, a unified approach in data collection, systematisation and analysis of these occurrences is missing. Statistical data on BiH level are collected separately (on entity level) and data collection and processing are not unified. Very often the problem of CAN is not separate issue, but it is determined as a form of domestic abuse, so the majority of cases are reported and registered as such.

However, every police department in BiH has the obligation to collect data on the cases of domestic violence and to forward it to respective Cantonal/Entity Ministries As an example we are including data from the document: Draft strategy for fight against family violence in RS 2009 – 2013 (Government of RS, 2009) according to which Republic of Srpska does not have one database for information collection on victims of domestic abuse, but every institution, or NGO that deals with this problem has its own database based on the criteria that was developed by each respective institution. Data collected during writing of this

report confirms this discrepancy and concludes that existence of different strategies and methodologies in research make the comparison and analysis with CAN data difficult. The only available comprehensive report in BiH, dealing with prevention of violence against children, was Initial Report on Violence against Children in Bosnia and Herzegovina completed by the Council for Children of Bosnia and Herzegovina, in cooperation with international organization Save the Children Norway (Council for Children of Bosnia and Herzegovina, 2006). Trying to point out the seriousness of the problem in order to collect relevant data and presentation to the situation, the numerous organisations and institutions worked together on this project¹¹. Processed data were collected during four-year period (2000-2003), using unified research methodology for the entire Bosnia and Herzegovina. The target group were children who were subject to violence, and children in conflict with the law. However, relatively small number of reporting institutions submitted requested data to this report. Educational and health institutions, unfortunately, did not submit data about registered CAN cases in their institutions, which is one of the downfalls of this report.

Although in Bosnia and Herzegovina there are many institutions whose mission, among others, is to provide social, legal, safety or other child protection, in the following lines we will present only those who deal with this issue through more direct programmes of prevention, intervention and monitoring.

Among the governmental institutions we want to emphasise the Ministry of Human Rights and Refugees of BiH whose main scope of work is to coordinate and monitor children's rights in BiH. Previously within this Ministry there was Council for a child which unfortunately does not exist now. Today the Ministry works through working groups and thus coordinates and monitors children's rights in BiH. The Ministry of Human Rights and Refugees of BiH also prepared Children's Action Plan for BiH (2011-2012) which was adopted by the Council of Ministers in June, 2011. This Ministry's task is: the reporting to the Council of Ministers of Bosnia and Herzegovina, when necessary, at least once a year, regarding the implementation of the Action Plan for Children; the coordination with the competent Entity ministries and non-governmental organisations; the proposal of measures for the improvement of the implementation of the Action Plan for children in BiH; The preparation of the operative plans for each year. etc. At this Ministry it was established an inter-sector team for monitoring the implementation of the Strategy to fight violence against children which was adopted in November, 2012 and was related to the time period from 2012 – 2015. As emphasised in the beginning, this is the only governmental institution (previously it was the Council for children) in BiH which, at the governmental level, collect data on the monitoring system of CAN. The data are collected from different sources namely the educational systems, social welfare, health and legal systems. Apart the Ministry of Human Rights and Refugees of BiH the Ministry for Social Policy and child protection (on Entity levels: in Federation of BH, in Republic of Srpska) also deals with the protection of a child, victim of abuse and neglect. This Ministry's task is: administrative, professional and other activities in laws related to: social politics (social security and solidarity, protection of civilian victims of war, family protection, adoption and custody, social protection); Labour and Employment; Pension and Disability Insurance. These Ministries are responsible for the work of the Centres for Social Welfare (CSV) which present the main institutions within the scope of social and all other protections of a child, victim of violence in a family.

In BiH, the roles of the leading Governmental agency for solving of violence against children are the centres for social work. In Federation of BiH, there are 71 municipality centres and 10 cantonal centres for social work. In Republic of Srpska, there are 44 social work centres and 18 social service and child protection that function as the municipal authority. Centre for Social work is the institution where the child victim of violence can get professional help, appropriate treatment, advisory-therapeutic services and any other necessary assistance to its protection. Centres for social work do not have special funds to solve the general form of violence.

In Bosnia and Herzegovina exist around 1 300 non - governmental organizations. There are only few of them that are oriented for dealing with child abuse and neglect and they haven't built an official network.

¹¹ Ministry for Human Rights and Refugees of BiH, the Ministry of Justice of BiH, representatives from the Brčko District, Entity Ministries of Education, Justice, Interior, Health, Social Policy (Child Protection), representatives from Agencies for Statistics (BiH, BIHFBIH, RS), representatives from the Social Service Agencies and NGOs "Naša djeca" Sarajevo, "Medica" Zenica, "Budućnost" Modriča, "Ženski centar" Trebinje, "Budi moj prijatelj" Sarajevo and "Proni" Brčko.

It is important to mention that it were the nongovernmental organizations which in 1998 had started a discussion on family violence in BiH although their main focus was/still is prevention of violence against women in family.

The main non – governmental organizations that are permanently dealing with this problem are: Save the Children Norway (Office for South East Europe in Sarajevo), Foundation of Local Democracy (Sarajevo), Vive žene - Center for Therapy and Rehabilitation (Tuzla), and Medica (Zenica).

Apart the above mentioned institutions, there are many others (Ministry of Justice, Ministry of Security, Ministry of Health, Ministry of Education, Ministry of Interior, Ministry of Civil Affairs, Gender Centri FBiH and RS, The Ombudsman of BiH and RS) who do have a child, victim of abuse and neglect in their considerations.

When reviewing the institutional monitoring of CAN phenomenon, we came to a conclusion that in BiH we can not talk about unified system of monitoring children's abuse and neglect due to the lack of coordination and an unified recording of this phenomenon characteristics. As a result the data provided by various institutions/organizations do not match which makes it impossible to follow the incidence and prevalence rates of children's abuse and neglect on an annual or any other level.

In BiH, the roles of the leading Governmental agency for solving of violence against children are the centres for social work. In Federation of BiH, there are 71 municipality centres and 10 cantonal centres for social work. In Republic of Srpska, there are 43 social work centres and 18 social service and child protection that function as the municipal authority. Centre for Social work is the institution where the child victim of violence can get professional help, appropriate treatment, advisory-therapeutic services and any other necessary assistance to its protection. Centres for social work do not have special funds to solve the general form of violence.

Bulgaria

Since its establishment in 2001, the State Agency for Child Protection has collected information on the number and profile of children victims of violence. This allows to monitor the CAN cases and indicate the tendencies for the type of CAN , as well approaches for the prevention (Annual Report of SACP, 2010).

The variables that were included are: type of abuse, place of abuse, perpetrator. The information is for four major categories of abuse and neglect—physical, sexual, psychological and neglect.

In 2003 SACP developed an Information card for the reporting registered CAN cases (2003, SACP). Three more variables were included to these used in 2001: number of cases of violence against children, the undertaken protective measures. The card is filled by each department of child protection. The SACP collects the information from the child protection departments in a regular three months period. The SACP collects and summarizes the data from all institutions (police, health care, educational setting, social institutions, NGO's). The information is presented on the web page of SACP twice a year. Usually every year SACP reported about 1700 case of CAN (only the cases that social workers are working with), based on the information, collected from all respected authorities. According to SACP the identified cases of CAN for 2011 are as follow:

- Neglect: 726 (33,4%)
- Physical abuse: 711 (32,8%)
- Psychological abuse: 382 (17,6%)
- Sexual abuse: 354 (16%)

The predominant place, where violence is happening is the family. There is a tendency for the increase of violence in children, placed in their relatives care. The cases of neglect and physical abuse are increased as well.

Croatia

The Republic of Croatia has made a respectable legal framework which prohibits physical punishment, child abuse and neglect. The protection from family violence in Croatia in terms of legislation is regulated by high standards. The fact that Croatia has signed the Convention on the Rights of the Child has significantly influenced the development of the legislation designed to protect the welfare of children, their education and development. As particularly significant, we highlight the Family Act (Official Gazette, 116/03, 17/04, 107/7), the Act on the Protection against Family Violence (Official Gazette, 116/3, 137/09), Social Welfare Act (Official Gazette 73/97, 27/01, 59/01, 82/01, 103/03), Juvenile Courts Act (Official Gazette 111/98, 27/98, 12/02), the laws in the field of education, as well as the law governing the criminal-legal protection of children. This primarily refers to the provisions of the Family Act, Act on the Protection against Family Violence and Criminal Code. In order to protect children and minors, Criminal Code (Official Gazette No. 110/97) incriminates violence against children in Article 213. Changes were also introduced regarding the problem of unreported criminal offences, therefore, an item was added in the Article 300 which obligates professionals to report all crimes committed against a child or a juvenile. Act on the Protection against Family Violence (Official Gazette, No. 116/03; 137/09), which is a part of the misdemeanor legislation, regulates the notion of family violence, protection against the family violence, and types and purpose of criminal sanctions which range from protective measures, prison sentence, fines, and other types of criminal sanctions. Although the Act on the Protection against Family Violence from 2003 did not specifically regulate the position of children in court proceedings, in Article 18 (under new act in Article 20) it was clearly indicated that a violent act that occurred in the presence of a child or a juvenile, or a violent act directed towards a child or a juvenile is a felony.

In Croatia there is no uniform system for the recording of the data on cases of abuse and neglect of children. Ministry of the Interior (i.e. police), Ministry of Justice, Ministry of Health and Social Welfare, Ministry of Science, Education and Sports, Ministry of Family, Veterans' Affairs and Intergenerational Solidarity, Ombudsman for Children and various NGO's are all responsible for tracking cases of child abuse and neglect.

For the purpose of creating a uniform system of collecting data on cases of abuse and neglect in families the Croatian government on September 15, 2005 adopted the Rules of Procedure in Cases of Family Violence by which the responsibility for data collection and implementation of the protocol is put under jurisdiction of the Ministry of Family, Veterans' Affairs and Intergeneration Solidarity. The Rules regulate the handling and reporting of cases abuse in the family for the Ministry of the Interior (i.e. police), centres for social welfare, medical, educational and training institutions, and judicial bodies. In November 2009 The Ministry of Family, Veterans' Affairs and Intergenerational Solidarity issued a report on the implementation of the Rules of Procedure in Cases of Family Violence for the years 2007 and 2008.

In addition there is a problem of having no comparable data available for different institutions, because they differ in the ways they process data and time periods in which they process data, and some institutions do not submit required reports.

FYRoM

Currently in the FYR of Macedonia the CAN surveillance system is on national level, and mandatory reporting is in place. CAN Cases are reported to the 30 Centers for Social Work (CSW) distributed throughout the whole country. CAN cases can be detected by the Police, health, educational or social sector, NGOs and agencies under the Local Government, and these agencies have a mandate to report these cases along with all the necessary documentation to the local Center for Social Work. All CSW are governmental institutions which mandatory have to investigate each reported or detected case, to record all information connected to it, to follow up each case, to keep records on it, and on annual basis have to send their recorded data for all the cases of CAN (and all other cases) during the current year to the Institute for Social Welfare. Some of the CSW are better equipped with staff and specialized professionals for data collection and data analysis, such as the Intermunicipality Center for Social Work in Skopje, in Strumica, and in few other places in the country. On the other hand the rest of the CSW are facing serious problems in terms of lack of trained staff for all aspects of CAN including data collection, monitoring and evaluation.

Information on cases of CAN from all the CSW in the country are sent to the Institute of Social Welfare where there is a central database to perform further analysis of the reported and detected cases. But the lack of the system is that it gives only the number of reported cases and types of measures undertaken.

Although data converge in one central data base, there isn't still unified methodology of data collection, which is left to the personal affiliations of the professionals working at the CSW. So CSW are in charge of the methodology of keeping records for each individual case, neither having unified instruments and forms for data collection, nor IT equipment, nor dedicated staff for this purpose. All professionals working in smaller CSW are covering whole range of social problems in the respective area, not only the issue of CAN.

The fact is that other sectors that detect CAN in particular health and education sectors, although mandated to report to the CSW, in majority of cases only report without taking/keeping records for the case. They keep the medical history concerning the medical condition, but not records on indicators of the acts of violence.

Furthermore, as there are no guidelines or a common protocol to be followed, professionals are very reluctant to report cases although they are mandated to report cases of CAN. On the other hand, it should be stressed that professionals in all sectors are not specially trained on CAN issues.

Some improvements of the national monitoring system concerning domestic violence has been made, which has impact on the CAN monitoring system as well, but on the other hand the problem of CAN is still under the umbrella of Domestic Violence.

Apart from the achievements insofar, the existing child Monitoring system is not solely oriented to this problem. There isn't central agency designated to supervise the various state provided services in terms of CAN. There is no sufficient coordination and cooperation among all institutions that are involved in child protection and, thus, the Judicial authorities, health services, police and social services, due to their inability to coordinate their interventions, often leads to the double evidence of reported cases. It is a fact that, there are no specifically defined regulations and services for both the beneficiaries and the staff; there are no shelters for abused children, as well as few specialized therapeutic and support services for children victims and their families.

Greece

In Greece referral of CAN cases is not mandatory, while neither central authorities where CAN cases can be reported nor unified databases of CAN cases exist. Despite the fact that several studies with the aim of assessing the phenomenon of CAN have been conducted, currently only one of them is epidemiological (Institute of Child Health, 2007-2008) showing the lack of evidence concerning the CAN incidence at national level. In addition, most of the existing studies were measuring CAN characteristics, such as demographics, types of abuse, perpetrator(s) identity, and the effects of maltreatment on child's physical and mental health.

Hence, the lack of systematic CAN cases recording along with valid and reliable evidence resulted from epidemiological studies constrain the development of a solid national policy including the design and implementation of targeted interventions. Moreover, the great deficiencies in terms of human and financial resources in health and social welfare agencies/services indicate that the problem is rather ethical than administrative. It is also important to note that the absence of central national mechanisms of child maltreatment surveillance leads to differences in the diagnostic and methodological criteria that are used to substantiate the reported CAN cases not only among the CAN-related organizations/agencies but also among practitioners in the same organization/agency. As a result, several fragmented not only good but also malpractices in handling the CAN burden are endorsed due to the non-existence of a central authority. In particular, the case of the Greece shows that each organization/agency related to handling a CAN case seems to work rather isolated by applying its own criteria in identifying a CAN case, or in providing services or therapeutic interventions and evaluating subjectively the priority of each case, whereas there are cases that end up not to receive any services.

Romania

Data system at the central level

Law number 272/2004 regarding the protection and promoting of the children rights is the one that stipulates the organization, functioning and responsibilities of the institutions specialized in the domain of the child protection both at the local and central level.

Until not very long ago, the institution responsible at the central level, specialized in this field was The National Authority for the Protection of the Family and Children Rights (ANPDC). The role of the institution was to create the legal background, coordinate and control the activity of protection and promotion of children's rights at a national level, as well as to monitor the way the children rights are respected. In this sense the ANPDC was responsible with the elaboration of the legislative projects, methodologies, work guides for the service suppliers belonging to the domain. ANPDC also elaborated the national strategies and action plans, initiated programs through which it has financed the implementation of these strategies.

In the same time it has centralized information regarding the Child Protection system and the respect of Children's Rights on monthly, respectively yearly basis. The Emergency Ordinance no. 68 from 30 June 2010 regulates the dissolution of the ANPDC and its reorganization within the Ministry of Education, Health and Family and Social Protection as a specialized organization. Romania has a national statistics system regarding the respect for Children's Rights, including the right to protection since 2007. Amongst collecting information from the central institutions that are connected to the child protection as the Ministry of Education, Ministry of Administration and Internal Affairs, Ministry of Justice, Ministry of External Affairs, Ministry of Health (see the third and fourth periodical report of Romania for the Children's Rights Committee), monitoring the respect of children's rights is realized through a specific mechanism of data collection. The instrument used in the monitoring is the monthly monitoring sheet which has its actual form since 2007. The systematic registration of the information at the national level started in 2004. From 2007 until now, there hasn't been an evaluation of the monitoring system and of the data that has been collected.

The data collection regarding abuse, neglect and child exploitation refer to children who come into contact with the child protection service, that need protection because they are at risk of being or have already been abused/neglected and whose parents do not have the capacity of offering them protection and the proper care as well as the ones that benefit from prevention measurements regarding family separation.

But because this is not a child centered system and also because the information related to the socio-demographical data is missing, the data regarding the abuse incident and the aggressor (see criteria ChildOnEurope), the data base does not offer too much information on abuse as a phenomenon in Romania or over the evolution of the protection system (G. Tonk., J. Adorjani, E. Laszlo J., 2012).

Another monitoring instrument, besides the Monitor Sheet is a Child Monitoring and Tracking Information System (CMTIS), a data base centered on the child benefiting from the special protection measures, but it does not contain specific information on abuse and neglect. CMTIS has been built in 2006 within the frames of the partnership with the USA government, with the purpose of monitoring the evolution and the reform of the child protection system from Romania. It has three sections: children, staff and finance. The children section has the purpose of monitoring the evolution of the children who benefit from special protection measures (separated from their families). The data records allows the evolution of each case specifically, the changes regarding the child's foster care, the period of the protection measures, finalization of the intervention. CMTIS contains all the details to identify the children that benefit from these sorts of services.

The data base has been set using special procedures within each DGASPC department in the country, the entrance is done by password and it can be accessed only by professionals. The passwords are asked from the ANPDC by the DGASPC managers, the ones responsible for the correct handling of the data base. The professionals from within the DGASPC are responsible for supplying CMTIS with new data, on basis of the files of the children that benefit from these services. There is no unitary procedure regarding the way the form is filled in (the department responsible for filling in the data base, the people responsible, special security measures), these are established at county level. The way the data base is used is in agreement with the legislation in the field of protection of the information with a personal characteristic.

The percentage of the filling of the data base is approximately 80-90%.

The legislative frame of the data collection at local level

The attributions regarding the child protection at the local level are fulfilled by the organizations of social assistance and child protection at county level (DGASPC), these being the specialized institutions that function under the authority of the county councils and have a juridical personality. DGASPC is the institution which has the role of implementing the politics and strategies regarding social care and child, family, elderly people and the disabled people protection.

The DGASPC have under their authority the residential institutions that protect the children that have been separated from their families. They also have responsibilities concerning the child that has been neglected, abused, exploited and the children who need special protection (have been separated from their families). These responsibilities are supplementing the responsibilities of the local councils in larger and smaller towns. From this reason, the collaboration between these institutions is essential. Law number 272/2004 stipulates the necessity of the existence of the Public and Social Assistance Services (SPAS) that are under the authority of the local councils; at the level of smaller towns there have to be at least 3 people with social assistance attributions.

The role of SPAS is to monitor and ensure that the children rights are respected, that families are informed regarding the children rights and parental obligations, the children rights as well as to identify and evaluate cases where children are at risk at being separated from their families, as well as offering support services for their families.

The necessity of reporting and penalties when the obligations are not respected

Law number 272/2004 stipulates the obligation of the professionals, which by the nature of their job encounter such cases, to notify if abuse on a child can be suspected. The guideline for the implementation of the Law no. 272/2004 regarding the protection and the promoting of children rights¹² gives details and examples the professional categories to which the law refers to: social workers working in the maternities, pediatrics sections, SPAS representatives, medical staff that monitors pregnant women, teachers, maternal assistance, the staff from the residential institutions for the child's protection, police workers, DGASPC representatives and private authorized institutions (ONG'S) . There are no clear sanctions regarding the lack of notification. The phenomena of abuse/neglect of the child are a multidimensional one involves the cooperation of several institutions and the law recognizes this aspect.

The identification of the institution responsible at the local, county and national level.

Law 272/2004 as well as secondary legislation designates the institutional professional responsible and stipulates the development of an institutional infrastructure, of the procedures and internal mechanism that would allow the correct and valid registration of the cases of abuse.

Art. 91(2) stipulates the establishment of the specialized departments of "The Child Help Line" (CHP) a telephone number known to public which will record notifications of the cases of abuse.

Article no. 177/2003 about the approval of Obligatory Minimal Standards for the child's phone, the obligatory minimal standards regarding the Counseling Centers for the abused, neglected, or exploited child as well as the obligatory minimum standards regarding the center of communitarian resources to prevent abuse, neglect and exploitation stipulates the making at the level of every DGASPC of a emergency intervention department altogether with the Child Help Line and a mobile team. This service must operate 24/7 with a short, free of charge phone number.

According to the information provided by ANPDC in 2008 only a few General Services for Child Protection (almost 10 out of 47) have a department to meet the standards. 38 General Services have set up a help-line, 28 have 24/7 support, 35 implemented the short phone number (983), in 24 cases the call is charged, 19

¹² The manual for implementing Law no. 272/2004 regarding the protection and promoting of children rights, UNICEF Romania and ANPDC, Ed. Vanemonde, 2006

operate in a standard location and 18 have specialized staff. The duty of the service is to evaluate immediate risks of the child involved and to intervene in case of emergency.

The standards stipulates that the counselors within Child Helpline department use evaluation instruments to estimate the immediate needs of the caller, the risk and the importance of the situation. The same standards stipulate a compulsory reporting sheet and the initial evaluation performed by the specialist taking over the case. The law 272/2004 refers to the duties of the public service of social work, of general directorate of social work and child protection regarding initial assessment. These duties involve among others to identify risk situations, evaluation, reporting the case, providing services and monitoring cases of abuse and neglect. Article 34(1) stipulates: "The public social work service will take all necessary measures for early detection of risk situations that may cause separation of the child from his

In this respect an important responsibility of PSSW (Public Service of Social Work) is the identification of cases of abuse and neglect and the risk situations that might appear. If there is any concern that a child's life and safety is endangered within the family PSSW representatives have the right to pay the child a visit and to assess how he is been taken care of. If the social worker considers "that the physical, mental, spiritual, moral or social development of the child is endangered" is bound to notify the General Direction of Public Services , "in order to take measures prescribed by law".

Regarding the mandatory reporting of suspected abuse by professionals working directly with a child, the law states that they must notify the SPAS or DGASPC in the jurisdiction the case has been identified. Meanwhile, according to art. 92 DGASPC is required: "a) verify and settle all complaints on cases of abuse and neglect, including those coming from foster parents; b) to provide services stipulated in art. 107 specialized for the needs of children victims of abuse or neglect and their families.

Article 92 stipulates that all notifications must be verified by DGASPC. Since most of the cases come to the attention of social services and of DGASPC, in this case the law is inconclusive because both SPAS and DGASPC have the responsibility to verify the notification. We must also mention that when measures to be taken in this phase are concerned the law does not differentiate between different levels of severity of abuse.

Because in this case, Law 272/2004 does not have implementing rules to clarify this, in the absence of sufficiently detailed collaboration protocols, if the notification is made both at SPAS and DGASPC, there may be overlaps in the tasks and steps taken by these institutions at local and county level.

If the initial assessment shows that child's life is endangered, or even after the intervention of the social services the situation does not improve, SPAS must notify DGASPC to implement a protection measure.

In this case, art no.92 from law 272/2004 as well as art 2 from HG 1.434/2004 must be applied. In this respect, DGASPC makes the initial assessment again in order to recommend special protection measures. Standard case management requires that "SPAS and the villages' city halls as well as DGASPC from the administrative sectors in Bucharest should elaborate procedure for identification, recording, initial assessment, taking over and distribution of cases as well as for designating a representative so that the initial assessment to be made within the period prescribed by current SMO for emergency situations."

From the dates concerning the notification procedure and registration CAN cases show that the abuse cases recorded like these are those notified as abuse cases. This is probably the causewhy, in the statistics concerning the reason for entering the special protection system the rate of entering it because of abuse and neglect is extremely low, that is 21,6%, compared to "poverty" that represents the reason in 44.27 % of the cases. However there are doubts (that are also confirmed by one of the subjects of our interview) that, not all cases benefit from a (fair) evaluation of the experiences/history and of the risk of abuse. The cases that are registered as "social cases" can in fact cover abuse and neglect.

The fact that not all the cases that come into contact with the social services are evaluated regarding abuse and neglect is also connected to the working instrument within SPAS.

Through Appendix A the methodology recommends to the professionals an instrument of work for the initial evaluation that is in fact a model of social investigation and offers explanations and guides the filling in of the

sheet. In this respect, the Methodology stipulates: "... the evaluation has to comprise the following key elements:

- a) If the basic needs of the child are being satisfied. For example: nutrition, home, health, education, care, emotional development, social abilities, safety and security etc.
- b) If the specific needs of a child are being met. For example the ones due to a temporary or permanent disability, chronic disease, family trauma etc.
- c) The ability and potential of the parents of taking care of their child and satisfy its needs;
- d) If the child is in a risk situation – especially if the child is being abused physically, sexually, emotionally or is being neglected
- e) If there are supportive networks within the extended family, community etc.

The evaluation has to cover all the aspects of the child's life: social, psychological, medical, educational, juridical".

Nevertheless, Appendix A does not offer too many references for the evaluation of the key elements mentioned above, especially regarding the existence of a presupposed abuse, of the risk level. Among the few explanatory identification data as the socio-demographical and socio-economical information regarding the family, the model comprises special sections for information regarding the child's education, living conditions and medical needs. Information regarding abuse/ neglect can come out in the narrative description regarding : "relevant family history" , " the description of the child's/family problem", "the presentation of the situation/events", "the identification of the needs", but the sheet does not include filter questions.

There is also no special section the references regarding the evaluation of the parental abilities. There are however sections that offer information regarding family climate and social resources (connections with the community). This information is of course important in order to identify resources but is far from being sufficient for a complete and valid evaluation, that has to serve the purpose of establishing if the quality of the child's care meets the "sufficient care" criteria (L. Waterhouse, J. Carnie, 1992) and to identify the situation of abuse and evaluate if the child is in a real danger. Going further, this social investigation is meant to represent a recommendation with regard to keeping the child in the family or separating it from it.

Serbia

In Serbia the main statutory agencies responsible for investigation and management of child abuse and neglect cases are Centres for social work (CSWs) which are public governmental institutions under the central governance and financing of the Ministry of Labour and Social Affairs. Since the adoption of the new Family Law (2005), the amendments to the Criminal Law (2006) and the new Law on Social Protection (2011) referral of all CAN cases to one out of the 153 CSWs has been obligatory. Health, education and police services, as well as NGOs, are obliged to report to Centre for social work if they have any information or concern that a child has been abused or neglected or it is at risk of CAN¹³. Therefore, the data for the Case-based surveillance study has been collected from archives of selected centres for social work.

The procedure of reporting, registering, managing and monitoring the CAN cases is defined by the General protocol for protection of children from abuse and neglect which was adopted by the Government in 2006. The General Protocol has foreseen that all the relevant ministries should create and adopt their specific protocols regulating the intra-sectoral child protection process. In line with that, the following special protocols were adopted in different sectors: for Social care institutions (institutions for children without parental care and for children with disabilities) in 2006; for Police in 2007, amended in 2011; for Educational system, in 2007; for Health care system, in 2009 and for Judiciary, in 2009. These legally binding documents provide a framework

¹³ See more in Ispanovic-Radojkovic, V. (2010) Current situation concerning child abuse and neglect in Serbia. Belgrade: Faculty for special education and rehabilitation. Available at: www.becan.eu

for an integrated inter-sectoral collaboration in child protection. They define, for the first time, the steps, roles and responsibilities of all main actors in the process of child protection in the local community.

The adoption of the General Protocol was followed by training of inter-sectoral child protection teams supported by UNICEF and Save the Children. The challenge remains that this training of inter-sectoral child protection teams has only been implemented in 25 municipalities to date, or 16% of the total 153 CSWs in Serbia. According to the Action Plan for the implementation of the National Strategy (2009-2015), multidisciplinary child protection teams need to be trained and established in at least 15 new municipalities per year, which has not yet been realized. The Action Plan foresees also that in each Centre for Social Work there should be at least one case manager trained for managing high risk and complex cases of child abuse and neglect, while in Centres for Social Work with higher caseloads there should be 2 to 4 trained social workers. That is not the case in many CSW.

Collaboration between sectors remains a challenge - regulation of the exchange of data on individual cases and obligatory inter-sectoral cooperation and provision of feedback between police, social protection, health care and other stakeholders is weak. An indicator of weak inter-sectoral collaboration is that the multi-sectoral child protection teams are reasonably well functioning in only 15-20% out of 153 municipalities in Serbia.

Turkey

In Turkey, there is no surveillance system that abuse and neglect cases are systematically recorded and managed. The courts of law are the most centralized mechanisms in case management. If a child was abused and referred to any agency like hospitals, police, social welfare services, then the Professional in the agency is obliged to compile a report of abuse. Then the child is referred to court and the investigation begin. In this process, the children visit all these agencies mentioned above for approval for other of abuse. The information collected in all agencies are recorded in the electronic database system of courts. However, this system is not a central mechanism agencies.

In Turkey, there is no comprehensive national database to survey child victims of abuse and neglect, nor to track child abuse perpetrators. Ministries of Social Services, Interior Affairs, and Justice do have their own national databases, which are not interfacing. Ministry of Health does not have a coding system for child abuse and neglect, nor does it have a comprehensive system to educate medical providers to recognize and diagnose cases of child abuse. The diagnostic systems currently established include close to 20 university hospital settings and less than 10 child advocacy centers established within department of health teaching hospitals. (Altunay, 2009; Firat; 2007; Koc et. Al., 2012; Ozer et. al., 2007; Sahin et. al, 2009; Salim, 2011). As a result of this, the Ministry of Health does not have national statistics regarding cases of child abuse and neglect.

A.4. The necessity for development and/or improvement of National CAN Monitoring Systems in nine Balkan Countries

In general, the need for systematic CAN surveillance systems is a commonly accepted priority. The value of permanent national CAN referral and administration centres involving coordinating contribution of diverse sectors such as the social, health, justice and police services and NGOs is also well-known.¹⁴

“*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.*”¹⁵

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 context¹⁶ 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.^{17,18,19} 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.²⁰

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.²¹ 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.²² 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

¹⁴ 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>

¹⁵ Holder, Y., Peden, M., Krug, E. et al (Eds). (2001). *Injury surveillance guidelines*. Geneva, World Health Organization.

¹⁶ 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.

¹⁷ 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.

¹⁸ Wolfe, DA. (1999). *Child abuse: Implications for child development and psychopathology*. Thousand Oaks, Calif: Sage.

¹⁹ Holder, Y., Peden, M., Krug, E. et al (Eds). (2001). *Injury surveillance guidelines*. Geneva, World Health Organization.

²⁰ 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.

²¹ BECAN Current Situation Country Reports (<http://www.becan.eu/node/21>)

²² Holder, Y., Peden, M., Krug, E. et al (Eds). (2001). *Injury surveillance guidelines*. Geneva, World Health Organization.

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".²³

As for individual Balkan countries, the necessity for improvement of the existing monitoring mechanisms or the development of a national CAN monitoring mechanism could be different, depending on the current situation, as this described above.

In **Bosnia and Herzegovina**, according to the "Analysis of the harmonization of the existing legislation with the Convention on the Rights of the Child" (2009)¹ published by the Ombudsmen Institution of BiH in cooperation with Save the children Norway, in Bosnia and Herzegovina there is a relatively positive shift within the legislation corpus which as its aim tries to protect a child against any form of violence although it is emphasised that this needs to be improved. However, "slow enacting of legal acts and non-implementation of other UN Committee recommendations relating implementation of Article 19 of the Convention, such as the permanent training of professionals included in this field, are also significant factors which disable efficient protection of children against violence especially of that happening in the family. It is also very important to indicate that relevant authorities do not sufficiently engage themselves in strengthening the capacity of the CSV which should play the main role in preventing violence in the family by organizing the family counselling". (2009:88). In the same document the Ombudsmen Institution of BiH recommends necessary analysing the situation within this field emphasising human and other available resources of the institutions which deal with the prevention of violence in the family since there is a lack of the procedures and coordination between the institutions. (2009:88,89)

Epidemiological survey which is also a part of the BECAN Project, shows that Bosnia and Herzegovina faces with numerous violent patterns in the family. The survey was undertaken in 2011 and the children told how often they were exposed to certain violent parental actions during their entire lives and in the previous 2010 year. This study included the number of 2743 children aged 11, 13 and 16 who were students of 111 Grammar schools and High schools from the territory of entire BiH and the number of 2555 of their parents. The results show that most of the children experienced psychological violence during their lives (72,48%), physical violence (67,65%) and neglect (48,04%). There are very similar results for 2010. The girls more often face psychological violence in their families and the boys more often experience physical violence. Regardless if the perpetrators coming from close family surrounding or not, sexual violence was more often experienced by the boys than by the girls in their lives. The girls more often face with neglect (47,51).

The General Secretary of UN even in 1996, having in mind the fact that occurrence of various forms of violence against children remains unknown all around the world, proposed conducting a study on violence against children on a global level. One of the main results of the Study was recognition of the need for common methodology that is common definitions, procedures and investigation tools in order to determine priorities and referential points for comparison at national level, then development of prevention acting plan in national and international surrounding,^{iv} and estimation of measures for CAN prevention or strategies to treat persons and families who already face the child's abuse.

Respecting the above mentioned and having in mind the fact that in BiH by now there was no detailed Study based on scientific and investigation principles on the characteristics of the institutions keeping records on CAN in BiH, we believe that this can be a solid ground for conducting the Case Study undertaken within the BECAN Project in BiH.

In **Bulgaria**, the system for identification and reporting of CAN cases is still in the process of development and needs improvement in terms of methodology and enrichment of the recorded variables

The variables, included in the information card for identification and monitoring of CAN cases must be more precise in order to make it possible monitor the risk case, and take appropriate measures in the framework of tertiary prevention of the violence.

²³ 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.

There are still lots of unrecognised cases of CAN, which urges the improvement of the system for identification of children at risk for CAN.

The professionals need to be given additional training, in order to fulfil their duties in the broader field of CAN identification and interventions.

In **Croatia**, CBSS showed that the existing system of data recording and monitoring is not focused on the child. There is no standardized database that are collected in all cases of reported or confirmed violence against children that could make possible to follow the negative effects of experienced violence and the effectiveness of the obtained professional help in their reduction or elimination. Moreover, methodology of recording and documenting reported cases of child abuse and neglect in different systems is not synchronized. Because of this, in the Republic of Croatia there is a need for a separate system of recording and monitoring of child abuse and neglect and improvement of the existing system of collecting data on family violence in a way that the data are comparable among legal, social and health system.

As for the **FYRoM**, apart from the achievements insofar, there is still a considerable disproportion between reported cases and the actual incidence and prevalence of cases of child abuse. This results in serious deficiencies in the epidemiological understanding of the phenomenon, obscuring the picture and, thus, decreasing effectiveness of respectful interventions. The existing child Monitoring system in the country should be improved considering all its specific characteristics. Based on the comparison of WP3 and WP4 results in the context of the BECAN project the gap among self-referrals and recorded CAN cases is evident. Moreover, the country specific objectives of the CBSS aimed to contribute towards the improvement of the national CAN monitoring, mainly by revealing the inconsistencies among the official CAN data and the ones we have identified, i.e. the importance of the continuous follow up of the magnitude of the problem of CAN in the country and the regular update on epidemiological data and systematic collection of data regarding detected/reported CAN cases.

In other words, the problem of establishing and sustaining a National Child Monitoring System in FYR of Macedonia can be summarized as follows: Implementing epidemiological studies for primary data collection on a regular basis and systematic collection of data regarding detected/reported CAN cases in order to regularly monitor and update the magnitude of the problem of CAN in the country; establishing a centralized surveillance center or registry for CAN cases; establishing uniform criteria for screening, diagnostics and classification, and criteria regarding handling of cases; establishing common protocol and guidelines for all agencies/sectors involved in CAN; obtaining specially trained staff for monitoring and evaluation of the existing data in the relevant institutions and providing regular training of professionals and their supervision.

In **Greece**, The results of the epidemiological study conducted by the Institute of Child Health, Department of Mental Health and Social Welfare in 2008, reveals the inadequacy of our country, at the system of child protection at both legal and institutional level and at the level of diagnosis and handling of CAN. The majority of different agencies and services of distinct legal form but also of different range (national, regional or local) who are invited to handle cases of CAN in many cases with insufficient interface collaboration between agencies and services and inadequate training of professionals in handling CAN-has as a result the phenomenon of the involvement of different agencies, services and professionals with the same case, often in ignorance for the previous case history, clinical or administrative actions and other differentiations in tackling of such cases, given the lack of a common methodology and tools for overall of handling CAN. Meanwhile, delays in the level of mapping, monitoring and recording of the extent of forms and characteristics of CAN, result in the inability of political interventions for tackling and addressing the problem and also in the inability of reporting a documented prioritization and evaluation report of already reduced resources (material and human resources) and ultimately in the reduced effectiveness of existing actions and policies. Furthermore it is worth mentioning that the non institutionalized mandatory reporting of CAN cases of all involved professionals in services and public order as well as the ambiguity in the legal frame of professionals who are moving into reports leads to a further delay which increase even more the existing generalized systemic arrhythmia.

From the above it is recommended as a necessity the establishment and the operation of a national surveillance system of CAN as well as a single protocol for investigation, diagnosis and handling CAN and also the enactment of mandatory reporting of CAN of all involved professionals by legal coverage. Moreover,

the training and evaluation of professionals, of agencies and services in conjunction with the interdisciplinary collaboration and the interconnection of services ultimately will increase the efficiency and the effectiveness of involved agencies of users benefit. The results of the Program BECAN advocate at the same direction.

In **Romania**, where already there is established a monitoring system concerning child abuse and neglect, the analysis of the present situation regarding the legislative and institutional frame of this monitoring system shows us existing conditions of the system as well as the needs for developing it.

The big discrepancy between the identified CAN cases, that show up in the national statistics and the prevailing of abuse and neglect, also pointed out in the BECAN research, clearly underline the necessity of improving the system of detection of CAN cases in close connection to the necessity of developing procedures of registration and evaluation of cases of abuse and neglect, documentation of the intervention that has taken place and has thoroughly followed a well established and clear procedure that ensures monitoring and evaluation of the results of the intervention.

Strengths and weaknesses identified in the system of collecting and monitoring data about CAN regarding the dates concerning CAN, the characteristics of the system, and the availability of resources.

*Specifically, regarding the monitoring of the phenomenon, strong points identified are the existence of legislative regulations, the institutional infrastructure for monitoring and the fact that there is an understanding of the recorded and reported available data in the counties; weak point, on the other hand, is the fact that the variables included in the monitoring instrument are not the most relevant for capturing some tendencies regarding the phenomenon of abuse. As for the collection of information in order to evaluate interventions and policies, weaknesses identified concern the fact that the variables included in the monitoring instrument are not the most relevant for capturing the tendencies in the development of the protection system, the unreliability in confirming the reported dates at the county level; lastly about the planning of control regarding the staff, instruments and financing, a strength is the existence of CMTIS as IT support represents an opportunity for the future, while a weak point is the fact that the not filling in the fields *staff* and *finances* makes the managerial control and planning of the budget difficult.*

Regarding the definitions used and the clearness of the procedures, strong points are the proper framing of abuse and neglect in law 272/2004, the existence of guidelines for filling in the monitoring sheet and the existence of some general procedures on identifying, evaluating and recording the abuse, according to the secondary legislation while weak point is the lack of legislative tool to correlate the severity of abuse (significant harm) and the security of the child (likelihood of abuse) to the measures to be taken by specialists, what evaluating and recording suspicions of abuse mean. As for the location of the the central, regional and local responsible institutions, although there is the law 272/2004 designates the institutions responsible for identification, record and treatment of abuse cases, ambiguity on the legislative level regarding SPAS position in evaluating, recording and reporting abuse cases constitute a weak point. As for the clearness of the methodologies for specialists on the local level, despite there is a proper legal framing (order no. and order no. Case standard management), there is also lack of synchronization in secondary legislation. Regarding the descriptive variables about situation, measurements and background, at the central level detailed data regarding the measurements taken in case of abuse are recorded, but periodical monitoring sheet does not include relevant demographic information about the abuse incident while there is lack of information about the aggressor. As for the involvement of specialists, although specialists from the counties are involved in developing monitoring tools and in the testing process, they are not involved, however, in data analyses. Lastly, concerning data collection and regular reporting in order to familiarize the specialists to consider their work in terms of reported data, indeed, the reporting is done on regular, periodical basis but self evaluation and self monitoring are not compulsory and constant feedback regarding the dates and the development of dates at the county level is not required.

As for the resource availability, there are also a series of strengths and weaknesses: First, a protocol to coordinate different data generating sectors is being elaborated with the Ministry of Internal Affairs but there aren't any protocols between different sectors concerning data integration and collection mainly because of the differences between the various definitions of abuse. Moreover, about standard forms for reporting and recording, there are two recording instruments in Order no. and Order no. where other relevant questions for

reporting cases of abuse and initial evaluation can be added but there is also lack of national standard consistent working tools to facilitate screening and assessing cases of abuse. Concerning guidebooks and implementing definitions and methodologies, in 50% of the counties there is a guidebook/manual to describe the mechanism and the procedure of recording the cases; at the national level, however, there aren't any consistent guidebooks in implementing definitions and methodologies. To be noted that all counties have computerized data base, and 27th counties have CAN computerized database but the data base for the monitoring and specialized department are not integrated except the case of one county (Bihar). Concerning training to promote the implementation of the system and its usage, although there were training sessions for monitoring department staff all over the country when introducing the monitoring periodical sheet, there was not however a continuous instructional improvement to take into consideration staff turnover. Reporting is mandatory according to the law 272/2002 stipulates the mandatory reporting for specialized staff but there are not legal measures/penalties in case of non-reporting. Lastly, regarding the financial resources for updating and development of the system, although monitoring services are financed from the state budget both on central and county level, there are not, however, other special funds for consistent developing, evaluating and updating the monitoring system.

As for the [Serbia](#), the findings of a recent UNICEF study²⁴ indicate that while there is a comprehensive legislative basis for protection of children from abuse and neglect in Serbia, there is a lack of standardized implementation among service providers in identification, reporting and recording of CAN cases. The monitoring system seems to be the weakest point. It seems that plenty of information is recorded, but no secondary analysis takes place. There are no central databases, and given that the institutions dealing with child abuse and neglect use different parameters for observing and recording the cases (UNICEF Serbia and SBS, 2009:45), the recorded information are difficult to compare²⁵. Therefore accurate data on the real extent of violence that children suffer in Serbia is difficult to give. Categorization of the cases, analysis of referrals and the outcomes of the casework are missing, and without them interventions and measures may be missing their goal and targets.

Since 2009, the CSWs in Serbia have been using a common CAN record form but it is mainly a descriptive one and there is still no database on CAN cases in CSWs. The CSWs report annually to the Ministry of Labour and Social Affairs on the number and type of CAN cases, and the services provided. Some data on the relationship between the perpetrator and the child victim could be found in these reports also but there are no specific data on the child victim or the perpetrator, which would enable the creation of victim and perpetrator profiles and identification of potential risks for violent victimization of children, which could serve as a base for planning of preventive activities²⁶.

Recently some significant efforts have been made in improving the CAN monitoring system. In accordance with the guidelines of the CRC related to the reporting of CAN cases a revised form for reporting CAN cases in the CSW has been adopted²⁷. The application of this revised format of reporting is still in its early stage and therefore it is difficult to evaluate its impact.

The Ministry of Labour and Social Policy seems to be developing new software to track social assistance and services, which will hopefully change the situation. However, the exchange of information and data between the systems is not regulated.

The Ministry of Health has established a working group for the implementation of Special protocol for health system. One of the specific aims of the working group is to create a special written form for recording each case of abuse and/or neglect within the health care system.

It is encouraging that one of the main objectives of the *National Strategy for the Prevention and Protection of Children from Violence 2008-2015* is the improvement of the system of reporting abuse, neglect and exploitation of children and of the system for collecting and analyzing data.

²⁴ UNICEF (2012): Thematic Study: Serbia. *How to improve responsiveness of service providers in identifying, reporting and referring cases of violence against children.*

²⁵ UNICEF Serbia i Republički zavod za statistiku (2009) *Indikatori u maloletničkom pravosuđu: Analiza dostupnosti statističkih i drugih podataka u oblasti maloletničkog pravosuđa.*

²⁶ Stevkovic, Lj. (2012) Mesto žrtve u evidencijama nasilja nad decom. *Temida*. Vol. 15, br. 3, str. 77-98

²⁷ Stevkovic, Lj. (2012) Mesto žrtve u evidencijama nasilja nad decom. *Temida*. Vol. 15, br. 3, str. 77-98

Soon after the adoption of the Strategy, in order to regulate more precisely the application of its provisions in practice, the Government of the Republic of Serbia adopted in 2010 an *Action plan for the implementation of the National Strategy for the Prevention and Protection of Children from Violence 2010-2012* (the Action Plan). One of the specific aims of the Action Plan (specific objective 2.6) is the improvement of the system for data collection and reporting of abuse, neglect and exploitation of children. In regard to this specific objective the activities, indicators of achievement and facilitators of specific procedures of relevant ministries and other stakeholders in the system of child protection are specified²⁸. It is especially encouraging that the support of research on the causes, consequences, prevention and protection of children from all forms of violence is emphasized as one of the objectives of the Action Plan.

It is expected that the lessons learnt from the CBSS will inform the process of establishing a more efficient national CAN monitoring system. The first steps towards that direction are already in progress.

In **Turkey**, lastly, the lack of interface and lack of a database within the Ministry of Health system, lead to one agency becoming aware of child abuse and neglect, but others not causing many missed opportunities of optimal management and prevention of recidivism. This also leads to incorrect decision-making (acquitting perpetrators of severe abuse) and lack of service provision to families that need it.

It is necessary for these key ministries to expand on the already established inter-ministerial council and charge this council and the council members' professional organizations with the tasks of developing mandatory intra-agency periodic in-service training of field workers on child abuse and neglect, developing diagnostic guidelines to guide field professionals in their decision making process, developing guidelines on multidisciplinary management of cases bringing the above agencies together on a case by case basis and developing a national database for all substantiated cases of child abuse and neglect and perpetrators of child abuse and neglect.

²⁸ Vlada Republike Srbije (2010) *Akcioni plan za primenu Nacionalne strategije za prevenciju i zaštitu dece od nasilja 2010-2012*.

A.5. CBSS Challenges Encountered in the nine Balkan Countries participated in the BECAN Project

In this section, the difficulties faced during the preparation and the implementation of the CBSS in each participating country are mentioned, along with the ways each partner country employed in order to overcome these challenges.

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. 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 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.

Bosnia and Herzegovina

Monitoring the phenomenon of abuse and neglect in BiH has fragmented structure and various systems are not comparable and mutually compliant. As a consequence we do not have a realistic and reliable picture on CAN problem which can lead to underestimation of the problem's size.

Centres for social welfare are identified as the key national institutions for solving the violence against children in the family. Therefore, the cases reported in these institutions present the subject of this Study in BiH. After BECAN BiH team obtained the required licences from the authorized entity ministries for conducting the survey in the Centres in FBiH and RS, we had the initial talks with the Centres' management. Since there is neither formal nor informal institution network for the prevention of violence against children which would involve the Centres for social welfare, each of the Centres was individually contacted. There were no difficulties in the process of obtaining various compliances for entering the Centres but it was necessary to receive positive opinion by the Personal Data Protection Agency so that the Centres' management would approve the admission for the researchers who searched the cases of abuse and neglect. According to available financial funds and time constraints, it was not possible to include each of 43 Centres for social work which deal in the areas/municipalities where the epidemiological research was conducted although that was the plan in the beginning. However, the research was conducted using an adequate sample of 19 Centres in the entire BiH which reported, in the process of data collection, that in their archives they had 5 CAN registered cases for children aged 11, 13 and 16 in 2010. It is important to emphasise that in the initial phase of the research we noticed some deficiencies of the archives of the CSV because the CSV staff in our talks emphasised that they did not have official definitions of abuse and neglect which made their work difficult in classifying the cases. Also worth stressing is the fact that during our initial data collection on CAN, the Centres reported greater number of cases which, in our future talks and especially when going out on the terrain, turned out to a smaller number of cases which correspond to the methodological demands of the Study (we considered only the official records and documentation on the case, not including the private records of employees or additional information which did not have support in written archive).

Croatia

As described in the Family Act (Article 108) and in the Rules of Procedure in Cases of Family Violence, 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. However, smaller-scale studies have shown that CSC's did not encompass all cases of violence against children, that are, for example, recorded in the justice system. However, analysis of the documentation of reported cases is not expanded to other systems because the other systems, by the nature of their work, are not required to collect information, for example, about the victim and/or family that were relevant to this research.

While conducting the research we were faced with the question: "What are the record keeping units in each of these systems? What "counts" - violent events, or children who are exposed to violence, perpetrators, or families in which children have no protection from violence? ". For the justice system response is simple and straightforward – the events. But in the social welfare system, which was the main source of our data, the case starts from the registration of the event, but a way of organizing work is focused on users (the child-victim and the family) and that produces difficulties in the recording of complete documentation. Also data on the incidence in the age group of 16 year-olds in the welfare system is very rare. This can be explained by the fact that violence rarely begins in that age, and that children who have previously experienced abuse in childhood are more often welfare recipients because of problems in their behavior. In these cases, although it is possible that they continue to experience violence in their families, they are not primarily processed as victims, but for other problems. To grasp the incidence of violence in this age group of welfare recipients, a different research methodology should be developed.

FYRoM

During the preparation of CBSS we have faced some difficulties as well as some facilitating circumstances which prolonged but on the other hand enabled to implement, carry out and finalize the BECAN CBSS study.

University Clinic of Psychiatry for a longer period of time is considered as one of the institutions which are relevant partners of existing networks on CAN. But when it comes to identification of agencies/services as data sources and trying to gain access to their files we have faced considerable institutional resistance towards possible share of information especially among state agencies. In the beginning there seemed to be a lack of cooperation on behalf of the state agencies, because of their inertial responding habits. So due to the time constraints we came to a more constricted but practical decision to address our request for data sources to the Ministry of Labor and Social Policy (MLSP), since the issue of CAN has been mainly the focus of this authority. The MLSP has always been cooperative and supportive with the UCP, so we addressed them for a permission to enter the Centers for Social Work and their archives and data sources on reported or detected CAN cases. We obtained permission in April 2012 from the Ministry of Labor and Social Policy, but also had to ask for permission from the State Directorate for Protection of Personal Data, which was a newly established agency. The whole procedure of obtaining permission from the Directorate has further prolonged the implementation of CBSS. The instruments had to be revised in terms of eliminating all personal data (date of birth, address, telephone number etc) and a Statement of confidentiality had to be signed by each researcher. After that we could proceed on with the research in the Centers for Social Work, Health & social services.

Specific problems encountered during the CBSS implementation phase:

- lack of uniform instrument/tool for screening and recording of CAN cases implied a lot of work on reviewing each record, information seeking and categorizing each reported/detected case by the researchers themselves, which was time consuming and confusing.
- Avoiding double-counting the reported/detected case in different institutions/agencies was a problem that the researchers were aware of, which was also time consuming and needed coordination among researchers and staff from the agency. Sometimes one case was followed up in different departments of a single agency or in different agencies/institutions without any universal identity code;
- Lack of a register/database, which would provide accurate statistics on the reported cases;
- Each institution has its own way of recording cases, and therefore there are differences in the procedure followed, in the length and in taking into consideration as many aspects as needed.
- In most of the records the focus is on the family, not on individual case of CAN. A great number of incidents remain unrecorded.
- Majority of the records are brief and do not provide information.
- Psychological abuse is not reported to the agencies. It is being identified afterwards.
- There aren't specialized teams for the issue of CAN in smaller Centers for Social Work.
- Health institutions focus mainly on medical condition, omitting the details on the violent act.

Greece

Given the lack of a central national surveillance system, the study needed to be started from the basics, namely the identification of organizations/agencies who are involved in CAN cases and the establishment of collaboration with each of them. Secondly, the methodology and the development of a toolkit for extracting CAN information from diverse archives/databases proved to be a real challenge.

In addition, the diversity of the identified eligible data-sources hindered the data extraction, derived from the respective variations in the identity and staffing of the identified eligible organizations/agencies (including the ones belonging in the same sector, i.e. social welfare agencies) and the methodological variations in the investigation and handling of CAN cases. It is noteworthy that the practitioners involved are not trained in handling CAN cases, including the lack of common methodology and ready-to-use tools. Although that

common accepted definitions per type of CAN and the respective operational definitions were developed for the study, it is important to add that these definitions were not accepted unanimously by professionals involved or by CAN- related organizations, having as a result controversies regarding the inclusion of a case recorded in data extraction for the study. In particular, a child living on the street with his/her caregiver, s/he is not fed properly and s/he does not attend school according to the study's protocol is coded as a case of neglect. On the other hand, according to a professional's perspective this case should not have been coded as neglect, because his/her caregiver had not any intention to neglect his child, given that he was homeless, unemployed and malnourished himself, he had not any alternatives.

Moreover, many rapid political and economic changes in Greece and more specifically in public Health and Welfare system during 2011-2012 was an unanticipated barrier that led to procrastinations in collaboration with some organizations/agencies. More specifically, in terms of facilities and staff, the implementation of Kallikratis plan for example, which compelled the merging of municipalities was followed by the merging or closure of several agencies or organizations, cuts in staff and work overload; thus, the already limited staff in such agencies was reluctant to participate in the study. Similarly, displacements of responsibilities from the Municipalities to the Prefectures hindered the identification of databases/archives of the previous year.

Another unanticipated barrier encountered was maintaining contact with many agencies, especially via electronic means (emails), whereas in others cases communication proved almost infeasible. Repeated strikes on many sectors which were "data sources" resulted in cancelling several scheduled appointments that were not feasible to be rescheduled.

Last but not least, another unanticipated challenge was the psychological burden of data collection on the researchers. Meticulous screening of each archive which was related to children suffering many problems (either abused or non abused), the quantity of collected data, the frequency of data extraction and the magnitude of the maltreatment in cases of severely abused and neglected children sometimes appeared to be stressful for the researchers, despite the fact that they were all mental health professionals. This barrier was tackled by daily supervision debriefing meetings of the research team with the national coordination at the end of the working day, when researchers had time to share with the team their distress and deal with it as a team. This strategy proved very efficient mainly because of the small size of the group.

Serbia

As already mentioned the CSW are the main statutory agencies to which all concerns on CAN have to be reported and therefore it was decided that the study will be conducted in the CSWs providing services to vulnerable children and families in the same geographical area in which the epidemiological study was planned.

The first step in preparing the CBSS was to obtain a permission from the Ministry of Labour and Social Policy to conduct the research in the Centres for Social Work. A meeting was scheduled with the Ministry and detailed information on the BECAN study and specifically on the CBSS has been presented followed by written information. The Ministry welcomed the research and gave the permission as the aims and objectives of the study were in line with actual efforts of the Ministry to improve the responsiveness of service providers in identifying, reporting and referring cases of violence against children.

It was originally planned that 72 out of 153 CSW in Serbia will participate in the Case-based surveillance study as they were providing services to vulnerable children and families in the same geographical area in which the epidemiological study was taking place.

The field research was scheduled to take place from April to July 2011 but it had to be postponed due to financial constraints. Namely, in April 2011, at the end of the interim reporting period the funds of the 1st payment by EC were already used. As the waiting time for the 2nd payment was longer than planned, it was decided that FASPER will cover the costs of the field research of WP3 (epidemiological study) which was already in progress and that the CBSS will be postponed until the 2nd payment arrive. It happened in December 2011 and we informed the Ministry and the CSW that we intended to start the CBSS in January 2012. The Ministry requested that we postpone the beginning of the study for a few months because a re-

organization of the internal administrative procedure and an introduction of a new software was already taking place in the CSWs and there was also another study which was in progress in some of the CSW. Thus, the start of the CBSS field research had to be postponed until April 2012.

In the meantime we encountered another problem. The cost of WP3 field research turned out to be higher than originally planned due to increase in the price of travel, accommodation and other field expenses of the epidemiological study (WP3) & the funds remained for CBSS (WP4) turned out to be much lower than needed.

In the situation of time and money constraint a decision was made to revise the sampling procedure of the CSW but taking care to maintain the statistical validity of the sample. The method selection of final sample is described in the next chapter.

Due to reduced sample and the financial constraint the number of researchers had to be reduced also and 2 researchers were conducting the field research in 14 CSW.

Turkey

In Turkey, it was not a difficult process to identify the agencies regarding CAN. Courts of law, hospitals, social welfare services, forensic medicine institute and child police and NGO's were identified. In Turkey, it was experienced that NGO's were not collecting CAN data, therefore they were removed from the list agencies.

Social Welfare Services, Forensic Medicine Institute and Child Police were not cooperated for the study due to ethical codes of confidentiality of the cases. However, this deviation from the initial plan was not a major gap in the study. An abuse case in an institution have to be referred to courts of law, and since the study was conducted in these agencies, the records of forensic medicine institute eg. was also reached.

Summarizing, depending on each country specifics, the CBSS faced more or less difficulties and challenges during its implementation in all countries but Romania.

For countries having not a monitoring system, one of the main difficulties was related to the identification of the eligible organization and the establishment of collaboration, given that all these organizations are not familiarized with such a type of procedures (in some countries considerable institutional resistance was faced). In addition to the fragmented "structure" of the relevant information sources, the process of extraction of data was not so easy –despite the standardized extraction forms- because of the differentiations in the information included in the files (very often the archives were very poor in terms of detailed information), the methodologies and the recording tools used by all these heterogeneous sources (as the agencies collect information on different aspects of child abuse and neglect, depending on the nature of their involvement).

For countries which have an existing monitoring system, it was realized that the dedicated agencies (e.g. Centres for Social Care) did not actually encompass all cases of violence against children, that are, for example, recorded in the justice system. Moreover, although for the justice system, for example, it is clear that a CAN case is a specific event of maltreatment, for social welfare system, which was often the main source of data, the case definition is not so simple, as the case starts from the registration of the event, but the way of organizing work is focused on users and that produces difficulties in the recording of complete documentation (e.g. often the focus was on the family, not on individual case of CAN and, therefore, a large number of incidents remained unrecorded).

In some cases there were difficulties, usually time delays, due to bureaucratic processes such as the ones followed in order to achieve positive opinion by the national Personal Data Protection Agencies or for gain permission for access to agencies' archives from the related ministries (in some cases, a modification of the extraction tools was also made regarding variables related to personal data, despite the provisions during the development of the tools aiming to collect NO any personal data that could operate as identifiers for anyone related to the extracted cases). In other case, although Courts of law and hospitals welcomed the invitation to

participate in the study, other structures such as Social Welfare Services and Child Police were not cooperated due to ethical codes of confidentiality of the cases.

Time constraints due to financial constraints reported by some partner countries mainly due to the delay of receiving the second payment in the context of the project or due to over-time work needed for the epidemiological study.

A challenge related to the process for countries with existing monitoring systems was the discrepancy between the reported cases and the cases that actually found in the archives of the agencies (agencies reported greater numbers of cases than the actual cases identified by the researchers during the extraction process according to the protocol of the study). It is noteworthy that in the vast majority of the agencies, the professionals involved were not trained in handling CAN cases. As for the time needed, reviewing of each record, according to the protocol, during the screening of the archives for the identification of CAN cases and categorization each detected case by the researchers, as it was expected, it was a time consuming process. Additionally, the psychological burden for the researchers due to the process of reading multiple archives including CAN cases was a challenge that finally administrated effectively. Avoiding double-counting of the cases in different institutions/agencies was a problem (especially for the countries who had to eliminate from the extraction form the only codified identifier provisioned per case).

