"Observing children in danger in Greece and in the Balkans"

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An overview of the issue at stake: building the evidence base for effective child protection poicies



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Milestones of development for CAN research and interventions

Initially Medical-centered model

- In turn, influenced by Women's and Human Rights' Movements, research often dominated by victimological studies
- Sometimes over-charged with values, beliefs, ideologies or even preoccupation of pioneers
 Gradually fine-grained through understanding of relative autonomy of scientific evidence and rightful
 - human rights' agenda
- During the last couple of decades entering the evidence-based practice paradigm

Augmented by the necessary practice-based evidence



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Empirical diversities or paradigm instability?

	1944 J	
QUESTIONS	YES	NO
Is theory of the "circle of violence" true concerning both sexual & physical CAN?	Knopp (1984), Hilton & Mezey (1996)	Murphy <mark>& Smi</mark> th (1994), Widom & Ames (1994), Glasser et al. (2001)
Is voluntary sexual activity of adolescents related with latent psychological and social implications of CAN?	Kendall-Tackett et al. (1993), Ondersma et al. (1999), Dallam et al. (1999)	Rind & Tromovitch (1997), Coxell et al. (1999), Rind et al. (2001)
Is internet pedophilia related with actualized sexual CAN?	Hanson & Bussiere (1998), Proulx et al. (2000)	Loussier et al. (2001), Frei et al. (2005)
Are there any specific neuro-biological or neuro-imaging signs of CAN?	Hulme (2004), Kendall-Tackett (2005)	Kaufman & Charney (1999), Glaser (2000), Teicher et al. (2006)
Is preventive therapy for asymptomatic victims of CAN effective?	Jones & Ramchandani (1999), Trowell et al. (2002)	Tebutt et al. (1997), Stevenson (1999)
Is there a genetic determinant in CAN?	Caspi et al (2002, 2003), Foley et al. (2004), Kim-Cohen et al. (2006)	Huizinga et al. (2005), Haberstick et al. (2005)
Is pregnancy in adolescence related to increased CAN rates?	Moore et al. (1997), Olausson et al. (2001)	Kirby (1999), Hillis et al. (2004)
Can false CAN memories rise out of therapy?	Yapko (1994), Loftus & Pickrell (1995), Loftus (1997), Pope (1998)	Berliner & McDougall (1997), Pezdek & Roe (1997), Poter & Marxen (1998)
Can victimological, clinical research findings be projected to populations?	Black & DeBlassie (1993), McMiller et al. (1995), Rodriguez et al. (1996), Holms & Slap (1998), Najman et al. (2005)	Beichtman et al. (1991, 1992), Jenkins (1998), Rind & Tromovitch (2007)









CAN Data Collection: modalities and their usefulness

Mapping: representing as much accurately as possible the extent and features of the characteristic under investigation, viz. CAN

Monitoring: Ongoing recording and supervision of development and trends of the given characteristic (CAN) both aggregative and on an individual basis

Surveillance: Permanent mechanisms for detection of hazardous trends on the overall development of the given characteristic (CAN) or on a particular instantiation of it (e.g. on a certain individual or group of individuals) – usually accompanied by mechanisms of early intervention to prevent increase of risk











WHO & ISPCAN, (2006): "Preventing child maltreatment: a guide to taking action and generating evidence"

Recommended research tools appropriate for international comparisons:

ICAST (-CH, -CW/I, -P, -R)
ACE (Adverse Childhood Experiences)
CTS (Parent-Child Conflict Tactic Scale)
LVS (Lifetime Victimization Screening)

Towards evidence-based research methodologies on CAN globally

Preventing Child Maltreatment:

a guide to taking action and generating evidence









"OBSERVING CHILDREN IN DANGER AND CHILD PROTECTION ", Paris, France, 20/03/2015



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CAN Data Collection: public health approach to child maltreatment

A multi-sectoral approach:

- 4 steps:
- 1. surveillance to define the magnitude of the problem
- 2. analysis to highlight the risk factors and risk groups
- 3. evaluative research to identify effective interventions
- 4. implementation of what works at a broader level

(WHO 2007, Preventing child maltreatment in Europe, Violence and Injury Prevention Programme, WHO Regional Office for Europe)



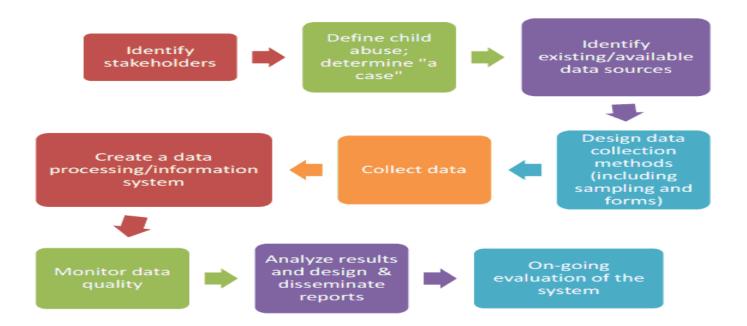








Steps in designing and building a child maltreatment data collection and surveillance system



Adapted from Holder, Peden & Krug et al. (2001).

A Resource Guide for Child Maltreatment Data Collection Part I 30









CHILDONEUROPE, (2009): "Guidelines on Data Collection and Monitoring Systems on Child Abuse"

•Specification among others of Guidelines for: Administrative CANrelated Data Collection

European Network EUROPE of National Observatories on Childhood

Guidelines on Data Collection and Monitoring Systems on Child Abuse

Institute of C Department of Centre for the Stud









Table 2. Examples of Central Registries for the Reporting of CAN cases

Flanders (Belgium), France, Ireland, Spain, Portugal, Slovakia, Bosnia& Herzegovina, Croatia, Romania, Italy, FYROM (only sexual abuse)

USA (states) 2

Europe

Alabama, Alaska, Arizona, Arkansas, California, Connecticut, Delaware, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Louisiana, Maryland, Massachusetts, Michigan, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New York, North Carolina, North Dakota, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Wyoming

An overview of CAN **Surveillance** Systems:

Child abuse & neglect systematic record keeping

Canada (states) 5

✓ (e.g. Manitoba, Nova Scotia, Ontario, Alberta)

Australia (states)

Study and Prevention of Child Abuse and Neplec

Northern Territory, Western Australia, Tasmania







An overview of CAN Surveillance Systems: Type of information most commonly included in department records and central registries

