CURRENT SITUATION CONCERNING CHILD ABUSE AND NEGLECT (CAN) IN FORMER YUGOSLAV REPUBLIC OF MACEDONIA

BALKAN EPIDEMIOLOGICAL STUDY ON CHILD ABUSE AND NEGLECT - BECAN
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1. Abstract

FYR of Macedonia, a low-income country, situated in the central part of Balkan Peninsula, has substantially elevated rates of child physical, sexual and emotional abuse. Although the region is emerging quite rapidly from a past in which violent and humiliating punishment and treatment of children in the home was more or less universal and socially and legally accepted, still the traditional status of children as possessions rather than people exists. Also prevalence of school violence increases and we consider this phenomena to be just the outcome or extension of other forms of violence, within the family, school, community and entire society. Retrospective and prospective studies have established that CAN has strong, long-lasting effects on brain architecture, psychological functioning, mental health, health risk behaviours, social functioning, life expectancy and health-care costs. In order to study the problem of child abuse and neglect, different data sources have been used: official statistical data from relevant Government institutions, non-governmental organizations, published and unpublished findings from different targeted studies, literature, Internet, etc. In FYR. of Macedonia there are high levels of misclassification of deaths which are infanticide, but are classified as being due to other cause. Global estimates suggest that infants and very young children are at greater risk of fatal abuse than children aged 5-14 years. The Institute for Social Work is the only institution in the country that maintains data base for beneficiaries with a status of social risk. Among them are children with different kinds of social risk, including CAN. Most of them overlap on the problem of abuse and neglect, but it can't be discriminated. There are insufficient empirical data on the incidence, prevalence and types of violence involving children in the country, and a lack of evaluation of the effectiveness of existing protection systems and services. Baseline data on child protection issues are not easily available because violence and abuse involving children are, to a large extent, a hidden problem. There isn't a unified data base which will provide accurate, clearly defined cases of abuse and neglect in the country, although there is a legislative regulation that gives a base for such information.

2. Current Situation concerning Child Abuse and Neglect

Introduction

The last available official census data (2002) for FYR Macedonia puts the population total at 2,022,547 people. Macedonian society is composed of several ethnic groups: Macedonian (64,18%) Albanian (25,17%), Turks (3, 85%), Roma (2, 66%), and Serbs (1, 78%), other (2, 36%). The capital of Macedonia is Skopje with an estimated 467,257 citizens.

Over the last few years the inflation rate and GDP have stabilized but unemployment figures have steadily increased. The Kosovo crisis of 1999 intensified economic pressures on Macedonia. In 2001, internal conflict between ethnic Albanian armed groups and Macedonian government forces further disrupted the economic situation and led to 80,000 internally displaced persons and 50,000 Macedonian citizens seeking asylum in other countries.

The conflict has had a major traumatic effect on the displaced population, as victims of or witness to severe violence and abuse but the conflict has also had a negative effect on a much larger part of the population and on the country in general, disrupting the social strata. Violence is thus frequently the expression of a context of social anomie, i.e. the absence of rules and standards or at least a loss of reference points and forgetfulness of the values underpinning them. Low-income countries, such as FYR of Macedonia, that bear the brunt of the global mortality burden associated with homicide, suicide and war, have substantially elevated rates of child physical, sexual and emotional abuse.

Although the region is emerging quite rapidly now from a past in which violent and humiliating punishment and treatment of children in the home was more or less universal and socially and legally accepted, still the traditional status of children as possessions rather than people exists. Also prevalence of school violence increases and we consider this phenomena to be just the outcome or extension of other forms of violence carried out and undergone within, by and outside the school, within the family, community and entire society. Growing in such an environment put children at risk of becoming victims of different types of violence, or adopting violent behavior and continuing perpetrating violence among themselves.

A major shift in the field of child abuse and neglect (CAN) has, for some time now, been under way: from responding to CAN after it occurs – through, for instance care, support and treatment – to preventing it in the first place. Prevention of CAN now appears poised to become a global health priority. At least five factors account for this. First, retrospective and prospective studies have established that CAN has strong, long-lasting effects on brain architecture, psychological functioning, mental health, health risk behaviours, social functioning, life expectancy and health-care costs (Knudsen et al., 2006; Shonkoff et al., 2009; Perry et al., 2009; MacMillan et al., 2009). Second, the full implications of these effects on human capital formation, the workforce, and, ultimately, social and economic development in low-, middle- and high-income countries are now better understood. Third, epidemiological studies have clearly established that CAN is widespread, worldwide. It is a truly global phenomenon that occurs in some low- and middle-income countries at higher rates than in

wealthier countries. Fourth, evidence strongly suggests that responding to, and trying to remedy the effects of, CAN after it occurs through care, support and treatment are both less effective and more costly than preventing it in the first place. Fifth, research has been emerging that demonstrates that CAN can be effectively prevented through evidence-based interventions, such as certain nurse home visitation programmes or parenting programmes (MacMillan et al., 2009; Mikton and Butchart, 2009; Prinz et al., 2009).

Evidence-based interventions alone will not prevent CAN. Such interventions are essential but not entirely sufficient to prevent CAN. Numerous other conditions must be met to bridge what has been called the "science-practice gap": to allow interventions which have proven to work in efficacy trials to be delivered, successfully implemented, and sustained in complex real-life settings on a scale that is large enough to make an significant impact (Catford, 2006; Chinman, 2005; Wilson Simmons and O'Donnell, 2007). Examples of such requisite knowledge and skills include adequate legislation, policies, and infrastructure; coordination between relevant agencies; financial and technical resources; leadership; political climate and will; and awareness of, attitudes towards, and prioritization of CAN. These conditions are broadly referred to by a variety of terms such as "readiness" or "capacity" and apply to levels ranging from the individual (e.g. parents' willingness to engage with available programmes), through the national (e.g. the existence of a national policy on child abuse and neglect prevention [CANP]), to the international (e.g. the UN Convention on the Rights of the Child). Setting the basic hypothesis that child abuse and neglect in Macedonia is a high-priority public health problem as a starting point, and based on public health approach and ecological model, the purpose of this report is to give contribution in describing public health aspects of violence against children, with particular emphasis on the burden, specific features, seriousness and significance of this problem, as well as embark upon the risk factors for occurrence of violence and its impact on the health.

The overall goal of this report is to gain insight into the magnitude, seriousness and significance of the problem of child abuse and neglect and at the same time to explore the existing system of data collection on child abuse and neglect.

In this respect it is analysis of basic public health aspects of child abuse and neglect mortality and morbidity rates, as well as analysis of the epidemiologic characteristics of different forms of child abuse and neglect: physical, emotional, sexual abuse.

Type of data

In order to study the problem of child abuse and neglect in our country, the following data sources have been used: official statistical data from relevant Government institutions, non-governmental organizations, published and unpublished findings from different targeted studies, literature, Internet, etc. Official statistical data, as well as data prepared on specific request for the purpose of this report have been received from the following institutions: State Statistical Office, Ministry of Interior; Ministry of Labor and Social Policy; Ministry of Justice;

Institute of Mental Health of Children and Adolescents, Institute for Development of Social Services; Institute for Forensic Medicine; World Health Organization; UNICEF;

The Report utilized the 10th revision of International Classification of Diseases *(2),* Chapter XX to classify violence categories.

The basic principles and methods used in this retrospective survey as well as in the preparation of this report are:

- Public Health Approach based on relevant public health data;
- Ecological Model; Described is the conceptual framework, mostly of the public health approach for prevention of violence and ecological model for understanding determinants of violence.

The Public Health Approach is used as a framework for activities for prevention of violence. Ecological model used in the World Report on Violence and Health (Krug, et al., 2002) is presented as a mode of organization of the basic risk factors for violence and possible interventions that can be applied at different levels of this model.