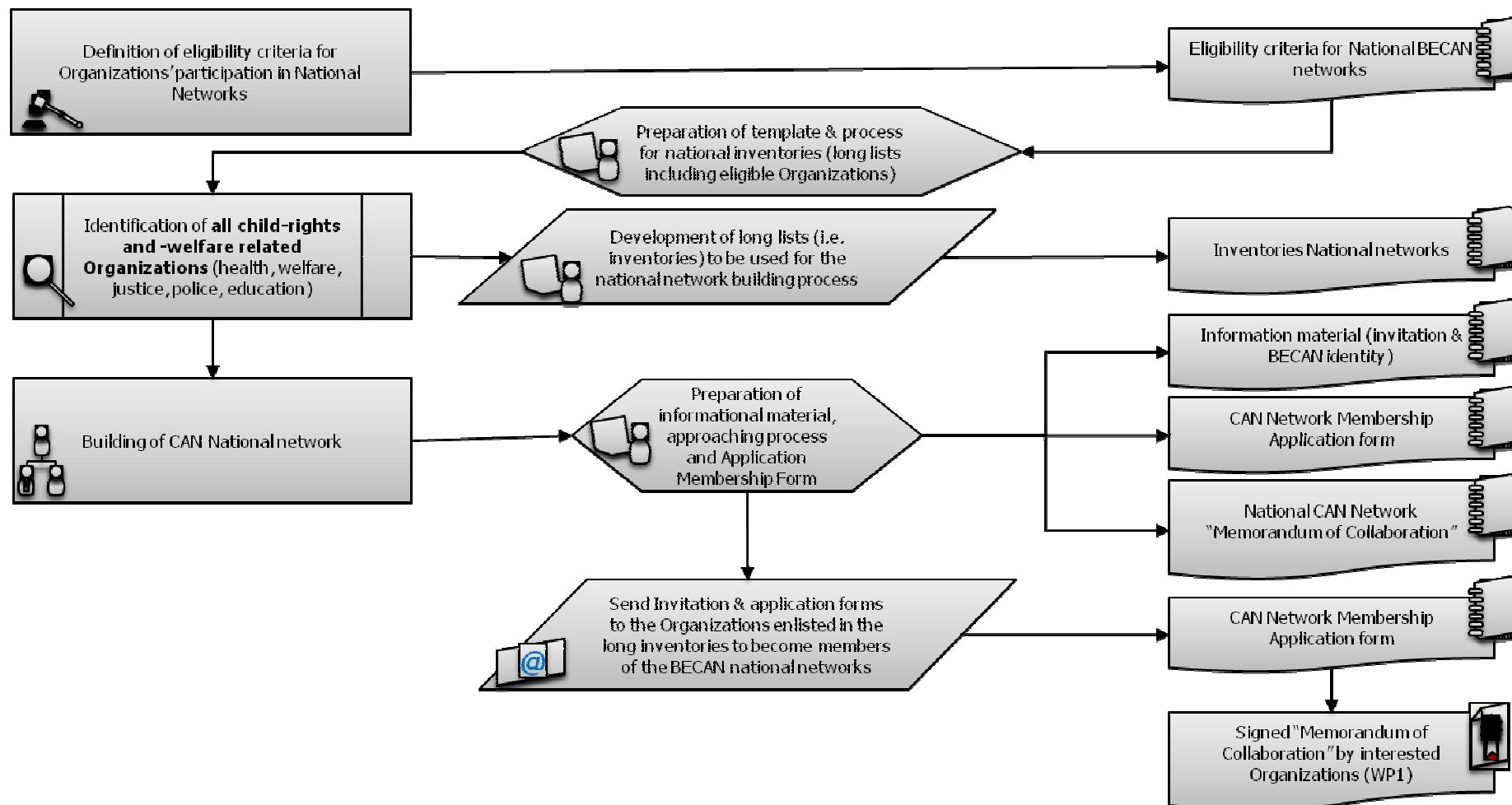
Last but not least, a number of external factors hindering the smooth implementation of the CBSS, such as central governments' reorganization of the related agencies and services or reorganization of the internal administrative procedure of the agencies, the financial crisis and its consequences such as multiple strikes, lack of time or manpower on the part of the agencies (given the reduction of the personnel in many agencies), problems in communication, especially using electronic means and so on.

CHAPTER B. METHODOLOGY

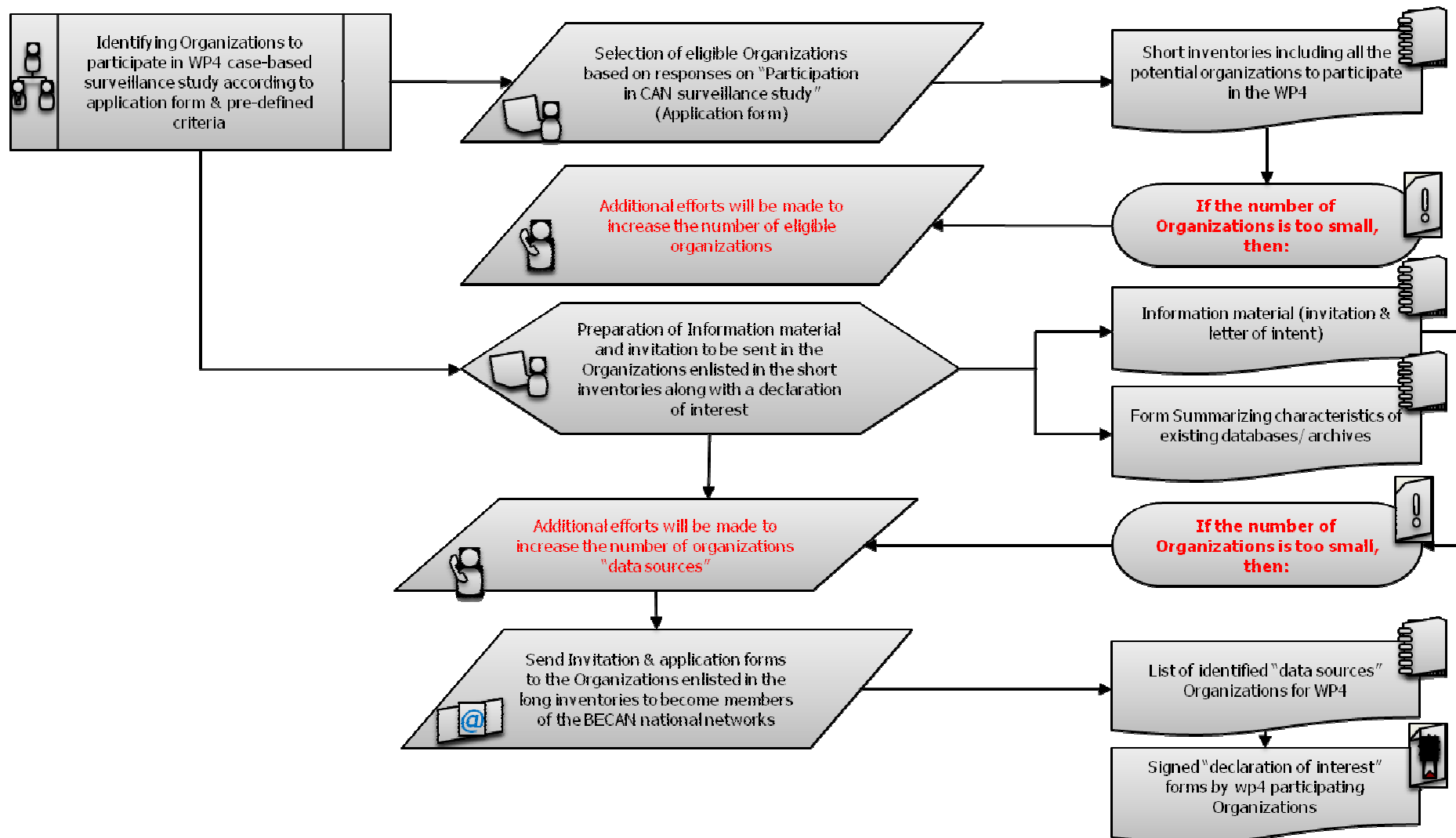
B.1. Organization of CBSS

More or less the Organization of the CBSS in all nine countries was identical and made according to what was provisioned by the contract and based on the protocol developed for the study along with the Operations' Guide. The flowchart below indicates the specific steps followed from the starting of the project until the completion of the CBSS in all countries.

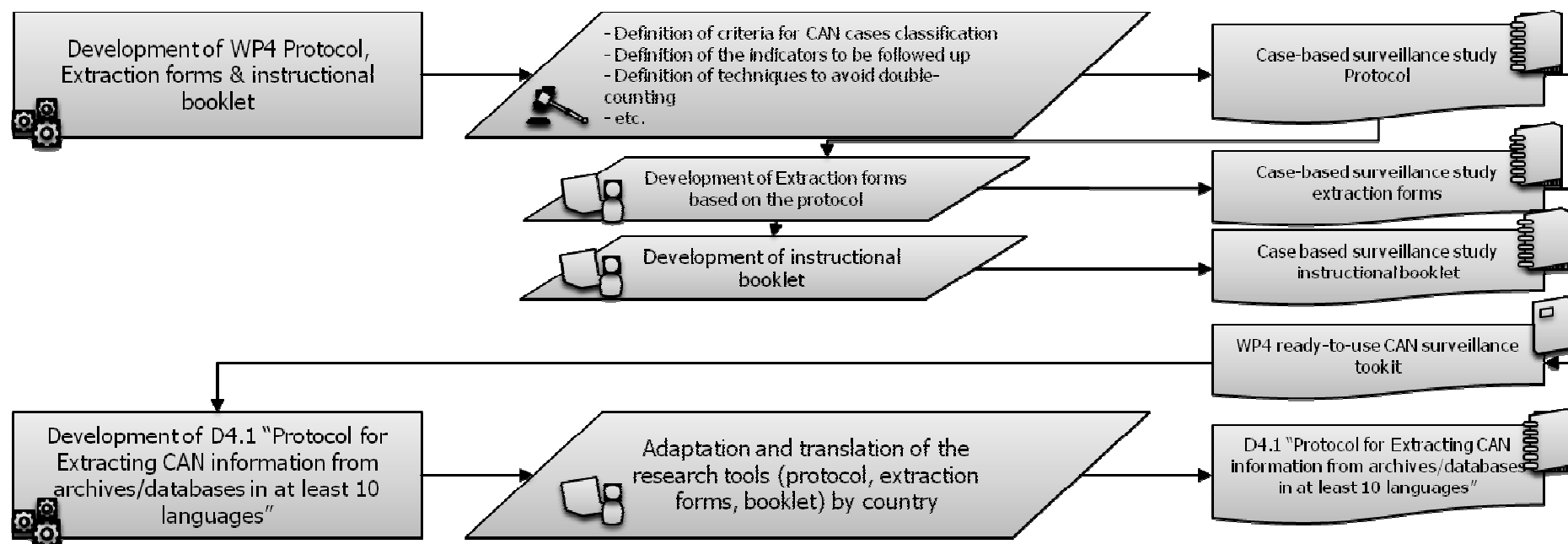
Step 1: WP1 activities related to WP4: Identification of CAN related Agencies and Networking (compilation of long inventories)



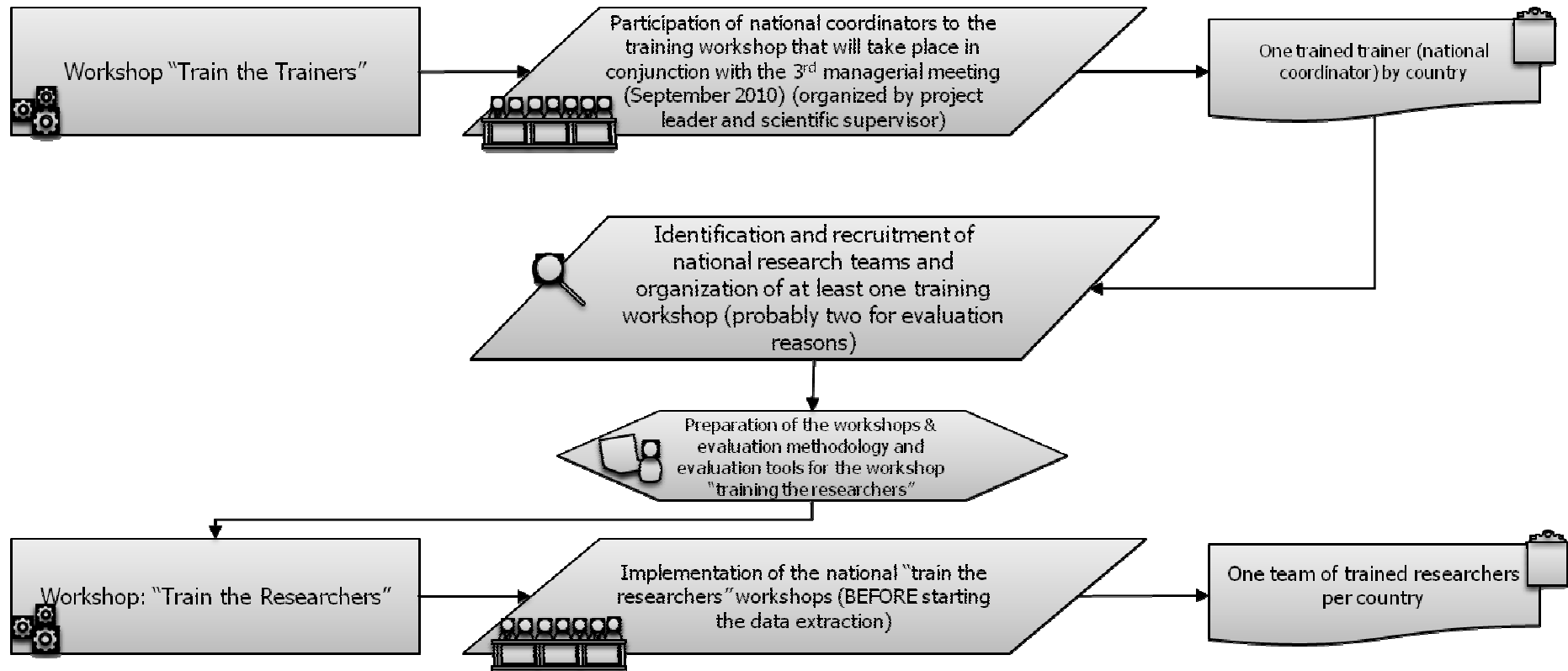
Step 2: Identification of Eligible Agencies-data sources and Preparation of list of Collaborating Agencies (compilation of WP4 inventories)



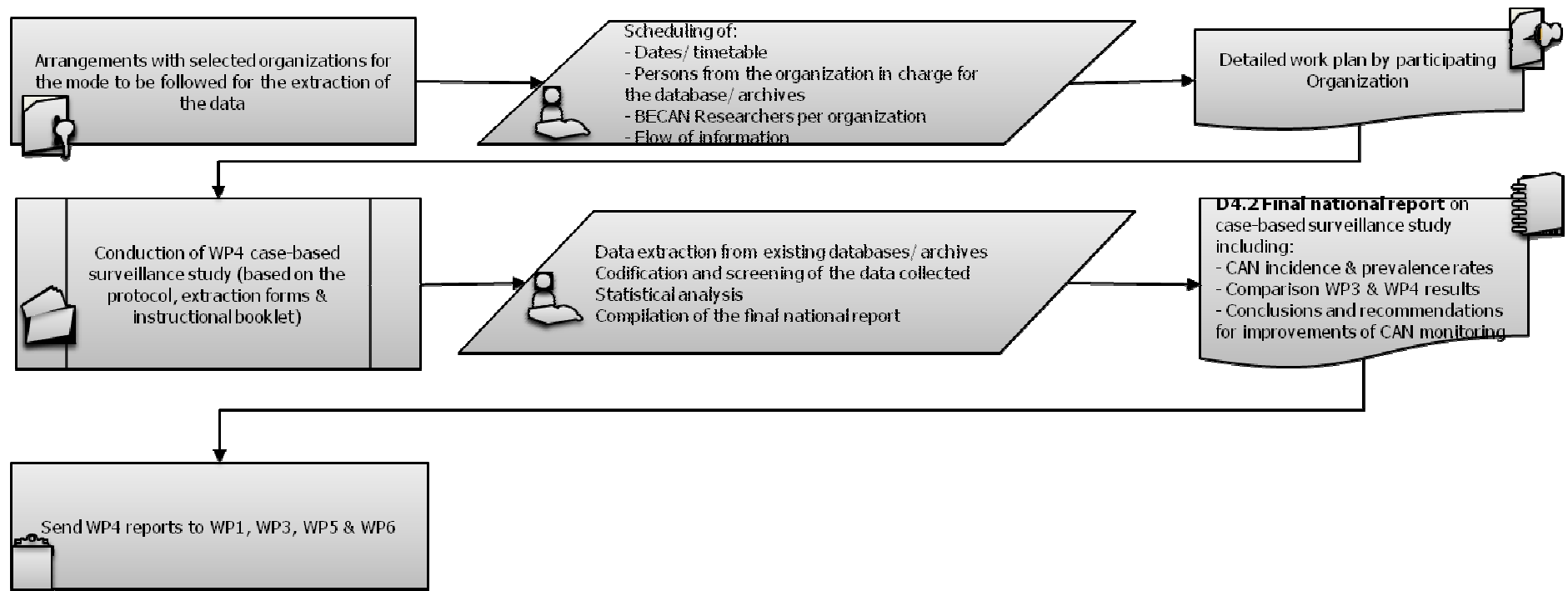
Step 3. Development of WP4 Toolkit and National versions of WP4 Toolkit (Protocol, Extraction forms & Operations' Manual for Researchers)



Step 4. WP2 Activities related to WP4: Train-of-Trainers and Train-National Research Teams



Step 5. Implementation of CBSS in nine Balkan Countries



B1.1. Timeframe

More or less in all participating countries the timeframe below was followed. The table below shows the Implementation Schedule of the Case Based Surveillance in Greece

	1-6	7-12	13-18	19-24	25-30	31-36	37-40
	10/09-3/10	4/10-9/10	10/10-3/11	4/11-9/11	10/11-3/12	4/12-9/12	10/12-
Step							
Step							
Step							
Step							
Step 5							

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

For the identification of eligible agencies, according to the country specifics (existing monitoring systems existed or not) the following criteria were used, especially for countries where no existing official monitoring system.

Originally was established a series of eligibility criteria (see below) about the identity of the agencies and services that could involve in the study providing data on CAN cases.

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, FYR 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

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 willing to participate in the BECAN network

AND

is willing and able to share resources

36

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 Research instruments

A protocol along with two extraction forms (Part I for collection of information related to the agencies-data sources and Part II for extraction of CAN cases information) were developed by the Coordinator and finalized by the consortium during the 3rd managerial meeting. Moreover, following a suggestion made by the Coordinating team during the 1st Managerial Meeting, an Operations' Manual for the researchers was decided to be developed over and beyond of any contractual obligation (See D4.1). This booklet addressed the researchers involved in the case-based surveillance study aiming to provide them guidance on how to use the forms for the extraction of CAN-related data from already existing files identified in social welfare, health, judicial, and police agencies and/or services. First, along with the conceptual definitions, the operational definitions of key terms -namely CAN and its forms- are provided. It is expected that available data will differ depending on the sector from which the data has been derived. Conceptual and operational definitions aim to facilitate the researchers in locating CAN cases in the existing databases and/or archives. Next, the structure of the research tool will be presented as well as an overview of the variables included in the research protocol and the properties of both the extraction form for agencies and for cases. Lastly, a detailed presentation of characteristics of each individual variable is provided. This instructional booklet was used during both, the train the trainers workshop and the training the researchers' seminars. All of the identified cases of CAN (physical-, sexual- and psychological-abuse and neglect) were eligible for extraction according to the conceptual and/or operational definitions provided below, regardless if they are substantiated or not.

Conceptual and Operational Definitions

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.

Most of the available archives/databases constituted the "data sources" for the BECAN CBSS are not exclusively dedicated to CAN. To this end, researchers in each country had to identify CAN cases and decide accordingly how the recording should be realised according to the needs of the study. Conceptual definitions, however, may not provide enough details to allow researchers to determine whether an existing record in a database/archive concerns CAN or not. In order to facilitate this task, a set of operational definitions was developed, in order to assist the researchers in specifying what they should look for when examining a database or archive. This does not mean, however, that the provided operational definitions are exhaustive; rather they consist of a tool aiming to ensure a common method for data collection.

In the table below, next to the *conceptual definitions* provided by WHO and ISPCAN (2006), the operational definitions to be used in the context of BECAN CBSS are presented; an effort was made for these definitions to be sensitive (namely to provide the researchers with the ability to identify a high proportion of cases with the condition), specific (to guide researchers to avoid the inclusion of false positive cases), simple, understandable and unambiguous to apply.

Conceptual Definitions (WHO & ISPCAN, 2006)	Operational Definitions for the BECAN CBSS
<i>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</i>	<i>Physical Abuse: A "physical abuse" case should be considered any file describing an incident including information for at least two elements, action and effect: an action on the part of a person [the (alleged) perpetrator] that has an effect upon the child. Physical abuse acts (hitting, beating, etc. also see variable C7), regardless of intent, result in a non-accidental physical injury to the child-victim, including incidents of unreasonably severe corporal punishment. The effect can be a physical injury, namely any reported intentional deliberate assault, such as bruises on the face, back, burns, fractures, cuts and scrapes (also see variable C9). In some cases, apart from or even without visible physical injury, the effect of physical abuse can be the adoption of a particular behaviour on the part of the</i>

<i>inflicted with the object of punishing.</i>	<i>child-victim. Behaviours that should be examined as effects of physical abuse may include comments indicating that the child was uncomfortable with physical contact, showed aggression or withdrawal, was frightened of parents/ caregivers and was afraid to return home.</i>
<i>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.</i>	<i>Sexual abuse: A "sexual abuse" case should be considered any file describing an incident including at least one piece of information related to sexual matters. It is noted that files describing sexual abuse cases can include descriptions of non-touching events (such as indecent exposure and exposing the child to pornography) but also touching-events (such as fondling) and sexual exploitation (such as prostituting the child or using the child in pornography) (also see variable C11). Furthermore, any existing file accompanied by documentation such as physical exams and/or body maps by medical doctors indicating sexual abuse should be recorded as a "sexual abuse" case. Files including descriptions for specific child's behaviours such as age-inappropriate knowledge of sex, and unexplained fear of a person or place, should be examined closely to see if they are sexual abuse cases.</i>
<i>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.</i>	<i>Psychological abuse: A "psychological abuse" case should be considered any file describing an incident including information on specific patterns such as belittlement of the child, ridiculing, intimidating, ignoring or rejecting, indifference to the child's problems and unusual means of discipline by main caregiver [e.g. (step)parents]. Because this type of abuse could also be a result of the two other forms of abuse and neglect, researchers should carefully examine files that mention the following: the child had speech disorders, developmental delays, habits such as sucking thumb, biting, rocking, antisocial and destructive behaviour, sleep disorders, compliancy, passivity, aggression, self-destructive behaviour and suicide attempts, self-report of taking pleasure in hurting other people or animals, and delinquent behaviour (see also variable C13).</i>
<i>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.</i>	<i>Neglect: A "neglect" case should be considered any file describing an incident including information related to failure of caregiver(s) to satisfy the child's basic needs (food, clothing, shelter), to provide adequate supervision and/or health care that is necessary for the child's health. In each neglect case two elements are expected to be included: an omission on the part of the caregiver(s) that has an effect (such as physical, behavioural, emotional) upon the child (also see C15). Any file should also be examined if it includes information concerning chaotic households, with no structure or routines (such as regular meal time, bedtime, homework time, no spaces set aside specifically for the child) and with existence of crises (job loss, serious illness or divorce). Additionally, researchers should consider file records where it is mentioned that the child appeared undernourished, hungry, lethargic, presented untreated injuries, poor hygiene, inappropriate dress for the weather, (self)report of many accidents and injuries and risky behaviour, substance abuse (alcohol or drugs) and learning difficulties.</i>

BECAN Research Tools

The tool consists of two parts: the first of which addresses issues related to the participating agencies and their CAN-records. The second part is related to the CAN-cases themselves. Each part includes a number of variables to be measured, which are categorized under general titles.

PART I. In order to be aware of the sources from where the data collected was gathered, this part of the extraction form contains information concerning the agency/organization providing the data. This part includes two general categories related to the agency's identity and its archive.

The first part of the extraction form will be completed only once per each agency that will provide access to its database/archive, regardless of the number of cases that will finally be identified and extracted. A set of 13 variables will be used to record all information needed for the identity of the agency that provides the data and a second set comprised of 7 variables will be used to keep the needed information for the archive/database

maintained by the agency. An overview of the variables included in the respective extraction form is presented below.

Overview of the 21 variables concerning the agency's identity and the archive/database's characteristics.

ID	Category	Variable	Description
a1	Agency	Identification Code	Unique identification label assigned to each agency participating in the study
a2	Agency	Legal Status	What is the legal status of the agency
a3	Agency	Operating Status	Whether agency <u>operates independently</u> at nationwide or local level
a4	Agency	Sector	What is the sector that the agency belongs to
a5	Agency	Mission	What is the orientation of the mission of the agency
a6	Agency	Human Resources	Number of employees working in the agency
a7	Agency	Personnel working with CAN	Number of employees working in the agency devoted especially to CAN
a8	Agency	Number of CAN cases turnover	What the number is of CAN cases on average per month the Agency receives Agency-related information
a9	Agency	Area	Area that agency provides child welfare services
a10	Agency	Referral sources	What are the sources of referrals to the agency
a11	Agency	Screening	Whether policy for CAN routine screening is implemented by the agency
a12	Agency	Training on CAN issues	Existence of specialized training program on CAN
a13	Agency	Trained staff	Number of trained employees on CAN issues
a14	Agency	Statistics	Availability of CAN statistical data
b1	Archive	Time period covered	What is the total time period covered by the archive/database maintained by the agency
b2	Archive	Type of record	What is the format of the archive/database
b3	Archive	Recording Form	Whether a specific "CAN Recording Form" exists AND is used in the agency
b4	Archive	Content of archive/database	What type of cases are included in the agency's archive/database
b5	Archive	Personnel who record the cases	What is the profession of the staff who record the case
b6	Archive	Available Documentation	Whether there is any available documentation accompanying the records
b7	Archive	Text Description	Whether text describing the case of maltreatment is available

PART II: This part includes ten general categories related to case identity, child, incident, perpetrator(s), caregivers (in cases where they are different persons than the perpetrators), family, household, history of previous maltreatment and which agencies they contacted and what services they provided as a consequence of the specific incident (if any). The second part of the extraction form will be completed as many times as CAN-cases records/files are identified in an archive/database for the pre-defined time period, i.e. one form per each individual case. In the following table, an overview of the variables under the ten above mentioned general categories is presented.

Overview of the variables concerning the 10 general categories of information to be recorded per case

ID	Category	Variable	Description
A1	Case	Identification Code	Unique identification label assigned to a case
A2	Case	Child Identification Code	Unique identification label assigned to a child
A3	Case	Report Date	Date the child reached the agency and the maltreatment was recorded
A4	Case	Date of Record	Date case was recorded by the researcher in the BECAN extraction form
B1	Child	Child's Age	Child's age on date of report (years)
B2	Child	Child's Sex	Child's sex
B3	Child	Nationality	Child's nationality and specific ethnic group (if applicable)
B4	Child	Educational status	Child's educational status
B5	Child	Work status	Child's work status
B6	Child	Education-related problems	Child's reported education and school environment related problems
B7	Child	Behaviour-related problems	Child's reported behaviour related problems
B8	Child	Substance-abuse problems	Child's reported substance-abuse problems
B9	Child	Diagnosed disabilities	Child's diagnosed physical, mental or developmental disabilities
B10	Child	Telephone number	Availability of a telephone number where the child can be reached
B11	Child	Address	Availability of child's postal address
C1	Incident	Incident date	Date when the incident took place
C2	Incident	Duration of maltreatment	Clarification whether abuse refers to a single or to multiple incidents and its duration
C3	Incident	Source of referral	What was the source of referral for the specific incident
C4	Incident	Scene of incident	Place(s) where the incident(s) (single incident or multiple incidents) took place
C5	Incident	Form of maltreatment	Form of maltreatment
C6	Incident	Physical Abuse Status	Investigation results of CAN associated with report of physical abuse
C7	Incident	Physical abuse forms	Specification of forms of reported physical abuse

C8	Incident	Injury due to Physical abuse	Existence & assessment of the degree of physical injury resulted due to physical abuse
C9	Incident	Nature of physical injury	Nature of injury sustained or suffered by the child
C10	Incident	Sexual Abuse Status	Investigation conclusion concerning report of alleged sexual abuse
C11	Incident	Sexual abuse forms	Specification of forms of reported physical abuse
C12	Incident	Psychological Abuse Status	Investigation conclusion concerning report of alleged psychological/ emotional abuse
C13	Incident	Psychological abuse forms	Specification of forms of reported physical abuse
C14	Incident	Neglect Status	Investigation conclusion concerning report of alleged neglect
C15	Incident	Neglect forms	Specification of forms of reported neglect
C16	Incident	Assessment of allegation	Assessment of allegation based on information/evidence provided by sources
C17	Incident	Maltreatment confirmation	Recorded confirmation that maltreatment has occurred
C18	Incident	Legal Action Taken	Legal action taken following the recording of CAN
C19	Incident	Care Plan	Care plan for child
C20	Incident	Out of Home Placements	Consideration of out of home placement
D1	Perpetrator(s)	Number of perpetrators	How many perpetrators were involved
D2	Perpetrator(s)	(Alleged) Perpetrator	Decision after investigation for the perpetrator
D3	Perpetrator(s)	Sex	Perpetrator sex
D4	Perpetrator(s)	Age	Perpetrator's age on date of report, in years
D5	Perpetrator(s)	Nationality	Perpetrator's nationality & specific ethnic group
D6	Perpetrator(s)	Educational level	Perpetrator's educational level
D7	Perpetrator(s)	Employment status	Perpetrator's employment status
D8	Perpetrator(s)	Marital status	Perpetrator's marital status
D9	Perpetrator(s)	Relationship with child	Perpetrator's relationship with child-victim
D10	Perpetrator(s)	History of substance-abuse	Perpetrator's reported substance-abuse problems
D11	Perpetrator(s)	Physical/mental disabilities	Perpetrator's diagnosed physical or mental disabilities
D12	Perpetrator(s)	History of victimization/ abuse	Reported victimization of perpetrator during childhood or adult life
D13	Perpetrator(s)	Previous allegations	Reported previous allegations of similar offences for the perpetrator
D14	Perpetrator(s)	Telephone Number	Availability of perpetrator's telephone number
D15	Perpetrator(s)	Address	Availability of perpetrator's postal address
E1	Caregiver(s)	Caregiver and Perpetrator	If caregiver(s) is/are different person(s) than perpetrator/alleged perpetrator(s)
E2	Caregiver(s)	Number	How many caregivers are involved in the care of the child
E3	Caregiver(s)	Relationship to child	Caregiver's relationship to child-victim
E4	Caregiver(s)	Type of guardianship	What is the type of guardianship
E5	Caregiver(s)	Sex	Caregiver's sex
E6	Caregiver(s)	Age	Caregiver's age on date of report, in years
E7	Caregiver(s)	Nationality	Caregiver's nationality and specific ethnic group
E8	Caregiver(s)	Educational level	Caregiver's educational level
E9	Caregiver(s)	Employment status	Caregiver's employment status
E10	Caregiver(s)	Marital status	Caregiver's marital status
E11	Caregiver(s)	History of substance-abuse	Caregiver's reported substance-abuse problems
E12	Caregiver(s)	Physical/mental disabilities	Caregiver's diagnosed physical or mental disabilities
E13	Caregiver(s)	History of victimization/ abuse	Whether caregiver is known or suspected to have a history of maltreatment
E14	Caregiver(s)	History of CAN allegations	Caregiver's history concerning allegations of offence related to maltreatment
E15	Caregiver(s)	Telephone Number	Availability of caregiver's telephone number
E16	Caregiver(s)	Address	Availability of caregiver's postal address
F1	Family	Family status	Family status concerning the family that the child currently lives with
F2	Family	Number of co-habitants	Number of people living in the household other than child-victim (including mother/ father/ caregiver(s))
F3	Family	Co-habitants' identity	Identity of people living in the household other than child-victim
F4	Family	Other CAN victims	CAN incidents concerning other child in family
F5	Family	Other types of abuse	Violent incidents concerning adult person in family
F6	Family	Referrals made to services	Child- and family-focused referrals made
F7	Family	Services received	Child- and family-focused services received (ongoing or previously)
G1	Household	Inadequate Housing	Family reported to have inadequate housing
G2	Household	Household income	Reported household income
G3	Household	Source of income	Primary source of the household income
G4	Household	Financial problem	Family finances do not meet minimal needs
H1	Previous maltreatment	Incidents	Reference of previous maltreatment incidents
H2		Types	Most severe substantiated or unsubstantiated previous incident of maltreatment
H3		Perpetrator(s)	Perpetrator(s) of most severe previous maltreatment
H4		Investigating agencies	Agencies involved during the investigation of the most severe incident of maltreatment
I1	Follow-up	Follow-up	Whether case's follow-up information is available in the agency

Overview of Variables explored during the CBSS

Following the rationale described in the Injury Surveillance Guidelines prepared by WHO, the variables included in the research tool under the general categories will be presented in a common and structured way. The following Table presents the way in which each piece of information is defined and is going to be coded. For the presentation of each individual variable, the information presented in the first column is provided; in the second column, a description per information is provided

Characteristics provided for each variable	
Information	Description
Label	Abbreviation of the variable based on the category it belongs to and its unique ID
Variable	Name of Variable In total 104 variables are going to be included in the protocol (22 in the extraction form related to the agency and archive and 82 in the extraction form related to cases)
Definition	A short description is provided concerning what each individual variable is intending to measure
Category	Indicates the CAN-related general category to be explored, namely under which of the eleven categories the variable belongs. Targeted categories are: Extraction Form for Agency/Archive (Part I): To be completed once per agency data-source (regardless of the number of cases that will be extracted) Categories Variables a. Agency a.1-a.15 b. Archive b.1-b.7 Extraction Form for Cases (Part II): To be completed for each individual case Categories Variables A. Case Identity A1-A4 B. Child-related information B1-B11 C. Incident-related information C1-C20 D. Perpetrator(s)-related information D1-D15 E. Caregiver-related information E1-E16 F. Family-related information F1-F7 G. Household-related information G1-G4 H. Previous maltreatment H1-H4 I. Follow-up I1
Completion	This field indicates whether the completion of the variable should be treated as mandatory or conditional, namely whether the particular variable is considered as essential for the exploration of the category (mandatory completion), or conditional (depending on the answers in a previous variable). Out of the 82 variables included in the protocol concerning CAN cases, 54 are mandatory and 28 conditional (see table below); for the Agency 14 are mandatory and 1 conditional and for the archive all 7 variables are mandatory.

Targeted Categories	Total Variables	Mandatory	Conditional (filters)
I. Agency	15	14	1
II. Archive	7	7	0
PART 1-Total	22	21	1
A. Case Identity	4	4	0
B. Child-related information	11	11	0
C. Incident-related information	20	10	10
D. Perpetrator(s)-related information	15	15	0
E. Caregiver-related information	16	1	15
F. Family-related information	7	7	0
G. Household-related information	4	4	0
H. Previous maltreatment	4	1	3
I. Follow-up	1	1	0
PART 2-Total	82	54	28
Total (Part I & II)	104	75	29

Coding	Indicates whether the code for that variable is numeric or string; numeric codes are preferable to string, as the former are expected to facilitate the extraction process		
	Coding	Numeric	92
		String	12
Total Variables			104
Measurement level	The level of the measurement of the variable (scale, ordinal, nominal)		
	Measurement Level	Scale	9
		Ordinal	3
			Nominal
Total Variables			92
			104
Code values	<p>Indicates the potential values that the variable could take; for each individual value belonging to the list of potential values of the pre-coded variables, a description is provided (e.g. 0=No, 1=Yes, etc.)</p> <p>For the development of the lists of variables and their potential values, previous coding systems and/or other related protocols were taken into account:</p> <ul style="list-style-type: none"> - Injury surveillance guidelines published by WHO (2001),³⁰ - User's Guide and Codebook of the National Child Abuse and Neglect data System (NCANDS) published by the National Data Archive on Child Abuse and Neglect in collaboration with Walter R. McDonald & Associates in 2003,³¹ - International Classification of External Causes of Injuries (ICECI) prepared by ICECI Coordination and Maintenance Group in 2004,³² - Guidelines on data collection and monitoring systems on child abuse prepared by the European Network of National Observatories on Childhood in 2008,³³ - Report of the Canadian Incidence Study of Reported Child Abuse and Neglect (2001),³⁴ - Conceptual and epidemiological framework for child maltreatment surveillance (2001),³⁵ - Guidelines for reporting and classification of child abuse in health care settings (1998),³⁶ <p>Two codes used in common for all variables are:</p> <p>"Other" code = 88 (with available space for comments) and</p> <p>"Unspecified" code = 99; This code should be used in cases where an information is missing even though the agency's representative has indicated (during the completion of the Extraction form-Part I concerning the characteristics of the maintained archive) that this specific type of information is normally collected.</p> <p>In cases that specific types of information are not collected by the agency and therefore are not included in the archive, then the symbol in the upper right hand corner of the variable indicating "Non applicable" should be checked.</p> <p>Note: Researchers should be very careful to not over-use "unspecified" so that avoid lost of important information.</p>		
Comments	<p>For each variable further comments and notes are provided where needed. Comments can have the format of</p> <ol style="list-style-type: none"> Instructions (e.g. multiple selection of all applicable values per case) Explanation of values (e.g. "2=Legal guardian: Legal guardian is the person or institution named in a will or assigned by the court to take care of minor children or incompetent adults ", "3=Step parent: A step-parent can be the adult who assumed the role of a parent because of the death of a parent, the remarriage of a parent, or an adoption") <p>Notes (further information for the researcher concerning the scope of the variable)</p>		

The detailed presentation of all variables are available in the Operations' Guide for the Researchers (Annex III, D4.1)

³⁰ Holder, Y., Peden, M., Krug, E. et al (Eds). (2001). Injury surveillance guidelines. Geneva, World Health Organization.

³¹ National Data Archive on Child Abuse and Neglect in collaboration with Walter R. McDonald & Associates, Inc. (2003). National Child Abuse and Neglect Data System (NCANDS) Detailed Case Data Component, 1998 – 1999: User's Guide and Codebook, New York.

³² ICECI Coordination and Maintenance Group (2004). International Classification of External Causes of Injuries (ICECI) version 1.2. Consumer Safety Institute, Amsterdam and AIHW National Injury Surveillance Unit, Adelaide.

³³ Child Europe, European Network of National Observatories on Childhood (2008). Guidelines on Data Collection and Monitoring Systems on Child Abuse - Series 1.

³⁴ Trocmé, N., MacLaurin, B., Fallon, B. et al. (2001). Canadian Incidence Study of Reported Child Abuse and Neglect: Final Report. Ottawa, Ontario: Minister of Public Works and Government Services Canada

³⁵ 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.

³⁶ Health Canada (1998). Child Abuse: Reporting and Classification in Health Care Settings, Ottawa: Health Canada.

B.1.4. Train the Trainers and Training of the National Research Teams

As it was mentioned before (Step 4. WP2 Activities related to WP4: Train-of-Trainers and Train-National Research Teams) one session for train the trainer was conducted in order for the BECAN partners to train their national research teams in a uniform manner.

Train-the-Trainers Workshop

The 2nd Train-the-Trainers' Workshop dedicated to WP4 "Case-based Surveillance" was held on October 11th and 12th in Cluj, Romania (just before the 3rd Managerial Meeting). During this workshop the coordinator made an introduction to the WP4-Toolkit, also providing trainees with theoretical-methodological background information (1st day). The aim of this part of the 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. Content of the training is as follows:

- Introductory section for the CBSS Toolkit (including the CBSS research Protocol)
 - The need for CAN Surveillance
 - CAN-Surveillance: Current situation in the Balkans
- The BECAN Project
 - Case-based surveillance study (CBSS)
 - Aim & Objectives
 - Indicators to be explored
 - Expected limitations
- Research Methodology
 - Selection of data-sources
 - Lists of Eligible Agencies to participate in CBSS
 - Management structure for data collection
 - Research tools
 - Operations Booklet for the Researchers
 - Extraction Form Part I (for the participating organizations)
 - Extraction Form Part II (for individual CAN cases)

During the 2nd day of the workshop the focus was on the use of the extraction forms via simulation of the extraction process: all trainers will use the same "mock" CAN cases. Simulation was selected as a means of training in order for the trainees to be familiarized with the protocol and at the same time to test the extraction forms (whether all the participants will extract identical information from the same cases on the basis of the protocol) and to identify & correct potential gaps or misunderstandings.

Moreover, trainees were informed about practical issues on how to identify their field researchers and to prepare their national trainings. Lastly, ethical issues concerning the CBSS were discussed in detail in a specific session. On the basis of the 2nd train-the-trainers workshop, each BECAN partner proceeded to organize train-the-researchers' seminars for their own countries.

Seminars for Training the National Research

In total, a hundred researchers-trainees participated in the seminars that were realized in the nine Balkan countries participating in the BECAN project which were trained by 23 trained-trainers. Specifically, per country:

Albania: The intensive preparatory work on WP4 has shown that very few organizations/ institutions in Albania have databases/archives on CAN. These existing data, moreover, are very scarce. As a result, CRCA-AL anticipates that the collection of data on WP4 will require less time and costs than we had originally planned. Therefore, the Albanian Coordinator decided not to train additional resources for CBSS. The persons who originally would have been the trainers will also do the collection of data. The other important reason for

this decision has to do with the fact that these persons are the ones that have established contact and collaboration with the agencies that will participate in the CBSS. These agencies have been reluctant to participate in the CBSS study due to the concern that the confidentiality of their data may be compromised. CRCA-AL had to work hard to reassure them and part of the reason that this task succeeded was that a deal was made that members of CRCA-AL would collect data themselves rather than recruiting other researchers, who would have been young professionals (less trustworthy for the agencies).

Trainers/ Researchers

1. Edlira Haxhiymeri
2. Enila Cenko
3. Belioza Çoku
4. Altin Hazizaj

Bosnia and Herzegovina: Training on Case Based Surveillance Study (WP4) took place at the Faculty of Political Sciences premises at the beginning of January 2011. In the total duration of 12 hours the CBSS instruments were presented (CBSS Protocol, Booklet for Researchers and Extraction Forms) and demonstrated, along with other relevant aspects of WP4 research (definitions used by the legal system in B&H, practice of CAN recording and information sharing in B&H, coding and data analysis procedure). Additional ad-hoc training workshop(s) will be organized for potential new researcher(s), if needed for successful implementation of the WP4 Research Plan.

Trainers

1. Jelena Brkić Šmigoc
2. Emir Vajzović

Trainees

1. Selma Mameledžija – Sociologist
2. Samir Forić – Lawyer/Sociologist
3. Nina Babić – Social Worker
4. Ana-Marija Brkić – Psychologist
5. Azra Lemeš – Social Worker, MA

Bulgaria: The pre-training selection procedure for the researchers for CBSS (WP4) was made in December 2010 in partnership with the experts from the Agency for Social Support. The main training for the researchers was held on 10-11 January 2011 at the University Center Bachinovo. The content of the training covered all the topics and exercises from the Train-the-Trainers Workshop in Cluj-Napoca. There were 6 participants with expertise in child protection and social work. Participants were provided with extraction forms and the CBSS Operations Booklet. Training was provided for 2 more participants on 30-31 March 2011, plus discussion with the experts from the Agency for Social Support on the main barriers and achievements according to WP4.

Trainers

1. Vaska Stancheva-Popkostadinova
2. Ekaterina Mitova, Pediatrician, South-West University "Neofit Rilski"

Trainees

1. Ofelia Kaneva (social worker-expert, Director of Child's Rights, Agency for Social support, Sofia)
2. George Terzijski, philologist, PR Agency Social Protection
3. Ana Konukova, Social Worker, Varna
4. Emilia Manikatova, Social Worker, Blagoevgrad
5. Nedjalka Cvetkova, Social Worker, Gotze Delchev
6. Mimi Alexieva, Social Worker, Sandanski
7. Maya Pesheva, Social worker, Veliko Tynovo
8. Ivan Minkov, Inspector Juvenile Crime, Sofia

Croatia: The training of the researchers was conducted by Ivan Rimac, PhD (psychologist), Jelena Ogresta (social worker) and Lea Skokandić (psychologist). The trainees were Baccalaureates of Social Work, final year MA students of Social Work and the training was a part of their optional educational curriculum. They were trained for 2 hours every week from 27.10.2010 until 22.12. 2010 (they were divided into two groups) and they also had weekly lectures on analysing written documentation. During the training they analysed the CBSS Protocol, the CBSS Operations Booklet and the Extraction Forms. They also completed the forms for

the two mock-cases and one Croatian mock-case and debated on their answers. The only difficulties that were faced were related to the content of some particular items in the Extraction forms and were successfully resolved with the help of the coordinators from Greece and by consulting experts from Social care centres.

After that period they had 2 final 3-hour trainings, which were organised to resolve any issues that might come up during the data gathering and to summarize the whole procedure of data gathering (which had been previously tested in one Social care centre by Jelena Ogresta and Lea Skokandić). During those 2 trainings official documents that will be analysed from the Social care centres were presented to the researchers. Along with the other materials, they were given two extra forms they will use to make a list of cases, which will provide a better insight into the number of abused children, as well as enable better control of the field researchers' work. For the communication with the researchers to be faster and more efficient, a special forum for the CBSS was designed and it consists of the following topics: sampling, filling out the extraction form, conducting interviews and other. Coordinators of all the activities related to the forum and the data gathering are Jelena Ogresta and Lea Skokandić.

Trainers
<ol style="list-style-type: none"> 1. Ivan Rimac, PhD (psychologist) 2. Jelena Ogresta (social worker) 3. Lea Skokandić (psychologist)
Trainees
<ol style="list-style-type: none"> 1. Barišić Josipa, univ. bacc. act. soc. 2. Blagonić Tanja, univ. bacc. act. soc. 3. Camlić Marša, univ. bacc. act. soc. 4. Dolovčak Ivana, univ. bacc. act. soc. 5. Dujmović Adriana Georgeta, univ. bacc. act. soc. 6. Đurić Mirela, univ. bacc. act. soc. 7. Ereš Ivana, univ. bacc. act. soc. 8. Fijala Jelena, univ. bacc. act. soc. 9. Gvozdenović Vlatka, univ. bacc. act. soc. 10. Herceg Vanesa, univ. bacc. act. soc. 11. Horvat Tamara, univ. bacc. act. soc. 12. Klasić Lucija, univ. bacc. act. soc. 13. Kolaković Marjana, univ. bacc. act. soc. 14. Lauš Melita, univ. bacc. act. soc. 15. Maloča Željka, univ. bacc. act. soc. 16. Medić Ivana, univ. bacc. act. soc. 17. Morić Vjekoslava, univ. bacc. act. soc. 18. Pašić Nikolina, univ. bacc. act. soc. 19. Peščica Mia, univ. bacc. act. soc. 20. Popović Rea, univ. bacc. act. soc. 21. Rimac Nikolina, univ. bacc. act. soc. 22. Šalamon Branka, univ. bacc. act. soc. 23. Škrlec Željka, univ. bacc. act. soc. 24. Špurga Tihana, univ. bacc. act. soc. 25. Šumečki Ivana, univ. bacc. act. soc. 26. Veršić Tanja, univ. bacc. act. soc. 27. Vučko Gorjana, univ. bacc. act. soc. 28. Vukorep Iva, univ. bacc. act. soc. 29. Živković Sonja, univ. bacc. act. soc.

FYRoM: The training of the research team for the CBSS was held on 20-21 January 2011 at the UCP in Skopje-FUROM.

Trainers
<ol style="list-style-type: none"> 1. Liljana Trpcevska, special educator 2. Izabela Filov, psychiatrist
Trainees
<ol style="list-style-type: none"> 1. Aleksandra Coneva, social worker 2. Florijan Naumov, psychologist 3. Kadri Haxihamza, psychiatrist 4. Marija Raleva, psychiatrist 5. Angelina Filipovska, clinical psychologist

Greece: Training of Greek Researchers' team took place on January 20th and 21st 2011. Four field researchers were recruited in order to conduct the CBSS on the premises of Organizations, which agreed to provide access to their files. The seminar was realized on the basis of the WP4 revised Toolkit and the methodology followed during the Train-the-trainers seminar that took place on October 11-12 2010 (Cluj-Napoca, RO). After an 8-hour detailed review of the extraction forms and the operations' booklet (20/1/2011), researchers were provided with a mock case with the instruction to extract the information in the respective forms. Completed forms were discussed in details and further clarifications were made (21/1/2011).

Trainers
<ol style="list-style-type: none"> 1. Athanasios Ntinapogias, Psychologist 2. Anna Salvanou, Sociologist, MA 3. George Nikolaidis, Psychiatrist, MA, MSc, PhD
Trainees
<ol style="list-style-type: none"> 1. Artemis Dimitrokalli, Social Worker 2. Giorgos Papageorgopoulos, Psychologist, M.Sc. 3. George Tsouvelas, Psychologist, MPH, M.Sc. 4. Anthi Vasilakopoulou, Social Worker.

Romania: The training for WP4 was conducted during the same seminar with the epidemiological study research training, due to the fact that the field researchers involved in the first research were the same as the researchers from the second one. The third day was dedicated to the WP4 training, on 12th November 2010. The tools used during the training were: the CBSS Operations Booklet, extraction forms (Part I, II), Protocol, case-description, one copy of a case-file for each participant. After the training seminar the researchers had the duty to extract data from the file they received, using the extraction form. Two further 2-hour meetings were added in order to discuss the homework, on the 24th and on the 25th November. After the second meeting field researchers received one more case file sent by email, for extracting data for one more practice. During the training four groups were formed, each of them coordinated by a field coordinator. A meeting took place with the four field coordinators, who had to conduct the interview with the directors of institutions and make the sampling of files on age criteria. For these and other administrative duties they were trained during the meeting. After the field research was scheduled, a third meeting took place for each research team, before the first field work, when results of the data extraction based on the previous case file were discussed. Each meeting took approximately 2 hours, followed by an individual meeting with the field coordinator in order to give instructions regarding sampling and organizing the field research. The majority of trainees are social workers, enrolled in a Master's degree programme in Social Work.

Trainers
<ol style="list-style-type: none"> 1. Szigeti Júlia, Psychologist 2. Tonk Gabriella, Psychologist
Trainees
<ol style="list-style-type: none"> 1. Corina Voicu, Social Worker, PhD in Sociology 2. László Csaba Dégi, Social Worker, PhD in Behavioural Sciences 3. Cristina Oanes, Social Worker, PhD in Sociology 4. Zita Kiss, Sociologist, PhD student 5. Paul Chingălată, Social Worker, Master in Social Economics 6. Alexa Camelia, Social Worker, enrolled for Master's degree in Social Work 7. Băilă Oana Raluca, Social Worker, enrolled for Master's degree in Social Work 8. Boldijar Mirela, Social Worker, enrolled for Master's degree in Social Work 9. Butnar Adela, Social Worker, enrolled for Master's degree in Social Work 10. Corșeu Alexandra, Social Worker, enrolled for Master's degree in Social Work 11. Danciu Sânzâiana, Social Worker, enrolled for Master's degree in Social Work 12. Marchiș Andreea, Social Worker, enrolled for Master's degree in Social Work 13. Szabo Bela, Social Worker, PhD in Sociology 14. Căspreac Oana, Social Worker, enrolled for Master's degree in Social Work 15. Ciurlă Raluca, Social Worker, enrolled for Master's degree in Social Work 16. Damilet Diana, Social Worker, enrolled for Master's degree in Social Work 17. Danciu Anamaria, Social Worker, enrolled for Master's degree in Social Work 18. Muste Raluca, Social Worker, enrolled for Master's degree in Social Work 19. Fodor Ana Maria, Social Worker, enrolled for Master's degree in Social Work

20. Otoiu Maria, Social Worker, enrolled for Master's degree in Social Work
21. Pugna Georgeta, Social Worker, enrolled for Master's degree in Social Work
22. Cozea Gabriela, Psychologist, enrolled for Master's degree in Social Work
23. Szasz Rozália, Teacher, enrolled for Master's degree in Social Work
24. Adriana Podea, Social Worker, PhD student
25. Alina Mitrea, Social Worker, work experience with CAN cases

Serbia: Training of the field researchers for the CBSS was organized as a two-day seminar and held on February 18 and 19, 2011 in the hotel "Park", Belgrade, Serbia. It was designed to cover all required topics. The training was fully organized in accordance to the recommendation of the Consortium. There were 15 trainees, all experts in the field of social work and protection of children, who have successfully finished the training for the CBSS. No difficulties were faced during preparation and organization of the training.

Trainers:

1. Ljiljana Stevkovic, Special Pedagogue
2. Jasmina Ivanovic, Social Worker, MA
3. Veronika Ispanovic Radojkovic, PhD Child Psychiatrist

Trainees

1. Violeta Blagojevic, Psychologist
4. Radisav Tasic, Psychologist
5. Lidija Milanovic, Psychologist
6. Dušan Bursac, Psychologist
7. Dejan Cvetkovic, Social Worker
8. Jasmina Mitrovic Vucenovic, Psychologist
9. Svetlana Drazovic, Psychologist
10. Dobrivoje Mladenovic, Psychologist
11. Natasa Simovic, Pedagogue
12. Biljana Zekavica, Social Worker
13. Ana Vukmirovic, Psychologist
14. Slobodanka Radojko, Social Worker
15. Nena Darmanovic, Lawyer

Turkey: The training program was formed as one day long, 8 hours training. The first part of the training aimed to introduce the aim of CBSS, the structure and the usage of extraction forms of part I and II. In the second part, the aim of the training was to practice extracting data from cases to forms. In preparation of the second part, a meeting was arranged with the psychologists working in child courts of law in Izmir. They are responsible for preparing detailed reports of children's' lives who committed/alleged to commit crime. These reports included all the detailed information existing in extraction forms. The psychologists shared three of their cases by deleting all the names in the file. Therefore, these real cases were used due to educational purposes with attaching high significance on confidentiality. The training of CBSS was conducted after the two trainings of WP3 were conducted. The participants of these two trainings were invited to CBSS training. 5 of them have attended in total. The characteristics of the researchers are outlined in table below:

Trainers

3. Zeynep Olmezoglu
4. Turhan Sofuoglu
5. Ismail Umit Bal

Trainees

9. (F) Gonca Pitay Ozbay, Psychology Department 4th year student
10. (F) Bahar Bilge Ulucan, Sociology Graduate
11. (M) Hasan Atmacaoglu, Psychologist, Human Resources, MA
12. (F) Fulya Aydın, Psychologist, MA
13. (M) İlker Aydan, Sociology Department 2nd year student
14. (F) İklim Bahar Goren, Social Sciences Teacher, Social Sciences, Graduate Student
15. (F) Hazal Aymandir, Psychology Department student

The training was conducted in July, 2011 in the meeting room of Association of Emergency Ambulance Physicians. After the forms were presented in the training, three practices were conducted in the second part.

The researchers reported that using real life cases, which were very detailed reports, were very helpful for them to clarify the concepts better. For further trainings of other researches, using real cases can be very illustrative and beneficial for training groups.

B.2. Process followed for Data Collection

Albania: 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.

Bosnia and Herzegovina: According to the project objectives Breaded to conduct a case study in all municipalities that participated in the epidemiological study and centers for social welfare / protection services operating in these areas. Thus 43 CSW, active on referral geographic area, were identified and contacted via official request. Requests were sent aiming to obtain information on reported number of abused and neglected children in 2010 (according to sample clusters: 11, 13, 16 year olds). Referring to data provided by the centres further sampling procedure was conducted. In one CSW pilot study was done, eleven CSW indicated that they do not have recorded cases of CAN for 2010, twelve stated that they have less then 5 cases and 20 stated to have more than 5 cases recorded in 2010. Due to the financial and time constraints, it was decided to exclude from sample all CSW which had less than five reported CAN cases in 2010. The convenient sample in its final form is consisted of nineteen CSW (because one centre refused cooperation due to some exceptional circumstances that they had). Thus the Status of criteria on the number of reported cases performed selections centers, which has been behind resulted in a convenience sample of 15 social work centers, one at the cantonal level and coordinate the work of the 9 services which the study were enrolled in 7. Thus, the study included a total of 21 access to the archives of CSW / reference social work services. In one of these center pilot study was conducted to tested tools and gained first insights about the characteristics of organizations and their archives. Before researchers visited centers and completed the planned separation of data, first we contacted the person delegated centers to confirm previously collected information on registered cases of child abuse and neglect, and to agree the appointment and arrival of research investigator at the center of this sample. Contact person in the center is addressed to isolate for researchers documentation reference to those cases on arrival joined the same treatment. Although the center staff confirmed information on registered cases on two occasions, before leaving the court, found a large discrepancy in the number of reported cases and caught cases in centers for social work. Nemely, documentation related to CAN cases reported in 2010 is not corresponding with data received priory from centres. Therefore, the research team was faced with unfeasibility to identify the incidence rate in the first place. Fhurthermore, archiving methods employed by the centres were inconsistent and dubious. The documentation related to the same CAN case is handled by several officers which has additionally slowed down research implementation. Keeping in mind the above mentioned challenges in the early stages of data collection, researchers were asked to report further on the process of data collection, in writing, in order to gain a better insight into the archives of each of the centers. Notes researcher indicated the fact that the operators responsible for cases of abuse and neglect are handled with additional information on some cases that are part of the employee or private notes or verbally transmitted to researcher from memory, but that are not part of the formal records, it did not even separated forms used in the study.

Bulgaria: The archives of Directorates for Social Assistance were systematically examine according previously identified for reported and detected cases of child abuse and neglect in year 2010 and record identified cases in the Extraction Form. This was made in the premises of the Directorates of Social Assistance. Children in age groups of 11, 13 and 16 years old from the stratified regions were included in the study. The information from the police in all department was collect through the interviews with police officers from Child Pedagogical Rooms. In advance they were inform for the need of information about registered cases of CAN for 2010 year. The extraction forms were fulfill together from appointed social worker for respected region and police officer, but only for the cases that were not information in the Department for Child Protection. Data entering was made by one PhD student and one student in Social work specialty. Statistical analysis was made by statistician and PhD student from South-West University in the period December-January 2013. Data analysis was made in January 2013.

FYRoM: The CBSS researchers in systematically examined the archives of existing child services (welfare, social and health) previously identified for reported and detected cases of child abuse and neglect and record identified cases in the Extraction Form B. We have followed the process to collect the data in all institutions that we considered eligible and that accepted to open their data sources for our study. We followed the sampling procedure in terms selecting those from the respective three geographical areas, the same as in the Epidemiological Study, and include all 13 eligible agencies in these areas. The procedure was as it was already mentioned before that after getting the permission from the MLSP and SDPPD, we have scheduled the visits with each institution and our researchers went to the services' premises. In some agencies/institution the staff was involved in identification of eligible cases, so the researchers were offered already selected cases according to the criteria of age (11, 13 and 16), especially in those that had archives classified according to the indicators of CAN and they were able to select (in Skopje, in Veles in Strumica and in Kumanovo). But in some agencies (all the rest) the researchers had to read the entire files for 2010 and identified the eligible cases and extracted the data. In health institutions according to the ICD 10 diagnosis and axial co diagnosis the researchers were able to select the cases that were eligible. **Coding, screening of data and statistical analysis:** The process followed for data coding and screening was the methodology described in the CBSS Operational booklet, concerning the templates for extracting data, and they were used as it was written and decided during the consensus meetings, via e-mails and via the BECAN Portal. Statistical analysis was done on the basis of the templates sent to us in excel files and also on the basis of the official statistics for the target population in those geographical areas where the CBSS was conducted. The National State Statistical Office provided data on the general population in 5 years interval. So, we had to precede the instructions given by the coordinator (Dr. George Nikolaidis) to calculate the number of 11, 13 and 16 years old in respective areas in the general population in order to be able to calculate the incidence rate.