Table 3. Type of data most commonly collecte

Cantra for the Study and Prevention of Child Abuse and Neglec

					Variable	95				Category	Variables
Categories	Name	Date of	Contact Info	Vulnerability factors	Protective or	Culture	School info	Relation to child	Health history (mental		Type of abuse
		birth/ age			resilience factors				problems, substance		Duration and Multiplicity
									use, domestic violence)		Indicators
Child-Victim	√	~	~	1	√	✓	~			Abuse/Neglect	Consequences
Offender	~	~						1	~	Abusenneyleci	Disclosure, claims of the child
Parents/ caregivers	✓	√	1				√		✓		History of abuse
Roommate(s)	√	~						√			Name and date of birth/age of other
Reporter	~		1					1			children-possible victims
Institute of Child Health Department of Mental Health and Social Welfare									"OBSERVING CHILDREN IN DANGER AND CHILD PROTECTION ", Paris, France, 20/03/2015		

the EU DAPHNE Programme

Observatoire National

de l'Enfance en Danger

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CAN data reported in the Balkans: the BECAN project













Contract Number: HEALTH-F2-2009-223478 Type of Project: Collaborative Call: FP7-HEALTH-2007-B

Project's Identity

Co-funding:

Research Directorate General EC

9 Balkan Participating Organizations

Duration: 40 months

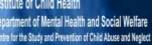
October 2009 - March 2013

Participating countries

- Albania
- Bosnia & Herzegovina
- Bulgaria
- Croatia
- Former Yugoslav Republic of Macedonia
- Greece
- Romania
- Serbia
- Turkey











Timeline of field survey's data collection

Country		2010			20	11					2012		
		Dec	Jan	Feb	Mar	Apr	May	Jun	Jan	Feb	Mar	Apr	May
Albania	AL					 		1					
Bosnia & Herzegovina	BA				-								
Bulgaria	BG		H						ł				
Croatia	HR							1					
F.Y.R. of Macedonia	MK			-				ł					
Greece	EL	—											
Romania	RO												
Serbia	RS								1				
Turkey	TR								I				
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Field Survey's Sample's Characteristics

	1	1-year olds		13	3-year olds		16	6-year olds			Total		
		valid	P.R/		valid	P.R/		valid	P.R/		valid	P.R/	
Country	S.S ¹	I-CH ²	R.R ³	S.S ¹	I-CH ²	R.R ³	S.S ¹	ŀCH ²	R.R ³	S.S ¹	I-CH ²	R.R ³	
Albania	1.652	1.187	71,85	1.667	1.204	72,23	1.125	937	83,29	4.444	3.328	74,89	
Bulgaria*	1.241	662	53,34	1.105	685	61,99	1.273	693	54,44	3.619	2.040	56,37	
B & H	1.333	682	51,16	1.340	692	51,64	1.501	1.345	89,61	4.174	2.719	65,14	
Croatia	1.744	1.223	70,13	1.771	1.188	67,08	1.492	1.233	82,64	5.007	3.644	72,78	
Greece	4.401	2.771	62,96	5.072	3.438	67,78	5.847	4.242	72,55	15.320	10.451	68,22	
FYROM	2.058	670	32,56	2.183	791	<mark>36,2</mark> 3	1.408	1.121	79,62	5.649	2.582	45,71	
Romania*	3.471	1.976	56,93	2.709	1.849	68,25	2.190	2.130	97,26	8.370	5.955	71,15	
Serbia	2.131	908	42,61	2.623	1.400	53,37	2.811	1.719	61,15	7.565	4.027	53,23	
Turkey	2.913	2.500	85,82	3.162	2.5 <mark>64</mark>	81,09	3.027	2.462	81,33	9.102	7 526	82,69	
Total	20.944	12.579	60,06	21.632	13. <mark>811</mark>	63,85	2 <mark>0.674</mark>	15.882	76,82	63.250	42.272	66,83	
Departme	of Child Health ent of Mental Health and te Study and Prevention of Chil		•••	+==	With fin	ancial support from	ı 🔆 🦗 🦽				HILD PROTE France, 20/	CTION ",	

Type of agencies included in case-based surveillance study

per sector, mission and urbanicity

					Country					
	AL	B&H	BG	FYRoM	GR	HR	RO	RS	TR	Total
Total Agencies	7	19	27	10	141	37	13	14	8	276
Sector										
Health Sector	7	-	-	2	44	-	-	-	4	57
Social Welfare	1	19	24	8	120	37	13	14	-	236
Judicial Sector	7	-	-	0	10	-	-	-	4	21
Public Order/Police	3	-	3	0	1	-	-	-	-	7
Education/Independent Authorities	1	-	-	0	8	-	-	-	-	9
Mission										
Primary Prevention	6	18	26	8	103	37	11	14	-	223
Secondary Prevention/Support	7	18	18	8	134	37	0	14	-	236
Tertiary Prevention/Treatment	5	19	15	3	71	37	11	14	4	179
Legal Support	5	13	9	7	17	37	8	14	4	114
Geographic area										
Urban	6	19	12	10	56	34	13	14	8	172
Suburban	2	12	11	10	69	20	10	14	-	148
Rural	3	17	4	10	132	22	11	11	-	210









BECAN project's main outcomes

- Quantitative, empirical documentation of the high rates of children's violence exposure
- Innovative documentation of high rates of girls' exposure to physical violence and boys' exposure to sexual violence
- Quantitative mapping of authoritative agencies' sensitivity in receiving CAN reports per country













Internal consistencies within ICAST scales

			Form of	f children's expos	ure (scales of the ICAS	ST-CH)	
	Country	Psychological violence	Physical violence	Sexual violence	Contact sexual violence	Feeling of neglect	Positive and non violent parenting
Prevalence	Albania	0,806	0,900	0,819	0,666	0,705	0,354
	B&H	0,834	0,823	0,654	0,536	0,850	0,694
	Bulgaria	0.840	0,817	0,759	0,451	0,749	0,721
	Croatia	0,805	0,781	0,642	0,502	0,808	0,636
	FyroM	0,827	0,852	0,772	0,624	0,712	0,705
	Greece	0,829	0,892	0,827	0,645	0,601	0,724
	Romania	0,825	0,865	0,826	0,708	0,732	0,646
	Serbia	0,840	0,890	0,850	0.652	0.653	0,737
	Turkey	0,857	0,864	N/A	N/A	0,810	0,65
Incidence	Albania	0,806	0,900	0,819	0,666	0,705	0,354
	B&H	0,865	0,897	0,793	0,557	0,748	0,760
	Bulgaria	0.816	0,796	0,705	0,411	0,753	0,672
	Croatia	0,895	0,920	0,858	0,764	0,756	0,807
	FyroM	0,827	0,852	0,772	0,624	0,712	0,705
	Greece	0,830	0,892	0,828	0,645	0,601	0,723
	Romania	0,833	0,887	0,840	0,715	0,734	0,672
	Serbia	0,840	0,890	0,850	0,652	0,653	0,737
	Turkey	0,963	0,992	N/A	N/A	0,873	0,732