The Ecological Model identifies risk factors on four levels: individual, relationship, community and society: a) individual level, personal history and biological factors influence on individual's behavior and increase the probability of an individual child to become a victim or perpetrator; b) relationship, as with family, peers can influence on the risk of becoming victim or perpetrator; c) contexts in community where social relations are developed, such as schools, neighborhoods which also have influence on violence; d) societal factors refer to whether violence is encouraged or inhibited (Fig. 1).

FIGURE I ECOLOGICAL MODEL FOR UNDERSTANDING
RISK FACTORS FOR VIOLENCE
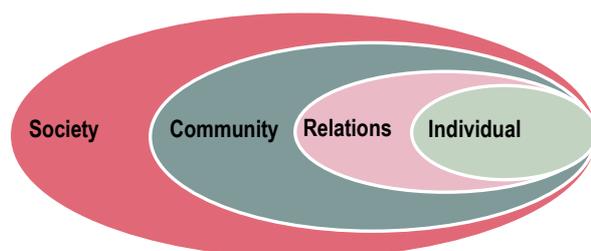
Terminology

World Report on Violence and Health defines violence as: the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that either results in or has a high likelihood of resulting in injury, death, psychological harm, mal-development or deprivation *(1).* Family violence and intimate partner violence occurs between members of the family and intimate partners, and usually, although not exclusively, happens at home. This category includes abuse and neglect of children. (1,4).

Garbarino and Giliam (1980) have provided the following definition: Active action or no action by parents or caregivers, which by community and professional standards are anticipated as inappropriate and harmful. The general definition emphasizes the existence of incidental injury because of active acts (as physical injury, sexual injury, emotional injury by threats) or no action (as failure of a caregiver to protect the child).

In 1999, the WHO Consultation on Child Abuse Prevention drafted the following definition: Child abuse or maltreatment constitutes all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust, or power.

This definition in a broad sense covers acts by parents or caregivers that result in harm to the child. This harm can be physical, psychological, sexual or a consequence of neglect or deprivation, and would include inadequate health care and medical neglect.

Physical abuse refers to physical or bodily harm, or the potential for that, caused to children by their caregivers.

Sexual abuse is defined as acts where the child is used to sexually gratify the caregiver. The definition for sexual abuse of children has been initially described by Wyatt (1985): experience of a sexual contact which occurred before victims' 12th year of age with a person 5 or more years older, regardless of whether the victim agreed or not, as well as all experiences of sexual contact that occur between victims' 12th and 16th year of age with a person 5 or more years older, if it is not voluntary at that moment.

Emotional abuse refers to the failure of a caregiver to provide a supportive environment and includes acts such as restrictions of mobility, denigration, ridicule, threats and intimidation, discrimination and other forms of non-physical rejection. Neglect or negligent treatment refer to the failure of caregivers to provide a supportive environment for the child, although parents are in a position to do so, and includes areas of health, education, emotional development, nutrition, shelter and safe living conditions.

Child abuse is most frequently understood as "brutal physical punishment, sexual abuse, cruel neglect of the existential and psychological needs, including family violence" (Choneva, 1999)

2.1   The Magnitude of the Problem:

Fatal abuse

It is very hard to obtain precise and significant data on children abuse.

Global estimates suggest that infants and very young children are at greater risk of fatal abuse than children aged 5-14 years. In R. of Macedonia, like in most countries, there are high levels of misclassification of deaths which are infanticide, but are classified as being due to other cause.

The Republic of Macedonia belongs to sub-region B (EUR B), and is characterized with low rate of children and adults mortality (WHO classification)

Figure II: European region
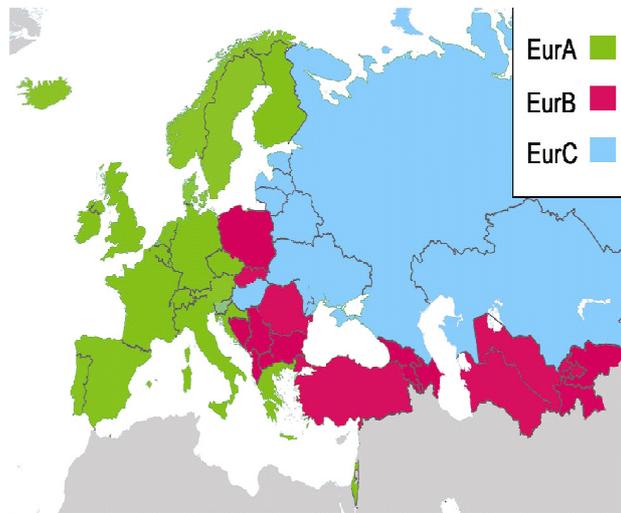
In EUR - region B, violence on children aged 0-4 years is not among 10 leading causes of death, while in older children (5-14 years), suicides and self-injuries are the 6th cause of death; in adolescents 15-19 years, the most frequent reason of death are intentional injuries (Valent, Little, Tamburlini & Barbone, 2004).

Macedonia has similar characteristics of morality due to violence in children. In 2004, injuries were the 7th cause of death in children aged 0-14 years (31 children, all of them were accidents) and the 1st cause of death in children aged 5-14. In previous years intentional injuries were cause of death by self-injury: in 1995 1 male child aged 5-14, in 2002, 2 female and 1 male child. Concerning homicides, 1 case was registered, 17 years old boy in 2001, shot by his father; 2 cases were registered in children under the age of 15, 1 was female aged 0-4 due to neglect and 1 male child aged 5-14, homicide with weapon in 2003 (WHO, 2005). In 2009 one child at the age of 7 was beaten to death by his mother (gray literature).

Data from the Institute for Forensic Medicine show that infanticide occurs within the family and is caused by the parents (mother and father) and occasionally by step parents. Female children are more susceptible to infanticide than male children.

Table I: Data from autopsies*

year	gender	age	type of injury	causa mortis	perpetrator	nationality
1997	female	1,5 y	head injury	haemorhagio subarachnoid.	mother	Mac.
1998	/	/	/	/	/	/
1999	female	8 month	neck injury	sectio colli	father	Alb.
2000	female	1,5 y.	body injury	schock haemorhagicus	father	Roma
2001	/	/	/	/	/	/
2002	/	/	/	/	/	/
2003	male	21 day	compressive chest trauma	asphyxio viol. propter compressio thoracis	mother	Mac
2004	female	2 years	beaten to death	schock traumaticus	stepfather	Roma
2005	/	/	/	/	/	/
2006	/	/	/	/	/	/
2007	/	/	/	/	/	/
2008	/	/	/	/	/	/
2009	/	/	/	/	/	/
2010	female	1,5 year	burned in fire (neglect)	combustio	mother	Mac

*Institute of Forensic Medicine

Non fatal abuse

Big portion of child abuse remain "unseen" by the police, hospitals or schools. Once they attract someone's attention, the abuse is usually so serious that a sentence is justified if the parent can be identified as a cause. Small children that do not speak of abuse (e.g. a child falls down the stairs pushed by a parent, but the cause cannot be identified). There is a need for collaboration among police, hospitals and schools that will generate complete picture on injuries in children.

In year 2003, only one case of psychological abuse was registered in a girl under the years of 14. Children younger than 15 years with one case were only incidentally registered as victim of intentional or self-inflicted injury. (Tozija, Gorgev, Cicevalieva, 2006).

In year 2004, ¾ of all registered cases of self-inflicted injuries were registered in general medical services, 14% in services for pre-school children and 11% in services for school children and youth. In 2004, rate of intentional self-injury in children younger than 6 was 0.6/100000, while the same rate in school children aged 7-19 was 2.2/100000. Intentional injuries caused by third person are not registered in PHC services. Maltreatment syndrome

(T74) has been only incidentally registered in the past years with 1 case (Tozija, Gorgev, Cicevalieva, 2006).