Greece: The process followed was actually the one provisioned by the protocol of the study. Step-by-step description of the process has as follows: Prior to each site visit had been preceded by communication with written and verbal information (by telephone)-but sometimes at the request of the organization, as well as in person (at the preliminary meeting). So, as in every case the tools and the process description were sent in advance and the responsible of agencies knew which was the request to the process and what kind of information must be collected. After finalizing of the site visit and after the following communication with the representative of each agency, part or the whole group (depending on the size of the organization in terms of population service) visited at the appointed time the seat of the agency. At first contact with the Manager / that was set by the agency a member of the research team proceeded to the completion of Form-Part I (characteristics of the agency) through a structured interview. Also, after the interview, the researcher was asking from the manager or the employee of the agency a blank copy of the form or forms that were used for recordings (which there was almost to all agencies). There was no case that refused to the request and, therefore, all forms of all the associated agencies are available for further processing. In most cases the employee of the agency had already available records of the year 2010 (which, with few exceptions, was the classic files with folders). Also had provided a place (in the agency) in where would the decoding take place. In some cases it took the team to help transferring files from the place that were kept to the place that would become the decoding. In some cases, employees of agencies were offered to fill the forms for some cases (eg. to speed up the process), but that request was not accepted as there was no provision in the study protocol and

also for practical reasons (since they had not trained properly). In some other cases, the person who was responsible believed that should not be read a very typical incident (in order to not be identified anyone that was involved, for example, or why considered unacceptable for the researchers to read the whole file). For cases that there was a considerable persistence, decoding was made in the form of a structured interview (which was not foreseen by the study protocol as well). Each researcher had with him a sufficient number of extracted forms (Part II), and began the process. Throughout the stay of the group to agencies and specifically at the places where the decoding was taken place, there was always at least one employee of the agency that was available for clarifications where were needed but the typical procedure (not to be lost any file or not to be kept information that might identified any of the people involved in a case). At the end of the day, or after the occurrence of each entity (which may last less than a day), the team was meeting in plenary session in order to have a little discharge session, to discuss any problems or difficulties encountered that might be related characteristics of a recording. Also at this meeting the completed forms per agency were archived, inform the public of progress monitoring file indexing operators (the list that was drawn in a previous phase), highlighting any observations arise from contact with their bodies. Finally, planning the distribution of researchers / three scheduled meetings on the following day. At the end of the day, or after the completion of each agency (which may lasted less than a day), the team was met in a plenary session in order to have a discharge session, to be discussed any problems or difficulties that were encountered and might be related to characteristics of a recording. Also at this meeting was filed the recorded extraction forms per agency, informed the common file of monitoring the process of decoding of agencies (the list which had been prepared in a previous phase), highlighting any observations that arise from contact with the agencies. Finally, planning the distribution of researchers to the scheduled appointments of the next day. Shortly before the completion of the process in the prefecture of Attica before the initiation in the prefecture of Crete, began the recording of data related cases were collected from agencies of Attica. Because the forms were pre-coded substantially there was not the need to mediate the encoding process. Regarding the open options, the "closing" and coding of responses became after recording. The recording was conducted with five researchers of the team while two times was made quality control of data by the method of double recording and comparison from a third person for any disputes between recorders, with the presence of the whole team for ensuring that there are not any misconceptions. On the first screening process were found several incorrect recordings and had to be made an extensive correction of the already recorded cases, while the second screening process were observed basically only some oversights. The recording continued at the same time with the collection and was completed in August 2012. The final screening was conducted to the full archive, which tested and the 956 variables for outliers or weak values by analysing frequencies. The analysis of results for purposes of the deliverable contract normally concerns descriptive statistics (frequencies and percentages) and it was based on a series of syntaxes prepared by the coordinator, which were used to analyze the data and for the 9 countries. The results presented in this report, which has also been written on the basis of prototype was prepared and was sent to all project partners in order to achieve uniformity in the reports of results among the nine countries.

Romania: Fieldwork was conducted in the second semester of school, year 2011, from February to May 2011. The research team included four field coordinators, each having 4 or 5 subordinate field operators (a total of 17 field operators) and together have to cover four counties. The exact period to conduct research for each team coordinator was established with its operators. The order for going to each countie was established by each team, depending on the program members, but all teams went for 3-5 days in each county to conduct the research, then turned back to Cluj for returning the completed questionnaires. For each county were contacted at first the Social Assistance and Child Protection directors from the sample (phone or email). In the first phase we applied Extraction Form Part A (Agencies), with the General Director (amounting to a total of 13 questionnaires) and after, the files were analyzed using Extraction Form Part B (CAN Cases). As mentioned previously, 288 cases of abuse cases were selected. Regarding selecting files only criteria to take into account was the child's age. Field operators worked in teams of two operators. At the end of each day of field work we had team meetings, the coordinator of field operators field discussed the events of that day, than questionnaires were checked and also offered supervision and support. Also, coordinators could contact the project manager throughout the movements necessary to obtain clarifications and supervision. Questionnaires were introduced by a field operator based on data prepared by the Institute of Child Health Department of Mental Health and

Social Welfare. After data entry was performed, they were verified by WP4 coordinator and a statistician. Data analysis was carried out by the coordinator of WP4 and will develop the national research report.

Serbia: The collection of data in 14 CSWs which entered the sample took place from April to November 2012. The directors of each of the 14 CSWs were informed about the start of the study by e-mail and telephone and a date for conducting the research in their centre was agreed. The researchers went to the Centre on the scheduled day and examined all the files of the CAN cases of children aged 10 to 16 with the assistance of one staff member appointed by the director of the Centre. Only the files of children aged 11, 13 and 16 years who were registered in the period from February 1, 2010 to February 28, 2011 were retained for further examination. The researcher read the file herself/himself and asked the staff member for clarification, if needed. That staff member also provided the needed information on the organization of the Centre. The data coding and analyzing were done strictly according to the methodology of the original project proposal which was agreed by all partner countries.

Turkey: Physical Conditions of Agencies After the eligible services were identified, the permissions were obtained, and the researchers were trained, the data collection process began in September 2011 in Behcet Uz Child Hospital in Izmir. In the child psychiatry department of this hospital, paper archive was used. Only one researcher, clinical psychologist, worked in data collection process. Cases were read in the room of where nurses and other personnel worked for hospital records. In the remaining three hospitals, Ege University, Dokuz Eylul University, and Tepecik Training Hospital, same procedures were applied. Paper archive was used and only two clinical psychologists have worked at most. Agencies were not physically available for working of more than two people in the related departments. In courts, both paper archive and electronic database are used for recording cases. However, for the purposes of this study, the researchers were allowed to use only electronic archive. Therefore, computer was required to conduct the study. Similar to hospitals, either one or at most two researchers have worked in courts of law due to limited space and computer availability.

CHAPTER C. CBSS RESULTS IN NINE BALKAN COUNTRIES

In the current report the incidence rates of CAN are illustrated per country along with information in regards to the agencies-sources of data for the CBSS. Moreover, further details are provided on incidence rates per individual form of CAN, substantiation of maltreatment and for the presence of a single or multiple form of abuse and the main characteristics of children-victims of CAN.

Other information, such as family- and household-related, perpetrators- and caregivers-related, services involvement (during the cases' investigation as well as referrals to services and services provided) is also available in the national BECAN WP4 Reports "Case-based Surveillance Study".

The analyses of the results were made with the Statistical Package for Social Sciences (SPSS).

C.1. CBSS Participating Agencies in nine Balkan Countries

Following the process described in part B.1.2 and given the situation in each individual country, a total of 911 organizations/child services were identified in the eligible geographical areas. Out of these agencies, 505 fulfilled the eligibility criteria set for the needs of the CBSS. Out of the eligible organizations that were invited to participate in the CBSS, finally 281 provided access to their archives. At this point it should be noted that in four out of the nine countries (where a more or less official CAN monitoring system is available) participating agencies were selected by sampling, reducing in this way the number of the eligible agencies that participated in the study and, on the other hand, reducing the human and financial resources needed for the conduction of the study. In the study's protocol, which was drafted at the beginning of the project, no such provision was included; instead, sampling was decided to be conducted by the partners of the respective countries during the implementation of the project. Given that the existing monitoring systems in these countries administrate all of the CAN cases, it is not expected by partners that the sampling will influence the results of the study. In Table C.1.1 the identified, eligible (or eligible that were selected by sampling), and finally participating organizations/services-data sources for the CBSS are presented below.

Table C.1.1. Organizations/Services that participated in the CBSS by providing access to their archives/databases per Country

	Country											
	AL ¹	B&H ²	BG ²	FYRoM ¹	GR ¹	HR ²	RO ²	RS ²	TR ¹	Total ¹	Total ²	Total
Total Agencies identified	46	43	33	37	418	118	47	153	16	547	361	911
Non Eligible	9	-	6	15	124	0	3	-	3	145	9	160
Eligible Agencies invited to provide data	31	43	27	28	294	37	16	16	13	366	139	505
Selected by sampling	No	Yes	Yes	No	No	Yes	Yes	Yes	No	4	5	9
Provided data	7	19	27	10	141	37	16	16	8	166	115	281
Non cooperated	15	-	-	5	153	-	-	-	5	178	0	178

¹ Countries not used sampling procedures

² Countries selected agencies by sampling procedures

As illustrated in Table C.1.1, almost 60% of the total agencies identified are located in countries without any CAN monitoring system. Moreover, almost 18% of the agencies evaluated as non-eligible according to the criteria set for the needs of the specific study were also located in these countries. On the other hand, the vast

majority of the agencies invited to provide data in the context of the CBSS were also located in countries having no CAN monitoring systems, namely Albania, FYRoM, Greece and Turkey (especially in Greece) and, as expected, most of the refusals concerned the same countries. For Bosnia and Herzegovina, Bulgaria, Croatia, Romania and Serbia, on the other hand, which have a more or less well-organized CAN monitoring system, none of the agencies invited to participate in the national CBSSs refused to cooperate, while the organizations which finally participated in the study constituted almost 30% of the total of the organizations at Balkan level.

Moreover, according to the data presented in Table C.1.2., the vast majority of the total participating agencies belongs to the sector of social welfare (more than 60%) and especially for the countries with existing CAN monitoring systems, this percentage reached 100%. On the other hand, for the rest of the countries more than 30% of the agencies are from the sectors of health and mental health, almost 1 out of 10 to the judicial sector and less than 5% to the sectors of public order (police) and education (and 1 independent authority in Greece). Therefore, the information for the CAN cases identified in the context of the national CBSS derives mainly from the social welfare sector. As for their mission, 79% of the participating agencies conduct activities related to primary prevention, more than 87% conduct activities in the field of secondary prevention, almost 65% work in the field of tertiary prevention, while more than 4 out of 10 also provide services related to legal support.

Concerning the geographical areas that the agencies cover, almost half of the organizations cover populations living in suburban areas (53,6%), 6 out 10 population living in urban areas, and ~75% population living in rural areas. Note: the categories are not mutually exclusive (e.g. one organization can provide services to both, urban and rural areas).

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

	Country									Total
	AL	B&H	BG	FYRoM	GR	HR	RO	RS	TR	
Total Agencies	7	19	27	10	141	37	13	14	8	276
Sector										
Health Sector	7	-	-	2	44	-	-	-	4	57
Social Welfare	1	19	24	8	120	37	13	14	-	236
Judicial Sector	7	-	-	0	10	-	-	-	4	21
Public Order/Police	3	-	3	0	1	-	-	-	-	7
Education/Independent Authorities	1	-	-	0	8	-	-	-	-	9
Mission										
Primary Prevention	6	18	26	8	103	37	11	14	-	223
Secondary Prevention/Support	7	18	18	8	134	37	0	14	-	236
Tertiary Prevention/Treatment	5	19	15	3	71	37	11	14	4	179
Legal Support	5	13	9	7	17	37	8	14	4	114
Geographic area										
Urban	6	19	12	10	56	34	13	14	8	172
Suburban	2	12	11	10	69	20	10	14	-	148
Rural	3	17	4	10	132	22	11	11	-	210
Routine Screening Policy										
No	1	2	19	4	125	4	4	14	8	181
Yes	6	13	1	6	16	33	9	-	-	84
Special CAN-training for personnel										
No	-	5	0	0	39	16	1	-	4	65
Yes, but not formal	-	8	3	8	75	18	1	-	-	113
Yes	7	5	24	2	27	3	11	14	4	97
Availability of CAN data										
No	-	3	1	7	37	-	2	-	6	56
Yes	7	15	26	3	104	37	13	14	2	221

It is of interest that in 65,6% of the organizations there is no screening policy; for countries (especially those having no CAN monitoring system), this percentage is much higher (in Turkey none of the agencies have a

CAN screening policy, even the hospitals, in Bulgaria only one agency out of the 27 has a CAN screening policy, in Greece the rate is ~1 out of the 10 agencies and in Serbia, which has a well-established CAN monitoring system none of the Centers for Social Work has a policy for screening for CAN. On the other hand, most of the collaborating agencies in Bosnia and Croatia responded that they have a routine screening policy for CAN.

Moreover, only 1 out of 3 professionals working in the participating agencies has formal training on issues related to child abuse and neglect, while 4 out of 10 of them have, according to the agencies, some kind of informal training (namely in the context of their daily work). One out of 5 have no kind of training on issues related to CAN, even though all of them are involved in the administration of CAN cases at some point. It is of note that in Serbia where no routine screening policy exists, all of the involved personnel are formally trained on issues related to CAN, while in other countries, such as Croatia where a CAN monitoring system is available, the vast majority of the related professionals are informally trained. Lastly, in countries such as Bulgaria, where neither a monitoring system exists nor a routine screening policy is adopted, the professionals working in the vast majority of the related organizations have formal training on CAN-related issues.

Last but not least, it is of note that in all countries the organizations maintain some sort of data related to the CAN cases they administrate; this is expected for countries with available CAN monitoring systems but not for the rest of the countries. In any case it is fortunate that all the organizations maintain files that would potentially be used as a basis for the improvement or even the establishment of CAN monitoring mechanisms, where no such mechanisms are available.

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

	Country									Total
	AL	B&H	BG	FYRoM	GR	HR	RO	RS	TR	
Total Agencies	7	19	27	10	141	37	13	14	8	276
Trained staff for recording cases										
<i>No</i>	1	5	-	8	45	16	1	-	4	80
<i>Yes</i>	6	8	24	2	42	18	10	14	4	128
<i>Yes, but not formal</i>	-	6	3		54	3	2	-	-	68
Specialties of staff who record CAN										
<i>Social Workers</i>	7	13	24	10	125	36	13	14	25	267
<i>Health Professionals</i>	1	1	-	2	32	-	-	-	25	61
<i>Mental Health Professionals</i>	-	11	-	5	102	33	-	-	-	151
<i>Education-related professional</i>	2	-	-	3	23	9	1	-	-	38
<i>Police officer</i>	-	-	3	0	1	1	-	-	-	5
<i>Judicial officer</i>	2	5	-	0	7	20	-	-	50	84
Type of archive										
<i>Paper archive</i>	7	18	27	10	137	37	13	14	6	269
<i>Electronic archive</i>	5	11	-	8	55	10	4	11	3	107
<i>Database</i>	2	-	-	No	34	8	11	4	4	63
Existence of recording form										
<i>No</i>	-	11	1	0	23	31	1	-	6	73
<i>Yes</i>	7	8	26	10	118	6	12	14	2	203
Type of cases recorded in the files										
<i>Reported CAN cases</i>	6	4	18	0	26	37	6	14	7	118
<i>Detected CAN cases</i>	5	3	20	0	20	37	6	14	1	106
<i>Mixed file (including non-CAN cases)</i>	6	17	23	10	131	37	11	14	-	249
Availability of text description										
<i>No</i>	-	0	1	0	14	-	0	-	-	15
<i>Yes</i>	6	16	25	10	127	37	13	14	8	256
Availability of further documentation										
<i>No</i>	-	3	1	0	21	-	0	-	-	25
<i>Yes</i>	5	12	26	10	120	37	13	14	8	245

All of the above mentioned information show that there is a notable variation in the situation of CAN monitoring among Balkan countries in terms of structures, policies, methodologies and resources. This variety could be of use in order to highlight the most effective practices but, on the other hand, the current situation hinders the comparison of the magnitude and characteristics of the problem among countries.

As for the archives from which the data for the CBSS were extracted (see Table C.1.3), in almost half of the agencies the recording was made by trained staff, in ~25% of agencies by informally trained staff, while –and this is of note- in 1 out of the 3 agencies the recording of data was made by non trained staff. In Serbia, where a CAN monitoring system is in place, all of the professionals who made the recording of data were trained. On the other hand, in FYRoM 80% of the professionals who recorded the data were not trained at all, while in the remaining countries, the level of the training of staff in recording CAN data ranged from 20% to 88,9%.

As for the specialties of staff responsible for the recording of data, in countries with available CAN monitoring systems (such as Serbia, Croatia and Romania) all of the professionals were exclusively Social Workers. In Greece, Croatia and Bosnia-Herzegovina, apart from the Social Workers, mental health professionals (such as psychologists) and in lower percentages health professionals, education-related professionals and justice-related professionals also recorded data (except for Turkey, where half of the agencies were criminal courts). Rarely, police officers were also involved in the recording of CAN data (actually only in Greece, Croatia and Bulgaria).

Apart from Turkey, in the rest of the countries all of the CBSS participating agencies maintain paper archives (folders per case or per family depending on the country). In addition to the paper-archives, electronic files are also available by mean at ~40% of the agencies (except for Bulgaria, where only paper archives were available) while in some countries there were also databases available (in ~85% of agencies in Romania, in 50% in Turkey, and less than 30% in the remaining countries, except for Bulgaria, FYRoM and Bosnia, where no databases were available).

Moreover, in Albania, Bulgaria, FYRoM, Greece, Romania and Serbia, specific recording forms are used (in ~84% to 100% of the agencies), while in Croatia in ~84% no specific form for CAN recording is used and the same is valid in to an extent for Turkey (75%), Bosnia-Herzegovina (~58%) and Greece (16%).

As for the content of the archives, in all countries apart from Turkey, the archives are mixed (including CAN and non-CAN cases) while the recorded cases are both, reported and detected. In Turkey, the archives of courts of law included mainly reported cases (at 87,5%).

Additionally, in the archives of almost all agencies in all countries a text description of the case is included (the respective percentages ranged from ~85% to 100%).

Lastly, in all countries more than 8 out of the 10 agencies reported that they keep further available documentation for CAN cases derived from services provided by other agencies (such as medical records). In Greece and Bosnia, however, ~15% of the agencies reported that they do not keep further documentation for the CAN cases they handle.

C.2. CAN incidence in nine Balkan Countries resulted by Case-Based Surveillance study

In Table C.2.1 below the incidence rates per form of CAN and gender is presented by country. The estimations were calculated on the basis of the available data for cases identified and collected during the CBSS from only part of the agencies handling CAN cases per country, which were selected either by sampling in countries with available CAN monitoring systems (Bosnia-Herzegovina, Croatia, Romania and Serbia, as mentioned above) or included the agencies that accepted the invitation to participate in the study out of the total eligible agencies identified (in Albania, Bulgaria, FYRoM, Greece and Turkey).

Table C.2.1. Child maltreatment incidence per form of CAN, gender and Country

		General population for selected areas*	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
AL	Male	43121 ¹	50	7	44	38	59	1,16	0,16	1,02	0,88	1,37
	Female	39098 ¹	39	21	43	36	61	1,00	0,54	1,10	0,92	1,56
	Overall	82219 ¹	89	28	87	74	120	1,08	0,34	1,06	0,90	1,46
B&H	Male	50419 ²	25	0	18	70	89	0,50	0,00	0,36	1,39	1,77
	Female	50419 ²	28	5	17	57	79	0,56	0,10	0,34	1,13	1,57
	Overall	100839 ²	53	5	35	127	168	0,53	0,05	0,35	1,26	1,67
BG	Male	Non available	26	3	16	13	50					
	Female	Non available	29	23	16	6	53					
	Overall	27292 ³	55	26	32	19	103	2,02	0,95	1,17	0,70	3,77
FYRoM	Male	19606 ⁴	17	12	28	23	41	0,87	0,61	1,43	1,17	2,09
	Female	18894 ⁴	36	60	69	37	92	0,34	1,69	1,52	0,67	2,19
	Overall	38500 ⁴	53	72	97	60	133	1,38	1,87	2,52	1,56	3,45
GR	Male	65378 ⁵	125	35	367	331	402	1,91	0,54	5,61	5,06	6,15
	Female	59845 ⁵	122	64	342	294	356	2,04	1,07	5,71	4,91	5,95
	Overall	125223 ⁵	247	99	709	625	758	1,97	0,79	5,66	4,99	6,05
HR	Male	68637 ⁶	28	0	99	9	116	1,30	0,00	4,60	0,42	6,32
	Female	68858 ⁶	34	2	110	11	120	1,57	0,09	5,10	0,51	7,26
	Overall	137495 ⁶	62	2	209	20	236	1,44	0,04	4,85	0,47	6,80
RO	Male	350693 ⁷	37	12	32	93	143	0,11	0,03	0,09	0,27	0,41
	Female	357768 ⁷	44	50	28	67	144	0,12	0,14	0,08	0,19	0,40
	Overall	708461 ⁷	81	62	60	160	287	0,11	0,09	0,08	0,23	0,41
RS	Male	52663 ⁸	46	13	58	40	103	0,87	0,25	1,10	0,76	1,96
	Female	49756 ⁸	36	30	51	38	96	0,72	0,60	1,03	0,76	1,93
	Overall	102419 ⁸	82	43	109	78	199	0,80	0,42	1,06	0,76	1,94
TR	Male	182350 ⁹	84	44	21	21	134	0,46	0,24	0,12	0,12	0,73
	Female	175490 ⁹	104	259	73	11	309	0,59	1,48	0,42	0,06	1,76
	Overall	357840 ⁹	188	303	94	32	443	0,53	0,85	0,26	0,09	1,24

¹ Source: [Albanian] National Statistics Authority, 2010.

² Since the Census in BiH has not been conducted since 1991, only rough estimates of the population of children aged 11, 13 and 16 years old are included in the table. Estimates are based on the number of primary and secondary school children in FBiH and RS in 2010. To get an estimate of the population of children aged 11 and 13, the total number of primary school children for each entity, was divided by eight because it was assumed that in each of the classes is equal to the number of children in the classroom, then multiplied by two (for two age groups in this population). And it was assumed that an equal number of boys and girls were in each grade. Sixteen year old population estimates are based on the total number of secondary school children in each of the entities and divided by four (four years of high school). And here it is assumed to be equal to the number of girls and boys in each grade. Data on the number of school-age population are based on data from the Federal Statistical Office and the Statistical Office of the Republic of Srpska in 2010.

³ Source: [Bulgarian] National Statistics Authority

⁴ Source: State Statistical Office of R.M

⁵ Source: Hellenic Statistics Authority, Physical Movement of Population 2010

⁶ The calculation concern data extrapolated to the estimated totality of the agencies

⁷ Source: [Romanian] National Statistics Authority

⁸ Source: [Serbian] National Statistics Authority

⁹ Source: Turkish Statistical Institute

Therefore, in any case, incidence rates presented in the table are by definition biased due to the selection process and underestimated, even in some cases (such as in Romania) higher than the official data provided by the respective system for the same year. Another issue that should be mentioned at this point is that the estimation of the general population is also calculated for some countries indirectly (such as in Bosnia-Herzegovina) due to the fact that the last national census took place 20 years ago.

Given these limitations, CAN incidence rates that were calculated regardless of the form of abuse are illustrated in Figure 1 below. Incidence rates range from 0,41 cases per 1000 children in Romania to 6,05 cases per 1000 children in Greece and 6,8 per 1000 children in Croatia. For the remaining countries, the rates for Bulgaria and FYRoM are 3,77⁰/₀₀ and 3,45⁰/₀₀ while for Serbia, Bosnia, Albania and Turkey from 1,94⁰/₀₀ to 1,24⁰/₀₀.

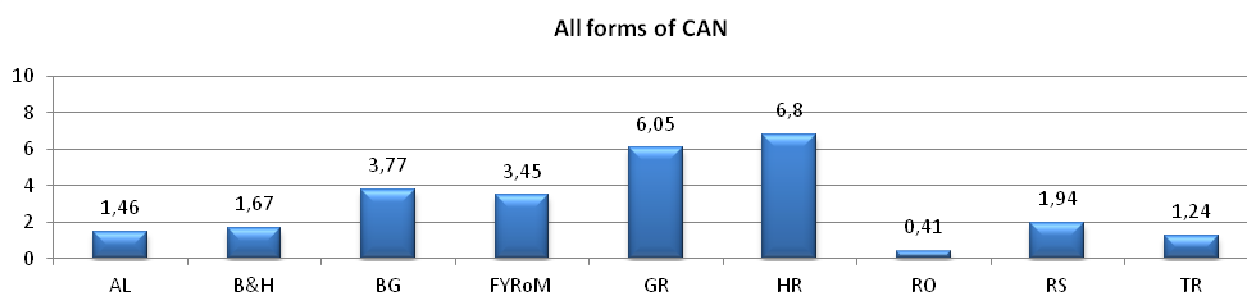


Figure 1. CAN incidence rate per country /1000 children

A general observation concerning these total CAN incidence rates is that they are higher for countries without CAN monitoring systems (such as Greece, Bulgaria, FYRoM) than in countries where some kind of CAN monitoring system is available (such as Romania and Serbia), except for Croatia. The rate for Turkey is actually also high enough, given that the vast majority of the cases recorded concern sexual abuse as the agencies that provided data were either courts of law or hospitals (and not social services).

A clearer picture of the components of the CAN incidence rates above can be gained from Figures 2a-d below, where incidence rates are illustrated per form of abuse for each country. To be noted is that given that in many cases multiple forms of violence concerned the same child, the rates of the individual forms of abuse cannot be added, as to an extent (depending on the single versus multiple forms of abuse per country) they overlap.

As for physical abuse, the incidence ranges from a minimum of 0,11⁰/₀₀ (Romania) to a maximum of 2,02⁰/₀₀ (Bulgaria). For countries with the convenience sample of agencies provided data the rate range from 1,08-2,02⁰/₀₀ (except for Turkey for reasons already mentioned above) while for countries who selected their agencies by sampling (given that they have some sort of a CAN monitoring system) the rates are lower and less than 1⁰/₀₀, ranging from 0,11-0,8⁰/₀₀, except for Croatia where the rate was 1,44⁰/₀₀. For sexual abuse, the trend is similar: countries with monitoring systems have lower rates; specifically for Croatia the rate was assessed at 0,04⁰/₀₀, for Bosnia-Herzegovina at 0,05⁰/₀₀, for Romania at 0,09⁰/₀₀, and for Serbia at 0,42⁰/₀₀. On the other hand, incidence rates for sexual abuse in the remaining countries range at higher levels, as for FYRoM the rate was assessed at 1,87⁰/₀₀, for Bulgaria 0,95⁰/₀₀, for Turkey 0,85⁰/₀₀, for Greece 0,79⁰/₀₀ and for Albania, the lowest among this group of countries, at 0,34⁰/₀₀. For psychological abuse, the rates in Greece and Croatia were calculated as significantly higher than the rest of the countries, justifying to an extent the difference in the total CAN incidence rates presented above, while for neglect the rate in Greece was also significantly higher than the rest of the countries (Figure 1). As for psychological abuse, this difference can be attributed to the type of information agencies in Greece include in their files (namely, for a child who has been sexually abused, a type of psychological abuse is also mentioned, and the same is valid for neglected children living in shelters and so on). Probably the same is valid for Croatia concerning psychological abuse cases. This obviously is not the case for other countries, such as in Romania and Bosnia-Herzegovina, where the incidence of sexual and physical abuse are higher than the incidence of psychological abuse.

As for the remaining countries, apart from Greece and Croatia, incidence for psychological abuse is higher than 1‰, except for Bosnia, Romania and Turkey, while the incidence of neglect in Bosnia and FYRoM is higher than 1‰, and in Albania, Bulgaria and Serbia it ranges from 0,05 to 1‰, whereas in Romania and Turkey it is less than 0,05‰.

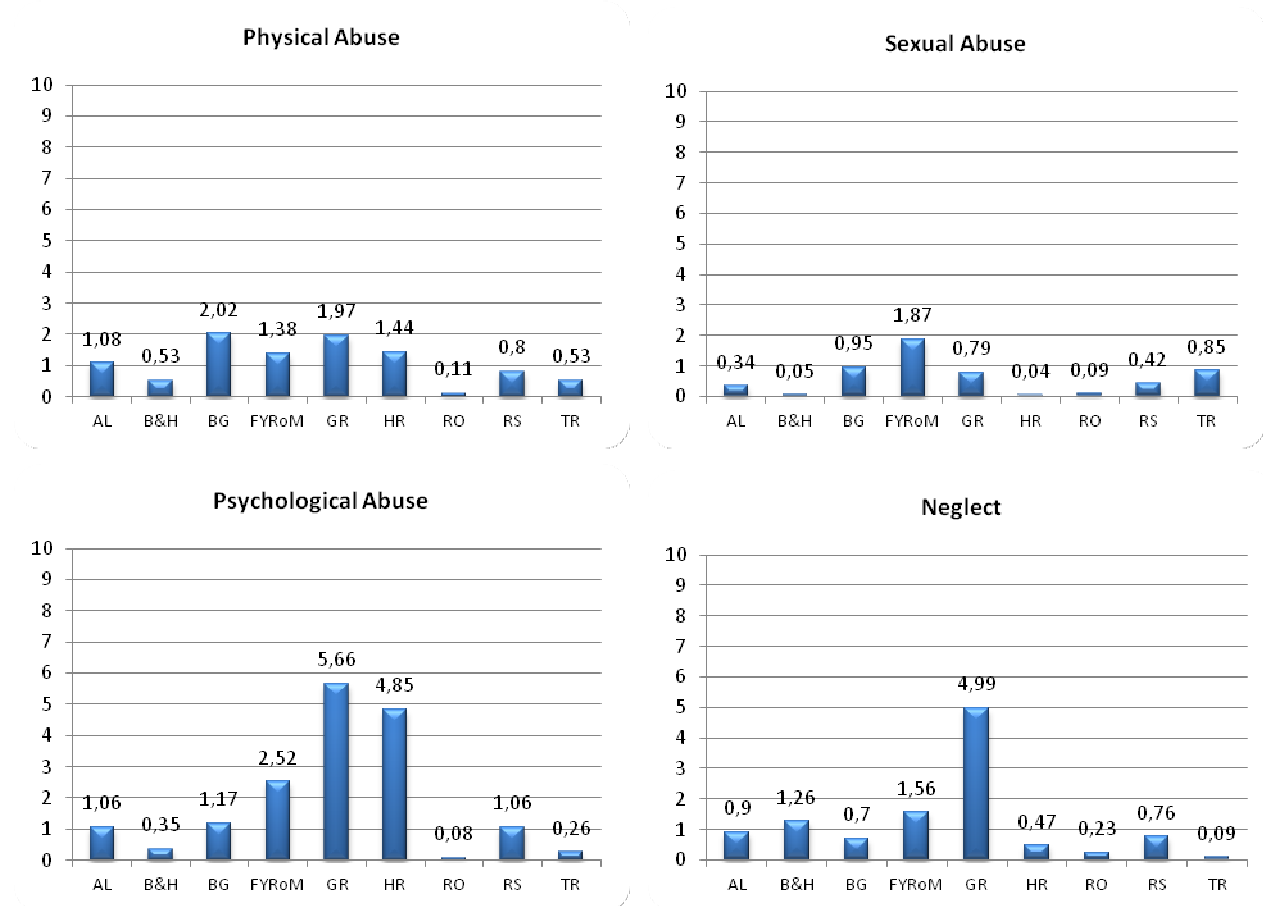


Figure 2a. Physical abuse, **b.** Sexual abuse, **c.** Psychological abuse and **d.** neglect incidence (‰) per country.

In figure 3 below, the rate of incidence of specific forms of abuse within each individual country is illustrated. Columns represent the total number of CAN cases identified and recorded in the context of the CBSS, regardless of the type of each individual case (single or multiple forms of abuse). Psychological abuse is the most frequent type of abuse in four out of the nine countries, followed by neglect and physical abuse (in two countries respectively). On the other hand, sexual abuse is the least frequent type of abuse in five out of the nine countries, while only in Turkey is it the most frequent type of abuse identified in the context of the CBSS (but this is due to the fact that the data is derived mainly from courts of law and hospitals). Moreover, physical abuse is the second most frequent type of abuse in five out of the nine countries. It is of note, as depicted in Picture 1, that the pattern of the forms of abuse is different for each of the nine countries.

Picture 1: Pattern of CAN per country (according to the incidence of each individual form of CAN)

Physical	Neglect	Physical	Psychological	Psychological	Psychological	Neglect	Psychological	Sexual
Psychological	Physical	Psychological	Sexual	Neglect	Physical	Physical	Physical	Physical
Neglect	Psychological	Sexual	Neglect	Physical	Neglect	Sexual	Neglect	Psychological
Sexual	Sexual	Neglect	Physical	Sexual	Sexual	Psychological	Sexual	Neglect
AL	B&H	BG	FYRoM	GR	HR	RO	RS	TR

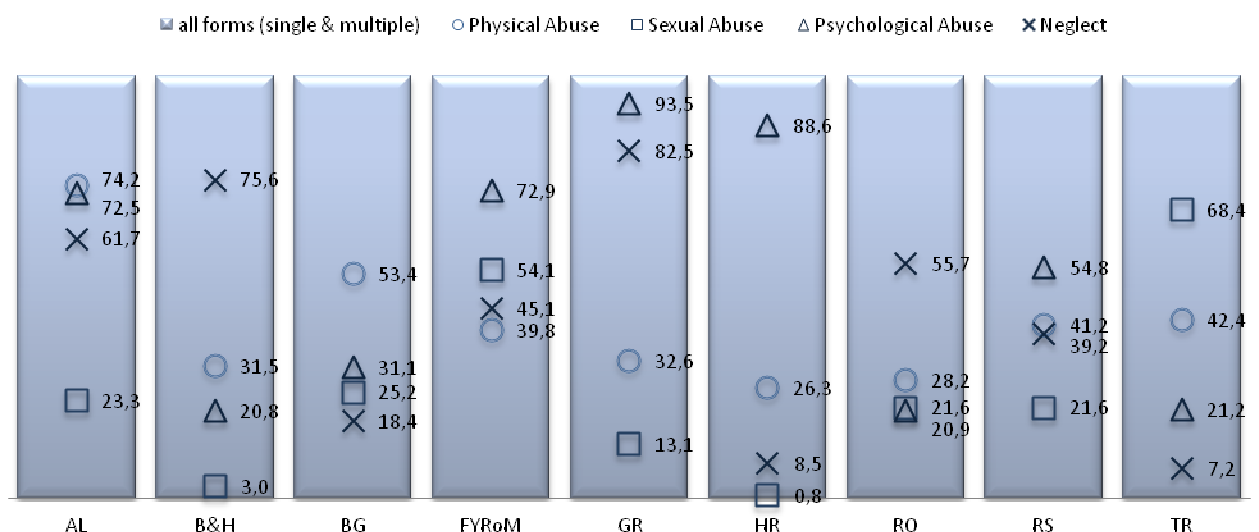


Figure 3. Rate of incidence of specific forms of abuse within each individual country (% of type of abuse among identified cases)

The total CAN incidence by gender for each of the nine countries is illustrated in Figure 4. In some of the countries, CAN seems to be more frequent among boys and in other countries more frequent among girls (even with small differences between genders). Specifically, in Albania, FYRoM, Croatia and Turkey, CAN incidence is higher among girls than boys. For Bosnia-Herzegovina, Greece, Romania and Serbia, CAN incidence is higher among boys than girls. The largest difference of incidence rates between gender was noted in Turkey, where CAN incidence for girls is more than twice the incidence of boys ($1,72^{0}_{00}$ vs $0,73^{0}_{00}$), while the smallest difference is observed in Romania, where CAN incidence rate for boys is $0,41^{0}_{00}$ vs $0,40^{0}_{00}$ for girls. For Bulgaria, the respective rates are not available as the information for the general population by gender in the specific areas for the year 2010 was not available.

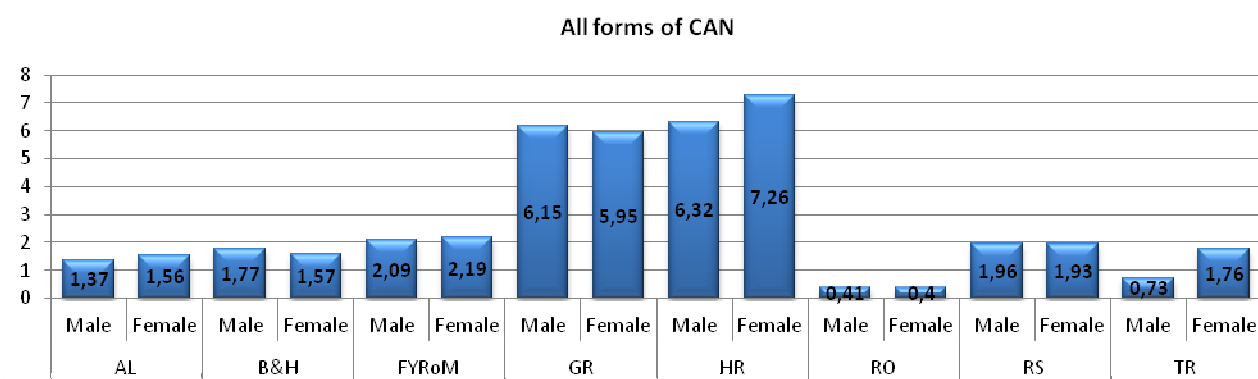


Figure 4: CAN incidence by gender per country

As for the incidence rates per country by gender for each individual form of abuse, they are illustrated in Figures 5a-d that follows.

Concerning physical abuse, incidence is higher among girls than boys in five out the 8 countries (Bosnia-Herzegovina, Greece, Croatia, Romania and Turkey), while physical abuse incidence is higher among boys than girls in Albania, FYRoM and Serbia. The smallest difference is observed in Romania ($0,11^{0}_{00}$ vs $0,12^{0}_{00}$ for boys and girls respectively), while the largest difference is noted in FYRoM (where incidence for boys is more than twice the respective incidence for girls). The highest incidence rate of physical abuse concerns girls in Greece ($2,04^{0}_{00}$), while the lowest concerns boys in Romania ($0,11^{0}_{00}$).

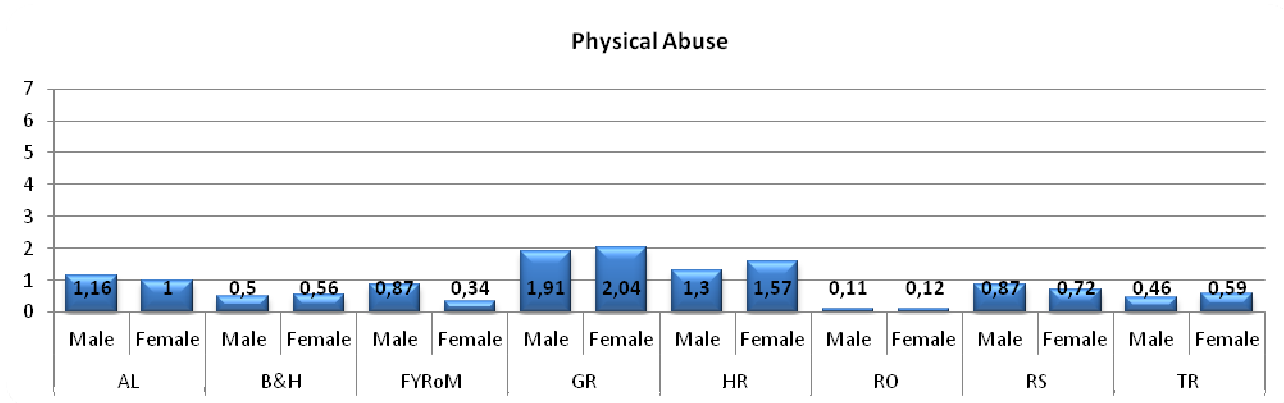


Figure 5a: Physical abuse incidence by gender per country

Regarding sexual abuse incidence rates in all countries (except Bulgaria where data are not available), incidence rates for girls are higher than those for boys. In two countries, Bosnia-Herzegovina and Croatia, incidence of sexual abuse among boys was zero. In the rest of the countries, sexual abuse among girls was estimated even three times higher than for boys. As for sexual abuse among girls, the highest rates were observed in FYRoM (1,69⁰/₀₀), followed by Turkey (1,48⁰/₀₀) and Greece (1,07⁰/₀₀) while the lowest rates concern Croatia (0,03⁰/₀₀), Bosnia-Herzegovina (0,1⁰/₀₀) and Romania (0,14⁰/₀₀) (see Figure 5b).

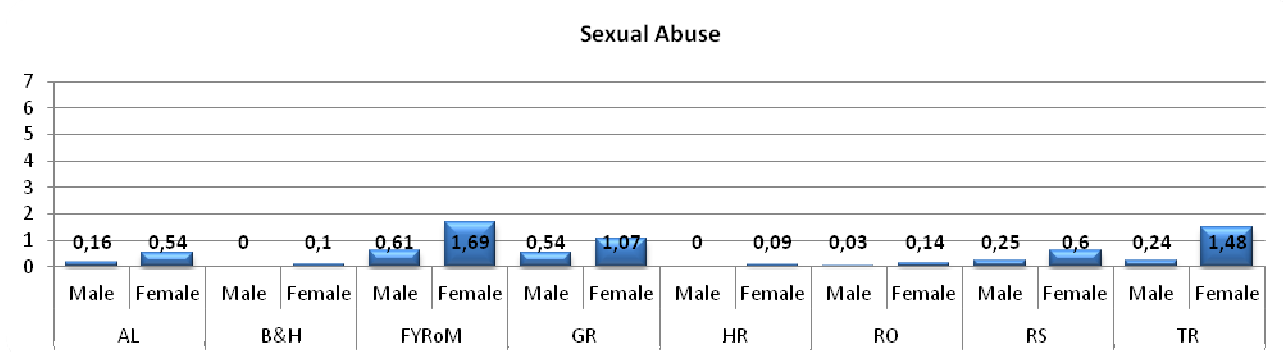


Figure 5b: Sexual abuse incidence by gender per country

Incidence rates for psychological abuse for both genders were higher in Greece and Croatia than the remaining countries, while the rate for girls was higher than the respective rate for boys. In Albania, FYRoM and Turkey, incidence rates of psychological abuse were also higher among girls than boys and range from 0,42⁰/₀₀ in Turkey to 1,52⁰/₀₀ in FYRoM. In Bosnia-Herzegovina, Romania and Serbia, incidence rates of psychological abuse were higher among boys but the difference with the respective rates of the girls were low enough.

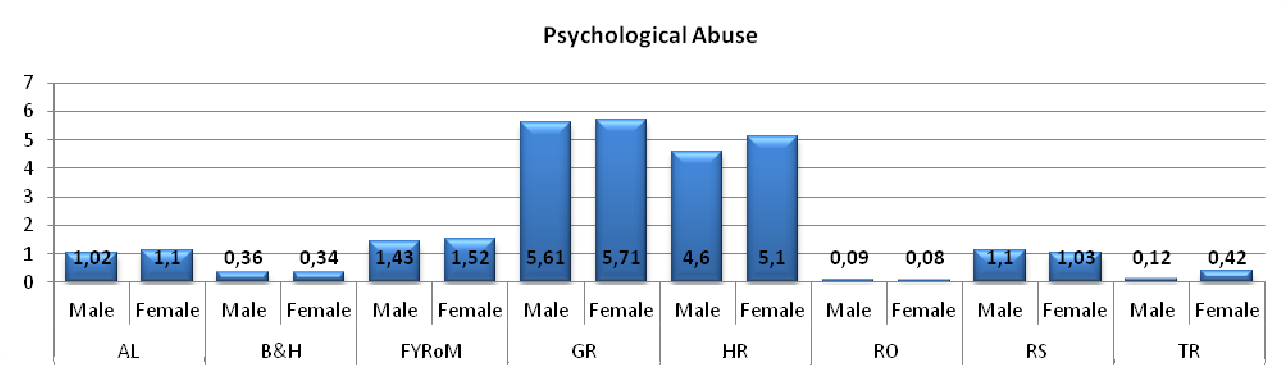


Figure 5c: Psychological abuse incidence by gender per country

Regarding neglect, neglect incidence rates in Greece for both genders were once again higher than the rest of the countries, with boys having a higher rate than girls. In Bosnia-Herzegovina, FYRoM, Romania and Turkey, neglect incidence was also higher for boys than girls, while in Albania and Croatia the opposite is observed. In Serbia, the incidence rate of neglect was almost identical between boys and girls. The lowest rate of neglect concerns girls in Turkey (but this is probably due to the nature of the source of the data), Romania and Croatia, while for Bosnia-Herzegovina and FYRoM (boys) are higher than 1‰.

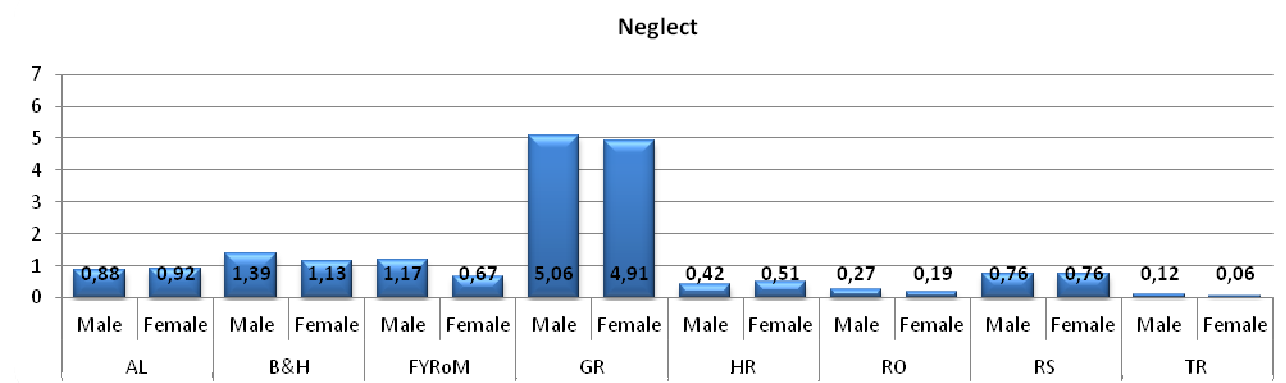


Figure 5d: Neglect incidence by gender per country

Table C.2.2 illustrates the status of CAN substantiation per country and form of maltreatment. It is noted at this point that the status of substantiation is based on the evaluation made by the agencies that provided the data and not necessary on any kind of judicial or other similar decisions and documentation.

Three different levels of substantiation were used: at the first level, abuse was considered by the agency as substantiated, at the second level as indicated (as they were not still sure whether the abuse had happened or not) and at the third level the abuse was characterized as unsubstantiated on the basis of the results of a type of investigation made by the agency. Moreover, for a number of cases there was no decision as the investigation by the agency was ongoing at the time of recording.

From Figure 6 it is observed that the rate of substantiated cases vary among countries for all individual forms of abuse. Specifically, in Serbia almost all forms of abuse recorded in the context of the CBSS concern substantiated cases. In Bulgaria and Croatia, less than 60% of the cases were characterized as substantiated, regardless of the specific form of maltreatment. In Turkey, Romania and FYRoM, more than half of the cases (regardless of the form of abuse) were substantiated, while in Albania and Greece the percentage of substantiated cases ranged from ~40% to ~90%. As for the forms of abuse, neglect cases were by mean more frequently substantiated, followed by psychological abuse, physical abuse and lastly sexual abuse (where the substantiated cases were less than 60%). Moreover, sexual abuse was the least substantiated form of abuse in six out of the nine countries, while for the remaining three countries it ranked third place among the four forms of CAN.

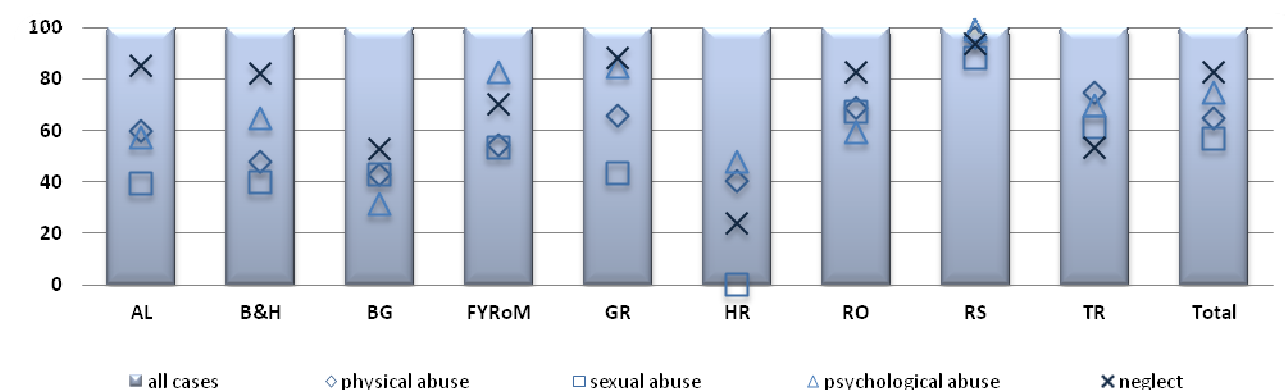


Figure 6: % of substantiated cases by form of maltreatment by country

Table C.2.2. Status of CAN's substantiation per form of maltreatment and per Country (for the year 2010)

	No of Cases**	Status of Substantiation									
		Substantiated		Indicated		Unsubstantiated		Ongoing		Unspecified	
		f	%	f	%	f	%	f	%	f	%
AL-Total	120										
Physical abuse	89	53	59,6	19	21,3	16	18,0	0	0,0	1	1,1
Sexual abuse	28	11	39,3	11	39,3	3	10,7	0	0,0	3	10,7
Psycholog. Abuse	87	50	57,5	23	26,4	5	5,7	0	0,0	9	10,3
Neglect	74	63	85,1	4	5,4	4	5,4	0	0,0	3	4,1
B&H-Total	168										
Physical abuse	52	25	48,1	16	30,8	4	7,7	5	9,6	2	3,8
Sexual abuse	5	2	40,0	2	40,0	1	20,0	0	0,0	0	0,0
Psycholog. Abuse	34	22	64,7	8	23,5	1	2,9	3	8,8	0	0,0
Neglect	118	97	82,2	17	14,4	2	1,7	2	1,7	0	0,0
BG-Total	103										
Physical abuse	63	27	42,9	19	30,2	15	23,8	2	3,2	0	0,0
Sexual abuse	21	9	42,9	5	23,8	5	23,8	0	0,0	2	9,5
Psycholog. Abuse	32	10	31,3	10	31,3	4	12,5	6	18,8	2	6,3
Neglect	19	10	52,6	3	15,8	2	10,5	2	10,5	2	10,5
FYRoM-Total	133										
Physical abuse	66	36	54,5	15	22,7	10	15,2	1	1,5	4	6,1
Sexual abuse	75	40	53,3	21	28,0	4	5,3	3	4,0	7	9,3
Psycholog. Abuse	104	86	82,7	11	10,6	4	3,8	0	0,0	3	2,9
Neglect	88	62	70,5	3	3,4	12	13,6	0	0,0	11	12,5
GR-Total	758										
Physical abuse	247	162	65,6	50	20,2	2	0,8	28	11,3	5	2,0
Sexual abuse	99	43	43,4	38	38,4	0	0,0	14	14,1	4	4,0
Psycholog. Abuse	709	600	84,6	47	6,6	4	0,6	56	7,9	2	0,3
Neglect	625	551	88,2	23	3,7	2	0,3	46	7,4	3	0,5
HR-Total	236										
Physical abuse	67	27	40,3	25	37,3	4	6,0	7	10,4	4	6,0
Sexual abuse	14	0	0,0	5	35,7	0	0,0	0	0,0	9	64,3
Psycholog. Abuse	203	97	47,8	68	33,5	9	4,4	25	12,3	4	2,0
Neglect	29	7	24,1	9	31,0	4	13,8	1	3,4	8	27,6
RO-Total	371										
Physical abuse	80	55	68,8	15	18,8	8	10,0	1	1,3	1	1,3
Sexual abuse	58	39	67,2	8	13,8	5	8,6	6	10,3	0	0,0
Psycholog. Abuse	59	35	59,3	18	30,5	3	5,1	1	1,7	2	3,4
Neglect	161	133	82,6	16	9,9	6	3,7	1	0,6	5	3,1
RS-Total***	199										
Physical abuse	82	79	96,3	3	3,7	0	0,0	0	0,0	0	0,0
Sexual abuse	43	38	88,4	4	9,3	0	0,0	1	2,3	0	0,0
Psycholog. Abuse	109	108	99,1	1	0,9	0	0,0	0	0,0	0	0,0
Neglect	78	73	93,6	1	1,3	4	5,1	0	0,0	0	0,0
TR-Total	443										
Physical abuse	187	140	74,9	4	2,1	25	13,4	16	8,6	2	1,1
Sexual abuse	300	184	61,3	6	2,0	45	15,0	62	20,7	3	1,0
Psycholog. Abuse	93	65	69,9	5	5,4	14	15,1	8	8,6	1	1,1
Neglect	32	17	53,1	5	15,6	9	28,1	0	0,0	1	3,1
BALKAN-Total	2531										
Physical abuse	933	604	64,7	166	17,8	84	9,0	60	6,4	19	2,0
Sexual abuse	643	366	56,9	100	15,6	63	9,8	86	13,4	28	4,4
Psycholog. Abuse	1430	1073	75,0	191	13,4	44	3,1	99	6,9	23	1,6
Neglect	1224	1013	82,8	81	6,6	45	3,7	52	4,2	33	2,7

*According to the Agencies that provided information for maltreatment

** In many cases multiple forms of CAN were identified; therefore, sum of CAN's forms is higher than the number of cases

*** Age group: 11-15 years old

In Figures 7a-d below, the percentages of substantiated, indicated, unsubstantiated, ongoing and unspecified cases per form of abuse by country are illustrated, sorted mainly on the basis of substantiated cases.

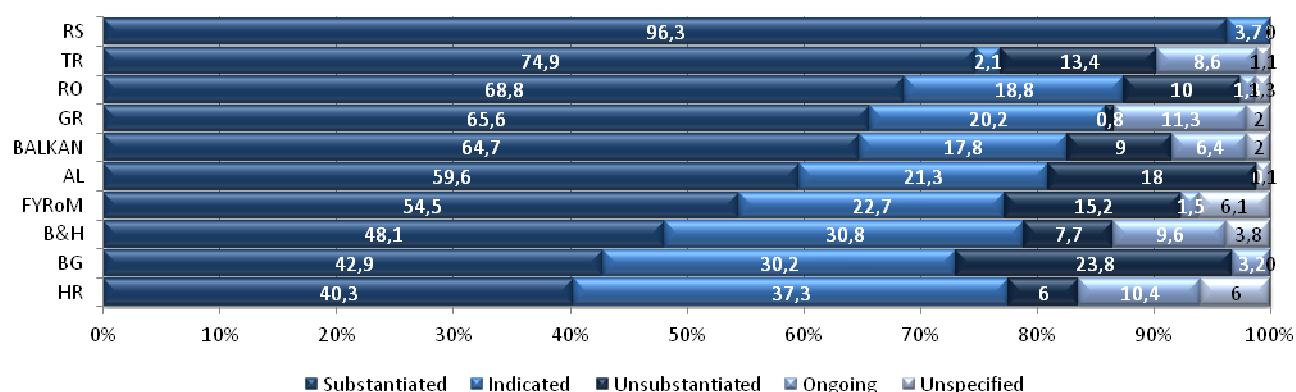


Figure 7a. % of substantiation level for the total physical abuse cases

Concerning physical abuse, cases identified in Serbia are more than 95% substantiated, followed by Turkey, where almost 3 out of 4 physical abuse cases are substantiated and the remaining are unsubstantiated. In Croatia and Bulgaria ~4 out of 10 physical abuse cases are substantiated, 3-4 out of 10 cases are indicated (and therefore the investigation has not reached a definite result) while the rest of the cases in Bulgaria are unsubstantiated, whereas in Croatia cases are mainly either ongoing or unspecified.

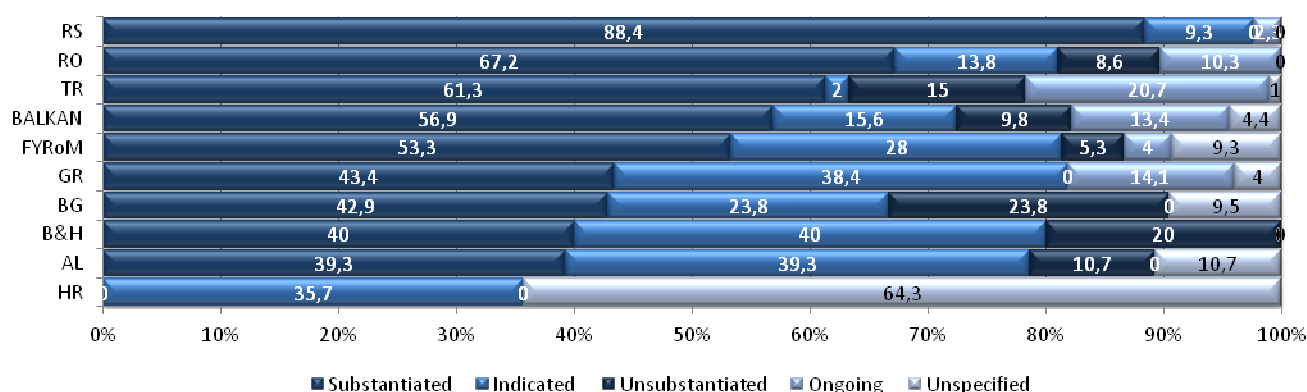


Figure 7b. % of substantiation level for the total sexual abuse cases

The picture is similar for sexual abuse cases: in Serbia, almost 90% of the sexual abuse cases are substantiated, followed by Romania and Turkey, where almost 7 and 6 out of 10 cases respectively are substantiated. The percentages of substantiated cases in the remaining countries range from ~40% to 50%. In countries having no CAN monitoring system the substantiated cases are lower than in countries having monitoring systems except for Croatia, where none of the sexual abuse cases were characterized as substantiated (to be noted, however, that the sexual abuse cases in Croatia were less than 15) and for Turkey where the cases were mainly sexual abuse and extracted from the archives of courts of law (and therefore, due to the investigation process in the context of the criminal justice system, the substantiation rate was higher than in other countries with similar characteristics such as Greece, where the data were mainly extracted from files of Social Services).

