



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 &
Social Welfare

January 2013



CASE-BASED SURVEILLANCE STUDY (CBSS): GREEK 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:	A Ntinapogias, A Vasilakopoulou, A Dimitrokalli, K Petroulaki, A Tsirigoti, S Morucci, V Karveli, G Tsouvelas, F Zarokosta, G Nikolaidis
Acknowledgements	ICH-MHSW is grateful to the Professionals and the BoDs of the 141 Agencies participated in the CBSS
Beneficiary:	Institute of Child Health, Department of Mental Health & Social Welfare
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):	86
Keywords:	case, child abuse neglect (CAN), surveillance, incident, forms of maltreatment, caregiver, perpetrator, family, agencies, services, archives, databases

Child abuse and neglect, regardless of intent, is a major Public Health issue worldwide

In 1999, the World Health Organization issued a press release announcing that: "THE WORLD HEALTH ORGANIZATION RECOGNIZES CHILD ABUSE AS A MAJOR PUBLIC HEALTH PROBLEM", in which –among others- is stated that "abused children suffer from multiple physical, emotional and developmental problems, which can hamper their ability to live healthy and productive lives" and that "this is a public health issue of vital importance for WHO and it represents a challenge for the new millennium" (Press Release WHO/20, 8 April 1999). First among the main recommendations, as it is referred in the same announcement of 1999, to the international community was "the development of worldwide data collection on child abuse and neglect, the estimation of the impact on public health and also the associated economic cost".

In 2012, the National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, in the context of a study published that is entitled "The economic burden of child abuse in the United States and recommendations for prevention", states that "the estimated average lifetime cost per victim of nonfatal child maltreatment is \$210,012, while the estimated average lifetime cost per death is \$1,272,900" calculating in both cases the costs of various services involved and the loss in terms of productivity and concludes that "compared to other health problems, the burden of child maltreatment is substantial, indicating the importance of prevention efforts to address the high prevalence of the phenomenon".

The situation in Greece

Thirteen years after the recognition of abuse and neglect of children as a major public health problem worldwide, and although there are recent data on the cost of child abuse and neglect so in children themselves, as in Public Health overall, the first recommendation which concerned development of systems for the epidemiological surveillance of the phenomenon and its impact on public health in Greece is still pending: until the end of 2012 there is not any type of epidemiological surveillance system on incidents of abuse and neglect, no common database, nor any central structure for reporting incidents. As demonstrated by a study conducted by the Institute of Child Health in 2008, the results of which are updated in the context of the present study, the collection of any CAN data is fragmented by many and diverse agencies and services, on their own initiative as well as methodologies and recording tools that differ per case. In fact, there is no indication of the size of the problem and, therefore, no

possibility to calculate any further costs or other considerations, and certainly documented scientific basis for correct planning and evaluation of practices used to confront the problem and of prevention policies.

Case-Based Surveillance Study (BECAN, WP4)

The present study was designed as an attempt to identify Child Abuse and Neglect incidence rates in the prefectures of Attica and Crete for the year 2010 via extracting existing data from recorded cases in the archives of agencies that are involved in the handling of CAN cases.

Therefore, apart from the collection and systematization of cases and their characteristics, the study aimed at mapping of the related agencies.

The ultimate aim was to compare the findings of the present study to those of the epidemiological survey that was also conducted in the context of the BECAN Project (WP3), for the same period and the same geographical areas, in order to investigate whether and to what extent the practices of recording CAN incidents in the relevant agencies adequately reflect the size and characteristics of the phenomenon.

The findings of the study can be used as a "needs assessment" indicator of the current situation concerning CAN supervision in the country and to demonstrate documented evidence, as long as it is permitted by the conditions of the study, and any methodological or other weaknesses.

Method

The data collection was conducted based on the relevant Protocol, which was designed for the needs of the present study. Research tools were used (extract forms) also created for the purposes of this study and are accompanied by a detailed Manual of Procedures for Researchers, in which all necessary information about the process and the use of tools is minutely reported. Data were collected during site visits to collaborating organizations, while members of the research team that undertook the extracting of data about existing cases from the files of the agencies were previously involved in relevant training. Based on the Protocol, research tools and appropriate training, apart from Greece, the study was conducted in eight other Balkan countries.

Mapping of Agencies working with CAN-cases

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%).

Main findings

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 και 6,06⁰/₀₀ girls respectively. As far as the region is concerned, the overall incidence in the **prefecture of Attica** was calculated in **5,79⁰/₀₀ children** and in the prefecture of Crete in **7,97⁰/₀₀ children**. The **most significant** CAN incidence, which is equal to **10,31⁰/₀₀** was met in 11 year old boys in the **prefecture of Crete**, while the least significant was met in 16 year old boys in Attica, and it was equal to 5,01⁰/₀₀.

As for CAN type, 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.

As for gender and CAN type, incidence of physical abuse was estimated at 1,91⁰/₀₀ and 2,04⁰/₀₀ for boys and girls respectively, of sexual abuse at 0,54⁰/₀₀ and 1,07⁰/₀₀ for boys and girls respectively, of psychological abuse at 5,61⁰/₀₀ and 5,71⁰/₀₀ for boys and girls respectively and of neglect at 5,06⁰/₀₀ and 4,91⁰/₀₀ for boys and girls respectively.

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and girls respectively and for neglect at 5,06⁰/₀₀ and 4,91⁰/₀₀ for boys and girls respectively.

As to the type of abuse and the prefecture, for the physical abuse incidence was calculated in ,04⁰/₀₀ and 1,60⁰/₀₀ in Attica and Crete respectively, for sexual abuse in 0,83⁰/₀₀ and 0,57⁰/₀₀ Attica and Crete respectively, for psychological abuse in 5,35⁰/₀₀ and 7,35⁰/₀₀ for Attica and Crete respectively and neglect in 4,71⁰/₀₀ and 6,52⁰/₀₀ for Attica and Crete respectively.

As to the type of abuse, gender, age and region, for physical abuse the greatest impact was recorded on 16 year old girls in Attica, and it is equal to 2,51⁰/₀₀ while the lowest was recorded on 16 year old boys in the prefecture of Crete, and it is equal to 0,58⁰/₀₀. For sexual abuse, the greatest impact was recorded on girls of 16 years in Attica, and is equal to 1,58⁰/₀₀ and the lowest was recorded on boys of 11 and 16 years old in the prefecture of Crete, and it is equal to 0. For psychological abuse the greater incidence was recorded for 11 year old boys in the prefecture of Crete, equal to 9,67⁰/₀₀ and the lowest for 13 year old girls in Attica, equal to 4,89⁰/₀₀. As for neglect, finally, the most significant impact was recorded on males of 16 years in the prefecture of Crete, equal to 7,78⁰/₀₀ and the lowest on girls of 13 years in Attica, equal to 4,25⁰/₀₀.

In more than 80% of incidents multiple types of abuse were reported, with psychological abuse and at least one form of neglect prevailing.

Regarding child-CAN victims, 7/10 attend school, more than 1/10 have salaried work, more than 2/10 have learning disabilities and 2/10 do not attend school regularly, concerning behaviour-related problems they range by case (for example, 15,6% show violent behavior, 12,9% criminal involvement, 9% running away from home, 4,5% bullying). Child-victims of CAN 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 almost for an equal number, a physical disability or chronic illness.

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.

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. Out of them, 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. Moreover, 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 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.

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
- ❖ 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
- ❖ 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)



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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 & 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 Greece.

A.2. The Case Based Surveillance Study in Greece: Background, Aim and Objectives

The Case Based Surveillance Study (CBSS) was designed with aim of extracting data of reported and/or detected cases of CAN based on the databases/archives of several Organizations/Agencies that were more or less involved in their handling.

The main aim of the study is to measure the incidence of CAN in total and per type of abuse during 2010 including substantiated, ongoing and unsubstantiated after investigation cases.

Furthermore, above and beyond collection and systemization of recorded cases and its characteristics, the study aimed at mapping all the Organizations and Agencies which are involved in the handling of CAN cases.

The ultimate aim of this study is to compare its results with the results of the epidemiological survey, which is expected to indicate whether and to what extent the CAN recording practices that are already employed by professionals at each CAN-related Organization/ Agency provide a realistic picture concerning the magnitude and characteristics of the phenomenon. Such a comparison is expected to reveal an underestimation of the magnitude of the problem due to the underreporting by practitioners as well as the lack of systematic and compatible reporting at the databases/archives of CAN-related Organizations/Agencies, and to identify the difference between the recorded and self-reported cases, that are collected during the epidemiological study. Therefore, the results of this comparison can be used as a "needs assessment" indicator in order to identify potential methodological and/or other weaknesses of the existing CAN surveillance mechanisms in each individual country, even for those Organizations or Agencies that already report CAN cases. The conclusions of the CBSS and the results of its comparison with the respective results of the epidemiological survey could be used for the development of a strategic plan in the context of the BECAN project suggesting the establishment of national permanent CAN monitoring system, as described in a specific deliverable of WP6 (Sustainability). Furthermore, these data would operate as a starting point to enable the analysis of fundamental questions about the causes of variation in the incidence of CAN rates between and within countries, cultures and ethnic groups.

Specific Objectives

The Specific objectives of BECAN CBSS are:

- to identify CAN incidence rates, namely to quantify the size of the problem based on already existing data regarding 11, 13 and 16-year old children in the Prefectures of Attica and Crete.
- to collect data on child maltreatment from a range of sources 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. On the basis of this information the objective is to outline the profile of maltreated children and their families, who access the

existing agencies in order to use their services, 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, practices that are employed for the protection of child victims.

Indicators explored in the context of study

The indicators that were explored (see Chapter 'Results') targeted:

- to map the characteristics of existing archives/databases and agencies collecting CAN data or recording CAN cases
 - Characteristics of agencies keeping CAN databases/ archives
 - Characteristics of CAN archive/database
 - File completeness concerning the characteristics of the recorded incidents
 - Availability of information to be used for further investigation
- to measure the extent of CAN (total incidence and incidence per form of CAN and status of substantiation, namely detected and/or reported, substantiated and non-substantiated)
 - CAN incidence (in total)
 - Incidence per form of CAN
- to outline risks for CAN related to child, family and household, characteristics of caregiver-perpetrator and agencies that are involved in handling such cases
 - Child-related risks for CAN
 - Family and Household-related risks for CAN
 - Risks related to perpetrator(s) and caregiver(s) characteristics
 - Agencies involved, services provided

A.3. CAN Surveillance: the Current Situation in 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.

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

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.

A.5. Challenges encountered during the implementation of the CBSS Study

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.

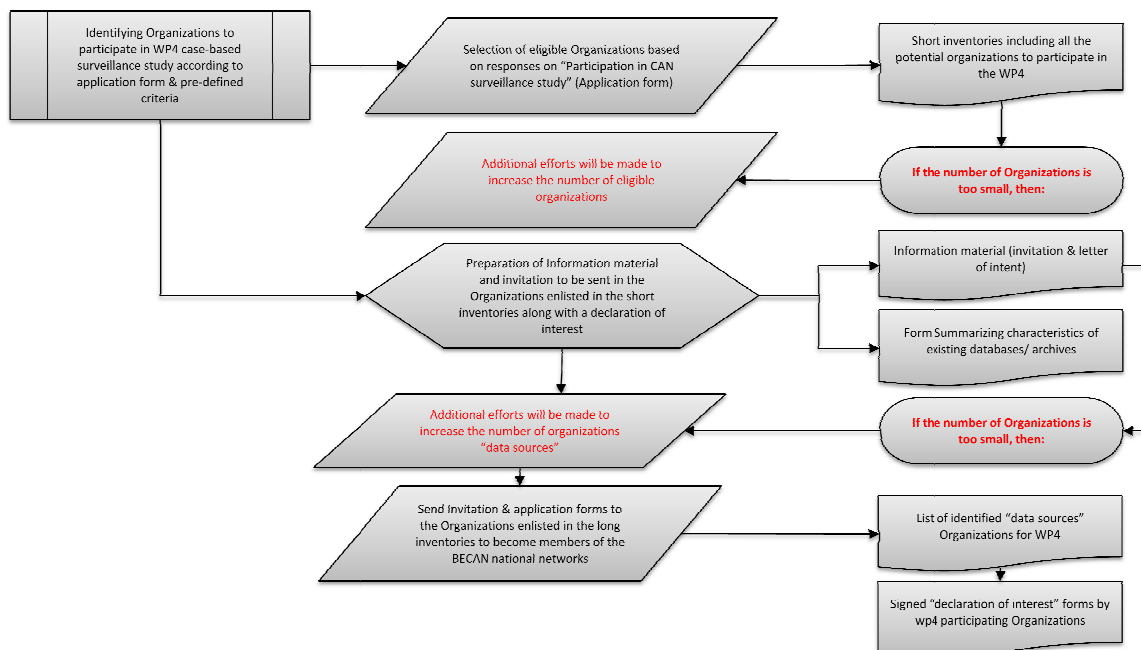
Last but not least, another unanticipated challenge was the psychological burden of data collection on the researchers. Meticulous screening of each archive which was related to children suffering many problems (either abused or non abused), the quantity of collected data, the frequency of data extraction 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.

CHAPTER B. METHODOLOGY

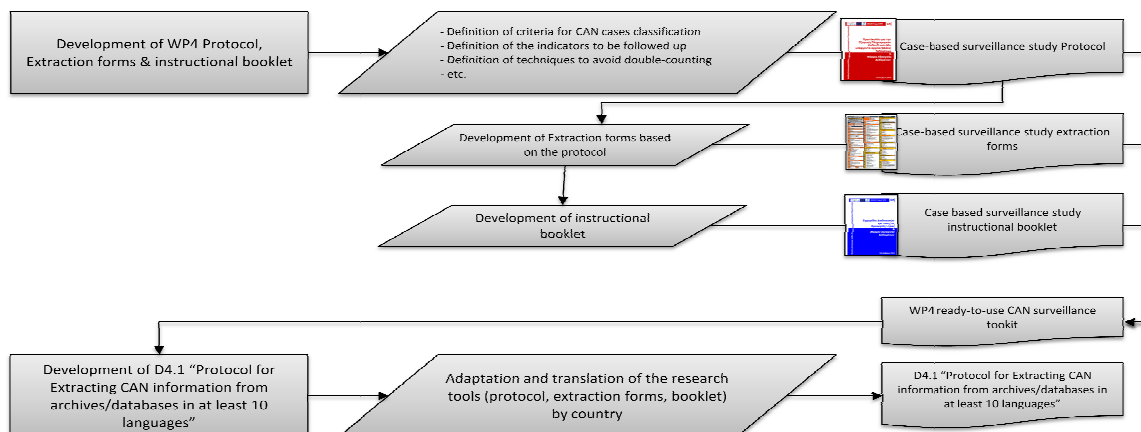
B.1. Organization of the Case Based Surveillance Study

The preparation phase for the study consisted of four main stages: a) identifying agencies and services and inviting them to participate in the study by allowing access to their files (which actually lasted until the completion of the data collection process), b) preparing the Greek version of the study's protocol, tools and decoding and the Handbook for researchers (including translation and adjustment), c) creation phase of the research team (including training of researchers) and d) implementation phase of study, data collection, coding, analyzing and report with results. The steps that have taken in each phase aiming to the completion of the study are described in detail to the flow chart below:

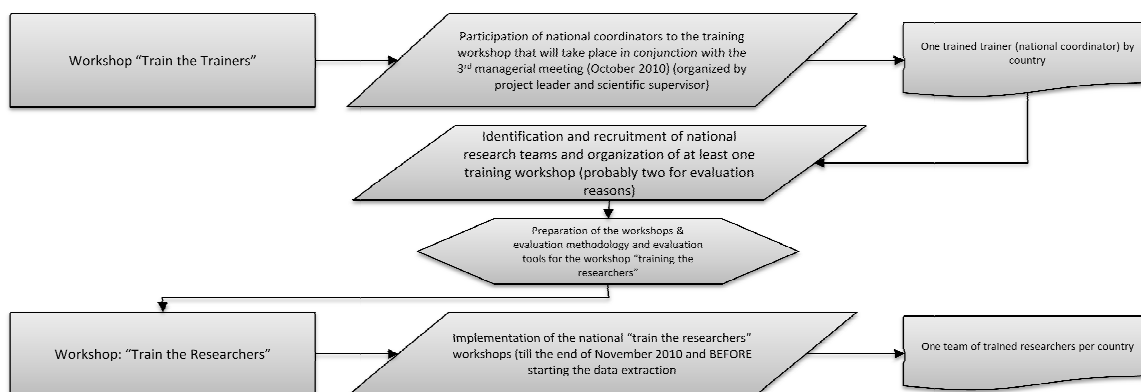
A. Preparatory Phase: Identification of Eligible Agencies and Services and Development of Work Plan



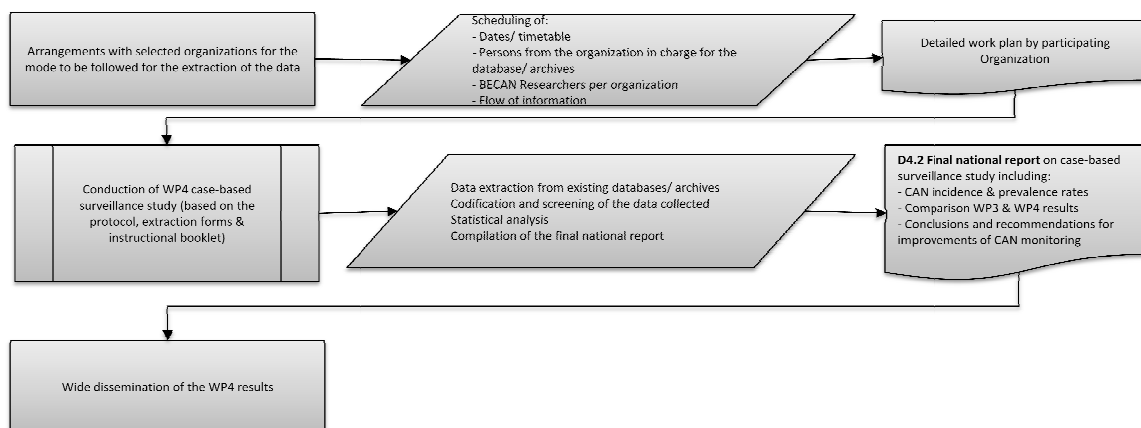
B. Development of Greek version of BECAN WP4 Toolkit



C. Formation of Research Team and Training of Researchers



D. Implementation of CBSS: Data Collection/Entry/Cleaning/Analysis & Reporting, Dissemination



B1.1. Timeframe of CBSS Implementation

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-
Phase A	█	█	█	█	█	█	█
Phase B		█	█	█	█	█	█
Phase C			█	█	█	█	█
Phase D				█	█	█	█
D. Attica Municipality				█	█	█	█
D. Crete Municipality						█	█

B.1.2. Identification of Eligible Agencies-Sources of information for the CBS

The method that been followed for the preparation of the study in order to determine agencies' files that could potentially be used as data sources is as follows:

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

Its geographical coverage of 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 able to provide a list of the recorded variables for each available database and/ or archive*

AND *Is willing to participate in the BECAN network*

AND *is willing and able to share resources*

Evaluation and selection of the databases/archives for data collection

Each file / database that could provided information about the incidence study based on recorded cases is expected to have advantages and disadvantages in terms of completeness and representativeness of data. For this reason, defined as eligibility criterion the minimum dataset of CAN, as condition to participate the respective agency in the study.

Criteria for eligible available data, databases and archives

Minimum data requirements

A. Victim-related information

- Age, gender

B. Incident-related information

- CAN type (physical-, sexual-, psychological-abuse and neglect)

In the next phase, those agencies and services that were found eligible / s based on the above criteria, were recorded on relevant 'register potentially associated agencies "(agency name, legal status, mission and

activities, location and contact details).to those registers were included social services and welfare agencies, health services, justice and public order, independent agency and non-governmental agencies.²

Identity of the Organization				Contact Details & Web information					
Name of Organization	Legal Status	Field of action	Mission/Activities	Postal Address	Telephone number(s)	E-mail address(es)	Website	City	Location (prefecture/municipality)
Ε.Κ.Κ.Α. Αθήνας (Εθνικό Κέντρο Κοινωνικής Αλληλεγγύης)	3			Βασιλίσσης Σοφίας 135 κτλ. Ζωζώνας, Αθήνα	Κέντρο Κοινωνικής Έπικοινωνίας, Τηλ: 2102039762, 210 2038778, 187 Γραμμή	http://www.ekka.org.gr		Αθήνα	Υπερσύνδεση με Ευρώπη
Ε.Κ.Κ.Α. Πάτρας (Εθνικό Κέντρο Κοινωνικής Αλληλεγγύης)	3			Κορνηλάειο Διαμνημόνιο - Πύργος Πλατείας 19, 18534 - Πάτρας	Τηλ: 2104220688, 2102031959	http://www.ekka.org.gr		Αθήνα	Υπερσύνδεση με Ευρώπη
Ε.Κ.Κ.Α. Βελούζης (Εθνικό Κέντρο Κοινωνικής Αλληλεγγύης)	3			Πλάτα Ελευθέριου Βενιζέλου 2 Αθήνα, 11521 Αθήνα	2104342021, 2104655559	ajana@ekka.gr		Αθήνα	Δ.Υ.Π.Ε. in Αθήνα
Ελλην. Εθνική Ομάδα Οργάνωσης Εθελοντών Κινηματογράφου	1	ΠΡΟΣΩΠΙΑ	Α	Εργαλείο 4, Αθήνα	210 2205668, 210 2205668	info@eodk.gr	http://www.eodk.gr	Αθήνα	Εργαλείο, εκπαιδευτικό υλ.
Ελληνικό Κέντρο Διαμνημόνιο Ανταρτών και Πρωτοβουλίας	1	ΠΡΟΣΩΠΙΑ	Α	ΠΛΟΥΤΑΡΧΟΥ 10, 10676 Αθήνα	210221707, 2424024	info@eodk.gr, eodk_center@yahoo.gr		Αθήνα	Υπερσύνδεση Ευρώπη
ΕΛΛΗΝΙΚΟ ΚΕΝΤΡΟ ΨΥΧΙΚΗΣ ΥΓΕΙΑΣ ΚΑΙ ΕΡΕΥΝΗΣ ΠΑΡΑΡΤΗΜΑΤΑ	2		Δεγνήσιος 44, 8η Βιομηχανική Ζώνη, Αθήνα	Παράρτημα 55, Αθήνα	Τηλ. 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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 maltreatment 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 e.g. neglect, sexual abuse) 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 and 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 maltreatment 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	Case assessment of allegation	Case Assessment of allegation based on information/evidence provided by one or more 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)	Perpetrator/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	Reference of most severe substantiated or unsubstantiated previous incident of maltreatment
H3		Perpetrator(s)	Perpetrator(s) of most severe previous maltreatment
H4		Investigating agencies	Agencies involved providing services 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	<p>Indicates the CAN-related general category to be explored, namely under which of the eleven categories the variable belongs. Targeted categories are:</p> <p>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)</p> <table border="0"> <tr> <td>Categories</td> <td>Variables</td> </tr> <tr> <td>a. Agency</td> <td>a.1-a.15</td> </tr> <tr> <td>b. Archive</td> <td>b.1-b.7</td> </tr> </table> <p>Extraction Form for Cases (Part II): To be completed for each individual case</p> <table border="0"> <tr> <td>Categories</td> <td>Variables</td> </tr> <tr> <td>A. Case Identity</td> <td>A1-A4</td> </tr> <tr> <td>B. Child-related information</td> <td>B1-B11</td> </tr> <tr> <td>C. Incident-related information</td> <td>C1-C20</td> </tr> <tr> <td>D. Perpetrator(s)-related information</td> <td>D1-D15</td> </tr> <tr> <td>E. Caregiver-related information</td> <td>E1-E16</td> </tr> <tr> <td>F. Family-related information</td> <td>F1-F7</td> </tr> <tr> <td>G. Household-related information</td> <td>G1-G4</td> </tr> <tr> <td>H. Previous maltreatment</td> <td>H1-H4</td> </tr> <tr> <td>I. Follow-up</td> <td>I1</td> </tr> </table>	Categories	Variables	a. Agency	a.1-a.15	b. Archive	b.1-b.7	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																																		
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Completion	<p>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.</p> <table border="1"> <thead> <tr> <th>Targeted Categories</th> <th>Total Variables</th> <th>Mandatory</th> <th>Conditional (filters)</th> </tr> </thead> <tbody> <tr> <td>I. Agency</td> <td>15</td> <td>14</td> <td>1</td> </tr> <tr> <td>II. Archive</td> <td>7</td> <td>7</td> <td>0</td> </tr> <tr> <td>PART 1-Total</td> <td>22</td> <td>21</td> <td>1</td> </tr> <tr> <td>A. Case Identity</td> <td>4</td> <td>4</td> <td>0</td> </tr> <tr> <td>B. Child-related information</td> <td>11</td> <td>11</td> <td>0</td> </tr> <tr> <td>C. Incident-related information</td> <td>20</td> <td>10</td> <td>10</td> </tr> <tr> <td>D. Perpetrator(s)-related information</td> <td>15</td> <td>15</td> <td>0</td> </tr> <tr> <td>E. Caregiver-related information</td> <td>16</td> <td>1</td> <td>15</td> </tr> <tr> <td>F. Family-related information</td> <td>7</td> <td>7</td> <td>0</td> </tr> <tr> <td>G. Household-related information</td> <td>4</td> <td>4</td> <td>0</td> </tr> <tr> <td>H. Previous maltreatment</td> <td>4</td> <td>1</td> <td>3</td> </tr> <tr> <td>I. Follow-up</td> <td>1</td> <td>1</td> <td>0</td> </tr> <tr> <td>PART 2-Total</td> <td>82</td> <td>54</td> <td>28</td> </tr> <tr> <td>Total (Part I & II)</td> <td>104</td> <td>75</td> <td>29</td> </tr> </tbody> </table>	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
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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
	Total Variables		12
			104
Measurement level	The level of the measurement of the variable (scale, ordinal, nominal)		
		Measurement Level	Scale
			9
			Ordinal
			3
			Nominal
			92
	Total Variables		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),³ - 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 2003,⁴ - International Classification of External Causes of Injuries (ICECI) prepared by ICECI Coordination and Maintenance Group in 2004,⁵ - Guidelines on data collection and monitoring systems on child abuse prepared by the European Network of National Observatories on Childhood in 2008,⁶ - Report of the Canadian Incidence Study of Reported Child Abuse and Neglect (2001),⁷ - Conceptual and epidemiological framework for child maltreatment surveillance (2001),⁸ - Guidelines for reporting and classification of child abuse in health care settings (1998),⁹ <p>Two codes used in common for all variables are: "Other" code = 88 (with available space for comments) and "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"> a. Instructions (e.g. multiple selection of all applicable values per case) b. 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)

³ Holder, Y., Peden, M., Krug, E. et al (Eds). (2001). Injury surveillance guidelines. Geneva, World Health Organization.

⁴ 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.

⁵ 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.

⁶ Child Europe, European Network of National Observatories on Childhood (2008). Guidelines on Data Collection and Monitoring Systems on Child Abuse - Series 1.

⁷ 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

⁸ 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.

⁹ Health Canada (1998). Child Abuse: Reporting and Classification in Health Care Settings, Ottawa: Health Canada.

B.1.4. Training of the Research Team

The training of the research team held at the premises of the Institute of Child Health, Department of Mental Health and Social Welfare in 20²¹st of January 2011. Apart for two researchers who already worked in the program and had been involved in the train the trainers seminar (the first as trainer), four additional researchers were trained for the extraction of already recorded data for CAN cases. The training was based on the ready-to-use tools and the methodology established in the training of trainers (11-12 October 2010). Specifically, after a detailed discussion on each one of the variables included in the research tools and the review of the CBSS “*Operations’ Manual for the Researchers*” (held in 01/20/2011), a mock case delivered to each one of the researchers along with the instruction to proceed to the extraction of the case-based information using the CBSS research tools and the Manual. Next day a comprehensive discussion was made on the content of the completed extraction forms (in 01/21/2011), where researchers had the opportunity to ask for any further clarifications they needed.

CBSS Research Team

- Anthi Vasilakopoulou, Social Worker, Field Researcher
- Artemis Dimitrokalli, Social Worker , Field Researcher
- George Nicolaidis, Psychiatrist MA, MSc, PhD, BECAN Project Leader
- Athanasios Ntinapogias, Psychologist, CBSS Coordinator at Balkan & National level & Field Researcher
- George Papageorgopoulos, Psychologist M.Sc., Field Researcher
- Anna Salvanou, Sociology, MA, Field Researcher
- George Tsouvelas, Psychologist, MPH, M.Sc., Field Researcher

B.2. Step-by-step process of data collection, coding, recording, analyzing and reporting results

As already mentioned, 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, ας 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.



CHAPTER C. RESULTS

The analysis of the results was made with the Statistical Package for Social Sciences (SPSS), version 16.0

C.1. Description of agencies/services that provided data and record characteristics

Following the process described in part B.1.2 and taking into account the situation in Greece as far as the record of CAN cases is concerned, initially there were 418 agencies and organizations providing services to children identified in total in the prefectures of Attica and Crete. Of those agencies, 294 met the eligibility criteria that had already been set (see part B.1.2) for the needs of the study (259 in the prefecture of Attica and 45 in the prefecture of Crete). Finally, 141 of the eligible agencies participated in the study (48%).

In table 1.1 below, the distribution of the eligible agencies is illustrated, including those that provided access to their archives and those with which cooperation was eventually not accomplished because of various reasons. Additionally, here are presented the reasons why 124 of the agencies that had been originally identified, were finally considered as non eligible for the Case Based Surveillance Study.

	Total		Attica		Crete	
	f	%	f	%	f	%
Total Agencies identified & invited to provide data	418	100,0	373	100,0	45	100,0
Eligible agencies	294	70,3	259	69,4	35	77,8
Provided data (for at least 1 case)	141	48,0	127	49,0	14	40,0
Non cooperated	153	52,0	132	51,0	21	60,0
Cooperation not achieved due to various reasons	50	32,7	49	37,1	1	4,8
Cooperation cancelled due to difficulties in communication	38	24,8	30	22,7	8	38,1
Did not respond at all (even after multiple invitations)	33	21,6	28	21,2	5	23,8
Refused to participate or canceled their initial positive response	32	20,9	25	18,9	7	33,3
Non eligible agencies	124	29,7	114	30,6	10	22,2
Did not work with children (>18) during 2010	41	33,1	38	33,3	3	30,0
Do not have social services or do not maintain archive/ database	27	21,8	26	22,8	1	10,0
Referred all CAN cases they identified to other agencies	26	21,0	24	21,1	2	20,0
Accepted the invitation but had no CAN cases during 2010	17	13,7	16	14,0	1	10,0
Did not operate during 2010	13	10,5	10	8,8	3	30,0

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

Half the organizations and services that were identified in the beginning could not cooperate in the study, mostly due to practical difficulties, usually related to the fact that the study was about searching data from a previous period (2010). Specifically, many of the services that were integrated in *Local Authorities (OTA)* (Kapodistrian Municipalities) did not exist during the time the study was being conducted, as the administrative division in the country had been reformed in 2011. Also, as a result of that reformation, the responsibilities of some services were passed to others (social welfare services of the prefectures passed to those of the municipalities). For many of these services (such as the municipality social services), the archives of the year 2010 could not be found (the new agencies were still in the process of getting organized), while the officials had also been moved and they were not available either. Additionally, in many cases collaboration was not accomplished because of communication barriers. For the organizations that had an email, the exchange of information was conducted through it. However, there are a lot of organizations/services that don't use electronic communication means and, besides the fact that alternative processes were attempted (fax, post, site visit), in a significant amount of cases communication was not succeeded. In other cases, although even site visits had been scheduled, collaboration was finally not accomplished due to multiple strikes during the year 2011, which were related to the general situation in the country (memorandum based reforms in the context of the economic crisis), where the predefined visits were canceled and not rescheduled because of lack of time or other reasons.

Finally, for some agencies, it was impossible to participate in the study because they didn't get the assent from their administrative bodies or because of internal management reasons (lack of available staff/lack of time), or because they decided they didn't want to collaborate.

In Table 1.2. illustrated the characteristics of the Agencies that participated in the study by providing access to their archives for the year 2010, in order for the CAN cases to be identified and for the data to be extracted, according to the protocol of the study. The data included on the table were collected via interviews with the representatives of the agencies, which took place during the first visit of the research team to every organization/service, filling in the respective form.

Given the facts that the activities of many agencies concern more than one sector, their mission might include multiple prevention levels, while the serviced population may be urban and suburban or rural at the same time, the total of the frequencies of the agencies might be larger than the number of the agencies (or in other words, the categories per case are not mutually excluded).

	Legal Status											
	Total		Central Governmental		Public Regional		Semi-Public		Independent Authority		NGOs	
	f	%	F	%	f	%	f	%	f	%	f	%
Total Agencies	141	100	13	100,0	19	100	78	100,0	1	100	30	100,0
Sector												
Health/ Mental Health	44	31,2	10	76,9	7	36,8	20	25,6	0	0,0	7	23,3
Social Welfare	120	85,1	6	46,2	15	78,9	71	91,0	1	100,0	27	90,0
Judicial	10	7,1	2	15,4	4	21,1	4	5,1	0	0,0	0	0,0
Public Order/Police	1	0,7	1	7,7	0	0,0	0	0,0	0	0,0	0	0,0
Mission												
Primary Prevention	103	73,0	10	76,9	11	57,9	58	74,4	1	100,0	23	76,7
Secondary Prevention/Support	134	95,0	12	92,3	19	100,0	77	98,7	1	100,0	25	83,3
Tertiary Prevention/Treatment	71	50,4	9	69,2	11	57,9	36	46,2	0	0,0	15	50,0
Legal Support	17	12,1	0	0,0	3	15,8	8	10,3	1	100,0	5	16,7
Geographic area												
Urban	56	39,7	9	69,2	9	47,4	18	23,1	1	100,0	19	63,3
Suburban	69	48,9	10	76,9	13	68,4	24	30,8	1	100,0	21	70,0
Rural	132	93,6	12	92,3	16	84,2	75	96,2	1	100,0	28	93,3
Routine Screening Policy												
No/Other	125	88,7	12	92,3	16	84,2	72	92,3	1	100,0	12	40,0
Yes	16	11,3	1	7,7	3	15,8	6	7,7	0	0,0	6	20,0
Special CAN-training for personnel												
No	39	27,7	3	23,1	5	26,3	27	34,6	0	0,0	4	13,3
Yes, but not formal	75	53,2	8	61,5	8	42,1	42	53,8	0	0,0	19	63,3
Yes	27	19,1	2	15,4	6	31,6	9	11,5	1	100,0	7	23,3
Availability of CAN data												
No/Other	37	26,2	1	7,7	5	26,3	25	32,1	0	0,0	6	20,0
Yes	104	73,8	12	92,3	14	73,7	53	67,9	1	100,0	24	80,0

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

First, as far as their legal status is concerned, about 55% of the agencies are characterized as semi-public (like social services of municipalities and child guidance centers), 21% are non-governmental organizations, 13% and 9% belong to Public Peripheral and Central Governmental structures respectively, and finally, there is one Independent Authority. Their field of activities is mostly related to providing social welfare services (85%), health/mental health (-30%), justice (-7%) and one agency provides public order services. Most of the agencies defined their mission in multiple levels: primary prevention (73%), secondary prevention (95%), tertiary prevention/treatment (50%) and legal support (-12%). Nearly all involved agencies/organizations serve urban population (>90%), while 40% and 50% of them also serve rural and suburban population respectively.

