



# KEEPING CHILDREN SAFE FROM VIOLENCE

**STRENGTHENING CHILD PROTECTION  
SYSTEMS IN THEIR ACCOUNTABILITY  
TO IDENTIFY, REFER AND RESPOND  
TO CASES OF VIOLENCE  
AGAINST CHILDREN**





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# KEEPING CHILDREN SAFE FROM VIOLENCE

## STRENGTHENING CHILD PROTECTION SYSTEMS IN THEIR ACCOUNTABILITY TO IDENTIFY, REFER AND RESPOND TO CASES OF VIOLENCE AGAINST CHILDREN

Results from a study in Albania, Bosnia and Herzegovina, Serbia and Turkey on how to improve the responsiveness of service providers in identifying, reporting and referring cases of violence against children – carried out with European Union and UNICEF support.





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## CONTENTS

<b>FOREWORD .....</b>	<b>6</b>
<b>A WORD FROM THE AUTHOR .....</b>	<b>7</b>
<b>LIST OF ABBREVIATIONS.....</b>	<b>10</b>
<b>EXECUTIVE SUMMARY .....</b>	<b>11</b>
Study rationale and research questions.....	11
Methodology.....	11
Participants .....	12
Findings across the four countries .....	12
Recommendations .....	13
<b>INTRODUCTION .....</b>	<b>14</b>
Study rationale and research questions.....	14
Identification, recording and reporting of cases of violence against children .....	16
Referrals of cases of violence against children and service trajectories.....	16
Systemic mechanisms for action/change: monitoring, evaluation and best practices .....	16
Methodology .....	16
Study design.....	16
Sample and recruitment .....	17
Data sources and data collection .....	17
Description of the quantitative sample .....	17
Description of the qualitative sample.....	20
Analytical strategy .....	21
Limitations.....	21
<b>BACKGROUND .....</b>	<b>22</b>
Legislative frameworks within the four countries.....	22
Albania.....	22
Bosnia and Herzegovina (BiH) .....	23
Serbia .....	24
Turkey.....	25
Sectors involved in child protection work within the four countries .....	25

<b>CURRENT STATE OF THE CHILD PROTECTION SYSTEM: STUDY FINDINGS</b> .....	<b>28</b>
Identification, recording and reporting of cases of violence against children.....	28
Identification.....	29
Recording and reporting .....	32
Referral of the cases of violence against children, sufficiency of services provided for the child and/or the family and follow-up on the referrals .....	36
Referrals.....	36
Sufficiency of services .....	37
Service coordination and follow-up.....	38
Staff training and supervision, monitoring and complaint mechanisms .....	40
Staff training and supervision .....	40
Internal and external monitoring and complaint mechanisms.....	40
Policy changes, promising practices and reform areas .....	41
Policy changes and promising practices .....	41
Reform areas .....	42
Urban versus rural settings .....	43
<b>CONCLUSION</b> .....	<b>45</b>
Strengths of current child protection system .....	46
Challenges within the current system.....	46
<b>RECOMMENDATIONS</b> .....	<b>49</b>
<b>LIST OF TABLES:</b>	
1: Description of the quantitative sample.....	18
2: Qualitative sample and demographic information .....	20
3: Perceived seriousness, assesment of abuse and referral response by form of violence .....	30
4: Ranking of importance of possible interventions .....	31
5: Documentation and management of cases of violence against children .....	32
6: Duty to report legislation (required reporting of suspected VAC to authorities) .....	33
7: Respondents' understanding of required reporting, and likelihood of reporting, by sector and type of violence .....	33
8: Perceived helpfulness of reporting to child welfare authorities by case scenario .....	35
9: Cooperation/coordination with other collaterals in cases of violence against children .....	39
10: Organizational follow-up in cases of violence against children referred to outside services/support .....	39
11: Internal and external complaint mechanism .....	41
12: Ranking of importance for possible interventions by geographic location .....	44

## FOREWORD

As elsewhere in the world, many children in Central and Eastern Europe and the Commonwealth of Independent States (CEE/CIS) are exposed to violence without this necessarily being identified and without receiving the appropriate response to their situation. Even if states, through ratifying the Convention on the Rights of the Child, have taken on the accountability to protect children from violence, there remains an important lag between this commitment and the results for children. According to available data from some countries in CEE/CIS, on average 50 per cent of children are subjected to at least one form of punishment by their parents or other household members.<sup>1</sup>

Addressing violence requires a multi-sectoral approach with a clear chain of accountability for identification, referral and response. This chain is only as strong as its weakest link. Ensuring that such accountability is translated into laws and guidance for professionals, and into protocols for cooperation between different actors, is the responsibility of the state and its policy makers.

The study you have in your hands is a contribution of UNICEF, in partnership with the European Union, to shedding more light on where responses to violence against children can improve. The study is part of a two-year joint project that aims at strengthening civil society monitoring of child rights, improving the state-civil society policy dialogue and ultimately strengthening child protection systems in their response to violence in the four countries covered by this study. The findings were discussed at a workshop in Sarajevo in September 2012, where government representatives and civil society organizations worked together for two days to agree on next steps in their joint approach towards improving responses to violence.

While the study indeed points to a number of improvements to be made, the most significant finding of this research is the fact that there seems to be very strong professional will to adopt family support and welfare-oriented policy models in these countries. Indeed, an overwhelming majority (90 per cent) of the 600 professionals from a wide range of sectors, as well as child protection experts who took part in this study in the four countries, said that as a first line of response, they would prefer to refer families in need for counselling, parental education and supportive services, rather than starting up the punitive law enforcement machinery.

With a legacy of child protection systems in CEE/CIS that are mainly reactive and rely heavily on institutional responses to child protection, and less on family welfare and support, it will be a challenge to make such a shift. However, with professional mindsets already on the right track, this will be a much easier process.

Over the last ten years, UNICEF has been supporting governments in the reform of their child care and protection systems, and it will continue to be UNICEF's priority to see children growing up in nurturing and supported families. It is also a priority for UNICEF to encourage societies to nurture non-violent behaviour and ensure that the services where children spend their days and leisure time, do not perpetuate violence against them, but provide the conditions for children to grow up in safe communities and in supported family environments.



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<sup>1</sup> Multiple Indicator Cluster Survey (MICS) reports, Kazakhstan and Serbia (2010); MICS Report on Roma Settlements in Serbia (2010); MICS reports, Albania, Bosnia and Herzegovina, The former Yugoslav Republic of Macedonia, Kazakhstan, Serbia (2005-2006): at [www.childinfo.org](http://www.childinfo.org)



## A WORD FROM THE AUTHOR

What is violence? And what does it mean to protect children from it? This question is one of definition: its answer is critical to understanding how the rest of the system operates and frames how violence against children (VAC) is understood, identified and responded to. This study sought to explore these issues in Albania, Bosnia and Herzegovina, Serbia and Turkey – four countries with diverse systems and a common shared desire to end violence against children.

In societies that are just starting out on this journey, it is tempting to look at the practices of other countries and simply begin to adopt some of their methods of intervention. Yet, the ideology of: ‘if you build it, they will come’ is too often ineffective when it comes to developing services for victims of violence. This has been one of the issues behind opening shelters for child abuse victims and opening helplines: it is not simply enough to build it, there is a need to create a culture of awareness and support within each community first. In a world where abusive practices are common and possibly socially or culturally sanctioned – such as the use of physical discipline as a tool of moral development – members of the community are hard-pressed to see their own actions or the actions of others as abusive, and are unlikely to take action to address it. This may be the reason why only the most serious issues of violence against children – the ones that cry out for attention because they are impossible to ignore – are addressed across all four countries included in this study. But in the ideal system, all children are protected, not just from violent assault, but from more insidious forms of child maltreatment, such as emotional and psychological abuse, and neglect.