Violence exposure Prevalence rates

Prevalence		Form of children's exposure (scales of the ICAST-CH ^{rev.})												
		Psyc	hological	Ph	ysical	S	Sexual	Conta	ct sexual	Fe	eling of	Pos	itive and	
		vi	olence	vi	olence	violence		violence		neglect		non violent		
COUNTRY	_											pa	parenting	
	Gender	%	95% C.I.	%	95% C.I.	%	95% C.I.	%	95% C.I.	%	95% C.I.	%	95% C.I.	
ALBANIA	Female	70,09	67,97 - 72,20	60,65	58,40 - 62,91	8,22	6,95 - 9,49	2,06	1,40 - 2,72	30,74	28,61 - 32,87	95,23	94,24 - 96,21	
	Male	66,93	64,57 - 69,29	58,16	55,68 - 60,64	14,5	12,73 - 16,27	8,11	6,74 - 9,49	19,79	17,78 - 21,79	93,95	92,75 - <mark>95,15</mark>	
B & H	Female	73,36	71,04 - 75,67	67,43	64,97 - 69,88	17,93	15,92 - 19,94	7,65	6,26 - 9,04	47,5	44,88 - 50,12	96,57	95,62 <mark>- 97,5</mark> 2	
	Male	71,67	69,15 - 74,20	68,25	5,64 - 70,86	19,47	17,25 - 21,70	12,25	10,41 - 14,10	30,79	28,20 - 33,38	95,42	94,25 - 96,59	
BULGARIA	Female	68,83	66,02 - 71,6	59,87	6,90 - 62,83	7,91	6,28 - 9,55	4,29	3,06 - 5,52	25,93	23,28 - 28,58	92,56	90,98 - 94,15	
	Male	70,23	67,39 - 73,0	64,58	1,71 - 67,66	9,28	7,48 - 11,0	5,55	4,12 - 6,98	21,29	18,74 - 23,84	91,83	90,12 - 93,53	
CROATIA	Female	73,54	71,53 - 75, <mark>:</mark> ‡	66,38	4,23 - 68,53	11,96	10,48 - 13,4	5,18	4,17 - 6,18	40,56	38,33 - 42,79	97,91	97,26 - 98,56	
	Male	72,53	70,45 - 74, <mark>(</mark>)	67,1	(¹ ,91 - 69,29	8,31	7,03 - 9,6	3,8	2,90 - 4,69	29,77	27,64 - 31,90	96,51	95,66 - 97,37	
F.Y.R.o.M.	Female	63,7	61,21 - 66, <mark>8</mark>	49,03	4 <mark>5,44 - 51,61</mark>	6,01	4,78 - 7,2	2,47	1,66 - 3,28	30,96	28,57 - 33,36	83,66	81,75 - 85,57	
	Male	65,68	62,93 - 68, <mark>4</mark> 3	52,71	4 <mark>9,82 - 55,6</mark> 0	9,64	7,91 - 11,3	5,5	4,16 - 6,84	23,07	20,62 - 25,52	84,13	82,02 - 86,25	
GREECE	Female	83,76	82,78 - 84, <mark>1</mark> 4	77,37	<mark>6,26 - 78,</mark> 48	16,62	15,63 - 17,6	7,76	7,05 - 8,47	42,83	41,52 - 44,14	98,43	<mark>98,10</mark> - 98,76	
	Male	82,5	<mark>81,44 - 83,5</mark>	75,27	<mark>4,07</mark> - 76,47	15,02	14,03 - 16,0	7,42	6,68 - 8,15	30,96	29,67 - 32,25	97,91	97,51 - 98,30	
ROMANIA	Female	76,91	75,48 - 78,3	65,57	<mark>3,94</mark> - 67,19	7,9	6,98 - 8,82	3,01	2,43 - 3,60	26,56	25,05 - 28,07	96,43	95,80 - 97,06	
	Male	76,51	74,88 - 78,1	68,79	57,01 - 70,57	7,91	6,87 - 8,95	4,26	3,48 - 5,04	17,57	16,10 - 19,03	95,37	94,57 - 96,18	
SERBIA	Female	71,31	69,31 - 73,31	68,57	66,52 - 70,63	7,53	<mark>6,36</mark> - 8,70	3,79	2,95 - 4,64	34,56	32,45 - 36,67	97,96	97,33 - 98,58	
	Male	65,72	63,67 - 67,76	69,76	67,77 - 71,74	9,39	8,13 - 10,65	5,95	4,9 2 - 6,97	23,38	21,55 - 25,21	96,76	95,99 - 97,52	
TURKEY	Female	70 <mark>,89</mark>	69,43 - 72,35	56,12	54,52 - 57,72		N/A		V/A	48,12	46,51 - 49,73	94,65	93,92 - 95,37	
	Male	70 <mark>,28</mark>	68,83 - 71,73	60,58	59,03 - <mark>62,</mark> 14	-	N/A	ſ	N/A	37,25	35,71 - 38,79	93,19	92,39 - 93,99	

C.I.: Confidence Interval

N/A: non available; the sexual violence scale was not included in the ICAST-CH questionnaire

Prevalence rate: percentage of children reporting having experienced at least 1 behavior of the scale during their entire life time (either in the past year or before)