Although all of the services and organizations above provide services to children (specifically health/mental health services and even more often social welfare services), only in -10% of them it was mentioned by their

representatives that they proceed in systematic CAN detection, and without using specific tools, while that doesn't usually consist an official policy of the agencies, but an initiative of the personnel. Additionally, in -40% of the services/organizations the personnel has not received any kind of special CAN training, and in the agencies that gave a positive answer, only one out of three mentioned some type of "formal" training while two out of three made a reference to an "informal" training (empirically, for example, during copying with a case). The above findings are particularly interesting, given the fact that all of these agencies provided services to children-victims of abuse and neglect during the year of the study.

One last comment concerns the availability of data related to the served (reported or/and detected) CAN cases. Agencies in their majority maintain an extended archive which includes both CAN cases and other cases. Thus, besides the fact that there is no Can recording and surveillance system in Greece, there is an abundance of dispersed records of various types and methodologies, and in various agencies. In table 1.3 are illustrated the main features of the archives that are maintained in the organizations, information which was collected also by filling in the aforementioned form (part 1). From those archives data on CAN incidence for the year 2010 was extracted in the context of the present project. In this case too, for some variables (like the "type of archive") the total of the frequencies among the alternate types might be larger than the number of the agencies, exactly because the same agency can maintain more than one type of archives (the categories are not mutually excluded).

	Total		Attica		Crete	
	F	%	f	%	F	%
Total Agencies	141	100	127	100	14	100
Trained staff for recording cases						
No	45	31,9	40	31,5	5	35,7
Yes	42	29,8	40	31,5	2	14,3
Yes, but not formal	54	38,3	47	37,0	7	50,0
Specialties of staff who record CAN						
Social Workers	125	88,7	112	88,2	13	92,9
Health Professionals	32	22,7	30	23,6	2	14,3
Mental Health Professionals	102	72,3	93	73,2	9	64,3
Education-related professional	23	16,3	18	14,2	5	35,7
Police officer	1	0,7	1	0,8	0	0,0
Judicial officer	7	5,0	5	3,9	2	14,3
Type of archive						
Paper archive	137	97,2	123	96,9	14	100,0
Electronic archive	55	39,0	47	37,0	8	57,1
Database	34	24,1	32	25,2	2	14,3
Existence of recording form*						
No	23	16,3	22	17,3	1	7,1
Yes	118	83,7	105	82,7	13	92,9
Type of cases recorded in the files						
Reported CAN cases	26	18,4	21	16,5	5	35,7
Detected CAN cases	20	14,2	17	13,4	3	21,4
Mixed file (including non-CAN cases)	131	92,9	120	94,5	11	78,6
Availability of text description						
No	14	9,9	12	9,4	2	14,3
Yes	127	90,1	115	90,6	12	85,7
Availability of further documentation						
No	21	14,9	19	15,0	2	14,3
Yes	120	85,1	108	85,0	12	85,7

* Samples of the recording forms of all the collaborating agencies and services were collected along with the study

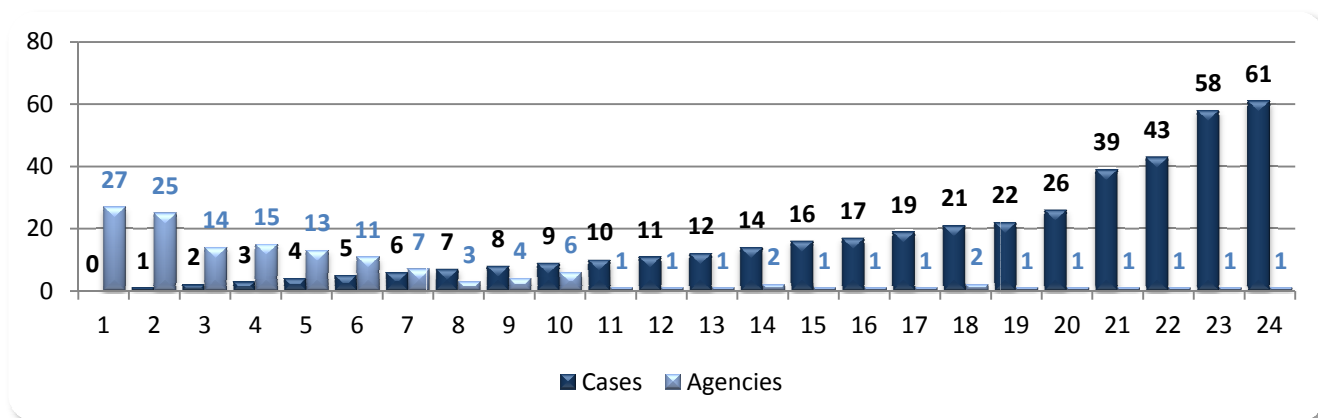
Table 1.3 Main characteristics of Archives/Databases from which the data were derived

An observation that could be made based on the information from Table 1.3 regarding the records of the agencies (although not exclusively on CAN), is that most of them (>80%) use specific recording forms³. Based on these forms, CAN cases (reported or/and detected) are recorded in mixed files in nearly all agencies

(93%). Moreover, almost every agency has an existing type of report (text description) for each case, as well as available information from other agencies that copied with the cases, as further documentation (like laboratory tests and court decisions). On the other side, although the recording is usually realized by the specialized personnel of the agencies, (mostly by social workers, health and mental health professionals), in 1/3 of the cases the responsible professionals have not received any training on how to write down the cases, and more than half the professionals of the rest of the agencies have been “informally” trained. Another feature that is common among almost every agency, is that they maintain paper and not electronic archives, and in less than 25% of the agencies there is some kind of database available (excel or access file or another base that has been designed for the needs of the agency).

Despite all of these difficulties however, this “primary data” of different –as far as the object and the mission are concerned- agencies, could be systemized and constitute the base of a CAN surveillance system. Diagram 1 below demonstrates the number of CAN cases for children 11, 13 and 16 years old during 2010. It is of interest that almost half of the total number of cases identified in the archives of only 11 agencies while in the remaining 101 agencies, the other half of the cases. Moreover, in 27 agencies not even one case was recorded during 2010 for children of these ages.

Figure 1. Number of cases identified per Agency



C.2.1 CAN Incidence in Greece

The table below presents the CAN incidence for boys and girls that were 11, 13 and 16 years old in 2010, as it was estimated based on the data extracted from the files of children that were identified in the archives of 127 and 14 Agencies /Services in the prefectures of Attica and Crete respectively, according to the protocol and tools of Working Package 4 of the BECAN project.

For the estimate of the incidence, apart from the data that were collected from the services/organizations, data on the general population of children of the specific ages for the two prefectures and the particular year (2010) were also needed. Given that the analytic data on the population that were available by the Greek Statistical Office concerned the census that was conducted in 2001, in order to estimate CAN incidence, the indicators of natural movement of the population for the year 2010 were used, which are available also by the Greek Statistical Office⁴. The CAN incidence rates in total but also for each type of abuse separately, are illustrated in Table 2.1 below (by reduction cases / 1000 individuals of general population).

	General population for selected areas ^{10*}	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	
Attica	Male	55445	114	30	291	261	315	2,06	0,54	5,25	4,71	5,68
	11	17321	37	6	101	83	108	2,14	0,35	5,83	4,79	6,24
	13	18162	37	14	97	87	107	2,04	0,77	5,34	4,79	5,89
	16	19962	40	10	93	91	100	2,00	0,50	4,66	4,56	5,01
	Female	50450	102	58	276	238	289	2,02	1,15	5,47	4,72	5,73
	11	16164	30	16	93	78	97	1,86	0,99	5,75	4,83	6,00
	13	17188	29	15	84	73	89	1,69	0,87	4,89	4,25	5,18
	16	17098	43	27	99	87	103	2,51	1,58	5,79	5,09	6,02
	Overall	105895	216	88	567	499	604	2,04	0,83	5,35	4,71	5,70
	11	33485	67	22	194	161	205	2,00	0,66	5,79	4,81	6,12
	13	35350	66	29	181	160	196	1,87	0,82	5,12	4,53	5,54
	16	37060	83	37	192	178	203	2,24	1,00	5,18	4,80	5,48
Crete	Male	9933	11	5	76	70	87	1,11	0,50	7,65	7,05	8,76
	11	3103	4	0	30	22	32	1,29	0,00	9,67	7,09	10,31
	13	3358	5	5	24	21	24	1,49	1,49	7,15	6,25	7,15
	16	3472	2	0	22	27	31	0,58	0,00	6,34	7,78	8,93
	Female	9395	20	6	66	56	67	2,13	0,64	7,03	5,96	7,13
	11	3013	7	2	23	16	23	2,32	0,66	7,63	5,31	7,63
	13	3173	6	1	24	22	24	1,89	0,32	7,56	6,93	7,56
	16	3209	7	3	19	18	20	2,18	0,93	5,92	5,61	6,23
	Overall	19328	31	11	142	126	154	1,60	0,57	7,35	6,52	7,97
	11	6116	11	2	53	38	55	1,80	0,33	8,67	6,21	8,99
	13	6531	11	6	48	43	48	1,68	0,92	7,35	6,58	7,35
	16	6681	9	3	41	45	51	1,35	0,45	6,14	6,74	7,63
Total	Male	65378	125	35	367	331	402	1,91	0,54	5,61	5,06	6,15
	11	20424	41	6	131	105	140	2,01	0,29	6,41	5,14	6,85
	13	21520	42	19	121	108	131	1,95	0,88	5,62	5,02	6,09
	16	23434	42	10	115	118	131	1,79	0,43	4,91	5,04	5,59
	Female	59845	122	64	342	294	356	2,04	1,07	5,71	4,91	5,95
	11	19177	37	18	116	94	120	1,93	0,94	6,05	4,90	6,26
	13	20361	35	16	108	95	113	1,72	0,79	5,30	4,67	5,55
	16	20307	50	30	118	105	123	2,46	1,48	5,81	5,17	6,06
	Overall	125223	247	99	709	625	758	1,97	0,79	5,66	4,99	6,05
	11	39601	78	24	247	199	260	1,97	0,61	6,24	5,03	6,57
	13	41881	77	35	229	203	244	1,84	0,84	5,47	4,85	5,83
	16	43741	92	40	233	223	254	2,10	0,91	5,33	5,10	5,81

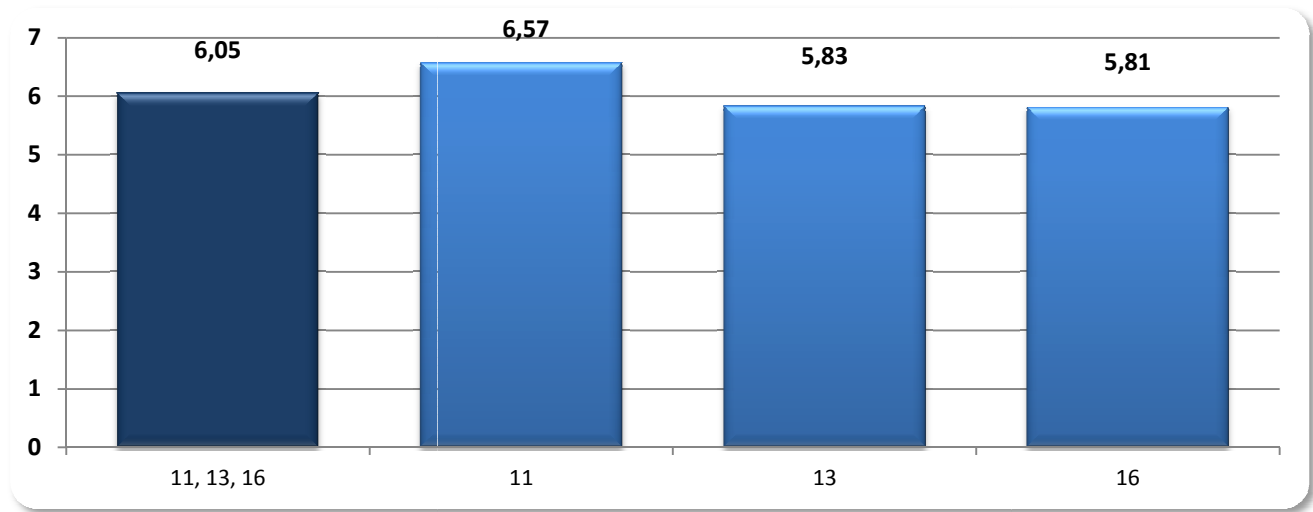
Table 2.1 Child maltreatment incidence per form of CAN, age, gender and geographical area

¹⁰ The data on population's natural movement are available by the Greek Statistical Office per age (5 years). For the needs of the study, however, the three particular ages (11, 13 and 16 years) had to be estimated. For the computation of the three ages, first the ratio of each of the five years was estimated based on the last census (2001) and then, based on this ratio, there was estimated the population of each age group for the year 2010.

Note that the sum of the frequencies of the different types of CAN (physical, sexual, psychological and neglect) is greater than the total amount of the cases identified during the study, because multiple types of CAN were reported for many cases (as shown in Table 2.1.1).

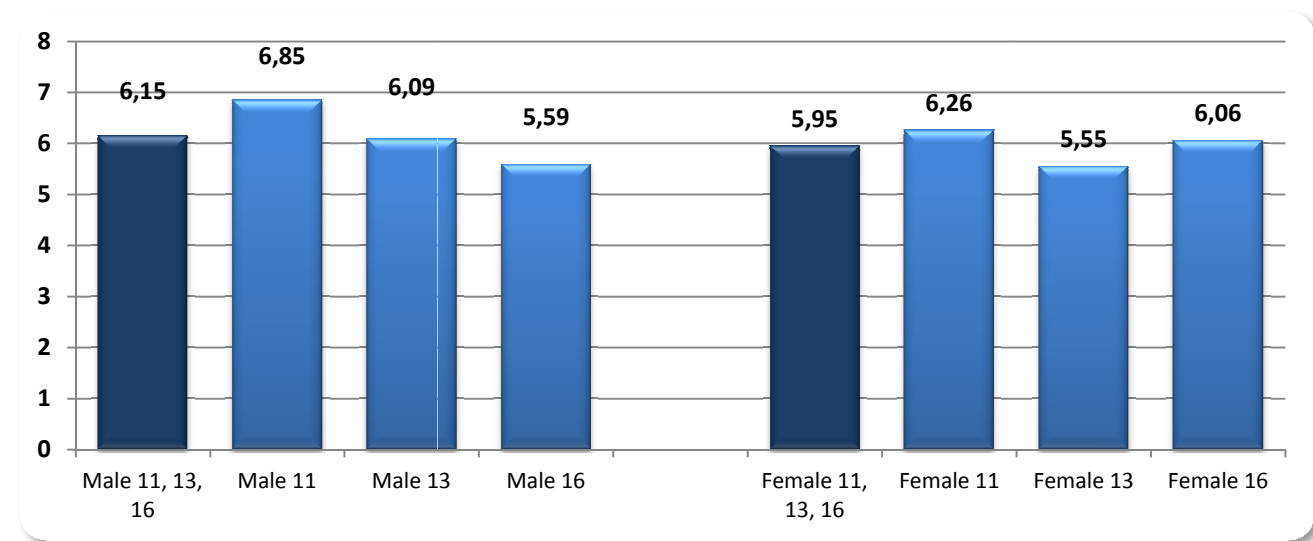
According to the results of the study, the incidence of all forms of CAN as derived from the records of 48% of all eligible agencies of Attica and Crete prefectures are 6.05 / 1000 overall for children aged 11, 13 and 16 years old. Specifically, for the children aged 11 years old, the incidence is estimated at 6.57 / 1,000 and for children aged 13 and 16 years old at 5.83 and 5.81 / 1,000 respectively (see also Diagram 1.1 below).

Diagram 1.1: Incidence of CAN (all forms) overall and by age in Attica and Crete per 1000 children.



Regarding the age and gender of child victims (see Diagram 1.2), the incidence for boys 11, 13 and 16 years old is respectively estimated at 6.85, 6.09 and 5.59 / 1,000 and for girls at 6.26, 5.55 and 6.06 / 1,000, which seems to be higher for both boys and girls of younger ages.

Diagram 1.2: Incidence of CAN (all forms) overall, per gender and age in Attica and Crete per 1000 children



Observing data between the prefectures, it seems that the incidence of CAN is greater in the prefecture of Crete compared to the prefecture of Attica (it should also be noted that the percentage of the eligible prefectures that participated in the study were 49% in Attica of the overall agencies that were approached, while 40% were in Crete).

If we proceeded to the calculation of the results of the study for the total of the eligible agencies (instead of the 48% that participated in the end) the incidence rate would be more than 10/1000 of children.

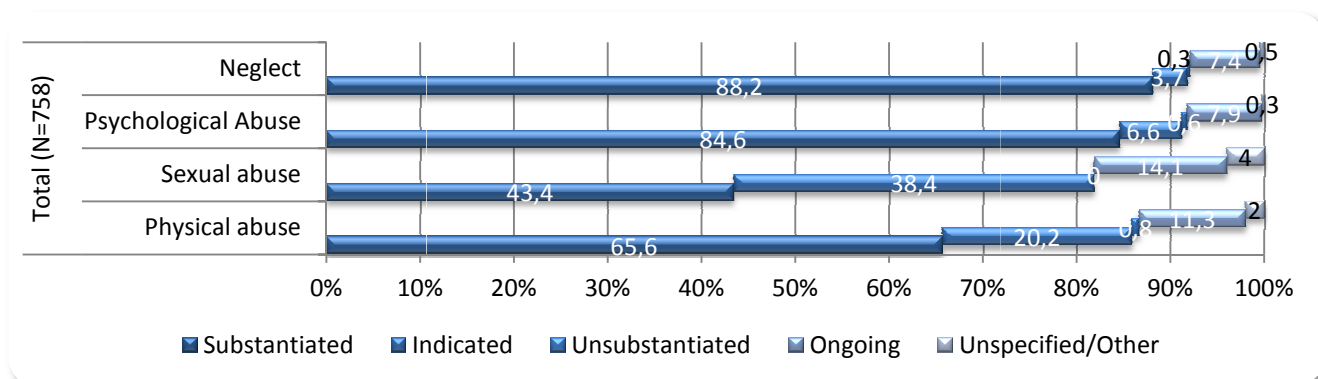
CAN cases that were extracted in the context of the study were not necessarily substantiated, but also cases for which there was suspected abuse, those that were under investigation at the time of the recording or even unsubstantiated, following the investigation. Table 2.2 indicates the distribution of the recorded cases regarding to whether the maltreatment was substantiated or not per type of abuse, municipality and for the total number of the cases.

	No of Cases**	Status of Substantiation									
		Substantiated		Suspected		Unsubstantiated		Ongoing		Unspecified/other	
		f	%	f	%	f	%	f	%	f	%
Attica (N=604)											
Physical Abuse	216	147	68,1	37	17,1	0	0,0	27	12,5	5	2,3
Sexual Abuse	88	37	42,0	35	39,8	0	0,0	12	13,6	4	4,5
Psychological Abuse	567	472	83,2	38	6,7	2	0,4	53	9,3	2	0,4
Neglect	499	432	86,6	19	3,8	1	0,2	44	8,8	3	0,6
Crete(N=154)											
Physical Abuse	31	15	48,4	13	41,9	2	6,5	1	3,2	0	0,0
Sexual Abuse	11	6	54,5	3	27,3	0	0,0	2	18,2	0	0,0
Psychological Abuse	142	128	90,1	9	6,3	2	1,4	3	2,1	0	0,0
Neglect	126	119	94,4	4	3,2	1	0,8	2	1,6	0	0,0
Total (N=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
Psychological 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

Table 2.2 Distribution of the cases per type of substantiation, for child-victim 11, 13 and 16 year old per municipality, type of abuse and in total (for 2010)

Concerning the cases of psychological abuse and neglect, >80% of the cases were considered as substantiated according to the agencies involved in their administration. This percentage is lower for the cases of physical abuse (~65%) and even lower regarding cases of sexual abuse (~43%). On the other hand, 20% and ~38% of physical and sexual abuse cases respectively were considered by the related agencies and the professionals working in there as “suspected” while 10% and ~15% of the physical and sexual abuse cases were, according to the archives of 2010 were under investigation (“on going”), without that meaning that there was no decision about the substantiation of the case in a later time (e.g. during 2011)

Figure 2.1. CAN Substantiation status according to the Agencies’ criterion.



C.2.1. Vulnerability of children in CAN and to specific types of abuse

Among the objectives of the present study was the examination of the coexistence of multiple types of maltreatment in abused and neglected child victims and whether a pattern of coexistence of multiple types of CAN could be identified.

The first half of Table 2.1.1 below shows the division in the overall of all cases recorded in the study depending on whether they were related to one or more types of CAN per prefecture, gender and age of the children. The second half of the table shows the frequencies (absolute and relative) of types of CAN that were included in recorded incidents, also per prefecture, gender and age of the children.

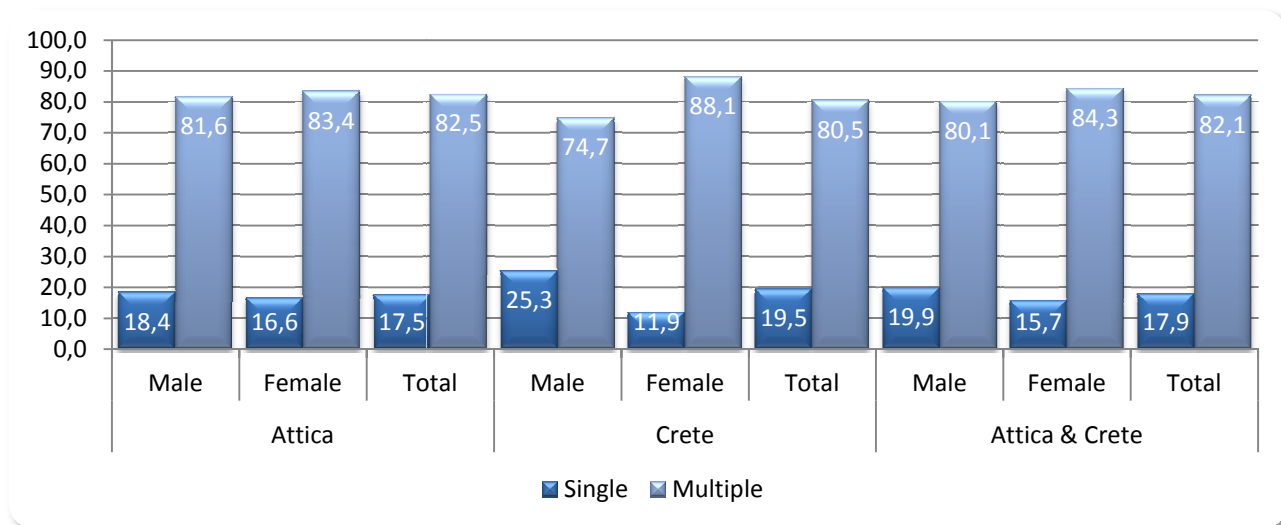
As shown in Table 2.1.1a and in Figure 2.1.1b, more than 80% of child abuse victims have reported multiple types of abuse (at least 2 or more), indicating that it is the rule rather than the exception. This applies to both prefectures in which the study took place (82.5% and 80.5% for Attica and Crete respectively), while there is a slight diversification in gender, with girls being victims of multiple CAN types ~ 4% more, compared to boys (84.3% vs. 80.1%). As to the age of children, of both genders, there are not any significant differences in rates indicating victimization with the coexistence of multiple CAN types.

	Total CAN cases		Single vs. Multiple CAN				Individual forms of CAN*							
			Single form		Multiple forms		Physical abuse		Sexual abuse		Psychol. abuse		Neglect	
Attica-Total	604	100	106	17,5	498	82,5	216	100	88	100	567	100	499	100
<i>male</i> 11	108	17,9	23	21,3	85	78,7	37	17,1	6	6,8	101	17,8	83	16,6
13	107	17,7	23	21,5	84	78,5	37	17,1	14	15,9	97	17,1	87	17,4
16	100	16,6	12	12,0	88	88,0	40	18,5	10	11,4	93	16,4	91	18,2
<i>subtotal</i>	315	52,2	58	18,4	257	81,6	114	52,8	30	34,1	291	51,3	261	52,3
<i>female</i> 11	97	16,1	16	16,5	81	83,5	30	13,9	16	18,2	93	16,4	78	15,6
13	89	14,7	16	18,0	73	82,0	29	13,4	15	17,0	84	14,8	73	14,6
16	103	17,1	16	15,5	87	84,5	43	19,9	27	30,7	99	17,5	87	17,4
<i>subtotal</i>	289	47,8	48	16,6	241	83,4	102	47,2	58	65,9	276	48,7	238	47,7
Crete-Total	154	100	30	19,5	124	80,5	31	100	11	100	142	100	126	100
<i>male</i> 11	32	20,8	8	25,0	24	75,0	4	12,9	0	0,0	30	21,1	22	17,5
13	24	15,6	2	8,3	22	91,7	5	16,1	5	45,5	24	16,9	21	16,7
16	31	20,1	12	38,7	19	61,3	2	6,5	0	0,0	22	15,5	27	21,4
<i>subtotal</i>	87	56,5	22	25,3	65	74,7	11	35,5	5	45,5	76	53,5	70	55,6
<i>female</i> 11	23	14,9	4	17,4	19	82,6	7	22,6	2	18,2	23	16,2	16	12,7
13	24	15,6	2	8,3	22	91,7	6	19,4	1	9,1	24	16,9	22	17,5
16	20	13,0	2	10,0	18	90,0	7	22,6	3	27,3	19	13,4	18	14,3
<i>subtotal</i>	67	43,5	8	11,9	59	88,1	20	64,5	6	54,5	66	46,5	56	44,4
All areas-Total	758	100	136	17,9	622	82,1	247	100	99	100	709	100	625	100
<i>male</i> 11	140	18,5	31	22,1	109	77,9	41	16,6	6	6,1	131	18,5	106	17,0
13	131	17,3	25	19,1	106	80,9	42	17,0	19	19,2	121	17,1	108	17,3
16	131	17,3	24	18,3	107	81,7	42	17,0	10	10,1	115	16,2	118	18,9
<i>subtotal</i>	402	53,0	80	19,9	322	80,1	125	50,6	35	35,4	367	51,8	331	53,0
<i>female</i> 11	120	15,8	20	16,7	100	83,3	37	15,0	18	18,2	116	16,4	93	14,9
13	113	14,9	18	15,9	95	84,1	35	14,2	16	16,2	108	15,2	95	15,2
16	123	16,2	18	14,6	105	85,4	50	20,2	30	30,3	118	16,6	105	16,8
<i>subtotal</i>	356	47,0	56	15,7	300	84,3	122	49,4	64	64,6	342	48,2	294	47,0

** Because in many cases multiple CAN types are involved, the sum of the frequencies of distinct CAN types is greater than the total number of incidents

Table 2.1.1 Cases with single type of abuse against cases with multiple CAN types per age, gender and prefecture

Diagram 2.1.1 Single type of CAN against multiple types of CAN per age and prefecture (%).



Regarding the distinct types of CAN (physical, sexual, psychological abuse and neglect) and the frequency with which each of them is involved in the incidents, seems how psychological abuse prevails as it appears in some of its forms in > 90% of the reported incidents. To a certain extent this can be explained by the fact that each of the other types of abuse involves to a certain degree and some form of psychological abuse. Some form of neglect also occurs in more than 8 out of 10 cases of abused and neglected child victims identified in the agencies' records, while physical abuse is involved in ~ 30% of all cases. The less common form of abuse recorded is sexual assault (with incidence to 14.6% of cases in the prefecture of Attica and in 7.1% of cases in the prefecture of Crete). This fact does not mean that sexual abuse is not frequent or less important than other types of CAN: The reduction of the data at the population level indicates 0.79 / 1000 or otherwise, 5/4000 children (see Table 2.1) . Given that the primary source of data were mainly from archives uninvolved with the justice system (thus the systematic investigation of this type of abuse) and that this type of abuse is one of the hardest self-reported by the victims, then the involvement of some form of sexual abuse in 13.1% of all cases recorded in 2010 appears to be important. As is clearly shown from Figure 2.1.2, the pattern of frequencies of distinct types of abuse is repeated between the prefectures.

Diagram 2.1.2 Incidence of single types of CAN in overall the recorded incidents and per prefecture.

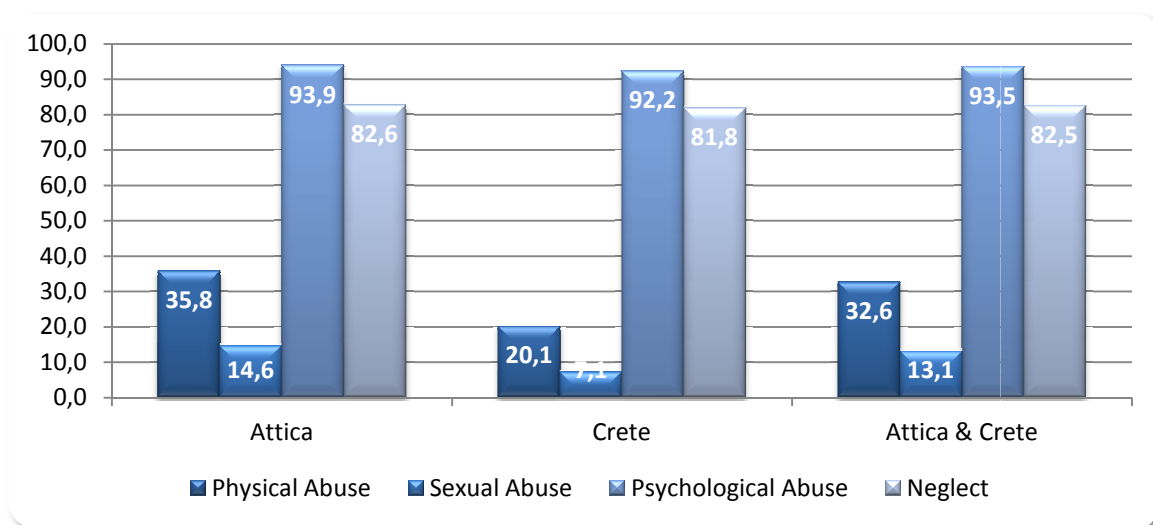


Table 2.1.2 shows the frequencies of the types of abuse per gender, age and prefecture. Also, for the cases with multiple types of abuse, additional combinations of the recorded types of CAN are presented.

		Male				Female				Total			
		11	13	16	All	11	13	16	All	11	13	16	All
Total cases	f	140	131	131	402	120	113	123	356	260	244	254	758
	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Single CAN form		31	25	24	80	20	18	18	56	51	43	42	136
		22,1	19,1	18,3	19,9	16,7	15,9	14,6	15,7	19,6	17,6	16,6	17,9
Psychological abuse	f	23	15	8	46	17	13	13	43	40	28	21	89
	%	16,4	11,5	6,1	11,4	14,2	11,5	10,6	12,1	15,4	11,5	8,3	11,7
Neglect	f	8	10	16	34	3	5	5	13	11	15	21	47
	%	5,7	7,6	12,2	8,5	2,5	4,4	4,0	3,6	4,2	6,1	8,3	6,2
Multiple CAN forms		109	106	107	322	100	95	105	300	209	201	212	622
		77,9	80,9	81,7	80,1	83,3	84,1	85,4	84,3	80,4	82,4	83,4	82,1
Physical & Psychological	f	11	8	5	24	6	4	5	15	17	12	10	39
	%	7,9	6,1	3,8	6,0	5,0	3,5	4,0	4,2	6,5	4,9	3,9	5,1
Sexual & Psychological	f	-	-	-	-	2	1	-	3	2	1	-	3
	%	-	-	-	-	1,7	0,9	-	0,8	0,8	0,4	-	0,4
Psychological & Neglect	f	67	55	63	185	55	49	43	147	122	104	106	332
	%	47,9	42,0	48,1	46,0	45,8	43,4	35,1	41,3	46,9	42,6	41,7	43,8
Physical, Psychological & Neglect	f	24	24	29	77	20	26	27	73	44	50	56	150
	%	17,1	18,3	22,1	19,2	16,7	23,0	22,0	20,5	16,9	20,5	22,0	19,8
Sexual, Psychological & Neglect	f	-	9	2	11	5	10	12	27	5	19	14	38
	%	-	6,9	1,5	2,7	4,2	8,8	9,8	7,6	1,9	7,8	5,5	5,0
Physical, Sexual, Psychological & Neglect	f	7	10	8	25	12	5	18	35	19	15	26	60
	%	5,0	7,6	6,1	6,2	10,0	4,4	14,6	9,8	7,3	6,1	10,2	7,9

Table 2.1.2 Single and multiple types of abuse (n=758) per gender, age and prefecture for year 2010

Incidents of single types of abuse reported in this study relate exclusively either psychological abuse (11.7% of all cases), or neglect (6.2% of all cases). As already reported in 82.1% of sample's cases is for incidents with multiple types of abuse. The incidents with two types of abuse are about 50% of all cases and in particular concern the coexistence of physical and psychological abuse (5.1%), the coexistence of sexual and psychological abuse (0.4%) and the coexistence of psychological abuse and neglect (43, 8%). The incidents in which three types of abuse were recorded constitute about 25% of all cases, and specifically concerning the coexistence of physical and psychological abuse and neglect (~ 20%) and the coexistence of sexual and psychological abuse and neglect (5%). Finally, ~ 8% of all cases recorded and the four basic types of abuse (as defined in the study protocol conceptually and operationally on the basis of the definition of WHO & ISPCAN, 2006).

As for the gender of children, girls compare to boys have more frequently multiple types of abuse (84.3% vs.80.1%). Also, cases involving multiple types of abuse including sexual abuse also seems to affect girls more than boys. The incidents of neglect (as single type maltreatment), on the other hand, seem to relate boys more than girls (8.5% vs. 3.6%). The age of children does not seem to vary the incidence of multiple types of abuse to any of the two genders .

More information on the characteristics of each type of abuse are presented in Tables 2.1.3-6 below.

Regarding physical abuse, in this study was attempted to outline some further features, such as specific forms or "tactics" physical abuse (often "punishments"), whether and how the kind of the recorded injuries are caused by physical abuse of children and also their severity. Table 2.1.3 presents the relevant information about the 247 incidents of physical abuse among the 758 overall incidents reported in the study. The first and basic observation is the lack of sufficient information in the files of the associated organizations for these incidents. Only in ~ 55% of the cases, agencies themselves recognized and recorded physical abuse, information on the form of abuse are reported, and only 20% of these, whether there was an injury or not. Ultimately, the type of injury is reported as information for only 14% of incidents of physical abuse.