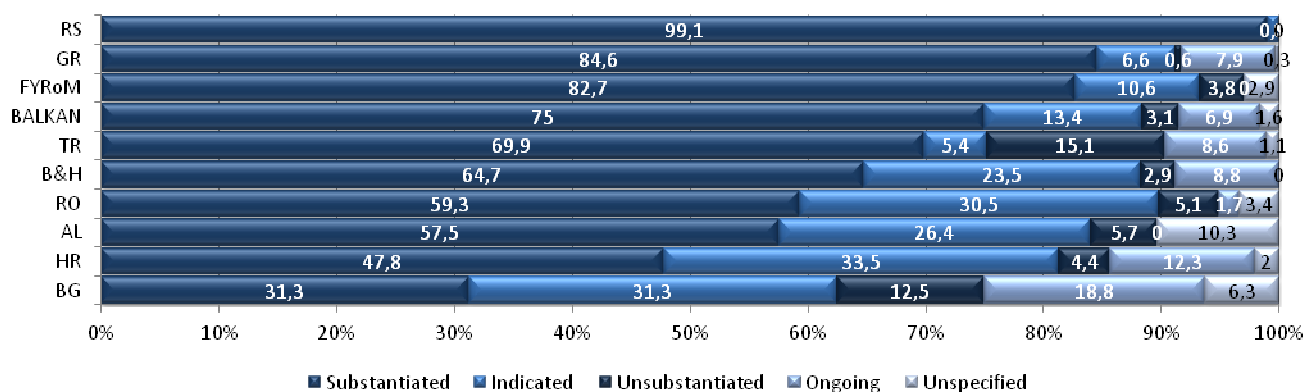


Figure 7c. % of substantiation level for the total psychological abuse cases

As for psychological abuse cases, it seems that the decision of the services is more clearer, as from 6 out of 9 countries the substantiated cases are almost 7 out of 10.

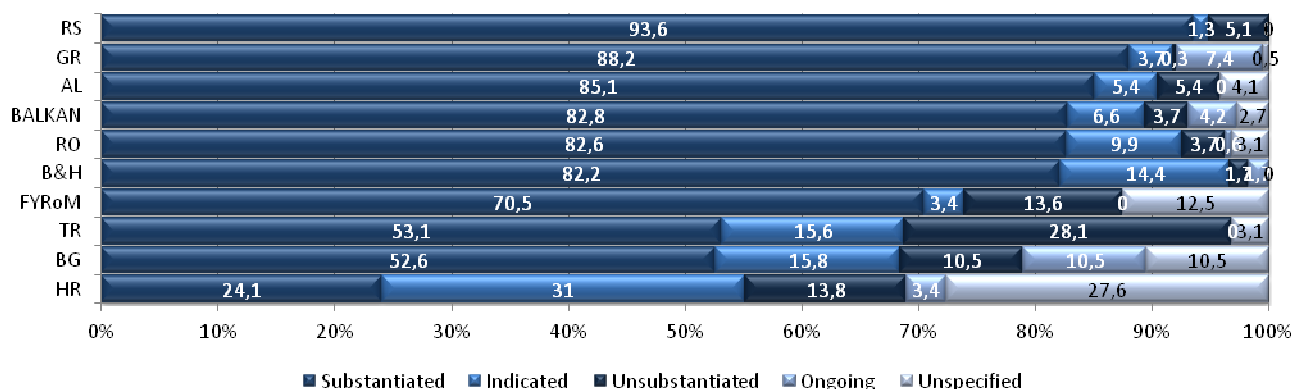


Figure 7d. % of substantiation level for the total neglect cases

Lastly, concerning neglect cases, in 6 out of the 9 countries the substantiated cases are more than 7 out of 10 and for two countries more than half of the cases. This is probably due to the nature of the vast majority of participating agencies in the CBSS, namely Social Services, which are more familiar with issues related to psychological abuse and neglect than physical and/or sexual abuse. Once again the picture is quite different in regards to Croatia, where only 1 out of 4 cases of neglect is characterized as substantiated by the services who administrate the cases. This different trend of Croatian data could probably be attributed to the fact that the CAN cases are recorded in the Centers of Social Services (family- and/or perpetrator-oriented records rather than maltreated-child oriented records).

As already mentioned above, the status of substantiation measured in the context of the CBSS was based on the evaluation made by the agencies that provided the data and/or other agencies that were involved in the assessment of substantiation (and finally either confirmed the maltreatment or not) and not necessarily on judicial decisions or other similar documentation (even though such cases are also included in the study).

In Table C.2.3, the identity of agencies involved in assessment of CAN cases' substantiation per country is illustrated. A first observation is that in all countries, agencies that finally confirmed the maltreatment are less than those that were initially involved in the assessment of case substantiation. To an extent, this is due to the fact that a number of cases during data collection were still ongoing and therefore no decision concerning substantiation was made at the time.

Table C.2.3 Agencies involved in assessment of CAN cases' substantiation per country

	Country								
	AL	B&H	BG	FYRoM	GR	HR	RO	RS	TR
No of cases	120	168	103	146	758	236	287	199	443
Case assessment of allegation									
Unspecified	3,3	2,4	1,0	0,8	0,9	0,5	0,7	0,5	0,0
Medical /Health services	25,8	14,9	32,0	29,3	24,1	1,3	19,2	20,6	34,3
Mental Health services	9,2	1,2	1,9	24,8	43,1	0,5	0,7	3,0	20,1
Education services	26,7	26,2	33,0	15,0	18,3	1,2	7,0	11,1	0,0
Social services	90,0	89,3	76,7	82,7	52,6	18,6	93,0	93,5	0,5
Police services	28,3	37,5	67,0	50,4	16,0	23,7	36,6	48,7	2,9
Legal/Judicial services	19,2	6,0	19,4	33,8	42,5	4,5	10,8	21,1	87,4
Maltreatment confirmation									
Unspecified	37,5	8,9	24,3	3,0	12,8	9,1	7,0	0,5	0,0
Medical /Health services	21,7	13,1	26,2	26,3	21,8	0,7	18,8	19,6	33,4
Mental Health services	6,7	0,6	24,3	24,8	36,9	0,1	1,4	3,5	19,0
Education services	20,0	21,4	13,6	7,5	14,6	0,7	3,8	7,0	0,0
Social services	50,8	83,3	46,6	75,2	49,2	11,3	83,6	98,0	0,2
Police services	30,0	25,6	38,8	45,9	11,7	11,1	21,3	43,2	0,5
Legal/Judicial services	13,3	2,4	15,5	31,6	29,2	8,6	10,1	22,1	70,2

A second observation concerning all countries apart from Turkey and Croatia, is that the involved agencies in the assessment of case substantiation were mainly Social Services, followed by police services and justice-related services. Medical/health/mental health services as well as education-related services were also involved but at a lower extent.

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

If Figure 8, the percentages of cases with single vs. multiple forms of maltreatment identified and collected in each participating country in the context of the CBSS are illustrated. On average, at Balkan level, half of the identified CAN cases concerned a single form of abuse and the other half concerned more than one form of maltreatment. The Balkan distribution between cases with single and multiple forms of abuse is similar to Serbian. In Romania, Croatia, Bulgaria, Bosnia-Herzegovina and Turkey, cases with single forms of abuse are more than those with multiple forms of abuse and the rate single/multiple abuse ranges from ~80%-20% (Romania) to 65%-35% (Turkey). In three countries, however, the cases with multiple forms of abuse were by far more than those with single forms of abuse. Namely, in Greece in more than 8 out of 10 cases multiple forms of abuse were recorded, in FYRoM in ~75% of the cases and in Albania in ~73% of the cases. There is a trend for countries with CAN monitoring systems to record mainly single forms of abuse (with the exception of Serbia, where the cases are equally distributed) and for countries without a monitoring system there is a trend to record mainly multiple forms of abuse (except for Bulgaria).

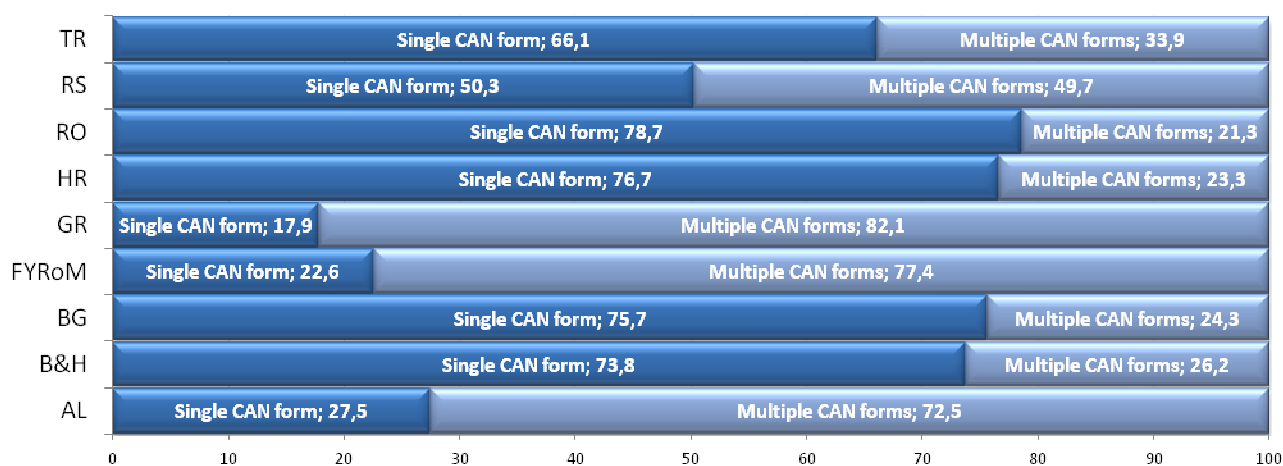


Figure 8. Single vs. Multiple forms of maltreatment per country

As for the gender of the children, on average (at Balkan level), cases of boys' maltreatment concerned more frequently a single form of abuse, while cases of girls' maltreatment frequently involved more than one form of CAN. The same pattern is also valid for Greece, FYRoM, Serbia, Turkey, Bosnia-Herzegovina, Croatia and Romania, while the pattern is reversed for Albania and Bulgaria.

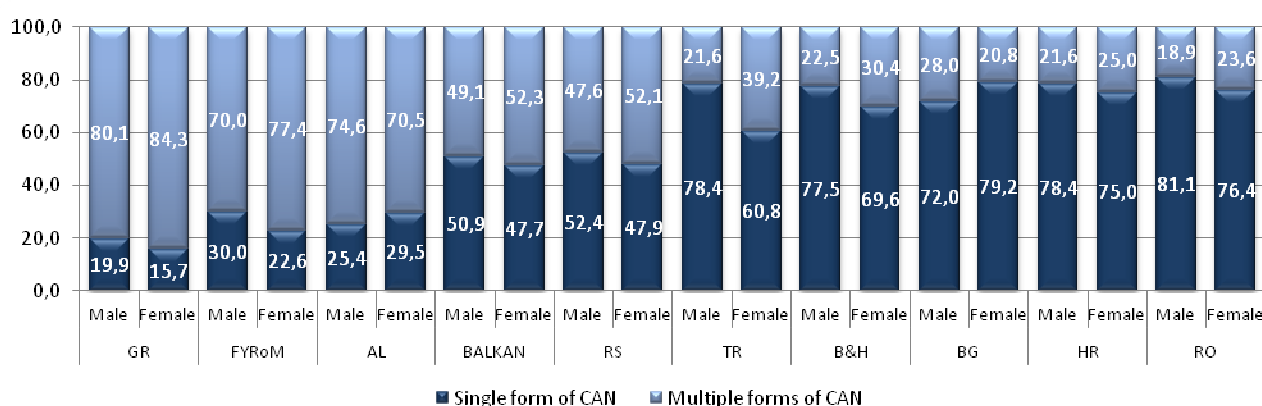


Figure 9. Single vs. Multiple forms of maltreatment by gender per country

In Table C.2.1.1 the percentages of cases with single vs. multiple forms of abuse, as well as the frequencies of the individual forms of abuse are also illustrated by gender for each individual country.

Table C.2.1.1 Single versus Multiple Forms of abuse per gender and Country

		Total CAN cases		Single vs. Multiple CAN				Individual forms of CAN							
				Single form		Multiple forms		Physical abuse		Sexual abuse		Psychol. abuse		Neglect	
AL	Male	59	49,2	15	45,5	44	50,6	50	56,2	7	25,0	44	50,6	38	51,4
	Female	61	50,8	18	54,5	43	49,4	39	43,8	21	75,0	43	49,4	36	48,6
	Overall	120	100,0	33	100,0	87	100,0	89	100,0	28	100,0	87	100,0	74	100,0
B&H	Male	89	53,0	69	55,6	20	45,5	25	47,2	0	0,0	18	51,4	70	55,1
	Female	79	47,0	55	44,4	24	54,5	28	52,8	5	100,0	17	48,6	57	44,9
	Overall	168	100,0	124	100,0	44	100,0	53	100,0	5	100,0	35	100,0	127	100,0
BG	Male	50	48,5	36	46,2	14	56,0	35	55,6	3	14,3	16	50,0	13	68,4
	Female	53	51,5	42	53,8	11	44,0	28	44,4	18	85,7	16	50,0	6	31,6
	Overall	103	100,0	78	100,0	25	100,0	63	100,0	21	100,0	32	100,0	19	100,0
FYRoM	Male	40	30,1	12	36,4	28	28,0	18	33,3	12	16,7	28	28,9	23	38,3
	Female	93	69,9	21	63,6	72	72,0	36	66,7	60	83,3	69	71,1	37	61,7
	Overall	133	100,0	33	100,0	100	100,0	54	100,0	72	100,0	97	100,0	60	100,0
GR	Male	402	53,0	80	58,8	322	51,8	125	50,6	35	35,4	367	51,8	331	53,0
	Female	356	47,0	56	41,2	300	48,2	122	49,4	64	64,6	342	48,2	294	47,0
	Overall	758	100,0	136	100,0	622	100,0	247	100,0	99	100,0	709	100,0	625	100,0
HR	Male	116	49,2	91	50,3	25	45,5	28	45,2	0	0,0	99	47,4	9	45,0
	Female	120	50,8	90	49,7	30	54,5	34	54,8	2	100,0	110	52,6	11	55,0
	Overall	236	100,0	181	100,0	55	100,0	62	100,0	2	100,0	209	100,0	20	100,0
RO	Male	143	49,8	116	51,6	27	44,3	37	45,7	12	19,4	32	53,3	93	58,1
	Female	144	50,2	109	48,4	34	55,7	44	54,3	50	80,6	28	46,7	67	41,9
	Overall	287	100,0	225	100,0	61	100,0	81	100,0	62	100,0	60	100,0	160	100,0
RS	Male	103	51,8	54	54,0	49	49,5	46	56,1	13	30,2	58	53,2	40	51,3
	Female	96	48,2	46	46,0	50	50,5	36	43,9	30	69,8	51	46,8	38	48,7
	Overall	199	100,0	100	100,0	99	100,0	82	100,0	43	100,0	109	100,0	78	100,0
TR	Male	134	30,2	105	35,8	29	19,3	84	44,7	44	14,5	21	22,3	21	65,6
	Female	309	69,8	188	64,2	121	80,7	104	55,3	259	85,5	73	77,7	11	34,4
	Overall	443	100,0	293	100,0	150	100,0	188	100,0	303	100,0	94	100,0	32	100,0
BALKAN	Male	1136	46,4	578	48,0	558	44,9	448	48,7	126	19,8	683	47,7	638	53,4
	Female	1311	53,6	625	52,0	685	55,1	471	51,3	509	80,2	749	52,3	557	46,6
	Overall	2447	100,0	1203	100,0	1243	100,0	919	100,0	635	100,0	1432	100,0	1195	100,0

* Age group: 11-15

Regarding the specific forms of CAN and specific sub-types of each individual form, the related data are illustrated in Table C.2.1.2 for physical abuse and Tables C.2.1.3-5 and Figures 10.a-c for sexual and psychological abuse and neglect respectively.

As for physical abuse, the availability of information ranges from 100% in Serbia to ~50% in Greece. Spanking seems to be the most common type of physical abuse recorded in the archives of the agencies, followed by slapping and beating, kicking/pushing and throwing. As for the existence of injuries due to physical abuse, information is on average available for less than half of the cases (ranging from 1 out of 5 cases in Greece to almost 100% in Serbia).

Table C.2.1.2 Physical abuse (n=923): Specific types of physical abuse, injuries sustained and severity of injuries per Country (for the year 2010)

	Country								
	AL	B&H	BG	FYRoM	GR	HR	RO	RS	TR
Total CAN cases identified	120	168	103	133	758	236	287	199	443
Total Physical Abuse cases identified	89	53	63	57	247	63	81	82	188
Type of physical abuse-Unspecified	4,5	13,2	4,8	24,6	45,3	12,2	30,9	-	2,1
Type of physical abuse-Specified	95,5	86,8	95,2	75,4	54,7	30,5	65,4	100	97,9
Spanking	38,2	7,5	9,5	49,1	27,1	1,7	5,0	40,2	-
Slapping/Beating	73,0	54,7	47,6	59,6	25,1	19,4	37,0	82,9	53,7
"Beat-up"	56,2	7,5	15,9	1,8	19,0	-	17,3	18,3	-
Pushing/Kicking/Throwing	82,0	45,3	12,7	56,1	13,4	6,1	16,0	31,7	25,5
Hitting with an object	47,2	13,2	12,7	7,0	10,9	3,3	19,8	17,1	11,7
Grabbing/Shaking	43,8	13,2	17,5	38,6	9,7	1,1	8,6	28,0	14,4
Hitting on head	57,3	39,6	17,5	28,1	8,5	6,7	16,1	63,4	14,4
Hair pulling	27,0	1,9	4,8	22,8	5,7	2,8	8,6	3,7	6,9
Twisting ears	33,7	-	1,6	10,5	4,9	1,7	6,2	1,2	1,6
Locking up	18,0	3,8	-	10,5	4,9	0,6	3,7	3,7	6,4
Forcing to hold painful position	18,0	11,3	-	0,0	4,5	-	-	3,7	-
Pinching	6,7	-	1,6	8,8	3,2	-	2,5	-	0,5
Threatening with a knife or gun	10,1	9,4	-	12,3	2,4	0,6	2,5	3,7	8,5
Burning/Scalding	4,5	-	-	-	2,0	0,6	-	4,9	1,1
Tying up or tying to something	11,2	3,8	3,2	7,0	2,0	-	2,5	2,4	1,1
Choking/Smothering/Squeezing Neck	5,6	1,9	4,8	-	0,8	2,2	-	6,1	4,8
Stabbing/Shooting	3,4	1,9	1,6	3,5	0,8	-	1,2	-	3,7
Biting	6,7	-	-	-	0,4	-	-	-	-
Forcing Spicy Foods	1,1	-	1,6	-	0,4	-	1,2	2,4	-
Severity of Injury- Unspecified	31,5	35,8	7,9	40,4	81,4	23,9	40,7	1,2	5,3
Severity of Injury- Specified	57,3	32,1	36,5	59,6	18,6	5,6	50,6	46,3	31,4
No Injury	11,2	17,0	54,0	3,5	4,9	5,6	3,7	52,4	31,9
Minor	7,9	18,9	31,7	45,6	15,4	5,0	16,1	42,7	26,1
Moderate	33,7	7,5	4,8	12,3	5,7	0,6	21,0	3,7	4,3
Severe	29,2	5,7	-	7,0	3,2	-	2,5	1,2	0,5
Life threatening	5,6	-	-	-	0,8	-	2,5	-	0,5
Nature of Injury- Unspecified	36,7	63,6	13,8	41,8	86,0	84,9	53,9	2,6	53,9
Nature of Injury- Specified	63,3	36,4	86,2	58,2	14,0	15,1	46,2	97,4	46,1
Bruise	46,1	22,6	19,0	56,1	10,1	2,8	30,9	46,3	20,7
Cute/Bite/Open wound	27,0	7,5	4,8	10,5	2,0	0,6	8,6	13,4	15,4
Burn	3,4	-	-	-	2,0	0,6	1,2	1,2	0,5
Fracture	9,0	3,8	3,2	-	1,6	0,6	1,2	1,2	1,6
Organs system injury	3,4	-	-	5,3	1,6	-	2,5	-	4,3
Concussion	2,2	-	4,8	-	1,2	-	-	-	-
Sprain/Strain	12,4	-	-	-	-	-	-	3,7	0,5

As for "injury severity", the following classification was used: "No injury", namely no apparent injury, "minor", namely "superficial injury such as bruises and minor cuts", "moderate" namely the "injury requiring skilled treatment such as fractures and sutures", "severe" namely the "injury requiring intensive medical/surgical management such as internal hemorrhage, punctured organs, severed blood vessels" and "life threatening" namely the "injury that can lead to death".

In almost 30% of cases no injury was recorded, while in the rest of the cases where information is available, the injury due to physical abuse was mainly *minor* or *moderate* and in a very few cases (~0,5%) *severe* and *life threatening*. As for the nature of injuries, according to the available data, the most frequent type was bruises, followed by cut/bite/open wounds and concussions, while some fractures were also recorded (1,6%), burns and sprains/strains (0,5%) and organs system injuries (4,3%). Particularly for countries with no CAN monitoring systems it is possible that injuries due to physical abuse are not recorded if they are of minor and/or moderate severity and this is probably why there is so much missing information.

Table C.2.1.3 Sexual abuse (n=665): Specific types of sexual abuse per Country (for the year 2010)

	Country								
	AL	B&H	BG	FYRoM	GR	HR	RO	RS	TR
Total CAN cases identified	120	168	103	133	758	236	287	199	443
Total Sexual abuse cases identified	28	5	21	70	99	2	62	43	303
Type of Sexual abuse- Unspecified	14,3	-	-	2,9	13,1	50,0	3,2	-	3,0
Type of Sexual abuse-Specified	85,7	100,0	100,0	97,1	86,9	50,0	77,4	100,0	95,0
Completed sexual activity	50,0	60,0	38,1	58,6	21,2	-	48,4	44,2	53,1
Attempted sexual activity	42,9	-	28,6	24,3	19,2	-	11,3	20,9	10,6
Touching/fondling genitals	42,9	20,0	14,3	44,3	58,6	-	9,7	69,8	11,6
Adult exposing genitals to child	46,4	20,0	-	30,0	47,5	-	6,5	58,1	5,6
Sexual exploitation	35,7	-	9,5	30,0	17,2	-	19,4	18,6	2,3
Sexual harassment	50,0	20,0	-	41,4	43,4	100,0	1,6	4,7	33,7
Voyeurism	39,3	-	-	5,7	-	-	4,8	-	0,3

As for sexual abuse, the information concerning specific types is more complete in all countries in comparison to the cases of physical abuse. Specifically, in Albania, Bosnia & Herzegovina, FYRoM and Turkey, more than half of the specified sexual abuse cases involved completed sexual activity (oral, vaginal, or anal penetration) (50%, 60%, 58,6% and 53,1% respectively). In Greece, Bulgaria, Romania and Serbia, the respective percentages ranged from 21,2% (Greece) to 48,4% (Romania), while in Croatia (where only 2 cases of sexual abuse were identified in the context of the CBSS) no penetration was recorded. Moreover, in 42,9% of the cases in Albania attempted penetration was recorded, while in Bulgaria, Serbia, FYRoM, Greece, Romania and Turkey the respective percentages ranged from 10,6% (Turkey) to 28,6% (Bulgaria). Again no attempted penetration was recorded in Croatia. Touching/fondling genitals is also a common type of sexual abuse, with percentages ranging from ~70% in Serbia, ~60% in Greece, ~45% in FYRoM, ~40% in Albania, 20% in Bosnia & Herzegovina, ~15% in Bulgaria, 11,6% in Turkey and 9,7% in Romania. Adult exposing genitals to a child was also common in Serbia (58,1%), Greece (47,5%), Albania (46,4%), FYRoM (30%) and Bosnia and Herzegovina (20%). It is of note that although in three out of the nine countries child sexual exploitation was very low (namely in Bosnia & Herzegovina, Croatia and Turkey), in the rest of the countries the specific type of sexual abuse was recorded in percentages (among identified sexual abuse cases) ranging from 10% (Bulgaria) to ~36% (Albania). Note: “sexual exploitation” in the context of the CBSS refers “to child involvement in prostitution or pornography and includes situations in which an adult sexually exploited the child for purposes of financial gain or other profit”. Sexual harassment (including “proposition, encouragement, or suggestion of a sexual nature, for example, making child upset by speaking to him/her in a sexual way or writing sexual things about him/her or making child watch a sex video or look at sexual pictures in a magazine or computer when s/he did not want to”), on the other hand, was not frequent in countries such as Bulgaria, Romania and Serbia, while for the rest of the countries the respective percentages ranged from 20% (Bosnia and Herzegovina) to 50% (Albania). The sole specified sexual abuse case of Croatia was sexual harassment. Lastly, voyeurism (including “activities in which the child was encouraged to exhibit himself/herself for the sexual gratification of the perpetrator as well as for pornographic activities such as making a sex video or taking photographs of child alone, or with other people, engaging in sexual acts”) was a frequent type of sexual abuse in Albania (~40%) and in less than 6% of the total identified cases in FYRoM and Romania.

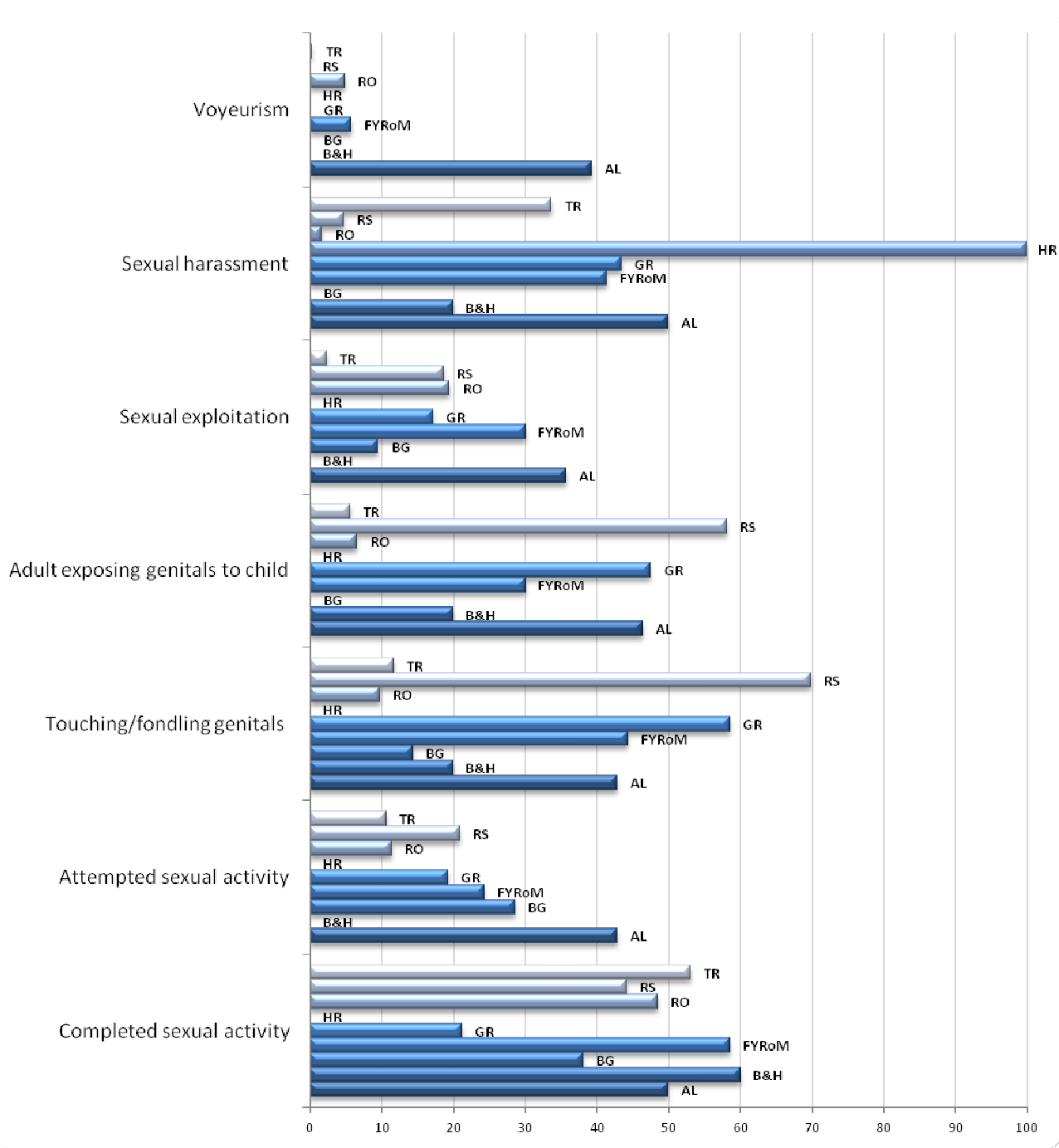


Figure 10a. % of types of sexual abuse per country

Concerning the specific types of psychological abuse cases identified in the context of the CBSS, in almost all cases, information was available. The results seem to be quite different for Turkey in comparison to the rest of the countries but this is probably due to the information-sources used in Turkey (namely courts of law and hospitals) where psychological abuse cases are probably rarely addressed in comparison to the rest of the forms of CAN.

Rejection was defined as “putting down the child and its needs using methods such as constant criticism, name-calling, telling child he/she is ugly, yelling or swearing at the child, frequent belittling-use of labels such as ‘stupid’, ‘idiot’, constant demeaning jokes, verbal humiliation, constant teasing about child’s body type

and/or weight, expressing regret the child wasn't born the opposite sex, refusing hugs and loving gestures, physical abandonment, excluding child from family activities, treating an adolescent like she/he is a child, expelling child from family, not allowing youth to make own reasonable choices". Rejection though verbal abuse ranges from ~1 out of 5 children-victims (Croatia) to more than 6 out of 10 children (Albania), while for the rest of the countries the respective percentages are between 26% and 40%.

Isolation was a very common type of psychological abuse mainly in Albania (46%), followed by Bosnia and Herzegovina (25,7%), FYRoM (20%) and Greece (12,4%), while in the rest of the countries the respective percentages were lower than 10%. In the context of the CBSS *isolation* was defined as "keeping the child away from family members and friends using tactics such as leaving child in room unattended for long periods, keeping child away from family, not allowing child to have friends, not permitting child interaction with other children, keeping child away from other caregiver if separated, rewarding child for withdrawing from social contact, ensuring child looks and acts differently than peers, isolating child in closet, insisting on excessive studying and/or chores, preventing youth participating in activities outside the home and punishing child for engaging in normal social experiences, such as parties, excursions, school trips, after school activities (sports, meeting friends, etc)"

Ignorance, on the other hand, defined as "failing to give any response to or interact with the child at all, namely providing no response to infant's spontaneous social behaviours, not accepting the child as an offspring, denying required health care, denying required dental care, failure to engage child in day to day activities, failure to protect child, not paying attention to significant events in child's life, lack of attention to schooling, etc., refusing to discuss child's activities and interests and planning activities/vacations without adolescent" was very common in Greece and Albania (~65%), followed by FYRoM (28,2%), Bosnia and Herzegovina (17,1%) and Romania (15%), while in the rest of the countries the respective percentages were lower than 10%.

Table C.2.1.4 Psychological abuse (n=1445): Specific types of psychological abuse per Country (for the year 2010)

	Country								
	AL	B&H	BG	FYRoM	GR	HR	RO	RS	TR
Total CAN cases identified	120	168	103	133	758	236	287	199	443
Total Psychol. abuse cases identified	87	35	32	110	709	209	60	109	94
Type of Psychol. abuse- Unspecified	-	-	6,3	4,5	0,7	2,9	8,3	-	1,1
Type of Psychol. abuse-Specified	100,0	94,3	93,8	95,5	99,3	95,7	90,0	100,0	97,9
Rejection through verbal abuse	63,2	28,6	31,3	26,4	40,9	16,7	30,0	34,9	-
Isolation	46,0	25,7	9,4	20,0	12,4	1,9	8,3	5,5	2,1
Ignorance	64,4	17,1	6,3	28,2	64,7	1,0	15,0	6,4	4,3
Corruption	19,5	8,6	3,1	25,5	15,8	0,5	-	1,1	6,4
Exploitation	51,7	5,7	15,6	53,6	19,7	1,4	15,0	5,5	2,1
Terrorization	20,7	11,4	40,6	58,2	40,5	20,6	30,0	68,8	52,1
Witnessing family violence	50,6	37,1	37,5	33,6	44,3	82,8	60,0	66,1	-

Corruption, namely "encouraging the child to do things that are illegal or harmful to themselves such as rewarding child for bullying and harassing behaviour, teaching racism and ethnic biases, encouraging violence in sporting activities, inappropriate reinforcement of sexual activity, rewarding child for lying and stealing, rewarding child for substance abuse and sexual activity, supplying child with drugs, alcohol and other illegal substances, promoting illegal activities such as selling drugs and teaching and promoting prostitution" was involved in almost 1 out of 4 cases of psychological abuse in FYRoM, in 1 out of 5 cases in Albania and in 3 out of 20 cases in Greece. In the rest of the countries the respective percentages were lower, while in some countries such as Romania, Croatia and Serbia the respective percentages were from 1,1% to 0%.

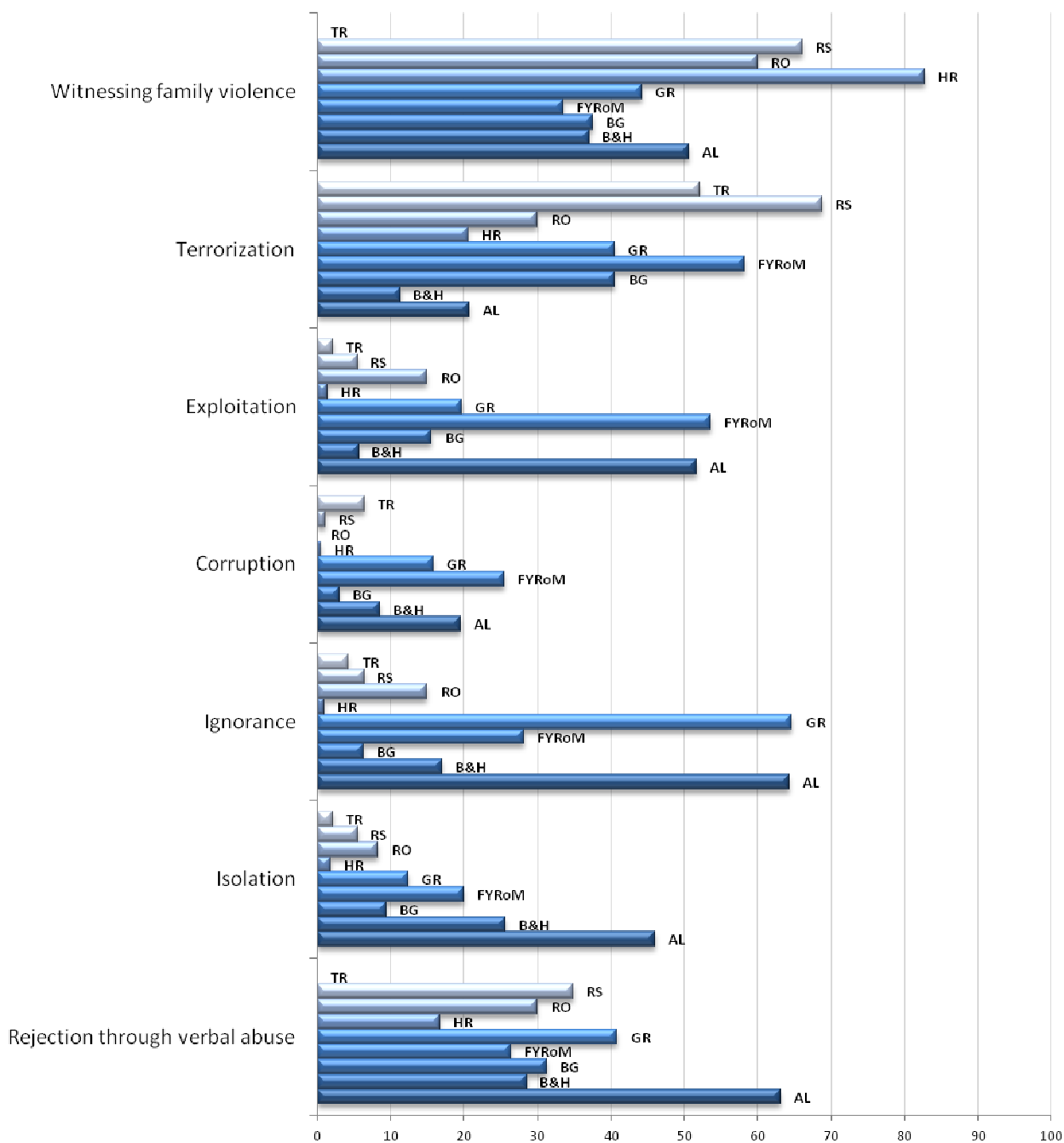


Figure 10b. % of types of psychological abuse per country

Exploitation, meaning “giving the child responsibilities that are far greater than a child that age can handle such as infants expected not to cry, anger when infant fails to meet a developmental stage, child expected to be ‘caregiver’ to the parent, young child expected to take care of younger siblings, blaming child for misbehavior of siblings, unreasonable responsibilities for jobs around the house and expecting child to support family financially. It is also using a child for profit such as in cases of encouraging child’s participation in pornography and requiring child to participate in sexual exploitation” was recorded in more than the half cases in Albania and FYRoM, in almost 1 out of 5 cases in Greece, in ~15% of cases in Bulgaria and Romania and in lower percentages (less than 6%) in Bosnia, Serbia, Turkey and Croatia.

Terrorization, namely “causing the child to be terrified by the constant use of threats and/or intimidating behaviour. Such behaviors include excessive teasing, yelling and scaring, unpredictable and extreme

responses to child's behaviour, extreme verbal threats, raging, alternating with periods of artificial warmth, threatening abandonment, threatening to destroy a favorite object, threatening to harm a beloved pet, forcing child to watch inhumane acts against animals, inconsistent demands on the child, displaying inconsistent emotions, changing the 'rules of the game', threatening that the child is adopted and doesn't belong, ridiculing the child in public, threats to reveal intensely embarrassing traits to peers and threatening to kick child out of the house", was among the most prevalent types of psychological abuse as it was involved in more than half of the identified cases in Serbia, FYRoM and Turkey (68,8%, 58,2% and 52,1% respectively). In the rest of the countries, however, the percentages were also somewhat high (>40% in Greece and Bulgaria, 30% in Romania, >20% in Albania and Croatia and in ~1 out of 10 cases of psychological abuse identified in Bosnia & Herzegovina.

Lastly, witnessing family violence was measured, including cases where "a child or youth observes violence, hears violence, or knows that violence is taking place in the home. When the child is exposed to family violence it frequently fear the parent/caregiver's reactions, and is placed in a constant state of anticipating the adult's moods, watch over siblings in order to protect them, suffer from sleeplessness, watch assaults on family members, is are forced to lie about the events going on in their home and may be injured while trying to protect siblings and/or the battered caregiver". With the exception of Turkey, this type of psychological abuse was also among the most prevalent types recorded in the context of the CBSS. The respective percentages ranged from ~83% (Croatia) to ~34% (FYRoM). In Serbia and Romania the respective cases where witnessing of family violence was involved were respectively 66% and 60%, in Albania ~50%, in Greece ~45%, in Bosnia & Herzegovina and Bulgaria ~37% and in FYRoM 33,6%. It should be noted at this point that coding of psychological abuse forms was mainly based on standard and widely accepted classifications (Garbarino, Guttman & Seeley, 1986; Baily and Baily, 1986; Wolfe, 1999)

In Table C.2.1.5 below information on specific types of neglect recorded per country are illustrated. For some countries, such as Albania, all of the neglect cases were specified (concerning specific types), while in other countries (e.g. Croatia) the related information was available for 7 out of 10 cases, in FYRoM for ~85% of the cases, in Romania for ~87% of the cases and in Bulgaria for 9 out of 10 cases. In general, child neglect cases recorded in the CBSS included, according to the operations' manual, "situations in which children have suffered harm, or their safety or development has been endangered as a result of the caregiver's failure to provide for or protect them. Unlike abuse, which is usually incident-specific, neglect often involves chronic situations that are not as easily identified as specific incidents". It was possible for a case of an abused child to have suffered more than one type of psychological abuse.

Table C.2.1.5 Neglect (n=1212): Specific types of neglect per Country (for the year 2010)

	Country								
	AL	B&H	BG	FYRoM	GR	HR	RO	RS	TR
Total CAN cases identified	120	168	103	133	758	236	287	199	443
Total Neglect cases identified	74	127	19	77	625	20	160	78	32
Type of Neglect-Unspecified	-	3,1	10,5	14,3	0,8	30,0	11,9	-	3,1
Type of Neglect-Specified	100,0	89,8	89,5	85,7	99,2	70,0	87,5	100,0	96,9
Physical neglect	79,7	63,8	42,1	54,5	45,0	40,0	65,6	80,8	18,8
Medical neglect	68,9	61,4	31,6	62,3	34,7	25,0	25,0	46,2	21,9
Educational neglect	77,0	78,0	47,4	57,1	56,2	20,0	49,4	79,5	3,1
Economic exploitation	55,4	21,3	21,1	29,9	16,2	10,0	7,5	23,1	56,3
Failure to protect from physical harm	68,9	2,4	26,3	40,3	30,1	5,0	4,4	11,5	9,4
Failure to protect from sexual abuse	39,2	1,6	5,3	35,1	16,0	-	3,8	3,8	6,3
Failure to provide treatment for mental problems	59,5	3,1	-	24,7	32,3	-	1,3	3,8	-
Permitting maladaptive/criminal behaviour	33,8	11,0	31,6	32,5	17,6	5,0	15,0	10,3	-
Abandonment/Refusal of custody	39,2	7,1	31,6	57,1	32,3	0,0	18,1	14,1	6,3

As for physical neglect (namely cases where "the child has suffered or was at substantial risk of suffering physical harm caused by the caregiver's failure to care and provide for the child adequately, including inadequate nutrition/ clothing, hygiene (regular bath, clean hair and dental hygiene) and/or dangerous living conditions... and there is evidence or suspicion that the caregiver is at least partially responsible for the situation"), with the exception of Turkey (where this type of neglect was involved in almost 1 out of 5 cases), in

general the percentages recorded in the context of the CBSS concerned more than 40% of the total cases of neglect; in specific cases, such as Serbia and Albania, physical neglect was recorded for more than 8 out of 10 child neglect cases.

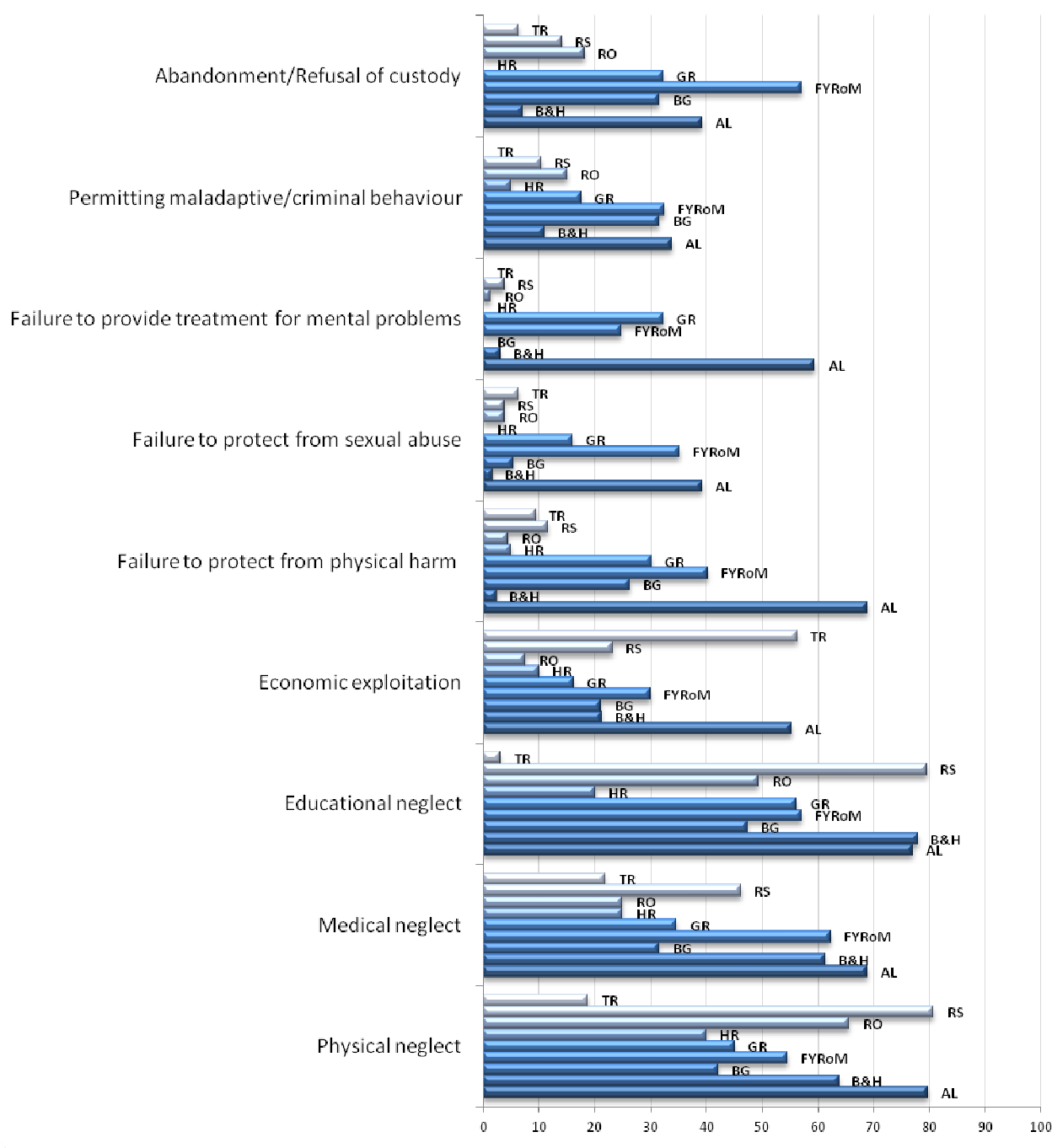


Figure 10c. % of types of neglect per country

The incidence of medical neglect (namely cases where “the child required medical treatment to cure, prevent, or alleviate physical harm or suffering, and the child’s caregiver did not provide, refused, or was unavailable or unable to consent to the treatment”) was lower than physical neglect but in any case concerned more than 20% of the recorded neglect cases. The highest rates were observed in Albania (~69%), FYRoM (~62%) and Bosnia and Herzegovina (~61%). For Croatia and Romania the rate of medical neglect was almost 1 out of 4 cases of child neglect.

Again with the exception of Turkey (for reasons already mentioned), educational neglect (namely cases where “caregivers knowingly allowed chronic truancy (several days a month), failed to enroll the child, or repeatedly kept the child at home”) is also quite prevalent among the types of neglect as for three out of the nine countries this type of neglect was observed in almost 8 out of 10 neglect cases and in 4 out of the nine countries in almost half of the total identified neglect cases.

Economic exploitation (meaning “either forcing a child to engage in activities that are illegal in order to gain profit or to use, acquire or release the assets of a child for purposes other than its well-being”) concerned more than half of the neglect cases in Albania and Turkey, while for Bosnia and Herzegovina, FYRoM, Bulgaria and Serbia economic exploitation was recorded for more than 1 out 5 neglected children. The lowest rates of economic exploitation of neglected children were observed in Romania (7,5%) and Croatia (10%).

Neglecting behaviours such as failure of caregiver(s) to supervise or protect children from incidents leading to physical harm were mainly recorded in Albania (in ~69% of the cases), followed by FYRoM (in 4 out of 10 cases) and Greece (in ~1 out of 3 cases). Similarly, failure to supervise or protect children from situations leading to sexual abuse (such as cases where “the child has been or was at substantial risk of being sexually molested or sexually exploited, and the caregiver knew or should have known of the possibility of sexual molestation and failed to protect the child adequately”) was also recorded more frequently in Albania (40%), FYRoM (35%) and Greece (16%), while failure to provide treatment for mental problems was mainly observed in the same countries (in Albania this type of neglect was involved in almost 6 out of 10 cases of neglected children).

Permitting maladaptive/criminal behaviour in the context of a wider neglecting behaviour on the part of caregiver(s), was recorded for ~1 out 3 cases in Albania, Bulgaria and Greece. In the rest of the countries (with the exception of Turkey) the respective percentages ranged from 5% (Croatia) to ~18% (Greece).

Lastly, abandonment and/or refusal of custody was observed for 6 out of 10 neglected children in FYRoM, followed by Albania (~39%), Greece (~32%) and Bulgaria (~32%). For the rest of the countries the percentages of abandonment among neglected children were lower, while in Croatia no such case was identified.

Table C.2.1.6 provides information regarding whether recorded cases concerned single or multiple forms of abuse. Moreover, Figures 11a, b and c present for each country respectively the percentages of (a) single forms of abuse, (b) coincidence of two forms of CAN and (c) multiple forms of abuse.

Table C.2.1.6 Single and Multiple forms of abuse (n=2447) per Country (for the year 2010)

	Country								
	AL	B&H	BG	FYRoM	GR	HR	RO	RS	TR
Total cases	120	168	103	133	758	236	287	199	443
Single CAN form	27,5	73,8	75,7	21,8	17,9	76,7	78,4	50,3	66,1
Physical abuse	12,5	11,9	39,8	2,3	-	6,8	12,2	4,0	16,7
Sexual abuse	5,8	1,8	18,4	9,0	-	0,8	18,1	14,1	18,5
Psychological abuse	4,2	1,8	9,7	3,0	11,7	67,8	6,3	10,6	1,8
Neglect	5,0	58,3	7,8	7,5	6,2	2,1	41,8	21,6	6,8
Multiple CAN forms	72,5	26,2	24,3	75,2	82,1	23,3	21,3	49,7	33,9
Physical & Sexual	1,7	0,6	-	3,0	-	0,8	1,4	1,5	12,2
Physical & Psychological	13,3	8,3	12,6	4,5	5,1	21,6	4,9	25,6	2,9
Physical & Neglect	3,3	6,0	2,9	0,8	-	-	4,2	3,0	0,9
Sexual & Psychological	1,7	-	-	18,0	0,4	-	0,3	1,5	11,5
Sexual & Neglect	-	0,6	-	1,5	-	-	0,7	1,5	0,2
Psychological & Neglect	8,3	6,0	-	14,3	43,8	2,1	4,2	10,1	0,7
Physical, Sexual & Psych.	-	-	3,9	11,3	-	-	0,7	3,5	4,5
Physical, Sexual & Neglect	-	-	-	0,0	-	-	0,3	-	-
Physical, Psych. & Neglect	29,2	4,2	3,9	11,3	19,8	3,0	4,5	3,5	0,7
Sexual, Psych. & Neglect	-	0,6	-	3,0	5,0	-	-	0,5	0,2
Physical, Sexual, Psychological & Neglect	15,0	-	1,0	7,5	7,9	-	-	-	-

As for the CAN cases identified and recorded in the context of the CBSS (see Figure 9), whether they concerned single or multiple types of abuse depends on country specifics (and probably is related to both, the type of Organizations that provided data and the recording practice and tools). Therefore, for countries having no CAN monitoring systems (such as Albania, FYRoM and Greece), most of the cases identified concerned multiple types of abuse. On the other hand, in countries with some sort of systematic CAN monitoring (such as Romania, Croatia and Bosnia and Herzegovina) most of the cases concerned single forms of CAN. In Serbia, half of the cases concerned single forms of abuse and the other half concerned coincidence of two or more forms of CAN. In Turkey, 6 out of 10 cases concerned a single form of abuse but this is probably due to the fact that data derived from courts of law (where specific information were recorded, especially for cases of sexual abuse) and not from social services, for example, where a more spherical recording is realized. In Figure 10a that follows the percentages of single forms of abuse are illustrated per individual form of abuse per country.

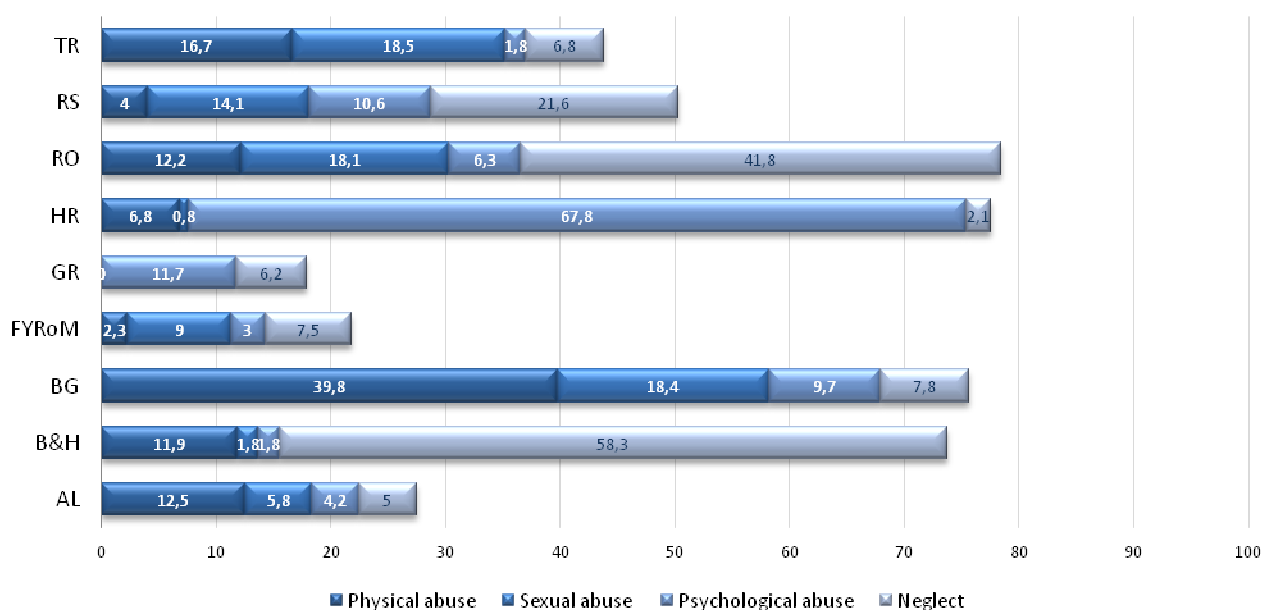


Figure 11a. % of types of single forms of abuse per country

Neglect is the most common form of CAN for cases concerning a single type of abuse in Bosnia and Herzegovina, Romania and Serbia. Psychological abuse, on the other hand, is the most common single type of CAN observed in Croatia and Greece, where no sexual or physical abuse were recorded as a “single form” of abuse. Sexual abuse as a single form of abuse is observed frequently in Turkey, Serbia, Romania, FYRoM and Bulgaria, while physical abuse as a single form of abuse is mainly observed in Turkey, Romania, Bulgaria, Bosnia and Herzegovina and Albania. It is obvious that no concrete pattern is observed among countries regarding the prevalence of single forms of CAN.

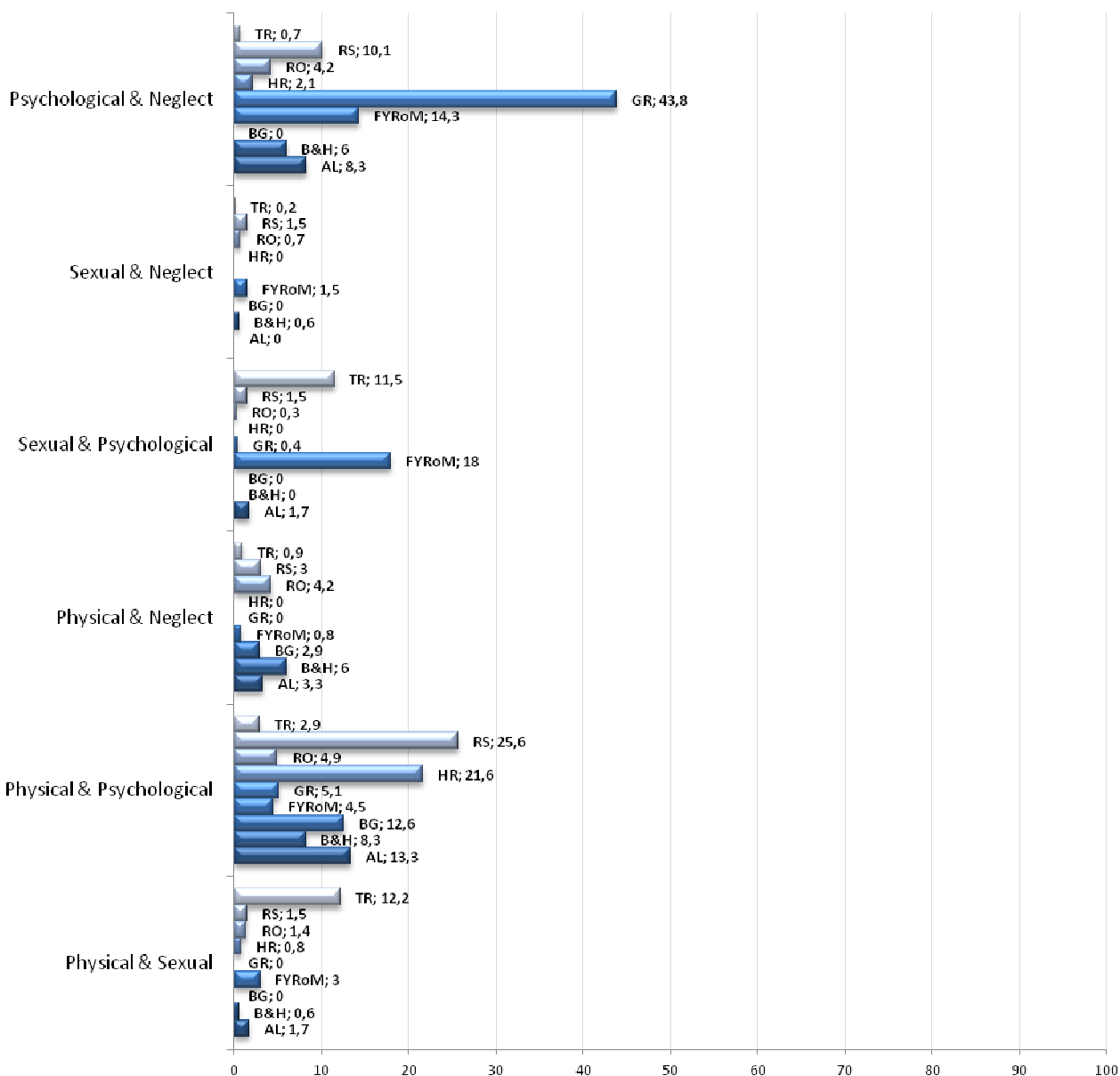


Figure 11b. % of types of coincidence of two forms of abuse per country

As for the cases where two forms of CAN were recorded (see Figure 11b), the most common combinations for most of the countries were “physical and psychological abuse” and “psychological abuse and neglect”, while the coincidence of “sexual abuse and neglect” was the least observed combination. “Sexual and psychological abuse” as well as “physical and sexual abuse” were more common in Turkey and FYRoM than the other countries. The most prevalent combination was “psychological abuse and neglect” in Greece (43,8% of the total identified cases).