Ratification of the Convention on the Rights of the Child, its optional protocols and enforcement of the legislation that criminalizes acts of violence against children and includes protocols that require action on the part of individuals to address such acts, is an important first step in all the countries. Yet, until the concepts of children’s rights are socially universal, countries will continue to experience the problem of adherence to such documentation and the appropriate follow-through. Although most members of society would consider the ‘abuse’ of children to be wrong, definitions of what constitutes abuse vary widely. For this reason, the current study was designed to illustrate scenarios to elicit participants’ understanding of the nature of abuse and neglect.

This study solicited opinions from professionals already involved in the issue of violence against children – the very people who should be considered the first point of entry to the system for children. Participants included professionals from the education, health, justice and social services/child protection sectors. These should be the professionals that have the greatest sense of what is currently happening in their community and are the most likely people to encounter violence against children, besides the victims themselves. If professionals have difficulty identifying these issues, it is likely that the problem is even more invisible to the general public.

For many countries, the absence of a comprehensive child protection policy is a fundamental challenge to the development of a mechanism for accountability. In any case, a child protection system can serve as a vehicle for development as well as social well-being.

There are several approaches to child protection systems and policies. Two dominant models include ‘child protection’ and ‘family welfare/family support’ (sometimes referred to as ‘child welfare’). A child protection model, such as that utilized in Canada, the USA and Australia, has a remedial focus, with families becoming eligible for services only after maltreatment has occurred or when there is a significant risk of maltreatment. This model is often characterized by a stigmatizing focus on the individual, with intervention focused on investigating allegations of abuse/neglect and taking corrective action for ‘perpetrators’. The focus is on preventing the recurrence of maltreatment. Conversely, a family support model found in countries such as Sweden and New Zealand, has more of a preventive focus, where eligibility for services is based on

knowledge about risk factors for abuse (such as poverty) and housed within a philosophy that the welfare of children is the responsibility of families, community and society. This model is characterized by the promotion of healthy children and families through supportive social programmes such as home visiting and other techniques for supporting families to care adequately for their children, without separating prevention from protection practices. Both of these models offer options to countries looking to develop evidence-based child protection systems.

The choice of framework will be guided by a nation's dominant beliefs about what defines child maltreatment, the perceived social importance of primary prevention/public health, as well as the role of the state when intervening in the private sphere of families. Implementation of frameworks is largely dependent on the level of integration of protection services into a broader range of services for children and families (and availability of such services) and adequate resources (human and financial) to support the system.

While this study was exploratory, the results suggest a number of actionable areas for change within each of the four participating countries. The findings emphasize a family support orientation of service providers towards intervening in cases of violence against children, rather than a more punitive approach, evidenced by the focus on education and counselling versus punishment. This suggests that emphasis should be put on resources for prevention and amelioration (such as public education, public health home visiting programmes and counselling services) instead of models based on reactive or remedial interventions that focus on punishment of the perpetrator, removal of the child, etc. Models that emphasize family support offer an opportunity to protect children (and their families) from violence before it happens.

This project was designed as an action research project, meaning it aimed to involve key stakeholders and practitioners at the levels within each system that would be most effective for understanding the system and instigating change processes. The view of practitioners and policymakers is embedded throughout the research. The findings from this study should be considered a place from which to step forward, a window into the opportunities that lie ahead within the countries surveyed. These are promising times. In many ways, obtaining data and an insight into attitudes towards an issue before implementing major system response initiatives is the most likely pathway to success.

People have the power to promote change available to them and the strength of this project resides in the minds that have come together throughout the process to explore the issues and talk about possibilities, not just barriers and problems. In this way, the success of this project does not reside in the number of surveys filled out or interviews conducted, nor in the visually appealing data charts, but rather in the number of committed individuals that came together at each stakeholder meeting to discuss shared issues and concerns and interpret findings together. These meetings brought individuals together who have not had the opportunity to sit down and make the kind of connections that will provide the real impetus behind systemic change. Both formal and informal mechanisms are necessary for an effective system to develop. The relationships that happen at committee meetings and within advisory groups are the very foundation of an effective child protection system. Good social change starts with an introductory handshake and the commitment to ensuring the safety and well-being of all children. To that end, these four countries are off to a promising start.

There were a couple of specific challenges that the various research teams faced in getting all of their data collected. The first were some unexpected delays in terms of organizational/governmental approvals for the study itself, and the second was an uncharacteristically harsh winter that made travel very difficult during the targeted months of data collection. There were also instances where it wasn't possible to get adequate representation from all of the sectors involved in this issue, and that is one of the limitations of this study. However, we have this important data to move forward from and it is a testament to those individuals who facilitated and participated in, the research. The issue of violence against children is a sensitive one, one that many individuals and governmental bodies were concerned about delving into for fear of what might be learned about the communities in which they lived. Obtaining organizational approvals to ask probing questions about staff and responsiveness towards cases of violence against children pushed many to work outside their levels of personal and sometimes organizational comfort. However, despite these challenges and the resulting delays, we are pleased to present the current report.

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## LIST OF ABBREVIATIONS

BiH	Bosnia and Herzegovina
CPU	Child Protection Unit
CRC	Convention on the Rights of the Child
EU	European Union
NGO	Non-governmental organization
NPO	Non-profit organization
RS	Republika Srpska
RSW	Registered Social Worker
SEE	South East Europe
UN	United Nations
UNICEF	United Nations Children's Fund
VAC	Violence against children

## EXECUTIVE SUMMARY

### Study rationale and research questions

Children require protection as they are subjected to violence in all spheres of their lives; from the private domain of home to the public space of school, care, and detention facilities. In all settings, states have an obligation under the Convention on the Rights of the Child to prevent violence and to protect children from all forms of violence. However, they often fail in this obligation. Weak or absent legal definitions of what constitute violent acts against children, and general and widespread social acceptance of some behaviours, e.g. for disciplining children, contribute to situations where violence against children goes unreported and not acted upon. The fact that reported cases of violence against children are often only the most extreme ones was confirmed in a UNICEF study on the responsiveness of service providers in identifying, reporting and referring cases of violence against children in Albania, The former Yugoslav Republic of Macedonia, Moldova, Bulgaria and Tajikistan in 2006. The same study revealed a lack of adequate systems, official mandates and guidance for service providers, lack of knowledge, regulations and mechanisms to refer cases, and a general reluctance to 'interfere in the private sphere' and to report cases of violence among service providers.

The present study was designed to develop a better understanding of challenges faced by service providers in identifying, reporting and responding to violence against children in Bosnia and Herzegovina (BiH), Serbia, Albania and Turkey. A number of state actions were taken to address the issue of VAC within the broader scope of child protection system reforms in these countries. All four countries have developed and/or enforced various policies, protocols and action plans at different levels. Nevertheless, social services in these countries still appear to experience challenges and do not have the capacity to properly identify, report and intervene in cases of violence against children. The study aimed to provide clear recommendations on how to improve relevant public services and monitoring and complaint mechanisms, and to highlight the opportunities in ongoing efforts to reform child protection systems that may serve to strengthen the system.

In order to fulfill the goals of the study, three main research areas were explored:

1. Identification, recording and reporting of cases of violence against children
2. Referral of cases of violence against children and service trajectories
3. Systemic mechanisms for action/change: monitoring, evaluation and best practices.