	Male				Female				Total			
	11	13	16	All	11	13	16	All	11	13	16	All
Total CAN cases identified	140	131	131	402	120	113	123	356	260	244	254	758
Total Physical Abuse cases identified	41	42	42	125	37	35	50	122	78	77	92	247
Type of physical abuse-Unspecified	63,4	33,3	38,1	44,8	45,9	42,9	48,0	45,9	55,1	37,7	43,5	45,3
Type of physical abuse-Specified	36,6	66,7	61,9	55,2	54,1	57,1	52,0	54,1	44,9	62,3	56,5	54,7
Spanking	24,4	31,0	28,6	28,0	27,0	25,7	26,0	26,2	25,6	28,6	27,2	27,1
Slapping/Beating	22,0	23,8	23,8	23,2	27,0	25,7	28,0	27,0	24,4	24,7	26,1	25,1
"Beat-up"	14,6	16,7	23,8	18,4	8,1	25,7	24,0	19,7	11,5	20,8	23,9	19,0
Pushing/Kicking/Throwing	9,8	9,5	23,8	14,4	13,5	14,3	10,0	12,3	11,5	11,7	16,3	13,4
Hitting with an object	7,3	7,1	19,0	11,2	13,5	5,7	12,0	10,7	10,3	6,5	15,2	10,9
Grabbing/Shaking	4,9	7,1	16,7	9,6	5,4	14,3	10,0	9,8	5,1	10,4	13,0	9,7
Hitting on head	2,4	9,5	16,7	9,6	8,1	8,6	6,0	7,4	5,1	9,1	10,9	8,5
Hair pulling	2,4	2,4	11,9	5,6	5,4	2,9	8,0	5,7	3,8	2,6	9,8	5,7
Twisting ears	2,4	4,8	7,1	4,8	2,7	2,9	8,0	4,9	2,6	3,9	7,6	4,9
Locking up	2,4	2,4	2,4	2,4	13,5	5,7	4,0	7,4	7,7	3,9	3,3	4,9
Forcing to hold painful position	0,0	2,4	4,8	2,4	2,7	5,7	10,0	6,6	1,3	3,9	7,6	4,5
Pinching	0,0	2,4	4,8	2,4	2,7	2,9	6,0	4,1	1,3	2,6	5,4	3,2
Threatening with a knife or gun	0,0	2,4	0,0	0,8	0,0	0,0	10,0	4,1	0,0	1,3	5,4	2,4
Burning/Scalding	2,4	2,4	0,0	1,6	5,4	0,0	2,0	2,5	3,8	1,3	1,1	2,0
Tying up or tying to something	2,4	4,8	2,4	3,2	0,0	0,0	2,0	0,8	1,3	2,6	2,2	2,0
Choking/Smothering/Squeezing Neck	0,0	0,0	0,0	0,0	0,0	0,0	4,0	1,6	0,0	0,0	2,2	0,8
Stabbing/Shooting	0,0	0,0	0,0	0,0	0,0	0,0	4,0	1,6	0,0	0,0	2,2	0,8
Biting	0,0	0,0	0,0	0,0	0,0	0,0	2,0	0,8	0,0	0,0	1,1	0,4
Forcing Spicy Foods	0,0	0,0	2,4	0,8	0,0	0,0	0,0	0,0	0,0	0,0	1,1	0,4
Severity of Injury- Unspecified	85,4	83,3	78,6	82,4	75,7	85,7	80,0	80,3	80,8	84,4	79,3	81,4
Severity of Injury- Specified	14,6	16,7	21,4	17,6	24,3	14,3	20,0	19,7	19,2	15,6	20,7	18,6
No Injury	2,4	2,4	9,5	4,8	2,7	8,6	4,0	4,9	2,6	5,2	6,5	4,9
Minor	14,6	11,9	14,3	13,6	18,9	11,4	20,0	17,2	16,7	11,7	17,4	15,4
Moderate	2,4	7,1	7,1	5,6	8,1	2,9	6,0	5,7	5,1	5,2	6,5	5,7
Severe	0,0	2,4	4,8	2,4	8,1	0,0	4,0	4,1	3,8	1,3	4,3	3,2
Life threatening	0,0	0,0	0,0	0,0	0,0	0,0	4,0	1,6	0,0	0,0	2,2	0,8
Nature of Injury- Unspecified	87,5	87,8	81,6	85,7	77,8	96,9	85,4	86,2	82,9	91,8	83,7	86,0
Nature of Injury- Specified	12,5	12,2	18,4	14,3	22,2	3,1	14,6	13,8	17,1	8,2	16,3	14,0
Bruise	9,8	7,1	9,5	8,8	18,9	2,9	12,0	11,5	14,1	5,2	10,9	10,1
Cute/Bite/Open wound	0,0	2,4	0,0	0,8	0,0	0,0	8,0	3,3	0,0	1,3	4,3	2,0
Burn	2,4	2,4	0,0	1,6	5,4	0,0	2,0	2,5	3,8	1,3	1,1	2,0
Fracture	0,0	0,0	4,8	1,6	0,0	0,0	4,0	1,6	0,0	0,0	4,3	1,6
Organs system injury	0,0	0,0	2,4	0,8	2,7	0,0	4,0	2,5	1,3	0,0	3,3	1,6
Concussion	0,0	2,4	0,0	0,8	0,0	0,0	4,0	1,6	0,0	1,3	2,2	1,2
Sprain/Strain	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0

Table 2.1.3 Physical abuse (n=247): Frequencies of specific forms of injury and severity of injuries per gender and age (for 2010)

The incidents of physical abuse for which there is some information, 27% physical abuse involves spanking, slapping at 25% and blows to the face, ~ 20% "beating" 13% kicks, jostling and flying in> 10 % hits with objects at rates from 0.4% -10% other "regular" as choking / tightness in the throat, blows to the head, hair pulling, ear twisting, locking / limiting, forced painful posture, bites, threats with knife and / or gun, burning / scalding lacing / tying something, snatch / jerk etc.

As for the gender of children, the distribution of incidents of physical abuse does not seem to differ. Also among boys (per age) seems to be uniform. To girls, however, it seems that this type of abuse is more common at the age of 16 (versus 11 and 13).

Regarding injuries, 20% of the cases had relevant information, in half the cases recorded superficial injury, in ~ 20% moderate injury, in ~ 10% of fatal injuries and less than 3% life threatening injury. Also, in the ~ 15% reported absence of injury. The reported injuries were mainly bruises and burns at a lower frequency, open wounds and sprains / fractures.

Such information on incidents of sexual abuse were available in the records of the agencies to a greater extent than those of physical abuse cases (see Table 2.1.4). Thus, the particular form or forms of sexual abuse identified in ~ 87% of cases and, therefore, is unspecified only in 13% of cases. Of all the cases of sexual abuse at a rate ~ 21% was completed sexual activity (vaginal and / or anal) and in ~ 19% attempted sexual activity. The rates for girls were higher than those of boys in both cases (23.4% and 25% for girls and 17.1% and 8.6% for boys, respectively). For both sexes, the majority of these incidents involved 16 years old children. The most common form of sexual abuse recorded is touching and fondling genitals (58.6% of all cases), that in girls victims of sexual abuse comes in > 75% and ~ 25% in boys. Also in almost half the cases (47.5%) was recorded exposure adults genitals to children, in 43% of cases of sexual harassment, and 17.2% sexual exploitation often for profit. In the latter case the rate of girls was also almost twice than boys. As for the age of children, most incidents among boys concerned those at the age of 13, while among girls at the age of 16 respectively.

	Male				Female				Total			
	11	13	16	All	11	13	16	All	11	13	16	All
Total CAN cases identified	140	131	131	402	120	113	123	356	260	244	254	758
Total Sexual abuse cases identified	6	19	10	35	18	16	30	64	24	35	40	99
Type of Sexual abuse-Specified	50,0	94,7	100,0	88,6	77,8	87,5	90,0	85,9	70,8	91,4	92,5	86,9
Unspecified	50,0	5,3	0,0	11,4	22,2	12,5	10,0	14,1	29,2	8,6	7,5	13,1
Completed sexual activity	33,3	0,0	40,0	17,1	16,7	0,0	40,0	23,4	20,8	0,0	40,0	21,2
Attempted sexual activity	16,7	0,0	20,0	8,6	11,1	25,0	33,3	25,0	12,5	11,4	30,0	19,2
Touching/fondling genitals	66,6	5,3	40,0	25,7	50,0	93,8	83,4	76,6	54,1	45,8	62,5	58,6
Adult exposing genitals to child	33,3	68,4	40,0	54,3	27,8	68,8	40,0	43,8	29,2	68,6	40,0	47,5
Sexual exploitation	16,7	10,5	10,0	11,4	5,6	18,8	30,0	20,3	8,3	14,3	25,0	17,2
Sexual harassment	16,7	26,3	20,0	22,9	27,8	62,5	66,7	54,7	25,0	42,9	55,0	43,4

Table 2.1.4 Sexual abuse (n=99): Frequencies of specific types per gender and age (for year 2010)

For reasons that may be related to the characteristics of agencies that were provided access to the study data (see Table 2.2 and Figure 2.1), further information on incidents of psychological abuse were available for almost the overall of recorded incidents. The first observation concerns the frequent coexistence of multiple forms of psychological abuse, such as verbal abuse, terrorization, isolation, ignorance, corruption but also the presence in incidents of intimate partner violence. The most common form of psychological abuse recorded is ignorance (typically from the side of caregivers) of children and their needs (in ~ 65% of all cases).

Additionally in the 45% of cases the children either involved or witnessed intimate partner violence / domestic violence between their parents. The verbal abuse and the rejection of children through this, as well as the terrorization recorded respectively at ~ 40% and 41% of all cases. One in five children in the sample were recorded as victims of exploitation (usually by their caregivers), and had to undertake adult roles and take care for a variety of family issues (and even the children of younger age groups), 16% of children reported as corruption victims (delinquent behaviour with instructions by adults) and about 12% of children suffer isolation from their social environment (in some cases up to permanent lockdown at home).

	Male				Female				Total			
	11	13	16	All	11	13	16	All	11	13	16	All
Total CAN cases identified	140	131	131	402	120	113	123	356	260	244	254	758
Total Psychol. abuse cases identified	131	121	115	367	116	108	118	342	247	229	233	709
Type of Psychol. abuse-Specified	99,2	100	100	99,7	99,1	99,1	98,3	98,8	99,2	99,6	99,1	99,3
Unspecified	0,8	0,0	0,0	0,3	0,9	0,9	1,7	1,2	0,8	0,4	0,9	0,7
Rejection through verbal abuse	48,1	37,2	44,3	43,3	35,3	36,1	43,2	38,3	42,1	36,7	43,8	40,9
Isolation	9,2	9,9	18,3	12,3	7,8	13,0	16,9	12,6	8,5	11,4	17,6	12,4
Ignorance	58,0	67,8	72,2	65,7	62,9	61,1	66,9	63,7	60,3	64,6	69,5	64,7
Corruption	5,3	22,3	13,9	13,6	18,1	13,0	22,9	18,1	11,3	17,9	18,5	15,8
Exploitation	16,0	21,5	10,4	16,1	23,3	23,1	24,6	23,7	19,4	22,3	17,6	19,7
Terrorization	38,9	49,6	38,3	42,2	31,9	42,6	41,5	38,6	35,6	46,3	39,9	40,5
Witnessing family violence	42,0	51,2	48,7	47,1	45,7	42,6	35,6	41,2	43,7	47,2	42,1	44,3

Table 2.1.5 Psychological abuse (n=709): Frequencies of specific types per gender and age (for 2010)

In 43.8% of all cases, as already was mentioned, psychological abuse was found to coexist with various forms of neglect. And in cases of neglect, as in psychological abuse, often was found to coexist multiple forms, including physical neglect, educational neglect, medical issues, economic exploitation (usually begging) and failure in protection on multiple levels even refusal of custody and abandonment of children from their caregivers.

	Male				Female				Total			
	11	13	16	All	11	13	16	All	11	13	16	All
Total CAN cases identified	140	131	131	402	120	113	123	356	260	244	254	758
Total Neglect cases identified	105	108	118	331	94	95	105	294	199	203	223	625
Type of Neglect-Specified	99,0	100	100	99,7	97,9	98,9	99,0	98,6	98,5	99,5	99,6	99,2
Type of Neglect-Unspecified	1,0	0,0	0,0	0,3	2,1	1,1	1,0	1,4	1,5	0,5	0,4	0,8
Physical neglect	47,6	50,0	34,7	43,8	52,1	52,6	35,2	46,3	49,7	51,2	35,0	45,0
Medical neglect	35,2	37,0	33,9	35,3	33,0	44,2	25,7	34,0	34,2	40,4	30,0	34,7
Educational neglect	55,2	58,3	56,8	56,8	51,1	60,0	55,2	55,4	53,3	59,1	56,1	56,2
Economic exploitation	17,1	16,7	13,6	15,7	17,0	17,9	15,2	16,7	17,1	17,2	14,3	16,2
Failure to protect from physical harm	25,7	32,4	29,7	29,3	31,9	31,6	29,5	31,0	28,6	32,0	29,6	30,1
Failure to protect from sexual abuse	10,5	18,5	8,5	12,4	13,8	20,0	25,7	20,1	12,1	19,2	16,6	16,0
Failure provide treatment for mental problems	33,3	37,0	30,5	33,5	20,2	32,6	39,0	31,0	27,1	35,0	34,5	32,3
Permitting maladaptive/criminal behaviour	10,5	22,2	38,1	24,2	6,4	11,6	12,4	10,2	8,5	17,2	26,0	17,6
Abandonment/Refusal of custody	30,5	37,0	24,6	30,5	34,0	32,6	36,2	34,4	32,2	35,0	30,0	32,3

Table 2.1.6 Neglect (n=625): Frequencies of specific types per sex and age (for year 2010)

Regarding the various sub-types of neglect, the one that was recorded in higher frequency was educational neglect (56,2%), and it was followed by physical neglect (45%), medical neglect (35%), failure to provide treatment for mental health problems (32%), inadequate supervision and failure to protect from physical harm (30%), failure to protect from sexual abuse (16%), economic exploitation of the children (16%), permitting maladaptive/criminal behaviour (17%), and refusal of custody or/and abandonment (32%).

As far as the gender of the children is concerned, in most neglect types there is no substantial differentiation observed. The failure to protect from sexual abuse cases and the abandonment/refusal of custody cases however, seem to touch girls more than boys (percentages of girls 20,1% and 34,4% while of boys 12,4% and 30,5% respectively). On the other hand, permitting maladaptive or/and criminal behaviour seems to concern mostly boys compared to girls (24,2% against 10,2% respectively), a fact that is possibly related to stereotypical perceptions on gender roles (boys freer and more independent than girls).

As for the age of the children, it seems that the various types of neglect are more usual among children of 13 and 16 years of both genders and somewhat less usual among 11 year old children. Both in boys and in girls, the highest frequency is found in educational neglect, in children of 13 years (58,6% and 60% of all cases respectively).

C.2.2. Characteristics of children-victims of Abuse and Neglect

The characteristics that were searched and are illustrated in Table 2.2.1. regard the educational status of the children, whether they work or not, whether they confront education, behaviour or substance abuse-related problems and what their health conditions are.

	All forms of Maltreatment (n=758)											
	male				Female				Total			
	11	13	16	All	11	13	16	All	11	13	16	All
Total CAN cases	140	131	131	402	120	113	123	356	260	244	254	758
Educational status												
Unspecified	19	17	21	57	16	20	18	54	35	37	39	111
Not attending school at all	11	17	4	32	11	12	5	28	22	29	9	60
Dropped out	3	7	20	30	2	3	20	25	5	10	40	55
Attends school	107	90	86	283	91	78	80	249	198	168	166	532
Work status												
Unspecified	32	32	41	105	25	32	36	93	57	64	77	198
Not working	93	74	66	233	73	61	61	195	166	135	127	428
Working domestic/ unpaid	3	12	3	18	7	13	8	28	10	25	11	46
Working salaried work	14	19	19	52	13	12	17	42	27	31	36	94
Education-related problems												
Unspecified	42	47	40	129	48	54	51	153	90	101	91	282
None	20	15	13	48	21	13	20	54	41	28	33	102
Learning disability	37	34	18	89	28	22	14	64	65	56	32	153
Specialized education class	10	13	12	35	7	7	6	20	17	20	18	55
Irregular school attendance	17	29	41	87	18	21	27	66	35	50	68	153
Behaviour-related problems												
Unspecified	56	43	34	133	56	48	38	142	112	91	72	275
None	29	12	7	48	15	19	19	53	44	31	26	101
Problems in school	32	32	36	100	12	20	24	56	44	52	60	156
Problems in home	30	50	41	121	27	24	32	83	57	74	73	204
Violent behaviour	21	27	37	85	9	10	14	33	30	37	51	118
Bullying	8	7	13	28	3	1	2	6	11	8	15	34
Self-harming behaviour	1	3	4	8	2	3	8	13	3	6	12	21
Running away	6	13	12	31	3	10	24	37	9	23	36	68
Negative peer involvement	9	15	28	52	8	8	16	32	17	23	44	84
Inappropriate sexual behaviour	1	3	9	13	7	7	19	33	8	10	28	46
Criminal involvement	10	24	40	74	5	7	12	24	15	31	52	98
Substance abuse problems												
Unspecified	5	9	20	34	5	10	9	24	10	19	29	58
None	67	36	36	139	47	50	42	139	114	86	78	278
Drug abuse	0	3	12	15	1	4	5	10	1	7	17	25
Alcohol abuse	0	0	0	0	0	1	3	4	0	1	3	4
Diagnosed Disabilities												
Unspecified	46	57	45	148	54	55	46	155	100	112	91	303
None	40	21	25	86	38	28	34	100	78	49	59	186
Physical handicap	18	14	12	44	6	9	11	26	24	23	23	70
Visual-hear-speech impairment	10	9	6	25	6	4	1	11	16	13	7	36
Impaired cognitive functioning	17	18	22	57	11	11	9	31	28	29	31	88
Psychiatric disorder	21	18	22	61	8	9	13	30	29	27	35	91

Table 2.2.1 Child-CAN victim characteristics per age and gender

Information about the educational level of the children was available in the agencies records for about 85% of the cases (for the rest 15% it was unclear). Seven out of ten children in the total of the cases attend school, 7,3% has dropped out of school and 7,9% has never attended school. There doesn't seem to exist a differentiation among children as far as their gender is concerned, while regarding their age, the 16 year old children that have dropped out of school (~15% for boys and girls) are obviously more than the younger

children. On the other hand, children of 11 and, mostly, 13 years, are the ones with the major frequency of never having attended school.

As far as their work status is concerned, available information regards almost 75% of the children that constitute the research sample. It seems that in their majority, children don't work (>55% of all cases), although for 6,1% and 12,4% it has been recorded that children work either in the house (unpaid) or in salaried work respectively. In the last two cases, there mostly belong children that are >13 years old. As for the gender of the children, it seems that girls are occupied in domestic unpaid work more than boys (10,2% against 4,5%) and, in reverse, boys have salaried jobs more often than girls do (13% against 12%).

Only in 60% of the cases there was available information on children's education-related problems (for those who are involved in the educational system) and according to the records, 1 in 6 children seems to have no such problems. From the rest of the children, for whom there exists respective information, for >30% it is referred that they confront learning disabilities and for >30% that they don't attend school regularly. Moreover, 12% of the children attend a specialized class.

Regarding the behaviour-related problems, available information also concern almost 65% of the cases. Of the total of the children, according to the recorded data, ~13% have no such problems. The behavioural problems that are mentioned are mostly related to domestic environment (26%) and school environment (20%), to violent behaviour (16%) and criminal involvement (13%), to negative peer involvement (11%), running away from home (9%), inappropriate sexual behaviour (6%), bullying (4,5%) and self-harming behaviour (2,8%).

As for the gender, most behaviour-related problems seem to be more often among boys (mostly violent behaviour, criminal involvement and negative peer involvement) and only specific behaviours are often presented among girls (like running away from home, inappropriate sexual behaviour and self-harming). Regarding the age of the children, it seems that so for boys as for girls the same pattern prevails, according to which, the behaviour-related problems increase as the age increases and, therefore, 16 year old children seem to have more problems compared to those that are 11 and 13 years old. A potential interpretation on this observation might be the nature of that particular age itself, while children in adolescence are by definition more reactionary or, in other words, more difficult to comply and their behaviours can be taken as "problematic", while in reality they might not be so.

Substance abuse, at least for 45% of the cases on which there exists relevant information, does not seem to be usual among children of the sample. The few incidents that have been reported (3,7% for the boys and 3,8% for the girls of the total of children on alcohol and drug abuse) mostly concern the age of 16 and more seldom of 13, while no incident of 11 year old children recorded.

Finally, interesting is the finding that only for 60% of the cases there was information on the children's health conditions recorded in the agencies. In a percentage of 40% (half the girls and 1/3 of the boys) according to the records had no health problems (physical and mental, disability etc). In 15% of the cases, however (17% for the boys and 13% for the girls) physical handicap or/and illness was reported, in 8% (~10% for the boys and 5,5% for the girls) vision, hearing or speech impairment, in 19% (~22,5% and 15,5% for boys and girls respectively) impaired cognitive functioning and in 20% (24% and 15% for boys and girls respectively) psychiatric disorder. The age of the children does not seem to differentiate the distribution of health problems of the sample's children for either gender.

	All forms of Maltreatment (n=758)											
	male				Female				Total			
	11	13	16	All	11	13	16	All	11	13	16	All
Total CAN cases	140	131	131	402	120	113	123	356	260	244	254	758
Educational status												
Unspecified	13,6	13,0	16,0	14,2	13,3	17,7	14,6	15,2	13,5	15,2	15,4	14,6
Not attending school at all	7,9	13,0	3,1	8,0	9,2	10,6	4,1	7,9	8,5	11,9	3,5	7,9
Dropped out	2,1	5,3	15,3	7,5	1,7	2,7	16,3	7,0	1,9	4,1	15,7	7,3
Attends school	76,4	68,7	65,6	70,4	75,8	69,0	65,0	69,9	76,2	68,9	65,4	70,2
Work status												
Unspecified	22,9	24,4	31,3	26,1	20,8	28,3	29,3	26,1	21,9	26,2	30,3	26,1
Not working	66,4	56,5	50,4	58,0	60,8	54,0	49,6	54,8	63,8	55,3	50,0	56,5
Working domestic/ unpaid	2,1	9,2	2,3	4,5	5,8	11,5	6,5	7,9	3,8	10,2	4,3	6,1
Working salaried work	10,0	14,5	14,5	12,9	10,8	10,6	13,8	11,8	10,4	12,7	14,2	12,4
Education-related problems												
Unspecified	30,0	35,9	30,5	32,1	40,0	47,8	41,5	43,0	34,6	41,4	35,8	37,2
None	14,3	11,5	9,9	11,9	17,5	11,5	16,3	15,2	15,8	11,5	13,0	13,5
Learning disability	26,4	26,0	13,7	22,1	23,3	19,5	11,4	18,0	25,0	23,0	12,6	20,2
Specialized education class	7,1	9,9	9,2	8,7	5,8	6,2	4,9	5,6	6,5	8,2	7,1	7,3
Irregular school attendance	12,1	22,1	31,3	21,6	15,0	18,6	22,0	18,5	13,5	20,5	26,8	20,2
Behaviour-related problems												
Unspecified	40,0	32,8	26,0	33,1	46,7	42,5	30,9	39,9	43,1	37,3	28,3	36,3
None	20,7	9,2	5,3	11,9	12,5	16,8	15,4	14,9	16,9	12,7	10,2	13,3
Problems in school	22,9	24,4	27,5	24,9	10,0	17,7	19,5	15,7	16,9	21,3	23,6	20,6
Problems in home	21,4	38,2	31,3	30,1	22,5	21,2	26,0	23,3	21,9	30,3	28,7	26,9
Violent behaviour	15,0	20,6	28,2	21,1	7,5	8,8	11,4	9,3	11,5	15,2	20,1	15,6
Bullying	5,7	5,3	9,9	7,0	2,5	0,9	1,6	1,7	4,2	3,3	5,9	4,5
Self-harming behaviour	0,7	2,3	3,1	2,0	1,7	2,7	6,5	3,7	1,2	2,5	4,7	2,8
Running away	4,3	9,9	9,2	7,7	2,5	8,8	19,5	10,4	3,5	9,4	14,2	9,0
Negative peer involvement	6,4	11,5	21,4	12,9	6,7	7,1	13,0	9,0	6,5	9,4	17,3	11,1
Inappropriate sexual behaviour	0,7	2,3	6,9	3,2	5,8	6,2	15,4	9,3	3,1	4,1	11,0	6,1
Criminal involvement	7,1	18,3	30,5	18,4	4,2	6,2	9,8	6,7	5,8	12,7	20,5	12,9
Substance abuse problems												
Unspecified	48,6	65,6	57,3	57,0	56,7	46,9	57,7	53,9	52,3	57,0	57,5	55,5
None	47,9	27,5	27,5	34,6	39,2	44,2	34,1	39,0	43,8	35,2	30,7	36,7
Drug abuse	0,0	2,3	9,2	3,7	0,8	3,5	4,1	2,8	0,4	2,9	6,7	3,3
Alcohol abuse	0,0	0,0	0,0	0,0	0,0	0,9	2,4	1,1	0,0	0,4	1,2	0,5
Diagnosed Disabilities												
Unspecified	32,9	43,5	34,4	36,8	45,0	48,7	37,4	43,5	38,5	45,9	35,8	40,0
None	28,6	16,0	19,1	21,4	31,7	24,8	27,6	28,1	30,0	20,1	23,2	24,5
Physical handicap	12,9	10,7	9,2	10,9	5,0	8,0	8,9	7,3	9,2	9,4	9,1	9,2
Visual-hear-speech impairment	7,1	6,9	4,6	6,2	5,0	3,5	0,8	3,1	6,2	5,3	2,8	4,7
Impaired cognitive functioning	12,1	13,7	16,8	14,2	9,2	9,7	7,3	8,7	10,8	11,9	12,2	11,6
Psychiatric disorder	15,0	13,7	16,8	15,2	6,7	8,0	10,6	8,4	11,2	11,1	13,8	12,0

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

In tables 2.2.2 to 2.2.5 are illustrated the characteristics of children-victims for each type of Abuse and Neglect separately (though in reality, given the multiple types of abuse, the characteristics of the same children appear in more than one type of abuse).

Starting with physical abuse, we observe that children in their majority go to school, do not work, have mostly learning disabilities and don't attend school regularly, problems concerning their behaviour are identified mainly in domestic and school environment, where they show violent behaviour, do not confront particular substance abuse problems (although the percentage of substance use is almost equal to the total sample of the study) and the main problems of their health are impaired cognitive functioning, psychiatric disorders and physical illnesses or/and disabilities. Namely, it looks like the characteristics of children that are victims of physical abuse don't differentiate from the characteristics of the children of the sample in total.

	Physical Abuse (n=247)											
	male				Female				Total			
	11	13	16	All	11	13	16	All	11	13	16	All
Total Physical abuse cases	41	42	42	125	37	35	50	122	78	77	92	247
Educational status												
Unspecified	9,8	11,9	9,5	10,4	5,4	11,4	8,0	8,2	7,7	11,7	8,7	9,3
Not attending school at all	14,6	23,8	7,1	15,2	8,1	11,4	4,0	7,4	11,5	18,2	5,4	11,3
Dropped out	2,4	2,4	19,0	8,0	0,0	5,7	20,0	9,8	1,3	3,9	19,6	8,9
Attends school	73,2	61,9	64,3	66,4	86,5	71,4	68,0	74,6	79,5	66,2	66,3	70,4
Work status												
Unspecified	17,1	23,8	28,6	23,2	13,5	31,4	20,0	21,3	15,4	27,3	23,9	22,3
Not working	63,4	45,2	50,0	52,8	64,9	42,9	44,0	50,0	64,1	44,2	46,7	51,4
Working domestic/ unpaid	2,4	21,4	2,4	8,8	10,8	11,4	12,0	11,5	6,4	16,9	7,6	10,1
Working salaried work	17,1	26,2	16,7	20,0	10,8	20,0	24,0	18,9	14,1	23,4	20,7	19,4
Education-related problems												
Unspecified	17,1	40,5	21,4	26,4	37,8	45,7	36,0	39,3	26,9	42,9	29,3	32,8
None	19,5	16,7	4,8	13,6	8,1	5,7	14,0	9,8	14,1	11,7	9,8	11,7
Learning disability	36,6	19,0	16,7	24,0	40,5	20,0	8,0	21,3	38,5	19,5	12,0	22,7
Specialized education class	9,8	7,1	7,1	8,0	10,8	5,7	4,0	6,6	10,3	6,5	5,4	7,3
Irregular school attendance	7,3	19,0	38,1	21,6	10,8	22,9	30,0	22,1	9,0	20,8	33,7	21,9
Behaviour-related problems												
Unspecified	29,3	19,0	31,0	26,4	32,4	37,1	22,0	29,5	30,8	27,3	26,1	27,9
None	17,1	2,4	0,0	6,4	10,8	14,3	12,0	12,3	14,1	7,8	6,5	9,3
Problems in school	24,4	28,6	31,0	28,0	13,5	20,0	24,0	19,7	19,2	24,7	27,2	23,9
Problems in home	31,7	59,5	40,5	44,0	35,1	25,7	42,0	35,2	33,3	44,2	41,3	39,7
Violent behaviour	22,0	28,6	40,5	30,4	18,9	11,4	22,0	18,0	20,5	20,8	30,4	24,3
Bullying	2,4	7,1	11,9	7,2	8,1	0,0	2,0	3,3	5,1	3,9	6,5	5,3
Self-harming behaviour	2,4	2,4	2,4	2,4	2,7	2,9	8,0	4,9	2,6	2,6	5,4	3,6
Running away	7,3	21,4	16,7	15,2	5,4	14,3	28,0	17,2	6,4	18,2	22,8	16,2
Negative peer involvement	12,2	16,7	19,0	16,0	16,2	11,4	18,0	15,6	14,1	14,3	18,5	15,8
Inappropriate sexual	0,0	4,8	7,1	4,0	13,5	2,9	18,0	12,3	6,4	3,9	13,0	8,1
Criminal involvement	9,8	38,1	26,2	24,8	8,1	11,4	18,0	13,1	9,0	26,0	21,7	19,0
Substance abuse problems												
Unspecified	41,5	69,0	61,9	57,6	51,4	48,6	54,0	51,6	46,2	59,7	57,6	54,7
None	51,2	23,8	26,2	33,6	43,2	42,9	36,0	40,2	47,4	32,5	31,5	36,8
Drug abuse	0,0	4,8	11,9	5,6	2,7	2,9	8,0	4,9	1,3	3,9	9,8	5,3
Alcohol abuse	0,0	0,0	0,0	0,0	0,0	0,0	2,0	0,8	0,0	0,0	1,1	0,4
Diagnosed Disabilities												
Unspecified	31,7	42,9	31,0	35,2	29,7	45,7	36,0	36,9	30,8	44,2	33,7	36,0
None	29,3	9,5	16,7	18,4	29,7	28,6	28,0	28,7	29,5	18,2	22,8	23,5
Physical handicap	14,6	14,3	7,1	12,0	8,1	8,6	12,0	9,8	11,5	11,7	9,8	10,9
Visual-hear-speech	4,9	7,1	7,1	6,4	10,8	2,9	0,0	4,1	7,7	5,2	3,3	5,3
Impaired cognitive functioning	14,6	16,7	14,3	15,2	21,6	11,4	6,0	12,3	17,9	14,3	9,8	13,8
Psychiatric disorder	12,2	16,7	19,0	16,0	8,1	8,6	12,0	9,8	10,3	13,0	15,2	13,0

Table 2.2.2 Relative frequencies of characteristics of the children-physical abuse victims

As far as the children-sexual abuse victims are concerned, which constitute the smallest group among the children that were studied, about 6 out of 10 attend school and approximately 3 out of 10 have never attended school or have dropped out (mostly the ones of older age of both genders), 4 out of 10 don't work and another 4 out of 10 do work (most of them are 16 years old and work salaried), while for two in ten the information is not available. As for education-related problems, in 40% of the cases there is no recorded information, while for the rest of the children mostly the ones that are 11 years old of both genders, learning disabilities are mentioned and for the ones that are 16 years old irregular school attendance (especially for 16 year-old boys the percentage increases to 60%). About 1 out of 10 children of both genders and all three ages attend a specialized class, while for 13% of all children it is mentioned that they don't have any problem related to education.