In the study prepared by UNICEF in 2006, "*Results of an Institutional Assessment of the Responsiveness of Service Providers to Violence against Children in the FYR Macedonia"* the service providers were all asked to provide information on whether they record cases of violence and how many cases they had recorded in the last 12 months.

As to the question of institutions that record cases of violence 43.7% do *not* officially record the cases of violence and 53.3% do. However, this figure varies considerably for different types of institutions. The police stations reported that all 26 officially record cases of violence as did 93.1% of centres for social work. Educational and health institutions do not officially record cases of violence. However, unofficial recording was reported by 18.2% of pre-schools, 51.5% of elementary schools and 61.1% of high schools.

All six reception centres for victims of domestic violence reported that they record cases of violence. However, it should be noted that none have an official recording system or a referral system. Staff says they record cases in their notebooks but only for their own purposes.

Another group that we will elaborate on here is the detention and correctional facilities. Two of them reported that they officially record cases of violence but the facility in Skopje-Idzirovo (juvenile female prison) does not have any official recording system.

The total number of cases of violence recorded during the previous 12 months as reported by the service providers in this study was 1,403.10 Most of the cases were recorded by centres for social work with 404 cases, followed by special services providers (detention and correctional facilities; centres for victims of violence; residential institutions for children and day-care centres for children with special needs) with 393 cases, and police stations with 333 cases. Elementary schools reported 145 cases of violence (see Table II).

Table II: Number of cases of violence recorded by different service providers in last 12 months

Type of service provider	No of services providers that have recorded cases of violence (last 12 months)	Share of service providers recording some cases (%)	No of cases recorded by the service providers	No of service providers that have no recorded cases (last 12 months)	Share of service providers recording *no* cases (%)	Total number of type of service providers
Pre-school institution	4	36.4	11	7	63.6	11
Elementary school	31	30.7	145	41	40.6	101
High school	7	39.0	43	7	38.9	18
Police station	16	61.5	333	7	26.9	26
Centre for social work	21	72.4	404	6	20.7	29
Health care provider	11	19.0	74	22	37.9	58
Other service provider	8	23.5	393	8	23.5	34
Total	**98**		**1403**	**98**		**277**

Table III: Number of cases of violence recorded by other service providers in last 12 months

Category of "other service providers", specified	No of services providers that have recorded cases of violence (last 12 months)	Share of service providers recording some cases (%)	No of cases recorded by the service providers	No of service providers that have no recorded cases (last 12 months)	Share of service providers recording *no* cases (%)	Total number of type of service providers
Residential institution	0	0	0	4	44.4	9
Detention and correctional facility	2	67.0	10	0	0	3
Reception centre for victims of domestic violence or shelter for trafficking victims	1	14.3	2	0	0	7
Day-care centre for street children or children with disabilities	5	33.3	381	4	26.7	15
Total	**8**	**23.5**	**393**	**8**	**23.5**	**34**

Looking in more detail at the numbers of recorded cases by special services providers, we see: only 14 cases recorded in detention and correctional facilities; 88 cases recorded in centres for victims of domestic violence; and 101 in day-care centres for street children and those with disabilities. Residential institutions recorded 205 cases of violence. No cases were recorded in institutions hosting both children and adults.

Although the figure of 1,403 recorded cases of violence is undoubtedly low in terms of the reality of violence involving children, recent media publicity has indicated that the numbers of violent incidents are much higher and rapidly increasing." (Stamenkova et al., 2006)

The study sought information on the number of recorded cases of violence from each service provider that had been referred to the police or other service providers. The results made it clear that there is a gap between the number of cases recorded and the number of cases referred. Only 556 cases of the 1,403 recorded (39.6%) were referred.

Table IV. Number of recorded cases of violence that are referred to police or other service providers

	Macedonian	Albanian	Macedonian/ Albanian (Mixed)	Others	Total
Educational institution	10	1	3	7	21
Police station	347	0	2	25	374
Centre for social work	47	1	8	19	75
Health care provider	25	2	12	0	39
Other service provider	17	0	0	30	47
Total	446	4	25	81	**556**

The dark number of abused children is enormous, but a small portion is reported, as confirmed in the study conducted by Bacanovic (1999) (Figure III).

Figure III: Number of reported cases of neglect and maltreatment of juvenile person
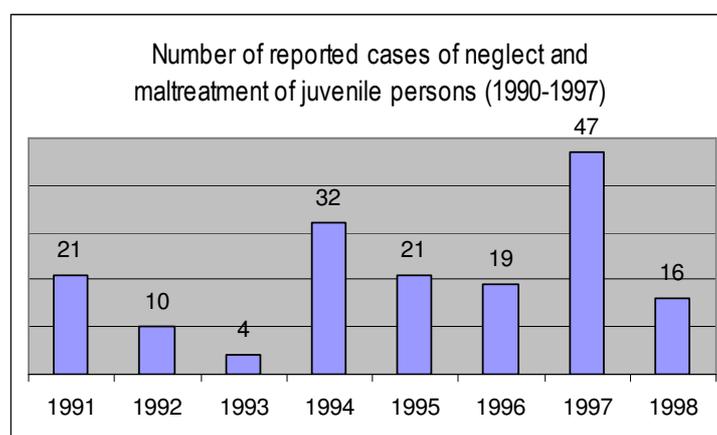
Source: Bacanovic O. 1999 *(68)*

It is estimated that there are about 28,000 children at-risk provided with different social protection services in the country. This includes children in contact with the law, children victims of any forms of violence, neglect and abuse, children deprived of parental care and children from poor households who are beneficiaries of social welfare schemes *(Source: National Institute for Social Activities, 2008).*

There are some 1,000 "children on the street", 95 per cent of which are Roma. According to available data, almost all children on the street do have a family but spend their daytime on the streets engaged in different activities (begging, cleaning windshields etc.). The majority of them live in improvised household "dwellings" with limited access to water and electricity; do not go to school; do not have health insurance and no access to regular medical services. Lack of birth registration has also been identified as a major problem among children on the street. *(Source: UNICEF Assessment of the situation of children on the street, 2005).*

Out of the total estimated 28,000 children at-risk, some 1,200 children temporarily or permanently deprived of primary care givers are cared for by the State through different services, i.e. foster care, guardianship, institutional care (about 30 per cent, or some 400 children, are still cared for in institutions). The country has still comparatively high public institutional care rate – 176 children per 100,000 population aged 0-17, compared, for instance, to countries like Albania with a rate of 62 children per 100,000 population aged 0-17 (Source: UNICEF TransMONEE, 2007). The country has also the lowest foster parents/guardians care rate in the region – 205 children per 100,000 population aged 0-17. For most of the countries in the region this rate varies from 428 to 2,038 children per 100,000 population aged 0-17 (Source: MONEE Analytical Report on Children in Public Care, State Statistical Office, 2006).

The country has the second highest rate of children in conflict with the law in the region with a 2005 recorded crime rate of 1,856 per 100,000 children 14-17 years old, emphasis on punishment and custodial sentencing rather than prevention and rehabilitation (Source: Lost in the Justice System, UNICEF regional report, 2007).

The Multi Indicators Cluster Survey (MICS, 2005/2006) also provides some updated statistics in relevant child protection areas. The survey found that as many as 94 per cent of children had been registered at birth. However, in the poorest quintile, birth registration is 88.5 per cent. Also, ethnic Macedonian children are registered at slightly higher rates than children from other ethnic groups (birth registration rates are the lowest among Roma, at 92 per cent). Early marriage is most common among Roma, where 11 per cent of girls marry before age 15 and 49 per cent before age 18, compared to the national average of 1 per cent and 12 per cent respectively.