### Methodology

The national research teams each carried out a desk review research and content analysis of:

- national legislation, policy documents, regulatory documents and guidelines/protocols related to violence against children and child protection
- official data on violence against children at the national, regional and facility levels
- published materials, including NGO reports, on the problem of violence against children
- published materials on services and programmes for children that are victims of violence.

In addition, this study combined qualitative and quantitative data collection through two main research instruments: a structured questionnaire (quantitative) and semi-structured interviews (qualitative). The purpose of the quantitative research was to collect the perceptions of service providers at the local level through a micro/scale survey, which could then be used as baseline data to validate the main findings from the qualitative research.

## Participants

Participants from ten sectors [monitoring (2), education (83), health (82), social welfare/protection (200), police (53), judiciary (34), prosecutors (25) NGOs (75), justice social workers (21) and forensic medicine (8)] were recruited from each of the four countries to participate in a quantitative survey (total 583). In addition, another 40 participants [20 administrators (policymakers) and 20 practitioners (persons who apply policies)] from each of the sectors within each country were recruited to participate in a semi-structured interview process. The majority of professionals were very experienced, having worked for more than six years, and approximately half of all survey respondents reported that they had completed some form of training in violence against children issues.

## Findings across four countries

Data suggest that the phenomenon of violence against children is widespread but often goes unreported across the South East Europe (SEE) region. Despite some unique issues for each of the four countries involved, many of the key findings for each country emerged as shared concerns across the SEE region. All four countries have recently developed legislation and policies to address violence against children, yet the system of child protection across the SEE region continues to face multiple challenges such as:

- An underdeveloped multi-sectoral referral system amongst support services designed to address issues of violence against children (such as medical institutions, NGOs, counselling, social and legal services and police)
- Lack of awareness of the legislation pertaining to the identification, recording and reporting of cases of violence against children among employees of service provision institutions at the local practice level
- The ability to adequately enforce this legislation remains a concern due to the lack of both human and financial resources and sustainable financing for the public investment in children
- Lack of local capacities to expand social protection services throughout each country resulting in poor service coordination and availability, especially within rural communities
- Underdeveloped mechanisms for monitoring and evaluation of staff working with vulnerable children (institutionalized/criminalized children)
- Lack of prevention initiatives to target family support and public education as well as perpetrator accountability and rehabilitation
- Lack of sustainable resources to support implementation of legislation and best practices around service delivery.

However, numerous initiatives have been identified within these four countries that provide services for children experiencing violence, such as psychosocial support in schools, medical services, counseling services, legal consultations and a current reporting and referral system at local levels.

**Emerging promising practices** are initiatives:

- designed to define all the procedures of intervention for a child at risk within sectors as well as the necessary sectoral/institutional cooperation for referring and managing cases of violence
- designed to improve the education and training (both pre-service and in-service) of professionals working with violence against children cases
- that support a particular institution (such as child protection units or centres for social work) as key stakeholders in the streamlining of cases of violence against children, including monitoring and evaluation within effective case management processes
- that promote cooperation and service coordination between sectors in the best interests of children (such as cross-sectoral training and coordination protocols)

- that encourage prevention such as programmes within schools, community working groups, and public education programming and materials
- that focus on developing software to streamline data collection for aggregation and analysis to inform service and policy decisions
- involving the Ombudsman office within each country which address current issues around cases of violence against children
- that involve building on current programmes within schools (such as health visiting).

## Recommendations

The following recommendations emerged from the study:

### 1. Develop pathways for accountability

*Administration and enforcement of policy* continue to be the main issue – the central governmental body in charge of implementation of all policy directions dealing with violence against children within each country should be clearly identified, and made independent, influential and with clear roles and responsibilities as well as funding available to administer measures and changes foreseen for all national and local stakeholders.

*Budget planning at the organizational/institutional level* should take into consideration legal provisions related to the implementation of measures for identification, reporting and response to violence. All institutions should plan within their annual budgets the resources needed for the implementation of all legal measures and acquire material resources as prescribed by law. *Minimum professional standards* for individuals working within sectors which respond to cases of VAC should be further developed. In addition, ongoing, in-service training should be organized to enhance knowledge and skills among professionals to increase their capacity to adequately respond to cases of violence against children.

A critical component of any accountability system/monitoring and evaluation is *access to accurate and timely data*. There is a need to establish a consistent mechanism for data recording and collection in order to reflect current issues, along with an information – sharing system that would allow for such data to be used effectively. A means of information sharing across sectors would also further enable cooperation and collaboration at professional levels.

### 2. Improve referral mechanisms and inter-sectoral communication/collaboration

Referral mechanisms require clear instructions on the roles and responsibilities and capacities needed within and between institutions. Collaboration between sectors remains a challenge – regulation of the exchange of data on individual cases and obligatory cross-sectoral cooperation and provision of feedback between police, social protection, health care and other stakeholders are necessary for continuous improvements in service delivery and resource optimization.<sup>2</sup> *Development of protocols within sectors* (preferably regulated by law) to appropriately define how and when referral and collaboration should occur would facilitate this.

### 3. Build public/community awareness of the issues of violence against children

*Education and training to change public (especially media) and professional perceptions of violence against children* and responses to it are missing to support systemic change and promote early intervention and prevention efforts. In particular, results of both the quantitative and qualitative studies suggest that campaigns aimed at changing societal attitudes towards the use of physical punishment in the home and school settings may be required. Public Service Announcements (PSAs), poster and pamphlet campaigns may all be avenues of exploration.

2 [http://www.coe.int/t/dg3/children/news/guidelines/adoption\\_guidelines\\_EN.asp](http://www.coe.int/t/dg3/children/news/guidelines/adoption_guidelines_EN.asp), accessed July 2012.

#### 4. Improve service availability and capacity for child victims and families

Available, high quality services continue to be a concern, with specialized programmes and sustainable funding at the heart of the issue. Therefore, *specialized training programmes for professionals* (sometimes sector specific, such as for judges) are recommended. The current capacity within institutions responsible for social and child protection (such as centres for social work, where they exist within countries) is not sufficient to deliver all the services that are under the centres' responsibilities. The centres lack personnel, particularly psychologists and social workers, and in many cases the status of those professionals is considered socially low and limits their effective impact. Legally mandating such professions with the duty to report will not only improve reporting practices, but will also serve to elevate the status of these professions in the public view.

#### 5. Evaluation and possible expansion of promising practices

The number of prevention initiatives in all of the countries is promising. However, opportunities to evaluate such initiatives in the form of an increased monitoring and evaluation culture within public administration is needed in order to inform recommendations for duplication or expansion of programmes to improve service delivery options. In addition, existing programmes could act as: advocacy tools for policy and practice change and financial sustainability for promising programmes and promote overall systemic change.

## INTRODUCTION

### Study rationale and research questions

Children require protection as they are subjected to violence in all spheres of their lives; from the 'private' domain of home to the 'public' space of school, care and detention facilities. In all settings, states have an obligation under the Convention on the Rights of the Child to prevent violence and to protect children from all forms of violence. However, they often fail in this obligation. Weak or absent legal definitions of what constitute violent acts against children, and general and widespread social acceptance of some behaviours, e.g. for disciplining children, contribute to situations where violence against children goes unreported and is not acted upon.

The concern that reported cases of violence against children are often only the most extreme ones was confirmed in a UNICEF study on the responsiveness of service providers in identifying, reporting and referring cases of violence against children in Albania, The former Yugoslav Republic of Macedonia, Moldova, Bulgaria, and Tajikistan in 2006. The same study revealed a lack of adequate systems, official mandates and guidance available to service providers, lack of knowledge, regulations and mechanisms to refer cases, and a general reluctance to "interfere in the 'private sphere'" and to report cases of violence among service providers.