	Sexual Abuse (n=99)											
	male				Female				Total			
	11	13	16	All	11	13	16	All	11	13	16	All
Total Sexual abuse cases	6	19	10	35	18	16	30	64	24	35	40	99
Educational status												
Unspecified	16,7	26,3	10,0	20,0	5,6	25,0	10,0	12,5	8,3	25,7	10,0	15,2
Not attending school at all	0,0	31,6	10,0	20,0	16,7	18,8	6,7	12,5	12,5	25,7	7,5	15,2
Dropped out	0,0	0,0	20,0	5,7	0,0	0,0	33,3	15,6	0,0	0,0	30,0	12,1
Attends school	83,3	42,1	60,0	54,3	77,8	56,3	50,0	59,4	79,2	48,6	52,5	57,6
Work status												
Unspecified	33,3	31,6	20,0	28,6	16,7	25,0	20,0	20,3	20,8	28,6	20,0	23,2
Not working	66,7	26,3	40,0	37,1	50,0	56,3	36,7	45,3	54,2	40,0	37,5	42,4
Working domestic/ unpaid	0,0	31,6	10,0	20,0	16,7	18,8	13,3	15,6	12,5	25,7	12,5	17,2
Working salaried work	0,0	42,1	30,0	31,4	16,7	12,5	30,0	21,9	12,5	28,6	30,0	25,3
Education-related problems												
Unspecified	16,7	63,2	0,0	37,1	33,3	62,5	36,7	42,2	29,2	62,9	27,5	40,4
None	33,3	5,3	20,0	14,3	22,2	12,5	6,7	12,5	25,0	8,6	10,0	13,1
Learning disability	33,3	15,8	10,0	17,1	38,9	12,5	6,7	17,2	37,5	14,3	7,5	17,2
Specialized education class	16,7	15,8	10,0	14,3	11,1	12,5	6,7	9,4	12,5	14,3	7,5	11,1
Irregular school attendance	16,7	10,5	60,0	25,7	16,7	6,3	26,7	18,8	16,7	8,6	35,0	21,2
Behaviour-related problems												
Unspecified	16,7	26,3	20,0	22,9	27,8	43,8	13,3	25,0	25,0	34,3	15,0	24,2
None	0,0	5,3	0,0	2,9	22,2	6,3	6,7	10,9	16,7	5,7	5,0	8,1
Problems in school	33,3	5,3	30,0	17,1	16,7	18,8	26,7	21,9	20,8	11,4	27,5	20,2
Problems in home	16,7	15,8	20,0	17,1	33,3	37,5	36,7	35,9	29,2	25,7	32,5	29,3
Violent behaviour	33,3	15,8	40,0	25,7	16,7	6,3	13,3	12,5	20,8	11,4	20,0	17,2
Bullying	0,0	0,0	10,0	2,9	16,7	0,0	0,0	4,7	12,5	0,0	2,5	4,0
Self-harming behaviour	0,0	0,0	0,0	0,0	5,6	0,0	10,0	6,3	4,2	0,0	7,5	4,0
Running away	0,0	5,3	10,0	5,7	5,6	0,0	36,7	18,8	4,2	2,9	30,0	14,1
Negative peer involvement	33,3	10,5	0,0	11,4	5,6	25,0	20,0	17,2	12,5	17,1	15,0	15,2
Inappropriate sexual behaviour	0,0	0,0	10,0	2,9	22,2	12,5	40,0	28,1	16,7	5,7	32,5	19,2
Criminal involvement	16,7	36,8	10,0	25,7	11,1	12,5	23,3	17,2	12,5	25,7	20,0	20,2
Substance abuse problems												
Unspecified	16,7	73,7	50,0	57,1	50,0	56,3	60,0	56,3	41,7	65,7	57,5	56,6
None	83,3	26,3	30,0	37,1	38,9	37,5	30,0	34,4	50,0	31,4	30,0	35,4
Drug abuse	0,0	0,0	10,0	2,9	0,0	6,3	3,3	3,1	0,0	2,9	5,0	3,0
Alcohol abuse	0,0	0,0	0,0	0,0	0,0	0,0	3,3	1,6	0,0	0,0	2,5	1,0
Diagnosed Disabilities												
Unspecified	33,3	63,2	10,0	42,9	16,7	50,0	23,3	28,1	20,8	57,1	20,0	33,3
None	0,0	0,0	40,0	11,4	38,9	18,8	30,0	29,7	29,2	8,6	32,5	23,2
Physical handicap	16,7	10,5	10,0	11,4	11,1	6,3	3,3	6,3	12,5	8,6	5,0	8,1
Visual-hear-speech impairment	0,0	15,8	0,0	8,6	5,6	6,3	0,0	3,1	4,2	11,4	0,0	5,1
Impaired cognitive functioning	16,7	10,5	20,0	14,3	16,7	6,3	13,3	12,5	16,7	8,6	15,0	13,1
Psychiatric disorder	50,0	0,0	10,0	11,4	16,7	6,3	13,3	12,5	25,0	2,9	12,5	12,1

Table C.2.2.3 Children-sexual abuse victims' characteristics

Regarding the behaviour-related problems, for 20% of the cases there isn't sufficient information. In a percentage of 20%-30% it is reported that children have problems at school and at home and they develop criminal behaviour. In percentages that range from 10% to 20%, the recorded data indicate children's violent behaviour (mostly boys), running away from home (mostly girls) and negative peer involvement (mostly girls of age 13 and 16). In percentages less than 10% of the children's-sexual abuse victims total, there are indicated incidents of self-harming behaviour (also mostly girls) and bullying (mostly boys). Approximately 8% of the children don't seem to develop any particular problem in their behaviour, while in very few cases (<3%) substance (drugs and alcohol) abuse has been recorded, although for 56,7% of the children relevant information has not been recorded. Finally, as far as their health condition is concerned, for >30% of children-sexual abuse victims there are no recorded data, while for 23% it is referred that they don't have any physical or mental health problem. For 12% of the children, on the other hand, there has been recorded the existence

of a psychiatric disorder, for 13% impaired cognitive functioning, for 8% physical handicap or chronic illness and for 5% vision, hearing or/and speech impairments.

Children-psychological abuse victims constitute the major group among the children that were recorded in the context of the study, maybe because the children that underlie physical and sexual abuse or severe neglect, are automatically subjected to various forms of psychological abuse.

	Psychological Abuse (n=709)											
	male				Female				Total			
	11	13	16	All	11	13	16	All	11	13	16	All
Total Psychological abuse cases	131	121	115	367	116	108	118	342	247	229	233	709
Educational status												
Unspecified	11,5	13,2	14,8	13,1	12,1	17,6	15,3	14,9	11,7	15,3	15,0	14,0
Not attending school at all	8,4	13,2	3,5	8,4	9,5	10,2	3,4	7,6	8,9	11,8	3,4	8,0
Dropped out	2,3	5,8	16,5	7,9	1,7	2,8	16,1	7,0	2,0	4,4	16,3	7,5
Attends school	77,9	67,8	65,2	70,6	76,7	69,4	65,3	70,5	77,3	68,6	65,2	70,5
Work status												
Unspecified	19,8	24,0	28,7	24,0	20,7	27,8	30,5	26,3	20,2	25,8	29,6	25,1
Not working	70,2	56,2	27,8	52,3	61,2	53,7	50,0	55,0	66,0	55,0	39,1	53,6
Working domestic/ unpaid	2,3	9,1	2,6	4,6	6,0	12,0	6,8	8,2	4,0	10,5	4,7	6,3
Working salaried work	9,9	15,7	14,8	13,4	11,2	11,1	13,6	12,0	10,5	13,5	14,2	12,7
Education-related problems												
Unspecified	28,2	36,4	35,7	33,2	39,7	47,2	42,4	43,0	33,6	41,5	39,1	37,9
None	15,3	12,4	11,3	13,1	17,2	12,0	16,1	15,2	16,2	12,2	13,7	14,1
Learning disability	27,5	24,8	14,8	22,6	24,1	18,5	11,0	17,8	25,9	21,8	12,9	20,3
Specialized education class	6,9	8,3	9,6	8,2	6,0	5,6	4,2	5,3	6,5	7,0	6,9	6,8
Irregular school attendance	12,2	21,5	34,8	22,3	14,7	18,5	22,9	18,7	13,4	20,1	28,8	20,6
Behaviour-related problems												
Unspecified	39,7	33,1	26,1	33,2	45,7	40,7	30,5	38,9	42,5	36,7	28,3	36,0
None	21,4	8,3	5,2	12,0	12,9	17,6	15,3	15,2	17,4	12,7	10,3	13,5
Problems in school	22,1	23,1	27,8	24,3	10,3	17,6	19,5	15,8	16,6	20,5	23,6	20,2
Problems in home	21,4	38,0	33,9	30,8	22,4	21,3	26,3	23,4	21,9	30,1	30,0	27,2
Violent behaviour	15,3	19,8	29,6	21,3	6,9	9,3	11,0	9,1	11,3	14,8	20,2	15,4
Bullying	4,6	5,0	9,6	6,3	2,6	0,9	1,7	1,8	3,6	3,1	5,6	4,1
Self-harming behaviour	0,8	1,7	3,5	1,9	1,7	2,8	5,1	3,2	1,2	2,2	4,3	2,5
Running away	3,8	10,7	10,4	8,2	2,6	9,3	20,3	10,8	3,2	10,0	15,5	9,4
Negative peer involvement	6,9	10,7	22,6	13,1	6,9	7,4	13,6	9,4	6,9	9,2	18,0	11,3
Inappropriate sexual behaviour	0,8	2,5	7,0	3,3	6,0	5,6	16,1	9,4	3,2	3,9	11,6	6,2
Criminal involvement	7,6	19,0	27,0	17,4	4,3	6,5	10,2	7,0	6,1	13,1	18,5	12,4
Substance abuse problems												
Unspecified	45,8	66,1	53,9	55,0	56,9	46,3	57,6	53,8	51,0	56,8	55,8	54,4
None	50,4	27,3	29,6	36,2	38,8	44,4	34,7	39,2	44,9	35,4	32,2	37,7
Drug abuse	0,0	2,5	10,4	4,1	0,9	3,7	4,2	2,9	0,4	3,1	7,3	3,5
Alcohol abuse	0,0	0,0	0,0	0,0	0,9	0,0	2,5	1,2	0,4	0,0	1,3	0,6
Diagnosed Disabilities												
Unspecified	32,1	43,8	30,4	35,4	44,0	48,1	37,3	43,0	37,7	45,9	33,9	39,1
None	29,8	16,5	20,9	22,6	31,9	25,9	28,8	28,9	30,8	21,0	24,9	25,7
Physical handicap	13,0	10,7	9,6	11,2	5,2	8,3	8,5	7,3	9,3	9,6	9,0	9,3
Visual-hear-speech impairment	7,6	6,6	4,3	6,3	5,2	3,7	0,8	3,2	6,5	5,2	2,6	4,8
Impaired cognitive functioning	12,2	13,2	18,3	14,4	9,5	8,3	7,6	8,5	10,9	10,9	12,9	11,6
Psychiatric disorder	13,7	13,2	17,4	14,7	6,9	8,3	9,3	8,2	10,5	10,9	13,3	11,6

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

Seven out of ten children-psychological abuse victims attend school, 7,5% have dropped out of school and 8% have never been involved in the educational system. In 12,7% of the total, children are occupied in salaried work, while 6,3% work in the house. Approximately 14% don't confront any particular problem at school, 2 out of 10 have some learning disability, 2 out of 10 do not attend school regularly and 6,6% attend a specialized class. For about 40% of the children there is no information related to their educational status. An equivalent percentage of inadequate register is noticed regarding the children's behaviour-related problems (36%). For the rest of the children, in 14% it has been recorded that they don't have a particular behavioural problem and in percentages <10% incidents of running away from home, inappropriate sexual behaviour, bullying and self-harming have been recorded. In larger percentages, however, there have been reported behaviours such as negative peer involvement (11,3%), criminal involvement (12,4%), violent behaviour and aggressiveness (15,4%), problems at school (20,2%) and problems at home (27,2%). In a minor percentage (0,6%) alcohol abuse was mentioned and in 3,5% other substance abuse (for 37,7% of the children there was the information that they have no substance abuse problems and for 54,4% relevant information did not exist).

Finally, regarding their health conditions, in 40% of the cases there was no relevant information in the archives of the agencies. For 9,3% of the cases it was reported that they didn't confront any health or mental health problem, while for 11,6% it was recorded that they had been diagnosed with some psychiatric disorder, for equal percentage that they confronted some kind of cognitive functioning impairment and for 4,6% vision, hearing or/and speech impairment.

The distribution of children-psychological abuse victims seems to be relatively uniform as far as the gender and age are concerned. Children of older age (16 years old) have dropped out of school or don't attend school regularly by larger percentage than the younger children, and in reverse, younger children (11 years old) appear to have more education-related problems (like learning disabilities) compared to the older ones. Regarding the gender, in most cases boys seem to confront problems at home and at school by larger percentage compared to girls and they develop in larger percentages behaviours like aggressiveness, bullying, negative peer involvement and criminal involvement. For girls, on the other hand, there have been recorded larger percentages of incidents of running away from home, of self-harming and of inappropriate sexual behaviour.

Children-neglect victims that were recorded in agencies' archives in the year 2010 consist almost 80% of the children that were recorded in total in the context of the study, as very often neglect coexisted along with other types of abuse.

Regarding the children that confront one or more types of neglect, the following features have been recorded. In a percentage of ~18% they have never attended school or have dropped out of school and in 67% they do attend school. More than 2 out of 10 work either in the house (7,2%) or in salaried work (14,7%), while 53% do not work. Approximately 23,7% of these children do not attend school regularly and 1 out of 5 has learning disabilities, while 1 out of 10 confront education-related problems. As for the behaviour-related problems, their characteristics are similar to those of children-psychological abuse victims, as in a large amount they are the same children. Finally, the same thing is noticed when it comes to problems related to substance abuse as well as to their health and mental health condition.

	Neglect (n=625)											
	male				Female				Total			
	11	13	16	All	11	13	16	All	11	13	16	All
Total Neglect cases	106	108	118	332	93	95	105	293	199	203	223	625
Educational status												
Unspecified	15,1	14,8	13,6	14,5	15,1	14,7	12,4	14,0	15,1	14,8	13,0	14,2
Not attending school at all	10,4	15,7	3,4	9,6	11,8	12,6	4,8	9,6	11,1	14,3	4,0	9,6
Dropped out	2,8	6,5	16,9	9,0	2,2	3,2	19,0	8,5	2,5	4,9	17,9	8,8
Attends school	71,7	63,0	66,1	66,9	71,0	69,5	63,8	67,9	71,4	66,0	65,0	67,4
Work status												
Unspecified	25,5	26,9	28,8	27,1	22,6	25,3	30,5	26,3	24,1	26,1	29,6	26,7
Not working	62,3	50,9	51,7	54,8	54,8	53,7	47,6	51,9	58,8	52,2	49,8	53,4
Working domestic/ unpaid	2,8	10,2	2,5	5,1	7,5	13,7	7,6	9,6	5,0	11,8	4,9	7,2
Working salaried work	12,3	17,6	16,1	15,4	14,0	12,6	15,2	14,0	13,1	15,3	15,7	14,7
Education-related problems												
Unspecified	30,2	35,2	25,4	30,1	36,6	45,3	39,0	40,3	33,2	39,9	31,8	34,9
None	12,3	8,3	9,3	9,9	14,0	10,5	14,3	13,0	13,1	9,4	11,7	11,4
Learning disability	24,5	25,0	14,4	21,1	25,8	21,1	13,3	19,8	25,1	23,2	13,9	20,5
Specialized education class	6,6	9,3	10,2	8,7	7,5	7,4	5,7	6,8	7,0	8,4	8,1	7,8
Irregular school attendance	16,0	26,9	34,7	26,2	18,3	21,1	22,9	20,8	17,1	24,1	29,1	23,7
Behaviour-related problems												
Unspecified	48,1	31,5	22,0	33,4	45,2	42,1	30,5	38,9	46,7	36,5	26,0	36,0
None	15,1	7,4	5,1	9,0	11,8	16,8	15,2	14,7	13,6	11,8	9,9	11,7
Problems in school	24,5	25,9	29,7	26,8	10,8	16,8	21,0	16,4	18,1	21,7	25,6	21,9
Problems in home	18,9	43,5	31,4	31,3	20,4	24,2	28,6	24,6	19,6	34,5	30,0	28,2
Violent behaviour	14,2	23,1	28,8	22,3	6,5	10,5	12,4	9,9	10,6	17,2	21,1	16,5
Bullying	6,6	6,5	11,0	8,1	3,2	1,1	1,9	2,0	5,0	3,9	6,7	5,3
Self-harming behaviour	0,0	2,8	3,4	2,1	2,2	3,2	7,6	4,4	1,0	3,0	5,4	3,2
Running away	2,8	12,0	10,2	8,4	3,2	8,4	21,9	11,6	3,0	10,3	15,7	9,9
Negative peer involvement	8,5	13,9	23,7	15,7	8,6	8,4	14,3	10,6	8,5	11,3	19,3	13,3
Inappropriate sexual behaviour	0,9	2,8	6,8	3,6	6,5	7,4	14,3	9,6	3,5	4,9	10,3	6,4
Criminal involvement	8,5	22,2	33,1	21,7	5,4	7,4	10,5	7,8	7,0	15,3	22,4	15,2
Substance abuse problems												
Unspecified	52,8	66,7	55,1	58,1	55,9	45,3	55,2	52,2	54,3	56,7	55,2	55,4
None	43,4	25,0	28,0	31,9	38,7	44,2	36,2	39,6	41,2	34,0	31,8	35,5
Drug abuse	0,0	2,8	10,2	4,5	1,1	4,2	4,8	3,4	0,5	3,4	7,6	4,0
Alcohol abuse	0,0	0,0	0,0	0,0	0,0	1,1	2,9	1,4	0,0	0,5	1,3	0,6
Diagnosed Disabilities												
Unspecified	34,9	45,4	30,5	36,7	44,1	45,3	36,2	41,6	39,2	45,3	33,2	39,0
None	23,6	15,7	19,5	19,6	31,2	25,3	27,6	28,0	27,1	20,2	23,3	23,5
Physical handicap	15,1	10,2	10,2	11,7	5,4	8,4	9,5	7,8	10,6	9,4	9,9	9,9
Visual-hear-speech impairment	6,6	7,4	5,1	6,3	6,5	4,2	1,0	3,8	6,5	5,9	3,1	5,1
Impaired cognitive functioning	11,3	13,9	17,8	14,5	11,8	11,6	8,6	10,6	11,6	12,8	13,5	12,6
Psychiatric disorder	16,0	14,8	17,8	16,3	6,5	7,4	10,5	8,2	11,6	11,3	14,3	12,5

Table C.2.2.5 Relative frequencies of characteristics of neglected children

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

The information included in this section is related to the family of child-victim such as the marital status of the parents/caregivers, the number and the identities of the cohabitants, whether there are other children-victims of CAN or domestic violence of other type (such as intimate partner violence); moreover, there is information regarding the living conditions, the financial situation of the family, the sources of the family income as well as whether families suffer from financial problems.

In the Table 2.3 frequencies and relative frequencies are illustrated for each of the abovementioned characteristics of the family environment of child-victims.

As for the marital status of their parents, in almost half of the cases (49,3%) child's parents are married, ~14% are divorced, 20 out of 758 children (2,6%) live with step parents and even fewer (>0,5%) live in foster families. There is not available information for 22,4% of the children. Similarly, there is no information about the number of cohabitants; otherwise, 1 out of 5 of the children live in a household with other 3 cohabitants (often the parents and a brother or sister), 1/5 with 5 or more than five cohabitants (2/3 children of this category live in shelters with other children and ~1/3 live in families with many children, grandparents or other blood relatives), 16,2% with 2 cohabitants (parents or parent and her/his partner), 14,1% have 4 cohabitants (parents and two siblings or one sibling and a grandparent) and, finally, 6,7% of the children live with one only person (one of the parents, usually mother). In ~74% of the cases, along with the child lives also his/her mother, in almost half cases their fathers, in ~66% one or more siblings, ~10% one or more grandparents, in 4% a blood relative and in 4% the partner of one of the parents. For 43 cases (5,7%) information was not available.

Regarding the variables about the existence of other forms of domestic violence and the existence of other child-victims, the information was not available for 41,3% and 12,4% of the total cases respectively. For the rest of the cases, for 72,6% of the cases there is information for additional child-victims, and for 36,5% of the cases there was information for intimate partner violence while in fewer cases it was mentioned elderly abuse or violence among siblings (1,6% and 2,6% respectively).

Living conditions of child-victims, according to the information that was available in agencies' archives, they were adequate for 33% of the cases and non-adequate for 24% (for 43% there was information). At the 23% family income it was characterized as "very low", at 15% "low", at 19% as "moderate" and only at ~6% "high" or "very high". Again, there was no available information for 36,5% of the cases. Moreover, for more than the half of the households main source of income was full or part time job of the one or both of the parents, for ~20% social assistance and for ~5% no reliable source of income. One out of the five families, according to the available information, had not financial problems, 2 out of the five had serious financial problems while for 36% of them the information was not available.

	Form of Maltreatment									
	Physical abuse (n=247)		Sexual abuse (n=99)		Psychological abuse (n=709)		Neglect (n=625)		All forms (n=758)	
	f	%	f	%	f	%	f	%	f	%
Family Status										
Unspecified	43	17,4	26	43,4	159	3,7	132	25,4	170	22,4
Married parents	146	59,1	44	147,5	343	6,2	300	54,9	374	49,3
Divorced parents	20	8,1	9	20,2	78	1,3	71	12,5	81	10,7
Single parent family	27	10,9	14	27,3	104	2,0	101	16,6	108	14,2
Step Family	10	4,0	6	10,1	20	0,8	17	3,2	20	2,6
Foster family	0	0,0	0	0,0	3	0,0	2	0,5	3	0,4
Adoption family	1	0,4	0	1,0	2	0,0	2	0,3	2	0,3
Number of co-habitants										
Unspecified	45	18,2	27	27,3	155	21,9	150	24,0	166	21,9
1	7	2,8	9	9,1	48	6,8	42	6,7	51	6,7
2	37	15,0	13	13,1	115	16,2	97	15,5	123	16,2
3	51	20,6	15	15,2	149	21,0	113	18,1	159	21,0
4	45	18,2	11	11,1	96	13,5	85	13,6	107	14,1
>5	62	25,1	24	24,2	146	20,6	138	22,1	152	20,1
Co-habitants identity										
Unspecified	12	4,9	6	6,1	36	5,1	34	5,4	90	11,9
Mother	194	78,5	61	61,6	524	73,9	441	70,6	195	25,7
Father	142	57,5	38	38,4	342	48,2	293	46,9	120	15,8
Siblings	183	74,1	52	52,5	574	81,0	410	65,6	186	24,5
Grandparent(s)	21	8,5	10	10,1	79	11,1	71	11,4	30	4,0
Other blood/in-laws relative(s)	10	4,0	7	7,1	27	3,8	25	4,0	15	2,0
Parent's partner	14	5,7	7	7,1	30	4,2	28	4,5	30	4,0
Other CAN victims										
Unspecified	35	14,2	19	19,2	94	13,3	85	13,6	120	15,8
None	31	12,6	17	17,2	104	14,7	95	15,2	30	4,0
Siblings	181	73,3	63	63,6	511	72,1	445	71,2	150	19,8
Other types of abuse										
Unspecified	81	32,8	43	43,4	281	39,6	274	43,8	150	19,8
None	37	15,0	10	10,1	130	18,3	108	17,3	30	4,0
Intimate partner violence	122	49,4	40	40,4	273	38,5	218	34,9	90	11,9
Elderly abuse	5	2,0	4	4,0	12	1,7	10	1,6	9	1,2
Sibling abuse	13	5,3	10	10,1	18	2,5	19	3,0	21	2,8
Housing adequacy										
Unspecified	107	43,3	44	44,4	301	42,5	268	42,9	90	11,9
No	53	21,5	29	29,3	171	24,1	180	28,8	60	7,9
Yes	87	35,2	26	26,3	237	33,4	177	28,3	150	19,8
Household income										
Unspecified	91	36,8	45	45,5	248	35,0	223	35,7	105	13,9
Very low	55	22,3	22	22,2	169	23,8	166	26,6	45	5,9
Low	35	14,2	16	16,2	108	15,2	94	15,0	45	5,9
Moderate	46	18,6	8	8,1	139	19,6	111	17,8	45	5,9
High	17	6,9	7	7,1	40	5,6	27	4,3	30	4,0
Very high	3	1,2	1	1,0	5	0,7	4	0,6	30	4,0
Source of income										
Unspecified	23	9,3	12	12,1	79	11,1	75	12,0	150	19,8
No source of income	2	0,8	0	0,0	7	1,0	8	1,3	30	4,0
Full time employment	99	40,1	26	26,3	272	38,4	214	34,2	30	4,0
Part time/Seasonal employment	38	15,4	13	13,1	110	15,5	110	17,6	45	5,9
Social assistance	57	23,1	36	36,4	145	20,5	145	23,2	45	5,9
No reliable source	9	3,6	0	0,0	25	3,5	27	4,3	45	5,9
Financial problems										
Unspecified	42	17,0	20	20,2	115	16,2	102	16,3	120	15,8
No	54	21,9	16	16,2	151	21,3	114	18,2	30	4,0
Yes	107	43,3	40	40,4	311	43,9	291	46,6	150	19,8

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

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

In Table 2.4 frequencies and relative frequencies are presented about the persons who involved in the 758 CAN cases of the study as CAN perpetrators, as caregivers of child-victims and as caregivers who at the same time are responsible for child maltreatment. In this last category belong most of the persons (~55%, in their vast majority adults deriving from the family environment such as parents). On the other hand, persons who were *exclusively* perpetrators are almost 25% of the total number of involved persons; these persons according to the available information are also children's relatives than strangers who, at the moment that one of the agencies recorded the information in its archives, had no other relationship with the children. Lastly, for 20% of the involved persons were caregivers who had no involvement in the maltreatment of the children.

		Perpetrators and Caregivers			
		Perpetrators only	Perpetrators & Caregivers	Caregivers only	Total
Frequency		458	980	356	1794
%		25,5	54,6	19,8	100,0

Table C.2.4 Perpetrators and Caregivers

Further details for each one of the three groups of involved persons, such as demographics, relationship with the child, history of accusation for child maltreatment and so on are presented in the tables 2.5.1, 2.5.2 and 2.5.3 that follow.

C.2.5 Characteristics of Perpetrators and Caregivers

Characteristics of CAN Perpetrators

The first observation is that in half of the cases are two perpetrators. In one out of five cases there is only one perpetrator while at almost 30% of the cases three or more perpetrators are involved.

	Form of Maltreatment									
	Physical abuse (n=247)		Sexual abuse (n=99)		Psychological abuse (n=709)		Neglect (n=625)		All forms (n=758)	
	f	%	f	%	f	%	f	%	f	%
Perpetrators ONLY (N=458)	163	100,0	110	100,0	453	100,0	416	100,0	458	100,0
No of Perpetrators/case										
Unspecified	8	4,9	5	4,5	13	2,9	14	3,4	13	2,8
1	22	13,5	7	6,4	83	18,3	64	15,4	84	18,3
2	58	35,6	30	27,3	210	46,4	209	50,2	214	46,7
3	34	20,9	26	23,6	82	18,1	70	16,8	82	17,9
4 or more	41	25,2	42	38,2	65	14,3	59	14,2	65	14,2
Status of allegation										
Unspecified	3	1,8	0	0,0	4	0,9	4	1,0	4	0,9
Perpetrator	48	29,4	44	40,0	127	28,0	119	28,6	127	27,7
Alleged Perpetrator	112	68,7	66	60,0	322	71,1	293	70,4	327	71,4
Gender										
Unspecified	13	8,5	3	2,7	24	5,3	16	3,8	24	5,2
Male	92	56,1	73	66,4	256	56,5	231	55,5	260	56,8
Female	58	35,4	34	30,9	173	38,2	169	40,6	174	38,0
Age group										
Unspecified	55	33,7	44	40,0	147	32,5	128	30,8	147	32,1
≤ 18	13	8,0	8	7,3	19	4,2	13	3,1	19	4,1
19-24	8	4,9	7	6,4	20	4,4	18	4,3	20	4,4
25-34	15	9,2	4	3,6	42	9,3	42	10,1	42	9,2
35-44	37	22,7	19	17,3	109	24,1	105	25,2	111	24,2
45-54	23	14,1	16	14,5	73	16,1	71	17,1	74	16,2
55-64	3	1,8	5	4,5	27	6,0	25	6,0	29	6,3
>65	9	5,5	7	6,4	16	3,5	14	3,4	16	3,5
Educational Level										
Unspecified	92	56,4	69	62,7	230	50,8	213	51,2	235	51,3
Has not attended school	15	9,2	10	9,1	42	9,3	42	10,1	42	9,2
Elementary school	17	10,4	12	10,9	85	18,8	73	17,5	85	18,6
Middle School	15	9,2	7	6,4	41	9,1	36	8,7	41	9,0
High School	9	5,5	4	3,6	28	6,2	27	6,5	28	6,1
Technical School	8	4,9	6	5,5	13	2,9	13	3,1	13	2,8
University	7	4,3	2	1,8	14	3,1	12	2,9	14	3,1
Post-graduate studies	0		0		0	0,0	0	0,0	0	0,0
Employment status										
Unspecified	81	49,7	61	55,5	201	44,4	117	33,1	204	44,5
Employed	49	30,1	31	28,2	161	35,5	146	41,4	163	35,6
Unemployed	25	15,3	12	10,9	75	16,6	74	21,0	75	16,4
Retired	8	4,9	6	5,5	16	3,5	16	4,5	16	3,5
Marital Status										
Unspecified	36	22,1	36	32,7	82	18,1	78	18,8	82	17,9
Single	16	9,8	9	8,2	52	11,5	39	9,4	52	11,4
Married	58	35,6	31	28,2	158	34,9	152	36,5	161	35,2
Living together	16	9,8	14	12,7	29	6,4	27	6,5	29	6,3
Separated	15	9,2	9	8,2	61	13,5	51	12,3	63	13,8
Divorced	18	11,0	8	7,3	56	12,4	54	13,0	56	12,2
Widow/er	4	2,5	3	2,7	15	3,3	15	3,6	15	3,3
Physical-Mental Disabilities										
Unspecified	115	70,6	78	70,9	287	63,4	259	62,3	291	63,5
Specified	39	23,9	25	22,7	128	28,3	122	29,3	129	28,2
None	9	5,5	7	6,4	38	8,4	35	8,4	38	8,3
Physical handicap	5	3,1	4	3,6	24	5,3	24	5,8	24	5,2
Psychiatric Disorder	21	12,9	13	11,8	62	13,7	58	13,9	63	13,8
Impaired cognitive functioning	7	4,3	8	7,3	33	7,3	35	8,4	35	7,6
Other	36	22,1	18	16,4	84	18,5	80	19,2	84	18,3

Table C.2.5.1 Perpetrators' characteristics per form of maltreatment

To be noted at this point that all this information concern not only perpetrators but also alleged perpetrators. The criterion on the basis of which each one of the persons is classified as perpetrator or alleged perpetrator was taken on the basis of the existence of an official decision (from the court or other) who certified the accusation for child maltreatment (it is different from the one used about the substantiation of the cases, where the criterion was depended by the agency). Therefore, only the 30% of the total *exclusively* perpetrators were characterized as “perpetrators” and the rest of them as “alleged perpetrators”. These percentages are differentiated concerning sexual abuse cases, where perpetrators reach the 40%.

As for the demographics, 56% of the perpetrators are male and 38% female, while for sexual abuse perpetrators the respective percentages are 66% male and 30% females. From the available data, 25% of them belong to the age group 35-44 year old, 16,2% in the age group 45-54 year old and 9,2% to the age group 25-34 year old. One out of the ten perpetrators is single, ~35% are married, ~26% divorced and almost 6% live with their intimate partners.

Regarding their relationships to the child-victim, in their vast majority perpetrators/alleged perpetrators were child’s parents (30% mothers and 36,5% fathers). For psychological abuse and neglect cases percentages for parents-perpetrators were similar as for the total sample; for physical and sexual abuse, however, parents’ percentages were lower (~28% and 22% for mothers and fathers respectively). At 5% perpetrators were siblings, for 3,3% parents’ partners (mainly in sexual and physical abuse cases), 3% family friends (mainly in sexual abuse cases where family friends were at 12% perpetrators), and at 1% perpetrators were strangers. In total, more than 80% of the perpetrators/alleged perpetrators were persons related to the family environment and only 6% non relatives (for the rest 11% of the cases there was no information available).

Concerning their educational level, there is available information for less than the half of the perpetrators. For the remaining cases, educational level, for ~38% was graduates of primary school, 18% of middle school, 12% of high school and ~6% of university; none of them had postgraduate studies. The distribution to the educational levels was similar between perpetrators of psychological abuse and neglect, while for physical and sexual abuse (based on the available data) educational level of perpetrators was higher (more persons had graduated from high school or university).

As for their working status, 35% of perpetrators/alleged perpetrators were employed, 16,4% were unemployed (for the perpetrators of neglect percentage of unemployed was 20%) and 3,5% were pensioners. For ~55% no information was available.

For perpetrators’ health conditions, for 63,5% of the cases the information was missing. For the remaining persons, according to the recorded data in the archives of the agencies, 8,3% had no problems (related to their mental or physical health) and 28% had at least one health problem. In half of these cases the problem concerned a psychiatric disorder, at 5% a physical disability and for 7,6% of the cases the problem was about impaired cognitive functioning.

(Table C.2.5.1 cont.)

	Form of Maltreatment									
	Physical abuse (n=247)		Sexual abuse (n=99)		Psychological abuse (n=709)		Neglect (n=625)		All forms (n=758)	
	f	%	f	%	f	%	f	%	f	%
Perpetrators ONLY (N=458)	163	100,0	110	100,0	453	100,0	416	100,0	458	100,0
Relation to child										
Unspecified	25	15,3	21	19,1	51	11,3	41	9,9	51	11,1
Mother	44	27,0	24	21,8	142	31,3	142	34,1	143	31,2
Father	47	28,8	24	21,8	163	36,0	149	35,8	167	36,5
Step-mother	0	0,0	0	0,0	3	0,7	3	0,7	3	0,7
Step-father	3	1,8	1	0,9	4	0,9	3	0,7	4	0,9
Full sibling	12	7,4	5	4,5	23	5,1	21	5,0	23	5,0
Partial/half sibling	0	0,0	0	0,0	2	0,4	2	0,5	2	0,4
Step-sibling	0	0,0	0	0,0	0	0,0	0	0,0	0	0,0
Grandparent	5	3,1	4	3,6	17	3,8	13	3,1	17	3,7
Other blood relative	3	1,8	3	2,7	4	0,9	4	1,0	4	0,9
In-laws	0	0,0	2	1,8	2	0,4	2	0,5	2	0,4
Foster Parent	0	0,0	0	0,0	15	3,3	0	0,0	0	0,0
Caregiver in institution	0	0,0	0	0,0	0	0,0	0	0,0	0	0,0
Health care provider	0	0,0	0	0,0	0	0,0	0	0,0	0	0,0
Parent's partner	8	4,9	5	4,5	0	0,0	13	3,1	15	3,3
Date	0	0,0	1	0,9	1	0,2	1	0,2	1	0,2
Roommate	0	0,0	0	0,0	0	0,0	0	0,0	0	0,0
Work-relation	0	0,0	0	0,0	0	0,0	0	0,0	0	0,0
Neighbour	0	0,0	0	0,0	0	0,0	0	0,0	0	0,0
Friend	8	4,9	11	10,0	12	2,6	11	2,6	12	2,6
Official /legal authority	2	1,2	1	0,9	4	0,9	3	0,7	4	0,9
Stranger	4	2,5	5	4,5	5	1,1	5	1,2	5	1,1
School Teacher	2	1,2	1	0,9	3	0,7	2	0,5	3	0,7
Teacher/Coach (outside school)	0	0,0	0	0,0	0	0,0	0	0,0	0	0,0
Family friend	0	0,0	2	1,8	2	0,4	1	0,2	2	0,4
History of substance abuse										
Unspecified	113	69,3	78	70,9	283	62,5	257	61,8	286	62,4
Specified	38	23,3	23	20,9	110	24,3	103	24,8	112	24,5
None	12	7,4	9	8,2	60	13,2	56	13,5	60	13,1
Drug abuse	10	6,1	5	4,5	36	7,9	32	7,7	36	7,9
Alcohol abuse	22	13,5	16	14,5	58	12,8	56	13,5	59	12,9
Other	15	9,2	9	8,2	48	10,6	46	11,1	49	10,7
History of victimization										
Unspecified	120	73,6	86	78,2	317	70,0	286	68,8	321	70,1
None	2	1,2	3	2,7	14	3,1	14	3,4	15	3,3
Yes	41	25,2	21	19,1	122	26,9	116	27,9	122	26,6
Previous similar allegations										
Unspecified	63	38,7	51	46,4	159	35,1	145	34,9	161	35,2
None	6	3,7	3	2,7	14	3,1	13	3,1	14	3,1
Yes	94	57,7	56	50,9	280	61,8	258	62,0	283	61,8

As to the use of substances, there was no available information for ~ 62 %. From the remaining perpetrators/alleged perpetrators 13% had no problem, ~ 8% used (including cannabis) and ~ 13% had alcohol-abuse related problem.

With regard to their own history of abuse, in ~ 27% of cases there was information that they were victims of abused at some stage of their life, for ~ 3% there was information that they had not been abused (while for 70% of cases there was no relevant information). On the other hand, more than 60% had similar previous allegations, ~ 3% had no previous allegations and for 35% no related information was available.