The Institute for Social Work is the only institution in the country that maintains data base for beneficiaries with a status of social risk. Among them are children with different kinds of social risk, but most of them overlap on the problem of abuse and neglect. These social risks are: children without parental care, children being in a process of regulating the relations with

parents or adult carers, victims of family/domestic violence, children victims of abuse and neglect, street children, and children in conflict with the law.

Table V: Children exposed to different kinds of social risk (2008)*

Indicators	No of children	Gender		Origine		Parental marital status	
		male	female	rural	urban	married	Single
Children without parental care	1062	554	508	331	731	545	337
Children in a process of regulating the relations with parents	1246	679	567	374	872	1096	150
Victims of CAN	53	27	26	20	33	37	11
Street children	8	3	5	1	7	5	3
Children in conflict with the law	1945	1831	114	327	1618	1067	127

*Source: Institute for Social Work, 2008

It is evident that there isn't a clear delineation between categories of social risk and that they overlap. There is also a great disproportion between categories – there are many children registered as being without parental care, in a process of regulation the relations with parents, children in conflict with the law, but on the other hand, there are just 53 children victims of abuse. This presents the inconsistency in defining child abuse and neglect and reporting it.

But 53 cases of child abuse represent child sexual abuse, being reported by the Centers for Social Work throughout the country. Child sexual abuse is extrapolated from other types of abuse because of strong cultural disapproval of this kind of abuse of children in regard to other forms of abuse – physical and emotional, which are widespread and not perceived as very serious abuse.

It is alarming that there are 1945 children registered in conflict with the law, which is an indicator of possible maltreatment of children during their childhood. On the other hand only 53 cases of child abuse were registered during this period, which shows the underreporting of child abuse (especially physical abuse and neglect).

Table VI: Children exposed to different kinds of social risk (2009)*

Indicators	No of children	Gender		Origine	
		male	female	rural	urban
Children without parental care	1145	578	567	364	781
children in a process of regulating relations with parents	1396	707	689	387	1009
victims of abuse and neglect	55	27	28	21	34
street children	7	3	4	1	6
children in conflict with the law.	1794	1685	109	266	1528

Source: Institute for Social Work, 2010

Types of abuse

Physical abuse is the most common form of abuse of children and varies substantially across different settings. Physical punishment is mainly limited to the home in many cases and in exceptional situations extends to the school and other institutions.

During the Campaign "Childhood without violence" in 2006 (in 7 eastern European countries) a nationwide representative sample of adult citizens were questionned concerning their 1) attitudes toward parental use of corporal punishment of children and 2) their perceptions of the scale of such behaviours among parents.

Face-to-face questionnaire-based interviews in respondents' homes were made with 519 adult citizens, and the ratings of the prevalence of corporal punishment on

a national scale considering spanking by parents was perceived by 82,3% of interviewee, and severe corporal punishment was perceived by 20,7% of the interviewee.

In the same study social acceptance of corporal punishment of children is shown on the Figure No VII.

Figure VII: Do you believe beating a child by a parent as a punishment" is a disciplinary measure that...
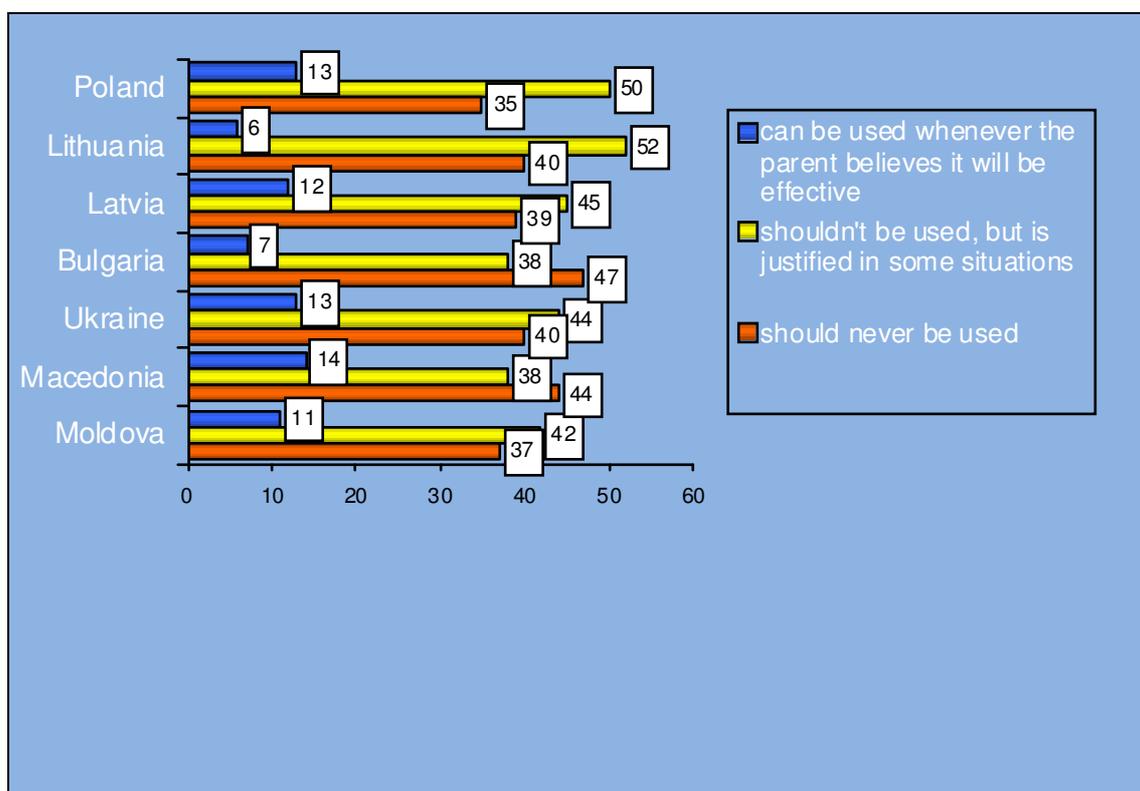
According to the results of the interviews 14% of interviewees justify corporal punishment if it is in accordance with the belief system of the parent, 38% think that it is justified in some situations, and 44% think that it should never be used. (http://www.canee.net/campaigns/can/social_campaigns)

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In 2009 the same methodology of interviewing adults (662) was used and the results were as follows: 1,5% of interviewees justify corporal punishment (almost 10 times less than in 2006), 33% think that it is justified in some situations, and 65% think that it should never be used. (http://www.childrensembassy.org.mk/WBStorage/Files/ Omnibusistrazuvanje_2009.pdf)

The International multicentric comparative study on prevalence of child abuse in 5 SEE countries (Lithuania, Latvia, Estonia, Moldova and Macedonia), performed by application of set of questionnaires on population of 360 school children in the 7th and 8th grade in primary schools in Macedonia, showed that the prevalence of child abuse in Macedonia is „lowest compared to the other 4 countries and accounts for 3% for sexual abuse, 18% for emotional abuse and 14% for physical abuse". The conclusion of the author is that although physical abuse of children is widespread in the country, the relatively low percentage of prevalence of physical abuse is due to the high tollerance of children towards it, being exposed frequently. (Bonevski, 2002).