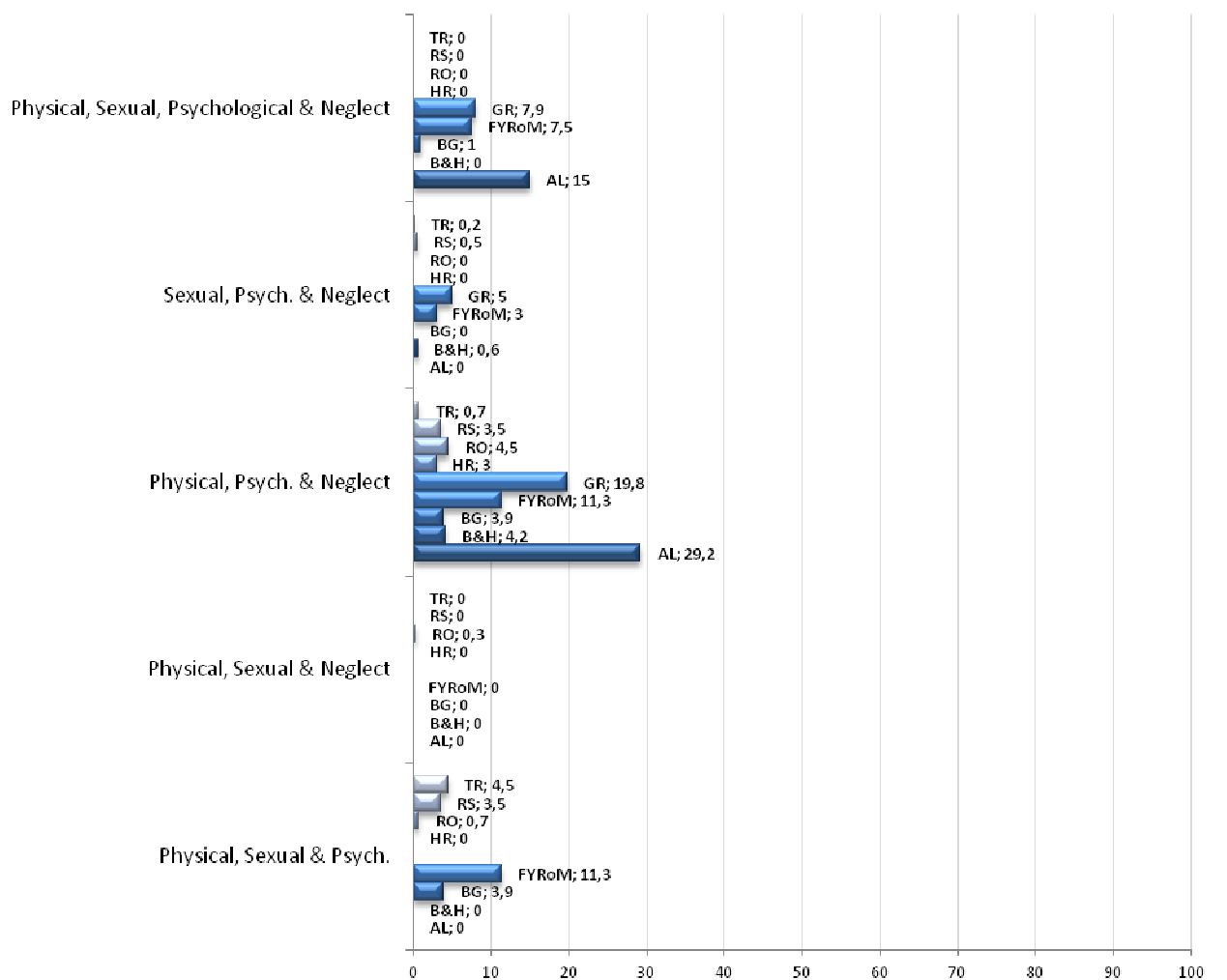


Figure 11c. % of types of multiple (more than two) forms of abuse per country

As for cases with the coincidence of three forms of CAN, they were observed in a lower rate than the previous cases (i.e. single form of abuse or two forms of abuse). The most common combination of forms of CAN is “physical, psychological abuse and neglect”, followed by “physical, sexual and psychological abuse”, while the combination of “physical, sexual abuse and neglect” was not present in all countries but a very small percentage was observed in Romania. All four forms of CAN were recorded in only 4 out of the nine countries and specifically in Albania (15% of the total cases), Greece (7,9%), FYRoM (7,5%) and Bulgaria (1%), namely all of the countries (except for Turkey) having no CAN monitoring system.

C.2.2. Child-CAN victim characteristics

The entire Section B of the Extraction Form Part II was dedicated to the extraction of information in regards to the children-victims of CAN, their demographics, educational level and work status, problems in school and problems related to their behaviour and substance use/abuse and health conditions.

In Table C.2.2.1 as well as in Figures 12a-f, the characteristics of children-victims of CAN are illustrated per country. Moreover, in Tables C.2.2.2-5 the same characteristics are illustrated for children in regards to the specific forms of CAN; given, however, that very often the cases concerned multiple forms of abuse and therefore the same children could be described under different forms of abuse (Tables C.2.2.2-5).

Table C.2.2.1 Child-CAN victims' characteristics per Country

	Country								
	AL	B&H	BG	FYRoM	GR	HR	RO	RS	TR
Total CAN cases	120	168	103	133	758	236	287	199	443
Educational status									
Unspecified	1,7	1,2	3,9	5,3	14,6	27,1	11,8	-	6,5
Not attending school at all	14,2	7,1	0,0	11,3	7,9	0,4	7,0	3,0	1,6
Dropped out	24,2	4,2	10,7	18,0	7,3	0,0	8,7	9,5	9,7
Attends school	60,0	84,5	85,4	64,7	70,2	70,0	69,0	87,4	36,6
Work status									
Unspecified	4,2	3,6	1,9	1,5	26,1	58,8	61,3	0,5	7,7
Not working	55,8	35,7	98,1	93,2	56,5	39,2	36,9	99,0	24,6
Working domestic/ unpaid	39,2	0,0	0,0	0,8	6,1	0,0	1,4	0,5	0,7
Working salaried work	4,2	0,6	0,0	-	12,4	0,0	0,3	-	5,9
Education-related problems									
Unspecified	45,0	9,5	5,8	8,3	37,2	52,5	50,9	8,5	3,2
None	26,7	28,6	59,2	33,8	13,5	22,1	23,7	67,3	9,0
Learning disability	13,3	38,7	14,6	10,5	20,2	11,7	10,5	14,1	0,2
Specialized education class	1,7	1,2	6,8	7,5	7,3	7,5	1,0	2,0	0,2
Irregular school attendance	57,1	39,3	32,7	95,9	20,2	16,3	13,2	69,4	26,5
Behaviour-related problems									
Unspecified	10,0	4,8	1,9	3,8	36,3	62,5	34,5	-	2,7
None	30,0	28,6	67,0	33,8	13,3	54,2	23,3	72,4	9,3
Problems in school	19,2	45,8	16,5	32,3	20,6	9,2	10,8	16,1	0,9
Problems in home	47,5	35,7	15,5	26,3	26,9	5,0	12,2	8,0	-
Violent behaviour	30,0	13,1	6,8	20,3	15,6	2,5	7,3	4,5	0,2
Bullying	7,5	13,7	4,9	3,0	4,5	1,7	3,8	1,5	0,0
Self-harming behaviour	16,7	2,4	1,0	13,5	2,8	2,5	2,1	1,5	4,1
Running away	30,8	14,3	10,7	29,3	9,0	1,3	20,6	6,5	7,2
Negative peer involvement	33,3	18,5	13,6	26,3	11,1	1,3	10,1	7,0	0,2
Inappropriate sexual behaviour	6,7	5,4	4,9	12,8	6,1	0,4	3,1	3,0	0,2
Criminal involvement	15,0	9,5	9,7	15,0	12,9	0,0	8,7	5,0	0,2
Substance abuse problems									
Unspecified	7,5	11,9	3,9	9,8	55,5	79,2	61,3	-	2,9
None	70,8	45,8	90,3	79,7	36,7	18,8	31,0	98,5	9,3
Drug abuse	10,8	4,2	1,9	3,8	3,3	0,0	0,7	1,5	1,1
Alcohol abuse	6,7	6,5	3,9	3,8	0,5	0,0	1,4	1,5	0,9
Diagnosed Disabilities									
Unspecified	18,3	11,3	1,9	5,3	40,0	64,2	29,6	-	2,7
None	54,2	51,8	87,4	73,7	24,5	21,7	51,6	91,0	6,8
Physical handicap	24,2	0,6	2,9	0,8	9,2	6,7	7,0	2,5	-
Visual-hear-speech impairment	1,7	1,8	0,0	2,3	4,7	0,8	1,4	2,0	-
Impaired cognitive functioning	4,2	6,0	3,9	9,0	11,6	3,3	5,9	3,0	2,0
Psychiatric disorder	0,8	4,2	5,8	5,3	12,0	2,1	4,9	2,0	4,5

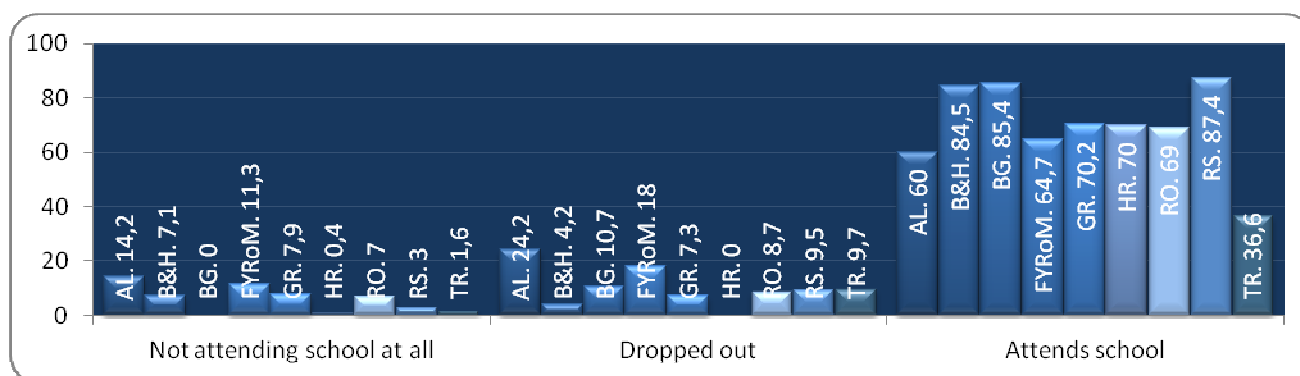


Figure 12a: Educational status of children-victims of CAN per country

As for their educational status, the majority of children-victims of CAN attend school in all countries (more than 6 out of 10) except for Turkey, where the respective rate was only ~1 out of 3 children. On the other hand, children-victims of CAN who dropped out from school were less than 10% in 7 out of the nine countries (in Croatia none of the children had dropped out), while the related percentages of children in Albania and FYRoM were 24,2% and 18% respectively. Lastly, children who had not attended school at all were for all countries less than 7%, again with the exception of Albania and FYRoM, where the related percentages were 14,2% and 11,3% respectively.

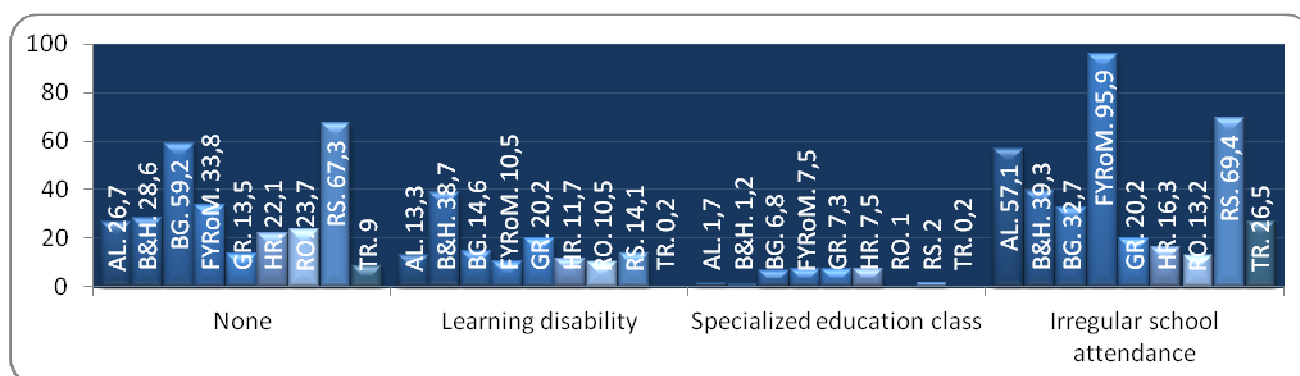


Figure 12b: Problems of children victims of CAN related to education per country

In 3 out of the 9 countries (namely Albania, Greece, Croatia and Romania) the availability of the recorded information in regards to children's problems related to their education was not complete (as the percentages of the cases with unspecified information were 45%, 37,2%, 52,5% and 61,3% respectively). For the remaining countries the unspecified information concerned less than 10% of the total number of children (with the lowest percentage of unspecified information observed in Turkey). The main problem related to children's education seems to be irregular school attendance (ranging from ~96% in FYRoM to 13,2% in Romania), followed by learning disabilities with the highest percentage (38,7%) in Bosnia and Herzegovina, while the least prevalent problem was the need for attending a specialized education class, with the highest percentage (7,5%) in Greece.

The available information concerning children's working status was limited in three out of the nine countries, namely Greece, Croatia and Romania (where the percentages of the unspecified cases were ~26%, 59% and 61% respectively). For the remaining countries, on the other hand, the unspecified information in regards to the working status of the children ranged from 0,5% (Serbia) to a maximum of 7,7% (Turkey). From the available data it seems that almost all the identified children-victims of CAN in Serbia, Bulgaria and FYRoM were not working. The related percentages for children in Greece and Albania were more than 55% of the total cases while for Croatia, Bosnia, Romania and Turkey the percentages were lower (ranging from ~39% to ~25%).

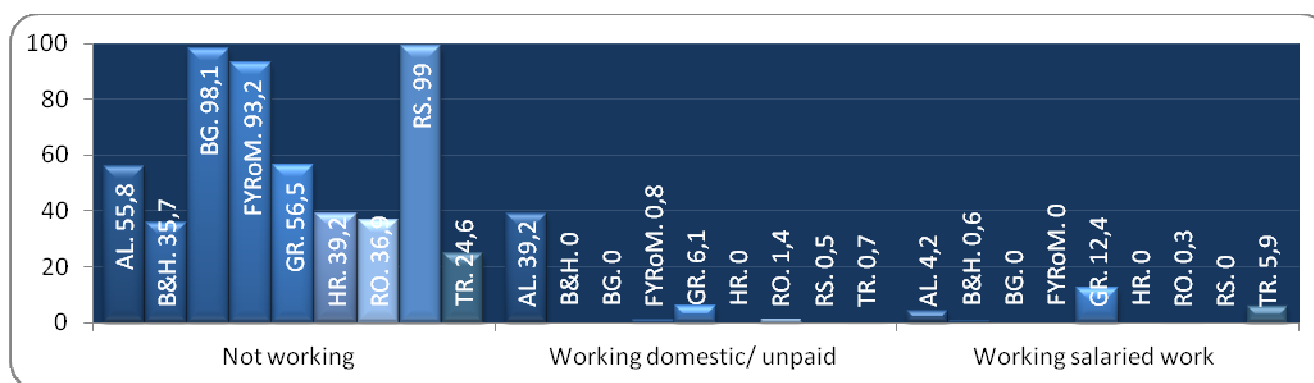


Figure 12c: Working status of children-victims of CAN per country

It is of interest that almost 4 out of 10 children in Albania were working in domestic (unpaid) work and additionally 4,2% were working in salaried work (while in Greece the percentage of salaried work is observed in 12,4% of the total number of children). In some countries, such as Croatia and Bulgaria, according to the available information, none of the children identified during the CBSS were working (either salaried or unpaid).

As for the problems related to children-victim of CAN behaviour, the recorded information in the archives of the cooperating agencies are illustrated below in Figures 12d1-3. As for the completeness of this type of information, it ranges from full availability (Serbia) to relatively low availability (62,5% unspecified) in Croatia. Unspecified information related to behavioral problems was also somewhat high in Greece (~36%), Romania (34,5%) and Albania (10%).

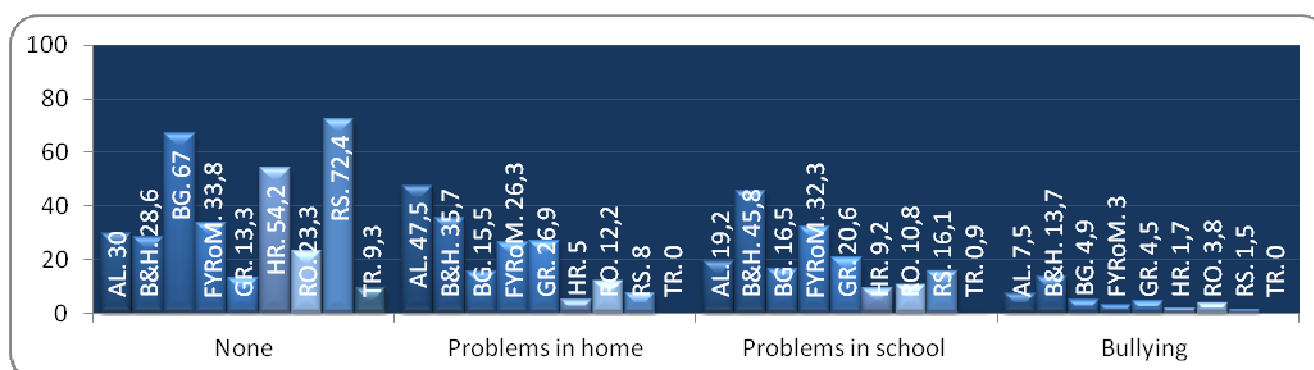


Figure 12d1 Behavioral problems of children victims of CAN per country

A first observation is that in some countries, such as Bulgaria and Serbia, almost 7 out of 10 children-victims of CAN had no behavioral problems according to the available information in the records of the agencies. The related percentages for the remaining countries were lower, ranging from ~55% in Croatia to 13,3% and 9,3% in Greece and Turkey respectively. Problems in the home and school environment are among the most prevalent problems in almost all countries (up to 47,5% and 45,8% in Albania and Bosnia respectively), but for Turkey and Croatia on the other hand, available information suggest that problematic behaviors related to bullying are less prevalent (ranging from 13,7% in Bosnia to 1,5% in Serbia and 0% in Turkey, where such information is probably not recorded in the archives of the hospitals and courts of law).

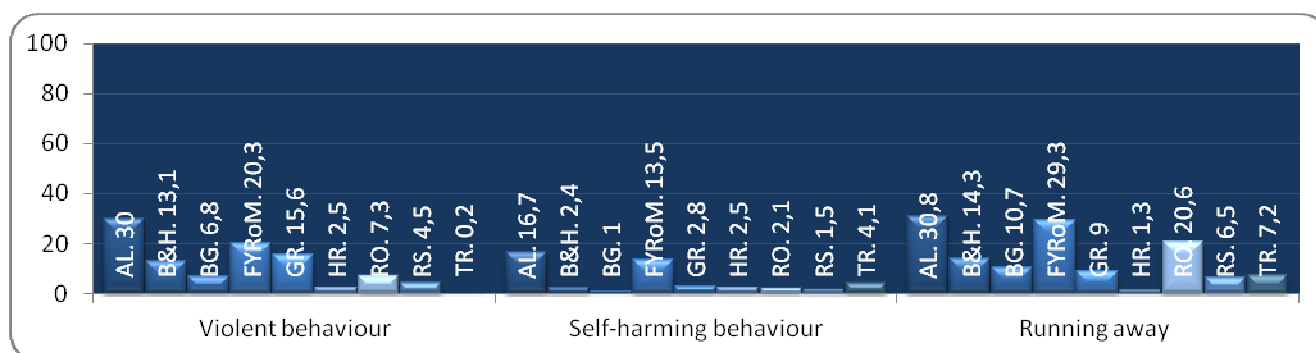


Figure 12d2 Behavioral problems of children victims of CAN per country

Violent behaviour was somewhat frequent in countries such as Albania, where for almost 1 out of 3 children there was relevant information, FYRoM (20,3%), Greece (15,6%) and Bosnia and Herzegovina (13,1%), while for the remaining countries the percentages of children displaying violent behaviour were lower than 10%. Running away was more commonly recorded than violent behaviour as for 5 out of the 9 countries, the respective percentages of children ranged from 10,7% (Bulgaria) to 29,3% (FYRoM) and 30,8% (Albania), while in Croatia there was recorded information for running away for only 1,3% of the total number of children. Self-harm, according to the available data, was an even rarer behaviour as, with the exception of Albania (16,7%) and FYRoM (13,5%), in the remaining countries the related percentages were lower than 5%.

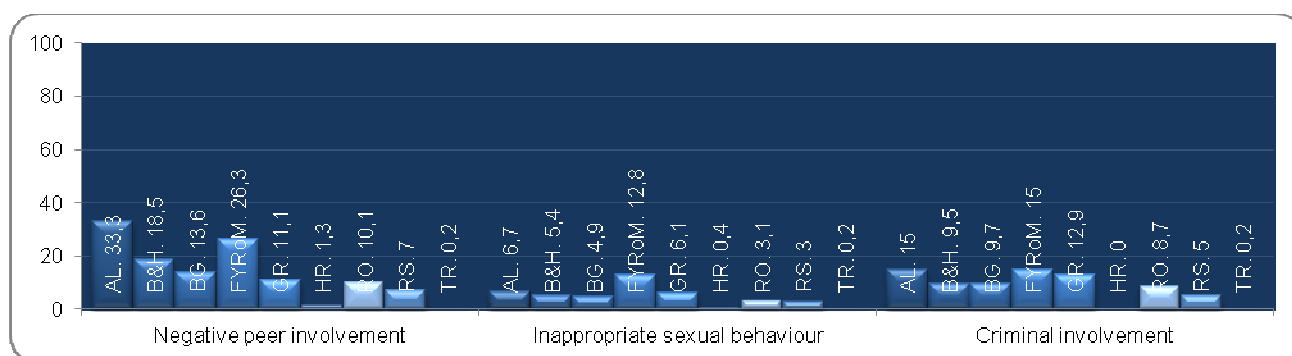


Figure 12d3 Behavioral problems of children victims of CAN per country

Inappropriate sexual behaviour follows a similar pattern to that of self-harming behaviour according to the information extracted from the agencies' files: in FYRoM, there was related information for 12,8% of the total number of children-victims of CAN, followed by Albania (6,7%) and Greece (6,1%), while for the remaining countries the related percentages were lower than 6%. Criminal involvement and negative peer involvement behaviors, on the other hand, were more frequently recorded in all countries (except for Turkey and Croatia), noting that the highest percentages were in FYRoM and Albania, Greece, Bosnia and Herzegovina.

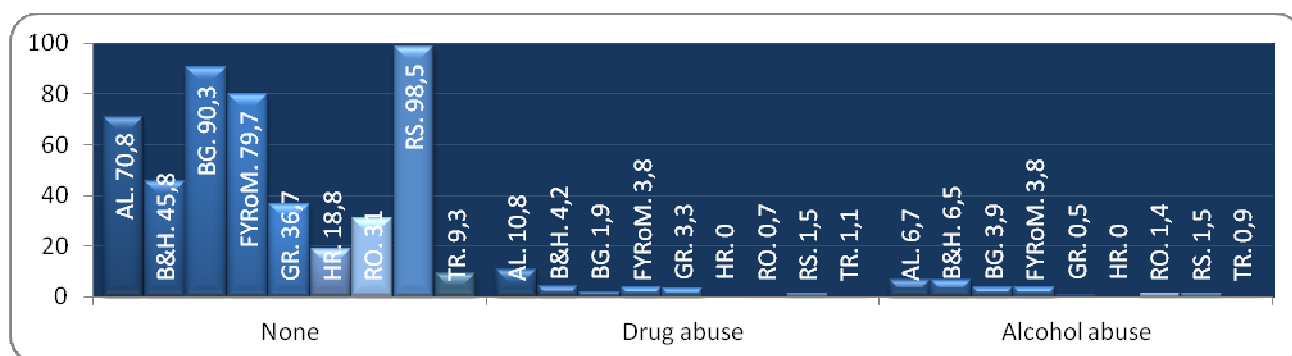


Figure 12e: Problems of children-victims of CAN related to alcohol and drug abuse per country

As for alcohol and drug abuse, it is noted that, although for many cases the information was unspecified, in all countries the related percentages for drug abuse are lower than 11% of the children-victims of CAN and in 7 out the 9 countries under 5%, while for alcohol abuse the related percentages are even lower.

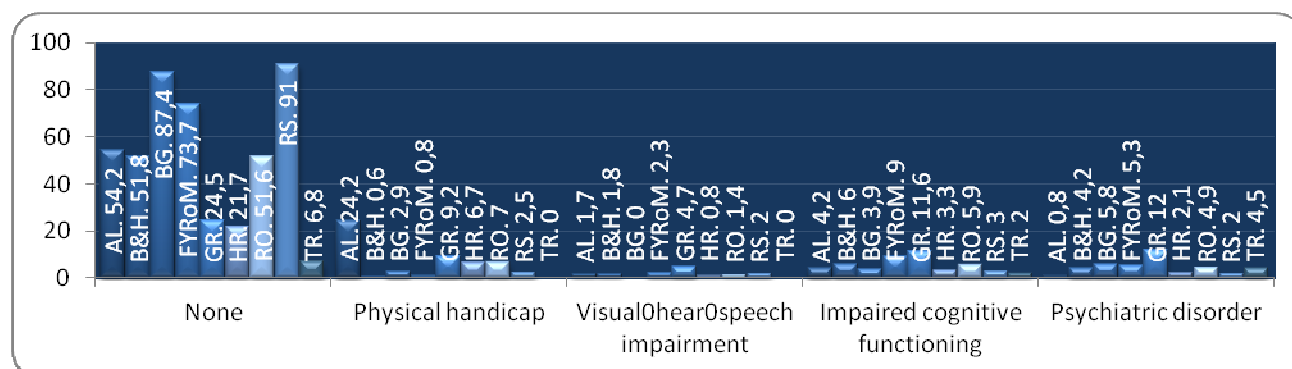


Figure 12f: Health conditions of children-victims of CAN per country

Lastly, concerning the health condition of children-victims of CAN, the related information was not available for 64,2% in Croatia, 40% in Greece, 29,6% in Romania, 18,3% in Albania and 11,3 in Bosnia and Herzegovina. On the other hand, In FYRoM, Turkey, Bulgaria and Serbia the information was almost complete, especially in Serbia where no cases were recorded with unspecified information on children's health status and diagnosed disabilities.

In Tables C.2.2.2-5 that follow, information related to children's characteristics is illustrated per individual form of CAN per country. In some cases, especially for the countries having many cases with multiple forms of CAN, for the most prevalent types of CAN, such as psychological abuse in Greece, the data are quite similar with the ones presented above. Therefore, it would be of interest to explore the related information for countries with a major part of their samples having a single type of abuse (Bulgaria, Croatia, Romania, Bosnia and Herzegovina, Serbia), and especially for the most prevalent types of abuse. Specifically, the characteristics of children-victims that might be of interest include those related to physical abuse in Bulgaria (~40%), Turkey (16,7%), Albania (12,5%) and Romania (12,2%), sexual abuse (as a single form of abuse) in Turkey (18,5%), Bulgaria (18,4%), Romania (18,1%) and Serbia (14,1%), psychological abuse in Croatia (67,8%), Greece (11,7%), Serbia (10,6%), and Bulgaria (9,7%) and neglect, as a single form of abuse, in Bosnia and Herzegovina (58,3%), Romania (41,8%) and Serbia (21,6%).

Table C.2.2.2 Child-physical abuse victims' characteristics per Country

	Country								
	AL	B&H	BG	FYRoM	GR	HR	RO	RS	TR
Total CAN cases	89	53	63	57	247	236	81	82	443
Educational status									
Unspecified	2,2	1,9	3,2	7,0	9,3	7,5	11,1	0,0	2,9
Not attending school at all	19,1	1,9	0,0	15,8	11,3	0,0	3,7	2,4	0,5
Dropped out	24,7	5,7	11,1	12,3	8,9	0,0	6,2	9,8	4,7
Attends school	53,9	88,7	85,7	68,4	70,4	17,5	76,5	85,4	17,2
Work status									
Unspecified	3,4	5,7	1,6	1,8	22,3	11,7	74,1	0,0	2,5
Not working	51,7	15,1	96,8	89,5	51,4	9,6	35,8	98,8	16,3
Working domestic/ unpaid	43,8	0,0	0,0	1,8	10,1	0,0	1,2	1,2	0,5
Working salaried work	1,1	0,0	0,0	0,0	19,4	0,0	2,5	0,0	3,4
Education-related problems									
Unspecified	52,8	7,5	3,2	7,0	32,8	16,7	45,7	9,8	0,5
None	21,3	49,1	65,1	29,8	11,7	6,7	32,1	68,3	2,7
Learning disability	11,2	24,5	15,9	12,3	22,7	2,5	6,2	14,6	0,2
Specialized education class	1,1	1,9	7,9	7,0	7,3	3,8	2,5	1,2	0,2
Irregular school attendance	42,9	17,0	12,7	36,7	21,9	2,0	20,4	10,2	16,3
Behaviour-related problems									
Unspecified	11,2	7,5	1,6	3,5	27,9	15,8	35,8	0,0	0,7
None	22,5	41,5	69,8	29,8	9,3	4,6	22,2	70,7	2,9
Problems in school	19,1	30,2	42,9	33,3	23,9	3,8	8,6	17,1	0,2
Problems in home	51,7	26,4	14,3	36,8	39,7	3,3	14,8	8,5	0,0
Violent behaviour	34,8	11,3	9,5	26,3	24,3	1,7	9,9	6,1	0,2
Bullying	7,9	18,9	4,8	5,3	5,3	0,4	7,4	0,0	0,0
Self-harming behaviour	21,3	5,7	0,0	15,8	3,6	0,8	3,7	3,7	2,0
Running away	38,2	17,0	11,1	26,3	16,2	0,4	23,5	8,5	3,6
Negative peer involvement	37,1	13,2	12,7	29,8	15,8	0,8	7,4	3,7	0,2
Inappropriate sexual behaviour	7,9	5,7	3,2	14,0	8,1	0,0	1,2	1,2	0,0
Criminal involvement	16,9	3,8	3,2	14,0	19,0	0,4	4,9	4,9	0,0
Substance abuse problems									
Unspecified	6,7	13,2	4,8	5,3	54,7	21,3	58,0	0,0	0,5
None	67,4	62,3	92,1	73,7	36,8	4,6	29,6	98,8	3,4
Drug abuse	14,6	5,7	0,0	5,3	5,3	0,0	2,5	1,2	0,9
Alcohol abuse	9,0	1,9	3,2	3,5	0,4	0,0	1,2	0,0	0,7
Diagnosed Disabilities									
Unspecified	19,1	7,5	3,2	5,3	36,0	17,5	18,5	0,0	0,7
None	51,7	67,9	87,3	50,9	23,5	3,8	59,3	92,7	2,7
Physical handicap	25,8	3,8	4,8	0,0	10,9	2,1	8,6	0,0	0,0
Visual-hear-speechimpairment	2,2	0,0	0,0	1,8	5,3	0,0	6,2	3,7	0,0
Impaired cognitive functioning	4,5	7,5	3,2	8,8	13,8	1,3	6,2	1,2	0,9
Psychiatric disorder	2,2	3,8	3,2	7,0	13,0	1,7	7,4	3,7	1,6

Table C.2.2.3 Child-sexual abuse victims' characteristics per country

	Country								
	AL	B&H	BG	FYRoM	GR	HR	RO	RS	TR
Total CAN cases	28	5	21	70	99	2	62	43	443
Educational status									
Unspecified	0,0	20,0	4,8	7,1	15,2	-	12,9	0,0	4,1
Not attending school at all	32,1	0,0	0,0	10,0	15,2	-	1,6	4,7	1,6
Dropped out	32,1	0,0	9,5	17,1	12,1	-	8,1	14,0	6,5
Attends school	35,7	80,0	85,7	64,3	57,6	50,0	77,4	81,4	19,9
Work status									
Unspecified	3,6	0,0	0,0	0,0	23,2	-	46,8	0,0	3,4
Not working	35,7	0,0	100,0	94,3	42,4	100	53,2	97,7	24,6
Working domestic/ unpaid	60,7	0,0	0,0	4,3	17,2	-	0,0	2,3	0,5
Working salaried work	0,0	20,0	0,0	0,0	25,3	-	0,0	0,0	2,9
Education-related problems									
Unspecified	64,3	40,0	4,8	11,4	40,4	50,0	38,7	16,3	3,2
None	21,4	40,0	38,1	28,6	13,1	-	37,1	67,4	7,0
Learning disability	7,1	0,0	14,3	14,3	17,2	-	9,7	14,0	1,1
Specialized education class	3,6	0,0	9,5	12,9	11,1	-	1,6	4,7	0,2
Irregular school attendance	4,1	20,0	33,3	42,9	21,2	2,0	16,3	10,2	22,4
Behaviour-related problems									
Unspecified	3,6	40,0	9,5	7,1	24,2	50,0	43,5	0,0	2,7
None	21,4	0,0	47,6	28,6	8,1	-	27,4	74,4	7,9
Problems in school	7,1	20,0	19,0	22,9	20,2	-	8,1	9,3	0,9
Problems in home	71,4	20,0	19,0	15,7	29,3	-	8,1	2,3	0,0
Violent behaviour	35,7	0,0	0,0	14,3	17,2	-	1,6	0,0	0,0
Bullying	7,1	0,0	0,0	4,3	4,0	-	1,6	0,0	0,0
Self-harming behaviour	39,3	0,0	4,8	12,9	4,0	-	1,6	2,3	0,9
Running away	57,1	0,0	14,3	27,1	14,1	-	12,9	9,3	5,4
Negative peer involvement	57,1	40,0	14,3	18,6	15,2	-	9,7	4,7	0,2
Inappropriate sexual behaviour	21,4	20,0	14,3	20,0	19,2	-	9,7	9,3	0,2
Criminal involvement	25,0	0,0	19,0	8,6	20,2	-	1,6	2,3	0,2
Substance abuse problems									
Unspecified	7,1	60,0	14,3	12,9	56,6	100	54,8	0,0	2,9
None	46,4	40,0	76,2	51,4	35,4	-	37,1	95,3	7,4
Drug abuse	28,6	0,0	4,8	2,9	3,0	-	1,6	4,7	0,7
Alcohol abuse	25,0	0,0	4,8	2,9	1,0	-	0,0	0,0	0,5
Diagnosed Disabilities									
Unspecified	7,1	40,0	4,8	7,1	33,3	-	27,4	0,0	2,5
None	46,4	60,0	85,7	68,6	23,2	-	50,0	88,4	5,2
Physical handicap	0,0	0,0	0,0	1,4	8,1	-	6,5	2,3	0,0
Visual-hear-speech impairment	7,1	0,0	0,0	1,4	5,1	-	0,0	4,7	0,0
Impaired cognitive functioning	7,1	0,0	4,8	14,3	13,1	-	8,1	4,7	2,0
Psychiatric disorder	7,1	0,0	4,8	5,7	12,1	-	4,8	2,3	3,4

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

	Country								
	AL	B&H	BG	FYRoM	GR	HR	RO	RS	TR
Total CAN cases	87	35	32	110	709	209	60	109	443
Educational status									
Unspecified	1,1	0,0	3,1	4,5	14,0	28,2	1,7	0,0	0,9
Not attending school at all	17,2	0,0	0,0	10,9	8,0	0,5	3,3	1,8	0,5
Dropped out	25,3	8,6	0,0	15,5	7,5	-	3,3	7,3	1,4
Attends school	56,3	85,7	96,9	56,4	70,5	70,3	91,7	90,8	6,3
Work status									
Unspecified	2,3	8,6	0,0	0,0	25,1	56,0	96,7	0,0	1,1
Not working	52,9	31,4	100,0	81,8	53,6	39,2	31,7	100,0	7,7
Working domestic/ unpaid	44,8	0,0	0,0	0,0	6,3	-	0,0	0,0	0,0
Working salaried work	0,0	0,0	0,0	0,0	12,7	-	0,0	0,0	0,9
Education-related problems									
Unspecified	46,0	8,6	6,3	6,4	37,9	53,6	60,0	5,5	0,2
None	18,4	51,4	59,4	23,6	14,1	24,4	25,0	69,7	2,5
Learning disability	17,2	22,9	12,5	10,0	20,3	11,0	13,3	17,4	0,0
Specialized education class	2,3	0,0	12,5	7,3	6,8	7,2	1,7	2,8	0,0
Irregular school attendance	53,1	14,3	18,8	77,6	20,6	10,2	20,4	30,6	10,2
Behaviour-related problems									
Unspecified	5,7	8,6	0,0	3,6	36,0	63,2	33,3	0,0	0,0
None	19,5	42,9	68,8	28,2	13,5	22,5	35,0	75,2	2,3
Problems in school	25,3	25,7	21,9	30,9	20,2	8,1	5,0	15,6	0,5
Problems in home	62,1	20,0	21,9	26,4	27,2	3,8	8,3	7,3	0,0
Violent behaviour	40,2	11,4	12,5	14,5	15,4	1,0	5,0	15,6	0,0
Bullying	10,3	14,3	3,1	1,8	4,1	1,0	5,0	0,0	0,0
Self-harming behaviour	23,0	8,6	0,0	10,9	2,5	2,4	5,0	0,9	1,4
Running away	42,5	17,1	15,6	26,4	9,4	1,4	23,3	6,4	0,2
Negative peer involvement	44,8	17,1	18,8	21,8	11,3	1,0	5,0	5,5	0,0
Inappropriate sexual behaviour	8,0	5,7	6,3	10,0	6,2	0,5	0,0	2,8	0,0
Criminal involvement	20,7	2,9	6,3	13,6	12,4	-	3,3	5,5	0,2
Substance abuse problems									
Unspecified	5,7	8,6	3,1	10,0	54,4	79,9	66,7	0,0	0,0
None	66,7	45,7	84,4	63,6	37,7	19,6	23,3	99,1	2,7
Drug abuse	14,9	2,9	3,1	3,6	3,5	-	1,7	0,9	0,5
Alcohol abuse	9,2	0,0	9,4	3,6	0,6	-	1,7	0,0	0,7
Diagnosed Disabilities									
Unspecified	8,0	0,0	3,1	5,5	39,1	64,6	15,0	0,0	0,0
None	57,5	48,6	84,4	64,5	25,7	23,4	63,3	90,8	2,0
Physical handicap	29,9	0,0	6,3	0,9	9,3	6,2	8,3	2,8	0,0
Visual-hear-speech impairment	2,3	2,9	0,0	1,8	4,8	1,0	3,3	2,8	0,0
Impaired cognitive functioning	5,7	11,4	6,3	9,1	11,6	3,3	5,0	1,8	0,5
Psychiatric disorder	2,3	5,7	6,3	4,5	11,6	1,9	6,7	1,8	1,8

Table C.2.2.5 Child-neglect victims' characteristics per country

	Country								
	AL	B&H	BG	FYRoM	GR	HR	RO	RS	TR
Total CAN cases	74	127	19	77	625	20	160	78	443
Educational status									
Unspecified	0,0	0,0	0,0	3,9	14,2	20,0	16,9	0,0	0,0
Not attending school at all	20,3	9,4	0,0	14,3	9,6	5,0	11,9	5,1	0,2
Dropped out	31,1	3,9	10,5	15,6	8,8	0,0	11,3	16,7	0,5
Attends school	48,6	83,5	89,5	50,6	67,4	75,0	60,0	78,2	5,4
Work status									
Unspecified	1,4	2,4	0,0	0,0	26,7	65,0	70,0	0,0	0,0
Not working	48,6	43,3	94,7	70,1	53,4	35,0	27,5	100,0	2,9
Working domestic/ unpaid	50,0	0,0	5,3	1,3	7,2	0,0	2,5	0,0	0,0
Working salaried work	0,0	0,0	0,0	0,0	14,7	0,0	0,6	0,0	0,9
Education-related problems									
Unspecified	51,4	7,9	5,3	3,9	34,9	35,0	58,1	15,4	0,0
None	13,5	19,7	31,6	24,7	11,4	15,0	13,1	48,7	0,9
Learning disability	20,3	47,2	21,1	6,5	20,5	35,0	12,5	15,4	0,0
Specialized education class	1,4	1,6	21,1	3,9	7,8	5,0	1,3	1,3	0,0
Irregular school attendance	42,9	48,0	21,1	51,0	23,7	4,1	49,0	51,0	4,1
Behaviour-related problems									
Unspecified	4,1	2,4	15,8	0,0	36,0	60,0	31,9	0,0	0,0
None	14,9	22,0	52,6	20,8	11,7	15,0	15,6	59,0	1,1
Problems in school	27,0	53,5	36,8	33,8	21,9	15,0	12,5	24,4	0,0
Problems in home	68,9	40,9	31,6	28,6	28,2	10,0	16,3	12,8	0,0
Violent behaviour	39,2	13,4	31,6	20,8	16,5	5,0	9,4	7,7	0,0
Bullying	25,7	12,6	15,8	1,3	5,3	10,0	1,9	3,8	0,0
Self-harming behaviour	27,0	1,6	0,0	14,3	3,2	0,0	2,5	1,3	0,2
Running away	45,9	15,7	31,6	31,2	9,9	0,0	26,3	9,0	0,2
Negative peer involvement	50,0	20,5	31,6	29,9	13,3	0,0	11,9	14,1	0,0
Inappropriate sexual behaviour	9,5	5,5	10,5	7,8	6,4	0,0	2,5	3,8	0,0
Criminal involvement	23,0	12,6	15,8	20,8	15,2	0,0	13,1	9,0	0,0
Substance abuse problems									
Unspecified	5,4	11,0	0,0	5,2	55,4	95,0	67,5	0,0	0,0
None	59,5	37,8	89,5	63,6	35,5	5,0	26,9	98,7	1,1
Drug abuse	18,9	3,9	0,0	5,2	4,0	0,0	0,0	1,3	0,0
Alcohol abuse	10,8	7,9	10,5	3,9	0,6	0,0	1,9	0,0	0,2
Diagnosed Disabilities									
Unspecified	4,1	12,6	0,0	5,2	39,0	60,0	35,6	0,0	0,0
None	54,1	42,5	84,2	58,4	23,5	15,0	46,9	84,6	0,9
Physical handicap	36,5	0,8	10,5	0,0	9,9	15,0	7,5	5,1	0,0
Visual-hear-speech impairment	2,7	1,6	0,0	1,3	5,1	0,0	0,6	1,3	0,0
Impaired cognitive functioning	6,8	7,1	0,0	5,2	12,6	0,0	7,5	6,4	0,0
Psychiatric disorder	2,7	4,7	15,8	5,2	12,5	5,0	3,8	3,8	0,5

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

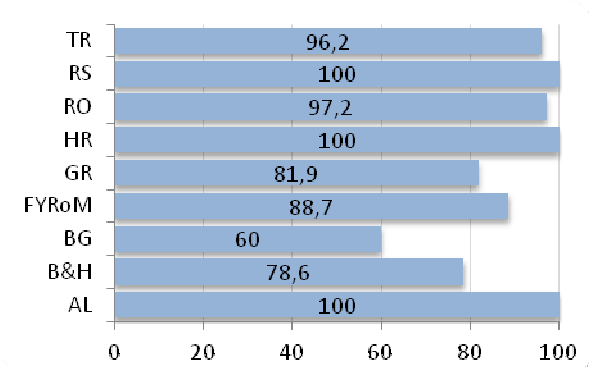
The last part of the results is dedicated to the exploration of what type of information is usually recorded in the archives/databases of agencies involved in CAN cases' administration per participating country. It is expected that within each individual country, different types of information is available in the archives of agencies belonging to different areas and have different missions and work orientation. In this section, however, a general picture is presented per country, regardless of the type of the agencies that provided the data, aiming to identify potential differences in the "culture" of recording of CAN cases, namely which information is considered as relevant and important (and therefore is recorded) and which is not.

In the detailed figures that follow, it could be observed that there are (a few) specific characteristics (namely "variables") for which the information is fully available in the archives of agencies in all countries. On the other hand, there are characteristics for which the information is fully available in some countries but not in others as well as others with almost no available information in all countries.

As for the completeness of the records among countries, it seems that the methodology followed in Serbia is the most effective (namely with fewer non-available/unspecified and/or missing information), while the situation in the remaining countries vary for specific general categories of characteristics accordingly.

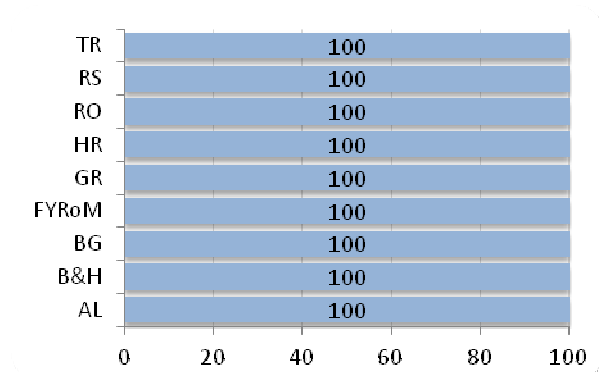
Starting with typical information, namely the availability of the exact date of intake for each CAN case, it is of interest that this information is fully available in only three countries, while in other countries (e.g. Bulgaria) this information is not available for 40% of the cases.

Exact date of intake

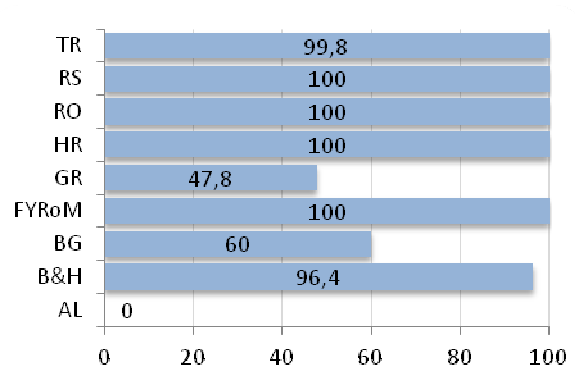


As for the general category **child-related information**, under which 10 different characteristics were measured in the context of the CBSS, the information for all of the characteristics was fully available only in Serbia. As for the remaining countries, information for the children's age at the time of the first contact and gender is almost 100% available for every CAN case recorded in the files of the related agencies, regardless of their identity and mission. On the other hand, the date of birth is not always available, as in countries such as Bulgaria and Greece the missing information is respectively 40% and >50%, while in Albania the date of birth is not recorded at all. Nationality is a variable with almost complete information for most of the countries except for Bosnia and Herzegovina where it is probably a matter of agencies' policies to not keep this information and Romania, where information concerning nationality is missing for almost 45% of the cases.

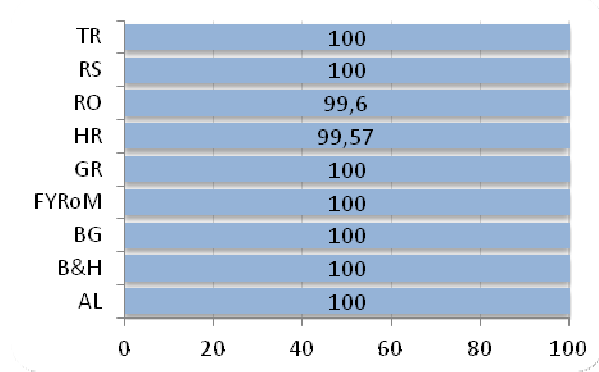
In regards to the educational status of the child-victim of CAN, in Turkey (probably due to the source of data for the CBSS) the information was available in less than the half cases while in the remaining countries the percentages of cases with available information ranged from ~72% to 100%. For the work-status of the children, however, the available information were even less, as in 4 out of the 9 countries there were data recorded whether they worked or not for less than 50% of the children. Educational and behaviour related problems are issues for which agencies working with children-victims of CAN in general do not keep complete information (with the exception of Serbia): specifically, for education-related problems, the available information for 5 out of the 9 countries is less than 60% of the cases, while for behaviour-related problems, in 4 out of the 9 countries the respective information is available for less than 65% of the cases. As for the health condition of the children, in only 4 out of the 9 countries the respective information is available for more than 8 out of 10 cases, while the respective percentages for substance-abuse problems are even lower.



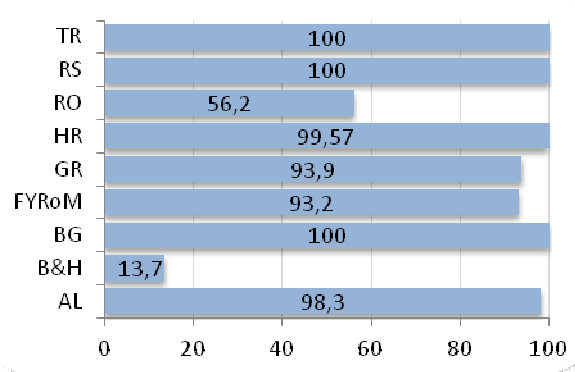
Age



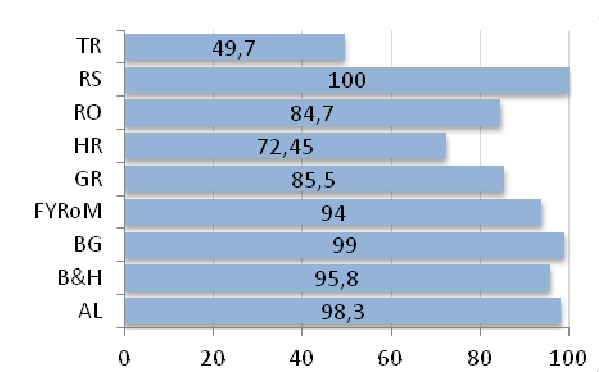
Date of birth



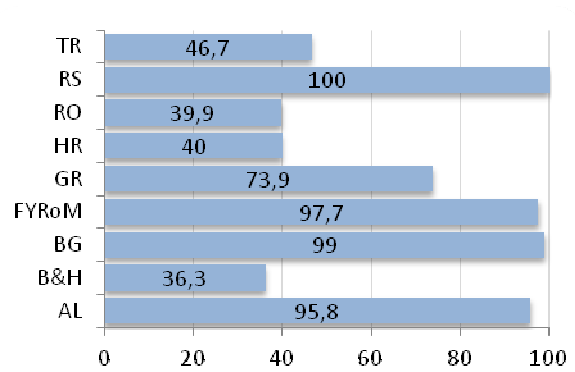
Gender



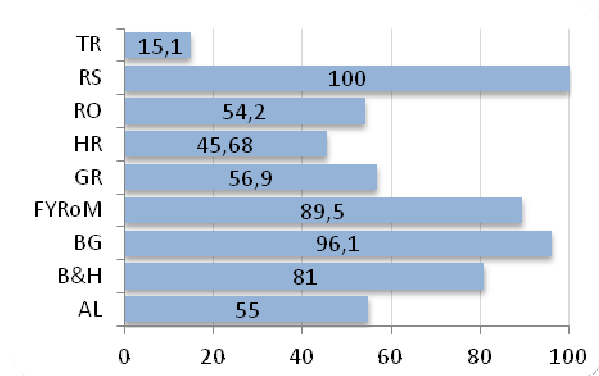
Nationality



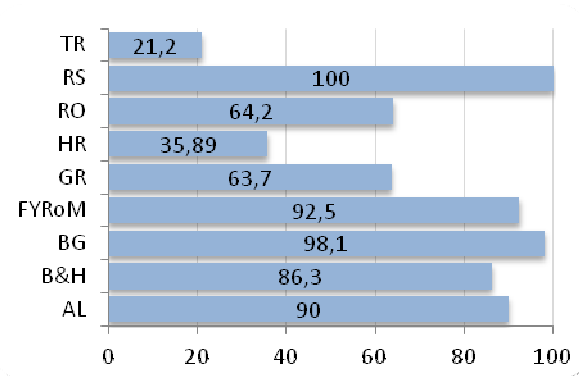
Educational Status



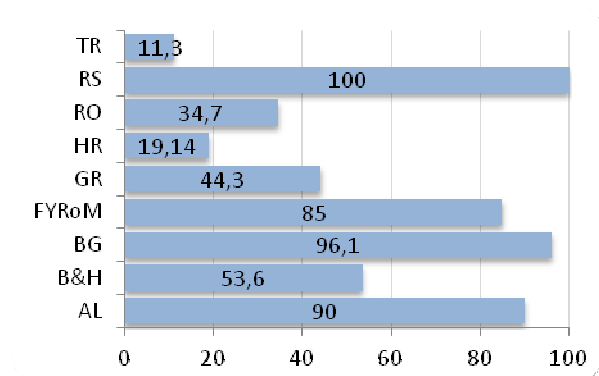
Work Status



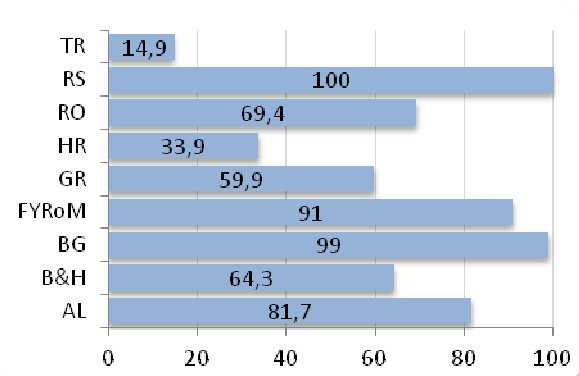
Education-related problems



Behaviour related problems

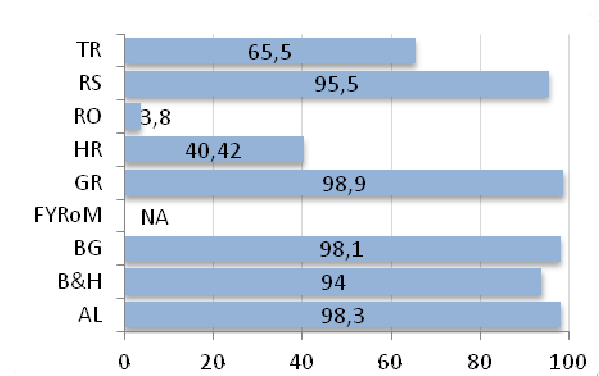


Substance-abuse problems

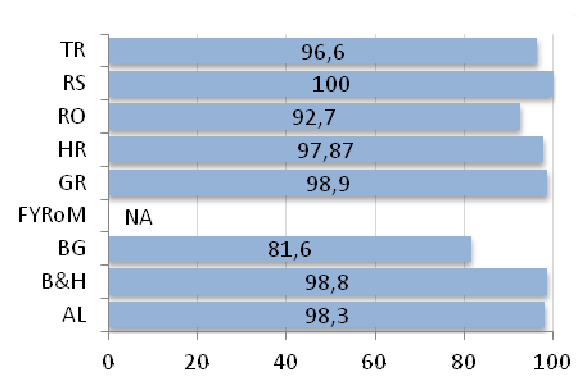


Diagnosed Disabilities

Child's Contact details

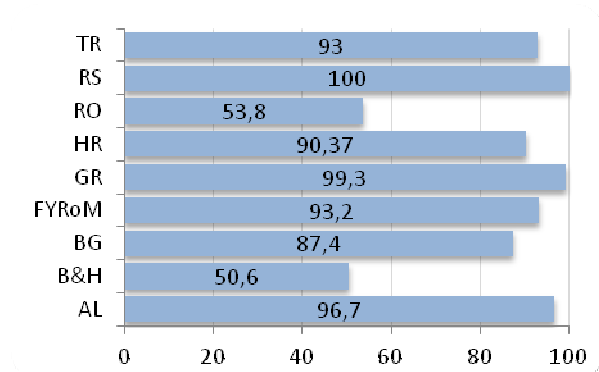


Telephone number

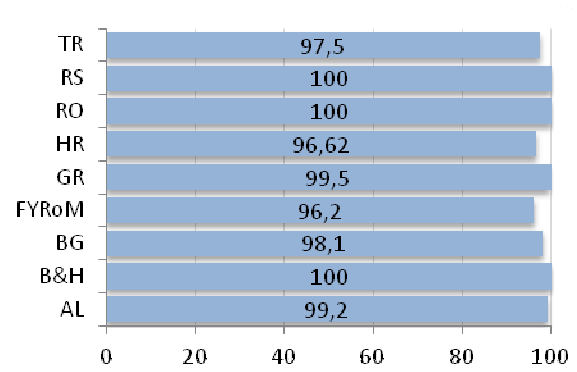


Address

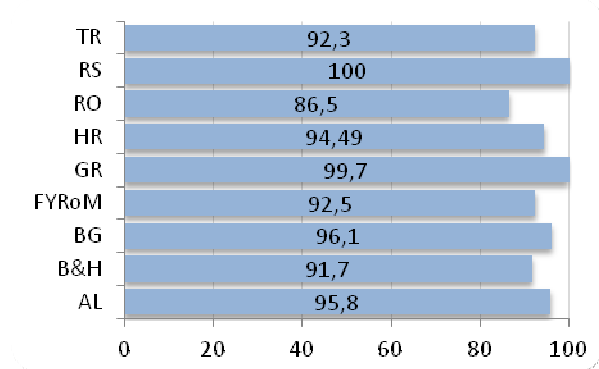
Concerning the general category “**incident-related information**”, it seems that general information such as the source of referral, the scene of the incident and the form of maltreatment is almost fully available in all countries, information concerning the duration of maltreatment was available for only ~50% of the cases in Romania and Bosnia.



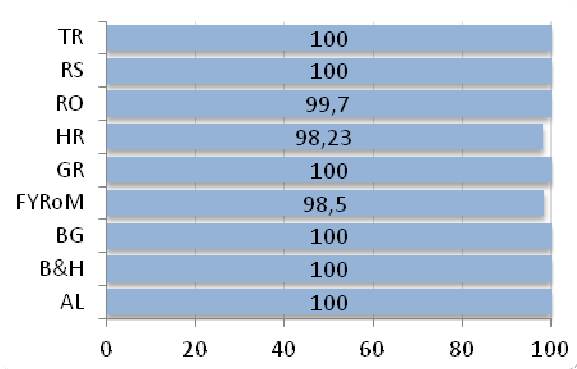
Duration of maltreatment



Source of referral



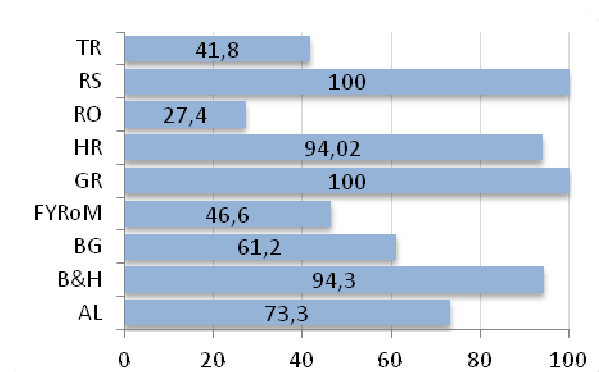
Scene of incident



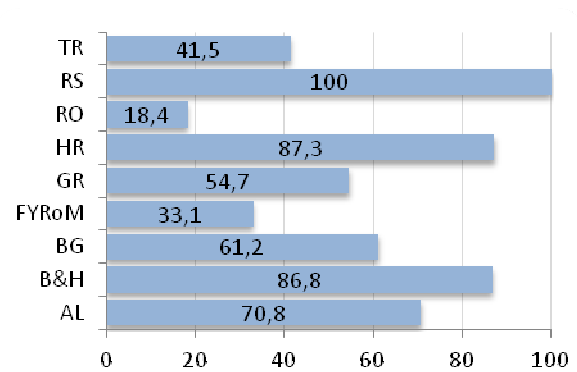
Form of maltreatment

Considering the individual forms of CAN, again with the exception of Serbia, the available information ranges among countries per specific variables. As for physical abuse, status of substantiation and recording of specifics forms ("practices") of abuse is available for less than 60% of the total CAN cases in 4 and 5 out of the 9 countries respectively, regardless of whether they have a CAN monitoring system or not. Moreover, in 8 out of the 9 countries the information whether an injury was caused due to physical abuse is not recorded while, for the cases where the information is available, the nature of the injury is specified for less than 40% of the cases in 7 out of the 9 countries.