Characteristics of Caregivers who were also CAN (alleged) Perpetrators

Data in Table 2.5.2 refer to those individuals who, while taking care of children, are at the same time recorded as perpetrators or alleged perpetrators of abuse. In this group, according to the study protocol, belongs the majority (mostly adults) of the persons involved in 758 cases of CAN that were recorded in the agencies files. In ~ 70% of cases two persons are involved per event, in 11% of cases one person, in 11% of cases three people and in 7.1% of cases four or more per incident.

Regarding the validity of the accusations, the vast majority (~ 93%) are not officially proven accusations (meaning there aren't any judicial, or other similar verdicts), only ~ 7% of perpetrators were officially charged. 52.7% are women and 47.3% men, their age are, 33.5% between 35-44 years, 17% between 45-54 year olds, 12.4% between 25-34 years, 5.7 more than 55 years and in ~ 31% of cases age is not recorded. The age of persons involved in incidents of physical and sexual abuse tend to be smaller (17% and 20% respectively belong to the 25-34 years group versus 12.4% of the total and 32.9% and 27.3% to the 35-44 years group compared to 33.5% of the total. Moreover, in the case of sexual abuse, the percentage of persons > 65 years reaches 4.5% (for other types of abuse ranging from 0.9% for physical to 1.9% for psychological abuse).

In half of these cases of caregivers-perpetrators, there are no records of their educational background. Of the remaining 48.4%, 11.6% never went to school, as many have completed primary school, 5.2% completed junior high school, high school 7.2%, ~ 13% have higher education and 3 out of 980 completed postgraduate studies. As to the type of abuse and the educational level of the caregiver-perpetrator, indicates that for physical abuse, ~ 32% (vs. 23% of the total) had not gone to school or had completed only primary and > 11% had a university degree versus <8% of the total or 2.3% for caregivers-perpetrators of sexual abuse (in which the proportion of those who have not attended school at all or only completed primary school amounts to ~ 36%). As to their work status, 44% of perpetrators had a job, 20% were unemployed, 3% retired (and for 32% there was no recorded information).

Regarding marital status, about 10% of caregivers-perpetrators there wasn't any recorded information. Of the remaining 90%, most were married (~ 63%), 8.6% and 9.1% were divorced or separated, respectively, 3% single, 4% widowed and 2.7% lived with his/her partner. Regarding their relationship to the child-victim at a rate of 48.5% the perpetrator caregiver was the mother, 43.2% the father, 3.8% grandfather or grandmother, 1.5% and 0.3% stepfather and stepmother, respectively, and to smaller percentages (<1%) caregivers-perpetrators were other relatives by blood or marriage, foster parents, caregivers in child protection institutions and parent's partner). It is evident that in this category of perpetrators persons outside the child's environment are not included, because "foreigners" could not be caregivers at the same time.

As for their health conditions, 16% of caregivers-perpetrators, according to the records, had no problems of physical or mental health, for 56% of those there was no information, for 28% of those that relevant information existed, 12.8% have a diagnosed mental disorder, 7.2% have a physical disability or chronic illness, and 4% have low cognitive abilities. Also, 4.3% had a drug abuse problem, 7% alcohol abuse problem, for ~ 20% there wasn't any recorded information that they faced related problems and for 64% there was no information at all.

Regarding victimization at some point of their lives, 3% were never victims of abuse, ~ 30% were victims of some form of abuse (as children or as adults) and for 68% there wasn't any information. Additionally, almost half of the caregivers-perpetrators had previously faced similar accusations and ~ 6% had not, while for the other half (44.9%) there was no information in the agencies records.

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

	Form of Maltreatment									
	Physical abuse (n=247)		Sexual abuse (n=99)		Psychological abuse (n=709)		Neglect (n=625)		All forms (n=758)	
	f	%	f	%	f	%	f	%	f	%
Caregivers/Perpetrators (n=980)	337	100,0	132	100,0	903	100,0	819	100,0	980	100,0
No of Caregivers/Perpetrators/case										
Unspecified	1	0,3	2	1,5	12	1,3	12	1,5	12	1,2
1	40	11,9	6	4,5	101	11,2	68	8,3	108	11,0
2	209	62,0	58	43,9	612	67,8	575	70,2	682	69,6
3	58	17,2	45	34,1	108	12,0	99	12,1	108	11,0
4 or more	29	8,6	21	15,9	70	7,8	65	7,9	70	7,1
Status of allegation										
Unspecified	0	0,0	0	0,0	0	0,0	0	0,0	0	0,0
Perpetrator	23	6,8	17	12,9	70	7,8	70	8,5	73	7,4
Alleged Perpetrator	314	93,2	115	87,1	833	92,2	749	91,5	907	92,6
Gender										
Unspecified	0	0,0	0	0,0	0	0,0	0	0,0	0	0,0
Male	165	49,0	61	46,2	431	47,7	379	46,3	464	47,3
Female	172	51,0	71	53,8	472	52,3	440	53,7	516	52,7
Age group										
Unspecified	87	25,8	38	28,8	265	29,3	261	31,9	303	30,9
≤ 24	0	0,0	0	0,0	1	0,1	1	0,1	1	0,1
25-34	57	16,9	27	20,5	118	13,1	117	14,3	122	12,4
35-44	111	32,9	36	27,3	303	33,6	266	32,5	328	33,5
45-54	66	19,6	23	17,4	161	17,8	131	16,0	168	17,1
55-64	13	3,9	2	1,5	38	4,2	28	3,4	41	4,2
>65	3	0,9	6	4,5	17	1,9	15	1,8	17	1,7
Educational Level										
Unspecified	150	44,5	71	53,8	455	50,4	433	52,9	506	51,6
Has not attended school	58	17,2	24	18,2	112	12,4	114	13,9	114	11,6
Elementary school	48	14,2	23	17,4	106	11,7	104	12,7	113	11,5
Middle School	15	4,5	6	4,5	44	4,9	47	5,7	51	5,2
High School	18	5,3	2	1,5	69	7,6	45	5,5	71	7,2
Technical School	9	2,7	3	2,3	46	5,1	29	3,5	50	5,1
University	39	11,6	3	2,3	70	7,8	45	5,5	75	7,7
Post-graduate studies	0	0,0	0	0,0	1	0,1	2	0,2	0	0,0
Employment status										
Unspecified	100	29,7	45	34,1	278	30,8	284	34,7	314	32,0
Employed	160	47,5	51	38,6	412	45,6	342	41,8	433	44,2
Unemployed	73	21,7	31	23,5	187	20,7	168	20,5	203	20,7
Retired	4	1,2	5	3,8	26	2,9	25	3,1	30	3,1
Marital Status										
Unspecified	28	8,3	18	13,6	88	9,7	82	10,0	97	9,9
Single	8	2,4	5	3,8	30	3,3	30	3,7	32	3,3
Married	238	70,6	78	59,1	555	61,5	508	62,0	613	62,6
Living together	8	2,4	3	2,3	25	2,8	21	2,6	26	2,7
Separated	17	5,0	7	5,3	82	9,1	64	7,8	84	8,6
Divorced	24	7,1	15	11,4	85	9,4	79	9,6	89	9,1
Widow/er	14	4,2	6	4,5	38	4,2	35	4,3	39	4,0
Physical-Mental Disabilities										
Unspecified	181	53,7	66	50,0	496	54,9	443	54,1	549	56,0
Specified	105	31,2	52	39,4	262	29,0	245	29,9	274	28,0
None	51	15,1	14	10,6	145	16,1	131	16,0	157	16,0
Physical handicap	26	7,7	6	4,5	66	7,3	65	7,9	71	7,2
Psychiatric Disorder	36	10,7	21	15,9	118	13,1	108	13,2	125	12,8
Impaired cognitive functioning	17	5,0	9	6,8	37	4,1	37	4,5	39	4,0
Other	83	24,6	42	31,8	189	20,9	186	22,7	198	20,2

(Table C.2.5.2 cont.)

	Form of Maltreatment									
	Physical abuse (n=247)		Sexual abuse (n=99)		Psychological abuse (n=709)		Neglect (n=625)		All forms (n=758)	
	f	%	f	%	f	%	f	%	f	%
Caregivers/Perpetrators (n=980)	337	100,0	132	100,0	903	100,0	819	100,0	980	100,0
Relation to child										
Unspecified	1	0,3	3	2,3	11	1,2	12	1,5	12	1,2
Mother	159	47,2	63	47,7	435	48,2	401	49,0	475	48,5
Father	154	45,7	50	37,9	391	43,3	340	41,5	423	43,2
Step-mother	1	0,3	1	0,8	2	0,2	3	0,4	3	0,3
Step-father	5	1,5	5	3,8	15	1,7	14	1,7	15	1,5
Full sibling	0	0,0	0	0,0	0	0,0	0	0,0	0	0,0
Partial/half sibling	0	0,0	0	0,0	0	0,0	0	0,0	0	0,0
Step-sibling	0	0,0	0	0,0	0	0,0	0	0,0	0	0,0
Grandparent	11	3,3	6	4,5	35	3,9	35	4,3	37	3,8
Other blood relative	0	0,0	2	1,5	2	0,2	3	0,4	3	0,3
In-laws	0	0,0	0	0,0	2	0,2	2	0,2	2	0,2
Foster Parent	1	0,3	0	0,0	2	0,2	2	0,2	2	0,2
Caregiver in institution	1	0,3	0	0,0	1	0,1	1	0,1	1	0,1
Health care provider	0	0,0	0	0,0	0	0,0	0	0,0	0	0,0
Parent's partner	4	1,2	2	1,5	7	0,8	6	0,7	7	0,7
Date	0	0,0	0	0,0	0	0,0	0	0,0	0	0,0
Roommate	0	0,0	0	0,0	0	0,0	0	0,0	0	0,0
Work-relation	0	0,0	0	0,0	0	0,0	0	0,0	0	0,0
Neighbour	0	0,0	0	0,0	0	0,0	0	0,0	0	0,0
Friend	0	0,0	0	0,0	0	0,0	0	0,0	0	0,0
Official /legal authority	0	0,0	0	0,0	0	0,0	0	0,0	0	0,0
Stranger	0	0,0	0	0,0	0	0,0	0	0,0	0	0,0
School Teacher	0	0,0	0	0,0	0	0,0	0	0,0	0	0,0
Teacher/Coach (outside school)	0	0,0	0	0,0	0	0,0	0	0,0	0	0,0
Family friend	0	0,0	0	0,0	0	0,0	0	0,0	0	0,0
History of substance abuse										
Unspecified	214	63,5	85	64,4	575	63,7	516	63,0	627	64,0
Specified	53	15,7	29	22,0	150	16,6	144	17,6	161	16,4
None	70	20,8	18	13,6	178	19,7	159	19,4	192	19,6
Drug abuse	11	3,3	9	6,8	40	4,4	40	4,9	42	4,3
Alcohol abuse	29	8,6	11	8,3	68	7,5	64	7,8	69	7,0
Other	27	8,0	17	12,9	76	8,4	73	8,9	84	8,6
History of victimization										
Unspecified	196	58,2	72	54,5	607	67,2	551	67,3	670	68,4
None	14	4,2	3	2,3	24	2,7	29	3,5	30	3,1
Yes	127	37,7	57	43,2	272	30,1	239	29,2	280	28,6
Previous similar allegations										
Unspecified	141	41,8	49	37,1	385	42,6	371	45,3	440	44,9
None	22	6,5	9	6,8	53	5,9	49	6,0	55	5,6
Yes	174	51,6	74	56,1	465	51,5	399	48,7	485	49,5

Characteristics of caregivers of children-victims

Finally, Table 2.5.3, presents information regarding persons who were caregivers of child- victims reported to the agencies in 2010, and had nothing to do with the abuse, nor was there any suspicion against them. In ~ 40% of the cases were recorded two caregivers per child, one in 23% of the cases, and in 14% of the cases three or more caregivers per child. In one out of four cases there was no information about it. In > 57% of these cases individuals were women, 16.3% men and in 24% of cases there was no information. About 32% are married, 15% divorced or separated, 6.2% widowed, 4.8% single and for 39% there was no available information. Regarding their relationship to the child, 26% of the caregivers are mothers, 6.5% fathers, 13.2% and 5.1% grandmothers and grandfathers respectively, other relatives 5%, 2% were partners of parents, and 36.5% are professional caregivers in child protection institutions. At rates <1% as caregivers were reported stepparents, foster parents and older siblings. As for their age, the information recorded was for less than half of the caregivers. From the available information, ~ 30% are between the age of 35-54, ~ 11% > 55 years and ~ 5% <25 years.

Regarding their educational background, ~ 21% of caregivers are university graduates, ~ 12% have completed high school and <6% never went to school or completed elementary and junior high school. For 58% of caregivers there was no recorded information. Also, 60% of caregivers are employed, 8.4% unemployed and 10% ~ retired (while information is not available for 22.2% of caregivers).

Records also showed that 31.5% of the caregivers do not have a problem with substances abuse and alcohol use was reported in <1% (for 66.3% there are no recorded information). Also, regarding the state of health (physical and mental), 23.6% of caregivers have no problem whatsoever, 4.2% and 4.5% have a physical disability / chronic illness and diagnosed mental disorder, respectively, while for 67.7% there wasn't any recorded information. Available information regarding the victimization of the caregivers show that, for 77% of cases no information was available, 4.5% were never victims of abuse and 18.3% have been victims of abuse themselves at some point in their lives (as children and / or adults). 6.5%, in fact, of caregivers were previously accused for child abuse (probably unfounded), ~ 15% was recorded as never been accused for CAN, while for 79% of all caregivers there was no information recorded on the agencies.

Table C.2.5.3 Caregivers' characteristics per form of maltreatment

	Form of Maltreatment									
	Physical abuse (n=247)		Sexual abuse (n=99)		Psychological abuse (n=709)		Neglect (n=625)		All forms (n=758)	
	f	%	f	%	f	%	f	%	f	%
Caregivers ONLY (n=356)	99	100	38	100	349	100	279	100	356	100
Number of Caregivers / case										
Unspecified	29	29,3	21	55,3	129	37,0	134	48,0	86	24,2
1	16	16,2	5	13,2	53	15,2	32	11,5	80	22,5
2	42	42,4	7	18,4	120	34,4	70	25,1	140	39,3
3	8	8,1	4	10,5	28	8,0	26	9,3	30	8,4
4 or more	4	4,0	1	2,6	19	5,4	17	6,1	20	5,6
Gender										
Unspecified	23	23,2	13	34,2	90	25,8	94	33,7	94	26,4
Male	17	17,2	5	13,2	56	16,0	43	15,4	58	16,3
Female	59	59,6	20	52,6	203	58,2	142	50,9	204	57,3
Age group										
Unspecified	57	57,6	22	57,9	183	52,4	172	61,6	188	52,8
≤ 24	1	1,0	1	2,6	1	0,3	1	0,4	1	0,3
25-34	5	5,1	0	0,0	17	4,9	10	3,6	17	4,8
35-44	24	24,2	6	15,8	66	18,9	33	11,8	66	18,5
45-54	6	6,1	4	10,5	41	11,7	28	10,0	43	12,1
55-64	4	4,0	3	7,9	27	7,7	23	8,2	27	7,6
>65	2	2,0	2	5,3	14	4,0	12	4,3	14	3,9
Relation to child										
Unspecified	5	5,1	2	5,3	13	3,7	11	3,9	13	3,7
Mother	34	34,3	5	13,2	92	26,4	39	14,0	93	26,1
Father	7	7,1	3	7,9	21	6,0	10	3,6	23	6,5
Step mother	0	0,0	0	0,0	1	0,3	1	0,4	1	0,3
Step father	0	0,0	0	0,0	1	0,3	0	0,0	1	0,3
Grandmother	15	15,2	3	7,9	47	13,5	43	15,4	47	13,2
Grandfather	4	4,0	0	0,0	18	5,2	18	6,5	18	5,1
Sibling	3	3,0	1	2,6	3	0,9	2	0,7	3	0,8
Step sibling	0	0,0	0	0,0	0	0,0	0	0,0	0	0,0
Other blood relative	2	2,0	2	5,3	15	4,3	14	5,0	15	4,2
In laws relative	1	1,0	2	5,3	3	0,9	3	1,1	3	0,8
Foster mother	0	0,0	0	0,0	1	0,3	0	0,0	1	0,3
Foster father	0	0,0	0	0,0	1	0,3	0	0,0	1	0,3
Caregiver in institution	27	27,3	20	52,6	126	36,1	129	46,2	130	36,5
Parent's partner	1	1,0	0	0,0	7	2,0	9	3,2	7	2,0
Type of Guardianship										
Unspecified	2	2,0	2	5,3	19	5,4	20	7,2	19	5,3
Parent	40	40,4	8	21,1	111	31,8	48	17,2	114	32,0
Legal guardian	5	5,1	2	5,3	17	4,9	16	5,7	17	4,8
Step parent	0	0,0	0	0,0	0	0,0	0	0,0	0	0,0
Foster parent	0	0,0	0	0,0	2	0,6	0	0,0	2	0,6
Caretaker	52	52,5	26	68,4	200	57,3	195	69,9	204	57,3
Educational Level										
Unspecified	61	61,6	20	52,6	202	57,9	166	59,5	207	58,1
Has not attended school	1	1,0	0	0,0	3	0,9	3	1,1	3	0,8
Elementary school	4	4,0	0	0,0	11	3,2	7	2,5	11	3,1
Middle School	2	2,0	1	2,6	10	2,9	7	2,5	10	2,8
High School	6	6,1	4	10,5	44	12,6	31	11,1	44	12,4
Technical School	2	2,0	1	2,6	6	1,7	4	1,4	6	1,7
University	23	23,2	12	31,6	72	20,6	60	21,5	74	20,8
Post-graduate studies	0	0,0	0	0,0	1	0,3	1	0,4	1	0,3

(Table C.2.5.3 cont.)

	Form of Maltreatment									
	Physical abuse (n=247)		Sexual abuse (n=99)		Psychological abuse (n=709)		Neglect (n=625)		All forms (n=758)	
	f	%	f	%	f	%	f	%	f	%
Caregivers ONLY (n=356)	99	100	38	100	349	100	279	100	356	100
Employment status										
Unspecified	28	28,3	7	18,4	78	22,3	61	21,9	79	22,2
Employed	50	50,5	27	71,1	206	59,0	167	59,9	212	59,6
Unemployed	12	12,1	1	2,6	30	8,6	22	7,9	30	8,4
Retired	9	9,1	3	7,9	35	10,0	29	10,4	35	9,8
Marital Status										
Unspecified	38	38,4	20	52,6	134	38,4	135	48,4	139	39,0
Single	4	4,0	3	7,9	17	4,9	13	4,7	17	4,8
Married	40	40,4	6	15,8	113	32,4	65	23,3	114	32,0
Living together	1	1,0	0	0,0	9	2,6	10	3,6	10	2,8
Separated	6	6,1	4	10,5	29	8,3	17	6,1	29	8,1
Divorced	5	5,1	3	7,9	25	7,2	21	7,5	25	7,0
Widow/er	5	5,1	2	5,3	22	6,3	18	6,5	22	6,2
History of substance abuse										
Unspecified	74	74,7	23	60,5	236	67,6	200	71,7	236	66,3
Specified	2	2,0	1	2,6	8	2,3	3	1,1	8	2,2
None	23	23,2	14	36,8	105	30,1	76	27,2	112	31,5
Drug abuse	0	0,0	0	0,0	0	0,0	0	0,0	0	0,0
Alcohol abuse	1	1,0	1	2,6	2	0,6	2	0,7	2	0,6
Other	1	1,0	1	2,6	7	2,0	2	0,7	7	2,0
Physical-Mental Disabilities										
Unspecified	73	73,7	28	73,7	232	66,5	199	71,3	241	67,7
Specified	10	10,1	1	2,6	34	9,7	24	8,6	31	8,7
None	16	16,2	9	23,7	83	23,8	56	20,1	84	23,6
Physical handicap	3	3,0	0	0,0	15	4,3	12	4,3	15	4,2
Psychiatric Disorder	6	6,1	1	2,6	15	4,3	9	3,2	16	4,5
Impaired cognitive functioning	0	0,0	0	0,0	0	0,0	0	0,0	0	0,0
Other	9	14,8	1	5,0	28	13,9	18	10,8	28	13,5
History of victimization										
Unspecified	68	68,7	34	89,5	268	76,8	234	83,9	275	77,2
None	4	4,0	0	0,0	16	4,6	14	5,0	16	4,5
Yes	27	27,3	4	10,5	65	18,6	31	11,1	65	18,3
History of CAN allegations										
Unspecified	76	76,8	30	78,9	276	79,1	225	80,6	281	78,9
None	15	15,2	6	15,8	51	14,6	36	12,9	52	14,6
Yes	8	8,1	2	5,3	22	6,3	18	6,5	23	6,5

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

In Table 2.6.1 are shown the available information regarding the agencies involved in the evaluation of cases and confirmation of their validity, whether any legal action was taken and which ones, the care given to the child victim and if the child was removed or the perpetrator from the family. Note that in all cases the allegations are not mutually exclusive (since more than one service were involved or more than one action was taken per incident) and, therefore, the corresponding frequencies are not aggregate in all cases. According to available information, social services were involved in the investigation phase, namely the evaluation of allegations of abuse, of more than half of the cases (52.6%) recorded in the study for the 2010 incidents.

Also, in the evaluation of 43% of the cases mental health services were involved, in 42.5% the prosecution and / or the judicial system, in 24% health services, in 18.3% services related to the field of education (mainly ΚΕΔΥ) and in 16% of the cases the police was involved (emergency procedures, removal of the perpetrator, etc.). Regarding which of these services confirmed allegations of abuse for these cases (with some decision or otherwise) for ~ 13% of cases the information was not available to the agencies (mostly because the cases were still under investigation). For those incidents that information was available, abuse was confirmed in 49% of cases by social services, 37% by mental health services, 29% by the prosecutor / justice services, 22% by health services, 14% by services related to the field of education and in ~ 12% by public order services (police).

As for whether and what kind of legal action took place for each of the cases, the required information was not found in the records of the agencies for about 10% of cases. In ~ 29% of cases no legal action was taken to protect the victim. In 31.7% of cases social services were involved, but not the judiciary system. In 7.5% of cases emergency procedures for child protection were implemented such as police intervention, in 14.6% of cases there was a judicial decision of loosing parental rights and in 14.4% other legal action for protecting the child-victim (issued court order), while in ~ 5% of the cases the perpetrator was brought in by the police and faced trial. Particularly regarding sexual abuse, legal acts either to protect the victim (34%) or to remove the rights of parents (28%), even the involvement of the police (19%) were in each case higher than for other types of abuse (which in all cases, rates were ~ 15%, ~ 15% and ~ 6%, respectively).

Regarding the care taken for the protection of the child in 12% of cases the child remained with the family without any kind of intervention, in ~ 40% of cases the child remained with the family after the implementation of some kind of intervention, in ~ 12% of cases the child was removed from home with the cooperation of the parents, while in 13.2% of cases the child was removed from home by court order. In 15.3% of cases there was no recorded relevant information.

Regarding the removal from the house, except for ~ 15% of cases that there was no information available, in ~ 51% of cases removal was not proposed as a solution, in 18.3% of the cases children were transferred to shelters for minors (Ministry of Justice, Ministry of Health or Non-Governmental Organization), in 3.2% of the cases the child was accommodated in shelter with his mother (battered women's shelters), in 3.4% of cases it was entrusted to the care of relatives from the wider family, in 0.5% was put in foster care, in 1.8% the perpetrator was removed from home (including cases where the perpetrator was imprisoned) and there is no recorded case of adoption, either with parents consent, or by court's decision . Examining the intervention of house removal with regards to all the types of abuse, the rates differ when sexual abuse is compared with the other three types, where only 28% of children remained at home (vs. ~ 50% in the other types), 26% stayed in child protection institutions (versus 16.6% in cases of physical abuse, 18.8% in cases of psychological abuse and 22.2% in cases of neglect), in 10.1% of cases attributed to the care of relatives (while other types of the corresponding rates ranging from 3.5% -3.8%) and in 9.1% of cases, finally, the perpetrator was removed from home (compared to other types of abuse, where the removal of the perpetrator ranged from 1.6% to 3.2%).

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

	Form of Maltreatment									
	Physical abuse (n=247)		Sexual abuse (n=99)		Psychological abuse (n=709)		Neglect (n=625)		All forms (n=758)	
	f	%	f	%	f	%	f	%	f	%
Case assessment of allegation										
Unspecified	6	2,4	1	1,0	6	0,8	6	1,0	7	0,9
Medical /Health services	67	27,1	36	36,4	178	25,1	152	24,3	183	24,1
Mental Health services	125	50,6	49	49,5	315	44,4	239	38,2	327	43,1
Education services	52	21,1	21	21,2	131	18,5	119	19,0	139	18,3
Social services	121	49,0	60	60,6	368	51,9	350	56,0	399	52,6
Police services	51	20,6	32	32,3	120	16,9	111	17,8	121	16,0
Legal/Judicial services	95	38,5	64	64,6	302	42,6	293	46,9	322	42,5
Maltreatment confirmation										
Unspecified	34	13,8	14	14,1	91	12,8	68	10,9	97	12,8
Medical /Health services	61	24,7	31	31,3	160	22,6	139	22,2	165	21,8
Mental Health services	102	41,3	42	42,4	269	37,9	214	34,2	280	36,9
Education services	43	17,4	18	18,2	104	14,7	95	15,2	111	14,6
Social services	119	48,2	56	56,6	347	48,9	330	52,8	373	49,2
Police services	41	16,6	28	28,3	88	12,4	82	13,1	89	11,7
Legal/Judicial services	66	26,7	46	46,5	204	28,8	204	32,6	221	29,2
Legal Action Taken										
Unspecified	30	12,1	7	7,1	71	10,0	55	8,8	75	9,9
None legal action taken	74	30,0	8	8,1	206	29,1	155	24,8	219	28,9
Social service/police -NO court involvement	82	33,2	44	44,4	227	32,0	222	35,5	240	31,7
Emergency protection procedures implemented	32	13,0	16	16,2	57	8,0	50	8,0	57	7,5
Judicial action to protect victim by court order(s)	43	17,4	34	34,3	106	15,0	98	15,7	109	14,4
Judicial action to remove parent(s) rights	37	15,0	28	28,3	109	15,4	97	15,5	111	14,6
Police/Judicial action to prosecute abuser	20	8,1	19	19,2	36	5,1	33	5,3	36	4,7
Care plan for child										
Unspecified	40	16,2	16	16,2	112	15,8	85	13,6	116	15,3
Child remains in family with no intervention	27	10,9	7	7,1	78	11,0	81	13,0	91	12,0
Child remains in family with planned intervention	103	41,7	32	32,3	291	41,0	248	39,7	309	40,8
Child removed from family (parents co-operation)	25	10,1	12	12,1	87	12,3	78	12,5	90	11,9
Child removed from family home by court order	37	15,0	25	25,3	96	13,5	95	15,2	100	13,2
Out of home placement										
Unspecified	41	16,6	16	16,2	113	15,9	87	13,9	117	15,4
No out of home placement	122	49,4	28	28,3	355	50,1	306	49,0	386	50,9
Children's Home Institution-NO individual carer	41	16,6	26	26,3	133	18,8	139	22,2	139	18,3
Mother/child shelter	8	3,2	1	1,0	24	3,4	12	1,9	24	3,2
Kinship Care with relatives/extended family	9	3,6	10	10,1	25	3,5	24	3,8	26	3,4
Foster Care with volunteer/paid carers	0	0,0	0	0,0	3	0,4	3	0,5	4	0,5
Adoption with parents agreement or court order	0	0,0	0	0,0	0	0,0	0	0,0	0	0,0
Abuser leaves the family home	8	3,2	9	9,1	14	2,0	10	1,6	14	1,8

Table 2.6.2 presents information on referrals made between agencies and services on one hand and the services that eventually took the children and / or their families respectively. Many of these referrals were related to the stages of intervention in those cases that the children were not removed from their families.

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

	Form of Maltreatment									
	Physical abuse (n=247)		Sexual abuse (n=99)		Psychological abuse (n=709)		Neglect (n=625)		All forms (n=758)	
	f	%	f	%	f	%	f	%	f	%
Referrals made to services										
Unspecified	17	6,9	8	8,1	55	7,8	51	8,2	59	7,8
None	3	1,2	2	2,0	22	3,1	18	2,9	25	3,3
Parent support program	13	5,3	8	8,1	25	3,5	18	2,9	25	3,3
Drug or alcohol counselling	9	3,6	4	4,0	24	3,4	25	4,0	25	3,3
Other family counselling	110	44,5	42	42,4	312	44,0	259	41,4	322	42,5
Social welfare assistance	109	44,1	51	51,5	318	44,9	313	50,1	338	44,6
Food Bank	83	33,6	35	35,4	211	29,8	212	33,9	226	29,8
Shelter services	64	25,9	37	37,4	184	26,0	188	30,1	197	26,0
Domestic violence counselling	28	11,3	9	9,1	52	7,3	37	5,9	52	6,9
Psychiatric services	118	47,8	50	50,5	344	48,5	287	45,9	354	46,7
Psychological services	57	23,1	27	27,3	168	23,7	154	24,6	177	23,4
Special education referral	57	23,1	25	25,3	137	19,3	120	19,2	142	18,7
Recreational program	20	8,1	15	15,2	74	10,4	72	11,5	77	10,2
Victim support program	19	7,7	16	16,2	41	5,8	38	6,1	42	5,5
Medical/dental services	80	32,4	42	42,4	230	32,4	225	36,0	242	31,9
Other child counselling	46	18,6	19	19,2	119	16,8	89	14,2	119	15,7
Services received										
Unspecified	38	15,4	16	16,2	117	16,5	102	16,3	84	11,1
None	7	2,8	5	5,1	18	2,5	14	2,2	52	6,9
Parent support program	7	2,8	3	3,0	18	2,5	12	1,9	18	2,4
Drug or alcohol counselling	6	2,4	3	3,0	17	2,4	18	2,9	18	2,4
Other family counselling	95	38,5	37	37,4	284	40,1	235	37,6	294	38,8
Social welfare assistance	97	39,3	46	46,5	294	41,5	288	46,1	310	40,9
Food Bank	72	29,1	31	31,3	185	26,1	187	29,9	195	25,7
Shelter services	50	20,2	33	33,3	150	21,2	134	21,4	157	20,7
Domestic violence counselling	25	10,1	6	6,1	42	5,9	31	5,0	42	5,5
Psychiatric services	103	41,7	46	46,5	305	43,0	254	40,6	314	41,4
Psychological services	49	19,8	26	26,3	151	21,3	136	21,8	159	21,0
Special education referral	53	21,5	23	23,2	127	17,9	110	17,6	132	17,4
Recreational program	21	8,5	13	13,1	72	10,2	70	11,2	75	9,9
Victim support program	13	5,3	11	11,1	29	4,1	28	4,5	30	4,0
Medical/dental services	67	27,1	37	37,4	207	29,2	201	32,2	217	28,6
Other child counselling	44	17,8	17	17,2	113	15,9	84	13,4	113	14,9

Regarding referrals, these were mainly psychological support services (46.7%), social assistance (44.6%), family counseling (42.5%), medical and dental services (31.9%) , programs for kitchen soup (29.8%), housing (26%), psychiatric services (23.4%), special education programs (18.7%), consulting services exclusively for children (15.7%), recreational programs for children (10.2%) and other services in <10% (as parent support programs, counseling programs for alcohol and drug abuse, counseling for domestic violence, victim support programs). In 3.3% of cases there was no referral while for 7.8% of cases there was no information.

Regarding the services that were finally provided to children and their families, in 11.1% of cases there was no record of the respective information, while in 6.9% of cases no service was provided. The provided services were psychological support services (41.4%), social assistance (40.9%), family counseling (38.8%), medical and dental services (28.6%), programs providing kitchen soup (25.7%), housing (20.7%), psychiatric services (21%), special education programs (17.4%), consulting services exclusively for children (14.9%), recreational programs for children (9.9%) and other services (such as parent support programs, counseling programs for alcohol and drug abuse, counseling for domestic violence, victim support programs) were reported in <10%. A general observation by comparing referrals made to agencies and the services that were actually provided is that, in any case, regardless of the type of service, the services provided were less than the corresponding referrals.

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

In this final part of the results the overall completeness of the records of the agencies from which the incidents were cataloged in this study is presented. Table 3 presents virtually all general categories and subcategories of variables and the degree to which the requested information was available or not, or, otherwise, what is the information collected by the agencies when managing incidents of CAN and what is not recorded.

As for the information related to children, data in Table 3 shows that there are smaller "losses" on information related to sex and age (although only in 47.8% of cases the exact date of birth was available), and basic contact information (address and phone). The information regarding the nationality of children, educational and occupational status are absent in 6%, 14.5% and 26% respectively. At a much greater extent (reaching up to 55%) agencies didn't record information about child's behavior issues (36%), state of health (40%), educational problems (43%) and problems associated with the use of substances (55.7%). For some of these cases it seems that the agencies are following the logic that if there is no problem, there is no need to record.

Regarding the incidents of abuse, the record is relatively complete and the main gaps in information are on forms of physical abuse (45%), whether there is injury as a result of physical abuse and what type (> 75%), forms of sexual abuse (13%), whether the abuse was confirmed (12.8%), if legal action was taken (~ 10%), who were taking care of the child (~ 15%) and if the child was finally removed from home (~ 15%). For the characteristics of incidents such as the type of abuse, where it happened, what was the duration, who made the referral, whether was valid or unfounded, the information was often complete to > 98%. Regarding information about the child's family, in more than 40% of the cases the agencies didn't keep record if there was another form of abuse in the family, the number of people living with the child (12.4%), the identity of the roommate (~ 6%), while in 15% of the cases they didn't monitor the progress of the family and if the family visited the services that they were referenced to. Also, information on housing conditions, household income, sources of income and whether the family is facing financial problems are respectively available in 21.5%, 20.7%, 13.6% and 18.9% of the cases.

For perpetrators of abuse the available information is lesser. Apart from their gender, their relationship with the child, marital status and ethnicity (where incomplete information concerning respectively 1.7%, 4.4%, 12.4% and 7), in all other aspects lack of information is more apparent. Regarding their age there are records for 31% of the perpetrators, their employment status for 36%, whether in the past have been accused for CAN for ~ 42% of the perpetrators, there is no information about their educational background (51.5%), their state of health (physical and mental illnesses) (58%), whether they have a problem or a history of drug abuse (63.5%), or whether they have a history of victimization as children or adults (almost 70% of cases). Contact details are missing in 34.6% and 28.9% (phone and address), respectively.

For the caregivers of the children, information is also incomplete (in some aspects even worst than those of the perpetrators). In all other cases, apart from their relationship with the child and the type of guardianship (where information is missing in 3.7% and 5.3% respectively) the non-recorded information regard > 22% of caregivers. Specifically, there were no documented information regarding the sex of caregivers (in 26.4% of cases), age (in 52.8% of cases), nationality (in 27.2% of cases), the academic level (58.1%), employment status (22.2%), marital status (39%), history of substance abuse (66.3%), state of health (67.7%), whether they themselves are victims of violence (77.2%) and whether they have a history as perpetrators of CAN (in percentage 78.9%). Their contact details (telephone and address) were recorded in 12.5% of cases.