According to various UNICEF reports of the four country offices covered by this report (Albania, BiH, Serbia and Turkey), a number of state actions were taken to address the issue of violence against children, within the broader scope of child protection system reforms in these countries. All four countries have developed and/or enforced various policies, protocols and action plans at different levels. Nevertheless, these countries still seem to experience significant challenges in the response of their systems and a lack of social services to properly identify, report, and intervene in cases of violence against children.

The development of a child protection system requires a set of laws, policies, regulations and services across all social sectors – especially social welfare, education, health, security and justice – to support prevention and response to protection related risks. Further, specific funding to support the system is necessary. These systems are part of social protection, and extend beyond it. To date, states' responses have focused primarily on child protection services or alternative systems of care, rather than on prevention.



To give proper attention to and act upon the issues mentioned above, a new project entitled 'Protection of children from violence in South East Europe' is being funded by the European Union (EU) and implemented in four countries (Albania, BiH, Serbia, and Turkey). This project aims at reinforcing the capacities of civil society partners in independent monitoring of child rights violations, in particular violence against children. It will also reinforce partnerships between civil society organizations (CSOs) and state decision-makers in order to strengthen the system of public services in identifying, reporting, and referring violence against children cases. The project is embedded in the reform agendas of existing child protection and social protection systems and will contribute to sharing lessons learned on child rights monitoring (including independent) mechanisms in South East Europe.

The purpose of the present study was to develop a better understanding of where the systems and service providers experience challenges in identifying, reporting and responding to violence against children in Albania, BiH, Serbia, and Turkey, which are all beneficiaries of the new EU-UNICEF project. The study aimed to provide clear recommendations on how to improve the system of public services in these countries, the system of monitoring and complaints, and to identify the opportunities in ongoing efforts to reform child protection systems.

Both at country and regional levels, UNICEF will use the overall findings of the study to shape policy dialogue in addressing violence against children in the SEE region. UNICEF will also use the study findings in its work with governments, policy and decision makers, donors, etc., to ensure protection of children from all forms of violence, and to continue to strengthen child protection systems through reforms at all levels. The key stakeholders for child protection will further follow-up on the results of the study to address key findings and recommendations and to take actions while planning the strategy for child protection programmes in their respective countries. Additional users will be NGOs and independent monitoring mechanisms (such as Ombudsmen for children), who can contribute to a constructive policy dialogue on the issue in the four countries participating in the project as well as in other countries of the SEE region. In addition, child protection professionals and training facilities will use the study findings for their work in child protection.

The study was formulated based on the following goals, to:

- Conduct research for action
- Conduct system analyses that would include the formal system of response that is in place, as well as perspectives of national government officials, manager/director professionals, and technical staff working at the implementation level; to produce recommendations to improve the system (including capacity to identify and take action in cases of VAC violence against children, provide services to victims, to monitor its functioning, and identify and advocate for systemic change)
- Capture the current government systems of response to violence against children (and the protection of children from violence), and aim towards adherence to, and regular monitoring of, the functioning of the system
- Capture the degree to which the larger system (i.e. government and NGOs) is responding to cases and protecting children from violence as a whole (e.g. inter-sectoral or multi-sectoral responses)
- Capture national level reforms that have recently occurred or are occurring for responding to violence against children and protecting children from violence and officials' and stakeholders' perceptions about what influence those reforms are having on the actual system of response to VAC, how they are actually being implemented at the local level, and barriers that may exist at the local level that restrict implementation of the national level reforms
- Review the work of the Ombudsman Office: what they are doing and how they are functioning, what examples can be provided on how they have responded to violence against children and set out to protect children from violence, and/or monitored the system of response to cases

- Compile national definitions of violence against children, compare with UNICEF definition and identify differences and how that impacts the forms of violence against children that are responded to (or not) and the reasons for this selection.

In order to fulfill the goals of the study, three main research areas were explored:

### **Identification, recording and reporting of cases of violence against children**

- What is the level of understanding of violence against children among different service providers?
- What seem to be the main reasons for strong/weak identification, recording/reporting of cases (i.e. training, professional guidance, availability of agreed upon definitions, tools for identification) within the services assessed?

### **Referrals of cases of violence against children and service trajectories**

- Are appropriate services available/provided for a child/children and/or family?
- What seem to be the main reasons for strong/weak referring of cases of VAC (i.e. training, professional guidance, protocols for referrals etc., inter-sectoral cooperation) within the services assessed?
- Are there sufficient, quality services available for the referred cases (skillful professionals, regulations, functioning standards, protocols of cooperation, follow-up mechanisms, etc.)? What are the main reasons for high/low quality services?

### **Systemic mechanisms for action/change: monitoring, evaluation and best practices**

- Are monitoring and supervision mechanisms of service providers available at national and regional levels? How do these influence the performance of service providers in identification, reporting and referral of cases of violence against children?
- What is the level of involvement of ombudsman offices in addressing the issues/cases? Are there independent monitoring mechanisms in place?
- Are there any significant differences among urban/rural area-based services and public/private service providers in any of the areas of inquiry?
- What are the main opportunities to influence an improvement in the way the system identifies and intervenes in cases of violence against children?

## **Methodology**

### **Study design**

This study combined both qualitative and quantitative data collection through three approaches: a desk review of relevant legislation and policy documents, a structured questionnaire, and semi-structured interviews. The purpose was to collect the perceptions of service providers at the local level through a micro/scale survey, which could then be used as baseline data to validate the main findings from the qualitative research.

The national research teams each carried out a desk review research and content analysis of:

- National legislation, policy documents, regulatory documents, and guidelines/protocols, related to violence against children and child protection
- Official data on violence against children at the national, regional, and facility levels
- Published materials, including NGO reports, on the problem of violence against children
- Published materials on services and programmes for children that are victims of violence.

To ensure wide participation of country level participants and local audiences in the study, quantitative survey/questionnaires (see Appendix C) were used to elicit service-provider knowledge, beliefs and practices in response to issues concerning violence against children. Within this structured questionnaire, a series of case scenarios were developed that were designed to assess respondents' recognition, reporting and referral attitudes in cases of suspected violence against children. The use of self-report surveys provided the opportunity for each of the survey participants to have an equal voice, and to have anonymity and confidentiality in the process. The self-report survey was administered to a cross-sectional sample of technical level practitioners that came in contact with children on a daily basis, had technical expertise in the field of child protection, and were in a position to identify, report and respond to cases of violence against children.

The purpose of the qualitative research interview (see Appendices A and B) was to obtain descriptions from interviewees about how they interpreted the issue of identifying, reporting and referring cases. The semi-structured interview with key informants was used to elicit service provider and policy-makers' knowledge and practices in response to issues concerning violence against children, and to ensure wide, cross-country participation of local audiences in the study. The face-to-face interview was administered to a cross-sectional sample of technical level practitioners that came into contact with children on a daily basis, had technical expertise in the field of child protection, and were in a position to identify, report and respond to cases of violence against children.

## Sample and recruitment

For designing the sampling, the main sectors dealing with the protection of children's rights (child protection, education, health, local administration, police/justice and social welfare) were considered, together with the respondents' role in identifying, reporting and referring cases of violence against children.

While it was not the intention of the study to establish a representative sample of service providers in each country, efforts were made to include participants from the range of services that come into contact with children on a regular basis. The sample of service providers included those working in both urban and rural settings as well as private and public service providers.