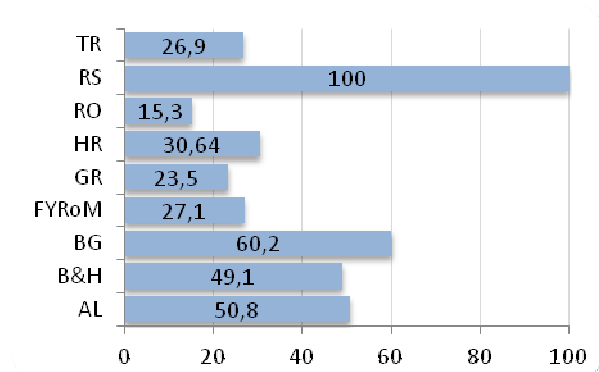
Physical abuse



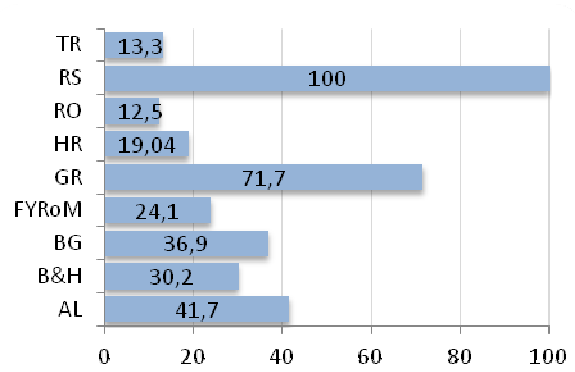
Status of substantiation



Specific Forms



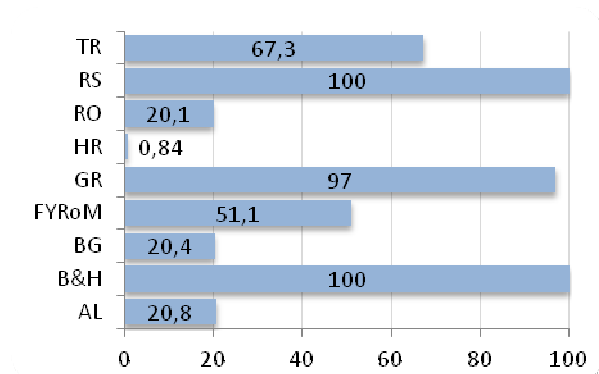
Injury due to physical abuse



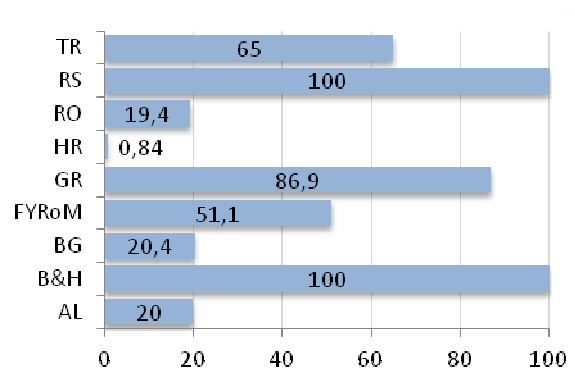
Nature of injury(-ies)

For sexual abuse cases, the information is adequate (concerning substantiation and the specific forms of abuse) in only 3 out of the 9 countries (while, concerning the Croatia, the identified cases in the context of the CBSS were very few and therefore the respective percentages may be not the usual ones).

Sexual abuse



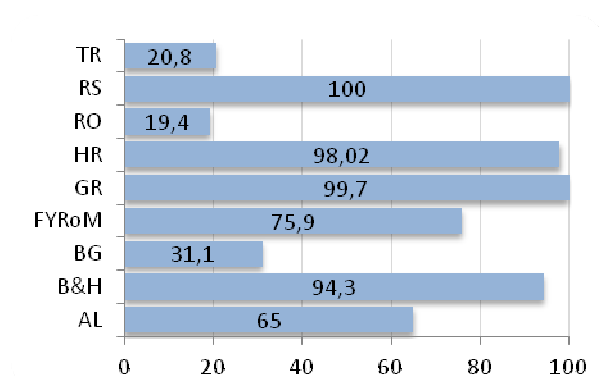
Status of substantiation



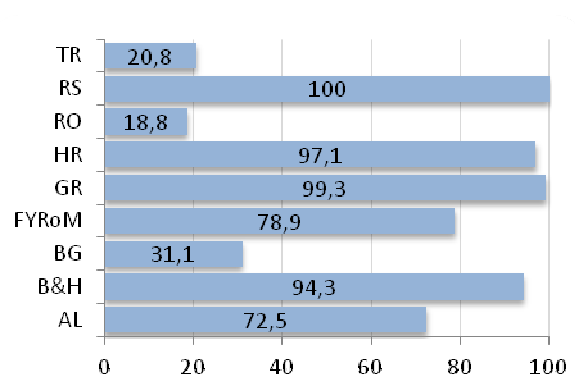
Specific Forms

For psychological abuse cases, the missing information is significant in 3 out of the 9 countries (namely Turkey, Romania and Bulgaria), while in the rest of the countries the information is available for more than 65% of the total identified cases.

Psychological abuse



Status of substantiation

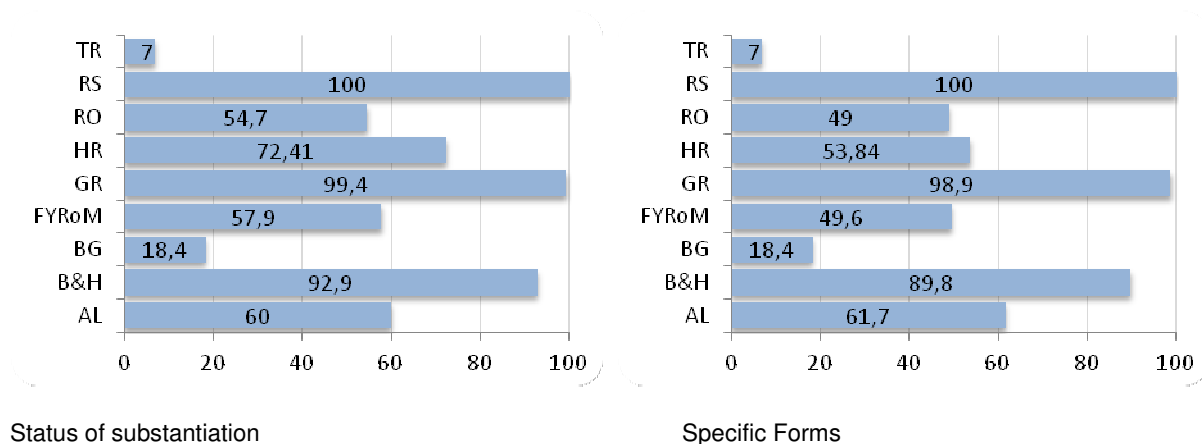


Specific Forms

In regards to cases concerning neglect, in 3 out of the 9 countries the available recorded information seems to be adequate, in 4 out of the 9 countries the information of substantiation and specific forms of neglect is

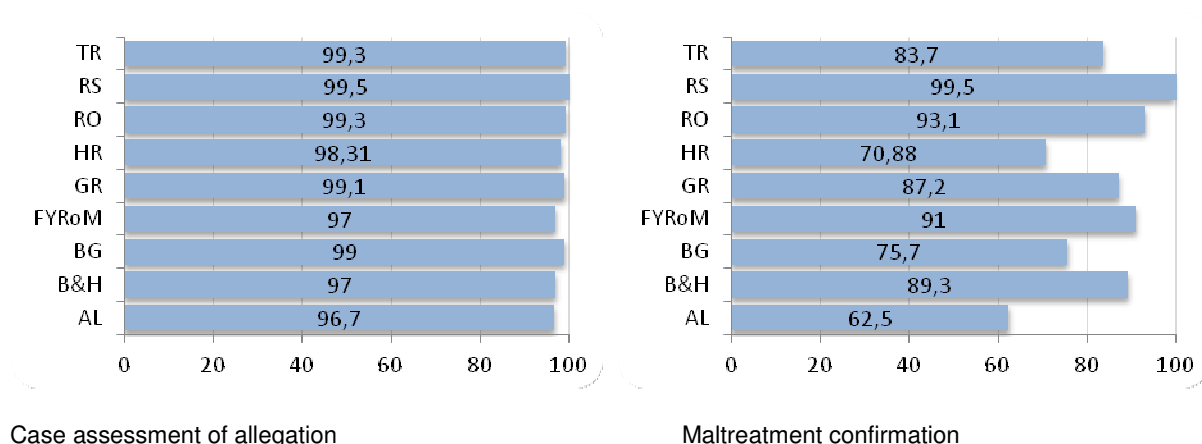
available for ~50% of the cases, while in the 2 remaining countries (Turkey and Bulgaria) the information is available for less than 10% and 20% respectively.

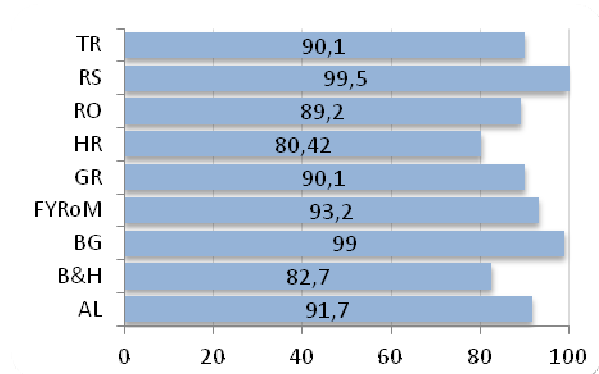
Neglect



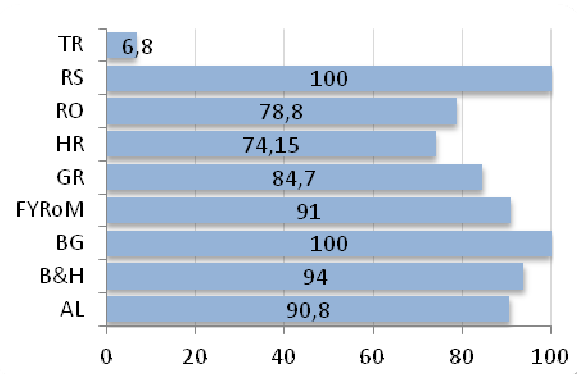
In all countries, the information related to agencies involved in case assessment (namely maltreatment assessment and confirmation) and the kind of action taken (legal or other, care plan for the child or whether the child was placed out of home), is usually available (in general for more than 7 out of the 10 cases) with an exception in Turkey, where almost no information was available regarding the care plan decided for the children or whether out of home placement was realized. This last issue may be due to the fact that the main data in Turkey was derived from courts of law, where no such of information is included in the respective databases. Moreover, in all countries it seems that the available information concerning the agencies proceeding to confirmation of maltreatment is less than the respective information concerning the agencies who were involved in the assessment of the maltreatment. As for whether legal action taken and of what specific type, it seems that the information is available for more than the 80% of the cases in all countries.

Agencies involved in case assessment and action taken

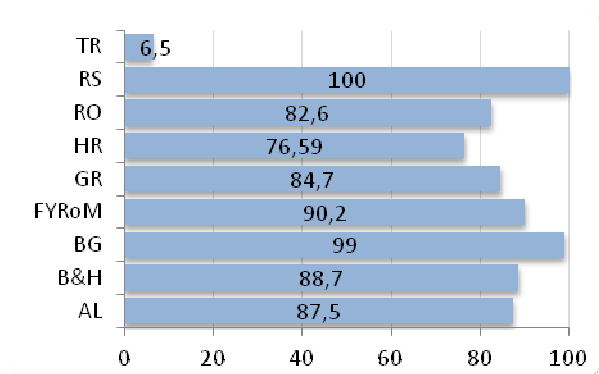




Legal action taken



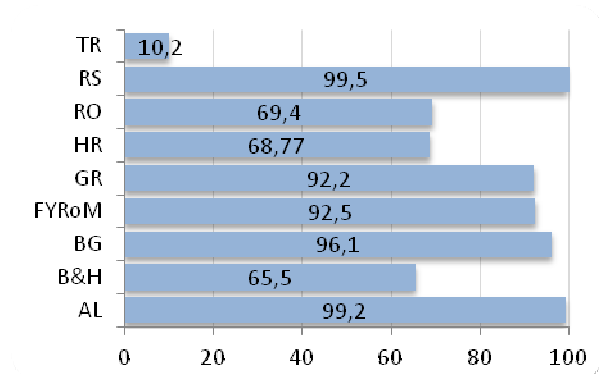
Care plan for child



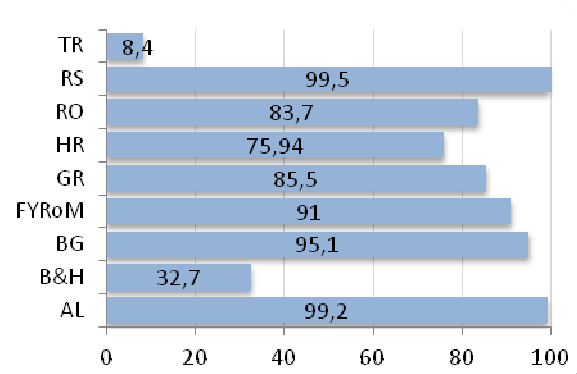
Out of Home placement

Concerning referrals made to services and services received, not only by the children but also by their families, the information was available for more than 8 out of 10 cases in Serbia, Romania, Greece, FYRoM, Bulgaria and Albania. In Turkey, it was available for less than 10% of the cases and in Bosnia and Herzegovina for less than 65% of the cases (particularly for services received in less than 33% of cases).

Referrals made to services & services received



Referrals made to services

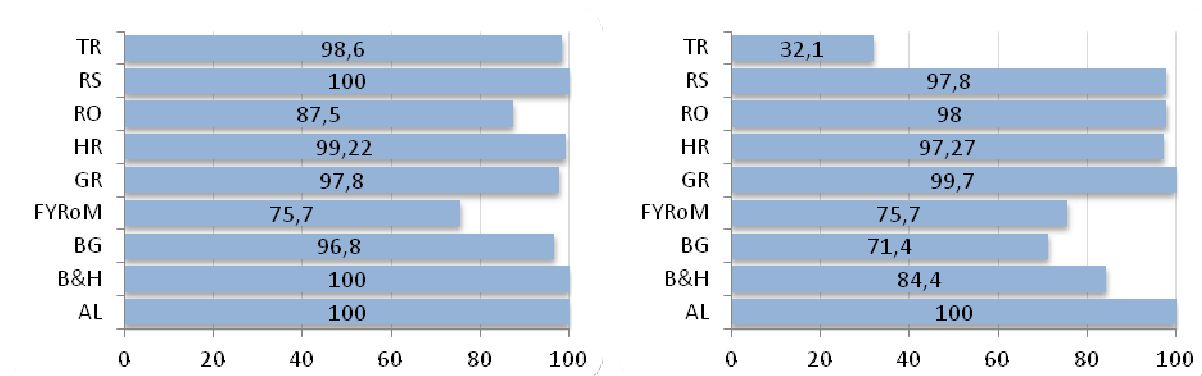


Services received

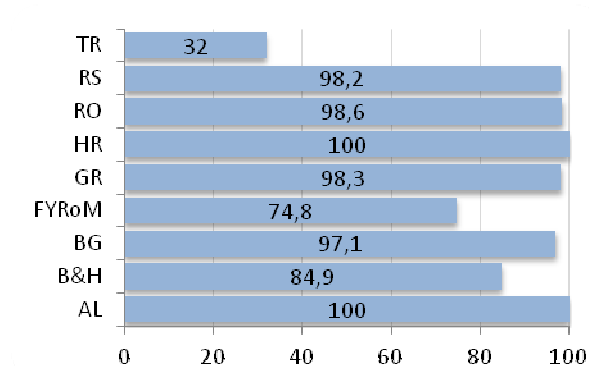
Concerning perpetrators involved per case, the available recorded information in the archives of the agencies in all countries ranges from 70% to 100%, as well as the status of allegation of perpetrator(s) on the basis of a legal decision (apart from Turkey, where for only 1 out of 3 cases the respective information is available). As for the demographics of the perpetrators, as illustrated in the respective figures below, the available information ranges from country to country for individual characteristics.

It is of interest that information such as the age of the perpetrator is not available in the archives of the agencies for almost half of the cases in half of the countries and information concerning the educational level is available for more than 50% in only 4 out of the 9 countries. Moreover, in half of the countries the perpetrators' employment status is not recorded for more than 40% of the cases, while information concerning the marital status is more complete (except for Turkey, where the information is available for only 1 out of 4 perpetrators). The same is also valid concerning the information about the perpetrator(s)' relationship to the child victim: in general, agencies across the Balkans record this information (for at least 7 out of 10 cases) except for Turkey, where this holds true for only 1 out of 3 cases. Information concerning other characteristics of the perpetrators (such as history of substance abuse, physical-mental disabilities, history of victimization/abuse and whether there were previous similar allegations), are available for more than ~40% in only 2 out of the 9 countries (Serbia and Bulgaria).

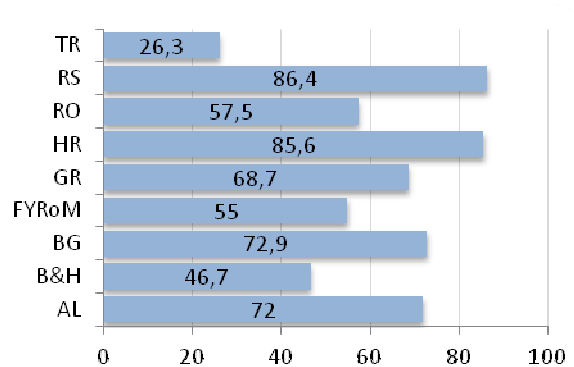
Perpetrator(s)' information



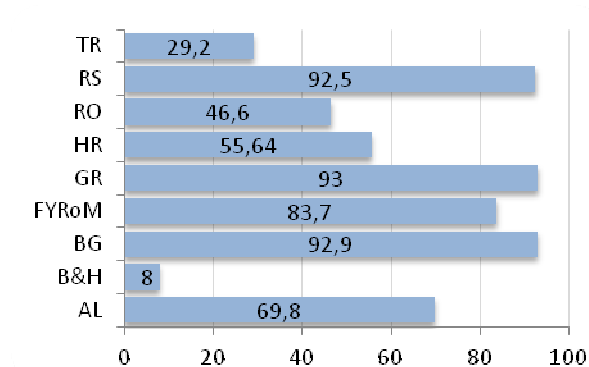
Number of perpetrators



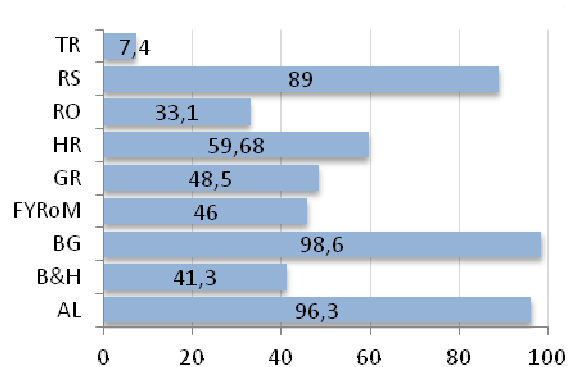
Status of allegation



Gender

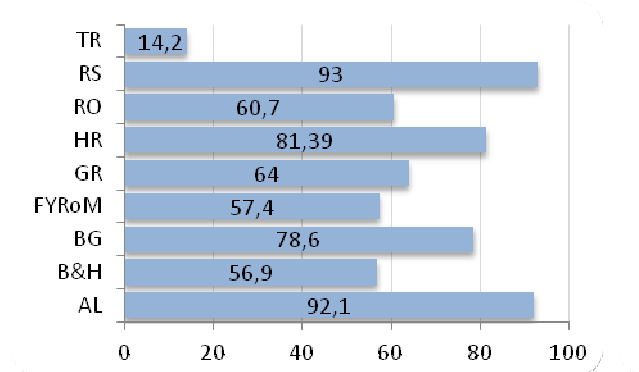


Age

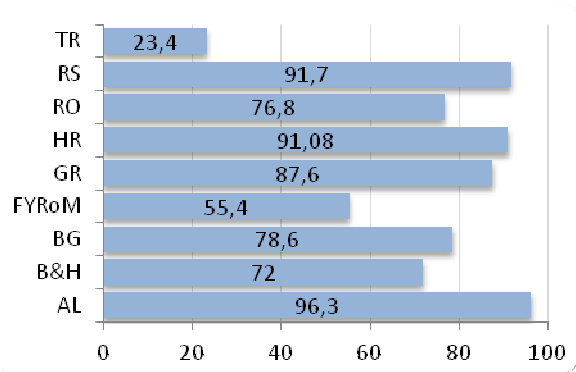


Nationality

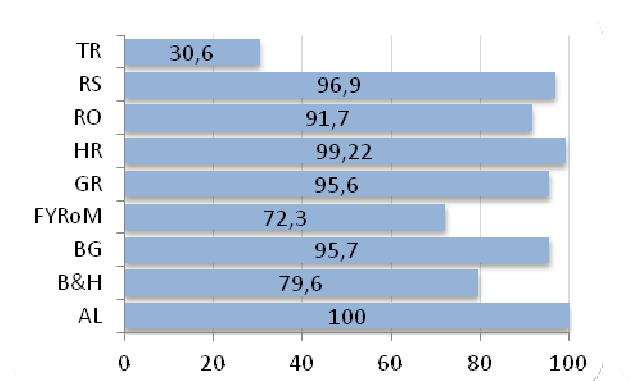
Educational level



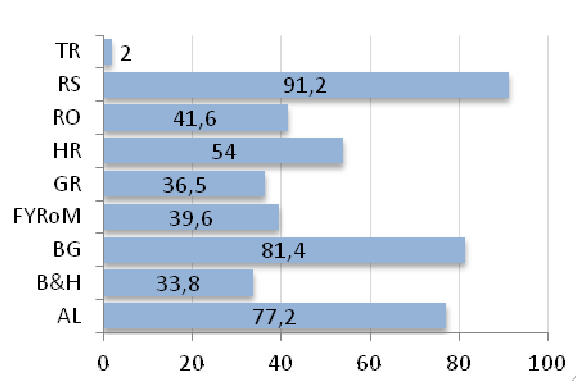
Employment status



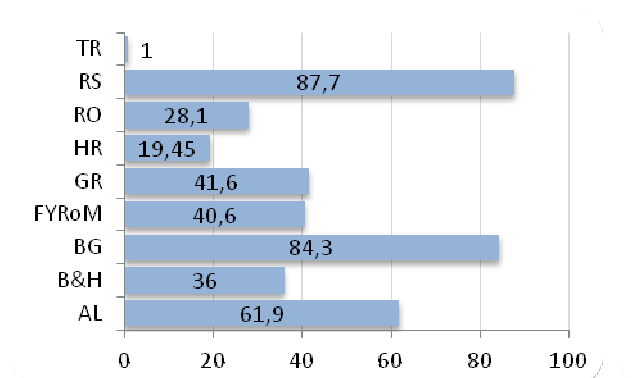
Marital status



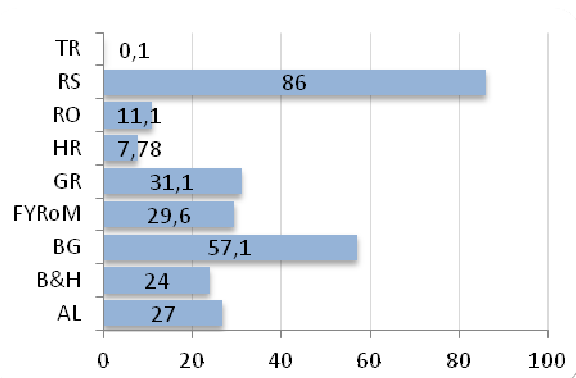
Relationship to child



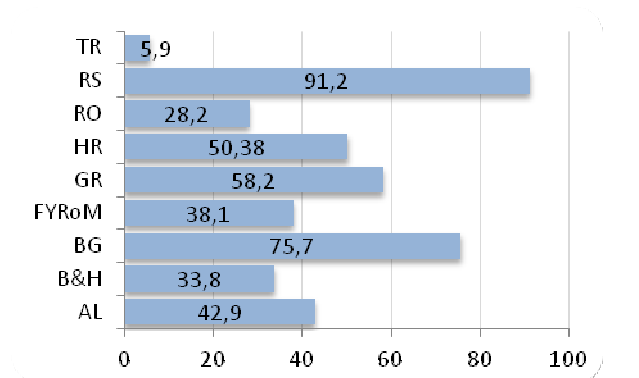
History of substance abuse



Physical-Mental Disabilities

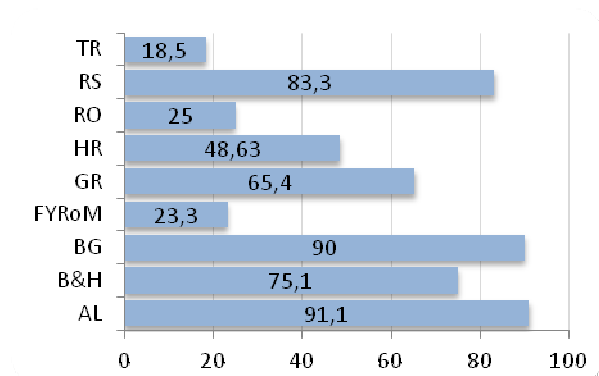


History of victimization/abuse

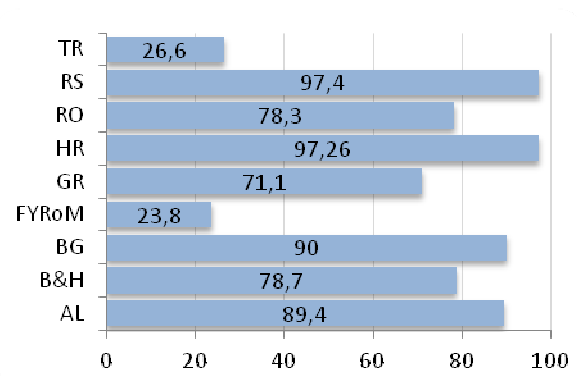


Previous similar allegations

Contact details



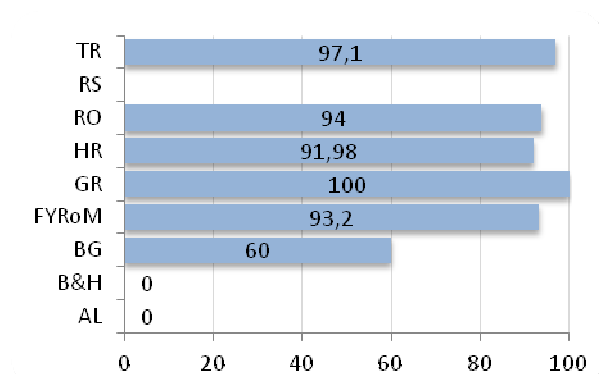
Telephone number



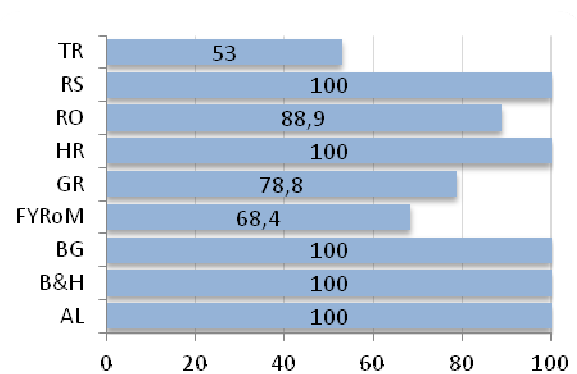
Address

Concerning the caregiver(s) of children-victims of CAN, again the information is not fully complete among the countries. The available information for individual characteristics per country is illustrated in the figures below.

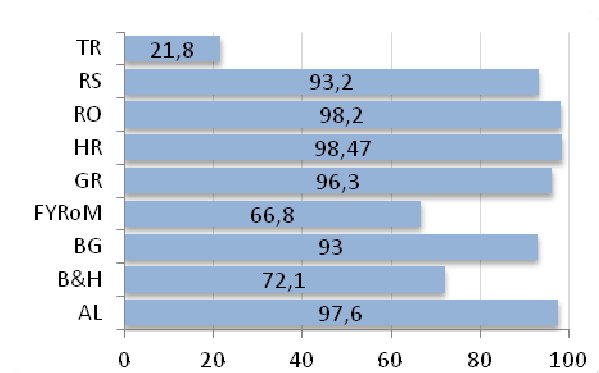
Caregiver(s) related information



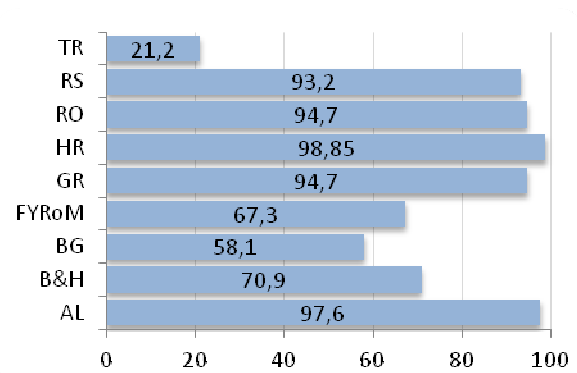
Relation to Perpetrators



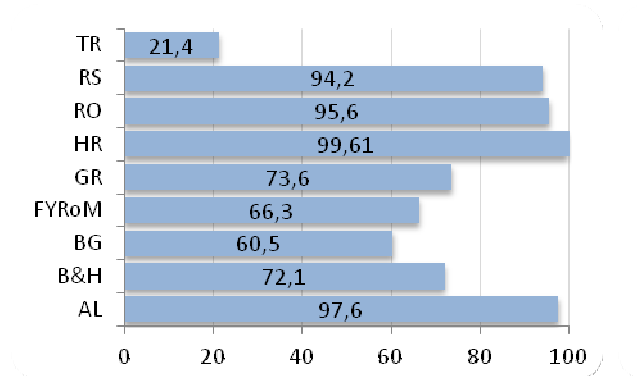
Number of caregivers



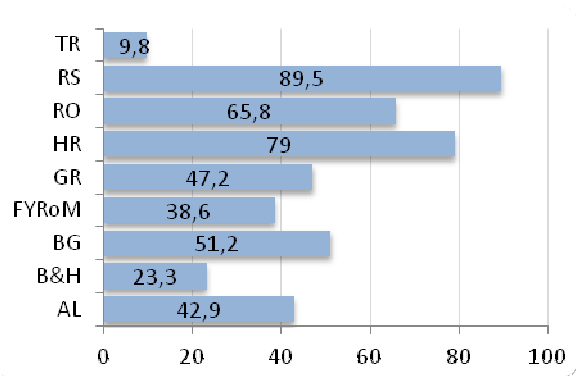
Relationship to Child



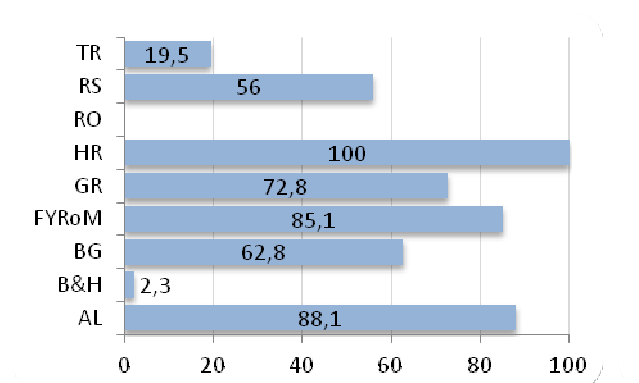
Type of Guardianship



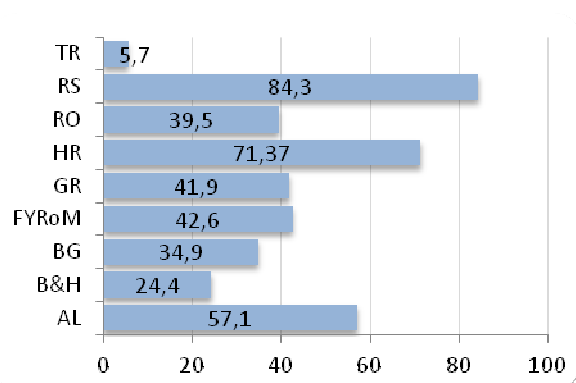
Gender



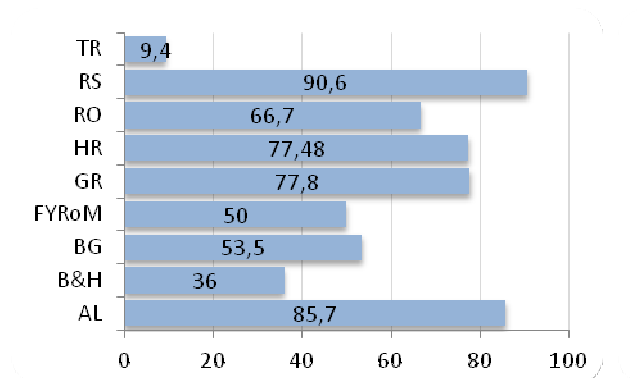
Age



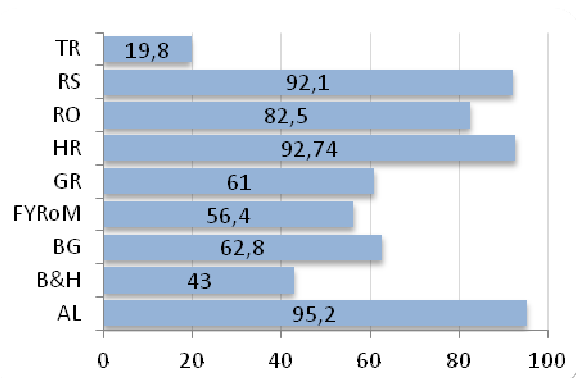
Nationality



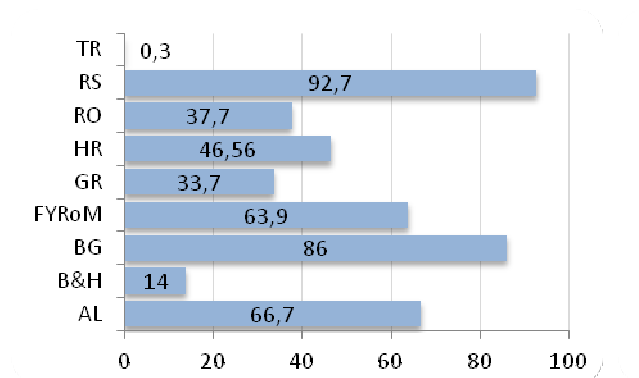
Educational level



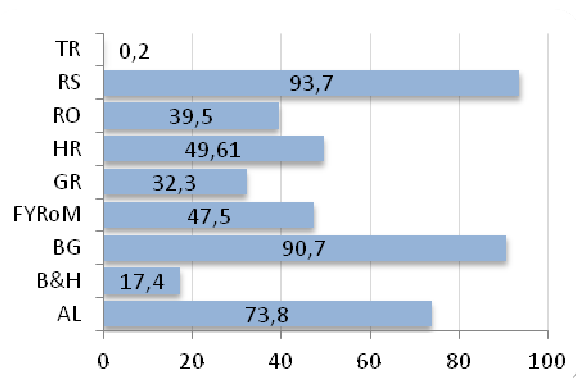
Employment status



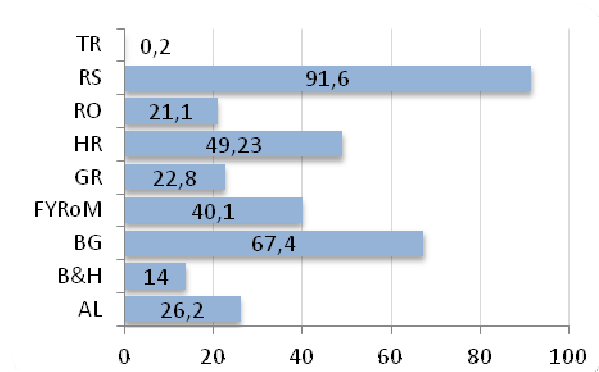
Marital status



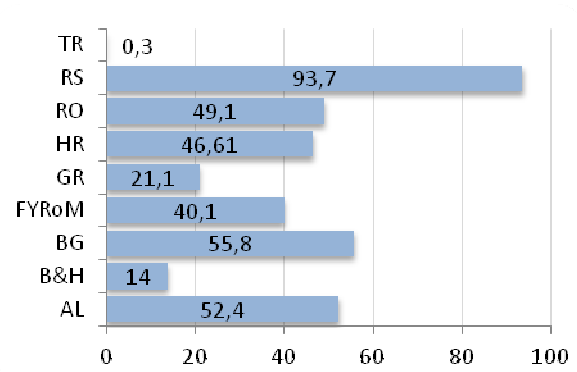
History of substance abuse



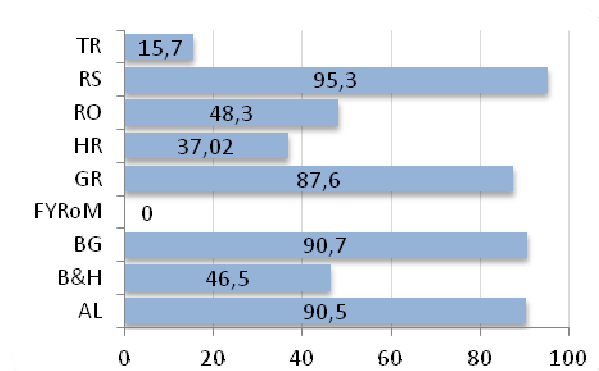
Physical-Mental Disabilities



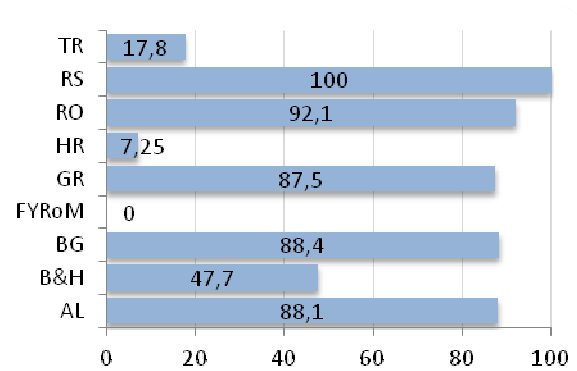
History of victimization/abuse



History of CAN allegations



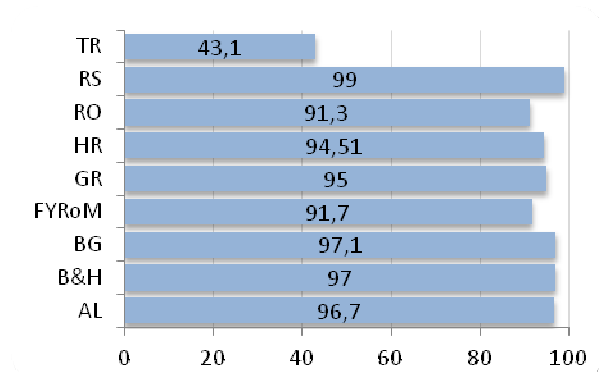
Telephone number



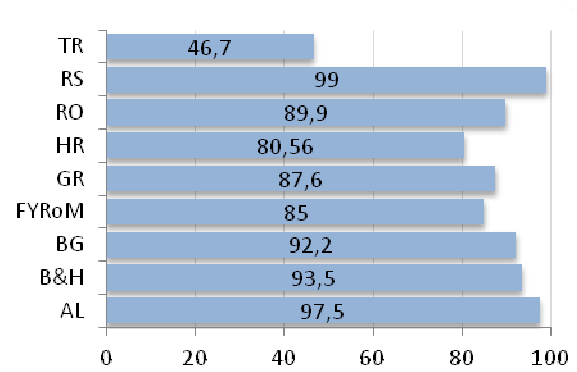
Address

However, it seems that the information related to families of children-victims of CAN is more complete in the archives of the related agencies in all countries, except for Turkey (where the information on family status and number of co-habitants was available for less than 50% of the cases identified in the context of the CBSS, while concerning the existence of other children-victims of abuse or other types of abuse in the family, the information was available in less than 10% of the total number of cases). As for the variable “other types of abuse in the family”, the available information was adequate mainly in Serbia and to a certain extent in Albania.

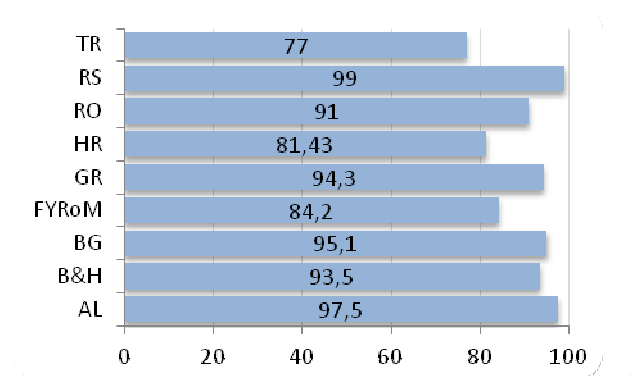
Family-related information



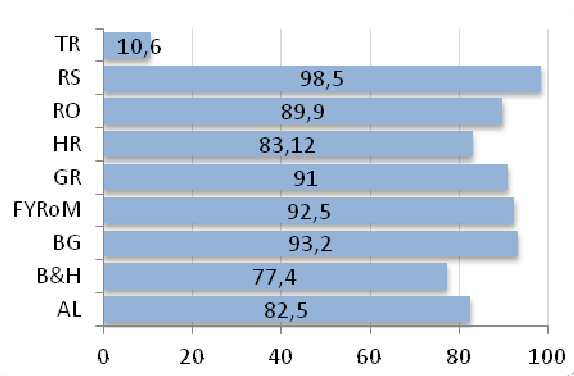
Family status



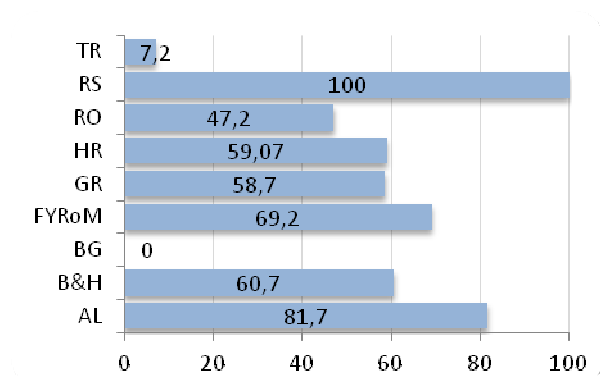
Number of co-habitants



Co-habitants' identity



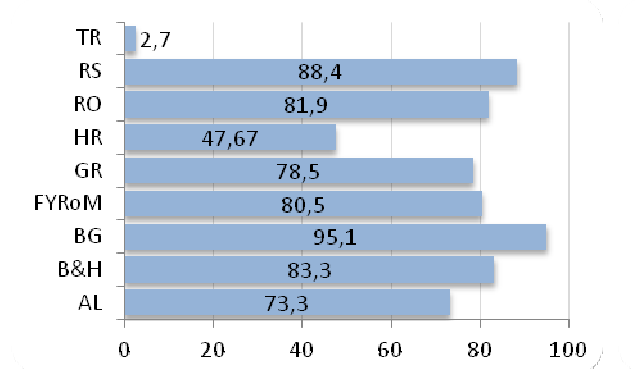
Other CAN victims



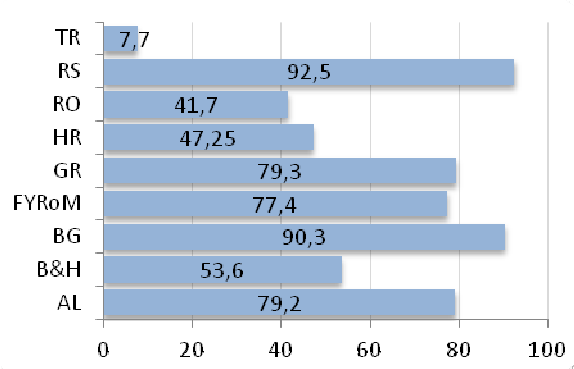
Other types of abuse

On the other hand, information related to household is more complete, especially concerning housing adequacy (except for Turkey). For the household income, the relevant information was available for more than 70% of the cases in 5 out of the 9 countries, while in Bosnia and Herzegovina, Croatia, Romania, and Turkey it was less than 55%, 48%, 45% and 10% respectively. Moreover, in Turkey no information was available in the archives of the agencies-data sources for the CBSS for the source of income and whether the family had financial problems or not.

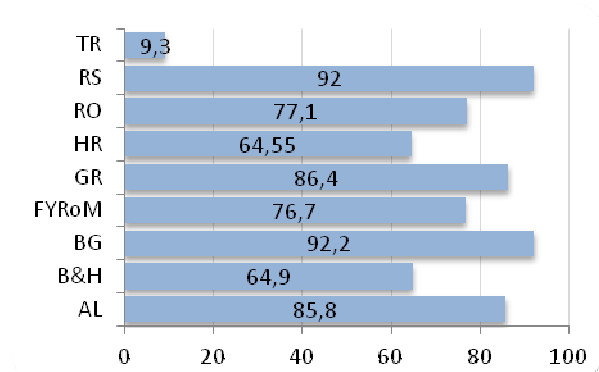
Household-related information



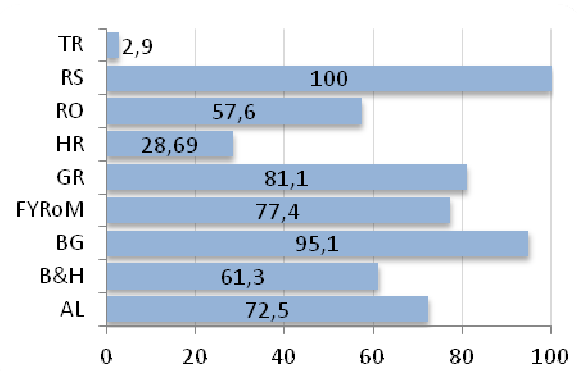
Housing adequacy



Household income



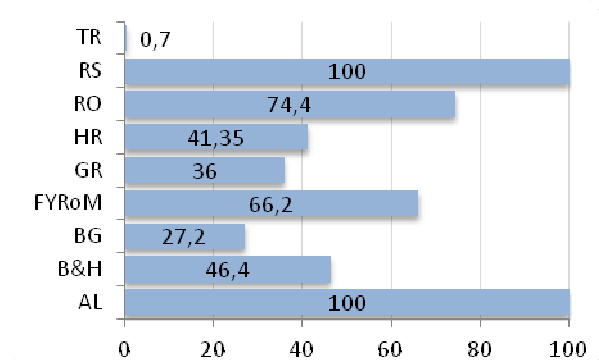
Source of income



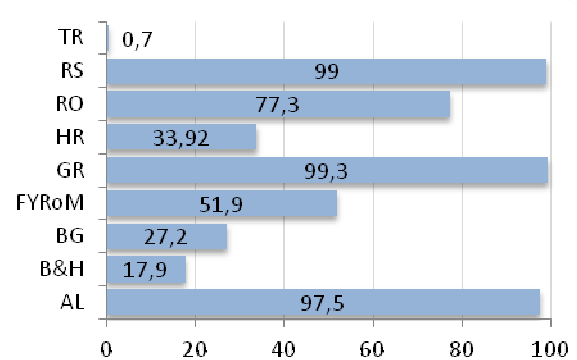
Financial problems

It is of note that only in 2 out of the 9 countries, the related agencies keep information on whether previous maltreatment was referred per case (namely Serbia and Albania), while for the remaining countries the related percentages ranged from 0,7% of the cases identified in the context of CBSS to ~75% in Romania. As for the cases where the information for previous maltreatment was available, the availability of further details (such as the perpetrator(s), and the agencies involved) varied per country.

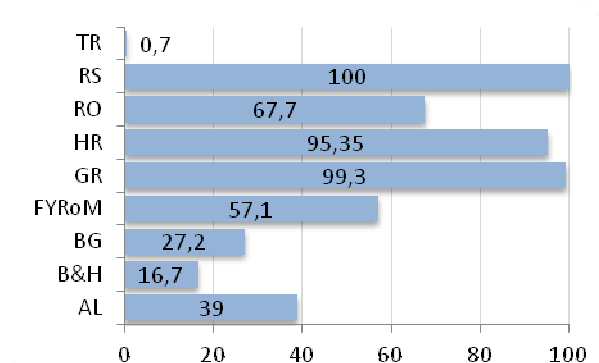
Previous maltreatment



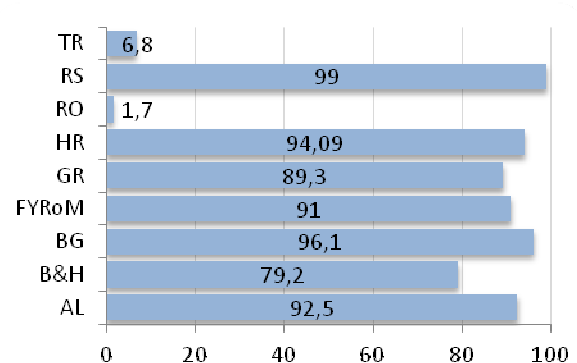
Type of most severe maltreatment



Perpetrator(s)



Investigating agencies



Follow-up information

Investig

Lastly, the information related to follow-up (including the option “there is no follow-up”) was unspecified for almost all of the cases in Romania and Turkey, while in the remaining countries it ranged from ~79% (Bosnia and Herzegovina) to 99% (Serbia).

In Table C.3 below, all of the above mentioned information is summarized.

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

	Available information per Country								
	AL	B&H	BG	FYRoM	GR	HR	RO	RS	TR
Report date (exact date of intake)	100	78,6	60,0	88,7	81,9	100,0	97,2	100	96,2
Child-related information									
Age	100	100,0	100,0	100,0	100,0	100,0	100,0	100	100,0
Date of birth	-	96,4	60,0	100,0	47,8	100,0	100,0	100	99,8
Gender	100,0	100,0	100,0	100,0	100,0	99,57	99,6	100	100,0
Nationality	98,3	13,7	100,0	93,2	93,9	99,57	56,2	100	100,0
Educational Status	98,3	95,8	99,0	94,0	85,5	72,45	84,7	100	49,7
Work Status	95,8	36,3	99,0	97,7	73,9	40	39,9	100	46,7
Education-related problems	55,0	81,0	96,1	89,5	56,9	45,68	54,2	100	15,1
Behaviour related problems	90,0	86,3	98,1	92,5	63,7	35,89	64,2	100	21,2
Substance-abuse problems	90,0	53,6	96,1	85,0	44,3	19,14	34,7	100	11,3
Diagnosed Disabilities	81,7	64,3	99,0	91,0	59,9	33,90	69,4	100	14,9
Contact details									
Telephone number	98,3	94,0	98,1	NAvail	98,9	40,42	3,8	95,5	65,5
Address	98,3	98,8	81,6	NAvail	98,9	97,87	92,7	100	96,6
Incident related information									
Duration of maltreatment	96,7	50,6	87,4	93,2	99,3	90,37	53,8	100	93,0
Source of referral	99,2	100,0	98,1	96,2	99,5	96,62	100,0	100	97,5
Scene of incident	95,8	91,7	96,1	92,5	99,7	94,49	86,5	100	92,3
Form of maltreatment	100,0	100,0	100,0	98,5	100,0	98,23	99,7	100	100,0
Physical abuse									
Status of substantiation	73,3	94,3	61,2	46,6	100,0	94,02	27,4	100	41,8
Specific Forms	70,8	86,8	61,2	33,1	54,7	87,30	18,4	100	41,5
Injury due to physical abuse	50,8	49,1	60,2	27,1	23,5	30,64	15,3	100	26,9
Nature of injury(-ies)	41,7	30,2	36,9	24,1	71,7	19,04	12,5	100	13,3
Sexual abuse									
Status of substantiation	20,8	100,0	20,4	51,1	97,0	0,84	20,1	100	67,3
Specific Forms	20,0	100,0	20,4	51,1	86,9	0,84	19,4	100	65,0
Psychological abuse									
Status of substantiation	65,0	94,3	31,1	75,9	99,7	98,02	19,4	100	20,8
Specific Forms	72,5	94,3	31,1	78,9	99,3	97,10	18,8	100	20,8
Neglect									
Status of substantiation	60,0	92,9	18,4	57,9	99,4	72,41	54,7	100	7,0
Specific Forms	61,7	89,8	18,4	49,6	98,9	53,84	49,0	100	7,0
Case assessment of allegation	96,7	97,0	99,0	97,0	99,1	98,31	99,3	99,5	99,3
Maltreatment confirmation	62,5	89,3	75,7	91,0	87,2	70,88	93,1	99,5	83,7
Legal action taken	91,7	82,7	99,0	93,2	90,1	80,42	89,2	99,5	90,1
Care plan for child	90,8	94,0	100,0	91,0	84,7	74,15	78,8	100	6,8
Out of Home placement	87,5	88,7	99,0	90,2	84,7	76,59	82,6	100	6,5
Perpetrator(s)' information									
Number of perpetrators	100	100,0	96,8	75,7	97,8	99,22	87,5	100	98,6
Status of allegation	100	84,4	71,4	75,7	99,7	97,27	98,0	97,8	32,1
Gender	100	84,9	97,1	74,8	98,3	100	98,6	98,2	32,0
Age	72,0	46,7	72,9	55,0	68,7	85,60	57,5	86,4	26,3
Nationality	69,8	8,0	92,9	83,7	93,0	55,64	46,6	92,5	29,2
Educational level	96,3	41,3	98,6	46,0	48,5	59,68	33,1	89,0	7,4
Employment status	92,1	56,9	78,6	57,4	64,0	81,39	60,7	93,0	14,2
Marital status	96,3	72,0	78,6	55,4	87,6	91,08	76,8	91,7	23,4
Relationship to child	100,0	79,6	95,7	72,3	95,6	99,22	91,7	96,9	30,6
History of substance abuse	77,2	33,8	81,4	39,6	36,5	54,00	41,6	91,2	2,0
Physical-Mental Disabilities	61,9	36,0	84,3	40,6	41,6	19,45	28,1	87,7	1,0
History of victimization/abuse	27,0	24,0	57,1	29,6	31,1	7,78	11,1	86,0	0,1
Previous similar allegations	42,9	33,8	75,7	38,1	58,2	50,38	28,2	91,2	5,9
Telephone number	91,1	75,1	90,0	23,3	65,4	48,63	25,0	83,3	18,5
Address	89,4	78,7	90,0	23,8	71,1	97,26	78,3	97,4	26,6

(Table C.3. cont.)

	Country								
	AL	B&H	BG	FYRoM	GR	HR	RO	RS	TR
Caregiver(s) related information									
Relation to Perpetrators	NAvail	NAvail	60,0	93,2	100	91,98	94,0		97,1
Number of caregivers	100	100,0	100,0	68,4	78,8	100	88,9	100,0	53,0
Relationship to Child	97,6	72,1	93,0	66,8	96,3	98,47	98,2	93,2	21,8
Type of Guardianship	97,6	70,9	58,1	67,3	94,7	98,85	94,7	93,2	21,2
Gender	97,6	72,1	60,5	66,3	73,6	99,61	95,6	94,2	21,4
Age	42,9	23,3	51,2	38,6	47,2	79,00	65,8	89,5	9,8
Nationality	88,1	2,3	62,8	85,1	72,8	100		56,0	19,5
Educational level	57,1	24,4	34,9	42,6	41,9	71,37	39,5	84,3	5,7
Employment status	85,7	36,0	53,5	50,0	77,8	77,48	66,7	90,6	9,4
Marital status	95,2	43,0	62,8	56,4	61,0	92,74	82,5	92,1	19,8
History of substance abuse	66,7	14,0	86,0	63,9	33,7	46,56	37,7	92,7	0,3
Physical-Mental Disabilities	73,8	17,4	90,7	47,5	32,3	49,61	39,5	93,7	0,2
History of victimization/abuse	26,2	14,0	67,4	40,1	22,8	49,23	21,1	91,6	0,2
History of CAN allegations	52,4	14,0	55,8	40,1	21,1	46,61	49,1	93,7	0,3
Contact details								100,0	
Telephone number	90,5	46,5	90,7	NAvail	87,6	37,02	48,3	95,3	15,7
Address	88,1	47,7	88,4	NAvail	87,5	7,25	92,1	100,0	17,8
Family-related information									
Family status	96,7	97,0	97,1	91,7	95,0	94,51	91,3	99,0	43,1
Number of co-habitants	97,5	93,5	92,2	85,0	87,6	80,56	89,9	99,0	46,7
Co-habitants' identity	97,5	93,5	95,1	84,2	94,3	81,43	91,0	99,0	77,0
Other CAN victims	82,5	77,4	93,2	92,5	91,0	83,12	89,9	98,5	10,6
Other types of abuse	81,7	60,7	0,0	69,2	58,7	59,07	47,2	100,0	7,2
Referrals made to services		65,5	96,1	92,5	92,2	68,77	69,4	99,5	10,2
Services received	99,2	32,7	95,1	91,0	85,5	75,94	83,7	99,5	8,4
Household-related information									
Housing adequacy	73,3	83,3	95,1	80,5	78,5	47,67	81,9	88,4	2,7
Household income	79,2	53,6	90,3	77,4	79,3	47,25	41,7	92,5	7,7
Source of income	85,8	64,9	92,2	76,7	86,4	64,55	77,1	92,0	9,3
Financial problems	72,5	61,3	95,1	77,4	81,1	28,69	57,6	100,0	2,9
Previous maltreatment									
Type of most severe maltreatment	100,0	46,4	27,2	66,2	36,0	41,35	74,4	100,0	0,7
Perpetrator(s)	97,5	17,9	27,2	51,9	99,3	33,92	77,3	99,0	0,7
Investigating agencies	39,0	16,7	27,2	57,1	99,3	95,35	67,7	100,0	0,7
Follow-up information	92,5	79,2	96,1	91,0	89,3	94,09	1,7	99,0	6,8

CHAPTER D. RESULTS BY COUNTRY

As already mentioned in the Chapter “Results”, in the current report the incidence rates of CAN are presented per country, as well as information in regards to the agencies-sources of data for the CBSS and details on incidence rates per individual form of CAN, substantiation of maltreatment and for the presence of a single or multiple form of abuse and the main characteristics of children-victims of CAN. Other information, such as family- and household-related, perpetrators- and caregivers-related, services involvement (during the cases’ investigation as well as referrals to services and services provided) is also available in the national BECAN WP4 Reports “Case-based Surveillance” and in the second part of the current chapter, adopted by the national WP4 reports.