Lastly, regarding background check for previous abuse, there was no similar information recorded in 64% of cases, while in 10.7% of cases there was no clear information on whether there is follow up by the agency after the end of the provided service (i.e it was "unclear" whether the case was in progress, if it had been "closed" and the agency had not been updated, or if the case was closed and the agency was updated). Finally, in 18.1% of cases the exact date of the incident reached the agency was recorded (but only the month and year).

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

Items	Available information		Non-available (missing/ Unspecified)		Items	Available information		Non-available (missing/ Unspecified)	
	f	%	f	%		f	%	f	%
Child-related information (N=758)					Perpetrator(s)' related information (n=1440)				
Age	758	100,0	0	0,0	Number of perpetrators	741	97,8	17	2,2
Date of birth	362	47,8	396	52,2	Status of allegation	1434	99,7	4	0,3
Gender	758	100,0	0	0,0	Gender	1414	98,3	24	1,7
Nationality	712	93,9	46	6,1	Age	988	68,7	450	31,3
Educational Status	648	85,5	110	14,5	Nationality	1337	93,0	101	7,0
Work Status	560	73,9	198	26,1	Educational level	697	48,5	741	51,5
Education-related problems	431	56,9	327	43,1	Employment status	920	64,0	518	36,0
Behaviour related problems	483	63,7	275	36,3	Marital status	1259	87,6	179	12,4
Substance-abuse problems	336	44,3	422	55,7	Relationship to child	1375	95,6	63	4,4
Diagnosed Disabilities	454	59,9	304	40,1	History of substance abuse	525	36,5	913	63,5
Contact details					Physical-Mental Disabilities	598	41,6	840	58,4
Telephone number	750	98,9	8	1,1	History of victimization/abuse	447	31,1	991	68,9
Address	750	98,9	8	1,1	Previous similar allegations	837	58,2	601	41,8
Incident related information					Contact details				
Duration of maltreatment	753	99,3	5	0,7	Telephone number	940	65,4	498	34,6
Source of referral	754	99,5	4	0,5	Address	1023	71,1	415	28,9
Scene of incident	756	99,7	2	0,3	Caregiver(s) related information				
Form of maltreatment	758	100,0	0	0,0	Relation to Perpetrators	758	100	0	0,0
Physical abuse (n=247)					Number of caregivers	597	78,8	161	21,2
Status of substantiation	247	100,0	0	0,0	Relationship to Child	343	96,3	13	3,7
Specific Forms	135	54,7	112	45,3	Type of Guardianship	337	94,7	19	5,3
Injury due to physical abuse	58	23,5	189	76,5	Gender	262	73,6	94	26,4
Nature of injury(-ies)	33	71,7	13	28,3	Age	168	47,2	188	52,8
Sexual abuse (n=99)					Nationality	259	72,8	97	27,2
Status of substantiation	96	97,0	3	3,0	Educational level	149	41,9	207	58,1
Specific Forms	86	86,9	13	13,1	Employment status	277	77,8	79	22,2
Psychological abuse (n=709)					Marital status	217	61,0	139	39,0
Status of substantiation	707	99,7	2	0,3	History of substance abuse	120	33,7	236	66,3
Specific Forms	704	99,3	5	0,7	Physical-Mental Disabilities	115	32,3	241	67,7
Neglect (n=625)					History of victimization/abuse	81	22,8	275	77,2
Status of substantiation	621	99,4	4	0,6	History of CAN allegations	75	21,1	281	78,9
Specific Forms	618	98,9	7	1,1	Contact details				
Case assessment of allegation					Telephone number	312	87,6	44	12,4
Maltreatment confirmation	661	87,2	97	12,8	Address	356	87,5	51	12,5
Legal action taken	683	90,1	75	9,9	Household-related information				
Care plan for child	642	84,7	116	15,3	Housing adequacy	479	78,5	131	21,5
Out of Home placement	642	84,7	116	15,3	Household income	484	79,3	126	20,7
Family-related information					Source of income	527	86,4	83	13,6
Family status	720	95,0	38	5,0	Financial problems	495	81,1	115	18,9
Number of co-habitants	664	87,6	94	12,4	Previous maltreatment				
Co-habitants' identity	715	94,3	43	5,7	Most severe maltreatment	273	36,0	485	64,0
Other CAN victims	690	91,0	68	9,0	Perpetrator(s)	271	99,3	2	0,7
Other types of abuse	445	58,7	313	41,3	Investigating agencies	271	99,3	2	0,7
Referrals made to services	699	92,2	59	7,8	Follow-up information				
Services received	576	85,5	98	14,5	Report date (exact date of intake)	622	81,9	137	18,1

CHAPTER D. CONCLUSIONS

The abuse and neglect of children (CAN) constitutes a complex public health problem. “*Case based Surveillance Study*” was designed and was implemented under BECAN project aiming primarily to measure the incidence of all forms of CAN, namely the number of children who suffered from CAN during one year (2010), including substantiated, on going and unsubstantiated CAN cases in Greece (as well as in the eight Balkan countries participating in the project).

It is known from literature that the accurate estimation of the magnitude and the characteristics of the phenomenon in general population is not easy to achieve. This fact is due to under-reporting of incidents that occurs for a series of reasons.

First of all, unfortunately 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.

The second reason, which is associated mainly with the people are close to (family or/and social) environment of the child and to a certain extent also the professionals from fields such as health, welfare and education, for causes of non reporting the CAN incidences even if there is a legal context that defines its required character-is the distorted perception that is a private matter in which nobody should intervene, the misunderstanding that the non-reporting and, therefore, the non-disclosure of an incident protects the child victim from being socially stigmatized and very often a deliberate attitude of non-involvement, in order to avoid any further involvement in judicial or other procedures.

Even in cases that reports of CAN cases are made , in advance the efficient use of the available data is not feasible for planning primary and secondary prevention of this phenomenon, due to lack of politician planning and coordinated national practices for the surveillance of the incidence of CAN. This last observation is a reality that drives the majority of countries in the world to not have valid and reliable data concerning the magnitude and the characteristics of the problem.

Greece is one of those countries, because until the end of 2012 still does not has neither single database, nor central structure for reporting CAN. As was resulted in a study conducted in 2008 (Nikolaidis et al, 2008), data collection of CAN in our country is made from many different agencies and organizations, from different fields with different legal status and mission, and in every case, with different methodologies and tools. Any data collected sporadically in this framework by individual initiative of agencies and organizations or even of professionals, they are unable in any way to reflect the current situation, having never collected in a joint report to reveal even *the tip of the iceberg*.

The results of the present study constitute the first attempt to be gathered and to be presented systematically data on the incidence and the characteristics of abuse and neglect cases of children at the age of 11, 13 and 16 that were identified and decoded in the records of agencies and services that were selected by default criteria in the prefectures of Attica and Crete in 2010.

Limitations of the study

Before any discussion on the findings is appropriate to discuss the weaknesses and the limitations because of which the results of this study could not be considered neither complete regarding the validity and the reliability, nor representative. The restrictions -beyond under-reporting for reasons already mentioned-mainly concern two broad categories, those that apply worldwide for the surveillance systems of CAN, because of the nature of the phenomenon, and particularly those of our country given the current situation.

As to the first category, as we know from literature, access and use of any service related to CAN cases handling is never equal between population groups with different characteristics. Trying to imprint the impact of CAN, including even the events that have not followed the legal route (where things are somewhat more specific), based mainly on the facts that belong to populations groups that have access to agencies and

services, but also who choose to use these services. This means that CAN cases that belong to groups that do not have access to or choosing not to use the (usually) public services are not recorded! Therefore, the data, also of this study concern cases that were addressed to one of the collaborating agencies during this specific year, and can not be used for the estimation of the total CAN magnitude, as in advance are limited and arise the issue of selective reporting. On the other hand, however, the results of the study despite the fact that do not attribute to a complete picture of the problem, can serve as an indicator on trends concerning the provision and the use of services.

The second intrinsic difficulty in trying to imprint CAN is associated to the very definition of the mistreatment of children. From literature it is clear that there is not an absolute consent on definitions of CAN, and this shortage of standard and commonly accepted definitions^{11, 12, 13} has repeatedly been identified as the main problem for the investigation of the phenomenon.¹⁴ Existing definitions differ considerably, depending on the context in which they are formulated (legal, medical, social, cultural) and the characteristics of the existing national laws (for example, how is defined the age of "minors" and from what age and after consensus is right, for example, in sexual acts). Things are becoming more complicated when in the above difficulties are involved personal values, beliefs and attitudes of people in general who are in each case responsible for recording incidents.¹⁵ Moreover, *which events* are considered to constitute CAN is something that is modified as time passes. Data collection for CAN, however, as is indicated by WHO (2006) must be based on commonly accepted definitions, so the types of CAN to be specified in a uniform way and the comparison of the data collected can become possible.¹⁶

The measures were taken for ensuring to the greatest possible degree the uniformity of the data in the context of this study, was the first joint decision of the partner countries of the BECAN project to adopt the conceptual definitions of CAN types as they were expressed by WHO and ISPCAN (2006), and were incorporated in the study Protocol. Additionally, based on these definitions were created operational definitions respectively per type of abuse, which were incorporated in the "Procedures Manual for Researchers" who worked on the decoding of the cases from the agencies' files.

The research team in Greece (as in all countries who conducted the study under BECAN project), beyond from the detailed manual in which are included detailed information for each of the variables included in the extraction form, received special training in order to proceed to the identification, decoding and classification of the cases with common criteria.

As for the second category of weaknesses and limitations that concern especially Greece, given that there is not surveillance system, the available data were collected, as already was mentioned, from a variety of agencies and services to whose activities, among others, included and the handling of CAN cases. The agencies and services cooperating in this study (by giving access to their files with cases of 2010 in order to be decoded) belong to the fields of health, welfare, justice, education and public policy. Apart from central governmental agencies also participated agencies of the regional level, local agencies but also independent agencies. All these agencies and services, however, collect information on different aspects of CAN, depending on their overall orientation and their involvement in the process, which depends mainly on the type of service they provide. Thus, using different methodologies and tools, agencies record or do not record plenty of evidence of the child victim, the type and characteristics of the abuse, the housing conditions, the people are responsible for the care of the child, the perpetrators of abuse, or, even, and the outcome of the investigation of CAN. **Participation of all these agencies, however, was essential as different population groups approach different organizations for different reasons and therefore, this heterogeneity ensures to a degree of certainty the level of completeness of information collected.**

¹¹ National Research Council. (1993). Understanding child abuse and neglect. Washington, DC: National Academy Press.

¹² 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.

¹³ Scott, D. et al. (2009). The utility and challenges of using ICD codes in child maltreatment research: A review of existing literature Child Abuse & Neglect, 33, 791–808.

¹⁴ National Research Council (1993). Understanding child abuse and neglect. Washington, DC: National Academy Press.

¹⁵ International Society for Prevention of Child Abuse and Neglect, (2006). World perspectives on child abuse, 7th ed. Chicago.

¹⁶ Ibid.

Another issue that must be reported regarding the limitations of the study in Greece is the fact that from the agencies of the prefectures of Attica and Crete that were identified, were judged on the basis of predetermined criteria as eligible and were invited to cooperate by giving access to recorded cases of CAN that were served for year 2010, only a percentage (approximately 49% and 40.9% for the prefectures of Attica and Crete respectively) responded to the invitation and participated in the process.

Therefore, we know from the outset that the estimated impact is underestimated, and indeed, by almost half, since from 294 eligible agencies finally gathered information from 141 (48% for both regions combined).

Finally, a limitation that worth noting, regards the completeness of records between the identified cases. As it is mentioned in the last part of the results, **gaps that are created due to non recorded information by agencies often give much important information for our understanding of the phenomenon of the abuse and neglect of children**, to know what is important and what is not in order to handle effectively these cases, but also to proceed in policies planning and practices preventing .

In conclusion the part of weaknesses and limitations of the study, it must be noticed that despite any difficulties, **this study provided the opportunity to be mapped with a relative completeness and to be accessed all the agencies, services and groups of interest on prevention issues and on handling CAN cases, which could constitute the basis of a future surveillance system of this phenomenon in our country.** Moreover, **it gave us the opportunity to detect the way by which the data recordings are made, their strengths and weaknesses and, therefore, to consider what kind of first line improvements can be done with minimal or zero financial cost as, for example, the adoption of common definitions of CAN, common methodology and tools recording.** In fact, in comparison with the results of the epidemiological study conducted in the context of the same Program in each country (WP3), it is expected that the results of this study contribute to a better understanding of the phenomenon of CAN.

Then follows a discussion of the main results, following the structure of the previous section.

Sources of information for the calculation of the incidence of CAN

As was already mentioned, from all eligible agencies and services that were invited to participate in the study and essentially represent the overall of agencies involved by any way in the handling of CAN cases, eventually responded the 48%..

Given the fact that the request (namely the agencies to make available the files of last year and as a rule not in electronical form) and the process (on the spot visits, often for more than one day- of the research team, overall of the study's files, the identification and the decoding of eligible cases), the completion of the study to 141 agencies are actually important, since from the part of the agencies was required enough time (because of the preparation that was required to find the records and to reposition them back to the archive), also the time for one of the member of staff, which for ethics reasons should be present throughout the decoding procedure.

With a crude calculation based on the unweighted response rate [= (number of eligible agencies responded / total number of eligible agencies for the study) * 100], the incidence of CAN based on recorded cases should be almost twice than the calculated in this study. Such an induction, however, would not be entirely valid, because it contains several errors, for example, the inability of estimating the number of cases served by agencies that were not involved and consequently the inability of estimating and also the exclusion of duplicated cases between agencies who gave and not gave information.

In future, however, could be attempted again the estimation of incidence using a weighted response rate, which will take into account the type and characteristics of agencies that responded and did not respond on these data basis and this fact may lead to what participation or not each of them in terms of covering the population in the regions of our interest is entailed [weighted response rate = Total weighted quantity for responding reporting units / Total estimated quantity for all eligible reporting units) * 100]. This perspective is reinforced by the finding presented in the first part of the results, which show that the vast majority of agencies that served for a specific year a limited number of child victims of CAN (and which, however, those

cases are the half of those that were recorded), while on the other hand, a small number of agencies served a large number of cases (which also are the half of those cases that were recorded). This means **that if had been chosen only the agencies that serve many cases, then we would have half of the than those are available, but at the same time the "contribution" of the agencies in the information required for the estimation of the impact of this phenomenon has a different weight.**

Some observations regarding the results that apply to the agencies that they were provide the information are that, despite their heterogeneity in terms of their legal status (regional and central public sector, independent agencies, etc.), the scope of their activities (social services welfare, health / mental health, justice, etc.) and mission (primary, secondary, tertiary prevention / rehabilitation and legal support), in which all involved in some way at some point in the process of handling CAN cases. All of them use some type of tools (usually standard forms) to record information about the cases, using more or less specific methodology, and all retain some type of file. On the other hand, substantially for none of the players there is a formal policy of systematic detection of CAN, the majority of professionals involved in the handling of the cases have not received such training (only "informal") on CAN, especially in the way of recording cases. The records kept are generally mixed, in the sense that cases of CAN listed among the other served cases that vary depending on the mission each time, but in any case they are not related with CAN.

These findings are particularly interesting for two reasons: firstly because in all these agencies serve child victims of CAN and, therefore, **any attempt at coordination, organization, systematization and generally improving the current situation is of particular importance** and secondly because, although in our country there is not a recording and monitoring system of the phenomenon of child abuse and neglect, **this repletion of scattered information sources may be the basis of a future surveillance system for this phenomenon.**

Incidence of CAN

According to the study results, the impact of CAN-regardless of type as were emerged from files of 141 agencies (48% of the overall of eligible agencies) in the prefectures of Attica and Crete (127 archives and 14 agencies respectively) is total for children aged 11, 13 and 16, 758 cases or, alternatively, **6.05 / 1,000 children in the general population of the same age in specific geographical areas.**

Indicative, in an relative annual report of the Department of Health and Human Services of the United States (2012) entitled «Child Maltreatment 2011» (the 22nd consecutive), the incidence of CAN was estimated at 9.1 / 1,000 children, based on data collected of child protection services and reported to the National Data handling System Child Abuse and Neglect (National Child Abuse and Neglect Data System-NCANDS).¹⁷ In the United Kingdom, 14.8 / 1000 (or 168 270) children 0-18 were victims of CAN, according to data from the Department of Education stating that "Abuse or Neglect 'continued to be the most common primary need, increasing from 44.0% of new cases last year to 45.5 per cent this year". In both of these cases are possibly apply the main methodological problems mentioned to the restrictions in the present study (on the equal access of all groups to services, the option of using or not the services and the issue of definitions), however the records are much more systematic and comprehensive and can give an indication of underestimation of the incidence in this study.¹⁸

Regarding the gender of the child victims of CAN, it seems that the impact is greater among boys (6.15 / 1,000) than girls (5.95 / 1,000).

As for the age of children aged 11 years the incidence is estimated at 6.57 / 1,000 (260 cases), for children aged 13 years to 5.83 / 1,000 (244 cases) and children aged 16 years at 5, 81/1000 (264 cases).

¹⁷ U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2012). Child Maltreatment 2011. Available from <http://www.acf.hhs.gov/programs/cb/research-data-technology/statistics-research/child-maltreatment>

¹⁸ Department for Education (2012) Characteristics of children in need in England, 2011-12, final. DfE. Table D5 Available online at <http://www.education.gov.uk/rsgateway/DB/SFR/s001095/index.shtml>

Looking at the gender and age of the children together, the incidence for boys 11, 13 and 16 years old respectively calculated to 6.85 / 1,000, 6.09 / 1,000 and 5.59 / 1,000 and for girls to 6.26 / 1000, 5.55 / 6.06 1000/1000, namely appears to be higher for both younger boys and girls.

As for the prefectures where it appears that **the impact of CAN in the prefecture of Crete is greater in compare to the prefecture of Attica**, namely equal to 7.97/1,000 versus 5.7 / 1,000 children in Attica (the comparison relates both genders).

Taking into account the gender of children **per prefecture**, it seems that the **higher incidence in boys located in the prefecture of Crete, especially at age 11**, followed by the older boys (16 years) of the same prefecture. The smallest impact, on the other hand, is found in older boys (16 years) of the prefecture of Attica and girls 13 years old, also of the prefecture of Attica.

As already mentioned, the percentage of eligible agencies that participated in the study were in Attica 49% the overall of the agencies approached, while in Crete was 40%. On the other hand, worth to stand **in the composition of the agencies involved and those who not involved in the study**. In the Region of Crete, in 14 of the 35 eligible agencies were included and the Mental Health Services of Heraklion and Chania, Welfare Services of the four prefectures and Social Services of Municipalities of Heraklion and Rethymnon, two Child Protection Institutes for Children from across the prefecture, the service Center for Diagnosis of Learning Disabilities in Chania (that serves the children of the prefecture of Rethymno), the Probation service Law of Rethymno and NGOs such as the Hellenic Red Cross and the Shelter for Abused Women of Heraklion. Among the Agencies who did not participate were four Social Services of smaller areas, three Centers for Diagnosis of Learning Disabilities from the field of education, two services from the field of justice, two Child Protection Institutes, two Mobile Mental Health units, four Day Centers (rehabilitation and psychodiagnostic) and some relevant programs and units of Mental Health Center in one of the prefectures. **Without having done a study and given the fact that the relatively even distribution of recorded incidents per agency could possibly assume that the participants serve large part of the population of children in the region, probably proportional to the percentage of partners.**

In Attica, on the other hand, although many agencies collaborated (127 of 259 that were invited), and among them many Mental Health Centres, Social Services Municipalities of Attica services from the Healthcare (Hospitals), the Justice and Education department, the relevant Department of Police and numerous non-governmental organizations in the area and the Children's Counselor was as many agencies and services whose data are not included in the study (such as Pediatric Hospitals, Mental Health Centres, Child Protection Institutes other juvenile institutions of child protection, Social Services of Municipalities services from Justice and Education Department, NGOs and so on.). **In the case of the prefecture of Attica, having in mind the apparent inverse relationship between the recorded incidents per agency and the number of agencies, in this study is not easy to make some assumption about the children population coverage from agencies and services providing data versus those that were not involved.**

Incidence per type of CAN

Physical abuse. The incidence ranges from 0.58 / 1000 to 2.51 / 1,000 children. Among boys in the prefecture of Attica the incidence seems to be similar for the three age groups and in every case higher than boys in the prefecture of Crete (the largest of which appears the smallest incidence). Among girls, the incidence of physical abuse appears to be greater at the age of 16 in the prefecture of Attica (2.51 / 1000, the highest among all the children of study), while overall, and for the three age groups, the incidence is higher in the prefecture of Crete.

Sexual abuse. The incidence of sexual abuse is the smallest that observed between types of CAN and seems to differ considerably from the other three types, as in general is higher among girls (at the age of 16 years 1.48 / 1,000) and particularly in the prefecture of Attica (at age of 16 years 1.58 / 1,000). As for the boys, in Attica, the incidence is less than 1/1000 and for the three age groups, while in the prefecture of Crete, although the impact for ages 11 and 16 are zero, at the age of 13 years is 1.49 / 1000 (second highest after

girls at the age of 16 years in Attica, where the incidence reaches at 1.58 / 1,000). The events of recent years regarding the sexual abuse of boys in Crete reveal to some extent the discrepancy between the recorded cases and the actual cases.

Psychological abuse. Has the highest incidence among all types of CAN. As for boys, and in both prefectures distincts a standard inverse relationship between the age and the incidence of psychological abuse. Specifically, the overall in boys aged 11 years, 13 and 16 years respectively, the incidence is 6.41 / 1,000, 5.62 / 1,000 and 4.91 / 1,000 children. In girls, on the other hand, the effect is also high and does not seem to vary systematically per age (for girls 11, 13 and 16 6.05 / 1000 5.3 / 1000 and 5.81 / 1000 girls respectively). In the prefecture of Crete seems that psychological abuse is more common than in the prefecture of Attica for both genders, and especially for younger children (the highest ratio, 9.67 / 1,000 relating boys aged 11 years in the prefecture of Crete).

Neglect. The incidence of neglect, finally, is also high. Although the overall of children do not seem to differ according to gender (boys is slightly higher), per prefecture the diversification is more noticeable, with indices in the prefecture of Crete appear higher than those in the Attica for each year of age that was studied and for both genders. In the case of boys aged 16 years the incidence in the prefecture of Attica and Crete are respectively 4.56 / 1,000 and 7.78 / 1,000 boys and in the same model, the indicators in the prefecture of Attica and Crete for girls aged 13 years are respectively 4, 89/1000 and 7.56 / 1000 girls.

Substantiation of CAN

According to the study protocol, decoding included all recorded incidents of CAN for the year 2010, regardless of whether the abuse was substantiated, but there was strong indication, on going incidents and incidents that eventually found after investigation unsubstantiated. **The substantiation of abuse defined for the purposes of the study and based on the information in the records and basically expresses the view of agencies and professionals who served the cases and was not based on the existence or non-judicial or other decision.**

Regarding cases of psychological abuse and neglect, more than 8/10 cases identified by agencies as "substantiated". Of the incidents of physical abuse, as substantiated were 6,5/10 cases, with "strong indication" 2/10 cases, while 1/10 incidents were at the time of decoding procedure on going. Of the incidents of sexual abuse, 4,3/10 were classified as substantiated for 3,8 / 10 that there is "strong indication" and about the 1,5 / 10 at of the time of decode procedure "on going." The events following an investigation deemed as "unsubstantiated" was in reference to the overall of types of abuse was in minimum (the highest percentage was 0.8% and was related to incidents of physical abuse).

One possible interpretation of the results concerning the substantiation of the abuse is the fact that in the context of this study included not only those cases that eventually reached at justice (and therefore officially were classified as a "substantiated" or not), but all incidents that was made aware from the agencies that provide services (and) in children and to whom the victims of CAN often reach for a completely different reason than the abuse, and eventually the abuse reported and / or detected. Given the fact that most agencies who participated in the study provide health, mental health and welfare services, and professionals who work in these agencies / organizations are also professionals in health / mental health care, it is more likely for them to recognize and substantiate cases of psychological abuse and neglect, may also recognize but not necessarily substantiate cases of physical abuse (unless at least one event coincides with their contact with the child victim), while regarding sexual abuse also can recognize it but it is even harder to substantiate. Therefore, for the last two types of abuse professionals in the agencies characterize the case as "indicated" and not necessarily as a "substantiated."

Characteristics of Child Abuse and Neglect Cases

Among the objectives of the present study was to investigate the coexistence of multiple types of maltreatment on child-CAN victims and moreover whether there can be identified a pattern of coexistence of multiple types of CAN. As demonstrated by the results, more than 8 out of 10 child-maltreatment victims have

been recorded to undergo multiple types of abuse (at least two or more), indicating that it is rather the rule than the exception.¹¹ Besides, as indicated in relevant studies, it appears that isolated types of abuse and neglect are rarely encountered, while especially children who experience repeated maltreatment often experience multiple forms of abuse (Higgins, 2004). This fact appears to be valid in the present study as well, in both prefectures and for both genders and all three ages.

Regarding distinct types of CAN (physical, sexual, psychological abuse and neglect) and the frequency by which each one of them is involved in the incidents, it seems that psychological abuse prevails, as it appears in more than 9/10 cases. This can be explained to a certain point by the fact that each of the other types of abuse includes -to some extent- some type of psychological abuse. Neglect was recorded in more than 8/10 cases and physical abuse in about 3/10 cases. Sexual abuse presented the lowest incidence, as it was recorded in less than 1,5/10 cases in the prefecture of Attica and in about 0,7/10 cases in the prefecture of Crete. This fact however, doesn't imply that sexual abuse is less common or less important than the other types of CAN: Extrapolation of the data at population level indicates 0,79/1000 or, in other words, 5/4000 children. Considering that the primary source of those data were mainly files of services that are not involved with the judicial system (therefore with the systematic investigation of this type of abuse) and additionally, that this specific type of abuse is one of the most difficult to be reported by the victims themselves, then the involvement of some form of sexual abuse in 13.1% of all cases recorded in 2010 appears to be significant.

An interesting observation at this point is that the pattern of frequencies of distinct types of abuse seems to be repeated between the prefectures. Reported incidents of isolated types of abuse were less than 2/10 in this study and regarded psychological abuse and neglect. In half the recorded cases two distinct types of abuse coexist and they particularly concern coexistence of physical and psychological abuse (0,5/10), coexistence of sexual and psychological abuse (0,04/10) and coexistence of psychological abuse and neglect (4,4/10). The cases that include three types of abuse consist the one quarter of all cases and, specifically, they concern coexistence of physical and psychological abuse and neglect (~2/10) and coexistence of sexual and psychological abuse and neglect (0,5/10). Lastly, approximately 0,8/10 of the total cases included all four types of maltreatment, as defined in the study protocol conceptually and operationally on the basis of the definition by WHO & ISPCAN, 2006. As for the gender of children, girls appear to encounter multiple types of abuse in larger rates compared to boys, especially when sexual abuse is one of the types. The incidents of neglect as a single type case, seem to affect boys rather than girls. Age does not seem to differentiate the incidence of multiple types of abuse for either gender.

Types and Special features of distinct types of abuse

Physical abuse. As far as physical abuse is concerned, it was attempted in the context of the study to outline some further characteristics, such as specific forms or "tactics" of physical abuse (often punishments), whether and how any kind of injuries caused due to physical abuse are being recorded, as well as their severity. First, it is emphasized that the recorded information on specific features (such as abuse form) was not available for half cases, while information on whether there had been an injury involved, of what kind and severity it was, were available for less than 2/10 incidents of physical abuse. The existing data indicates that the most common forms of physical abuse are spanking, slapping and beating the face, kicking, pushing, throwing and hitting with an object. Also, in lower frequency were recorded "tactics" such as smothering/squeezing neck, hitting on head, hair-pulling, twisting ears, locking up, forcing child to hold painful position, pinching, threatening with a knife or a gun, burning/scalding, tying up/tying to something, grabbing/shaking etc. The distribution of cases of physical abuse does not seem to differentiate by gender of children and, in the case of boys, nor by their age. In the case of girls, however, it seems that physical abuse is more common among those of older age (16 years old) than among the younger ones. Regarding the existence of injuries, what the available sources show is that in about 1,5/10 cases there was no injury, in half cases there was some minor injury, in almost 2/10 there was some moderate injury, in 1/10 there was a severe injury and in less than 3% there was a life threatening injury. The most common forms of injury were bruises and in smaller frequency burns, open wounds and strains/fractures.

Sexual abuse. For approximately 9/10 of the cases there were recorded data on forms of abuse. The most commonly recorded form was touching/fondling genitals (in about 6/10 of the cases), which for the girls transcends the 7,5/10 cases while for the boys it concerns almost 2,5/10 of the victims of this form of abuse.

Additionally, in about half the cases it was recorded that adults had shown their genitals to children and in respective frequency sexual harassment was recorded. Approximately 2/10 cases were reported about sexual exploitation of children (girls at almost twice the rate compared to that of boys), often for profit. About 2/10 cases involved completed sexual activity (vaginal or/and anal penetration), and other 2/10 attempted sexual activity. In both cases frequency was higher for girls than boys, while the respective figures were up to threefold (especially for the attempted penetration), whereas most incidents involved children aged 16 years.

Psychological abuse. The first observation concerns the frequent coexistence of multiple forms of psychological abuse, such as verbal abuse, terrorization, isolation, ignorance, corruption and also presence in incidents of intimate partner violence. The ignorance of caregivers for children and their needs was the most often documented form of psychological abuse, as it concerns about 6,5/10 children. It is also significant that in about half of cases, children were either involved or witnessed intimate partner/domestic violence between their parents. The rejection of children through verbal abuse from their caregivers and terrorization were recorded respectively for 4/10 cases. One in five children was reported as victims of exploitation by caregivers, since forced to take over adult roles and family responsibilities, such as household chores or taking care of younger children. In about 1,5/10 incidents of psychological maltreatment children were recorded as victims of corruption, including cases where they were forced into criminal behaviour after the suggestions of adults, while for 1,2/10 cases there was information about isolating the child from the social environment and in some cases even about permanent encapsulation at home. In half of all cases, some form of psychological abuse was found to coexist with some form of neglect.

Neglect. For many cases was recorded the coexistence of multiple forms of neglect, such as physical, educational and medical neglect, economic exploitation (usually beggary), failure to protect on multiple levels, up to refusal of custody and abandonment of children by their caregivers. The registers show that educational neglect issues concern 6/10 children, physical neglect concerns 4,5/10 children, health and mental health neglect issues concern 3,5/10 and 3,2/10 children respectively. Inadequate supervision and failure to protect from physical harm was recorded in 3/10 cases of neglect, failure to protect from sexual abuse in 1,6/10 and economic exploitation of children also in 1,6/10, while permitting maladaptive or/and criminal behaviour was recorded for approximately 2/10 cases. Refusal of custody or even abandonment of the child was recorded in more than 3/10 cases. For most forms of neglect it seems that the child's sex does not cause any difference in the frequency of their occurrence. The incidents of failure to protect from sexual abuse and abandonment/refusal of custody, however, seem to affect more girls than boys, while, on the other hand, permitting maladaptive or/and criminal behaviour affects more boys compared to girls, which may be related to stereotypical conceptions of gender roles (boys more free and independent than girls). As for the age of the children, it seems that the various forms of neglect are more common in 13 and 16 year old children of both sexes.

Individual characteristics of children-victims in total and by type of abuse

The attempt to outline the profile of children-CAN victims was one of the objectives of the Case Based Surveillance Study. Given that every child, regardless of any features, can potentially be a victim of abuse and neglect exactly because that does not depend on the child but on the perpetrator of abuse, goal of this measurement is more to indicate what are the characteristics of the children who reach the agencies –usually for a reason other than abuse and neglect- and are finally reported or detected and recorded as CAN victims. Regarding their educational status, the majority of child victims of abuse and neglect attend school (7/10), while in rates of 7,3% and 7,9% have dropped out or have never attended school respectively. The measurements do not seem to differentiate among children in terms of their gender. Regarding age, children who are 16 years old and have dropped out of school are clearly more than the younger children, while younger children (11 and, mostly 13 years old) have never been to school in higher rates than the 16 year olds. Only in 6/10 cases information was available as far as educational problems of the children are concerned. According to existing records, 1 in 6 children seem to have no education-related problem, while more than 3/10 are referred to have learning disabilities. Also, more than 3/10 are referred not to attend school regularly and 1,2/10 to attend a specialized class.

Regarding their work status, from the available information concerning approximately $\frac{3}{4}$ of the children, it seems that in their majority they do not work. In percentage terms, however, 6,1% and 12,4% of the children have been reported to work either at home (unpaid) or salaried work respectively. As for the sex of the children it seems that girls work more than boys in unpaid work at home and, in reverse boys work in salaried work more often than girls.

For potential behaviour-related problems of children, available information also concerns approximately 6,5/10 of cases, of which 2/10 children do not have any particular behavioural problems. The most commonly reported problems are associated to problematic behaviour at home and at school, expressing violent behaviour, aggressiveness and criminal behaviour. Additionally, to a smaller extent are referred negative peer involvement, incidents of running away from home, inappropriate sexual behaviour, bullying and self-harming. Problematic behaviours such as aggressiveness, criminal behaviour and negative peer involvement have been registered more frequently among boys and less usual behaviours such as running away from home, inappropriate sexual behaviour and self-harming present higher frequency among girls. As for age, it seems that for both boys and girls behaviour-related problems increase as children grow older. One possible explanation for this observation may be the very nature of the particular age, as children in adolescence are by definition more reactive or, otherwise, harder to comply and their behaviours may be perceived as "problematic", whereas in reality may be not. Substance abuse, although recorded in fewer than half the cases, does not seem to be common among children. The few cases that have been recorded mainly concern older children (16 years) and rarely children 13 years old, while there is no recorded incident of an 11 year old child.

On their health status, the recorded information is only in 6/10 children. Specifically, 4/10 children (half girls and 1/3 boys) had no health or mental health problem. 1,5/10 children, however, (more often boys than girls), was recorded for the existence of a physical disability or/and chronic disease, for 1/10 boys there was reference on vision, hearing or speech impairments, for about 2/10 children on impaired cognitive functioning and for about $\frac{1}{4}$ boys and 1/7 girls there was reference on diagnosed mental health problems. These health problems do not appear to vary by the age of children.

Below a brief commentary on the characteristics of child victims for each type of abuse and neglect separately, although in reality –given the multiple CAN types- the features of the same children often appear in more than one type of abuse.

Physical abuse. Children in their majority attend school, do not work, have mostly learning disabilities and at a rate they do not attend school regularly. Their behaviour-related problems are mostly identified at home and at school, where they express violent behaviour, do not have any particular substance abuse problems (although the rate of substance use is almost equivalent to the total sample of the study), and their main health-related problems are impaired cognitive functioning, mental disorders and physical disabilities or/and chronic diseases. Namely, it seems that the characteristics of child victims of physical abuse do not differ from the characteristics of children in the sample as a whole.