Violence exposure Incidence rates

Incidence			Form of children's exposure (scales of the ICAST-CH ^{rev.})											
		Psyc	hological	Phy	ysical	Sexual		Conta	Contact sexual		Feeling of		Positive and	
		violence		violence		violence		vio	violence		neglect		non violent	
COUNTRY									\wedge				parenting	
	Gender	%	95% C.I.	%	95% C.I.	%	95% C.I.	%	95% C.I.	%	95% C.I.	%	95% C.I.	
ALBANIA	Female	63,37	61,15 - 65,60	48,83	46,53 - 51,14	6	4,90 - 7,10	1,39	0,85 - 1,93	26,68	24,64 - 28,73	93,4	82,25 - 94,54	
	Male	59,83	57,37 - 62,29	48,03	45,51 - 50,54	12,85	11,17 - 14,54	7,26	5,95 - 8,56	16,09	14,25 - 17,94	92,57	91,25 - <mark>93,88</mark>	
B & H	Female	65,93	63,45 - 68,41	49,79	47,17 - 52,40	12,43	10,70 - 14,1	5,65	4,44 - 6,86	40,5	37,93 - 43,07	95,5	94,41 - <mark>96,5</mark> 9	
	Male	62,04	59,32 - 64,7	52,62	19,82 - 55,42	15,04	13,03 - 17,0	10,03	8 34 - 11,72	25,04	22,61 - 27,47	93,13	91,71 -94,55	
BULGARIA	Female	61,77	58,83 - 64,7	47,28	4,26 - 50,30	6,96	5,42 - 8, <mark>5</mark> 0	3,72	,57 - 4,86	22,21	19,70 - 24,73	90,75	89,00 - 92,51	
	Male	62,66	59,65 - 65, <mark>6</mark> 8	49,75	46,63 - 52,86	<mark>8,07</mark>	6,38 - 9,7	5,05	.,68 - 6,41	17,46	15,09 - 19,82	89,51	87,60 - 91,41	
CROATIA	Female	66,4	64,25 - 68, 4	44,58	42,32 - 46,83	8,03	6,79 - 9, 6	3,34	2 52 - 4,16	33,67	31,53 - 35,82	96,78	95,98 - 97,58	
	Male	64,94	62,73 - 67, <mark>6</mark>	46,56	44,24 - 48,88	6,33	5,20 - 7, 7	3,17	2 36 - 3,99	23,33	21,36 - 25,30	95,56	94,60 - 96,51	
F.Y.R.o.M.	Female	59,81	57,27 - 62, 4	40,18	37,65 - 42,72	4,89	3,77 - 6, 1	2,26	1 49 - 3,04	28,73	26,39 - 31,07	82,82	80,87 - 84,77	
	Male	60,71	57,89 - 63, 4	45,19	42,31 - 48,08	8,3	6,69 - 9, 2	4,78	3 52 - 6,03	20,09	17,76 - 22,41	83,26	81,10 - 85,42	
GREECE	Female	69,95	68,73 - 71, 6	46,58	45,25 - 47,90	8,87	8,11 - 9, 2	3,5	3 01 - 3,99	30,88	29,65 - 32,10	96,59	96,11 - 97,07	
	Male	70,11	68,83 - 71,. 8	48,26	4 <mark>6,87 - 49,65</mark>	10,28	9,43 - 11, 3	5,5	,86 - 6,14	21,45	20,31 - 22,60	95,79	95,23 - 96,35	
RO MANIA	Female	66,02	64,41 - 67, <mark>(</mark> 4	42,29	0,60 - 43,97	4,65	3,93 - 5,37	1,46	,05 - 1,87	19,44	18,09 - 20,79	93,59	92,75 - 94,42	
	Male	65,93	64,11 - 67,7	47,7	5,78 - 49,62	5,4	4,53 - 6,2	2,86	2,22 - 3,51	13,1	11,80 - 14,39	92,77	91,78 - 93,76	
SERBIA	Female	63,25	61,11 - 65,3	45,94	43,73 - 48,15	4,92	3,96 - 5,8	2,51	1,82 - 3,21	27,66	25,68 - 29,64	95,05	94,09 - 96,01	
	Male	56,19	54,05 - 58,33	46,99	44,84 - <mark>49,</mark> 15	7,49	6,36 - 8,63	4,82	3,90 - 5,75	18,28	16,61 - 19,95	94,14	93,13 - 95,15	
TURKEY	Female	63, <mark>06</mark>	61,50 - 64,61	43,61	42,01 - 45,21	C	N/A		N/A	43,09	41,50 - 44,69	91,73	90,84 - 92,62	
	Male	62 <mark>,59</mark>	61,05 - 64,12	48,45	46, <mark>8</mark> 6 - 50,04		N/A		N/A	32,14	30,65 - 33,62	89,79	88,82 - 90,75	

C.I.: Confidence Interval

N/A: non available; the sexual violence scale was not included in the ICAST-CH questionnaire

Incidence rate: percentage of children reporting having experienced at least 1 behavior of the scale "during the past year (previous 12 months)









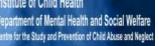


Percentages of children reporting exposure to multiple violence' type

Different types of Violent experience		Albania	B&H	Bulgaria	Croatia	FyroM	Greece	Romania	Serbia	Turkey
Prevalence	2	31,4	27,7	30,5	28,9	28,6	35,5	30,3	29,6	33,2
	3	19,8	27,1	25,4	32,4	18,2	30,4	5,5	28,3	24,2
	4	5,1	10,93	5,6	6,6	2,4	9,3	5,5	5,4	
Multiple victimization (2-4 types) ¹		56,4	65,7	61.6	67,9	49,2	75,2	41,3	63,3	57,4
Incidence	2	28,3	27,6	29,9	28,2	28,0	31,2	29,0	26,8	29,6
	3	13,9	18,5	16,2	20,5	13,1	14,8	14,5	15,8	16,7
	4	3,1	5,9	3,9	3,3	1,4	3,4	2,1	2,9	
Multiple vict (2-4 typ		45.3	52,0	49.0	52,0	42,5	49,4	45,6	45,5	46,3

Multiple victimization was operationally defined as a child's exposure in more than one (up to 4) types of violent experiences, namely to psychological, physical and sexual violence as well as to domestic violence (items 11, 12, 13a and 14) of the ICAST-CH.