## Data sources and data collection

The fieldwork for this research was conducted between February and June 2012. It had two components, a quantitative (survey) and a qualitative (interview) component. Although the instruments were standardized for the project, some local adaptation within the interviews and the survey was made by each national research team. A professional network of researchers was responsible for conducting the fieldwork and collecting the data by contacting representatives from the selected institutions/organizations and distributing the self-report survey. The collection of qualitative data was done through in-depth interviews with administrators and practitioners.

## Description of the quantitative sample

Table 1 provides a description of the quantitative sample ( $N = 583$ ), by country. As illustrated by Table 1, the majority (63 per cent) of the sample was female, a pattern that held across each individual country sample, with the exception of Turkey (51 per cent of this sample was male). Social welfare workers (i.e., individuals engaged in child protection work) comprised the largest proportion of the overall sample (34 per cent) compared to any other sector, although this is, in large part, due to the relatively large representation of this sector in the Turkish sample ( $n = 111$  or 77 per cent of this country's sample). In looking at the sample by sector, it is important to note that for many sectors (e.g., judiciary, prosecutors) the numbers are extremely small, and for some sectors (i.e. monitoring, justice-social work and forensic medicine) there is representation from only one country (Turkey).

**Table 1: Description of the quantitative sample**  
N=583

Sample characteristic	Albania (N=150)		BiH (N=110)		Serbia (N=171)		Turkey (N=152)		TOTAL (N=583)	
	#	%	#	%	#	%	#	%	#	%
<b>Gender</b>										
Male	35	23	30	27	65	38	77	51	207	36
Female	115	77	80	73	103	60	72	47	370	63
<b>Sector</b>										
Monitoring	0	0	0	0	0	0	0	0	0	0
Education	29	19	23	22	30	17	0	0	83	14
Health care	30	20	21	19	31	18	0	0	82	14
Social welfare/ Protection	37	25	22	20	30	17	111	73	200	34
Interior (police)	21	14	10	9	22	13	0	0	53	9
Interior (judiciary)	9	6	7	6	13	8	5	3	25	4
Justice (prosecutor)	0	0	5	5	15	9	5	3	25	4
NGO	24	16	21	19	30	17	0	0	75	13
Justice (social worker)	0	0	0	0	0	0	21	14	21	4
Forensic medicine	0	0	0	0	0	0	8	5	8	1
<b>Status</b>										
Government	120	80	85	77	141	82	151	99	497	85
Non-government	30	20	25	23	30	17	1	1	86	15
<b>Geographic coverage</b>										
Urban	83	55	26	24	83	48	146	96	338	58
Rural	14	9	6	5	88	51	6	4	114	20
Both	53	35	78	71	0	0	0	0	131	22
<b>Years of experience</b>										
Less than 1 year	5	3	8	7	1	1	18	12	32	5
1-2 years	15	10	8	7	15	9	27	18	65	11
3-5 years	29	19	18	16	28	16	28	18	103	18
6-10 years	31	21	36	33	30	17	37	24	134	23
More than 10 years	60	40	40	36	97	56	40	26	237	41

Sample characteristic	Albania (N=150)		BiH (N=110)		Serbia (N=171)		Turkey (N=152)		TOTAL (N=583)	
	#	%	#	%	#	%	#	%	#	%
<b>Position</b>										
Decision-maker/ Admin.	1	1	41	37	26	15	63	41	131	22
Practitioner	149	99	67	61	98	57	80	53	394	68
<b>Level of education</b>										
Secondary	4	3	15	14	18	10	4	3	41	7
Vocational	8	5	9	8	14	8	2	1	33	6
Undergraduate university	101	67	71	65	120	70	117	77	409	70
Postgraduate	37	25	14	13	18	10	28	18	97	17
<b>Training in VAC</b>										
Yes	107	71	46	42	86	50	45	30	284	49

Note: columns do not always add up to sample totals due to missing data

The overwhelming majority of the sample (85 per cent) was composed of government employees. Further, most participants worked in urban settings (58 per cent), with approximately one-fifth identified as serving both urban and rural regions (22 per cent of the sample overall) or working only in rural jurisdictions (20 per cent). Participants were on the whole an experienced group of professionals, with over two fifths (41 per cent) having more than ten years' experience in the field. This was particularly true in the Serbia sample, in which over one half (56 per cent) had more than ten years' experience. Practitioners as opposed to decision-makers comprised the largest category in the sample overall (68 per cent compared to 22 per cent respectively) a characteristic of the sample that was particularly pronounced in Albania, where only one participant was identified as a decision-maker. The majority of the full sample (87 per cent) had an undergraduate degree or higher level of education, although just under half (49 per cent) indicated that they had received specific training pertaining to violence against children. However, due to lack of representation from key sectors within some countries (e.g. education, health care and police were not included in the Turkish data set) these percentages should not be considered entirely inclusive. *The issue of training is an important one to consider, as if professionals in the sectors are reporting (in some cases) such low rates of training in the area of violence against children, then it is difficult to expect them to perform their functions adequately with this population.*

To understand whether there were differences in the samples based on geographical coverage, cross-tabulations were run to assess the level of education and experience in the field across the three groups (urban, rural and 'both'). The rationale for this assessment was to understand whether commonly experienced difficulties of recruitment and retention of qualified, experienced individuals in rural settings, noted in other countries, was an issue. Cross-tabulations revealed surprisingly little difference in education and experience by geographic location, although respondents in rural settings were slightly less likely to have a postgraduate university degree and slightly more likely to indicate high school was their highest level of education. Overall, however, the vast majority of rural participants, like both other groups, had an undergraduate university degree. Further, rural respondents were the most experienced of the three groups, with over half having more than ten years' experience.

## Description of the qualitative sample

**Table 2: Qualitative sample, demographic information**

*N*=172

Sample characteristics	Albania ( <i>N</i> =40)		BiH ( <i>N</i> =30)		Serbia ( <i>N</i> =40)		Turkey ( <i>N</i> =62)		TOTAL ( <i>N</i> =172)	
	#	%	#	%	#	%	#	%	#	%
<b>Gender</b>										
Male	10	25	6	20	9	23	41	66	66	38
Female	30	75	24	80	31	78	21	34	106	62
<b>Sector</b>										
Education	4	10	5	17	6	15	0	0	15	9
Health care	3	8	6	20	7	18	0	0	16	9
Social welfare/ protection	19	48	8	27	14	35	32	52	73	42
Interior/justice	9	23	9	30	10	25	30	48	58	34
NGO	5	13	2	7	3	8	0	0	10	6
<b>Status</b>										
Government	32	80	28	93	37	93	62	100	159	92
Non-government	5	13	2	7	3	8	0	0	10	6
Independent institution	3	8	0	0		0	0	0	3	2
<b>Geographic coverage</b>										
Urban	7	18	0	0	31	78	37	60	75	44
Both urban and rural	33	83	30	100		0	23	37	86	50
Rural	0	0	0	0	9	23	2	3	11	6
<b>Years of experience</b>										
Less than 1 year	2	5	0	0	0	0	0	0	2	1
1-2 years	4	10	4	13	0	0	8	13	16	9
3-5 years	12	30	6	20	1	3	14	23	33	19
6-10 years	12	30	12	40	4	10	7	11	35	20
More than 10 years	10	25	8	27	35	88	33	53	86	50
<b>Position</b>										
Decision-maker/ administrator	19	48	20	67	20	50	23	37	82	48
Practitioner/service delivery	21	53	10	33	20	50	23	37	82	48

Sample characteristics	Albania (N=40)		BiH (N=30)		Serbia (N=40)		Turkey (N=62)		TOTAL (N=172)	
	#	%	#	%	#	%	#	%	#	%
<b>Level of Education</b>										
Undergraduate university	19	48	21	70	27	68	59	95	126	73
Postgraduate	21	53	9	30	13	33	3	5	46	27
<b>Training in VAC</b>										
Yes	38	95	29	97	40	100	4	6	111	65
No	2	5	1	3	0	0	58	94	61	35

## Analytical strategy

Both qualitative and quantitative analyses were employed in the study. Qualitative interviews were analyzed for both content and themes across participants using a modified grounded theory methodology by local researchers. To analyze the data from the quantitative survey, a series of descriptive analyses were conducted in SPSS, version 20. Frequencies and cross-tabulations were run on all variables collected by the study. Where appropriate, frequencies were run separately by service sector. However, due to limitations of the data (discussed below) and the small, non-probability sample, no multivariate analyses were run, and no comparisons (i.e., tests of statistically significant differences) are made between service sectors within country reports, but the larger sample of collective country data has allowed the opportunity to explore findings at a regional level.