Sexual abuse. Approximately 6 in 10 attend school and about 3 in 10 (mainly older of both genders) either have never been to school or have dropped out. Four out of ten do not work, and as many work in salaried work. As far as education-related problems are concerned, available information exists only for 6/10 children. From them, learning disabilities are referred as the main problem for 11 year old children of both genders and irregular attendance for 16 year old children (especially for 16 year old boys the rate is 60%). About one in 10 children of both genders and of all three ages attend a specialized class, while 1,3/10 children have no education-related problems. As for their behaviour, for 2-3/10 children problematic behaviours have been recorded at home and at school, as well as increased criminal involvement. In lower rates aggression is reported (mainly boys), running away from home (mainly girls) and negative peer involvement (especially 13 and 16 year old girls). At a percentage of ~8% children do not show any particular behaviour-related problem, while in very few cases substance use (alcohol and drugs) has been recorded. As for their health status, in the available information on about $\frac{1}{4}$ children, no health or mental health problem is mentioned, in 1,2/10 a diagnosed psychiatric disorder and a similar degree of impaired cognitive functioning have been recorded, for

less than 1/10 children some physical disability or chronic disease and for 0,5/10 visual, hearing or/and speech impairments.

Psychological abuse. Child-psychological abuse victims consist the largest group among children that were recorded in the context of the study, possibly because children who suffer physical and sexual abuse or severe neglect, automatically subject to various forms of psychological abuse. Their characteristics regarding educational and work status as well as educational and behaviour-related problems, substance abuse and health conditions are largely similar to the characteristics of the total sample. The distribution of child-psychological abuse victims appears to be relatively uniform in terms of gender and age. Older children have dropped out of school or don't attend regularly in a higher rate compared to younger children, while in reverse, younger children seem to have more education-related problems than the older ones. In most cases, as already reported for all children, boys face in larger percentages than girls problems at home and at school and show behaviours such as aggressiveness, bullying, negative peer and criminal involvement, while more incidents of running away from home, self-harming and inappropriate sexual behaviour have been recorded on girls.

Neglect. Child-neglect victims that were recorded in agencies' archives for the year 2010 are approximately 80% of total cases recorded, while in many cases neglect coexisted with other types of abuse. It is noted at this point that at least for some cases, according to the opinion of the professionals of the collaborating agencies, caregivers of children did not deliberately neglect specific needs that the children had, but because they couldn't do otherwise. All cases were registered, however, regardless by intent of adult caregivers of children in terms of the impact of neglect on children themselves (for example, a 11 year old child who does not eat properly or does not attend school due to the need to beg in order to contribute financially to the family because the parent is unemployed or has financial problems and cannot afford to meet the child's needs, was considered as inadequate supervision and economic exploitation of the child in the context of the study). For children who suffer one or more forms of neglect, almost 2/10 have never attended school or have dropped out of school, while approximately 7/10 attend school, although about 2,5/10 of them do not attend regularly, 2/10 face learning disabilities and only 1/10 does not have any education-related problems.

More than 2/10 work either in the house or in salaried work (often beggary), while more than half do not work. As for the behaviour-related problems, their characteristics are similar to those of child-psychological abuse victims, but also to the total sample of the study, largely because they are the same children.

Lastly, the same applies to substance use-related problems as well as to their physical and mental health status.

Characteristics of the families of child abuse and neglect victims

According to literature, Child Abuse and Neglect occurs in all countries and in all population groups, regardless to social, cultural and religious characteristics and beliefs.^{19,20} Recording the characteristics of the families and the housing conditions of the child victims of neglect was also among the objectives of the study. The relative data were collected in order to investigate potential risk factors and, therefore, to outline specific groups of children at risk. As in the section regarding the characteristics of children, however, it is clarified that these data, and mostly the ones related to socio-economic status, basically outline the families of child victims of Abuse and Neglect that for any reason apply to agencies and services (where any register takes place), rather than the characteristics of families in which children are more likely to be victimized. In any case, as it has been already mentioned, it has been observed that Child Abuse and Neglect occurs in completely disparate families and family environments with different socio-economic characteristics between them. On the other hand, elements such as the existence of intimate partner violence or other type of domestic violence can constitute strong evidence of CAN existence.

¹⁹ Pinheiro, P. S. (2006). World Report on Violence against Children, United Nations Secretary-General's Study on Violence against Children, Geneva, 12

²⁰ Runyan, D. K., Dunne, M. P., Zolotor, A. J., Madrid, B. et al. (2009). The development of the international screening tool for child abuse—The ICAST P (Parent Version), *Child Abuse & Neglect*, 33, 826–832.

In half the recorded cases, children live with their parents who are married. In ~14% the child comes from a single parent family, 1/10 children come from families where the parents are divorced, only 20 out of 758 children live with adoptive parents and even less in foster families. For more than 2/10 children there is no recorded information on the composition of their family (such as parents and the number of people who live in the same house with the child). From the available information it is indicated that 2/10 children live with three other people (usually the parents and one brother/sister), 2/10 live with five other or more people (in most cases those are other children who are hosted in children's home institutions and 1/3 live in large or extended families, where grandparents or/and other relatives live along with the nuclear family. In 16,2% of cases children live with two people (usually the parents or one parent and his/her intimate partner), in 14,1% with four other people (the parents and two brothers and, in some cases a brother/sister and a grandparent or other relative), and, finally, 6,7% of children live with just one person (one parent, usually the mother).

Of the total cases, in three out of four cases the child lives with the mother as well, in half the cases with the father as well, 6,6/10 children have one or more siblings, 1/10 children live in a house where one or more grandparents live, and less often in the same house with the child live other relatives either by blood (like uncles and aunts) or in law (like parent's intimate partner).

For more than 3/10 cases living/housing conditions were satisfying according to agencies' archives, while for about 2,5/10 cases they were considered inadequate (whilst for the rest of the cases there was no relevant information recorded). With regard to family income, in 23% of cases it had been recorded as "very low", in 15% as "low", in 19% as "moderate" and in ~6% as "high" or "very high", while as far as their sources of income are concerned, for over half of the households was a full or part-time employment of one or both parents, for 2/10 families some welfare benefit and for 0,5/10 families there was no stable source of income (information on the amount and sources of family income was not available for more than 3/10 of all cases).

Moreover, 2/10 families had no financial problems according to available information, 4/10 did have financial problems, while for almost 4/10 families relevant information was not available.

Regarding the existence or non-existence of domestic violence and/or abuse and neglect of other children, for 4/10 and 1,2/10 cases respectively there was no positive nor negative information recorded. From the available information, in more than 7/10 cases it was recorded that another child (usually brother/sister) was being victimized, which is expected, especially in terms of psychological abuse and neglect. In over 3,5/10 cases there was information about intimate partner violence in the family and to a smaller extent reference on elderly or peer abuse (in percentages 1,6% and 2,6% respectively).

In nearly 2/10 cases it had been recorded that other forms of domestic violence, apart from CAN, are not identified.

Child Abuse and Neglect Perpetrators and Caregivers of child-CAN victims

This part of the study concerns the recording of information so for CAN perpetrators as for people who were responsible for taking care of children who were registered in the records of the relevant agencies as victims of one or more types of CAN in the year 2010.

The information is presented for three distinct roles: for those who only had the role of the perpetrator, for caregivers who had no involvement in the abuse and for those with the role of the caregiver who was also responsible for child abuse at the same time (the latter category includes more than half the people, mostly adults and relatives).

The people who were only perpetrators constitute about 1/4 of those involved, and most often they are also relatives from whom the right to relate to the children has been removed (custody, guardianship), while rarely they are people outside the family.

Finally, about 2/10 of the people involved, were caregivers of child victims who had nothing to do with the abuse, and in that category belong, apart from the parents, extended family members, such as grandparents as well as caregivers of children in child protection institutions.

Although at first sight it seems that the people responsible for taking care of the children are less than you would expect, this is not true, just because a large number of caregivers (more than double than that of exclusive caregivers) have also been recorded as perpetrators of abuse and / or neglect.

Characteristics of perpetrators and alleged perpetrators of CAN

The information in this section relates only to those individuals who have been identified *exclusively* as perpetrators and at the time of registration in the agency's records had no relationship with the child. In half the cases of this study two persons were reported as perpetrators (or alleged perpetrators). In 2/10 cases the perpetrator was a single person and about 3/10 cases three or more. Regarding the validity of the accusation against the individuals who were responsible for the abuse, this depended on confirmation based on a verdict or decision, as opposed to the evaluation of the abuse incident made by the agencies. This explains to some extent why just 3/10 of the total of «sole perpetrators» was classified as "active" and 7/10 as "alleged perpetrators" (proportions vary significantly only with regard to sexual abuse, where the confirmed accusation reaches 40%).

Regarding their demographic characteristics, 5,6 / 10 of the people in this category are males and 3,8 / 10 women (the remaining is unidentified), although for incidents of sexual abuse, the corresponding proportions for men and women is almost 7/10 and 3/10 respectively. The 1/4 of offenders are in the age group between 35-44 years, 1,6 / 10 are aged 45-54 and less than 1/10 aged 25-34 (for the remaining 3/10 there is no age record). The 3,5 / 10 are married, the 2,6 / 10 separated or divorced, about 1/20 lives with his/her partner and 1/10 are single. In the majority of cases the perpetrators / alleged perpetrators are the mother and father of the child (3/10 and 3,7 / 10 cases, respectively). Regarding the educational level of half of the persons (as for the rest there was no information), this is rather low, since almost 2/10 had never been to school, 4/10 were primary school graduates, about 2/10 had completed junior high school, almost 1/10 high school and only 1/20 had a higher education degree, and none had post-graduate studies. Regarding the types of abuse, the allocation of offenders to educational levels were relatively even in cases of psychological abuse and neglect, while in cases of physical and sexual abuse there were more perpetrators with higher education. Most of the perpetrators were employees (3,5 / 10), fewer were unemployed (about 1,6 / 10) and 3,5% are pensioners (for more than half of the cases there was no information). About the state of their health, for over 6/10 of the cases there was no recorded information. From the rest of the sample about 1/10 had no problem of physical or mental health, and almost 3/10 had problems (in half the cases there was mental illness and other problems and cognitive development or physical disability). Also, few were those for whom there was information about drug abuse (less than 1/10) or alcohol (about 1/10, it was often the same people). For 1/10 of the cases there was no indication of relevant problem, while for over 6/10 there was information. For 7/10 perpetrators no information regarding their victimization at some point in their lives as children or adults, while for nearly 3/10 had positive information (and only 3% said they were never victims). On the other hand, for more than 6/10 there was previous record for similar accusations (while for almost everyone else there were no relevant information).

Although psychological abuse and neglect rates of parents were similar to those of the total (alleged) perpetrators, for physical and sexual abuse was much lower. In 1/20 of the perpetrators / alleged perpetrators were brothers of the victim, and less often the companion of parents, friends / family friends and strangers (in all these cases, however, noted that the frequencies were higher for incidents of physical and sexual abuse compared with those of psychological abuse and neglect). Overall, however, in more than 8/10 of the cases the perpetrators / alleged perpetrators were men of the narrow or wider family, and only about 1/20 were people outside the family.

Features Characteristics of caregivers that are at the same time perpetrators CAN

The following comments are for those people who care for their children while at the same time have been recorded as perpetrators / alleged perpetrators of abuse. In this group according to the study's protocol belongs the majority (mostly adults) of the persons involved in this study. In 7/10 of cases there are two people per incident, in 1/10 one person, in 1/10 three people, and in less than 1/10 of the cases four or more persons per incident. Regarding the validity of the accusation, over 9/10 of the cases there is none officially-

documented accusation (meaning there aren't any judicial, or other similar verdicts), and this is expected as they are caregivers of children (and therefore no action was taken of removal of parental rights or others). Just over half the people in this category are women and less than half are men, while for their ages, 1/3 belongs to the age group 35-44 years, less than 2/20 belongs to the age group 45-54 years, approximately 1/10 belongs to the age group 25-34 years, and almost 1/20 are over 55 years (about in 1/3 of the cases the age was not recorded). For persons involved in incidents of physical and sexual abuse the age group is becoming lower in comparison to other types of abuse, and particularly in the case of sexual abuse, individuals > 65 years are almost 1/20, higher than in any other type of abuse.

Regarding marital status, 90% of caregivers / perpetrators for whom information was available, were married (> 6/10), nearly 2/10 divorced or separated, respectively, and lesser married, widowed or relative to cohabitation. Regarding their relationship to the child victim, it seems-as expected-that in over 9/10 of the cases they were the parents of the child (48.5% share in the mother and father 43.2%). In smaller percentages caregivers / perpetrators were other family members such as grandparent, stepparents or foster parents, other relatives by blood or marriage, caregivers in child protection institutions and the sexual partners of parents. It is evident that in this category of perpetrators no person beyond the kindred of the children is included, because "foreigners" could not be simultaneously caregivers.

In half of these cases information on the caregivers educational background is not recorded. Regarding the rest, 1/10 never went to school, 1/10 completed primary school and a little over 1/10 junior high school or high school. Another 1/10 was in graduate school or university and only 3 out of 980 had postgraduate studies. As to the type of abuse and the educational level of the caregiver-perpetrator, it was noted that caregivers-perpetrators of physical abuse that had never been to school or had only been in elementary were proportionally more than for other types of maltreatment except sexual, where the figure was even higher. As to the work situation, 1/4 caregivers / perpetrators had a job, 2/10 were unemployed and in a very small part pensioners (while 1/3 there were no recorded information). 16% of caregivers-perpetrators, according to the records, had no physical or mental health problem, for over half there was no information. Of the rest, more than 1/10 had a diagnosed mental disorder, less than 1/10 a physical disability or chronic illness and very rarely were reported reduced cognitive abilities. Also, about 1/20 had a substance dependency problem and less than 1/10 a drinking problem. Two out of ten had dependency problems while for most (64%) there was no information.

As for their own victimization at some point in their lives, for few of caregivers / perpetrators there was information that they were never victims abuse, while 1/3 were victims of some form of abuse as children or as adults (and for some 7/10 no information). Also, almost half of caregivers-perpetrators had previous faced similar accusations of CAN and only for 1/20 there was no suspicion, while for the other half there was no information in the agencies records.

Features Characteristics of caregivers of children-victims CAN

In fact, the caregivers of children documented in this study were much more than those listed here, but given that most of them were also the perpetrators of abuse, their characteristics have been presented in the previous section.

Regarding caregivers of children who are not alleged to have had anything to do with abuse or neglect of children, about 4/10 of the cases recorded two caregivers per child, 2/10 one caregiver, for more than 1/10 of the cases three or more caregivers per child. For about one in four cases there was no information about it. Regarding gender, almost 6/10 are women and less than 2/10 men (about 1/4 there was no information on gender). One in three are married, 1.5 / 10 divorced or separated, almost 1/20 widows, and as many single. For 4/10 information was not available. Regarding their relationship to the child, only 1/4 of caregivers are mothers, about 2/20 fathers and less often grandmothers and grandparents, other relatives, and / or partners of parents. For 1/3 of the cases caregivers are employees of institutions of child protection. At rates <1% were stepparents and foster parents and older siblings. As for their age, information was recorded for less than half of the caregivers, while regarding the available information, approximately 1/3 aged 35-54, and about 1/10 >

55 years. Regarding their educational level, about 1/5 of caregivers are graduates of university, slightly more than 1/10 have completed high school and almost 1/20 didn't go to school or have completed elementary and junior high school (for 6/10 of the cases relevant information was not recorded). Also, 6/10 of the caregivers are employees, less than 1/10 unemployed and about 1/10 retired (no information on almost 1/4 of cases). The records also showed that 1/3 of caregivers do not have a problem with substance abuse and alcohol use was reported in <1% (for almost 7/10 of the cases there is no recorded information). Also, regarding the state of health (physical and mental), about 1/4 of caregivers have no problem, 1/20 have a physical disability / chronic illness and as many a diagnosed mental disorder (and for 7/10 there was no recorded information). About victimization of the caregivers, in nearly 8/10 of the cases there was no information, for 1/20 there was information that they were never victims of abuse and 2/10 have been victims of abuse themselves at some point in their life (as children and / or adults). Regarding whether they had ever been accused for CAN about 1/20 appears to have been accused (probably unfounded), 3/20 were never been accused as perpetrators of CAN, while nearly for 8/10 of the total caregivers there was no recorded information on the agencies.

Agencies involved in incident management of CAN and Services to children-victims and their families

During this study, in addition to the characteristics of incidents of child victims and their families, caregivers and perpetrators, a great deal of information was collected regarding the agencies involved in the evaluation of cases and confirmation of their validity. It was also a great opportunity to collect information about the measures that were taken (if taken), what were those measures, the care that was given to the child victim in each individual case and whether the child or the perpetrator was removed from the family. In accordance, therefore, with the information that was documented in the agencies records, the stage of the investigation and evaluation of specific allegations of abuse, in more than half of the incidents of this study Social Services were involved (Municipal or Hospitals). This finding may be related to the origin of the information sources, since in many cases the incidents were derived from Social Services records. In any case, the evaluation of 4/10 of the cases was made by mental health services, also 4/10 by prosecutors or other services of the justice system, 1/4 by health services, 2/10 by services related to education (notably specially centers for the diagnosis of learning difficulties or other relevant), while 16% was made by the Police, emergency procedures, the removal of the perpetrator, etc. Regarding which agency confirmed the allegation of abuse (with some decision or by other means) for about 1/10 of the cases the information was not available mainly because in many cases incidents were still under investigation. For those incidents that information exist, half of the cases of abuse were confirmed by social services, about 4/10 by mental health service, 1/3 by services of the justice system, 2/10 by health services, almost 1/10 by services related to education and about 1/10 by the police.

For 1/10 of the cases there was no recorded information regarding whether and what kind of legal action took place for each of the incidents. For the remaining cases, for about 1/3 of the cases it seems that no legal action was taken to protect the victim. For about another 1/3 of the cases social services, but not the justice system, were involved. For less than in 1/10 of the cases there were emergency procedures in place for child protection, such as police intervention, on 3/10 judicial decision to remove parental rights or judicial decision to protect the child victim (by court order), and in 1 / 20 the perpetrator was apprehended by the police and brought to trial. Especially on sexual abuse, acts to protect the victim, to remove the rights of parents and involve the police were in any case higher than those that were taken for other types of abuse. Regarding the care given to the child in 1/10 of the cases the child remained in the family without any kind of intervention, a finding that seems quite interesting, since for all incidents there were signs of abuse. For 4/10 of the cases, although the child remained in the family, some kind of intervention was designed in collaboration with the relevant departments. In more than 1/10 of the cases the child was removed from the house with the cooperation of the parents (most often hosted in a shelter, where parents could see their children whenever they wanted or to take home at parties or in some cases on weekends), while in 13.2% of cases, the child was removed from the house by court decision (in these cases custody of the child was usually removed from the parents or caregivers). For 3/20 cases there was no recorded information about whether or not there was any decision.

A variable relating to the removal of the child from home showed, that besides 3/20 of the cases for which there was no information, in half the recorded cases it was not proposed as a corrective measure for abuse.

For children who were removed from home about 2/10 of children were taken to shelter for minors of the Ministry of Justice, Ministry of Health and non-governmental organizations, in 3.2% of cases the child stayed in shelter with his mother (shelters for abused women), in 3.4% of cases it was entrusted to the care of relatives from the wider family, in 0.5% was in foster care, in 1.8% of the cases the perpetrator was removed from the house (including cases that the offender was imprisoned) and there is no recorded case of adoption, either with the agreement of the parents or with a court's decision. When studying removal from the home as an intervention in connection to the types of abuse, the rates differ, mainly when sexual abuse is compared with the other three types, where only 1/3 child victims of sexual abuse remained at home (versus half the children in other types) The 1/4 accommodated in child protection institutions (vs. 1,5 / 10 physical abuse, of approximately 2/10 of psychological and 1/5 in case of neglect). Also, 1/10 of children victims of sexual abuse was in the care of relatives from the wider family (while for other types of abuse, the ratio was much smaller) and about in 1/10 cases of sexual abuse the perpetrator was removed from the house (versus other types of abuse, where the removal of the perpetrator was much more rare).

Referrals to child and family services and services received

From the information gathered from the agencies records on incidents of CAN that occurred in 2010, results regarding referrals made between agencies and services but also services that ultimately took the children and / or their families, regardless of the type of service, the services provided were less than the corresponding references. It is also noted that many of the referrals to services and, therefore, of those the agencies ultimately received, are part of interventions in cases where children are removed from their families. Regarding references, these were mainly psychological support services, social assistance, family counseling, medical and dental services, programs providing kitchen soup, housing services, psychiatric services, special education programs, consulting services exclusively for children recreational programs, and various other services to smaller proportions of 1/10 cases (as parent support programs, counseling programs for alcohol and drug abuse, counseling for domestic violence, victim support programs). In 3.3% of the cases there was no reference (and for ~ 8% of cases there was no information).

Information on services eventually provided to children and their families were more or less complete for 9/10 cases (for 1/10 the same information was not recorded). In 6.9% of the cases no services were provided (while only half of them had made referral.) The services provided, both in terms of frequency as well as in their composition was similar (though less in each case) with those reported in the references): in descending order, in terms of their frequency there was psychological support services , social assistance, family counseling, medical and dental services, providing soup kitchen programs, housing services, psychiatric services, special education programs, consulting services exclusively for children, recreational programs for children and other services (such as parents support programs, counseling programs for alcohol and drug abuse, counseling for domestic violence, victim support programs) in ratios less than 1/10 of the cases.

Completeness of logs incidents of CAN: What incomplete values indicate

This last section of the discussion concerns the last part of the results and is specifically an annotation of the agencies records completeness, from which the incidents were documented in this study. Completeness control was made for all general categories and subcategories of variables and is related to the degree in which the requested information was available or not. From the ratio of the available over the missing information is shown what information is deemed important by the agencies to record when managing incidents CAN and what is not.

Children-victims: typically recorded sex and age at first contact of the child with the agency, and the basic contact information (address and phone). In half of the cases the exact date of birth was not recorded. Also, for about 2/10 incidents the exact date of the child's first arrival at the institution (only month and / or year) was recorded. In a satisfactory rate were recorded information on the nationality of children and their education (almost 9/10 cases), while on the employment status 3/4 of cases were recorded. Regarding individual characteristics of children, such as behavioral problems, the information was available for less than 7/10 children, their health status for 6/10 children, problems with their education for less than 6/10 children, while for possible drug use information was available for less than 5/10 children. Of relevant questions to

professionals working on the agencies, the logic was not to record some of the information that was not appropriate or necessary since there was no problem, and therefore, at least for some of the recorded incidents the missing information means that the problem was not recorded. However, according to the study protocol, the indexing concerned only recorded information (even for the non-existence of a problem) and, therefore, cannot at this stage distinguish the "unspecified" in subcategories "unclear because there was no problem" or "unclear because the agency has a policy in place to not record the problem."

Abuse and neglect: Regarding the incidents of abuse, the record is fairly good regarding the type / types of abuse, the area that took place, duration, etc., while the main non-recorded information concerning the forms of physical abuse (almost 5/10 cases of physical abuse) is whether there is injury as a result of physical abuse and what type (this information is missing in more than 3/4 cases). Regarding sexual abuse, the form is not identified for more than 1/10 cases and in the same way there is no information on whether the abuse is confirmed, if there was legal action, which was the care for the child and if it was removed from the house. For the characteristics of incidents of psychological abuse and neglect information was complete for most of the 9/10 incidents.

Family environment: Information on housing conditions, household income, sources of income and whether the family is facing financial problems are not available for about 2/10 cases. Regarding data on family composition, for more than 1/10 cases there are no information about the number of people living with the child, for more than 1/20 of the identity of the housemates. Also, for more than 4/10 of the cases there was no record if there is another type of abuse in the family, while in 3/20 of the cases there was no information on the progress of the case, whether the family followed the reference.

Perpetrators of CAN: For perpetrators of abuse the recorded information in the agencies records are even fewer. Apart from gender, their relationship with the child, marital status and ethnicity (where unrecorded information concerning 1/10 cases or less), all other characteristics are under recorded. For 1/3 of the perpetrators there are no records of their age, for about 4/10 of working situation, 4/10 also on whether they have been previously accused for CAN, for half there is no information for their educational background, for 6/10 there are no data on the state of health (physical and mental illnesses), for more than 6/10 on whether they have a problem or a history of substance abuse, and for more than 7/10 there is no information regarding history of victimization as children or adults.

Caregivers of children-victims of CAN: For caregivers of children-victims of CAN, the information is incomplete and, on specific topics, more than this of the perpetrators! Thus, apart from their relationship with the child and the type of custody, where information is recorded in more than 9/10 of the cases, all other features are unrecorded in at least 2/10 cases. Specifically, there were no recorded information for 1/4 of caregivers regarding their gender, for over half regarding their age, for about 1/3 regarding their nationality, for 6/10 regarding their educational level, for more than 2/10 regarding their work status, for almost 4/10 regarding their marital status, for almost 7/10 there is no record if there was history of substance abuse and for 7/10 there is no information about the state of their health. For if they themselves are victims of violence, it is an important information that is not recorded for almost 8/10 of the caregivers (and we know that the existence of any form of violence, such as intimate partner violence is directly related to the existence of CAN), while for if they have a history of perpetrators of CAN information is also missing in 8/10 cases. Finally, for more than 1/10 cases there are no available contact information (although they are usually the same as those of children).

Background of previous abuse and follow-up cases: Recorded information regarding background information of previous abuse did not exist for more than 6 out of 10 cases. Also, for 1/10 cases served by the agencies it was not clear if the agency knew the progress of the case and on 3/10 there was indication that the case was closed, but the agency didn't seem to know the outcome.

Case-Based Surveillance Study and BECAN Epidemiological Survey

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-based 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 it was expected, reported abusive experiences by the children themselves were in any case much higher than the respective recorded cases extracted from the archives of the organizations. In case of psychological abuse, more than 7 out of the 10 children reported that experienced such type of feelings due to at least a number of adverse experiences they had during the previous year related to the behaviour of another person (very often an adult). The incidence for the recorded cases of children-victims of child abuse in the same areas and for the same age range were estimated to be almost 6 out the 1000 children, more than a hundred times lower. One obvious interpretation of this impressive difference is that it is not usual tactic for children who experience psychological abuse to ask for help in an agency or, otherwise, agencies record in their archives children who suffer from psychological abuse usually along with at least one other form of abuse (sexual or physical or neglect).

Moreover, almost half of the children reported in the context of the survey that during the previous year they experienced some form of physical abuse, one or more times. The incidence rate as it was calculated based on CAN cases extracted from the files of the related organizations is 1,97 per 1000 children of the same age, living in the same geographical areas and for the specific year. Again, the estimated scale is much more higher in the self-reporting in the context of the epidemiological survey than the one resulted from the recorded cases of children-victims of physical abuse. In a similar way, experiences related to sexual abuse including contact or not were reported from almost 1 out of the 10 children participated in the survey. The respective incidence according to the child sexual abuse cases recorded in the archives of a variety of agencies is 0,79 per 1000 children. Again the difference is quite significant.

Considering the results in relation to the gender, 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, namely for psychological adverse experiences 72,3% vs. 71.5%, for physical abuse experiences 49.7% vs. 47.3%, even for adverse experiences related to sexual issues boys provided positive responses for at least one such experience at 10.8% vs. 9.1% of girls. 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. Specifically, concerning psychological abuse the estimated rate for girls was 2,04/1000 vs. 1,91/1000 for boys, for physical abuse the incidence for girls calculated at 5.71/1000 vs. 5,61 for boys and for sexual abuse, the rate for girls is 1,07/1000 while for boys 0,54/1000.

As for their age, adverse experiences related to any type of abuse according to the results of the epidemiological survey are more prevalent among older children and it becomes lower for the younger children. For psychological abuse, the percentages of positive answers related to the existence of adverse experiences during past year for children attending high-, middle- and primary-school classes were respectively 32,9%, 22% and 17%. For experiences related to physical abuse the respective percentages were 18,8%, 15,6% and 14,1%, while for experiences related to sexual abuse the percentages were 5,3%, 3,1% and 1.5%. Again, the results of the case-based surveillance suggest a partially different pattern concerning the age of the children. Specifically, concerning children-victims of psychological abuse, the incidence rates are 1,97/ 1,84/ and 2,10 per 1000 children, namely the older and the younger children were recorded in the archives of the related agencies more frequently as victims of psychological abuse. As for the

physical abuse, the pattern is totally reversed as younger children seemed to have a higher prevalence than the older; specifically, for children 11 year old the incidence rate is 6,57/1000, for 13 year old 5,47/1000 and for 16 year old 5,33/1000 children. Lastly, about sexual abuse, the pattern is identical with the one resulted from the epidemiological study: older children (16 year old) have an incidence 0,91/1000, 13 year old 0,84/1000 and 11 year old 0,61/1000.

Concerning neglect, according to the case-based surveillance study is the second more frequent type of child maltreatment, after the psychological abuse. According to the children's responses in some neglect-related questions in the context of the survey, neglect is the third most prevalent type of maltreatment. However, no actual comparison can be done with the respective results of the epidemiological survey mainly due to nature of this specific type of maltreatment: children in the course of responding the ICAST-CH for the epidemiological survey could only express whether they *feel* neglected and not if they are *actually* neglected. For most of the types of neglect recorded in the case-surveillance study from definition it was not expected from the children to consider them even as feeling of neglect as probably they have not a point of reference to make comparisons (it is not expected, for example, from a child to know whether the parenting surveillance in different levels is adequate or whether his/her medical care from the parents is sufficient in terms of doing timely the vaccines etc.). On the other hand, *feeling* of neglect measured in the context of the survey is mainly referred to *emotional* neglect.

RECOMMENDATIONS

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*
- ❖ *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*
- ❖ *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)*

REFERENCES

- Nikolaidis, G., Petroulaki, K., Tsigirigi, A., Fatsea, E., Milioni, F., & Skiadopoulou, K. (2008). *Study on the development of epidemiological tools for continuous surveillance of the incidence of child abuse and neglect*. Athens: Institute of Child Health.
- WHO & ISPCAN, (2006). *Preventing child maltreatment: a guide to taking action and generating evidence*. Geneva: WHO.
- Petroni, R., Sigman, R., Willimack, D., Cohen, S. & Tucker C. (2004). *Response Rates and Nonresponse in Establishment Surveys – BLS and Census Bureau*. Bureau of Labor Statistics. Ανακτήθηκε 25 Ιουνίου 2012 από το Διαδίκτυο: www.amstat.org/sections/srms/Proceedings/y2004/files/Jsm2004-000405.pdf
- ChildOnEurope, (2009). *Guidelines on Data Collection and Monitoring Systems on Child Abuse*. Italy: Istituto degli Innocenti. Ανακτήθηκε 25 Ιουνίου 2012 από το Διαδίκτυο: www.childoneurope.org/issues/publications/childabuse_guidelines.pdf
- Department for Education, (2012). *Characteristics of children in need in England, 2011-12*. Ανακτήθηκε 25 Ιουνίου 2012 από το Διαδίκτυο: www.education.gov.uk/rsgateway/DB/SFR/s001095/index.shtml
- Dong, M., Anda, R.F., Felitti, V.J., Dube, S.R., Williamson, D.F., Thompson, T.J., Loo, C.M. & Giles, W.H. (2004). The interrelatedness of multiple forms of childhood abuse, neglect, and household dysfunction. *Child Abuse Negl.* 28(7), 771-784.
- Loo, S.K., Bala, N.M., Clarke, M.E., & Hornick J.P. (1998). *Child Abuse: Reporting and Classification in Health Care Settings*. National Clearinghouse on Family Violence. Health Canada.
- Higgins, D., & McCabe, M. (2001). Multiple forms of child abuse and neglect: Adult retrospective reports. *Aggression and Violent Behaviour*, 6, 547-578.
- Holder, Y., Peden, M., Krug, E. et al (Eds). (2004). *Injury surveillance guidelines*. Geneva: World Health Organization.
- ICECI Coordination and Maintenance Group (2004). *International Classification of External Causes of Injuries (ICECI) version 1.2*. Consumer Safety Institute, Adelaide: Amsterdam and AIHW National Injury Surveillance Unit.
- International Society for Prevention of Child Abuse and Neglect, (2006). *World perspectives on child abuse*, Chicago: ISPCAN.
- National Data Archive on Child Abuse and Neglect in collaboration with Walter R. McDonald et al. (2003). *National Child Abuse and Neglect Data System (NCANDS) Detailed Case Data Component, 1998 – 1999: User's Guide and Codebook*, New York.
- National Institutes of Health (2007). *Research on Interventions for Child Abuse and Neglect (R01)*. Ανακτήθηκε 15 Σεπτεμβρίου 2012 από το Διαδίκτυο: <http://grants.nih.gov/grants/guide/pa-files/pa-07-437.html>
- National Research Council (1993). *Understanding child abuse and neglect*. Washington, DC: National Academy Press.
- Pinheiro, P.S. (2006). *World Report on Violence against Children, United Nations Secretary-General's Study on Violence against Children*, Ανακτήθηκε 21 Απριλίου 2012 από το Διαδίκτυο: http://www.crin.org/docs/UN_SG_Vio_Rev.pdf
- Runyan, D.K., Dunne, M.P., Zolotor, A.J., Madrid, B. et al. (2009). The development of the international screening tool for child abuse—The ICAST P (Parent Version), *Child Abuse & Neglect*, 33, 826–832.
- Scott, D., Tonmyr, L., Fraser, J., Walker S, & McKenzie, K. (2009). The utility and challenges of using ICD codes in child maltreatment research: A review of existing literature *Child Abuse & Neglect*, 33, 791–808.
- Sesar, K., Šimić, N. & Barišić, M. (2010). Multi-type Childhood Abuse, Strategies of Coping, and Psychological Adaptations in Young Adults. *Croat Med J.* 51(5): 406–416.
- Trocme, 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
- U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2012). *Child Maltreatment*. Available from
- 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.
- World Health Organization (1999). *Report of the consultation on child abuse prevention*, Geneva: WHO.
- N. 3852/2010 (7-6-2010). *Νέα Αρχιτεκτονική της Αυτοδιοίκησης και της Αποκεντρωμένης Διοίκησης – Πρόγραμμα Καλλικράτης*. (ΦΕΚ 87 Α) Αθήνα: Εθνικό Τυπογραφείο.
- Ελληνική Στατιστική Αρχή (χ.χ.). *Υπολογιζόμενος Πληθυσμός της Ελλάδας στο Μέσο του Έτους (30/6) κατά φύλο και 5-Ετής Ομάδες Ηλικιών σε Επίπεδο Νομού [Ετών 1991-2011 (σημ. για το έτος 2010)]* Ανακτήθηκε στις 25 Μαρτίου 2012 από το Διαδίκτυο:
- www.statistics.gr/portal/page/portal/ESYE/BUCKET/A1605/Other/A1605_SPO18_TS_AN_00_1991_00_2011_02A_F_GR.xls

ANNEX I: List of Collaborating Agencies & Services (Attica Prefecture and Crete Prefecture)

ANNEX II: CBSS Extraction Form, Part I & II (see D4.1)

ANNEX III: Operations' Manual for the Researchers (see D4.1)

ANNEX I: List of Collaborating Agencies & Services (Attica Prefecture and Crete Prefecture) (in alphabetical order)