D.1 Study limitations

The nine case-based surveillance studies in the respective Balkan countries in the context of the BECAN project have been made following common methodology (namely identical tools and common data extraction processes) and their results provide a comprehensive picture of the current situation in each participating country along with a series of facts indicating weaknesses and positive characteristics of the CAN surveillance. However, due to a series of limitations these results—as it was expected- and could not be considered complete regarding their validity, reliability and representativeness, and international comparisons could not be made.

On the one hand main limitations concern the underreporting of CAN incidences which is observed globally for a variety of bibliographically well-known reasons hindering the accurate estimation of the magnitude and the characteristics of the phenomenon in general population. In many countries information for CAN incidence and prevalence is not available due to lack of coordinated national CAN monitoring efforts. Even in countries where a CAN surveillance system exist, as all international organizations working on children’s rights point out, there is much more CAN than the reported cases’ statistics reveal: for example, very often the people who are responsible for the care of the child victim is at the same time responsible and for its abuse and therefore, despite the effects it can have the abuse in the child itself, they avoid to turn to the competent services for help, because they do not want to suffer the consequences, criminal, social or other. Moreover, other people who are close to (family or/and social) environment of the child have the distorted perception that the non-reporting and, therefore, the non-disclosure of CAN protects the child victim from being socially stigmatized; to a certain extent this is also valid for the professionals from fields such as health, welfare and education (even if there is a legal context that defines mandatory reporting) who have a deliberate attitude of non-involvement, in order to avoid any further involvement in judicial or other procedures, especially in countries where there is no provision for a type of “professional legal immunity”. Furthermore, 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” and therefore 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.

On the other hand, the restrictions of the case-based surveillance studies in the nine Balkan countries not allowing comparisons among countries, over and beyond under-reporting for reasons mentioned above, concern mainly two broad issues: first, the current situation in the nine countries (existence or not of a CAN monitoring mechanism) and secondly the selection of the participating agencies per country (sampling or not).

As for the first issue, for countries having a CAN monitoring system, only agencies such as centers for social work provided data, while for the remaining countries CAN data derived from a variety of agencies involved in the administration of cases of child maltreatment (social services, health/mental health services, courts of law, police and education-related agencies). As for the second issue, in some countries all the related organizations were invited to provide data for the study (and the response rate varies from country to country),

while in other countries a sampling process was used on the basis of different criteria from country to country (more details are available in the CBSS national reports).

In this way, although identical tools and data extraction processes were used, the CBSS results are based on data derived from archives of agencies across the Balkans that use different surveillance methodologies based on different policy provisions, including different tools, processes and sources for monitoring CAN. In some cases these methodologies are not sufficient in providing a reliable picture of the CAN burden often leading to an underestimation of the magnitude of the problem. Therefore, estimated incidence rates are by definition biased due to selection process and underestimated (even higher than the official data provided by the respective systems in some countries for the same year). Lastly, the estimation of the general population in some countries was also made in an indirect way due to the fact that no recent national census was available.

Despite these limitations, however, information collected in the context of the BECAN CBSSs could be considered helpful because of a. an adequate mapping of the agencies administrating CAN cases was made in countries having no related monitoring mechanism, b. it was the first effort to gather and present systematically data on the incidence and the characteristics of abuse and neglect cases of children from the data available in the archives of the identified agencies that could potentially be the basis for a future national surveillance system, c. revealed the weaknesses of already existing monitoring mechanisms concerning their sensitivity in capturing CAN cases and the methodologies currently used, d. provided an estimation of the CAN magnitude according to what is known in the related agencies/surveillance systems that could lead to substantial discussion when they will be considered along with the results of the respective epidemiological studies, namely once it will be compared what the dedicated agencies seem to know to what the children and their parents say.

D.2 Conclusions at Balkan level

CBSS Participating Agencies in nine Balkan Countries

A total of 911 organizations/child services were identified in the eligible geographical areas. Out of these agencies 505 fulfilled the eligibility criteria set for the needs of the CBSS in each country respectively. Out of the eligible organizations that were invited to participate in the CBSS, finally 281 provided access to their archives. Almost 60% of the total agencies identified are located in countries without any CAN monitoring system (namely Albania, Bulgaria, FYRoM, Greece and Turkey) and the most of the refusals concerned the same countries. For the countries with a more or less well-organized CAN monitoring system (Bosnia and Herzegovina, Croatia, Romania and Serbia) none of the agencies invited to participate in the national CBSSs refused to cooperate, while the organizations which finally participated in the study constituted almost the 30% of the total of the organizations in Balkan level. In their vast majority the participated agencies belonged to the sector of social welfare, especially for the countries with existing CAN monitoring systems. In the remaining countries more than 1 out of the 3 agencies derived from the sectors of health and mental health, almost 1 out of the 10 to the judicial sector and less than 1 out of the 20 to the sectors of public order (police) and education. Therefore, the information for the CAN cases identified in the context of the national CBSS derives mainly from the social welfare sector. It is of interest that in more than the 6 out of the 10 of the organizations there is no screening policy while for countries having no CAN monitoring system, this rate is in general much higher. Moreover, only 1 out of the 3 professionals working in the participating agencies has a formal training on issues related to child abuse and neglect, while 4 out of the 10 of them have, according to the agencies, some kind of informal training (namely in the context of their daily work). It is noted that in Serbia (where no routine screening policy exists) all of the involved personnel are formally trained on issues related to CAN.

The results showed that there is a notable differentiation in the situation of CAN monitoring among Balkan countries in terms of structures, policies, methodologies and resources which actually hinders the comparison of the magnitude and characteristics of the problem among countries. On the other hand, it is of note that in all countries there was available a short of data related to CAN cases and it is encouraging that all the organizations maintain files that would potentially be used as a basis for the improvement or even the establishment of CAN monitoring mechanisms, where no such mechanisms are available.

Estimated CAN incidence rates in Balkan countries resulted from the Case-based Surveillance Study

Given these limitations, CAN incidence rates range from 0,41 cases per 1000 children in Romania to 6,05 cases per 1000 children in Greece and 6,8 per 1000 children in Croatia. For the remaining countries, the rates for Bulgaria and FYRoM are 3,77⁰/₀₀ and 3,45⁰/₀₀ while for Serbia, Bosnia, Albania and Turkey from 1,94⁰/₀₀ to 1,24⁰/₀₀. A general observation concerning these total CAN incidence rates is that they are higher for countries without CAN monitoring systems (such as Greece, Bulgaria, FYRoM) than in countries where a kind of CAN monitoring system is available, namely Romania and Serbia, but Croatia. The rate for Turkey is actually also high enough, given that the vast majority of the cases recorded concern sexual abuse as the agencies provided data were either courts of law or hospital.

As for the CAN estimated incidence rates in other countries with available CAN surveillance systems, the US national incidence rates of all child maltreatment (physical, sexual & psychological abuse and neglect) per 1000 children as it is mentioned in the respective reports (NIS-2, NIS-3 and NIS-4³⁷ for the years 1986, 1993 and 2005-6) where 14,8⁰/₀₀ children (NIS-2, 1986), 23,1⁰/₀₀ children (NIS-3, 1993) and 17,1⁰/₀₀ children (NIS-4, 2005-6). The incidence rates per form of maltreatment as they are estimated in the latest report (NIS-4, 2005-6) are for physical abuse 4,4⁰/₀₀ children, for sexual abuse 1,8⁰/₀₀ children, for emotional abuse 2⁰/₀₀ children and for neglect 10,5⁰/₀₀ children. Lastly, according to the same report, the severity of injuries due to child maltreatment was estimated as "fatal" for the 0,03⁰/₀₀ children, "serious" in 6,6⁰/₀₀ children, and "moderate" for 9,4⁰/₀₀ children. In Australia, according to the respective report, the estimated rates for abuse and neglect were respectively for children aged less than 1 year 12.0 per 1000 children, followed by children aged 1-4 years (6.9⁰/₀₀), 10-14 5,8⁰/₀₀ and for children aged 15-17 years 2.9⁰/₀₀.³⁸ In 2010-2011, the rate of substantiated CAN cases was estimated at 6,1/1000 children. Moreover, concerning individual forms of abuse, it is mentioned that nationally, the most common type of substantiated abuse was emotional (36%), followed by neglect (29%), while the proportion of substantiations that related to sexual abuse was much smaller nationally (14%) and there was also variation across jurisdictions regarding the proportion of substantiations that related to physical abuse, ranging from 14% to 31%.³⁹ In Canada, substantiated cases of CAN for the years 1998, 2003 and 2008, according to the Canadian Incidence Study of Reported Child Abuse and Neglect (2008)⁴⁰ were respectively 9,21⁰/₀₀ children (1998), 18,67⁰/₀₀ children (2003) and 16,19⁰/₀₀ children (2008).

Considering BECAN CBSS estimated CAN incidence rates with the respective rates of countries where CAN surveillance systems are employed, such as the US, Australia and Canada, it is obvious that they are considerably lower in most of the Balkan countries. The rates estimated in Croatia and Greece are more close to the respective estimations in the above mentioned countries but continue to be significantly lower.

Incidence rates per form of CAN resulted for the nine Balkan Countries in the CBSS

As for the physical abuse the incidence ranges from a minimum of 0,11⁰/₀₀ (Romania) to a maximum of 2,02⁰/₀₀ (Bulgaria). For countries with the convenience sample of agencies provided data the rate range from 1,08-2,02⁰/₀₀ (except for Turkey) while for countries who selected their agencies by sampling the rates are lower and less than 1⁰/₀₀, ranging from 0,11-0,8⁰/₀₀.

For sexual abuse, the trend is similar: countries with monitoring systems have lower rates; specifically for Croatia the rate assessed at 0,01⁰/₀₀, for Bosnia-Herzegovina at 0,05⁰/₀₀, for Romania at 0,09⁰/₀₀, and for Serbia at 0,42⁰/₀₀. On the other hand, incidence rates for sexual abuse in the remaining countries range in higher levels, as for the FYRoM the rate was assessed at 1,87⁰/₀₀, for Bulgaria 0,95⁰/₀₀, for Turkey 0,85⁰/₀₀, for Greece 0,79⁰/₀₀ and for Albania, the lower among this group of countries, at 0,34⁰/₀₀.

³⁷ Sedlak, A.J., Mettenburg, J., Basena, M., Petta, I., McPherson, K., Greene, A., and Li, S. (2010). Fourth National Incidence Study of Child Abuse and Neglect (NIS-4): Report to Congress, Executive Summary. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families.

³⁸ <http://www.aifs.gov.au/cfca/pubs/factsheets/a142086/index.html>

³⁹ Australian Institute of Health and Welfare 2012 Child protection Australia 2010–11. Child Welfare series no. 53. Cat. no. CWS 41. Canberra: AIHW.

⁴⁰ Public Health Agency of Canada. Canadian Incidence Study of Reported Child Abuse and Neglect – 2008: Major Findings. Ottawa, 2010.

For both, psychological abuse and neglect, the rates in Greece were calculated as significantly higher than the rest of the countries, justifying in an extent the difference in the total CAN incidence rates. As for the remaining countries, incidence for psychological abuse is higher than 1⁰/₀₀, except for Bosnia, Romania and Turkey, while the incidence of neglect in Bosnia and FYRoM is higher than 1⁰/₀₀, in Albania, Bulgaria and Serbia ranges from 0,05 to 1⁰/₀₀ and in Croatia, Romania and Turkey is less than 0,05⁰/₀₀.

Incidence rates by gender: As for the total CAN incidence by gender for each of the nine countries, in some of the countries, CAN seem to be more frequent among boys and in other countries more frequent among girls (even with small differences between genders). Specifically, In Albania, FYRoM, Croatia and Turkey, CAN incidence is higher among girls than boys. For Bosnia-Herzegovina, Greece, Romania and Serbia CAN incidence is higher among boys than girls. The larger difference of incidence rates between gender was noted in Turkey, where the CAN incidence for girls is more than twice the incidence of boys (1,72⁰/₀₀ vs 0,73⁰/₀₀), while the smaller difference is observed in Romania where CAN incidence rate for boys is 0,41⁰/₀₀ vs 0,40⁰/₀₀ for girls. For Bulgaria the respective rates are not available as the information for the general population by gender in the specific areas for the year 2010 was not available.

Incidence rates per country by gender for each individual form of abuse: Concerning physical abuse, incidence is higher among girls than boys in 5 out of the 8 countries (Bosnia-Herzegovina, Greece, Croatia, Romania and Turkey) while physical abuse incidence is higher among boys than girls in Albania, FYRoM and Serbia. The smaller difference is observed in Romania (0,11⁰/₀₀ vs 0,12⁰/₀₀ for boys and girls respectively) while the larger difference is noted in FYRoM (where incidence for boys is more than twice the respective incidence for girls). The higher incidence rate of physical abuse concerns girls in Greece (2,04⁰/₀₀) while the lower concerns boys in Romania (0,11⁰/₀₀).

Regarding sexual abuse incidence rates in all countries (but Bulgaria where data are not available) incidence rates for girls are higher than those for boys. In two countries, Bosnia-Herzegovina and Croatia, incidence of sexual abuse among boys was zero. In the rest of the countries, sexual abuse among girls estimated even as three folds than boys. As for the sexual abuse among girls, the higher rates were observed in FYRoM (1,69⁰/₀₀), followed by Turkey (1,48⁰/₀₀) and Greece (1,07⁰/₀₀) while the lower rates concern Croatia (0,03⁰/₀₀), Bosnia-Herzegovina (0,1⁰/₀₀) and Romania (0,14⁰/₀₀).

Incidence rates for psychological abuse for both genders were higher in Greece than the remaining countries, while the rate for girls is higher than the respective for boys. In Albania, FYRoM, Croatia and Turkey, incidence rates of psychological abuse is also higher among girls than the boys and range from 0,42⁰/₀₀ in Turkey to 1,6⁰/₀₀ in Croatia. In Bosnia-Herzegovina, Romania and Serbia, incidence rates of psychological abuse are higher among boys but the difference with the respective rates of the girls are low enough.

Regarding the neglect, neglect incidence rates in Greece for both genders are for once more higher than the rest of the countries, with boys to have higher rate than girls. In Bosnia-Herzegovina, FYRoM, Romania and Turkey neglect incidence is also higher for boys than girls, while in Albania and Croatia the opposite is observed. In Serbia, incidence rate of neglect is almost identical between boys and girls. The lower rate of neglect concern girls in Turkey (but this is probably due to the nature of the source of the data), Romania and Croatia, while for Bosnia-Herzegovina and FYRoM (boys) are higher than 1⁰/₀₀₀.

Status of CAN substantiation per country and form of maltreatment (based on the evaluation made by the agencies provided the data). Three different levels of substantiation were used: at first level, the abuse was considered by the agency as substantiated, at the second level as indicated (as they were not still sure whether the abuse happened or not) and at the third level the abuse characterized as unsubstantiated on the basis the results of a type of investigation made by the agency. Moreover, for a number of cases there was no decision as the investigation process by the agency was at the time of recording ongoing.

The rate of substantiated cases varies among countries for all individual forms of abuse. Specifically, in Serbia almost all forms of abuse recorded in the context of CBSS concern substantiated cases. In Bulgaria and Croatia, less than 60% of cases were characterized as substantiated, regardless the specific form of

maltreatment. In Turkey, Romania and FYRoM, more than half of the cases (regardless the form of abuse) were substantiated, while in Albania and Greece the percentage of substantiated cases range from 4 to 9 out of the 10 cases.

As for the forms of abuse, neglect cases were by mean more frequently substantiated, followed by psychological abuse, physical abuse and lastly sexual abuse (where the substantiated cases were less than 6 out of the 10 cases). Moreover, sexual abuse is the less substantiated form of abuse in six out of the nine countries while for the rest three countries are ranked in the third place among the four forms of CAN.

Status of substantiation per form of abuse by country: Concerning physical abuse, in Serbia more than 9 out of the 10 identified cases are substantiated, followed by Turkey, where almost 3 out of the 4 physical abuse cases are substantiated and the remaining are unsubstantiated. In Croatia and Bulgaria ~4 out of the 10 physical abuse cases are substantiated, 3-4 out of the 10 cases are indicated (and therefore the investigation has not reached a definite result) while the rest of the cases in Bulgaria are unsubstantiated but in Croatia are mainly either ongoing or unspecified.

Similarly for sexual abuse cases, in Serbia, almost 9 out of the 10 sexual abuse cases are substantiated, followed by Romania and Turkey, where almost 7 and 6 out of the 10 cases respectively are substantiated. The percentages of substantiated cases in the remaining countries range from 4 to 5 out of the 10 cases. In countries having no CAN monitoring system the substantiated cases are fewer than in countries having monitoring systems (with some exceptions).

As for the psychological abuse cases, seems that the decision of the services is more clear, as from 6 out of the 10 countries the substantiated cases are almost 7 out of the 10.

Lastly, concerning the neglect cases, in 6 out of the 10 countries the substantiated cases are more than 7 out of the 10 and for two countries more than half of the cases. This is probably due to the nature of the vast majority of participating agencies to CBSS, namely Social Services, who are more familiar with issues related to psychological abuse and neglect than physical and/or sexual abuse. For once more the picture is quite different in regards to the Croatia, where only 1 out of 4 cases of neglect is characterized as substantiated by the services who administrate the cases. This different trend of Croatian data could probably be attributed to the rationale on the basis of which the CAN cases are recorded in the Centers of Social Services (family- and/or perpetrator-oriented records than maltreated-child oriented records).

As for the agencies involved in assessment of CAN cases' substantiation per country, a first note is that in all countries, agencies who finally confirmed the maltreatment are less than those who initially involved in the assessment of case substantiation. In an extent, this is due to the fact that a number of cases during the data collection were still ongoing and therefore no decision concerning substantiation was made at the time. A second observation concerning all countries but Turkey and Croatia, is that the involved agencies in the assessment of case substantiation were mainly Social Services, followed by the police services and the justice-related services. Medical/health/mental health services as well as education-related services were also involved but at a lower extent.

Children's vulnerability to CAN and to Specific Forms of Maltreatment: From the results it is suggested that in Balkan level half of the identified CAN cases concerned single form of abuse and the other half the presence of more than one forms of maltreatment. Similar to the Balkan distribution between cases with single and multiple forms of abuse is the Serbian. In Romania, Croatia, Bulgaria, Bosnia-Herzegovina and Turkey cases with single forms of abuse are more than these with multiple forms of abuse. In three countries, however, the cases with multiple forms of abuse were by far more than these with single forms of abuse. Namely, in Greece in more than 8 out of the 10 cases multiple forms of abuse were recorded, in FYRoM and Albania almost 3 out of the 4 cases had multiple forms of abuse. There is a trend for countries with CAN monitoring systems to record mainly single forms of abuse (with the exception of Serbia, where the cases are equally distributed) and for countries with no monitoring system there is a trend to record mainly multiple forms of abuse (except for Bulgaria).

As for the gender of the children, in Balkan level, by mean boys' maltreatment concerned more frequently a single form of abuse, while girls' maltreatment involve frequently more than one forms of CAN. The same pattern is also valid for Greece, FYRoM, Serbia, Turkey, Bosnia-Herzegovina, Croatia and Romania, while the pattern is reversed for Albania and Bulgaria.

Specific types of individual forms of CAN per country: As for the physical abuse, spanking seems to be the most common type of physical abuse recorded in the archives of the agencies, followed by slapping and beating, kicking/pushing and throwing. As for the existence of injuries due to physical abuse, information is by mean available for less than the half of the cases (ranging from 1 out of 5 cases in Greece to almost the total cases in Serbia). Concerning the injuries resulted due to physical abuse, in almost 1 out of the 3 cases no injury was recorded, while in the rest of the cases where information is available, the injury due to physical abuse was mainly *minor* or *moderate* and in a very few cases *severe* and *life threatening*. In regards to the nature of injuries, according to the available data, the most frequent type was bruises, followed by bite/bite/open wounds and concussions while some fractures were also recorded, burns and sprains/strains and organs system injuries. Particularly for countries with no CAN monitoring systems probably injuries due to physical abuse are not recorded if they are of minor and/or moderate severity.

As for the sexual abuse, in Albania, Bosnia & Herzegovina, FYRoM and Turkey, more than the half of the specified sexual abuse cases involved completed sexual activity (oral, vaginal, or anal penetration). In Greece, Bulgaria, Romania and Serbia, the respective percentages ranged from 1 out of the 5 cases (Greece) to almost 5 out of the 10 cases (Romania). Moreover, in 2 out of the 5 cases in Albania attempted penetration was recorded while in Bulgaria, Serbia, FYRoM, Greece, Romania and Turkey the respective rates ranged from 1 out of the 10 cases (Turkey) to 1 out of the 3 cases (Bulgaria). No (attempted) penetration was recorded in Croatia. Touching/fondling genitals is also a common type of sexual abuse in Serbia, Greece, FYRoM and Albania. Adult exposing genitals to child was common in Serbia, Greece, Albania, FYRoM and Bosnia and Herzegovina. It is of note that although in 3 out of the 9 countries child sexual exploitation was very low (namely in Bosnia & Herzegovina, Croatia and Turkey), in the rest of the countries the specific type of sexual abuse was recorded for 1 (Bulgaria) to ~4 (Albania) out of the 10 cases. Sexual harassment, on the other hand, was not frequent in countries such as Bulgaria, Romania and Serbia, while for the rest of the countries the respective ranged from 2 (Bosnia and Herzegovina) to 5 (Albania) out of the 10 cases.

Concerning psychological abuse cases identified in the context of CBSS, the results showed for the specific types of this form of maltreatment the following: "rejection though verbal abuse" ranges from ~1 out of the 5 children-victims (Croatia) to more than 6 out of the 10 children (Albania), while for the remaining countries the rates are between 2 and 4/10 cases. Isolation was almost very common type of psychological abuse mainly in Albania (almost in half cases), followed by Bosnia and Herzegovina (in 1 out of the 4 cases), FYRoM (1 out of the 5 cases) and Greece (1 out of the 10 cases) while in the rest of the countries the respective percentages were lower than 10%. Ignorance, on the other hand, was very common in Greece and Albania (more than 6/10 cases), followed by FYRoM (almost 3/10 cases), Bosnia and Herzegovina (almost 2/10 cases) and Romania (less than 2/10 cases); in the rest of the countries the respective rates were lower than 1/10 cases. Corruption was involved in almost 1 out of the 4 cases of psychological abuse in FYRoM, in 1 out of the 5 cases in Albania and in 3 out of the 20 cases in Greece. In the remaining countries the respective rates were lower while in Romania, Croatia and Serbia were extremely low. Exploitation, was recorded in more than the half cases in Albania and FYRoM, in almost 1 out of 5 cases in Greece, in less than 2/10 cases in Bulgaria and Romania and in lower percentages (less than 1/10 cases) in Bosnia, Serbia, Turkey and Croatia. Terrorization, was among the most prevalent types of psychological abuse as it was involved in more than the half of the identified cases in Serbia, FYRoM and Turkey. In the rest of the countries, however, the rates were also high enough (>4/10 cases in Greece and Bulgaria, 3/10 cases in Romania, >2/10 cases in Albania and Croatia and in ~1 out of the 10 cases of psychological abuse identified in Bosnia & Herzegovina. Lastly, concerning witnessing family violence, with the exception of Turkey, this type of psychological abuse was also among the most prevalent types recorded in the context of CBSS. The respective rates ranged from more than 8/10 cases (Croatia) to more than 3/10 cases (FYRoM). In Serbia and Romania the respective cases where witnessing of family violence was involved were more than 6/10 cases, in Albania and Greece in almost the half of the cases, in Bosnia & Herzegovina and Bulgaria and FYRoM less than 4 out of 10 cases.

As for the physical neglect, with the exception of Turkey (where this type of neglect was involved in almost 1 out of the 5 cases), in general the cases recorded in the context of CBSS concerned more than 4 out of the 10 cases of neglect; in specific cases, such as Serbia and Albania, physical neglect was recorded for more than 8 out of the 10 child neglect cases. The incidence of medical neglect was lower than the physical neglect but in any case concerned more than 1 out of the 5 neglect cases. The higher rates observed in Albania (almost 7 out of the 10 cases), in FYRoM and Bosnia and Herzegovina (more than 6/10 cases). For Croatia and Romania the rate of medical neglect was almost 1 out of the 4 cases of child neglect. Again with the exception of Turkey, educational neglect is also quite prevalent among the types of neglect as for three out of the nine countries this type of neglect was observed in almost 8 out of the 10 neglect cases and in 4 out of the nine countries in almost half of the total identified neglect cases. Economic exploitation concerned more than half of the neglect cases in Albania and Turkey, while for Bosnia and Herzegovina, FYRoM, Bulgaria and Serbia economic exploitation was recorded for more than 1 out the 5 neglected children. The lower rates of economic exploitation of children were observed in Romania and Croatia (concerning less than 1 out of the 10 neglected children). Neglecting behaviours such as failure of caregiver(s) to supervise or protect children from incidents leading to physical harm were mainly recorded in Albania (almost 7 out of the 10 cases), followed by FYRoM (in 4 out of the 10 cases) and Greece (in ~1 out of 3 cases). Similarly, failure to supervise or protect children from situations leading to sexual abuse was also recorded more frequently in Albania (in 4 out of the 10 cases), FYRoM (more than 1 out of the 3 cases) and Greece, while failure to provide treatment for mental problems was mainly observed in the same countries (in Albania this type of neglect was involved in almost 6 out of the 10 cases of neglected children). Permitting maladaptive/criminal behaviour in the context of a wider neglecting behaviour on the part of caregiver(s), was recorded for ~1 out the 3 cases in Albania, Bulgaria and Greece. In the rest of the countries (with the exception of Turkey) the respective rates ranged from 1 out of the 20 cases (Croatia) to almost 1 out of the 5 cases (Greece). Lastly, abandonment and/or refusal of custody was observed for 6 out of the 10 neglected children in FYRoM followed by Albania (almost 4 out of the 10 cases), Greece and Bulgaria (almost 1 out of the 3 cases). For the remaining countries the rates of abandoned among the neglected children were lower, while in Croatia no such a case was identified.

Single and Multiple forms of abuse: The results on whether recorded CAN cases identified in the context of CBSS concerned single or multiple types of abuse showed that this it depends on country specifics and it is probably related to the type of Organizations provided access to their archives and to the recording practice and tools used in each individual country. Therefore, for countries having no CAN monitoring systems (such as Albania, FYRoM and Greece but not Bulgaria), most of the cases identified concerned multiple types of abuse. On the other hand, in countries with a type of systematic CAN monitoring (such as Romania, Croatia and Bosnia and Herzegovina) most of the cases concerned single forms of CAN. In Serbia, half of the cases concerned single forms of abuse and the other half cases with coincidence of two or more forms of CAN. In Turkey, lastly, 6 out of the 10 cases concerned single form of abuse but this is probably due to the fact that data derived for courts of law (where specific information were recorded, especially for cases of sexual abuse) and not from social services, for example, where a more spherical recording is realized.

Single type of maltreatment: Neglect is the most common form of CAN for cases concerned single type of abuse in Bosnia and Herzegovina, Romania and Serbia. Psychological abuse, on the other hand, is the most common single type of CAN observed in Croatia and Greece, where no sexual or physical abuse were recorded as “single form” of abuse. Sexual abuse as single form of abuse is observed frequently in Turkey, Serbia, Romania, FYRoM and Bulgaria, while physical abuse as single form of abuse is mainly observed in Turkey, Romania, Bulgaria, Bosnia and Herzegovina and Albania. It is obvious that no concrete pattern is observed among countries regarding the prevalence of single forms of CAN.

Multiple types of maltreatment: In regards to the cases where two forms of CAN were recorded, the most common combinations for almost all countries were the “*physical and psychological abuse*” and the “*psychological abuse and neglect*”, while the coincidence of “*sexual abuse and neglect*” was the least

observed combination. “*Sexual and psychological abuse*” as well as “*physical and sexual abuse*” were more common in Turkey and FYRoM than the other countries. The combination with the higher incidence was the “*psychological abuse and neglect*” and observed in Greece (concerning almost half of the total identified cases). As for cases with the coincidence of three forms of CAN, they were observed in a lower rate than the previous cases (i.e. single form of abuse or two forms of abuse). The most common combination of forms of CAN is “*physical, psychological abuse and neglect*”, followed by “*physical, sexual and psychological abuse*”, while the combination “*physical, sexual abuse and neglect*” was not present in eight countries but a very low percentage in Romania. Cases including all four forms of CAN were recorded in only 4 out of the 9 countries and specifically in Albania (concerning 3 out of the 20 cases) and in Greece, FYRoM and Bulgaria (concerning less than 1 out of the 10 cases), namely all the countries (but Turkey) having no CAN monitoring system.

Child-CAN victim characteristics: As for their educational status, the majority of children-victims of CAN attend school in all countries (more than 6 out of the 10) but Turkey, where the respective rate was only ~1 out of 3 children. On the other hand, children-victims of CAN who dropped out from school were less than 1/10 children in 7 out of the 9 countries (in Croatia none of the children was dropped out), while the related rates in Albania and FYRoM were 1 out of 4 and 1 out of 5 cases respectively. Children who had not attended school at all where for all countries less than 1 out of the 10, again with the exception of Albania and FYRoM, where the related rates were higher (but less than 2/10).

In 3 out of the 9 countries (namely Albania, Greece, Croatia and Romania) the availability of the recorded information in regards to children’s problems related to their education was not sufficient. For the remaining countries the unspecified information concerned less than 10% of the total number of children (with the lower percentage of unspecified information to be observed in Turkey). The main problem of children that related to their education seems to be the irregular school attendance (with the higher rate in FYRoM and the lower in Romania), followed by learning disabilities with the higher rate in Bosnia and Herzegovina, while the less prevalent problem was the need for attending a specialized education class, with a higher rate in Greece.

The available information concerning children’s working status was also limited in 3 out of the 9 countries, namely Greece, Croatia and Romania, while for the remaining countries the unspecified information in regards to the working status of the children concerned less than 1 out of the 10 children. From the available data seems that almost all the identified children-victims of CAN in Serbia, Bulgaria and FYRoM were not working. The related percentages for children in Greece and Albania were more than half of the cases while for Croatia, Bosnia, Romania and Turkey were lower than half of the cases. It is of interest that almost 4 out the 10 children in Albania were working in domestic (unpaid) work and additionally almost 1 out of the 20 were working in salaried work (while in Greece the higher percentage of salaries work is observed in more than 10% of the total number of children). In some countries, such as Croatia and Bulgaria, according to the available information, none of the children identified during the CBSS was working (either salaries or unpaid).

As for the problems related to children-victim of CAN behaviour, the completeness of information ranged from full availability (Serbia) to a relatively low availability (for only 4 out of 10 cases) in Croatia. Unspecified information related to behavioral problems were also high enough in Greece and Romania (for almost 4 out of the 10 cases), and lower for Albania (for 1 out of the 10 cases).

A first observation is that in some countries, such as Bulgaria and Serbia, almost 7 out of the 10 children-victims of CAN had no behavioral problems according to the available information in the records of the agencies. The related rates for the remaining countries were lower, ranging from more than half of the cases in Croatia to nearly 1 out of the 10 cases in Greece and Turkey respectively. Problems in home and school environment are among the most prevalent problems in almost all countries (almost for the half of the cases in Albania and Bosnia), but Turkey and Croatia; on the other hand, available information suggest that problematic behaviors related to bullying are less prevalent (ranging from 3 out of the 20 children in Bosnia to less than 2% in Serbia).

Violent behaviour among children-victims of CAN was frequent in countries such as the Albania, where for almost 1 out of the 3 children there was relevant information, FYRoM (1 out of 5 children), Greece and Bosnia

and Herzegovina (for 3 out of 20 children), while for the remaining countries the rates of children expressing violent behaviour were lower than 1 out of the 10 children. Running away was more commonly recorded than the violent behaviour as for 5 out of the 9 countries the respective rates ranged from 1 out of the 10 children (Bulgaria) to almost 1 out of the 3 children in FYRoM and Albania. Self-harming, according to the available data, was an even rare behaviour as, with the exception of Albania and FYRoM (nearly 3 out of the 20 children), in the remaining countries the related percentages were lower than 1 out of the 20 children.

Similar to the pattern of the self-harming behaviour is also the one related to inappropriate sexual behaviour according to the information extracted from the agencies files: in FYRoM, there was related information for the more than 1 out of the 10 children-victims of CAN, followed by Albania and Greece while for the remaining countries the related percentages were lower than 2 out of the 20 children. Criminal involvement and negative peer involvement behaviors, on the other hand, were more frequently recorded in all countries (but Turkey and Croatia), noting the higher percentages in FYRoM and Albania, Greece, Bosnia and Herzegovina.

As for the alcohol and drug abuse, it is noted that, although for many cases the information was unspecified, in all countries the related rates for drug abuse were lower than the 1 out of the 10 children-victims of CAN and in 7 out the 9 countries under 1 out of the 20 children, while for alcohol abuse the related percentages are even lower.

Lastly, concerning the health conditions of children-victims of CAN, the related information was not available for more than 6 out of the 10 children in Croatia, for 4 out of the 10 children in Greece, for 3 out of the 10 children in Romania, for almost 2 out of the 10 children in Albania and for more than 1 out of the 10 children in Bosnia and Herzegovina. On the other hand, In FYRoM, Turkey, Bulgaria and Serbia the information was almost complete, especially in Serbia where none case recorded with unspecified information on children health status and diagnosed disabilities.

D.3 File completeness concerning the characteristics of the recorded CAN cases:

lessons learned from the missing values

Based on the exploration of what type of information is usually recorded in the archives/databases of agencies involved in CAN cases administration per participating country, the following observations could be made. First, it was expected that within each individual country, different type of information will be available in the archives of agencies belonging to different areas and having different mission and work orientation. The calculation of unspecified and missing values, however, presented in the results per country, are not separated by type of organization provided the data, but in total, aiming to identify potential differences in the “culture” of recording of CAN cases, namely which information is considered as relevant and important and therefore is recorded and which not.

As for the completeness of the records among countries, seems that the methodology followed in Serbia is the more effective, as Serbian data included the fewer non-available/unspecified and/or missing information. In the remaining countries the availability of the data varied for specific general categories of characteristics.

Exact date of intake: It is of interest that only in three countries this information is fully available while in other countries this information is not available for 4 out of the 10 of the cases.

Availability of information for the group of ten variables related to the characteristics of children-victims of CAN: It was observed that only in Serbia the information for the characteristics of the children-victims of CAN was fully available. As for the remaining countries, information for the children’s age at the time of the first contact and gender was almost fully available for CAN cases recorded in the files of the related agencies, regardless their identity and mission. On the other hand, the date of birth is not evenly available: in Bulgaria and Greece the missing information concerned 4 and more than 5 out of the 10 children respectively, while in Albania the date of birth is not recorded at all. Information concerning child’s nationality was also almost fully available for the most of the countries but Bosnia and Herzegovina, where it is probably a matter of agencies’ policy to not keep this information and Romania, where almost for the half of the cases the information was missing.

In regards to the educational status of the child-victim of CAN, in Turkey the information was available in less than the half cases while in the remaining countries the rate of available information ranged from more than 7 to all out of the 10 cases. For the work-status of the children, however, the available information were even fewer, as in 4 out of the 9 countries for less than half of the children there were data recorded whether they worked or no. Educational and behaviour related problems are issues for which agencies working with children-victims of CAN in general do not keep full information (with the exception of Serbia): specifically, for the education-related problems, the information for 5 out of the 9 countries is available for less than 6 out of the 10 cases, while for behaviour-related problems in 4 out of the 9 countries the respective information is available for less than 6.5 of the 10 cases. As for the health conditions of the children, in only 4 out of the 9 countries the respective information is available for more than 8 out the 10 cases while the respective percentages for substance-abuse problems are even lower.

Concerning the general category “**incident-related information**”, it seems that general information such as the source of referral, the scene of incident and the form of maltreatment is almost fully available in all countries but the duration of maltreatment, where in Romania and Bosnia the information was available for only half of the cases.

Considering the individual forms of CAN, again with the exception of Serbia, the available information ranges among countries per specific variables.

Physical abuse: Status of substantiation and recording of specifics forms (“practices”) of abuse is available for less than 6 out of the 10 CAN cases in 4 and 5 out of the 9 countries respectively, regardless of whether they have a CAN monitoring system or not. Moreover, in 8 out of the 9 countries the information whether an injury caused due to physical abuse is not recorded while, for the cases where the information is available, the nature of injury is specified for less than 40% of the cases in 7 out of the 9 countries.

Sexual abuse: The information is adequate (concerning the substantiation and the specific forms of abuse) in only 3 out of the 9 countries (while, concerning the Croatia, the identified cases in the context of CBSS were very few and therefore the respective percentages may be not the usual ones).

Psychological abuse: Missing information is very often in 3 out of the 9 countries (namely Turkey, Romania and Bulgaria) while in the rest of the countries, the information is available for more than 65% of the total identified cases.

Neglect: In 3 out of the 9 countries the available recorded information seems to be adequate, in 4 out of the 9 countries the information of substantiation and specific forms of neglect is available for ~50% of the cases, while in the 2 remaining countries (Turkey and Bulgaria) the information is available for less than 10% and 20% respectively.

Agencies involved in case assessment and action taken: In all countries the information related to agencies involved in case assessment (namely maltreatment assessment and maltreated confirmation) and the kind of action taken (legal or other, care plan for child or whether the child placed out of home), the information is almost available (in general for more than 7 out of the 10 cases) with an exception in Turkey, where almost no information was available about the care plan decided for children and whether out of home placement was realized. This last is may be due to the fact that the main data in Turkey derived from courts of law, where no such of information is included in the respective databases. Moreover, in all countries seems that the available information concerning the agencies proceeded to confirmation of maltreatment is less than the respective information concerning the agencies who involved in the assessment of the maltreatment. As for whether legal action taken and of what specific type, seems that the information is available for more than the 80% in all countries.

Referrals made to services & services received: Concerning referrals made to services and services received, not only by the children but also by their families, the information was available for more than 8 out the 10 cases in Serbia, Romania, Greece, FYRoM, Bulgaria and Albania. In Turkey it was available for less than 10% of the cases and in Bosnia and Herzegovina for less than the 65% of the cases (particularly for services received in less than 33% of cases).

Perpetrator(s)' information: Concerning Perpetrators involved per case, the available recorded information in the archives of the agencies in all countries ranges from 70% to 100%, as well as the status of allegation of perpetrator(s) on the basis of a legal decision (apart from Turkey, where for only 1 out of the 3 cases the respective information is available). As for the demographics of the perpetrators, as is illustrated in the respective figures below, the available information ranges from country to country for individual characteristics. It is of interest that information such as the age of the perpetrator is not available in the archives of the agencies for almost half of the cases in the half of the countries and for the educational level is available for more than 50% in only 3 out of the 8 countries. Moreover, in half of the countries is not recorded the employment status of perpetrators for more than 40% of the cases while for the marital status the information is more complete (except for Turkey, where only for 1 out of the 4 perpetrators the information is available). The same is also valid concerning the information about the perpetrator(s)' relationship to the child victim: in general agencies across Balkan keep this information (for at least 7 out of the 10 cases) except for Turkey, where only for 1 out of the 3 cases the information is available. Information concerning other characteristics of the perpetrators (such as history of substance abuse, physical-mental disabilities, history of victimization/abuse and whether there were previous similar allegations), are available for more than ~40% in only 2 out of the 8 countries (Serbia and Bulgaria).

Caregiver(s) related information: Concerning caregiver(s) of children-victims of CAN, again the information is not fully complete among countries. In figures bellow, the available information for individual characteristics per country is illustrated.

Family-related information: However, seem that the information related to families of children-victims of CAN is more complete in the archives of the related agencies in all countries, but Turkey (where the information on family status and number of co-habitants was available for less than 50% of the cases identified in the context of CBSS, while about the existence of other children-victims of abuse or other types of abuse in the family the information was available in less than 10% of the total number of cases). As for the variable "other types of abuse in the family", the available information was adequate mainly in Serbia and in an extent in Albania.

Household-related information: On the other hand, information related to household are more complete, especially concerning housing adequacy (except for Turkey). For the household income the relevant information is available for more than 7 out of the 10 cases in 5 out the 8 countries, while in Bosnia and Herzegovina, Romania and Turkey was less than 55%, 45% and 10% respectively. Moreover, in Turkey no information was available in the archives of the agencies-data sources for CBSS for the source of income and about whether the family had or not financial problems.

Previous maltreatment: It is of note that only in 2 out of the 8 countries the related agencies keep information on whether previous maltreatment was referred per case (namely Serbia and Albania), while for the remaining countries the related percentages ranged from 0,7% of the cases identified in the context of CBSS to ~75% in Romania. As for the cases where the information for previous maltreatment was available, the availability of further details (such as the perpetrator(s), and the agencies involved) varied per country.

Lastly, the information related to follow-up (including the option "there is no follow-up") was unspecified for almost all of the cases in Romania and Turkey, while in the remaining countries ranged from ~79% (Bosnia and Herzegovina) to 99% (Serbia).

D.4 Conclusions at National level

In the next pages, conclusions per country are presented as they drafted in the context of the National CBSS studies' reports.

Albania

Description of Participating Services & their Archives-Databases.

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. 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.

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 its 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:

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.

Bosnia & Herzegovina

Mapping of agencies.

A total of 43 organizations/child services were identified in the two geographical areas that were the same in the WP3 (Federation of Bosnia and Herzegovina (FB&H) and Republic of Srpska (RS)). All of these 43 organizations/services fulfilled the eligibility criteria set for the needs of the CBSS in Bosnia and Herzegovina. In one CSW pilot study was done, eleven CSW indicated that they do not have recorded cases of CAN for 2010, twelve stated that they have less than 5 cases and 20 stated to have more than 5 cases recorded in 2010. Due to the financial and time constraints, it was decided to exclude from sample all CSW which had five and less than five reported CAN cases in 2010. The convenient sample in its final form is consisted of nineteen CSW (because one centre refused cooperation due to some exceptional circumstances that they had). It means that out of the 43 of the eligible organizations that were invited to participate in the CBSS, 19 finally participated and provided access to their archives.

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

The data collected show that of 168 child victims of abuse, 124 of them were victims of one of the forms of abuse, and 44 more species simultaneously. Children often experience neglect while in 78% of reported cases, it is the neglect of a child's education, physical neglect, 63.8% and 61.4% of medical neglect. Physical violence is also significantly present in the recorded cases in which children are often perceived slapping / hitting (54.7%), pushing / hitting / pitching (45.3%), and hitting the head (39.6%). It is worrisome that in 63.6% of the 53 recorded cases of physical abuse was not recorded nature of injuries sustained. In 37.1% of cases, children witness domestic violence in the family. When collecting data on sexual abuse we encountered data on five cases of sexual abuse of which all the victims are female. It is very difficult to talk about the differences in the experience of different forms of abuse based on gender as they are in 53% of cases registered victims are boys and 47% girls ages 11, 13 and 16 years.

Characteristics of child victims of abuse and neglect. Most of the children registered as victims of abuse attending school (84.5%), but many of them have problems in school, which is reflected through the learning disabilities (38.7%) and irregular attendance. Significantly, the present and the problems at home (35.7%), and negative peer pressure on them (18.5%). Most of them, in fact, has no problem with substance abuse (45.8%), and a very small number of recorded cases of children has a medical problem.

Characteristics of Families and Households of Maltreated Children. Parents of most children registered as victims of abuse are married (42.3%). The family, in addition to the child victim of CAN, makes it even 2 to 4 members. Children victims of violence often live in families with both parents. Members of the families are child victims of CAN mothers (74.4%), fathers (56.5%) and brothers / sisters (66.7%). Violence against other family members is also present, especially partner violence in families whose children were reported as victims of physical violence is even represented 39.6%. Brothers / sisters often also experience some form of domestic violence (36.9%). Housing conditions are generally inadequate (52.4%), and very low income (42.9%). 44.6% of families experiencing are serious financial problem.

Perpetrators' characteristics per form of maltreatment. Analysis of the data on 168 cases registered CAN indicates that for all forms of violence reported 91 that the perpetrator is not a caregiver, and 134 of them who were the perpetrators of some form of violence, but also the guardians of the child victim. People who are the perpetrators in cases recorded of CAN in CSW are individuals for whom it is known that the perpetrators of violent events (79.7%) and in most cases were men (71.2%). Data on the age of the offender, marital status, level of education, employment status are not completely reliable because over 40% of cases are not recorded at all. It is worrying that over 20% of cases where the perpetrator is not a caregiver, and no information about the relationship between the offender and child-victim nor perpetrator history of victimization (39%). Offenders who are also guardians of the child victims were persons whom it is known that the

perpetrators of violent events (94.8%) and in 59% of cases were men, and in 41% of cases are women. Age Guardian offenders are generally in the range of 35-55 years. Of the 134 offenders who are also guardians of the child victim's mothers are perpetrators in 40.3% of cases and 56% of the cases the father. Fathers are often the perpetrators of all forms of violence: both physical (68.4%) and mental (64.5%) and neglect (50%). Data on educational level, employment status, history of victimization, and the presence of health problems are not completely reliable because very rarely recorded.

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

From the analyzed cases of abuse and neglect, social services tend to track and confirm that the violence occurred (83.3%), followed by the police service (25.6%); and then the judicial (2.4%). In a small number of cases have been taken judicial action (11.9%), and most of them have taken measures of social services and the police without the participation of judicial services (35.1%). Children victims of violence tend to stay with their families, which is planned emergency work (57.1%).

What is the documentation and tracking of registered cases of violence against children in the family in CSW.

According to the data collected from the 168 cases reported in the CSW of CAN conclude that although there are no standardized forms of collected information about the child victim, the information about the victim is usually well documented. Especially problems related to education, difficulties with health and behavior problems.

Violent event is usually always well documented, specific forms of violent events and the status of the certificate and registration of violent events. Very good information are documented guardian of the child victims, as well as the family situation in which the child resides (the number of family members, through kinship, financial situation and living conditions). In a small number of cases are kept on Social, and all the other services that the family had previously received at CSW. The documentation on child victims violent in general cases are missing data on the perpetrator. Some important features of the perpetrators are not recorded systematically in the documentation: age, education level, alcohol abuse and psychoactive substances, health status, experienced childhood abuse and previous application for a similar offense. In addition to the above-ground experience indicate that lacks a systematic, uniform and easily collect and monitor data to the child, so the violent act and the perpetrator.

Bulgaria

For implementation of CBSS in Bulgaria, the common methodology (developed by the Coordinator team) and instruments for extraction of data were used. 27 organizations were participated in the SBSS in the three stratified regions (the same as these for main epidemiological study).

The biggest part of the participated organizations were Directorates for Social Assistance, few Regional police Department and few NGO's with the expertise in child abuse and neglect.

The mission of the most of the participated organizations includes activities from primary, secondary and tertiary prevention.

Nearly all organizations have archives (mainly paper one) and use a record form for recording the CAN cases. Only one person per region was specially trained in the field of CAN, and for work with the archives. The rest of the staff in the organizations had not formal training.

Files of 103 recorded CAN cases of children aged 11-16 were analysed.

According to the results for registered cases, four out of 1000 children (3,770/00) were victims of some of the types of abuse. Physical abuse is the most common form of maltreatment (2,31 0/000), followed by psychological (1,17 0/000) one. Sexual abuse (0,770/000) and neglect (0,70 0/000) are nearly equal presented. The same is the tendency for the all age groups in the three stratified regions. Sixteen years old children are most affected by all form of abuse *(5,860/000) , followed by 13 years old (4,16), and less affected are the 11 years old 1,37). From perspective of place of living, children from Veliko Tynovo region were more affected by all forms of abuse (6,01), while the children from Varna region were less affected (2,38). In the later region, there weren't any registered children in the group of 11 year olds.

According to the status of CAN's substantiation* for children 11, 13 & 16 years old (for the year 2010), 25,2% of registered cases are unsubstantiated, while 44,7 % are substantiated. The most common are unsubstantiated registered cases for physical abuse, and this tendency is a common one for all three regions.

The biggest part of registered cases are presented with single form of abuse (75,7%), and this is common for all age group in the three stratified regions.

Small part of the children, victims of abuse were drop-out of school, nearly 20% have behavioral problems. Negative peer involvement, running away, violent behavior and criminal involvement were found in nearly one sixth of the children, victims of abuse. Most of the children were from families with married parents.

Perpetrators in the most case were familiar to the child person, middle aged. In some cases father and mother were appointed as perpetrators. Follow up procedure for support for children, victims of abuse were implemented in the most of the cases, and action plan was delineated.

Case assessment of allegation was made by social services (n=79), police (99), medical services (n=33), and education.

According to availability of information concerning the characteristics of the recorded CAN cases, in all cases age, gender, nationality were presented, and with only with one or two exception in the entire group education status, telephone number, source of referral were presented.

The incidence rate for child abuse and neglect, based on the information from the recorded cases is low in comparison with this in main epidemiological study. There is the difference between most common form of maltreatment in recorded cases the highest incidence rate was for the physical abuse, while for the main epidemiological study most highest incidence was for the psychological form of abuse.

There are various reasons for the explanation of the gap between the high incidence of CAN in general population and a low incidence of cases registered in CSW.

One of the main reason is that parents and relatives still do not trust the social services according to the help that they may received, and the notion that how to up bring their children is "business" of parents themselves, and nobody can tell how to behave with their own child.

Croatia

The BECAN CBSS provided very valuable data that need more comprehensive in-depth narrative analysis. Data could be analyzed on two levels – formal and content level. Formal level is focused on availability of certain information relevant for CAN, and content level on the characteristics of reported cases.

Formal analysis has shown that, when it comes to the characteristics of the perpetrators, the following data are not systematically recorded in the documentation: the level of education of perpetrators, alcohol and psychoactive substances abuse, health status, financial status, experienced childhood abuse, previous reports for a similar offense (for 35% to 90% of the perpetrators these data are lacking). Even some important characteristics of children exposed to violence are not recorded systematically in the documentation: education-related problems, health problems, including mental health, behavioural problems, prior abuse (for 45% to 60% of child victims there is a lack of these data).

Content analysis also revealed a number of interesting data. For example, the analysis of the records showed that in approximately ¾ of reported events of family violence against children court proceedings against the perpetrators were initiated. It is reasonable to question what happens in the remaining ¼ of cases. Whether the system mechanisms are not developed well enough, that is whether there exists an unwillingness of experts to document and prosecute milder forms of violence and well? This study cannot provide an answer to that. But since these are very important matters regular deepened studies of reported cases of violence against children, by analogy to Canadian studies known as the Canadian Incidence Study of Reported Child Abuse and Neglect (Trocmé et al., 2008.), should be introduced to Croatia.

The fact that in slightly more than 1/3 of children in the sample prior abuse was present is very significant. What does this tell us about the effectiveness of the protection system? The answer is very simple: the system does not adequately protect children from repeated violence.

It is necessary to conduct additional analyses that would allow us to see how do cases formally and thematically differ depending on the form of victimization and depending on whether it is the first or repeated violent incident that was reported.

Greece

Mapping of agencies. In the context of the study 294 agencies that were identified and considered as eligible based on predefined criteria were invited to participate in the study. Collaboration was achieved with 127 and 14 from the prefectures of Attica and Crete respectively (49% of 259 and 40% of 35 eligible agencies respectively). From the Organizations and Services that provided data, 10% are central governmental, 14% are regional governmental, 21% are non governmental, 55% are public regional organizations, and there is one Independent Authority. As about the sector, 85% of agencies provide social welfare services, 31% provide health and mental health services and 7% provide judicial services, while mission is mostly defined as multiple and oriented to secondary, primary and tertiary prevention (by percentages 95%, 73% and 50% respectively), but also to legal support (12%).

Incidence rates of CAN. In total, data on 758 abuse and neglect cases of children aged 11, 13 and 16 for the year 2010 were collected from the records of 141 agencies in the prefectures of Attica and Crete. CAN incidence for all types of maltreatment for the two prefectures, the three ages and with natural movement rates as reference population for the year 2010, was estimated at 6,05 cases / 1000 children according to the Greek Statistical Service. For children aged 11 years old the incidence is estimated at 6,570/00, for children aged 13 years old at 5,830/00, and for children aged 16 years old at 5,810/00. Regarding gender, the overall incidence was calculated for boys in 6,150/00 and for girls in 5,950/00. As for gender and age, the incidence for boys of 11, 13 and 16 years was estimated at 6,850/00, 6,090/00 and 5,590/00 boys respectively and for girls 11, 13 and 16 years in 6,260/00, 5,950/00 and 6,060/00 girls respectively.

Characteristics of Children-Victims of CAN. Regarding child-CAN victims, 7/10 attend some class at school, more than 1/10 have salaried work, more than 2/10 have learning disabilities and as many do not attend school regularly, they develop various behaviour-related problems that range by case (for example, 15.6% show violent behavior, 12.9% criminal involvement, 9% running away from home, 4.5% bullying). They do not seem to encounter particular substance abuse-related problems, which have been recorded at rates less than 4% (although for 55.5% there is no relevant information). As to their health status, for more than 1/10 a psychiatric disorder has been recorded, for a similar proportion a cognitive development impairment and for an almost equal number of children, a physical disability and / or chronic illness.

Family characteristics. Regarding the family environment, in 49% of cases parents of child victims of CAN are married, in 10% they are divorced and 14% concerns a single-parent family. In 21% of cases, children live with three other people (usually parents and one brother / sister), in 16% with 2 people (usually parents) and 14% with 4 other people. As for the identity of their co-habitants, in 73.7% of cases the mother lives in the same house as the child, the father in 49.2%, brothers in 66.4%, grandparents in 10.6%, while in 4.1% the intimate partner of one of the parents lives in the same house. In 72% of cases there is a reference for another CAN victim at home and in 36.5% there is a record of intimate-partner violence between parents (while in 6/10 cases there is no information). For 1/3 of cases the living conditions are considered to be inadequate, for 38% of the cases the income is characterized as low or very low and for 25.4% from moderate to very high, for 53% of the cases the main source of income is the full or part-time employment of at least one family member and for 20.2% some type of welfare benefit, while in 42.9% of cases financial problems are reported.

Perpetrators of CAN. Regarding the perpetrators of abuse, who at the time of recording had no involvement in taking care of the child, 56.8% are men and 38% are women mostly (> 40%) aged 35-54 years. 36.5% are fathers of children, 31.2% are mothers, while at much lower rates come grandfathers/grandmothers, other relatives, family friends, etc. Although with significant lack of information (in almost half cases) 28% have never been to school or are primary school graduates, 15% have completed junior high school or senior high school and 6% have received higher or university education. 35.6% are employed and 16.4% are not. One out of three is married, 1/4 is divorced or separated, and 1/10 is single. For 1/5 either mental disorders or cognitive development impairment are reported and for about 1/10 chronic illness or disability. Since there is no information for >60% of cases, about 1/10 perpetrators appears to encounter substance abuse-related problems. Most of them (6/10) had been accused of CAN in the past and 1/4 has been a victim of abuse at some point in his life.

Caregivers of children-victims of CAN. Caregivers of children, have been divided into two categories and the information is presented in two groups respectively. In the first group are categorized people who are responsible for the care of children, and at the same time responsible for the abuse. Regarding gender, 47.3% of them are men and 52.7% are women prominently (46%) aged 35-54 years. 43.2% are fathers of children, 48.5% are mothers, while at much lower rates are grandfathers / grandmothers (3.8%) and other relatives, of extended family. Also, given that for half cases there are no recorded data, in a frequency of 23% they have never attended school or they are primary school graduates, 13% have graduated junior or senior high-school and 13% have received higher or university education, 44.2% are employed and 20.7% are not. Two out of three are married, 18% are divorced or separated, about 7% are either widows/widowers or live with their intimate partner and 3% are single. For almost 17% a psychiatric disorder or impairment of cognitive functioning is reported and for 7.2% a chronic illness or disability. Given that in this case too there is no relevant information for almost 65% of cases, about 1/10 caregivers/perpetrators seem to have drug and alcohol abuse problems. Almost half of them had been accused of child abuse and neglect, while 28.6% had been victimized themselves at some point, either as a child or as an adult. As for the caregivers that have been categorized under the second group, namely of those that have no relation to the incident(s) of abuse, given that non available data often concern more than half cases (due to the significant number of caregivers working in institutions of child protection, about whom there is no relevant information, the following features were recorded: 16.3% are men and 57.3% are women mostly (30.6%) aged 35-54 year old. 6.5% are fathers, 26.1% are mothers, 13.2% grandmothers/grandfathers, 5.1% and 36.5% are caregivers in child protection institutions where children are hosted children after their removal from home or absence of family. In any case, as it regards the form of guardianship, in 32% of cases it is the parents, in 4.8% the caregivers, and in 0.6% for foster parents and 57.3% for caregivers.

Regarding the *agencies* that were involved in the investigation and evaluation of CAN cases, in 49.2% of the cases social services (of municipalities or hospitals) were involved, in 36.9% mental health services, in 29.2% services from the field of justice (e.g. District of Attorney's Office), in 21.8% health services, in 14.6% services from the field of education, and in 11.7% of the cases police was involved. In 28.9% of the cases not any legal action was taken, in 31.7% social services were involved, in 14.5% legal actions were taken for the protection of the child-victim and for the removal of parent rights, in 7.5% emergency procedures were held, such as police intervention and in 4.7% arrest and prosecute of the perpetrator. In 12% of the cases children remained at their home without the planning of any intervention, in 40.8% with intervention planning, in 11.9% left the house with cooperation from their parents and in 13.2% without the cooperation from the parents, but with legal judgment. In 50.9% of cases removal from home was not proposed as a measure, in 18.3% hospitality to children's shelter was offered, in 3.2% the child-victim stayed for a short term in a mother-child hostel (with the presence of the mother), in 3.4% other people from the family environment were responsible for taking care of the child, in 1.8% the perpetrator was removed from the house and only 0.5% of the cases children were taken care by foster families.

The type of *services received* after the referral of the child and the family to organizations/agencies were in 41.4% of the cases psychological support, in 40.9% social support, in 38.8% counseling, in 28.6% medical care, and in lower rates services of social assistance (food, shelter), entertainment (creative) programs for the child, victim support programs, support groups and counseling for parents, etc.

As such, the results of the comparison argue for the necessity of developing a common surveillance mechanism with a National Reference Center, a proposal which will be discussed in a specific deliverable under a special work package of the BECAN program (Sustainability). Additionally, the data which will be gathered can be used as a starting point for investigating basic questions concerning the variations in incidence of in the incidence of CAN rates between and within countries, cultures and ethnic groups.

Case-based surveillance and Epidemiological Survey of CAN

Taking into consideration the respective results of the epidemiological survey, the main finding to be highlighted is that the trend in the prevalence of types of CAN are similar between the two studies, namely the epidemiological and the case-base surveillance, while the scale of the magnitude of the problem is quite different.

As for the pattern of the prevalence of different types of CAN, psychological abuse seems to be the predominant type of abuse reported by the children themselves in the context of the epidemiological survey and collected in the case-based surveillance study. Physical abuse is the second most prevalent type of abuse, according to the results of both of the studies. Lastly, the least prevalent type of abuse in both studies is sexual abuse, whether concerning “contact” or not.