In the scope of the study on family violence realized in the period January-June 2005 in all 27 Centers for Social Work in the country, out of registered 439 cases of family violence in 238 households, 180 (41%) were children, i.e., 69% of the total surveyed were direct victims of violence. The remaining 31% children (79) live in inappropriate family environment that have negative influence on their overall psychological, physical and social development and are indirect victims of family violence. More frequent victims of family violence are girls – 92 (51.1%); dominant is age group 8-14 (39.4%), followed by those 4-7 years old (25.6%), 15-17 years old (19.44%), the smallest number of children fall into age group 1-4 (13.3%) and infants (2.2%). Most of the children victims of family violence live in Skopje (37.2%), Kocani (17.22%) and Bitola (16.67%). (Petrova D., 2006).

Emotional abuse has been even the least studied type of abuse, although shouting and threats appear to be the most common forms used. Emotional abuse is very seldom being reported to the child protection services. It often goes hand in hand with family violence, and is mainly registered by the referral services for victims of domestic/family violence (usually mothers with children). But there aren't relevant data specifically on emotional abuse of children as witnesses and victims of domestic violence. Many women organizations which are involved in working with victims of family/domestic violence report child abuse as well, but it's not their primary focus, and the approach is different (in terms of reporting those children and referring them to adequate care).

The Shelter Centre for women victims of domestic violence situated in Skopje, is one of the centres that gives shelter to mothers and children. In the time period 2007-2009 there were 108 children, 61 girls and 47 boys. 94% of them were children under the age of 14.

The Crisis Centre "Hope" which is also an NGO for counselling victims of family violence have a database registering cases of child abuse and neglect.

Table VII: Registered abuse of children by Crisis Centre "Hope"*

	2007	2008	2009	2010 (first 3 months)
Physical abuse	15	18	7	5
Emotional abuse	18	33	31	13
Sexual abuse	0	0	1	1
Other type of abuse	4	8	7	1
mixed type of abuse	13	17	16	3
Total	50	66	62	23

*Source: Crisis Centre Hope, 2010

Many children manifest emotional and behavioural symptoms before, during and after divorce of parents. Although Centres for social work have the mandate to treat dysfunctional families, as well as families in divorce, they refer children for treatment in mental health services for children. Institute for Mental Health of Children and Adolescents has been treating children being emotionally abused by their parents during the divorce procedure.

According their statistics this data are available:

The total number of treated children with emotional and behavioural problems coming from families in the process of divorce during 2008 was 57. 26 of them were directly emotionally abused by their parents (50%). During 2009, 29 children from divorced families were treated, among which 7 were emotionally abused.

The First Children Embassy has registered increased reporting of abuse of children during the last three years. The SOS help line for children, and the counselling centre have registered the following data for the last three years:

Table VIII: Report of abuse of children by the First Children's Embassy

Type of problem	Child Abuse (physical, sexual, emotional)	Family relationship problems	School problems	Social help
2007	13,43 %	24,62 %	7,08 %	7,46 %
2008	39,19 %	34,17 %	5,53 %	2,01 %
2009	48,28 %	18,23 %	4,24 %	6,63 %
Difference between 2008-2009	increase of reported abuse 9,09 %	decrease of problems 15,87 %	decrease of problems 1,29 %	increase of need for social help 4,62 %

*Source: First Children's Embassy

Neglect appear to be the most common of all forms of abuse, but it is rarely being reported .

On the territory of the municipality Gazi Baba (Skopje), one of the poorest municipalities on the territory of Skopje, during 2009, there were 158 children identified as being at social risk,

and 43 (27%) of them, age 10-17 were reported as neglected by their parents in all relevant aspects of their life: health, education, social and emotional development, nutrition, housing, safe life environment, which are life threatening, and also threatens the health of the child, his physical, mental, social and emotional development. 20 boys and 23 girls, come from mainly complete families in 74% of cases, and 26% from single parent families.

For the first three months of 2010 another group of 12 children, 10-17 years, also neglected by their parents were included in some programmes for strengthening families. (source: SOS Children's Village)

Health services do recognize neglect of children by close adults, but very seldom report them to social services, unless they do not get health insurance, or do not have resources for living.

Sexual abuse

Sexual abuse is being reported and registered by the Centers for Social Work and also there is a central data base on child sexual abuse established by the Institute of Social Work. During 2009, 9 new cases of child sexual abuse were reported. All of them were girls under 18, who were the victims of intrafamilial sexual abuse. There was no report on males being victims of sexual abuse within their families

The Institute for Forensic Medicine is the official institution with a mandate to give an expertise when heavy corporal injuries are in question (including sexual abuse with penetration), as a result of violent traumatic injury caused to children.

Table IX: sexual and physical abuse of children*

Year	No. of cases	Sex	Age	Type of injury	Perpetrator
2000	1	female	8,	physical injury and sexual	father
	1	female	15,	intercourse	relative
	1	female	14 y		uncle
2001					
2002	1	male	8	heavy physical injury caused by hitting	mother and stepfather
	1	male	13	heavy ph. injury	father
	1	female	11	heavy ph. injury	father
2003	1	female	14	physical injury and sex. intercourse	brother
2004	1	female	12	sexual intercourse	unknown
	1	female	15	sexual intercourse	unknown
	1	female	13	physical injury	unknown

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continue Year	No. of cases	Sex	Age	Type of injury	Perpetrator
2005	1	female	13	sexual intercourse	unknown
	1	female	9	sexual intercourse	unknown
	1	female	16	phys. injury and sex.int	unknown
	1	female	14	phys. injury & sex.int.	unknown
	1	female	13	phys. injury & sex.int.	unknown
	1	female	17	phys. injury & sex.int.	unknown
2006	1	female	17	sexual intercourse	cousin
	1	female	17	phys. injury and sex.int	unknown
	1	female	17	phys. injury & sex.int.	unknown
	1	female	16	sexual intercourse	unknown
2007	1	male	7	sex. abuse	unknown
	1	female	11	sex. abuse	father
	1	male	10	anal intercourse	minor
	1	male	15	anal intercourse	minor
	1	female	14	sexual intercourse	boyfriend
	1	female	10	sexual intercourse	unknown
	1	female	4	sex. abuse	babysitter
	1	female	2	sex. abuse	babysitter
	1	male	5	anal intercourse	father
	1	female	6	sex. abuse	unknown
2008	1	female	16	phys. injury & sex. abuse	sister
	1	male	10	anal intercourse	minor
2009	1	female	14	anal intercourse	unknown
	1	male	9	phys. injury and anal int.	minors
	1	female	14	sexual intercourse	boyfriend
	1	male	5	anal intercourse	minor
	1	male	14	sex. abuse	minor
	1	female	13	physical injury	boyfriend
	1	female	17	anal intercourse	father
	1	female	14	anal intercourse	boyfriend
	1	female	16	sexual intercourse	father
	1	female	9	sex. abuse	father
	1	female	8	sex. abuse	father
	1	male	8	anal intercourse	cousin

*Source: Institute for Forensic Medicine, Skopje

The number of reported cases of child sexual abuse in combination with physical abuse is growing from year to year. It seems that there is a tendency to increase the report of sexual abuse by the victims, rather than a significant increase of incidence of sexual abuse.