## Limitations

Given the fact that VAC often remains a hidden issue in societies, the major limitation has been the collection of official statistical data on VAC cases (baseline indicators). The original research methodology included six sectors: social services, education, health, justice, police and monitoring. However, not all countries were successful in obtaining official approval from respective ministries and in some situations, participation from relevant actors was quite low. Therefore this report can only reflect the views of the sectors involved in the research and does not offer a full analysis of the situation within the SEE region. The difficulties encountered in this official permission stage may be a reflection of the sensitivity around this issue and the challenges of doing research on violence against children.

However, the qualitative and quantitative research instruments used enabled some cross theme analysis supported by quotations, as presented in the following sections of this report. In addition, the quantitative portion of the research is not based on a representative sample that would have led to generalizable results. Results should be considered as exploratory only. Further, due to the small sample size, and the particularly small subsample size for some sectors, many analytical approaches are not possible, and comparisons between sectors should not be contemplated. However, the sample used is sufficiently large and diverse to allow for the identification of some general themes that require further study and follow-up. The use of multiple languages in the research design, planning, and implementation, including in the translation of research instruments and documents, always brings with it certain challenges and limitations, while at the same time allowing for richer knowledge and collaborations. It is important to note that all quotes used to illustrate components of the interview data have been translated into English which may have created small alterations from the original text. In addition the focus of this study was the service system itself and may have been enhanced by the exploration of issues for the individuals that the system is designed to impact (such as children, parents, communities and perpetrators of violence).

## BACKGROUND

When it comes to the issue of violence against children, there were several common themes shared across countries within the SEE region. In particular, there are long-held cultural beliefs that frame family violence as a private issue, and the use of force as an acceptable form of child discipline. Further, there are both political and economic uncertainties that translate into limited government resources to support initiatives targeting violence against children. For example, some countries are still experiencing the aftermath of armed conflict, impacting not only available resources, but also bringing with it residual experiences of intergenerational trauma within families that may heighten risks for violence in the home.

Within all of the countries there is a growing awareness of the phenomenon of violence against children and the implementation of national policies and legal and institutional frameworks such as National Action Plans for addressing it. In addition, the development of services (both public and private) designed to meet the needs of this population is on each country agenda.

Child rights have been guaranteed within all four countries through a number of international and national legal mechanisms that are all based on the Universal Declaration of Human Rights and Convention on the Rights of the Child together with other conventions such as the International Covenant on Economic, Social and Cultural Rights and the International Covenant on Civil and Political Rights. Protection of rights globally, including the region of SEE, is ensured through treaties on race discrimination, discrimination of women, prevention of torture, and the rights of immigrant workers and members of their families. The most important international source for the protection of children's rights within the region is the 1989 Convention on the Rights of the Child (CRC). The CRC sets general standards for the protection of children and contains special provisions about child rights, emphasizing the responsibilities of government institutions of all member states. Being a signatory to the Convention, as prescribed in CRC Article 19, each country is responsible for taking: 'all appropriate legislative, administrative, social and educational measures to protect children from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.'

Despite these normative and policy changes, practical implementation varies across these four countries. Annual assessment with specific targets for policy direction is needed. Even if regulation is improved, practices vary and accountability is not yet efficiently established.

### **Legislative frameworks within the four countries**

The following section briefly outlines the current status of legislation and policy strategies designed to address the issue of violence against children with each of the four countries examined:

#### **Albania**

Supporting strategies, such as the National Strategy for Children (2005-2010) and the National Action Plan, address the issue of protection of children from domestic violence, violence at school and in the community, protection from abuse and negligence (social exclusion) and protection from all forms of exploitation, these strategies foresee a special section for protection of girls, though these plans have yet to be implemented.

A recent set of Council of Ministers (CoM) Decisions in Albania have been adopted, providing an opportunity to address many of the recommendations within this study by defining the steps for the *State Agency for Protection of Children Rights (SAPCR)* to follow when monitoring the execution of the Law for the Protection of Children's Rights. Within this policy, the SAPCR determines professionals who will have the right to refer the case, the intervention procedures for a child at risk, the structures of referral and cooperation;



data collection and management, a mechanism for managing all complaints and claims submitted, as well as initiate procedures of inspection when there is suspicion of a child right infringement (including protection of children from all forms of violence). These decisions seem to have good potential for improving the child protection system as they define for the first time, the coordination mechanism between authorities responsible for referring cases of children at risk, and encourage a multi-sectoral approach to the child protection system. Consequently, this should facilitate a more efficient referral system, providing the SAPCR with the ability to track critical data on violence against children and to initiate procedures of inspection, as needed. However, as noted throughout this report, the potential of these decisions in improving the child protection system relies on proper resources from all service providers to support implementation.

The Action Plan of the National Strategy for Children 2012-2015 has been approved. This document aims to encourage collaboration among various governmental institutions (central and local), donors, civil society and communities, to take oriented decisions which guarantee respect for the rights of children. The Action Plan for Children influences the child protection system response to violence in two main areas. It strengthens the established institutional structures in monitoring and reporting the implementation of children's rights at the national and regional levels. It also encourages the drafting of comprehensive, coordinated and harmonized policies for the protection and social inclusion of children. The Action Plan aims not only to protect children, but also to prevent, and ensure effective response to, various forms of violence and exploitation of children.

### **Bosnia and Herzegovina (BiH)**

Recognizing the problem, the BiH governments enacted a number of state, entity and cantonal policies in order to advance the situation of children in BiH. In 2002 the BiH Council of Ministers adopted an Action Plan for Children 2002-2010, followed by an Action Plan 2011-2014. Both action plans emphasized the need for strengthening institutional capacities for the implementation of adopted child protection policies and promoting inter-sectoral cooperation and coordination at local, cantonal, entity and state levels. At the state level, the action plan is followed by the State Strategy against Juvenile Delinquency and the State Strategy for Combating Violence Against Children. Entity level governments have enacted strategies against family violence and some cantons have developed Action Plans for Implementation of the State Strategy for Combating Violence against Children (Sarajevo Canton).

In 2007, the BiH Council of Ministers adopted the National Strategy for Combating Violence against Children 2007-2010, to ensure that there are all available means in place at all levels of local and state government to combat violence, to ensure cooperation of all relevant state institutions and to provide international and regional cooperation in order to exchange experiences and knowledge that contribute to the successful efforts to combat violence on a global level. One of the most important mechanisms established by the Strategy was the monitoring mechanism. The Ministry of Human Rights and Refugees of BiH was nominated to oversee the implementation of the Strategy and as a result, annual reports on the implementation of the Strategy were produced (2007, 2008 and 2009). This led to the Strategy for Combating Violence against Children 2011-2015 being prepared and which will soon be enacted by the BiH Council of Ministers.