Sex differences between countries' results

Form of children's exposure (scales of the ICAST-CH) Contact Feeling Positive Psychological Physical Sexual of neglect sexual parenting COUNTRY PR 1 INC.² PR¹ INC.² PR 1 INC.² PR.¹ INC.² PR.¹ INC.² PR.¹ INC.2 -6.28 ALBANIA 3.16 3,54 2,49 0.80 -6.85 -6.05 -5.87 10.95 10.59 1.28 0,83 B&H -0,82 -2,61 1,69 3.89 -2,83 -1,54 -4.60 -4,38 16.71 15.46 1,15 2.37 -0,89 -4.71 4.75 1.24 BULGARIA -1,40 -2,47 -1,37 -1,11 -1,26 -1,33 4.64 0.73 CROATIA -0,72 -1,98 3.65 1.38 0.17 10.79 1.22 1.01 1.46 1.70 10.34 1.40 -3,68 -0,44 FYROM -1,98 -0,90 -5.01 -3.63 -3.41 -3.03 -2.52 7.89 8.64 -0,47 GREECE 1.26 -0,16 2.10 -1.68 1.60 -1.41 0,34 -2.00 11.87 9.43 0.52 0.80 -3,22 0.82 ROMANIA 0.40 0.09 -5,41 -0,01 -0,75 -1.25 -1.40 8.99 6.34 1.06 SERBIA 5.59 7.06 -2.31 11.18 9.38 0.91 -1,19 -1.05 -1.86 -2.57 -2.16 1.20 TURKEY 0.61 0.47 -4.46 N/A* 10.87 10.95 1.46 .94 -4.84

" PR. = Prevalence: percentage of children reporting having experienced at least 1 behavior of the scale during their entire life time (either in the past year or before)

^{2.} INC. = Incidence: percentage of children reporting having experienced at least 1 behavior of the scale [independently of the frequency score declared under "During the past year (previous 12 months)"]

* the sexual violence scale was not included in the ICAST-CH questionnaire







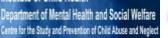


Overall conclusions

- Almost half of the children reported at least one experience of exposure to physical violence during the year prior to research in all participating countries, while almost two out of three report such a history during their childhood. Rates of exposure to psychological violence appear even higher, reaching in many of the participating countries almost two thirds of responding children for incidence and even three quarters on some occasions for prevalence. Such an image can be better understood when combined with sex distribution figures: pace standard conceptualization and prior research reports that physical violence predominantly concerns boys; this particular research advocates for a more equated distribution pattern with male to female ratios being almost equivalent to one and in some cases females' report exceeding male ones.
 - Increased rates of self-reported exposure to sexual violence of children were found as well, even more alarmingly regarding contact sexual violence. In that type there was also an almost equation of boys : girls ratio with small predominance of boys in younger ages and reverse trend in adolescent children while rates in urban areas exceed ones in rural ones in younger children while the ratio is reversed in adolescent children implying the possibility of two potential patterns of children's exposure to sexual violence: one in smaller children and one in adolescents (the later more resembling features of adult sexual violence). In any case, a good portion of self-reported sexual victimization seems to occur between 13 and 16 years of age of children victims.
- Finally, subjective feelings of neglect are clearly reported more by female children. Moreover, further analysis showed that these feelings, especially in girls, increase in percentages as moving to higher school grade groups, namely as moving towards adulthood. This finding was also more or less consistent for most of the participating countries.

countries.







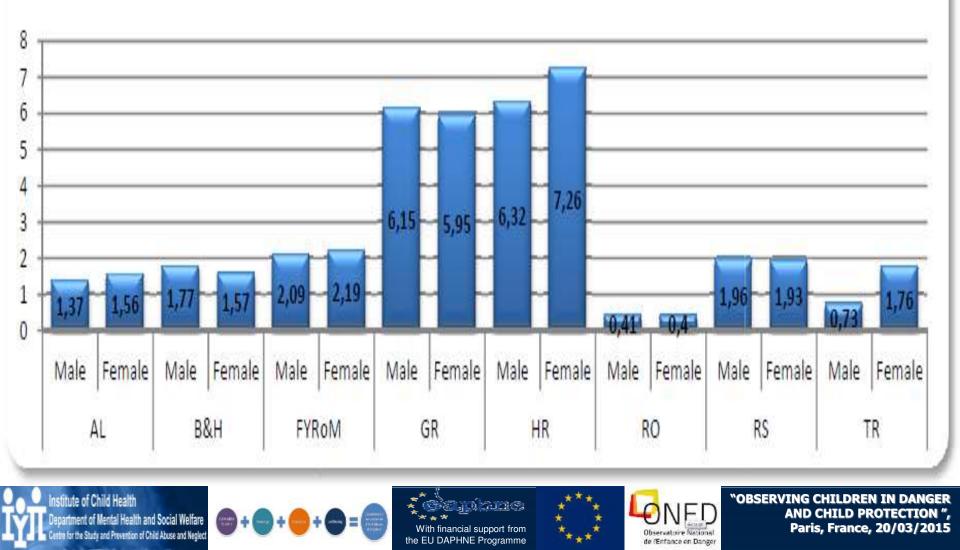






CBSS ⁰/₀₀ CAN rates per sex and per country

All forms of CAN



BECAN Website & Forum <u>www.becan.eu</u>

	Child Abuse and Neglect Balkan Epidemiological Study on Child Abuse & Neglect - Mazilla Firefox		
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 WP4 Case-based Surveillance 		= Turkey	
WP5: Distance	Subject: Kick-off meeting of Balkan Epidemiological study on Child Abuse and Neglect	= Croatia	
 WP6 Sustainability WP7 Evaluation 	(BECAN)	 Sofia Bosna & Herzegolina 	
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leaves	Source: Institute of Child Health. Department of Mental Health and Social Welfare – Centre for the Study and prevention of Child Abuse and Neplect (Head U Nikoladis.)	Service and the service of the servi	
	The largest epidemiological study on Child Abuse and Neglect (CAN) ever conducted in the Balkan region in terms of sample, exceeding 30.000 childre and parents, begins with the Kick-off Meeting of Research Centers and Organizations' representatives that participate in the European Project stied BECAN, takin place in Athens, on Monday 7/12/2009.		
	This ambitious project is one of the largest studies in sample size globally. The importance of its anticipated results as well as its innovative character is in virtue of the fact that, until now, there are no data available on the general population prevalence of CAN not only for the totality of the Balkans, but also at national level o individual countries. Coordinator of the project is the Department of Mental Health and Social Welfare – Centre for the Study and prevention of Chill Abuse and Neglect of Institute of Child Health in Greece.	of 🎁 🎁 💏	
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Institute of Child Health Department of Mental Health and Socia		DBSERVING CHILDREN IN DA AND CHILD PROTECT Paris, France, 20/03	FION ",
Cantra for the Study and Prevention of Child Abuse	an Negect the EU DAPHNE Programme		

Council of Europe's Lanzarote Committee's current monitoring round on CAN data collection mechanisms in CoE's member states (2014-2015)

COUNCIL OF EUROPE



CONSEIL DE L'EUROPE













COUNCIL OF EUROPE

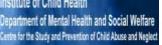
Overall characteristics -1



- Incommensurability of countries' existing mechanisms
- Situation varies especially by:
 - Sector involved (welfare, health, justice, law enforcement)
 - Registering unit (child, incident, offence, offender, family)