In a survey done at the University Clinic of Psychiatry and the Institution of Mental Health of Children and Adolescents in Skopje, there were 37 children 3-14 years who were alleged or suspected to have been abused within time period 2002-2004. There were 32 girls (86,5%) and 5 boys (13,5%), the ratio between girls and boys is 6,4:1. Fourteen children (38%) were intrafamilialy abused, and 23 children (62%) extrafamilialy abused. Younger children are more likely to be victims of intrafamilial abuse, while older children the victims of extrafamilial abuse. Duration of the abuse has generally been found to be greater for intrafamilial than extrafamilial abuse due to greater accessibility of victims in intrafamilil cases and the lower likelihood of reporting or reporting early sexual abuse in intrafamilial cases. Problems with mother's health was both present in intrafamilial and extrafamilial abuse with a statistically significant difference for intrafamilial abuse (p=0,0015). Domestic violence was significantly more present in cases with intrafamilial abuse than in extrafamilial abuse (p=0,0009). (Raleva, Boskovska, 2005)

The Institute for Mental Health of Children and Adolescents is treating consequences of child sexual abuse, such as long term consequences, as well as short term consequences. During 2008 there were 19 cases of evidenced child sexual abuse referred to the Institute for treatment among which 8 were girls and 11 were boys. This is the only statistic that shows more male children being treated for sexual abuse. The mean age of male children was 9,27 years, and for female children was 16,5. During 2009 there were 13 cases of child sexual abuse referred for treatment. Those were 5 boys and 8 girls. (Source: Institute for Mental Health of Children and Adolescents, 2010)

The current situation of the prevalence of perpetrators of criminal sexual acts in penal institutions in RM has shown that 5-8% of the total number of convicted individuals accounts for perpetrators of sexual acts that involve children (Novotni, 2003).

The National Statistical Office keeps record on perpetrators of child abuse, mainly sexual abuse. Among all perpetrators of sexual abuse over the last 4 years are the following:

(2005) – N=84 (31% are child sexual perpetrators)

(2006) – N=92 (34,1% are child sexual perpetrators)

(2007) – N=86 (33,7 % are child sexual perpetrators)

2008 (first half) – 19 perpetrators of CSA with children under 14. (Ministry of Justice, 2008)

Abused children frequently become perpetrators, delinquents and aggressive adults. Children, witnesses of family violence, are secondary victims of that violence and consequences are manifested as developmental and emotional problems. *(58).*
(Choneva L., 1999).

Violence against children occurs in different forms (physical, sexual, emotional, neglect) and at multiple levels (individual, household, institutional, and societal). A WHO consultation on

Child Abuse Prevention recognized violence as a growing public health and development problem Child maltreatment prevention means to reduce the frequency of new child maltreatment cases through direct efforts to remove or reduce the underlying causes and risk factors, and by harnessing the indirect effects of other policies and programmes that may contribute to reducing exposure to risk factors and underlying causes. The emphasis of child maltreatment prevention is on preventing child maltreatment before it happens. Effective child maltreatment prevention programmes usually address specific sub-types of child maltreatment. In our country the programmes that work in place are:

(1) Early childhood home visitation programmes, which usually consist of trained professionals (paediatric nurses and paediatricians) who visit parents and children in their homes and provide support, education, and information to prevent child maltreatment and achieve other outcomes such as improve child health and functioning and parental care-giving abilities; The teams visit the families of newborns five times during the first year of life, three times during the first 6 weeks, and twice by the end of the first year. But in rural communities families are not reached with such frequency.

(2) Parenting education programmes, which are usually centre-based and delivered in groups and aim to prevent child maltreatment by improving parents' child-rearing skills, increasing parental knowledge of child development, and encouraging positive child management strategies – These programmes are delivered to parents of children in kindergartens within some communities, but not all.

(3) Child sexual abuse prevention programmes, which are typically delivered in schools and teach children about body ownership, the difference between good and bad touch, to recognize abusive situations, say no, and disclose abuse to a trusted adult within some communities, but not all;

(4) Media-based interventions: public awareness campaigns, performed by the NGOs mainly, and national authorities should be included in a continuous advocacy.

(5) Support and mutual aid groups, which aim to strengthen the social network of parents, sporadic and without sufficient influence.

Although this programmes are in place, they is a lack of coordinated and holistic approach towards the issue of CMP.

2.2 Identified limitations/gaps
Violence involving children, violence directed at children and violence by children is causing increasing concern in many countries of the world. The situation in Macedonia is no different. At the same time, there are insufficient empirical data on the incidence, prevalence and types of violence involving children in Macedonia and a lack of evaluation of the effectiveness of existing protection systems and services. Baseline data on child protection issues are not easily available in Macedonia because violence and abuse involving children are, to a large

extent, a hidden problem. It is, however, known to be a widespread problem. In recent years, the media have made widely public problems that have been uncovered, including violence against members of certain ethnic groups and cases of sexual abuse. At the same time, the actual incidence of violence may be increasing as growing numbers of children are begging and living on the streets—raising concerns that many of them are at risk or are victims of violence. Part of the problem is the general lack of adequate reporting systems in Macedonia, as it is even in some more developed countries. The legal standards and definitions of violence in Macedonia are weak, as they are across the Balkan region. The UNICEF (2006) survey has shown that social services didn't include particular mechanisms for the identification, documentation, referral and treatment of cases of violence and abuse against children. This was a problem in itself but it also meant there is a lack of data for an authoritative evidence base on the prevalence and character of violence involving children

This situation is largely the result of the fact that many institutions, such as health services, schools, police, social services have a mandated obligation to act upon cases of violence involving children, if they identify them, but they fail to do so. Generally, the Criminal Code, Family Law, Law on Child Protection, Law on Social Protection and the laws for Primary and Secondary Education indicate indirectly (there are no specific articles) that institutions are to record cases of violence and refer them to the appropriate service providers (usually police stations, social work centres, hospitals and, if needed, educational institutions). All related laws include child protection mechanisms but these laws do not regulate the system of identification, recording and resolving of cases of violence.

Basically, it is assumed that a well-functioning child protection system would take on the responsibility to identify, record, report, refer and treat cases of violence and abuse. Extremely low numbers of reported cases in a country are then more an indication of the 'weakness' of the child protection system than the actual prevalence of violence.

But in 2008 this gap was partly overcome by the introduction of the system of reporting and acting in case of abuse or violence against children in the context of family violence. The Institute for Social Work developed a set of basic indicators for beneficiaries with a status of social risk among which are these particular indicators considering children at risk: children without parental care, children in a process of custody, minors willing to marry, children victims of abuse and neglect, street children, juveniles in conflict with the law. So this is a very broad definition of social risk and it is not designed for children only. The main problem with this methodology is that there isn't a clear definition of CAN and different forms of CAN. The result of this methodological inconsistency is that these particular indicators overlap and there isn't a clear evidence of different forms of CAN and violence against children.

The next problem with this data base is that the Institute for Social Work gather information from 29 Centers for Social Work throughout the country, which do not collect accurate data because of wide field of work, not having support in IT technology, not having clear guidelines how and what to record and needing extra time to fill in the forms.

In July 2008 the Government initiated an "Information on the situation of sexual abuse of children and paedophylia in the country with suggested measures", and developed an Action Plan 2009-2011 on prevention of sexual abuse and paedophylia. The Institute for Social Work is mandatory obligated to develop a National data base on reported cases of sexual abuse of children in an electronic form. It is still in a process of development.

There is also a lack of research/ epidemiological studies in this field. Up to now there isn't any research done on representative sample of children in the country specifically for child abuse and neglect. So the BACAN study will contribute to this purpose in large, and will cover the gap that exist in the field.

3. National Legal Framework about Child Abuse and Neglect

3.1. The Constitution of the R. of Macedonia

The highest legal and political document in the country—strictly forbids all forms of torture, inhumane or humiliating treatment or punishment (Article 11). The Assembly of the Republic of Macedonia:

"....based on the priceless value of the appropriate development and upbringing of the child, and his or her successful integration as an equal member in society;

considering that the child needs to be completely prepared for independent living, to develop an appropriate system of values, morals and norms, and to be educated in the spirit of peace, dignity, understanding, tolerance, freedom and solidarity;

affirming the unique and equal rights and freedoms of the child regardless of origin, material status, nationality and ethnic background, religion and ability"

as well as having in mind the principles proclaimed in the United Nations' Declaration of the Rights of the Child (1958) and the Convention on the Rights of the Child (1989), other international acts, as well as provisions from the Constitution of Republic of Macedonia for the special protection of children, adopted the Declaration for Child Protection in 2003. The Declaration expresses awareness of the present phenomena of abuse and manipulation of children in the family and in society as well as the involvement of children in improper and anti-social activities. The Declaration emphasizes the need to ban all forms of mental and physical abuse and molestation of children and is equally clear about the need to respect the individual, physical and moral integrity of the child and to provide protection of his/her legal rights and interests.