Concerning the estimated magnitude of the problem, as was expected, reported abusive experiences by the children themselves were in all cases much higher than the respective recorded cases extracted from the archives of the organizations, even more than 100 fold for certain cases.

As for the gender of the children, the results of the epidemiological survey suggest that for all three types of CAN, girls reported fewer adverse experiences during the previous year than the boys. The results from the case-based surveillance, on the other hand, suggest a reverse picture, namely that girls are recorded more frequently in the archives of the related areas as CAN victims. Concerning the age of the children, adverse experiences related to any type of abuse according to the results of the epidemiological survey are more prevalent among older children and seems to decrease as the age of the children decreases. The results of the case-based surveillance study suggest a partially different pattern: concerning child-victims of psychological abuse, the 16 and 11 year old children were recorded in the archives of the related agencies more frequently as victims of psychological abuse than the 13 year old children. As for physical abuse, the pattern is totally reversed as younger children seemed to have a higher prevalence than the older ones while, concerning sexual abuse, the pattern is identical with the one that resulted from the epidemiological study.

Neglect, according to the case-based surveillance study, is the second most frequent type of child maltreatment, after psychological abuse. According to the children’s responses to some questions regarding feelings related to neglect in the context of the epidemiological survey, neglect is the third most prevalent type of maltreatment. However, no actual comparison can be made with the respective results of the epidemiological survey mainly due to nature of this specific type of maltreatment: children in the course of responding to the ICAST-CH for the epidemiological survey could only express whether they feel neglected and not if they actually are neglected.

Based on this general overview of what a general comparison between the reported cases in the agencies with the information provided by the children in the context of the epidemiological study showed, the result, and in particular the difference in the estimated magnitude of CAN, consist of a starting point for discussing the necessity of planning and developing a national surveillance mechanism. Considering, in addition the results of case-based surveillance regarding the current situation about practices of recording CAN cases, it is obvious that provisions related to building the capacity of professionals, developing a uniform methodology and common tools for recording and agreed upon common and widely accepted definitions for CAN and for each individual type of CAN are imperative.

FYRoM

The profile of the 10 organizations/agencies that provided access to their archives, shows that there were 2 that belong to the health sector, 8 to social welfare sector: 7 Centers for Social Work (CSW) and one social institution sheltering children victims of abuse/neglect. Eight of them are dealing with primary and secondary prevention, 7 CSW give also legal support, and 3 are dealing with tertiary prevention, all the organizations covering the 3 respectful areas encompassed in the CBSS and urban and rural population in the same time. Routine screening policy is common for 6 of the agencies, and only 2 have special CAN training for personnel and the rest have some kind of informal training. Majority of the Centers for Social Work do not have trained staff for recording cases of CAN. All of the organizations have paper type of archive, and 8 have additional electronic archives, but neither of the organizations have database. Recording forms that they use are very poor and have very few indicators for reported and detected cases of CAN, including non-CAN cases, text description and additional documentation is available in all services.

Overall the Child maltreatment incidence rates per form of CAN shows that psychological abuse has the highest rate of 2,52/1000 children, followed by sexual abuse 1,87/1000, neglect is 1,56/1000 children and 1,38/1000 for physical abuse. The overall incidence rate for all forms of CAN is 3,45/1000 children.

The leading cause for reporting or identifying cases by the CSW is neglect, than sexual abuse and physical abuse. Psychological abuse, although represented in most of the cases, is not a cause for reporting, but it has been later identified.

In all areas encompassed in the research the rates of all types of CAN are higher for girls, than for boys, being as twice as more reported to the agencies. The incidence rate for physical violence is from 0,25/1000 – 4,9/1000 children for girls across all ages, for sexual violence is from 0,85/1000 - 5,5/1000 children, for psychological violence is from 0,85/1000 – 6,3/1000 children and for neglect is up to 6,5/1000 children. Although sexual abuse has a higher incidence rate in boys (self-reported in the questionnaire) in the BECAN epidemiological study the CBSS shows that sexual abuse of girls is more often reported to the agencies, which might be due to higher level of tolerance and cultural acceptance of female sexual abuse.

Considering the age, all forms of CAN are more reported in older children (16 years old) than in younger. The older the child is the probability of exposure to CAN experiences is more pronounced, which is in line with the BECAN Epidemiological Study. The incidence rate for all forms of CAN for 16 years old is 5,7/1000 children, for 13 years old is 4,9/1000 and for 11 years old is 1,7/1000 children.

Physical abuse is reported to the agencies in 43% of cases, while sexual abuse consists 53% of all reported/detected cases and more than ¾ are in girls. Psychological abuse is widespread form of abuse, both in the self reports of students and in reported/detected cases, as a co-occurring form of violence to other forms, recorded in 87% of cases, Neglect is the most common form of CAN that is reported to the agencies

Three quarters of all reported cases represent multiple forms of CAN. Most of them are combination of Sexual & Psychological abuse, Psychological & Neglect, or even three types of CAN - Physical, Sexual & Psych; Physical, Psych. & Neglect, which is gender specific affecting girls more than boys.

In one fifth of cases there is a connection of CAN with some form of disability: impaired cognitive functioning, psychiatric disorder, both more reported for girls and visual-hear-speech impairment.

Regardless of the type of abuse/neglect child victims' characteristics are more or less very similar, proving that consequences of CAN constitute unspecific syndrome of behavioral, educational and mental health problems and should be treated as unique phenomenon, not as separate phenomena.

Characteristics of families and households of maltreated children didn't differ significantly according to the type of maltreatment and show that over 60% lived with their siblings, mother, and more than half with father, less than half have financial problems, more than a third have very low household income and no housing adequacy, in presence of other forms of violence - sibling abuse, elder abuse, intimate partner violence.

Social services, in the first place, are involved in case assessment of allegation and process of confirmation, next come police services, and legal and judicial services for all forms of maltreatment. The prosecution of abuser by police/judicial services is undertaken in less than half of cases, social service are involved in 1/3, and in ¼ of cases emergency protection procedures are implemented. The care plan for the child in majority of cases is to remain in the family with planned intervention. But almost 20% of children are removed from the family, majority of them are put in Children's Home institutions and less are placed in foster care. The abuser is almost never removed from home.

In most of the cases referrals are made to services for victim-support programme, social welfare assistance and family counseling, which provide services to children victim and their families.

Child related information concerning the characteristics of the recorded CAN cases show that there is unavailability of information in connection to substance abuse problems in the family, education related problems, disability related problems and child behavior related problems.

Incident related information are predominantly available.

When it comes to forms of abuse and neglect, generally, subtypes of different forms of abuse are missing, including the nature and form of injury, status of substantiation of the abuse case. Neglect is better analyzed by the services, due to the fact that it is the focus mainly of social services, which means that the expertise, instruments and records for this form of abuse are elaborated in more details. Perpetrator related information and caregiver related information in majority of cases are missing, in the first place information on history of victimization, previous allegation and substance abuse information and previous maltreatment.

Family related information is missing mainly related to other family members, the abuse of other family members and household-related information are missing related to the income and financial problems. The follow up is recorded in the archives.

Serbia

Collection of data was made in 16 centres for social work (2 out of which had no cases for 2010) in same municipalities in which the epidemiological study took place. These 14 CSW are 9,8% of the total of 153 CSW in the country but the way of sampling was such that the sample is representative. There is the same number of organizations in every geographical region covered by the BECAN project (Belgrade, Vojvodina, West-South West Serbia and East-South-East Serbia). All 14 centres cover urban and suburban areas, while 11 centres included in the sample also cover the rural area.

The characteristic of the CSW in the sample are the following: All centres included in the sample are involved in activities at all levels of prevention (primary, secondary and tertiary), as well as legal aid provided to beneficiaries. Beside the paper archives which are kept by all CSW, electronic archives are maintained by 11, and databases by 3 centres for social work. Results by regions show that electronic archives are maintained by 3 SCWs in Belgrade, 3 in Vojvodina and 3 in East – South East Serbia, and 2 CSWs in West – South West Serbia. All 3 CSWs in Belgrade and one CSW in Vojvodina keep databases. The staff members of the CSW are trained for recording CAN cases, and all of them are social workers.

Incidence rates of CAN. The main results are those concerning the incidence of CAN. On the whole, based on officially registered cases, it can be concluded that, on average, two out of 1,000 children are victims of some form of abuse or neglect. The most prevalent is the psychological abuse, while sexual abuse is the least prevalent. When interpreting the data on sexual abuse, we should certainly keep in mind that the already low readiness in both children and families to report CAN is even lower for this type of abuse. In addition to this, an almost equal incidence of physical abuse and neglect of children has been recorded. Looking by age, children at the age of 12 are the most exposed to a form of abuse or neglect, while children at the age of 15 are the least exposed. More specifically, physical and psychological abuse is the most prevalent in children at the age of 11, while most cases of sexual abuse were recorded in children aged 12, and neglect in thirteen-year-olds. Certain gender-related differences are also noted. Namely, the results have shown that boys at the age of 11 are the most exposed to some form of CAN, whereas for girls the age limit rises. Namely, the highest CAN incidence in girls has been recorded at the age of 14. The distribution of different forms of CAN is comparatively the same in boys and girls, with sexual abuse being somewhat more prevalent in girls, which was expected and in accordance with the results of numerous studies, and the thesis on gender dimension of CAN.

Substantiation of CAN cases. Regarding the status of registered cases of abuse and neglect (substantiated of suspected abuse) the results indicate that the highest percentage refers to substantiated cases of physical, psychological and sexual abuse and neglect. Unsubstantiated cases of a suspected form of CAN are significantly less present. In that sense, most cases falling into this category of “indicated” cases are related to sexual abuse of children (9.3%). In addition to this, 5.1% of neglect cases have the status of unsubstantiated CAN. Looking by the type of CAN and by regions, results indicate that Belgrade and Vojvodina have the highest number of substantiated cases of psychological abuse and neglect, the region of West – South West Serbia reported the highest number of substantiated cases of physical and psychological abuse, while all CAN cases reported and also substantiated in the observed period in the region of East – South East Serbia were the cases of violent victimization of children. In Belgrade and the region of West – South West Serbia

suspected sexual abuse was the most prevalent in reported cases, while in Vojvodina it was suspected physical abuse.

Perpetrators of CAN. The characteristic of the perpetrators were the following. Mostly males were the perpetrators of all types of CAN except the in neglect where the males and females are equally present as perpetrators. The perpetrators are mostly middle aged persons, with middle level of education, except in case of sexual abuse where 1/3 of perpetrators have a postgraduate university education. One half of perpetrators are unemployed and in neglect cases it is even more frequent. As to the relation between the child and the perpetrator, it is the father who was the perpetrator in most cases except in cases of sexual violence where the teachers were the perpetrators in 1/3 of cases. The mothers as perpetrators are less present than the fathers except in cases of neglect. One third of perpetrators of all types of CAN are abusing alcohol

Family characteristics. In most of registered cases the child-victim is leaving in complete family, with both parents but the financial situation and the lodging of most of families is rather poor. This is particularly the situation in families where the child neglect is the main type of CAN. Our research findings indicate that only a small proportion of children who experienced some type of CAN comes to the attention of the Centers for social work which could provide them the needed help and support. In the CSW app. 2 cases of CAN are registered in 1000 children of general population (incidence rate per 1000 children in 1 year= 1.9), and some of these children experienced multiple victimization. On the other hand, according the results of the epidemiological study 45,5% of children, that is somewhat less than 500 in 1000 children, reported on experience of 2-3 types of violence, and 2,9% of children, that is app. 30 in 1000 children experienced all 4 types of violence (physical, psychological, sexual and neglect) in the year that preceded the investigation, In other words, only each 15th child who experienced all 4 types of violence reached the CSW.

The origins of this gap between the high incidence of CAN in general population and a low incidence of cases registered in CSW are twofold:

First, there is a low sensitivity of parents to the adverse childhood experiences of their children. Data on help seeking and received services indicate that more than half of families (59.3%) did not turned for help because of violence to any child or family service. One of the reasons for such behaviour of parents is certainly their attitude towards violence against children. The fact is that many parents consider corporal punishment as legal and obligatory method of upbringing children.

Another reason of parental reluctance to turn to social services for help is their mistrust because of the low efficiency of these services. The research indicated that the inter-sectoral cooperation and the exchange of data on individual cases between social protection, health care, educational services, police and others in the child protection network is on a very low level.

Within the services which are in charge of assessment and management of CAN cases, the monitoring of CAN cases seems to be the weakest point. It seems that plenty of information is recorded, but no secondary analysis takes place. Categorization of the cases, analysis of referrals and the outcomes of the casework are missing, and without them interventions and measure remain inefficient,.

Another great challenge is that there is no central databases, and given that the institutions dealing with child abuse and neglect use different parameters for observing and recording the cases no accurate data on the real extent of violence that children suffer in Serbia, are available.

It became evident that the further development of system for prevention and protection from abuse and neglect is impossible without establishment of a unique system for registration of data on violence and monitoring the effects of implemented measures and programs.

Romania

CAN Incidence. Considering the incidence rate, the results show that the incidence of CAN in general is very similar between the different age groups (ages of 11, 13 and 16) and between genders. The incidence of different forms of CAN however is showing differences when it comes to comparison between girls and boys. The incidence of sexual abuse is twice higher in case of girls than in case of boys, the incidence of neglect is

higher with one third in case of boys then in case of girls. Taken into consideration that the original sample of agencies involved in the study was altered due to practical considerations, and representativeness of areas was thus biased, comparison of results by areas is not relevant. Comparing the incidence results with the results of the epidemiological study, there is an evident gap between the prevalence of CAN identified by the BECAN epidemiological study and the number of cases reported/identified by the responsible agencies in the same region. This underlines the clear need for improvement of the identification, referral and registration system, in other words the case based surveillance system in Romania.

Availability of data in files. The case based surveillance study in Romania showed that the completeness of case files vary remarkably. In regard of data regarding the characteristics of child, the age, date of birth, gender, educational status is registered in a great extent (84-100%). However, data linked with other important characteristics which could be directly linked with the experience of abuse, such as educational and behavioral problems, their eventual involvement in child labor, substance abuse, health status is available in a much lower extent. Incidence related information (for example the timing of the incident and its duration, the specific forms of abuse, the severity of injuries due to the abuse, the nature of injury suffered by the child) are missing in a great extent as well. Files are much more complete in regard of the information linked with the institutions which are involved in detection and assessment of abuse allegation, forms of the intervention and the provided services. Here we must note that these items are part of the Quarterly Monitoring Fiche as well, so this type of information is much frequently registered.

Children's vulnerability to each specific form of CAN. 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) shows some differences in the regard with the vulnerability to specific forms of abuse: while 56% of children suffered from neglect, the proportion of children who suffered from physical abuse is only 28% and in 20% of the cases children experienced sexual and psychological abuse.

Child-related risks for CAN. Due to the limited number of analyzed files we can not make conclusions in regard of the risk factors for the general population. However, the results give a more complex picture in reference of the characteristics of children who suffered from abuse and came in contact with the general directorates for social assistance and child protection. The rate of male/female victims is almost equal (144 girls, 143 boys), the distribution by age is also balanced (99 aged 11, 99 aged 13 and 89 aged 16). There is no relevant data in regard of ethnicity/nationality, due to the implicit policy in Romania not to register ethnicity in official documents⁴¹. Information related to child labor seems to be missing from the analyzed files, only a very small number of cases are reported to have a formal or informal job (1.7%). The forms of the different types of abuse is not very well documented, but in case of psychological abuse stands out the frequency of *witnessing family violence*. The most frequent form of neglect is *physical* and *educational*, followed by the *medical* neglect. Due to the small number of cases no relevant conclusion can be drawn regarding the frequency of associated forms of abuse, but in the case of the analyzed population the physical and psychological abuse has been associated most frequently. The school attendance is almost 70%, the percentage of drop out and lack of enrolment is evidently much higher than the general population (together is more than 15%), and it is interesting to note that the school attendance is decreasing with the age: from 80% at age of 11 decreases to 52% at age of 16 in case of boys, who seems to be more vulnerable to school drop out. The proportion of CAN-victims (among the recorded cases) having reported and/or diagnosed problems related to education, behaviour, substance abuse and disabilities we can observe the high rate of *running away*, which is the most frequent at neglect cases (26%); learning disabilities and irregular school attendance, problems at home and at school is beyond 10% as well.

Family and Household-related risks for CAN. The rate of married and divorced/separated parents is approximately equal (35-35%). The number of co-habitants in a high percentage is more than 5, this could mean overcrowded households. Other types of abuse experienced by other family members are not registered in the files unless in a small proportion (15% intimate partner violence and in 6.6% of cases other siblings are victims of violence). In 30% of cases the housing conditions are not adequate, the income of the family is low and very low (in 25%), and in 32% of cases the source of income is the social benefit. Financial problems are

⁴¹ The only document which registers the ethnicity is the death certificate.

recorded in 40% of the cases. There is an overlap in more than 50% of the cases between the identity of perpetrator and of the caregiver. In case of perpetrators who are only perpetrators, the gender rate shows a higher prevalence of men (73.1%) but in cases of perpetrators who are also caregivers, the difference is much smaller between men and women (52.8% men, 46.7% women). Characteristics of perpetrators and caregivers like information regarding the educational level, employment and marital status, similar allegations and history of abuse is missing in a great extent, but we must notice a relatively high percentage of alcohol abuse both in case of perpetrators and caregivers (14-36%).

Agencies involved, services provided. Data regarding source of referral (reporting) show us that the police and social services are the most active institutions involved in the detection of maltreatment cases, followed by parent/caregiver with a far lower percent. Other institutions which are usually also coming into contact with the child victim are much less active in detection and reporting the abuse (school and health personnel, community agencies). We can notice a very low involvement of other community members as well and the child victim her/himself. This indicates also the need for more child-friendly referral system. Further research is needed to analyze the efficiency and adequacy of provided services. It is important to remind the data published by the Ministry of Labor, Social Affairs and Family and the Prosecutor's Office regarding the number of cases of prosecution in trial phase is extremely low (1.1% of total number of child maltreatment cases). In spite of the fact that many professionals complain about legal difficulties of implementing emergency orders, this is the most frequently used legal action what has been taken (G. Tonk, J. Adorjani, 2012). Here is interesting to note, that the services provided for families by the local public authorities are in many cases unsatisfactory as the low capacity of service provision of local authorities is well known and recognized at official level (see National Strategy of Child Protection 2008-2013). The forms of out of home placement were also collected. There is a large percent of children in this age category (11, 13, and 16) who are institutionalized due to maltreatment acts (43.1%).

At this age category mother shelters are not often used. Due to the fact that present legislation is not favorable to remove the perpetrator⁴², this intervention possibility is not implemented. In agreement with the legal requirement of including in the file an individualized case management and treatment plan, our data show that families of abused children, and child victims themselves are referred to mental health services in proportion of 76,6%. Services recommended for children and families are: psychiatric services (55.1%), family counseling (27.8%), child counseling (25.1%), parent support program (21.4%), medical/dental services (19.8%), social welfare assistance (17.1%), shelter services (11.2%), psychological services (10.2%), victim support program (10.7%), domestic violence counseling (9.1%), recreational program (7.0%), special education referral (6.4%), access to food bank (4.8%), drug or alcohol counseling (3.2%).

Knowing the fact that in almost half of reported cases remain at home, and the services provided for families by the local public authorities are in many cases unsatisfactory as the low capacity of service provision of local authorities is well known and recognized at official level (see National Strategy of Child Protection 2008-2013), there is an urgent need for improvement of capacity of adequate service provision for these families also in order to prevent the reoccurrence of abuse.

Turkey

The Incidence of CAN. In this study, total of 8 agencies (4 Hospitals in Izmir, 2 Courts of law in Izmir and Courts of law in Zonguldak and Denizli) were visited and total of 443 child abuse cases were identified. The incidence of CAN should be discussed for each abuse type of physical, sexual, psychological abuse and neglect, separately.

Physical Abuse Incidence, Specific Forms of Physical Abuse and Severity of Injuries. In this study, less than one in every 1000 child was recorded as physically abused in all age groups in three cities. This finding is not even representative of the recorded cases of abuse. More clearly, the top of the iceberg in physical abuse for child abuse phenomenon cannot be revealed with these limited sources of information. In Zonguldak court of law, findings are significant since, the physical abuse cases in this city are evaluated "only" in this court.

⁴² Legislation is under revision and protection order is proposed to be introduced in favor of victims of violence in February 2012.

Therefore, the numbers obtained in this province are the total number of cases in physical abuse. According to these numbers 1/1000 children are recorded in courts due to being physically harmed in Zonguldak. In Izmir, the data is not representative of the population since; the data could be obtained from one court. According to this data, similar to Zonguldak court of law, 1/1000 children are recorded as victims of physical abuse. The childrens' populations in three ages are six times bigger in Izmir than in Zonguldak, therefore, this finding refers to only a limited part of the population that Karsiyaka Court of Law was responsible for managing cases. As a general evaluation of physical abuse in this study, rather than indicating exact incidence, male children were found to be more recorded as victims of abuse compared to female children. The physical abuse acts that co-occurred with sexual abuse, on the other hand, were recorded significantly more for females. In this case, 13 years old children were more exposed to physically violent acts of abusers.

Sexual Abuse Incidence and Specific Forms of Sexual Abuse. Sexual abuse cases were the most robust aspect of this study. These cases were collected in each agency. Although there are also gaps for drawing clear conclusions on incidence of sexual abuse in this study, the rates provide a significant frame for comprehending the issue. In this study, approximately one in 1000 children were found to be recorded as a victim of sexual abuse cases in three cities. However, there are significant differences between gender, age, and province types. Initially, in terms of gender difference girls are at least two times more recorded than boys as victims of sexual abuse. In age distribution, males in three age groups are in similar risk for experiencing sexual abuse and being referred to courts; while for girls there is a significant increase in the cases of 16 years-old children. Girls of younger ages are also under risk for experiencing sexual abuse, however, revealing the issue and taking an action in courts to record cases may have lower degrees. Sexual abuse is also kept as a secret in families. In age distribution of girls, 16 year old children are worth mentioning that there are differences between provinces. In Izmir approximately 4-5 in 1000 female children were recorded in sexual abuse cases in this age group. In Zonguldak, similarly, approximately 4 in 1000 children were recorded; while in Denizli 8-9 in 1000 children of 16 years old girls were recorded in sexual abuse cases. In Zonguldak and Denizli, the cases of sexual abuse are managed in one court in which these studies were conducted. In Izmir, the sexual abuse cases are also managed from certain courts in peripheral locations of the city where this study could not be conducted. Although the peripheral courts of law could not be included in this study, the cases that were collected from Behcet Uz Child Hospital and Dokuz Eylul University Hospital were consisted of judicial cases that were referred from the peripheral courts. However, these referrals do not represent the whole sexual abuse cases in these peripherals. To sum up, the findings of Izmir are not strong enough to draw conclusions for recorded cases incidence of sexual abuse. In Zonguldak and Denizli, there is a comparable data on this age group for the fact that cases could only be extracted from one court of law. Therefore, the two times higher incidence rates in Denizli compared to Zonguldak is parallel with the population of these cities. Denizli is two times more crowded than Zonguldak and 16 year-old girls are also two times more recorded as victims of sexual abuse. These rates indicate that approximately one in 100 children in Denizli have the risk of visiting courts of law as victims. More clearly, in a school with 35 students in each classroom, one 16 year-old girl in three classrooms have the potential to be referred to courts of law for sexual abuse. In specific types of abuse, completed sexual activity was highly repeated in cases for both males and females in all age groups. In all age groups, males were exposed to completed sexual activity in high percentages; while female children of 16 year-olds were more exposed to this act compared to 11 and 13 years-old females. This pattern was similar for boys and girls in attempted sexual activity. In line with these acts, 11 and 13 years old girls were more exposed to sexual harassment and touching/fondling genitals in ratio compared to older girls. The ratio of these acts for younger boys were lower compared 16 year old males. Sexual harassment was mostly co-occurred with adults' exposure of genitals to child. In addition, exposing children to sexually explicit photographs and videos were very common as "other" forms sexual abuse. Sexual exploitation and voyeurism were rarely recorded in cases. However, these acts are defined under different article in Turkish Law that could not be studied in this study. Especially, sexual exploitation is a significant issue in Turkey that needs to be elaborated by further studies.

Psychological Abuse Incidence and Specific Forms of Psychological Abuse. The incidence of recorded psychological abuse cases cannot be drawn from the findings of this study. Psychological abuse is not defined under Turkish Criminal Law, and therefore, no single psychological abuse judicial case in courts was extracted in this study. The cases obtained from hospitals were usually physical, sexual abuse cases or

neglect. Single psychological cases were rare. In this study, the psychological abuse cases were multiple events that usually co-occurred with sexual abuse acts.

Neglect Incidence and Specific Forms of Neglect. The results of neglect cases in this study are also inadequate for framing the incidence of the issue. Neglect cases were collected via the article 232 in courts and professionals' awareness in two hospitals. Since, the hospitals were in Izmir and the article 232 could be scanned and extracted only in one court in Izmir, the number of cases were higher than the other provinces. The article 232 has a broad frame for defining neglect in many aspects. However, it is mostly applied in a narrow perspective for the cases of children working in the streets by usually selling tissues. Therefore, most of the neglect cases were based on economic exploitation.

Substantiation Rates of the Cases. In this study, substantiation rates are high, since most of the data were collected from the courts in which legal action is taken as the final referral sources of abuse cases. There are changes between abuse types in substantiation rates for the differences in identification and for the extent of each abuse type in this study. In physical abuse cases, substantiated file rates are higher than seventy percentages. In sexual abuse cases, which is the most significant and robust aspect of this study, substantiation rates are lower than physical abuse for the fact of its difficulty to identify. As a general rate in three provinces, almost 60% of the cases were substantiated and the remaining files were unsubstantiated. In psychological abuse cases, substantiation rates were related to sexual abuse substantiation for the fact that they were co-occurred. Therefore, it is not appropriate to draw conclusions on substantiation rates of psychological abuse cases in this study. In neglect cases, highest rates belong to Izmir for the fact that most of the data was collected in this city. Neglect phenomenon has also a confirmation difficulty that in Izmir approximately half of the issues were substantiated. This rate is lower than physical and sexual abuse substantiation rates. Especially in neglect cases of hospitals, families were usually informed about appropriate parenting and they were not referred to judicial courts. Therefore, both neglect and psychological abuse cases recorded in hospitals were evaluated as no legal action taken.

Children's Characteristics. In educational status, only half of the children could be recorded for their educational status in agencies. In the information-available cases, almost one third of children were recorded as attending the school in all forms of maltreatment. Similar to the educational status, only half of the cases could be recorded for their work status. According to this, almost one fourth of the children were recorded as not working. Only a limited amount of children were found to be working. Working ratio was higher for 16 year old children in both males and females compared to younger age groups. Males in this age group had highest ratios of paid working than females. In education-related problems very limited information could be reached in the content of files. In the recorded information, school non-attendance had the highest rate among other problems. There was almost no information about learning disabilities and attending to special education classes. In behavioral problems, a similar pattern of educational problems was observed that there was almost no information. In the collected data, the most frequently recorded issues were running away and self-harming behavior. Substance-abuse problems of children were also rarely recorded, although there were lots of cases in which 16 year-old children were using alcohol at the time of the incident. However, it was not recorded in files if they had alcohol or drug problems. In diagnosed disabilities, children with mental disorders were mostly recorded as impairment in cognitive functioning. In addition, psychiatric disorders were also recorded in some of the cases. However, the rates of recorded information were very low. As a general evaluation of child characteristics, childrens' school attendance, the information of dropping out, education-related problems, behavior problems, substance abuse, and diagnosed disabilities should be more systematically recorded in agencies. The children who are in paid/unpaid work, who tend to run away from school, to have irregular attendance, to give self-harm, to have diagnosed disabilities like impaired cognitive functioning, psychiatric disorders and to have drug-alcohol use are all high risks for children to be abused. For preventive actions these features of children should be better known and recorded in agencies for further studies.

Characteristics of Only Perpetrators. In this study, half of the perpetrators were identified as only perpetrators who were not caregivers of the children. These perpetrators were mostly male and young people aged lower than 18 years old. They were usually friends or dates of children or strangers. In general, the information of their education level, work status, relation status, substance-abuse history, disabilities, previous allegations,

history of victimization were unsatisfactory to outline the general characteristics. The highest rates of perpetrators were strangers that especially 11 year-old children were more exposed to sexual harassment at street, near their schools, or in the entrance of their apartments. Older children of 16 years-olds were more at risk for being abused by their friends and dates. At this point, children with risk factors who have lower mental capacities, diagnosed psychiatric disorders etc. have a tendency to be abused by the familiar people like friends and dates. In addition to these perpetrators, children were also abused by their neighbours, family friends, other blood relatives like uncles, brothers as well. The lower rates of these people as a perpetrator in childrens' lives are not an indication of lower risks for being abused by these people. The judicial cases are not representative of the family dynamics in which abuse is usually kept as a secret. These findings stress the fact that children are both abused at home and by their environment outside the home. This brings the reality and necessity of working on child abuse and neglect issue in deeper and broader terms.

Characteristics of Perpetrator-Caregivers. The perpetrators who are also caregivers in child's life were identified as 10 % of all the perpetrators in this study. Most of them were male and fathers of these children. Mothers, stepfathers, grandmothers and grandfathers or the sisters, brothers who were also caregivers were also recorded as perpetrator and a caregiver in child's life. Most of the research findings indicate that children are exposed to violence by a person they know rather than a person they do not know (REF). Caregivers of children in this study were mostly identified as two people of mostly mothers and fathers and in some cases they were stepfathers or stepmothers as the second caregiver. Most of the caregivers were married.

Characteristics of the Family. As mentioned in the caregivers' characteristics, families of the children were mostly recorded as married couples and 10% of them were reported as divorced parents. People living together were mostly mothers, fathers and siblings of the child-victims. The information on household inadequacy, income, and financial problems were inadequate in files. The relation between socio-economic status and abuse risk are significant; however, in this study, the cases of children do not provide a comprehensive framework for the socio-economic characteristics of the families. In findings of WP3 epidemiological study, significant results were found that children in lower socio-economic families were reported more physical and psychological victimization experiences at home. This result refers to the importance of recording family characteristics of cases in agencies.

Agencies involved in Administration of CAN cases and Referrals to Agencies. In administration of CAN cases, legal services, medical services and mental health services play a significant role together. If a case is reported to police, then the file should be send to legal system. The legal system is obliged to start investigation of the cases. If the physical or sexual abuse was suspected than the child was referred to institute of forensic medicine for physical inspection of the evidence of abuse. In some cases of sexual abuse, the child was also referred to hospitals mental health department for psychological evaluation of the child to indicate if the child was negatively affected from sexual abuse or not. In this evaluation process, medical evaluation of the services may provide no signals of abuse on child. More clearly, no physical abuse symptoms may be identified on the body of the child, or no signals of recent sexual contact can be identified on children's body for sexual abuse. In mental health services, it is more difficult to view the records of reports stressing that "the child was not psychologically affected from sexual abuse", however, it rarely occurs. In light of these findings, the judges in courts may give "verdict of non-prosecution due to lack of adequate evidence". Therefore, many agencies involve in management of cases, while the confirmation of maltreatment has lower rates. At this point, it is significant to note that confirmation of maltreatment in courts is not solely based on evidence gathered from medical and mental health services. Even if the these agencies provide reports of "no visible signs of abuse", the judges have the authorization for deciding on the existence of CAN and prosecuting the abuser by the sincere testimony of the child victim and contradictory expressions/testimony of the abuser. In these cases, care plan of the child or out of home placement was limitedly recorded that the National Judge Systems is mainly based on mainly evaluating the child in his/her own home environment and apply to out of home placement as the final source of solution. If the perpetrator is at home, then they receive jail sentence and they are automatically sent away from home that permits the child to stay in a safer place. However, especially in court cases, it was difficult to record this data from the available files. In the management process of the cases, very low rates referrals were made to the child-victims and their family. At this point, it is significant to mention that these referrals are not a part of "case management". More clearly, in management and maltreatment confirmation of the cases, the child is formally

referred to medical and mental health services via letters between agencies. In this process, the children have to receive this service. However, during or after the case was identified as abuse or not, they are informally referred to services. This referral was made by the professional verbally, then it is not recorded as formal source of information. In Turkey, there are no obligatory medical or mental health services provided to children and their families. Therefore, no referrals are made within courts formally, but there are some informal referrals made via physicians' or mental health professionals' awareness and sensitivity on abuse issues. These referrals are usually psychiatric or psychological services. However, the information of the received services are even lower; since the judicial cases are not followed up in every hospital. Only the hospitals that follow-up the cases record the information of received services.

Availability of Information in Agencies. Evaluation of the information availability in agencies was a very significant aspect of this study that was as valuable as the first major of the study to identify CAN incidence. The identification of CAN incidence in a healthy method also belongs to how systematically this information was recorded in agencies. In this study, hospitals and courts were visited as two different types of agencies to be observed and studied. There are similar and distinctive patterns of recording cases in hospitals and courts that need to be stressed in this study and then considered in agencies for further studies. Initially, the record date, the birth date of children, children's age and gender are very systematically recorded in agencies. The other systematically recorded data was the incident-related information that consisted of duration of maltreatment, sources of referral, scene of incident and form of maltreatment. In courts and hospitals – especially in hospitals that work with judicial cases with the responsibility of providing report for child's welfare – the case of abuse is regarded as a crisis situation that requires very rapid intervention. This approach leads agencies to focus on the characteristics of the incident in detail. This is an important base and a robust characteristic for agencies to develop their recording culture and to improve databases. In incident characteristics, the characteristics of sexual abuse were more than satisfactorily recorded. The sexual abuse was separately identified in Turkish Criminal Law for children that the incidence details were significant for judges to prosecute perpetrators appropriately. However, the recording of physical abuse cases can be improved in terms of specific types of physical act and the results of the act as the type and severity of injury. In Turkish Criminal Law, physical abuse is not specified for children. The only significant cut point for determining the level of penalty is to causing the death of the victim or not. Therefore, all the physical acts upon a victim that can be treated by a basic medical intervention are treated approximately the same in courts. This legal regulation may be leading professionals to treat physical acts in more general sense rather than outlining the details of an event. In terms of psychological abuse and neglect, recorded data is limited due to study limits and due to the difficulty of recognizing this type of abuse. The cases collected in these types of abuse are weaker in representativeness for discussing their recording styles. However, the absence of information in this study even provide a framework that institutional education is needed for these types of abuse for their “invisible” structure compared to more “visible” acts of physical and sexual abuse.

E. BECAN epidemiological surveys & case-based surveillance:

issues for consideration

The BECAN epidemiological surveys conducted in the nine Balkan countries investigated the prevalence and incidence of child abuse and neglect in representative randomized samples of the general population of pupils attending three grades (mainly children 11, 13 and 16 year-olds), while in countries where the drop-out rates are high for producing estimates of respectful CAN indicators at national level supplementary surveys were conducted to convenience samples of children that have dropped-out of school. Data were collected by matched pairs of children and their parents, by using modified for the purposes of the BECAN project versions of the ICAST-CH and the ICAST-P self-completed questionnaires. By filling-in the ICAST-CH questionnaires, children provided information in regards to their experiences of psychological, physical, sexual violence, their subjective feeling of being neglected as well as their experiences with positive parenting behaviors.

On the other hand, the case-based surveillance studies 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. As a first step, 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, the collected data at case-level were related to the characteristics of individual cases such as child, incident, perpetrator(s), caregiver(s), and information concerning the family. A protocol along with an operations' manual for researchers and extraction forms for both, the agencies participating in the country and the individual cases identified in the agencies' archives were developed and used in all nine countries.

A first observation is that the trend in the prevalence of types of CAN are similar between the two studies per country; in general psychological abuse seem to be the more frequent type of abuse followed by physical abuse while sexual abuse is the less prevalent among the forms of maltreatment.

The main observation for all participating countries is that there is a huge difference between the estimations of the size of CAN calculated in epidemiological survey and the case-based surveillance studies. The epidemiological survey showed high incidence and prevalence for all forms of maltreatment; specifically, for experiences of psychological violence prevalence ranged from 64.58% (FYRoM) to 83.16% (GR) and incidence from 59.62% (RS) to 70.02% (GR); for experiences of physical violence, prevalence ranged from 50.66% (FYRoM) to 76.37% (GR) and incidence from 42.40% (FYRoM) to 51.01 (BH); for experiences of non-contact sexual violence, prevalence ranged from 7.60% (FYRoM) to 18.68% (BH) and incidence from 5% (RO) to 13% (BH); for experience of contact sexual violence, prevalence ranged from 3.56% (RO) to 9.75% (BH) and incidence from 2.09% (RO) to 7.65% (BH); lastly, concerning children's subjective feeling of being neglected, prevalence ranged from 22.60% (RO) to 42.62% (TR) and incidence from 16.17% (RO) to 37.55% (TR). On the other hand, the incidence rates estimated on the basis of available information recorded in archives of agencies working with CAN cases were dramatically lower for all forms of child abuse identified for the same year and geographical areas; specifically, for psychological abuse recorded cases incidence ranged from 0.008% (RO) to 0,566% (GR); for physical abuse from 0,011% (RO) to 0,202% (BG); for sexual abuse from 0,004% (HR) to 0,187% (FYRoM); and for neglect incidence rates based on the recorded cases ranged from 0,009% (TR) to 0,499% (GR). It should be clarified that this difference in the size of the phenomenon between the two studies does not mean that every child that responded positively even to one sole item in the epidemiological study is necessarily an abused child and therefore should be recorded in the archives of a related agency. However, the gap in the estimated rates between the two studies is huge and it is expected that even if the strictest criteria were applied in the results of the epidemiological studies per country for defining potential abuse cases, the recorded (reported and/or identified) cases in the archives of the relevant agencies would still be significantly lower, and this is an issue for further elaboration and discussion. Such a comparison between inductance rates of CAN at national level would produce estimates of the instantiation of the "iceberg" phenomenon regarding CAN, namely 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.

Epidemiological surveys and Case-based surveillance studies:

issues for consideration per country

Albania

The epidemiological survey showed that psychological violence is the most commonly reported form of violence by children. 61.69% of children report having experienced at least one form of psychological violence at least once in their lifetime (prevalence), and 68.63% of the children report having experienced one of the behaviors that fall under the category of psychological violence during the past year. The next most commonly reported maltreatment form is physical violence. 48.42% of children reported having experienced at least one form of physical violence during their lives (prevalence), and 59.45% of the children report having experienced physical violence during the past year (incidence). Feelings of neglect were also reported by 21.87% of the children who had experienced them at least once in their lifetime and by 25.75% of the children who had experienced them during the past year. Sexual violence and contact violence were the forms of maltreatment that were experienced less frequently by children. Thus, 11.4% and 4.88% of the children had experienced sexual violence and contact sexual violence respectively during their lifetime, whereas 9.15% and 4.10% of children reported experiencing sexual violence and contact sexual violence during the past year.

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 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. It concluded that 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 centralized system for child protection agencies which can provide integrated services for children that fall victim of child abuse and neglect. Moreover, 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. Lastly, 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.

Bosnia and Herzegovina

Incidence of the psychological violence is 64,03%. Physical violence in previous year was experienced by 50,99% children. Moreover, 13,61% were sexually abused in the previous year. Incidence of feeling of neglect is 40,25%. Data on prevalence resulted by the epidemiological survey indicate that the greatest number of children during their lives experienced certain form of psychological violence (72,48%) while 67,55% of them faced with physical violence. 48,04% of the children experienced the feeling of neglect. 18,63% of the children was exposed to sexual violence and sexual violence with contact (which implies a physical contact between a perpetrator and a victim) was experienced by 9,75% of the children during their lives. Apart the sexual violence, questions for all other forms of violence were related exclusively to occurrences within the family. Only the sexual violence included occurrences within and outside the family. Besides the given prevalence indicators of violent occurrences this survey brought us to the information that 95,9% of the children reported positive educational actions during their lives.

The data collected in the context of CBSS showed that of the 168 child victims of abuse, 124 of them were victims of one of the forms of abuse, and 44 more species simultaneously. Children often experience neglect while in 78% of reported cases, it is the neglect of a child's education, physical neglect, 63.8% and 61.4% of medical neglect. In 37.1% of cases, children witness domestic violence in the family. Data on sexual abuse concerned only five cases of which all the victims are female.

Bulgaria

Implementation of BECAN project in Bulgaria aims to find some gaps and show the good practices for the implementation in the field of prevention and improvement of monitoring system for child abuse and neglect.

The main results from implementation of CBSS in Bulgaria show the big difference in incidence rate of child maltreatment in general population and a low incidence of cases registered in CSW.

Croatia

The epidemiological survey showed that the prevalence of family violence is very high, with 73.04% children experiencing some form of psychological violence during their lifetime and 66.73% of children experiencing some form of physical violence. Incidence rates are also high with 65.69% of children experiencing psychological violence in the family in the previous year and as much as 45.54% experiencing some form of physical violence. Sexual violence was experienced by 10.18% of children during their lifetime and by 7.20% of children during the year 2010.

The case-based surveillance showed concerning incidence by type of CAN that psychological violence was the most common in the reported cases of violence against children, followed by physical violence.

Although there has been a number of relevant research in Croatia regarding correlates and effects of violence against children in the family, the BECAN project enabled conducting the first real epidemiological study of incidence and prevalence of violence against children. In this perspective, valuable data were collected, which are the potential baseline for future research and monitoring CAN trends.

Also, although the aforementioned results present valuable resource about characteristics of CAN cases in Croatia, the main concern that rose from this study was related to the quality and completeness of existing data bases. The study showed that data about CAN reported cases are well documented and there was great concordance between the most common documented forms of abuse in reported CAN incidents and results from epidemiological study. For physical abuse these were slapping and hitting and for psychological abuse rejection and terrorization. Further, some valuable characteristics of the child weren't noted systematically, like education-related problems, substance-abuse problems, reported/diagnosed disabilities, behaviour-related problems, and previous maltreatment incidents. Also, some data were rarely recorded, such as some important characteristics of the perpetrator: educational level, history of substance-abuse problems, physical or mental disabilities, history of victimization/abuse, previous allegations of similar offence. So, to get some deeper insight into the dynamic and phenomenology of reported CAN cases, the possibilities for improvement of existing data collection systems should be considered. Our future priorities for the improvement of

collection data bases are the development of child-focused statistics and monitoring systems considering some specific needs of child victims, generating data for children who witness domestic violence so that they become more „visible“ and improvement of data items collected in existing systems for documentation (e.g. history of victimization, adequacy of housing).

Greece

The incidence rates per form of maltreatment, as they resulted in the context of the case-based surveillance, for physical abuse incidence was estimated at 1,97⁰/₀₀ children, for sexual abuse at 0,79⁰/₀₀ children, for psychological abuse at 5,66⁰/₀₀ children and for neglect at 4,99⁰/₀₀ children.

Concerning the estimated magnitude of the problem, as was expected, reported abusive experiences by the children themselves were in all cases much higher than the respective recorded cases extracted from the archives of the organizations, even more than 100 fold for certain cases.

Neglect, according to the case-based surveillance study, is the second most frequent type of child maltreatment, after psychological abuse. According to the children's responses to some questions regarding feelings related to neglect in the context of the epidemiological survey, neglect is the third most prevalent type of maltreatment. However, no actual comparison can be made with the respective results of the epidemiological survey mainly due to nature of this specific type of maltreatment: children in the course of responding to the ICAST-CH for the epidemiological survey could only express whether they feel neglected and not if they actually are neglected.

Taking into consideration the respective results of the epidemiological survey, the main finding to be highlighted is that the trend in the prevalence of types of CAN are similar between the two studies, namely the epidemiological and the case-base surveillance, while the scale of the magnitude of the problem is quite different. As for the pattern of the prevalence of different types of CAN, psychological abuse seems to be the predominant type of abuse reported by the children themselves in the context of the epidemiological survey and collected in the case-based surveillance study. Physical abuse is the second most prevalent type of abuse, according to the results of both of the studies. Lastly, the least prevalent type of abuse in both studies is sexual abuse, whether concerning “contact” or not.

Based on this general overview of what a general comparison between the reported cases in the agencies with the information provided by the children in the context of the epidemiological study showed, the result, and in particular the difference in the estimated magnitude of CAN, consist of a starting point for discussing the necessity of planning and developing a national surveillance mechanism. Considering, in addition the results of case-based surveillance regarding the current situation about practices of recording CAN cases, it is obvious that provisions related to building the capacity of professionals, developing a uniform methodology and common tools for recording and agreed upon common and widely accepted definitions for CAN and for each individual type of CAN are imperative.

Romania

From the epidemiological survey resulted that psychological abuse is the most prevalent CAN form (prevalence rate: 76.76%, incidence rate 65.98%). Physical abuse (prevalence rate 66,99%, incidence rate 44,69%) has a high frequency as well, while the prevalence of the feeling of neglect was 22,60 and the incidence 16,67%. An interesting result of the study is the gender difference in the case of sexual contact abuse, as 3% of boys and 1.5% of the girls admitted that they had suffered sexual contact abuse experiences, a finding that contradicts international studies. Lastly, the incidence of feeling of neglect is also growing with age, for both genders.

The results of the study with children dropped out from school showed that they did not report more violence from the part of adults they are living with, than their schoolchildren counterparts. The prevalence of physical violence is even lower in this sample. Instead, neglect had higher prevalence especially that form related to

caring for the child. Sexual violence was the other type of abuse with higher prevalence between children who have abandoned the school.

The results of the case-based surveillance, on the other hand, showed about the different forms of violence that for psychological violence, which is the most prevalent CAN form according to the epidemiologic study the identified cases have incomparable low values, where the incidence rate for the overall sample in the 16 counties is 0.08/1000 children all age groups. For physical abuse, with an also high enough prevalence and incidence for the sample surveyed, the incidence rate in reported cases (0.11/1000 children), is also much lower for all age groups. For neglect, the survey data show that the prevalence of the feeling of neglect was 22,60 and the incidence 16,67%, while in the surveillance incidence study show 0.23/1000 children in all age groups, while for sexual violence, incidence rate is 5% (for contact sexual abuse 2.9%) and prevalence data is 7.92% (for contact sexual abuse 3.56%) Incidence data for sexual abuse in the surveillance study is 0.09/1000 children in all the age groups.

There is a huge gap between the registered cases of child abuse and the prevalence data for the life-span as well as for the data for experiences with violence for the last year. The reporting system is not sensitive enough for the great number of children who experience CAN, and does not respond to them. There are many invisible children in all regions of the country, who are exposed to CAN and are not reported to the directions of child protection. These findings reflect the need to improve the system of reporting and detecting all forms of violence against children, and eliminate the practices dominant today to respond only to the most violent situations and stringent needs. There is a need for proactive reporting and preventive measures to better respond to the needs of children who suffer from violence and for reducing violence to the desired zero-level.

Serbia

Epidemiological survey showed that almost 70% of tested children experienced at least one case of psychological or physical violence during their life, while more than 25% felt neglected at least once in their lifetime and more than 8% experienced at least one case of sexual violence. Moreover, the incidence for all categories of experience is somewhat lower than the prevalence, except for the physical violence, where 20% reported on such experience, although not in previous year but earlier in life.

Based on officially registered cases in the examined period, we can conclude that, in average, 2⁰/₀₀ children were registered as a victim of some form of violence or neglect. Among registered cases, psychological violence has the highest incidence (1.06⁰/₀₀) followed by physical violence (0,8⁰/₀₀) and neglect (0,76⁰/₀₀), and lowest is the incidence of registered sexual violence (0,42⁰/₀₀).

From the research findings seems that only a small proportion of children who experienced some type of CAN comes to the attention of the Centers for social work which could provide them the needed help and support. In the Centers for Social Work app. 2 cases of CAN are registered in 1000 children of general population and some of these children experienced multiple victimization. On the other hand, according the results of the epidemiological study the children reported on experience of all types of CAN are considerably much more in the year that preceded the investigation; therefore seems that only a small proportion of children who experienced all 4 types of violence reached the CSW. The origins of this gap between the high incidence of CAN in general population and a low incidence of cases registered in CSW are twofold: First, there is a low sensitivity of parents to the adverse childhood experiences of their children. Data on help seeking and received services indicate that more than half of families did not turned for help due to violence to any child or family service. One of the reasons for such behavior of parents is certainly their attitude towards violence against children. The fact is that many parents consider corporal punishment as legal and obligatory method of upbringing the children. Another reason of parental reluctance to turn to social services for help is their mistrust because of the low efficiency of these services. The research indicated that the intersectoral co-operation and the exchange of data on individual cases between social protection, health care, educational services, police and others in the child protection network is at a very low level. Within the services which are in charge of assessment and management of CAN cases, the monitoring of CAN cases seems to be the weakest point. It seems that plenty of information is recorded, but no secondary analysis takes place. Categorization of the cases, analysis of referrals and the outcomes of the casework are missing, and without

them interventions and measures undertaken remain inefficient. Another great challenge is that there is no central databases, and given that the institutions dealing with child abuse and neglect use different parameters for observing and recording the cases, no accurate data on the real extent of violence that children suffer in Serbia are available.

Turkey

The results of the epidemiological survey in children showed that participants reported high degrees for each maltreatment form. For psychological violence, the incidence rate was 62,82%. For physical violence, reported incidence rate was 46,06% and for feeling of neglect, the rate was 37,55%. Among the maltreatment forms, psychological violence was the most frequently experienced form that children mentioned. Sexual abuse did not measured in the context of the epidemiological study.

The incidence of CAN recorded in agencies in all types abuse according to population was recorded as more than 1 in every 1000 children. Sexual abuse and physical abuse incidences were also recorded as approximately 1 in every 1000 children were recorded in the participating agencies. Concerning psychological abuse and neglect less than 1 in every 1000 children were recorded in agencies for the same time period.

Need assessment deriving from analysis of the present state of the CAN in the country based on discrepancies identified between epidemiological survey & case-based surveillance study suggests the development of permanent CAN Monitoring System at national level /the improvement of existing CAN Monitoring System aiming at follow up on the rates and characteristics of CAN and creation of a basis for assessment of the effectiveness and efficiency of any present or future CAN-related intervention and policy.

Albania

Albania has a long way 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:

- 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 more 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.

Bosnia-Herzegovina

After displaying the current state of the recording and monitoring of cases of child abuse and neglect in the key institutions of social protection of CAN, there is a few of the conclusions and recommendations in this regard.

In Bosnia and Herzegovina, at the state level, there are no standardized procedures for recording and monitoring incidents of child abuse and neglect.

Inside the CSW has no clearly defined and uniform appearance CAN. In keeping with these records in CSW are archived as other problematic behaviors (domestic violence, mediation of spouses, alcoholism and other addiction of a family member, working with people with mental health disorders and the similar), and it can be

expected that many victims of abuse and neglect are not disclosed. CSW do not have structured extraction forms for CAN, taking statements, or to contact other competent institutions. Data kept on CAN are often scarce or incomplete. In most centers, there are no specialized services that are specially trained to work with child victims of abuse and neglect.

It thus imposes the urgent need for the development and standardization of record-keeping and monitoring of child victims of abuse and neglect. It needs improvement and revision of types of data collected in cases of violence against children.

Establishing a system of recording in a variety of systems that are working on issues of violence against children contributes to the creation of a clear and realistic picture of the incidence of reported CAN cases in BiH that can be a starting point for determining the existence of serious problems.

Furthermore, it is important to emphasize that initiative for a full range of professional training and empowerment of professionals employed in CSW to work with child victims of abuse and neglect in the family.

Although in one region of the BiH, the Ministers of the Government of the Republic of Srpska signed a protocol on the procedure in the case of violence, abuse or neglect of children, and in the other entity (FBiH) which is composed of 10 cantons, such a protocol was signed only a handful of them. We believe that such a protocol would be important to sign for the entire state. The primary purpose of this protocol is to improve social care for the child and his protection, and need to help them in all situations in which a child is exposed to some form of violence, abuse or neglect in a manner to ensure adequate and timely reaction of the competent institutions.

Bulgaria

Even that in Bulgaria there is a developed monitoring system for child abuse and neglect, there are some gaps that should be fulfilled.

- The communication between agencies, involved in the process of identification and record of CAN cases is still not very efficient.
- There is a need for development of screening policy for children at risk for child abuse and neglect.
- Continuous specialized training of the personnel work in child protection services on the child abuse and neglect interventions should be organized in all sectors.
- Multisectoral approach should be used as a instrument for realization of effective policies and practices for prevention at all levels in the field of child abuse and neglect .
- The results from the implementation of CBSS should be used for the improvement of the system for identification and monitoring child abuse and neglect cases in Bulgaria. The good practices and success of other Balkan countries , partners in BECAN project should be share and adapted for practice in Bulgaria.
- There is a need for regular survey about effectiveness of the common practices in the field of child abuse and neglect, in order to develop evidence-based, and child friendly policies and interventions.

Croatia

It is necessary to thoroughly examine the possibility to improve the recording practices and content of documentation that needs to be more appropriate for the specific needs of child victims of family violence.

- At the national level, clearly define and adopt the goals because of which it is important to keep complex documentation in cases of violence against children
- Clearly define and operationalize terms in existing legislation, such as violence, abuse and neglect, using behavioural categories.
- Establish a coordinated system of recording in various systems that are involved in dealing with cases of violence against children in the family.

- Develop a system of record-keeping and monitoring that is focused on the child. For this purpose a mandatory list of data, that need to be recorded in each report of violence against children, should be created.
- Establish a data collection system that is based on the individual child who is exposed to violence and enables more complex correlation or comparative analysis.
- Based on the *Guidelines for recording and monitoring of child abuse* (ChildONEurope, 2009), it is necessary to monitor not only court actions against the perpetrator (activities of the justice system), but also social protection measures for the victim and the availability and effectiveness of treatment for the victims and perpetrators, and the family as a system.

To utilize the collected data to improve practice:

- To expand the range of treatment interventions that are available to victims, perpetrators and family members.
- To deconstruct the term "counseling". What it really means as a common intervention of CSC for children? Can an equality sign be put between counseling and psychological treatment of children and young people traumatized by violence in the family? By whom and where such treatment can be carried out?
- To carefully develop a system of professional care of the needs of children who are direct victims of violence and children who witness domestic violence. With a significant number of children in the welfare system because of witnessing violence it is necessary that for this population a system of professional care should be developed where their needs would not be just "covered" by the needs of adult victims, usually mothers.

Greece

Based on this general overview of what a general comparison among the reported cases in the agencies and the information provided by the children in the context of the epidemiological study show, the result, and in particular the difference in the estimated magnitude of CAN, consist a starting point for discussing the necessity of planning and developing a national surveillance mechanism. Considering, in addition the results of case-based surveillance regarding the current situation about practices of recording CAN cases, it is obvious that provisions related to build the capacity of professionals, develop a uniform methodology and common tools for recording and agreed upon common and widely accepted definitions for CAN and for each individual type of CAN are needed.

Recommendations for improving the prevention & treatment of CAN through systematic monitoring

- Development of a permanent CAN Monitoring System at a National level, specifically National Center for CAN-Reference and Unified National Database for CAN Cases on the basis of common and mutually agreed CAN definitions
- Development and operation of a system for quality evaluation of agencies in the field of child protection
- Establishment and operation of specialized multidisciplinary units for diagnosis and documentation of child maltreatment, especially sexual abuse, in the context of judicial investigation of CAN incidents
- Drafting, piloting and using of an Integrated National Protocol for Diagnosis and Administration of CAN cases on the basis of culturally adapted international good practices and guidelines in order also for the services provided to children victims of violence to correspond to standards of Children Friendly Justice (such as the adoption of forensic interview by certified professionals)
- Networking of stakeholders, multisectoral approach of CAN surveillance, sensitization and training of involved professionals on CAN recording on the basis of a common methodology and tools
- Periodical Epidemiological surveys at a national level for follow up on the rates and characteristics of CAN and creation of a scientific basis for future assessments of the effectiveness and efficiency of any CAN-related intervention such as preventive and legal

- Enforcing mandatory reporting of CAN cases and provisions for non-compliance and adoption of legal immunity measures for professionals (expansion of the Article 23 of Law 3500/2007 concerning teachers' obligations for mandatory referral of child abuse to cover other categories of professionals)
- Harmonization with the priorities set by the Guidelines of Council of Europe CM/AS(2009) Rec1864final/06.11.2009 (adopted by the Committee of Permanent Representatives in 06/11/2009 and ratified in 18/11/2009)
- Establishment of Family Court

Romania

In condition of absence of standard working tools used for risk assessment, needs assessment, decision making and intervention planning, case management relies on uncompleted assessment which many times shortage essential information that should validate and support intervention planning.

Institutional capacity development and clear methodological guidelines are needed in order to improve access to services and the quality of provided services. The need for adequate and available specialized services is enhance by the study.

It requires increasing access of rural children and families to social services and therapy to recover from the trauma caused by abuse, considering hiring social workers, community environmentally disadvantaged communities and for the creation of mobile intervention teams.

Legislative regulatory and procedural

Recognizing the progress made, it is recommended improving secondary legislation by reviewing existing standards and methodologies and developing a toolkit for child protection specialists nationally applicable as follows:

- Procedures for referral of cases of ill-treatment by professionals who have the obligation to report.
- Working procedures intra-and inter-agency throughout the management process in cases of children's exposure to mistreatment of any kind.
- Assess risks faced by any child for whom a referral was made, or reference, or a report of abuse, neglect, exploitation or trafficking, maltreatment.
- Coordinates the evaluation and adoption of common tools specialists, applicable national needs assessments for children and families.
- Establish a set of criteria for making decisions in the best interests of the child.
- Establish and coordinate a plan of action for how to involve community resources.
- Currently, the lack of demographic data and current monitoring system imperfections do not allow a fine analysis of data and identification of groups at increased risk of exposure to maltreatment.

Therefore we propose revision of a set of demographic indicators that serve to improve the monitoring of cases of maltreatment nationwide.

Serbia

The Action plan for the implementation of the National Strategy for prevention and protection of children from abuse and neglect has as one of the specific objectives (2.6) "Improvement of the system for collecting and analyzing data and reporting on CAN and exploitation". The following activities for reaching this objective are recommended::

- Development of new or improvement of existing procedures and tools for registration and follow up of trends in the field of protection of children from violence across all sectors: health, education, social protection, police and judiciary.
- Development of an integrated system of registration of data in CAN (central data base)
- Training of the staff in all sectors for the application of central data base

- Conducting inter-sectoral research on violence against children
- Use of international standardized questionnaires for surveillance of violence against children

The results and experience gained by the implementation of the BECAN study as well as the developed and modified instruments are a great asset in reaching the above specific objective. It is encouraging that the first steps in integrating the outputs of the BECAN study in further development of the CAN surveillance system in Serbia are already in progress.

Turkey

Recommendations for National Strategic planning concerning monitoring of CAN

- Integration of existing recording systems (National Judiciary Informatics System, Child Follow Up Centers, hospital based child protection centers, Institute of Forensic Medicine, Child Police Departments, Family and Social Policies Directories etc.) and developing web based electronic registration system
- Regular investigation of institutions recording CAN cases, giving feedback and training of professionals such as health personnel, prosecutors, judges, lawyers, police, social service personnel, teachers, school counselors etc. and relevant NGOs
- Planning seasonal epidemiological research according to target group, and to evaluate prior year's data standard methods in the first 2 months of the new year; Turkish Statistics Institute may monitor with cooperation of relevant Ministries.



The work leading to this document has received funding from the European Community's
7th Framework Programme (FP7/2007-2013) under the Grant Agreement no HEALTH-F2-2009-223478