In December 2009, the BiH Council of Ministers enacted the Action Plan (2010-2012) for the improvement of the system for protection of children from child pornography and other forms of sexual abuse, including abuse of children through information and communication technologies, supported by Save the Children and the OAK Foundation. The main purpose of the Action Plan is to specify concrete activities that government agencies in BiH in cooperation with the NGO sector should conduct in order to implement the recommendations from the report on analysis of capacities, procedures, and gaps in the child protection system to respond to the issue of child pornography in BiH as well as recommendations for developing a model for combating violence against children.

In Bosnia and Herzegovina there are no specific laws on the prohibition of corporal punishment. However, the BiH Ministry of Human Rights and Refugees together with the Council of Europe and Save the Children have been running campaigns on the prohibition of corporal punishment since 2008.

According to the Constitution of BiH, all relevant laws for the protection of children from violence are enacted by entity governments. Both governments of FBiH (Federation of Bosnia and Herzegovina) and Republika Srpska have enacted family laws, criminal laws, laws on protection from violence in families and strategies for prevention of violence in families. In addition to these laws, Republika Srpska introduced the Law on Child Protection, the Law on Ombudsman for Children in Republika Srpska and the Protocol on Cooperation in cases of peer violence. The laws promote coordination and cooperation among institutions in social care, education, health, justice and civil society sectors but they do not yet prescribe services to be given to victims of violence.

## Serbia

At the end of 2008, the government adopted the National Strategy for the Prevention and Protection of Children from Violence (2009-2015) and in March 2010, the Action Plan for Implementation of the National Strategy for the Prevention and Protection of Children from Violence, with clearly stated activities, expected outcomes, indicators, responsible institutions, partners and necessary budgetary funding for the implementation of the National Strategy in the period 2010-2012. According to the Action Plan, the body responsible for the coordination and monitoring of the implementation of the Strategy and the Action Plan has been identified.

Several recently adopted laws deal with this topic, too, including: Family Law (2005) – establishes the obligation of the state to take all necessary measures for protection of the child from neglect, from physical, sexual and emotional abuse and from any form of exploitation; Criminal Code (2005) – defines gender biased acts as a group of criminal acts, which includes, either as separate crimes or as more serious forms of basic crimes, various forms of sexual abuse and sexual violence against children; Law on Police (2005) – introduces specialization of police officers acting in cases of criminal offences against juveniles; Law on Juvenile Perpetrators of Criminal Offences and Criminal-Law Protection of Juveniles (2005) – foresees special protection of juveniles as injured parties or injured parties heard as witnesses in criminal proceedings; Criminal Proceedings Code (2006) – prescribes rules related to reporting suspicion that a criminal offence was committed that is prosecuted ex officio and contains new procedural rules in terms of protection of the injured party. A draft Child Rights Act was prepared and presented in late 2011 under the leadership of the Deputy Ombudsman for Children, with the assistance of the Council of Europe (CoE). However, the draft is still under revision and it is uncertain when it will be completed.

Despite these normative and policy changes, implementation rates vary. Annual assessment with specific targets for policy direction is rare; monitoring of the development needs improvement. Even though regulation is improved, practices vary and accountability is not yet efficiently established.

In August 2005, the Government of Serbia adopted the General Protocol on Protection of Children from Abuse and Neglect. The General Protocol provides clear guidelines to all service providers in governmental as well as non-governmental and private sectors on how to proceed if a staff member is concerned that a child has been or might be abused and/or neglected. It comprises clear instructions on the steps for the child protection process (identification of violence against a child, referral, assessment of violence risks and needs of the child and the family, planning and implementation of child protection measures) including emergency interventions. The roles of different actors (police, social, health and educational services, judiciary, NGOs) as well as the mechanisms of inter-sectoral collaboration are also prescribed.

The General Protocol has foreseen for all relevant ministries to create and adopt their specific protocols regulating the inter-sectoral child protection process. In line with that, the following special protocols were

adopted in different sectors: for social care institutions (institutions for children without parental care and for children with disabilities) in 2006, for the police in 2007, amended in 2011; for the educational system in 2007; for the health care system in 2009 and for the judiciary in 2009.

The new Social Welfare Law which was adopted in 2011 brought significant changes relevant for the provision of services concerning the protection of children from violence. It prescribes the establishment of a Chamber of Social Workers, the introduction of obligatory licences for the staff of social services and of other service providers, and the strengthening of the supervisory and monitoring mechanisms. An important novelty is the decentralization of service provisions and an earmarking of the funds from the budget of the Republic of Serbia to the local communities for those purposes.

## Turkey

National action plans were developed in Turkey to prevent violence in educational settings (2006-2011) and to combat domestic violence (2007-2010). In addition, national strategies on child rights, child protection and interagency coordination were adopted in 2011.

There are several laws in Turkey which include provisions related to the protection of children and which are used by service providers to perform the functions required as part of the overall child protection system, namely to identify, report, and refer cases of violence against children. The most commonly used are the Child Protection Law (2005), which regulates procedures and principles with regard to protecting juveniles who are in need of protection or who commit crimes; the Law on Social Services, which regulates the social services provided to families, children, the disabled, the elderly and other individuals in need of protection or assistance; as well as the functions, authorities and responsibilities of the institution established to provide these services. These institutions include orphanages, child and youth centres providing residential and day care services, community and family counselling centres and protection and rehabilitation centres for children in contact with the law. According to this law, the punishment is increased by one third for staff of social services institutions in case they commit a crime against individuals under their care and protection; and the Law on Protection of Family and Prevention of Violence Against Women (2012), recently entered into force in March 2012 and replaced the Family Protection Law of 2008. The purpose of this new more comprehensive law is to regulate the measures to be taken to protect women, children and family members and for the prevention of violence against these individuals. These measures include provision of shelter, financial assistance, counselling and temporary protection; changing of the workplace, re-housing and provision of a new identity for the victim. The perpetrators can also be ordered to move out of the shared dwelling and not to approach or cause any distress to the protected individuals. Contrary to the previous law, the new law encompasses all women irrespective of their marital status, and provides for the administrative authorities, besides judges, to grant protection and support services to victims of violence or to those at risk of it. Finally, the Turkish Criminal Code (2005) defines the basic principles for criminal responsibility and types of crimes, punishments and security precautions to be taken in this respect. The law includes special provisions concerning sexual abuse of children and sexual intercourse with minors. Physical violence against children, on the other hand, is not regulated separately but the punishment to be imposed is increased if the crime of physical violence, including injury and homicide, is committed against a child.

Despite promising legislation however, many of these countries still struggle with implementation issues as will be described throughout the analysis of the findings. This is a common issue that arises when attempting social change and despite the challenges ahead, these forms of legal regulations are the necessary beginning points.

## Sectors involved in child protection work within the four countries

The following section describes briefly the scope of the sectors involved in child protection work across the countries that have been highlighted within the focus of this study. These are the sectors considered critical in addressing issues of violence against children.

## **Social services/social protection**

Within each country there are identified governmental bodies that are responsible for the provision of social services (Ministry of Family and Social Policy/Child Services General Directorate (Turkey), Ministry of Social Policy and Labour (Serbia), National Agency for the Protection of Children's Rights (Albania) as well as an Ombudsman office dealing with the rights of children.

These state bodies are generally responsible for:

- Strengthening families through educational support, counselling and social assistance in order to ensure protection of children within the family environment
- Identification of children in need of protection and providing necessary protection, care and rehabilitation services
- Establishment and management of social services institutions
- Monitoring the implementation of the Convention on the Rights of the Child.