Aggregative or case based data resources
 Respectful variation in respect to registering data for victims, offenders or both and/or offences
 Respectful variation of variables registered













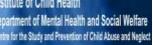
COUNCIL OF EUROPE

Predominant and secondary resources of data collection



10.001	CONSEIL DE L'EUROPE					
Predominant	Supplementary					
Belgium, Bosnia, Bulgaria,	Austria, Croatia, Denmark,					
France, Iceland, Italy, Lithuania,	Montenegro, San Marino					
Malta, Moldova, Romania, Serbia,						
Spain, F.Y.R. of Macedonia						
and the second s						
Austria, Croatia, Finland, San	Belgium, Bosnia, France, Iceland, Italy,					
Marino, Turkey, Ukraine	Lithuania, Malta, Montenegro, Portugal					
the second second						
Albania, Portugal	Austria, Belgium, Iceland, Finland,					
	Spain					
Greece, Montenegro	Iceland, Portugal, San Marino, Serbia,					
	Spain					
	France, Iceland, Italy, Lithuania, Malta, Moldova, Romania, Serbia, Spain, F.Y.R. of Macedonia Austria, Croatia, Finland, San Marino, Turkey, Ukraine Albania, Portugal					













COUNCIL OF EUROPE

Type of data collection



NOCH DE MELIDOI

					CONSEIL DE L'EUROPE
	Case based data for the victim	Some short of data for the victim	Case based data for the offence	Case based data for offenders	Some short of data for the offenders
	France,	Austria, Belgium,	Albania,	Austria,	Austria,
1	Iceland,	Bosnia, Bulgaria,	Austria, Croatia,	Croatia,	Belgium,
	San	Croatia,	France,	Lithuania,	Bulgaria,
	Marino,	Denmark, F.Y.R.	Lithuania,	Malta,	Croatia, Malta
1	Serbia and	of Macedonia,	Moldova,	Netherlands	and Serbia and
7	partially	Iceland, Italy,	Portugal, Spain,	and Serbia	some more
	Belgium	Lithuania, Malta,	Ukraine and		
		Romania, Serbia,	possibly also		
		Spain and maybe	Iceland, Finland		
1		some more	and other		
			countries		











Case based vs. Aggregative data



CONSEIL DE L'EUROPE

COUNCIL OF EUROPE

Case based data

Aggregative data

Austria, partially Belgium, Bulgaria, France, Iceland, Lithuania, Malta, Montenegro, Portugal, Romania, San Marino, Serbia and Spain

Albania, Austria, Belgium, Bosnia, Bulgaria, Denmark, France, Iceland, Lithuania, Malta, Portugal, Romania, San Marino, and Spain but also probably in some others reporting keeping records of case based data (which can be easily aggregated)

Institute of Child Health Department of Mental Health and Social Well Centre for the Study and Prevention of Child Abuse and N









Council of Europe **Overall characteristics - 2** In general, not specific mechanisms but: either general CAN/CP data collection systems or general administrative data registering practices (i.e. juridical cases/hospital records) Lack of linkage between data collected by different sectors (in most of cases) General lack of appointment of focal points or mandated agency to collect data (apart from National Strategic Plans etc)

Lack of consideration regarding quality of data collection, adequacy of existing mechanism, coverage of data collection, ongoing improvements etc













Other remarks



- Some countries are currently developing data collection mechanisms (Greece, Italy, Portugal, Spain and Turkey)
- Some parties have other existing registering resources on children victims of trafficking (Bosnia, Italy, Moldavia, Romania, Serbia), victims of child pornography (Italy), one-off research mapping initiatives (Greece, Italy) or other such registries
- Some form of registering the relationship between the victim and the offender exists in countries such as Austria, part of Belgium, Croatia, Portugal and San Marino
- Countries that have some mandated service for assessment of CSA allegations (Child Advocacy Centers, Child Protection Centers etc) seem to enriched have case based and aggregative information registered













Response: EU/DAPHNE-funded project CAN-MDS





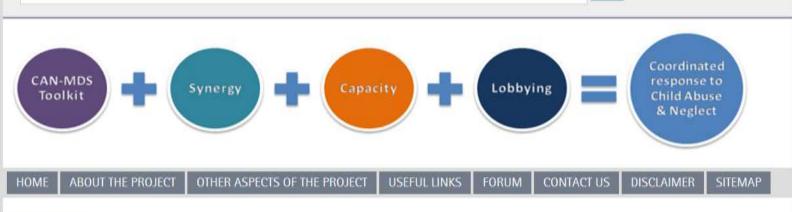








"Coordinated Response to Child Abuse and Neglect (CAN) via Minimum Data Set (MDS)" <u>http://www.can-via-mds.eu/</u>



WELCOME

Child abuse and neglect (CAN) case-based data across the EU are derived from a variety of intersectoral sources and follow up of victims at local & national level is not sufficiently coordinated among the involved services. The main barriers for effective CAN monitoring are the lack of common operational definitions, registering practices and the use of a variety of methods & tools for data collection & sharing among stakeholders. At international level, given that existing surveillance mechanisms vary considerably in coverage and completeness, comparisons are not feasible. The Project "Coordinated Response to Child Abuse and Neglect via Minimum Data Set" [JUST/2012/DAP/AG/3250] co-founded under Daphne III Programme aims at creating the scientific basis, tools & synergies for establishing national CAN monitoring systems using a minimum data set (MDS). Such systems would provide comprehensive, reliable and comparable case-based information at national level for children who have used protection services (social, health, educational, etc. depending on countries' specifics) also facilitating CAN monitoring at EU

USER LOGIN



institute of Child Health Department of Mental Health and Social Welfare Lente for the Study and Prevention of Child Abuse and Neglect









Promoting evidence based child protection in Greece













BECAN project for Greece: documenting the iceberg phenomenon

First time ever of empirical grounding and quantitative estimation of the discrepancy between actual occurrence and administrative awareness of CAN ("the iceberg phenomenon"): the case of Greece













Overall rates of self-reported children's exposure to violence in Greece



Prevalence Incidence

83,16 76,37 70,02 47,38 37,2 15,86 9,54 7,6 4,45 Psychological violence **Physical violence** Sexual violence Contact sexual violence Feeling of neglect