ATTICA Prefecture

1. ΑΜΑΛΙΕΙΟ ΟΙΚΟΤΡΟΦΕΙΟ ΘΗΛΕΩΝ
2. ΑΝΑΡΡΩΤΗΡΙΟ ΠΕΝΤΕΛΗΣ
3. ΑΥΤΟΤΕΛΕΣ ΤΜΗΜΑ ΚΟΙΝΩΝΙΚΗΣ ΠΟΛΙΤΙΚΗΣ-ΚΟΙΝΩΝΙΚΗ ΥΠΗΡΕΣΙΑ ΤΟΥ ΔΗΜΟΥ ΑΓΙΑΣ ΠΑΡΑΣΚΕΥΗΣ
4. Γ.Κ.Ν. "Γ.ΓΕΝΝΗΜΑΤΑΣ"-ΤΜΗΜΑ ΨΥΧΙΑΤΡΙΚΗΣ ΕΦΗΒΩΝ ΚΑΙ ΝΕΩΝ
5. ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΠΕΙΡΑΙΑ "ΤΖΑΝΕΙΟ" - ΠΑΙΔΟΨΥΧΙΑΤΡΙΚΟ ΤΜΗΜΑ
6. ΓΝΣ ΣΙΣΜΑΝΟΓΛΕΙΟ-ΨΥΧΙΑΤΡΙΚΟΣ ΤΟΜΕΑΣ ΤΜΗΜΑ ΠΑΙΔΙΩΝ & ΕΦΗΒΩΝ
7. ΓΡΑΦΕΙΟ ΚΟΙΝΩΝΙΚΗΣ ΜΕΡΙΜΝΑΣ ΑΣΠΡΟΠΥΡΓΟΥ
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10. ΓΡΑΦΕΙΟ ΚΟΙΝΩΝΙΚΗΣ ΥΠΗΡΕΣΙΑΣ ΔΗΜΟΥ ΙΛΙΟΥ
11. ΓΡΑΦΕΙΟ ΚΟΙΝΩΝΙΚΗΣ ΥΠΗΡΕΣΙΑΣ ΜΟΣΧΑΤΟΥ
12. ΓΡΑΦΕΙΟ ΚΟΙΝΩΝΙΚΩΝ ΥΠΗΡΕΣΙΩΝ ΔΗΜΟΥ ΝΕΑΣ ΣΜΥΡΝΗΣ
13. ΓΡΑΦΕΙΟ ΣΥΜΒΟΥΛΕΥΤΙΚΗΣ ΚΑΙ ΨΥΧΟΚΟΙΝΩΝΙΚΗΣ ΣΤΗΡΙΞΗΣ ΔΗΜΟΥ ΠΑΛΑΙΟΥ ΦΑΛΗΡΟΥ
14. ΓΩΝΙΑ ΤΟΥ ΠΑΙΔΙΟΥ - ΟΜΙΛΟΣ ΕΘΕΛΟΝΤΩΝ ΜΚΟ
15. Δ/ΝΣΗ ΚΟΙΝΩΝΙΚΗΣ ΠΡΟΝΟΙΑΣ ΑΝΑΤΟΛΙΚΟΥ ΤΟΜΕΑ - ΝΟΜΑΡΧΙΑ ΑΤΤΙΚΗΣ
16. Δ/ΝΣΗ ΚΟΙΝΩΝΙΚΗΣ ΠΡΟΝΟΙΑΣ ΝΟΤΙΟΥ ΤΟΜΕΑ - ΝΟΜΑΡΧΙΑ ΠΕΙΡΑΙΑ
17. ΔΗΜΟΤΙΚΗ ΚΟΙΝΩΦΕΛΗ ΕΠΙΧΕΙΡΗΣΗ ΠΡΟΝΟΙΑΣ ΚΕΡΑΤΣΙΝΙΟΥ-ΣΥΜΒΟΥΛΕΥΤΙΚΟΣ ΣΤΑΘΜΟΣ
18. ΔΗΜΟΤΙΚΟΣ ΠΑΙΔΙΚΟΣ ΣΤΑΘΜΟΣ Α1 ΠΕΙΡΑΙΑ, ΦΡΕΑΤΤΥΔΑ
19. ΔΙΑΓΝΩΣΤΙΚΗ ΚΑΙ ΘΕΡΑΠΕΥΤΙΚΗ ΜΟΝΑΔΑ ΓΙΑ ΤΟ ΠΑΙΔΙ "ΣΠΥΡΟΣ ΔΟΞΙΑΔΗΣ"
20. ΔΙΕΥΘΥΝΣΗ ΔΕΥΤΕΡΟΒΑΘΜΙΑΣ ΕΚΠΑΙΔΕΥΣΗΣ Β ΑΘΗΝΑΣ -ΣΥΜΒΟΥΛΕΥΤΙΚΟΣ ΣΤΑΘΜΟΣ ΝΕΩΝ ΑΓΙΑΣ ΠΑΡΑΣΚΕΥΗΣ
21. ΔΙΕΥΘΥΝΣΗ ΔΗΜΟΣΙΑΣ ΥΓΕΙΑΣ ΚΑΙ ΚΟΙΝΩΝΙΚΩΝ ΥΠΗΡΕΣΙΩΝ-ΤΜΗΜΑ ΚΟΙΝΩΝΙΚΩΝ ΔΡΑΣΤΗΡΙΟΤΗΤΩΝ ΔΗΜΟΥ ΠΕΙΡΑΙΑ
22. ΔΙΕΥΘΥΝΣΗ ΚΟΙΝΩΝΙΚΩΝ ΥΠΗΡΕΣΙΩΝ ΔΗΜΟΥ ΚΟΡΥΔΑΛΛΟΥ
23. ΔΙΕΥΘΥΝΣΗ ΚΟΙΝΩΝΙΚΩΝ ΥΠΗΡΕΣΙΩΝ ΚΑΙ ΥΓΕΙΑΣ-ΤΜΗΜΑ ΚΟΙΝΩΝΙΚΗΣ ΜΕΡΙΜΝΑΣ
24. ΔΙΕΥΘΥΝΣΗ ΚΟΙΝΩΝΙΚΩΝ ΥΠΗΡΕΣΙΩΝ-ΚΟΙΝΩΝΙΚΗ ΥΠΗΡΕΣΙΑ ΔΗΜΟΥ ΑΙΓΑΛΕΩ
25. ΔΙΕΥΘΥΝΣΗ ΥΓΕΙΑΣ ΚΑΙ ΚΟΙΝΩΝΙΚΗΣ ΠΟΛΙΤΙΚΗΣ ΔΗΜΟΥ ΒΥΡΩΝΑ -ΤΜΗΜΑ ΚΟΙΝΩΝΙΚΗΣ ΠΟΛΙΤΙΚΗΣ
26. ΔΡΟΜΟΙ ΖΩΗΣ ΜΚΟ
27. ΕΘΝΙΚΟ ΚΕΝΤΡΟ ΚΟΙΝΩΝΙΚΗΣ ΑΛΛΗΛΕΓΓΥΗΣ (Ε.Κ.Κ.Α)
28. ΕΙΔΙΚΟ ΝΗΠΙΑΓΩΓΕΙΟ-ΔΗΜΟΤΙΚΟ ΚΩΦΩΝ & ΒΑΡΗΚΩΝ ΑΡΓΥΡΟΥΠΟΛΗΣ
29. ΕΛΛΗΝΙΚΟ ΚΕΝΤΡΟ ΓΙΑ ΤΗΝ ΨΥΧΙΚΗ ΥΓΕΙΑ ΚΑΙ ΘΕΡΑΠΕΙΑ ΤΟΥ ΠΑΙΔΙΟΥ ΚΑΙ ΤΗΣ ΟΙΚΟΓΕΝΕΙΑΣ ΤΟ "ΠΕΡΙΒΟΛΑΚΙ" (2ο)
30. ΕΛΛΗΝΙΚΟ ΚΕΝΤΡΟ ΓΙΑ ΤΗΝ ΨΥΧΙΚΗ ΥΓΕΙΑ ΚΑΙ ΘΕΡΑΠΕΙΑ ΤΟΥ ΠΑΙΔΙΟΥ ΚΑΙ ΤΗΣ ΟΙΚΟΓΕΝΕΙΑΣ ΤΟ "ΠΕΡΙΒΟΛΑΚΙ" (3ο)
31. ΕΛΛΗΝΙΚΟ ΣΥΜΒΟΥΛΙΟ ΓΙΑ ΤΟΥΣ ΠΡΟΣΦΥΓΕΣ ΜΚΟ
32. ΕΛΛΗΝΙΚΟΣ ΕΡΥΘΡΟΣ ΣΤΑΥΡΟΣ - ΤΟΜΕΑΣ ΚΟΙΝΩΝΙΚΗΣ ΠΡΟΝΟΙΑΣ ΜΚΟ
33. ΕΝΑ ΠΑΙΔΙ, ΕΝΑΣ ΚΟΣΜΟΣ ΜΚΟ
34. ΕΣΤΙΑ ΚΟΡΙΤΣΙΟΥ "ΦΙΛΟΘΕΗ Η ΑΘΗΝΑΙΑ"
35. ΕΤΑΙΡΕΙΑ ΨΥΧΟΚΟΙΝΩΝΙΚΩΝ ΜΕΛΕΤΩΝ-ΕΨΥΜΕ-ΑΣΤΙΚΗ ΜΗ ΚΕΡΔΟΣΚΟΠΙΚΗ ΕΤΑΙΡΙΑ
36. ΕΤΑΙΡΙΑ ΠΡΟΣΤΑΣΙΑΣ ΑΝΗΛΙΚΩΝ ΠΕΙΡΑΙΑ - ΣΤΕΓΗ "Ο ΚΑΛΟΣ ΠΟΙΜΗΝ"
37. ΖΑΝΝΕΙΟ ΙΔΡΥΜΑ ΠΑΙΔΙΚΗΣ ΠΡΟΣΤΑΣΙΑΣ ΚΑΙ ΑΓΩΓΗΣ
38. ΙΑΤΡΟΚΟΙΝΩΝΙΚΟ ΚΕΝΤΡΟ ΖΕΦΥΡΙΟΥ
39. ΙΑΤΡΟΠΑΙΔΑΓΩΓΙΚΗ ΥΠΗΡΕΣΙΑ ΑΘΗΝΩΝ - ΕΛΛΗΝΙΚΟ ΚΕΝΤΡΟ ΨΥΧΙΚΗΣ ΥΓΕΙΝΗΣ ΚΑΙ ΕΡΕΥΝΩΝ
40. ΙΑΤΡΟΠΑΙΔΑΓΩΓΙΚΗ ΥΠΗΡΕΣΙΑ ΠΕΙΡΑΙΑ - ΕΛΛΗΝΙΚΟ ΚΕΝΤΡΟ ΨΥΧΙΚΗΣ ΥΓΕΙΝΗΣ ΚΑΙ ΕΡΕΥΝΩΝ
41. ΙΑΤΡΟΠΑΙΔΑΓΩΓΙΚΟ ΚΕΝΤΡΟ ΑΘΗΝΩΝ
42. ΙΑΤΡΟΠΑΙΔΑΓΩΓΙΚΟ ΚΕΝΤΡΟ ΝΕΑΣ ΣΜΥΡΝΗΣ
43. ΙΑΤΡΟΠΑΙΔΑΓΩΓΙΚΟ ΚΕΝΤΡΟ ΚΨΥ ΤΟΥ ΓΝΝΘΑ "Η ΣΩΤΗΡΙΑ"
44. ΙΑΤΡΟΠΑΙΔΑΓΩΓΙΚΟ ΚΕΝΤΡΟ ΛΥΚΟΒΡΥΣΗΣ
45. ΙΑΤΡΟΠΑΙΔΑΓΩΓΙΚΟ ΚΕΝΤΡΟ ΠΑΛΛΗΝΗΣ (6ο ΤΟΜΕΑΣ ΨΥΧΙΚΗΣ ΥΓΕΙΑΣ ΠΑΙΔΙΩΝ ΚΑΙ ΕΦΗΒΩΝ)
46. ΙΔΡΥΜΑ ΚΟΙΝΩΝΙΚΗΣ ΕΡΓΑΣΙΑΣ-"ΧΑΤΖΗΠΑΤΕΡΕΙΟ" ΚΕΝΤΡΟ ΑΠΟΚΑΤΑΣΤΑΣΗΣ ΣΠΑΣΤΙΚΩΝ ΠΑΙΔΙΩΝ
47. ΙΔΡΥΜΑ" Η ΠΑΙΔΙΚΗ ΣΤΕΓΗ"

48. ΙΝΣΤΙΤΟΥΤΟ ΨΥΧΙΚΗΣ ΥΓΕΙΑΣ ΚΑΛΛΙΘΕΑ ΠΑΙΔΙΩΝ ΚΑΙ ΕΝΗΛΙΚΩΝ-ΤΜΗΜΑ ΠΑΙΔΙΩΝ ΚΑΙ ΕΦΗΒΩΝ
49. ΚΑΡΙΤΑΣ ΑΘΗΝΑΣ - ΠΡΟΣΦΥΓΙΚΟ ΕΡΓΟ ΜΚΟ
50. ΚΕΔΔΥ ΑΝΑΤΟΛΙΚΗΣ ΑΤΤΙΚΗΣ
51. ΚΕΔΔΥ Δ ΑΤΤΙΚΗΣ
52. ΚΕΝΤΡΟ ΑΠΟΚΑΤΑΣΤΑΣΗΣ ΚΑΙ ΑΠΟΘΕΡΑΠΕΙΑΣ ΠΑΙΔΩΝ ΒΟΥΛΑΣ (ΚΑΑΠ)
53. ΚΕΝΤΡΟ ΒΡΕΦΩΝ "Η ΜΗΤΕΡΑ"
54. ΚΕΝΤΡΟ ΕΡΕΥΝΩΝ ΡΙΖΕΣ (ΜΚΟ)
55. ΚΕΝΤΡΟ ΗΜΕΡΑΣ "ΒΑΒΕΛ" ΜΚΟ
56. ΚΕΝΤΡΟ ΚΟΙΝΩΤΙΚΗΣ ΨΥΧΙΚΗΣ ΥΓΕΙΝΗΣ ΚΑΙΣΑΡΙΑΝΗΣ ΒΥΡΩΝΑ ΥΠΗΡΕΣΙΑ ΠΑΙΔΙΩΝ ΚΑΙ ΕΦΗΒΩΝ
57. ΚΕΝΤΡΟ ΚΟΙΝΩΝΙΚΗΣ ΠΑΡΕΜΒΑΣΗΣ ΔΗΜΟΥ ΚΟΡΥΔΑΛΛΟΥ
58. ΚΕΝΤΡΟ ΚΟΙΝΩΝΙΚΗΣ ΠΟΛΙΤΙΚΗΣ ΔΗΜΟΥ ΚΗΦΙΣΣΙΑΣ
59. ΚΕΝΤΡΟ ΚΟΙΝΩΝΙΚΗΣ ΠΡΟΣΤΑΣΙΑΣ ΗΡΑΚΛΕΙΟΥ ΑΤΤΙΚΗΣ - ΚΕΝΤΡΟ ΕΝΗΜΕΡΩΣΗΣ ΚΑΙ ΕΡΕΥΝΑΣ ΓΙΑ ΤΙΣ ΕΞΑΡΤΗΣΕΙΣ
60. ΚΕΝΤΡΟ ΚΟΙΝΩΝΙΚΗΣ ΣΤΗΡΙΞΗΣ ΚΑΛΑΜΑΚΙΟΥ- ΑΓΙΟΥ ΣΩΣΤΗ (ΕΚΚΑ)
61. ΚΕΝΤΡΟ ΚΟΙΝΩΝΙΚΗΣ ΣΤΗΡΙΞΗΣ ΠΕΙΡΑΙΑ (Ε.Κ.Κ.Α)
62. ΚΕΝΤΡΟ ΚΟΙΝΩΝΙΚΗΣ ΣΤΗΡΙΞΗΣ ΠΛΑΤΕΙΑ ΒΑΘΗΣ-ΕΚΚΑ
63. ΚΕΝΤΡΟ ΟΙΚΟΓΕΝΕΙΑΚΗΣ ΣΤΗΡΙΞΗΣ ΔΗΜΟΥ ΗΡΑΚΛΕΙΟΥ
64. ΚΕΝΤΡΟ ΠΡΟΛΗΨΗΣ ΑΛΙΜΟΥ
65. ΚΕΝΤΡΟ ΠΡΟΛΗΨΗΣ ΑΡΓΥΡΟΥΠΟΛΗΣ
66. ΚΕΝΤΡΟ ΠΡΟΛΗΨΗΣ ΓΛΥΦΑΔΑΣ
67. ΚΕΝΤΡΟ ΠΡΟΛΗΨΗΣ ΕΛΛΗΝΙΚΟΥ
68. ΚΕΝΤΡΟ ΠΡΟΣΤΑΣΙΑΣ ΠΑΙΔΙΩΝ "ΜΙΧΑΛΗΝΕΙΟ"
69. ΚΕΝΤΡΟ ΣΥΜΠΑΡΑΣΤΑΣΗΣ ΠΑΙΔΙΩΝ ΚΑΙ ΟΙΚΟΓΕΝΕΙΑΣ ΚΟΙΝΩΝΙΚΗ ΚΑΙ ΕΚΠΑΙΔΕΥΤΙΚΗ ΔΡΑΣΗ
70. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΚΑΠΑΝΔΡΙΤΙΟΥ-ΚΟΙΝΩΝΙΚΗ ΥΠΗΡΕΣΙΑ
71. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΚΟΡΩΠΙΟΥ-ΚΟΙΝΩΝΙΚΗ ΥΠΗΡΕΣΙΑ
72. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΛΑΥΡΙΟΥ-ΚΟΙΝΩΝΙΚΗ ΥΠΗΡΕΣΙΑ
73. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΣΑΛΑΜΙΝΑΣ-ΚΟΙΝΩΝΙΚΗ ΥΠΗΡΕΣΙΑ
74. ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΤΟΥ ΠΑΙΔΙΟΥ ΚΑΙΣΑΡΙΑΝΗΣ - ΙΝΣΤΙΤΟΥΤΟ ΥΓΕΙΑΣ ΤΟΥ ΠΑΙΔΙΟΥ
75. ΚΕΝΤΡΟ ΨΥΧΙΚΗΣ ΥΓΕΙΑΣ ΑΓΙΩΝ ΑΝΑΡΓΥΡΩΝ -ΙΑΤΡΟΠΑΙΔΑΓΩΓΙΚΟ ΚΕΝΤΡΟ
76. ΚΕΝΤΡΟ ΨΥΧΙΚΗΣ ΥΓΕΙΑΣ ΓΝΑ "ΓΕΩΡΓΙΟΣ ΓΕΝΝΗΜΑΤΑΣ" ΠΑΙΔΟΨΥΧΙΑΤΡΙΚΟ ΤΜΗΜΑ
77. ΚΙΒΩΤΟΣ ΤΟΥ ΚΟΣΜΟΥ ΜΚΟ ΕΙΔΙΚΗΣ ΜΕΡΙΜΝΑΣ ΚΑΙ ΠΡΟΣΤΑΣΙΑΣ ΜΗΤΕΡΑΣ ΚΑΙ ΠΑΙΔΙΟΥ
78. ΚΟΙΝΩΤΙΚΟ ΚΕΝΤΡΟ ΨΥΧΙΚΗΣ ΥΓΕΙΑΣ ΠΑΓΚΡΑΤΙΟΥ-ΠΑΙΔΟΨΥΧΙΑΤΡΙΚΟ ΤΜΗΜΑ
79. ΚΟΙΝΟΦΕΛΗΣ ΕΠΙΧΕΙΡΗΣΗ ΔΗΜΟΥ ΜΑΡΑΘΩΝΑ
80. ΚΟΙΝΩΝΙΚΗ ΥΠΗΡΕΣΙΑ ΔΗΜΟΥ ΡΕΝΤΗ
81. ΚΟΙΝΩΝΙΚΗ ΥΠΗΡΕΣΙΑ ΔΗΜΟΥ ΑΓΙΑΣ ΒΑΡΒΑΡΑΣ
82. ΚΟΙΝΩΝΙΚΗ ΥΠΗΡΕΣΙΑ ΔΗΜΟΥ ΑΓΙΩΝ ΑΝΑΡΓΥΡΩΝ-ΚΑΜΑΤΕΡΟΥ
83. ΚΟΙΝΩΝΙΚΗ ΥΠΗΡΕΣΙΑ ΔΗΜΟΥ ΓΑΛΑΤΣΙΟΥ
84. ΚΟΙΝΩΝΙΚΗ ΥΠΗΡΕΣΙΑ ΔΗΜΟΥ ΕΛΕΥΣΙΝΑΣ
85. ΚΟΙΝΩΝΙΚΗ ΥΠΗΡΕΣΙΑ ΔΗΜΟΥ ΕΛΛΗΝΙΚΟΥ
86. ΚΟΙΝΩΝΙΚΗ ΥΠΗΡΕΣΙΑ ΔΗΜΟΥ ΖΕΦΥΡΙΟΥ
87. ΚΟΙΝΩΝΙΚΗ ΥΠΗΡΕΣΙΑ ΔΗΜΟΥ Ν. ΗΡΑΚΛΕΙΟΥ
88. ΚΟΙΝΩΝΙΚΗ ΥΠΗΡΕΣΙΑ ΔΗΜΟΥ Ν.ΨΥΧΙΚΟΥ
89. ΚΟΙΝΩΝΙΚΗ ΥΠΗΡΕΣΙΑ ΔΗΜΟΥ ΝΙΚΑΙΑΣ
90. ΚΟΙΝΩΝΙΚΗ ΥΠΗΡΕΣΙΑ ΔΗΜΟΥ ΠΑΛΛΗΝΗΣ
91. ΚΟΙΝΩΝΙΚΗ ΥΠΗΡΕΣΙΑ ΔΗΜΟΥ ΠΕΤΡΟΥΠΟΛΗΣ
92. ΚΟΙΝΩΝΙΚΗ ΥΠΗΡΕΣΙΑ ΔΗΜΟΥ ΣΠΑΤΩΝ -ΑΡΤΕΜΙΔΟΣ
93. ΚΟΙΝΩΝΙΚΗ ΥΠΗΡΕΣΙΑ ΔΗΜΟΥ ΤΑΥΡΟΥ
94. ΚΟΙΝΩΝΙΚΗ ΥΠΗΡΕΣΙΑ ΔΗΜΟΥ ΧΑΙΔΑΡΙΟΥ
95. ΚΟΙΝΩΝΙΚΗ ΥΠΗΡΕΣΙΑ ΔΗΜΟΥ ΧΑΛΑΝΔΡΙΟΥ
96. ΚΟΙΝΩΝΙΚΗ ΥΠΗΡΕΣΙΑ ΔΗΜΟΥ ΨΥΧΙΚΟΥ
97. ΚΟΙΝΩΝΙΚΗ ΥΠΗΡΕΣΙΑ ΝΟΣΟΚΟΜΕΙΟΥ ΠΑΙΔΩΝ "ΠΑΝΑΓΙΩΤΗ & ΑΓΛΑΪΑΣ ΚΥΡΙΑΚΟΥ"
98. ΚΟΙΝΩΦΕΛΗΣ ΕΠΙΧΕΙΡΗΣΗ ΑΛΛΗΛΕΓΓΥΗΣ ΚΑΙ ΠΡΟΛΗΨΗΣ ΔΗΜΟΥ ΑΜΑΡΟΥΣΙΟΥ
99. ΜΑΖΙ ΓΙΑ ΤΟ ΠΑΙΔΙ-ΜΚΟ
100. ΜΟΝΑΔΑ ΕΦΗΒΙΚΗΣ ΥΓΕΙΑΣ-Β' ΠΑΙΔΙΑΤΡΙΚΗ ΚΛΙΝΙΚΗ ΠΑΝΕΠΙΣΤΗΜΙΟΥ ΑΘΗΝΩΝ ΝΟΣΟΚΟΜΕΙΟ ΠΑΙΔΩΝ "ΠΑΝΑΓΙΩΤΗ & ΑΓΛΑΪΑ ΚΥΡΙΑΚΟΥ"

- 101.ΝΟΜΙΚΟ ΠΡΟΣΩΠΟ ΔΗΜΟΤΙΚΩΝ ΠΑΙΔΙΚΩΝ ΣΤΑΘΜΩΝ ΔΗΜΟΥ ΒΥΡΩΝΑ
- 102.ΝΟΣΟΚΟΜΕΙΟ ΠΑΙΔΩΝ "ΠΑΝΑΓΙΩΤΗ & ΑΓΛΑΪΑΣ ΚΥΡΙΑΚΟΥ"-ΜΟΝΑΔΑ ΕΝΤΑΤΙΚΗΣ ΘΕΡΑΠΕΙΑΣ
- 103.ΞΕΝΩΝΑΣ ΠΑΙΔΙΩΝ ΜΕΛΙΑ - ΕΨΥΠΕ
- 104.ΞΕΝΩΝΑΣ ΠΑΙΔΙΩΝ ΜΕΛΙΑ-ΣΥΜΒΟΥΛΕΥΤΙΚΗ ΥΠΗΡΕΣΙΑ ΓΙΑ ΟΙΚΟΓΕΝΕΙΕΣ ΓΟΝΕΩΝ ΜΕ ΨΥΧΟΚΟΙΝΩΝΙΚΕΣ ΔΥΣΚΟΛΙΕΣ
- 105.ΟΡΓΑΝΙΣΜΟΣ ΚΟΙΝΩΝΙΚΗΣ ΑΛΛΗΛΕΓΓΥΗΣ ΔΗΜΟΥ ΠΕΡΙΣΤΕΡΙΟΥ
- 106.ΠΑΙΔΟΠΟΛΗ "ΑΓΙΑ ΒΑΡΒΑΡΑ" - ΜΟΝΑΔΑ ΚΟΙΝΩΝΙΚΗΣ ΦΡΟΝΤΙΔΑΣ
- 107.ΠΑΙΔΟΠΟΛΗ "ΑΓΙΟΣ ΑΝΔΡΕΑΣ"
- 108.ΠΑΙΔΟΨΥΧΙΑΤΡΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΑΤΤΙΚΗΣ (ΠΝΑ) -ΜΟΝΑΔΑ ΕΠΕΙΓΟΝΤΩΝ ΠΕΡΙΣΤΑΤΙΚΩΝ (ΜΕΠ)
- 109.ΠΕΙΡΑΜΑΤΙΚΟ ΕΙΔΙΚΟ ΣΧΟΛΕΙΟ ΚΑΙΣΑΡΙΑΝΗΣ ΜΔΔΕ "ΡΟΖΑ ΙΜΒΡΙΩΤΗ"
- 110.ΣΤΕΓΗ ΘΗΛΕΩΝ "ΑΓΙΟΣ ΑΛΕΞΑΝΔΡΟΣ"
- 111.ΣΥΛΛΟΓΟΣ ΜΕΡΙΜΝΗΣ ΑΝΗΛΙΚΩΝ
- 112.ΣΥΜΒΟΥΛΕΥΤΙΚΟ ΚΕΝΤΡΟ ΟΙΚΟΓΕΝΕΙΑΣ ΔΗΜΟΥ ΖΩΓΡΑΦΟΥ (ΣΚΟ)
- 113.ΣΥΜΒΟΥΛΕΥΤΙΚΟ ΚΕΝΤΡΟ ΟΙΚΟΓΕΝΕΙΑΣ ΔΗΜΟΥ ΜΟΣΧΑΤΟΥ
- 114.ΣΥΜΒΟΥΛΕΥΤΙΚΟΣ ΣΤΑΘΜΟΣ ΟΙΚΟΓΕΝΕΙΑΣ ΚΟΙΝΩΝΙΚΗΣ ΥΠΗΡΕΣΙΑΣ ΔΗΜΟΥ ΓΑΛΑΤΣΙΟΥ
- 115.ΣΥΝΗΓΟΡΟΣ ΤΟΥ ΠΟΛΙΤΗ-ΑΝΕΞΑΡΤΗΤΗ ΑΡΧΗ-ΚΥΚΛΟΣ ΔΙΚΑΙΩΜΑΤΩΝ ΤΟΥ ΠΑΙΔΙΟΥ
- 116.ΣΩΜΑΤΕΙΟ ΕΛΙΖΑ "ΕΤΑΙΡΙΑ ΚΑΤΑ ΤΗΣ ΚΑΚΟΠΟΙΗΣΗΣ ΤΟΥ ΠΑΙΔΙΟΥ"
- 117.ΣΩΜΑΤΕΙΟ ΦΙΛΩΝ ΚΟΙΝΩΝΙΚΗΣ ΠΑΙΔΙΑΤΡΙΚΗΣ "ΑΝΟΙΧΤΗ ΑΓΚΑΛΙΑ" ΜΚΟ
- 118.ΤΗΛΕΦΩΝΙΚΗ ΣΥΜΒΟΥΛΕΥΤΙΚΗ ΥΠΗΡΕΣΙΑ ΤΗΣ ΕΨΥΠΕ
- 119.ΤΜΗΜΑ ΚΟΙΝΩΝΙΚΗΣ ΕΡΓΑΣΙΑΣ-ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΘΡΙΑΣΙΟ
- 120.ΤΜΗΜΑ ΚΟΙΝΩΝΙΚΗΣ ΠΟΛΙΤΙΚΗΣ-ΚΟΙΝΩΝΙΚΗ ΥΠΗΡΕΣΙΑ ΔΗΜΟΥ ΝΕΑΣ ΙΩΝΙΑΣ
- 121.ΤΜΗΜΑ ΚΟΙΝΩΝΙΚΗΣ ΥΠΗΡΕΣΙΑΣ Γ.Ν. "ΑΛΕΞΑΝΔΡΑ"
- 122.ΤΜΗΜΑ ΚΟΙΝΩΝΙΚΗΣ ΥΠΗΡΕΣΙΑΣ ΓΕΝΙΚΟΥ ΝΟΣΟΚΟΜΕΙΟΥ ΝΙΚΑΙΑΣ
- 123.ΥΠΗΡΕΣΙΑ ΕΠΙΜΕΛΗΤΩΝ ΑΝΗΛΙΚΩΝ
- 124.ΥΠΟΔΙΕΥΘΥΝΣΗ ΠΡΟΣΤΑΣΙΑΣ ΑΝΗΛΙΚΩΝ ΤΗΣ ΔΙΕΥΘΥΝΣΗΣ ΑΣΦΑΛΕΙΑΣ ΑΤΤΙΚΗΣ - ΓΑΔΑ
- 125.ΧΑΜΟΓΕΛΟ ΤΟΥ ΠΑΙΔΙΟΥ
- 126.ΧΑΤΖΗΚΥΡΙΑΚΕΙΟ ΙΔΡΥΜΑ ΠΑΙΔΙΚΗΣ ΠΡΟΣΤΑΣΙΑΣ
- 127.2ο ΕΙΔΙΚΟ ΔΗΜΟΤΙΚΟ ΣΧΟΛΕΙΟ ΑΜΑΡΟΥΣΙΟΥ "ΣΙΚΙΑΡΙΔΕΙΟ"

CRETE Prefecture

1. ΓΕΝΙΚΗ ΔΙΕΥΘΥΝΣΗ ΔΗΜΟΣΙΑΣ ΥΓΕΙΑΣ ΚΑΙ ΚΟΙΝΩΝΙΚΗΣ ΜΕΡΙΜΝΑΣ ΠΕΡΙΦΕΡΕΙΑΚΗΣ ΕΝΟΤΗΤΑΣ ΧΑΝΙΩΝ ΤΜΗΜΑ ΚΟΙΝΩΝΙΚΗΣ ΑΛΛΗΛΕΓΓΥΗΣ
2. ΓΡΑΦΕΙΟ ΠΡΟΝΟΙΑΣ ΚΑΙ ΚΟΙΝΩΝΙΚΗΣ ΜΕΡΙΜΝΑΣ ΔΗΜΟΥ ΡΕΘΥΜΝΗΣ
3. Δ/ΝΣΗ ΔΗΜΟΣΙΑΣ ΥΓΕΙΑΣ ΚΑΙ ΚΟΙΝΩΝΙΚΗΣ ΠΡΟΝΟΙΑΣ ΤΗΣ ΝΟΜΑΡΧΙΑΚΗΣ ΑΥΤΟΔΙΟΙΚΗΣΗΣ ΛΑΣΙΘΙΟΥ
4. ΔΙΕΥΘΥΝΣΗ ΔΗΜΟΣΙΑΣ ΥΓΕΙΑΣ ΚΑΙ ΚΟΙΝΩΝΙΚΗΣ ΜΕΡΙΜΝΑΣ ΠΕΡΙΦΕΡΕΙΑΚΗΣ ΕΝΟΤΗΤΑΣ ΡΕΘΥΜΝΗΣ - ΤΜΗΜΑ ΚΟΙΝΩΝΙΚΗΣ ΕΡΓΑΣΙΑΣ
5. ΔΙΕΥΘΥΝΣΗ ΚΟΙΝΩΝΙΚΗΣ ΑΛΛΗΛΕΓΓΥΗΣ ΤΗΣ ΝΟΜΑΡΧΙΑΚΗΣ ΑΥΤΟΔΙΟΙΚΗΣΗΣ ΗΡΑΚΛΕΙΟΥ
6. ΕΕΣ ΠΕΡΙΦΕΡΕΙΑΚΟ ΤΜΗΜΑ ΗΡΑΚΛΕΙΟΥ ΚΟΙΝΩΝΙΚΗ ΥΠΗΡΕΣΙΑ ΜΚΟ
7. ΙΑΤΡΟΠΑΙΔΑΓΩΓΙΚΟ ΚΕΝΤΡΟ ΗΡΑΚΛΕΙΟΥ, ΒΕΝΙΖΕΛΕΙΟ-ΠΑΝΑΝΕΙΟ ΝΟΣΟΚΟΜΕΙΟ
8. ΙΑΤΡΟΠΑΙΔΑΓΩΓΙΚΟ ΚΕΝΤΡΟ ΧΑΝΙΩΝ
9. ΙΔΡΥΜΑ ΝΕΟΛΑΙΑΣ ΚΑΙ ΔΙΑ ΒΙΟΥ ΜΑΘΗΣΗΣ -ΜΟΝΑΔΑ ΑΝΩΓΕΙΩΝ ΚΕΝΤΡΟ ΦΙΛΟΞΕΝΙΑΣ ΑΝΗΛΙΚΩΝ ΠΡΟΣΦΥΓΩΝ
10. ΙΔΡΥΜΑ ΠΑΙΔΙΚΗΣ ΠΡΟΣΤΑΣΙΑΣ "ΠΑΝΑΓΙΑ Η ΚΑΛΥΒΙΑΝΗ"
11. ΚΕΔΔΥ ΧΑΝΙΩΝ
12. ΚΟΙΝΩΝΙΚΗ ΥΠΗΡΕΣΙΑ ΔΗΜΟΥ ΗΡΑΚΛΕΙΟΥ
13. ΞΕΝΩΝΑΣ ΓΙΑ ΤΗΝ ΚΑΚΟΠΟΙΗΜΕΝΗ ΓΥΝΑΙΚΑ ΚΑΙ ΤΟ ΠΑΙΔΙ
14. ΥΠΗΡΕΣΙΑ ΕΠΙΜΕΛΗΤΩΝ ΑΝΗΛΙΚΩΝ ΡΕΘΥΜΝΟΥ