The Assembly pointed out that—in cases of child neglect, violation of parental rights and responsibilities, physical abuse or molestation of a child, economic abuse, misleading a child into committing criminal acts, begging, prostitution and other asocial phenomena—the institutions, organizations and services responsible for the care and protection of children must promptly take all appropriate legal and administrative measures.

In order to provide maximum protection for the child and overcome current problems with anti-social behavior, the Assembly considers it necessary to adopt a national strategy for youth. It is also the opinion of the Assembly that in order to come into line with international laws and the legal framework of the European Union, the Government must complete legal regulation of the rights and protection of the child by adopting a special codified law or through changes and amendments to current laws that refer to children.

The existing legal framework that addresses violence against children in Macedonia consists of an array of different laws, as outlined below. However, these laws still only provide partial coverage in terms of a protective net for children experiencing violence.

3.2.The Criminal Code (37/1996, 80/1999, 4/2002, 43/2003, 19/2004)

The *Criminal Code* makes illegal and criminal a full range of behaviors—including neglect, mental abuse and physical violence—that endanger or violate the rights, well-being, values and interests of children. It also prescribes punishment for offenders. Acts against children that are considered criminal may be committed by biological or adoptive parent/s, legal guardian/s or other person/s entrusted with the care of the child. This applies to acts such as abrupt neglect of the responsibility for the care and upbringing of the child or if the adult with responsibility deserts the child with the goal of permanently leaving the child. Offences can also be committed by staff in institutions charged with the education, protection and upbringing of children, and by those who provide professional services to children.

The *Criminal Code,* in Article 122, Item 19, also defines domestic violence. The description of family violence includes abuse, verbal assault, intimidation, threat or endangerment of personal security, physical and psychological violence. These behaviours may be directed towards a spouse, partner, child, parent or other family or household member, whether joined by a marital or non-marital union, and including former marital partners, intimate partners and persons who have children in common.

The *Criminal Code* does not, however, provide sanctions for institutions that by its general stipulations are obliged to document, report and record cases of violence, but fail to do so.

3.3 The Family Law (80/1992, 9/1996, 6/2004)

Family law is one area with comprehensive and specific rules regarding child protection. Article 33a prohibits all types of violence in marriage and the family. Article 90, Item 2 addresses abuse or neglect of children by parents who physically or emotionally violate the child, sexually abuse the child, force the child into work inappropriate for their age, support the abuse of substances by their child, suborn the child into committing socio-pathological acts, abandon the child for a period longer than three months or otherwise violate the child's rights. After Article 94, a new chapter VI-A with 12 new articles (94a-94l) has been added to address "troubled relationships and violence in the marriage and family." Article 94b, describes family violence as a family member using threat or force, committing emotional, physical or sexual abuse, violence, or causing material, sexual or labour exploitation of another family member. The recent amendments also provide for protection of victims of violence in shelters.

The *Family Law* assigns a special role and responsibility to Centres for Social Work in addressing family violence. The centres can take action upon their own knowledge or from reports by police, health and education institutions, parents and neighbours. The centres can provide appropriate health protection, psycho-social intervention and treatment, refer victims to a shelter, inform the appropriate prosecution authorities, and provide a range of legal assistance and representation before the court (Article 94g).

The mechanisms for reporting incidents are regulated with the *National Strategy for Prevention of Family Violence 2008-2011.*

3.4 The Law on Child Protection (98/2000, 17/2003, 65/2004)

This law regulates the provision of child protection services. It prohibits the psychological or physical maltreatment, punishment or other inhumane treatment or abuse of children in public and private institutions that are providing the care and upbringing of children. The law specifically defines the ways in which child protection professionals perform their work, including supervision by the Institute for Social Activities as a professional body. This includes a requirement that work in the area of child protection be based on contemporary, scientific and professional methods and achievements from the appropriate field of activity, and that the work be organized in the most appropriate and effective way. The law provides for disciplinary action, specifically a monetary fine, for individuals or institutions responsible for the protection or upbringing of children but where cases of abuse, maltreatment, punishment or other inhumane treatment of children occur.

Although there is provision for a supervisory body for the work of child protection professionals, the law does not provide specific mechanisms for supervision of the reporting and recording of incidents of violence involving children. Neither do institutions whose work is governed by this law have a specific mandate to record and report violence against children. There are also no mechanisms (e.g., specific guidelines, protocols for cooperation) for coordination among institutions regarding the reporting, referral and protection of victims of violence.

31. family or household member, whether joined by a marital or non-marital union, and including former marital partners, intimate partners and persons who have children in common.

The *Criminal Code* does not, however, provide sanctions for institutions that by its general stipulations are obliged to document, report and record cases of violence, but fail to do so.

3.5 The Law for Primary Education and the Law for Secondary Education (44/1995, 24/1996, 34/1996, 35/1997, 82/1999, 29/2002, 40/2003, 42/2003, 63/2004, 67/2004)

These companion laws explicitly prohibit the physical and psychological maltreatment of students in schools. They prescribe financial fines for any teacher found to have maltreated a student. The laws make the Bureau of Education Development responsible for the professional supervision of schools. School inspections are conducted by the State Educational Inspectorate with authorized inspectors at the municipal level.

An inspection includes evaluation of educational processes and effectiveness, as well as the implementation of relevant legislation and regulations. The educational inspectorate uses several legal measures to identify insufficiencies and includes those that govern the physical, mental or sexual abuse of students by either teachers or other staff. If an inspector uncovers any breach of laws or regulations, including criminal acts, they are obliged to report the incident to the appropriate authorities.

According to these two education laws, incidents of violence and abuse can be reported to the Inspectorate by children, parents, teachers, school directors and ordinary citizens. However, the laws impose no obligation on schools to record and report incidents of maltreatment nor is there a good awareness of the types of behaviour that can constitute maltreatment, abuse or violence.

3.6 The Law on Social Protection (50/1997, 16/2000, 17/2003, 65/2004)

This law provides measures that support rights on social protection. It covers services related to prevention, institutions and social assistance. It establishes public and private institutions as part of the social protection system, including social work centres, shelters, and facilities for children and youth without parents or parental care, children with disabilities, as well as for those with educational, behavioural and social problems. The law specifies the Institute for Social Activities as the body that monitors the effectiveness of social protection institutions and the work of professionals in the field.

The law provides for the opening of centres for victims of violence. So far six centres (five public and one non-governmental) have been established. The law does not, however, provide for shelters specifically for child victims of violence. It does make a special protective category for street children and provides for day-care centres for these children, the first of which has opened in Skopje.

These five key pieces of legislation provide the legal framework for child protection in Macedonia. However, there are also key questions that are not addressed in the current legislative environment. Which bodies are required to officially document cases of violence and to act? In what time-frame must actions be taken? What responses are to be taken towards the victim and towards the perpetrator? Are actions coordinated among different institutions and bodies—and how? Similarly, how are protection services monitored and evaluated?

3.7. The National Strategy for Protection against Family Violence 2008-2011

The strategy is the first document in the country which defines the role of the key actors and partners of the Government regarding the affirmation and promotion of all mechanisms of protection from domestic violence. It's goals are establishment and development of multisectoral coordinative approach for protection of victims of domestic violence (including children), improvment of the protection system, improvement of the civil and criminal justice system of protection, education of professional structures, introducing a system of documenting and reporting on cases of DV, by all relevant institutions, mechanisms of implementation of the strategy and monitoring mechanisms.