100

80

60

40

20

0

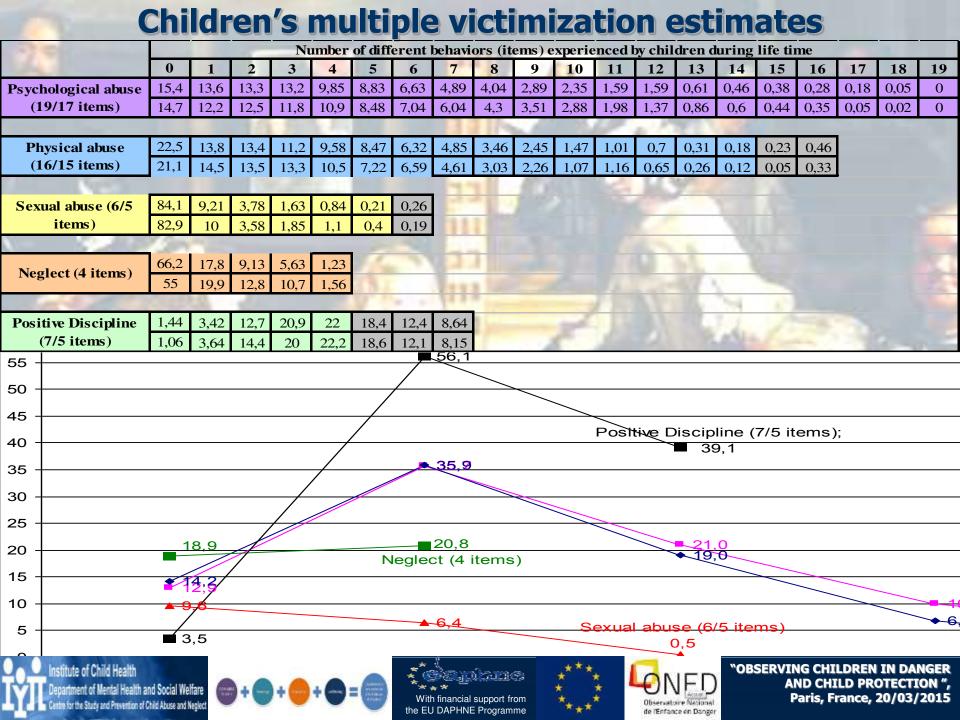








26,41



Case-based Surveillance BECAN Study (CBSS)

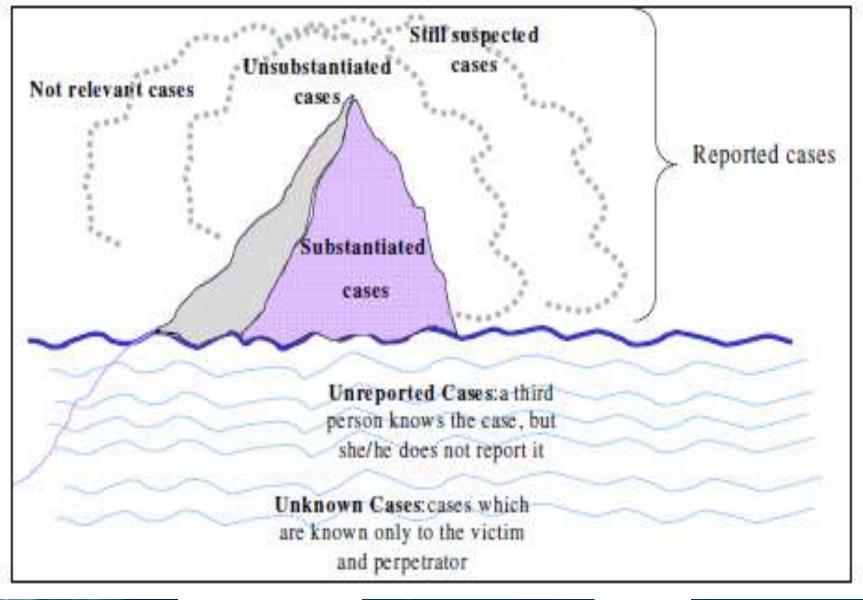
Administrative Data Collection Research's outcome:

Child maltreatment incidence rates (per 1000 children) for 2010 according to authoritative

organizations' records and files

	1000	Total		1	Attica		Crete		
	male	femal e	total	male	femal e	total	male	female	Total
Children population (National Statistical Service, 2001)			118	191	C I	2	10.		
Age group 0-4	106.60 5	100.78 9	207.3 94	89.362	84.392	173.7 54	17.243	16.397	<u>33.640</u>
5-9	107.75 5	101.71 9	209.4 74	90 454	85.706	176.1 60	17 301	16.013	33.314
10-14	115.33	107.14	222.4			187.4			
Subtotal	0 329.6	5 309.6		1		54 537.3		16.563	35.021
15-19	90 144.51	53 136.81		276.688		68 239.8	53.002	48.973	101.975
Total	2 329.6	<i>0</i> 309.6		122.598		<i>80</i> 537.3	21.914	19.528	41.442
	90	53	43	276.688	80	68	53.002	48.973	101.975
CAN cases extracted for 2010 (141 agencies; Attica=127, Crete=14)	61 7	10	2.				S. 11	23	
Age group 0-4	<mark>4</mark> 74	420	929	409	363	804	65	57	125
5-9	799	583	1.405	666	469	1157	133	114	248
10-14	733	615	1.355	591	490	1088	142	125	267
Subtotal	2006	1618	3689	1666	1322	3049	340	296	640
15-18	<u>358</u>	386	750	279	327	612	79	59	138
Total (for 84 cases sex is unknown)	2.364	2.004	4.439	1945	1649	3661	419	355	778
CAN annual incidence (2010) per 1000 children				1.0					
Age group 0-4	4,45	4,17	4,48	4,58	4,30	4,63	3,77	3,48	3,72
5-9	7,41	5,73	6,71	7,36	5,47	6,57	7,69	7,12	7,44
10-14	6.20	J,74	6,09	6,10	5,41	5,80 _	7,69	1,55	7.62
🕘 👝 🔔 In <i>Tratest</i> Child Health	6,08	5,23		6,02	5,07	5,67	6,41	6,04	6.29
Department & Hat 8 Health and Social Welfare Centre for the Study and Prevention of Child Abuse and Neglect	the co		nancial support tron APHNE Programme	ible due to t	06	servatoire Nacional (Enfance en Danger	AND	CHILD PPO 5, France, 2	0/03/2015

Child maltreatment as an "Iceberg" (CHILDONEUROPE, 2009)













However, if someone compares what is found by children's reports and recorded cases, figures – however inaccurate – speak for themselves...

	Type of exposure to violence									
				Contact						
Incidence Rates	Psychological	Physical	Sexual	Sexual	Neglect					
Self-reported Syrvey	70,02	47,38	9,54	4,45	26,41					
Reported Cases Study	0,53	0,18	0.1111	0,07	0,46					
Ratio	0,76	0,38	0,73	1,57	1,74					

- Results presented are concerning prefectures of Attica and Crete referring to calendar year 2010 (field survey vs. case-based surveillance study's results). Extrapolation was calculated for CBSS's results based on national statistics on children's population and the ration of participation of agencies to the study in respect to the totality of agencies dealing with CAN cases.
- Even if one doubles first row's figures (in virtue of non-collaborating agencies), even if one divides by 10 second row's figures (for counting only more severe cases of children's adverse experiences), conclusion still remains the same in terms of social policy deficits:

In Greece some professional assistance is provided to less than 1 in 10 children experiencing some short of violence, victimization or in any case adverse experience

It is the first time that the "iceberg" phenomenon on CAN cases was quantitatively documented











Response: Building a comprehensive and intersectoral national registry for CAN cases in Greece













Steps in designing and implementing a CAN surveillance system in Greece

- 1. Conducting an extended literature review on procedures and variables of other countries' CAN registering or surveillance systems
- 2. Conducting a similar review on available data by national research (one-off) resources
- 3. Drafting accordingly a first set of potential variables to be included in the Hellenic system
- 4. Conducting a first round of consultation with 5 top experts (consensus panel) of various sectors and professional background and consequently concluding to a smaller variables' list
- 5. Conducting a second round of public consultation with 50 experts by various sectors and professions involved as well as leading national scientific associations and consequently concluding to the list of variables for the pilot phase
- 6. Developing software application for implementation of the registering system
- 7. Piloting the registry with 5 major volunteering organization by governmental and NGO sectors and consequent readjustment based on that experience
- 8. Continuing recruitment of organizations and agencies for adopting the usage of the registry (bottom-up process)
- 9. Concluding final variables and procedures' set and begin normal operational mode
- **10.Ongoing regular re-assessment of the registry's main features**











Final Outcome: the system in short

- An electronic database in which professionals will register all reported cases of child abuse and neglect.
- Data from various sources (social services, healthcare settings, law enforcement, justice).
- Variables regarding the victim, the incident of maltreatment, the alleged perpetrator, the investigation status and possible risk factors.













Variables (1)

a. User

- 1. Username
- 2. Password
- 3. Region
- 4. Regional Unit
- 5. Municipality
- 6. Name of the agency/service
- 7. Access date

b. Child

- 1. ID number of the child
- 2. Gender
- 3. Age
- 4. Citizenship
- 5. Availability of address
- 6. Residence
- 7. Working status
- 9. Permanent residence
- 10. School attendance

- 11. Social Insurance
- 12. Biological parents
- 13. Roommates ID
- 14. Report of CAN regarding another child











Variables (2)

- c. Maltreatment
- 15. Type
- 16. Referral source
- 16. Date of the 1st referral
- 17. Name of the agency/service that received the 1st report
- 18. Date of the first report
- 19. Duration or multiplicity of the abuse
- 20. Date of the 1st incident of abuse

d. Case Investigation
21. Investigation result
22. Police involvement
23. Justice involvement
24. Agencies/services
involved











Variables (3)

e. Alleged perpetrator 25. Relationship to the child 26. Gender 27. Age group 28. Confirmation of the perpetrator 29.Referral to the court **30. Jurisdiction**

f. Clinical intervention **31.** Therapeutic intervention on the child **32**. Therapeutic intervention on the family 33. Therapeutic intervention on the perpetrator

g. Risk factors 34. Of the child 35. Of the family 36. Of the alleged perpetrator





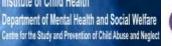




Greece's National CAN registry's comprehensive goals and objectives

- Register all reported cases of child maltreatment
- Measure the scope and magnitude of child maltreatment
- Develop a network for the effective collaboration and coordination
 - of all professionals involved in child abuse and neglect cases
- Inform and guide professional practice
 - Unifying criteria for detecting and classifying child abuse cases
- Inform and guide policy makers of possible risks and trends
 - affecting health and safety
- Prevent multiple victimization
- Set priorities for prevention and intervention











The process is currently ongoing moving through expert's panels and public consultation's rounds towards pilot phase...

anticipated to be completed by mid 2015

Institute Departm Caste for t









National CAN diagnosis protocol and National CAN cases' Registry for Greece http://www.esa-kapa-p.gr/



Πρωτόκαῆ/Ιο Διερεύνησης, Διάγνωσης, Διαχείρισης ΚαΠα-Π & Εθνικό Σύστημα Αναφοράς ΚαΠα-Π ΑΡΧΙΚΗ ΤΟ ΠΡΟΓΡΑΜΜΑ ΠΡΩΤΟΚΟΛΛΟ & ΕΣΑ ΚΑΠΑ-Π FORUM ΕΠΙΚΟΙΝΩΝΙΑ

Ακολούθησε το Πρωτόκολλο Χρησιμοποίησε το ΕΣΑ

"ΟΛΟΚΛΗΡΩΜΕΝΗ ΠΡΟΣΕΓΓΙΣΗ...

για τη Διεροίνηση, Διάγνωση και Διαχείριση Περιστατικών Κακοποίησης & Παρομέλησης Παιδιών"

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Observatoire Nationa

de l'Enfance en Danger

"OBSERVING CHILDREN IN DANGER AND CHILD PROTECTION ", Paris, France, 20/03/2015

Department of Kental Health Department of Mental Health and Social Welfare Cente for the Study and Prevention of Child Abuse and Neglect







Web-based resources: our Department: http://ich-mhsw.gr/



Department of Mental Health and Social Welfare - Centre for the Study and Prevention of Child Abuse and Neglect



Announcements

nstitute of Child Health lepartment of Mental Health and Social Welfare



Inquiring child abuse and neglect



Read about the informal national network for the prevention of child

yanne With financial support from the EU DAPHNE Programme





"OBSERVING CHILDREN IN DANGER AND CHILD PROTECTION ", Paris, France, 20/03/2015

Programmes

Thank you very much!!!

Email: <u>gnikolaidis@ich-mhsw.gr</u> URL: <u>www.ich-mhsw.gr</u>

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