3.8. The National Action Plan 2009-2011 on Prevention of Child Sexual Abuse and Paedophylia in FYR of Macedonia

The Action plan was developed and prepared during the 2008 by an intersectoral body constituted for that purpose from representatives from different ministries: Ministry of Interior, Ministry of Health, Ministry of Social Work and Social Policy, Ministry of Justice, NGO First Children's embassy, and was adopted by the Government in 2009.

4. Child Protection System

Basically, it is assumed that a well-functioning child protection system would take on the responsibility to identify, record, report, refer and treat cases of violence and abuse. Extremely low numbers of reported cases in a country are then more an indication of the 'weakness' of the child protection system than the actual prevalence of violence.

4.1. The child protection system in the country regarding procedures of reporting, assessment, investigation, intervention, support services of the problems of CAN.

All institutions which get into contact with abused children such as health, social, educational, police have a mandate to identify and record, as part of their daily activities and responsibilities, all of the different types of cases which involve violence against children and report to Police and Centers for Social Work. Police and Centers for Social Work have mandate to react to the issue of safety of the children in question and to intervene according to their procedures. Police, in terms of safety, is in charge of the perpetrator and leads the investigation in the direction to obtain evidence and to protect the child from further abuse. Centers for Social Work, through the mediation by the Ministry of Labour and Social Policy, for the safety of the child intervene with placement in institutions or shelters; placement in foster-family care; referral to other institutions; and provide counselling; and legal actions, including filing a penal complaint. Health care services have the mandate to treat injuries and to ask about violence and abuse (in cases where violence is not disclosed). But most of the actors (especially health and educational institutions) involved in the disclosure of abuse and report of cases of violence against children are reluctant to do so. There are several reasons for that: either they are not qualified to recognize violent and abusive actions toward a child, or there isn't enough evidence and sometimes it is not clear if it is an act of violence or abuse, so they do not record it as such, and do not act in this way. The institutions do not have elaborated special mechanisms (e.g., guidelines or protocols) that regulate the referral of cases of violence against children to appropriate service providers or institutions. Health protection services do not use the codes for identifying CAN according to the International Classification of Diseases 10th Revision, and injuries that are result of violence are not registered correctly in their data base.

So, to overcome the gap the health sector has developed a Protocol for Prevention and Protection of Children against Abuse and Neglect. The main objective of the Protocol is prevention and protection of children within the health sector, but it defines coordinated multysectoral approach as unified process that is ongoing in different sectors with its specificities. The protocol hasn't been adopted yet.

Co-ordination mechanisms in cases of violence/abuse of children are in place and Centers for Social Work and Police Stations coordinate and cooperate with other relevant institutions using mechanisms based on official documents. Most of the service providers work together with other institutions.

Ministry of Interior
refer cases to CSW

Ministry of Labour and Social policy
Centres for Social Work
(Shelter centre for victims of violence works with whole family; foster care; institutional care

☐

Ministry of Justice
Citizen's Court
(processes divorce; sentences perpetrator)

The process of assessment, investigation is part of each institution involved in CAN, according to their own protocols and procedures and they refer the victims for further intervention in health and social support services of the problems of CAN. There are few institutions when abused children are in question, that support and treat abused children and their families.

Monitoring mechanisms in cases of violence are in place in institutions to a significant level but no higher than 30% of service providers. The mechanisms include those that monitor the quality of services as well as regular inspections, self-evaluations and complaint processes for beneficiaries of the services. Police stations have vertical monitoring systems that run from top managers to the most junior police officers. In addition, there is a complaint mechanism in the Ministry of Interior (Sector for Internal Control) so any citizen can challenge police work, including cases of domestic violence and violence against children where police say they have no authority to act.

Supervision mechanisms in cases of violence against children. There are four types of supervision mechanisms or systems in place: regular evaluation of employees' work; management evaluation of staff; evaluation of performances in terms of identification and referral of cases of violence; and evaluation of specific assistance for service delivery and training.

A process of training professionals in different sectors on protection of victims of violence and abuse, including children is supported by the UN organizations in the country.

Overall, there are relatively few referral systems for violence against children. The lack of referral systems and the lack of unification of the few referral systems existing, hamper cooperation among institutions; limited information exchange impedes informed, coordinated responses; and the absence of authoritative, shared practices for prosecuting cases of violence against children constrains both the rights of alleged offenders and complainants-- especially as incidents typically involve the word of a child against a familiar adult in his or her life.

4.2. Responsibilities: The main responsibilities of the organizations (Governmental & NGOs) providing services to victims of CAN (organizations belonging to the Health,

Legal/Judicial, Social Welfare and Protection System, etc. for all levels of intervention/prevention (primary, secondary, tertiary) are:

-To identify the abuse and neglect of children (for all the actors involved in CAN);

-To make and assessment of the priorities of procedures and the assessment of risk (for all the actors involved in CAN);

-To report and refer children that were abused or suspected of abuse to Centres for Social Work and Police (for all the actors involved in CAN);

-To document the abuse, injuries and circumstances of their occurring (for health organizations, social welfare organizations, Police);

-To make the necessary interventions (health, social Police);

-To plan future measures for prevention and protection, follow up and evaluation in coordination with other institutions (for health, social, police, judicial)

-To refer abused and neglected children to a higher level of prevention and treatment if necessary (for health services);

-To assess and to regularly inform the Social Services on the progress of the treatment (for health services)

Existing child protection services, social welfare or other organizations involved in reporting, investigating and/or providing services to children victims of abuse and neglect.

- ✓ Intermunicipality Centres for Social work on the territory of the municipalities in the country
- ✓ Institute for Social Work
- ✓ Ministry of Labour and Social Policy (Sector for social inclusion)
- ✓ Ministry of Interior (Department for Prevention of Social Issues; Department for juvenile justice)
- ✓ Ministry of Health (Department for primary prevention; Department for Violence and Injuries prevention)
- ✓ Ombudsman for Human Rights
- ✓ Institute for Mental Health of Children and Adolescents
- ✓ Institute for legal, political and sociological research
- ✓ Republic Institute of Health (Department for prevention of Violence and Injuries)
- ✓ Institute of Forensic Medicine, Medical Faculty
- ✓ Institute of Health Protection of Mothers and Children
- ✓ University Paediatric Clinic
- ✓ National SOS Line for Prevention of Family Violence (NGO)
- ✓ Shelter Centre – Shelter for women and children, victims of family violence (NGO)
- ✓ Crisis Centre "Hope" for support of victims of domestic violence (NGO)
- ✓ First Children Embassy "Megasi" (NGO)
- ✓ Happy Childhood (NGO)
- ✓ SOS Children's Village

- ✓ Helsinki Committee for Human Rights
- ✓ Department of Social Work at the Faculty of Philosophy
- ✓ Department of Psychology at the Faculty of Philosophy

First hand consultatins

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- ✓ Mrs. Tatjana Dimova, psychologist, Director of the Institute of Social Afairs, Skopje
- ✓ Dr. Meri Boskovska, Head of the Day Hospital, Institute for Mental Health of Children and Adolescents, Skopje
- ✓ Mr. Mario Jancev, coordinator of the Counseling Center for parents, SOS Children's Village
- ✓ Mrs. Daniela Dabeska, coordinator of the Shelter Center for victims of Domestic Violence
- ✓ Mrs. Verka Ugrinovska, coordinator of Crisis Center "Hope"
- ✓ Mrs. Blagorodna Georgieva, National SOS Help Line for Victims of Family Violence
- ✓ Mrs. Tatjana Kikerekova, Ministry of Justice

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