To this end, there are identified bodies responsible for child protection, such as centres for social work (BiH, Serbia), child protection units (Albania), shelter services and SOS phone helplines (BiH, Serbia, Albania, Turkey). Additionally, these sectors are responsible for residential institutions (providing long-term care) for children and youth with disabilities, children and youth without parental care, children and youth in conflict with the law, adults with disabilities and mental disorders, and the elderly. These types of organizations can play a critical role in the response to violence against children because they are necessary avenues for families to be identified as being at risk for abuse (due to proxy indicators such as poverty, for example) and are the key providers of services to ameliorate impact, through prevention and intervention (counselling, social assistance etc.).

## **Education**

Each country has a dedicated Ministry for Education responsible for the provision of both formal and non-formal education, including primary education, secondary education, special education and counselling and vocational and technical education. Some of the countries have established programming to prevent and respond to violence against children (special anti-violence education curricula and programmes in Albania and Turkey), Schools without Violence (Serbia), specialized partnership programmes with police in schools (Serbia, BiH). Education is a critical sector in the prevention and identification of violence against children within social systems. Firstly, educational institutions provide the opportunity for prevention through educational curriculum and pro-social skill development for children who then become adults in society. Societies are built on the strength of their education systems, which often provide additional opportunities for civil and moral development outside of the family environment. The level of education an individual receives can be a factor for resilience in situations of adversity. In this way it is critical that the educational environment is a safe space where children are free to learn and are not hindered by fear of abuse (by peers or school staff). Secondly, schools provide an opportunity for daily contact with children, a place where children can be monitored for health and well-being by professionals outside of the family. In this way, schools are often a first point of identification of children who may be at risk for further intervention.

## **Health**

The health sector also plays a key role in identification and intervention in cases of violence against children, especially in the critical years of infancy and toddlerhood when the risk of maltreatment is high and visibility of these children may be low. Even routine medical check-ups can be an opportunity to recognize signs of abuse or neglect, and provide for early intervention or prevention of the risk of child abuse. Each country has a dedicated Ministry of Health responsible for protecting the physical, mental and public health and well-being

of individuals and the public in general. Within this framework, the Ministry's responsibilities include risk surveillance, starting from the prenatal period and the treatment of child victims of violence, offering medical and psychological assistance from hospital emergency wards to health centres. Promising programmes of health visiting in some countries offer a viable model of early family support that can significantly reduce the potential for abuse in the early years.

The Institute for Forensic Medicine of the School of Medicine in Belgrade started a clinic for diagnostics and documentation of violence against children and women in order to assist them in any court proceedings. The Ministry of Health also formed a task force, which developed a Special Protocol in 2009 for the protection of children from abuse and neglect in the health care system.

### **Interior/Policing**

All judicial and administrative policing services towards children aged 0-18, including children in conflict with the law, child victims, abandoned and missing children and children in need of protection, are carried out by organizations within interior ministries (child police units/Gendarmerie (Turkey), Department of Prevention and Control of Juvenile Delinquency (Serbia). Some countries have specific protocols on the conduct of police officers with respect to children in conflict with the law or as victims of abuse. The police should be a critical sector in the reporting and investigation of child abuse cases as they are often the only sector with the necessary legal power to actively intervene when cases of abuse are suspected. They may also be a first point of contact in a system of service and rehabilitation for child perpetrators of crime and should serve a protective function in all cases dealing with children. However, they require adequate training to be able to enact the law to the point of effectiveness (for example, how to obtain adequate evidence for later prosecution of perpetrators or how to enact protective orders for children). They are also a sector that if identified as a safe and protective resource for children, may provide an additional avenue for reporting of abuse.

### **Justice/Judiciary**

A key component to any child protection system is the belief that making a complaint about the abuse of a child will result in some form of justice for the victim of abuse and protection for society from other acts of abuse by perpetrators through penalties and social deterrents. This may only be achieved through an effective system of justice that can provide support for victims, while responding appropriately to perpetrators of violence (including children) with the aim of preventive rehabilitation. In some situations, it has also been noted<sup>3</sup> that some forms of protective custody may be considered as a failure of a proper system of care that would lessen the risk of children being in conflict with the law in the first place. Within each country there is a Ministry of Justice that is responsible for the establishment and administration of the courts (including juvenile and family courts), setting up and maintaining prisons and penitentiary houses. Within this framework, the Ministry's responsibilities include ensuring that child courts, detention houses and reformatories for children are equipped with the necessary technical infrastructure.

The juvenile courts are responsible for administering the cases related to children in conflict with the law and children in need of protection. In some cases the judges appointed to these courts are required to undergo special training in child development and child psychology. The staff of juvenile courts may include social workers who prepare social inquiry reports prior to the court decision.

In Turkey there is a dedicated Forensic Medicine Institution, which is responsible for providing expertise services for courts, including preparation of expert reports on child victims of violence.

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<sup>3</sup> Lost in The Justice System: Children in Conflict with the Law in Eastern Europe and Central Asia. UNICEF Report, May 2008.

## Monitoring<sup>4</sup>

Various systems of monitoring are used in each of the four countries, but the purpose and importance of these systems are universal and all provide an avenue for redress. There is no independent monitoring mechanism in Turkey. The main monitoring agency is the Human Rights Presidency (located at the central level) operating under the Prime Ministry. Legislative efforts are ongoing to transform the Presidency into an independent monitoring institution. There are also human rights boards at provincial and sub-provincial levels.

The main duties of the Human Rights Presidency include monitoring the implementation of the legislation related to human rights and investigating allegations of human rights violations. The Presidency has published various reports related to violence against children, including reports on missing children, honour killings, the fight against torture and ill-treatment and child marriages.

## CURRENT STATE OF THE CHILD PROTECTION SYSTEM: STUDY FINDINGS

Any child protection system has important functions to carry out in order to ensure a continuum of care for children in its response to cases of violence, abuse and neglect. Early identification, assessment of cases, referral and reporting are necessary steps in a process that links a child who has become a victim of violence with the appropriate type of response, whether it is service provision or access to justice. In a functional system there is a chain of contact from the point of entry to the point of case closure, and a system is only as strong as its weakest link within this chain of response. The findings of this study on how these functions are performed within the child protection system within the four countries in question are described below.

The findings have been organized thematically, bringing together both the qualitative and quantitative data collected from each country.

## Identification, recording and reporting of cases of violence against children

Violence against children requires identification before it can be addressed in a particular context. Therefore, understanding how violence against children is identified by all the sectors and stakeholders concerned is a crucial part of any response assessment. Professionals and service providers draw on definitions of violence against children from a variety of sources including: policies, laws and internal organizational definitions. Ideally, definitions should be comprehensive and cover all possible manifestations of abuse/violence (e.g., emotional, physical, neglect, exploitation, etc.) as well as all possible settings (e.g., home, school, workplace, etc.). They should be widely known and consistent with the country's cultural and social norms, supported by consistent laws and policies, and applied consistently across all sectors.

Generally, the law, policies, and protocols that identify violence against children also set out the reporting and recording requirements. They need to be consistent and comprehensive, and easily accessible to stakeholders and the general public. As with identification, standards set in laws and policies are only as good as the level of knowledge about them and the systemic resources and support available to implement and enforce them. Ideally, all stakeholders should be knowledgeable about definitions and aware of their legal and organizational obligations to report, or to receive reports of, violence against children and the avenues available to do so. All service providers and professionals should be required to record all instances of violence against children, in a way that is consistent across sectors and without adding unmanageable amounts of paperwork to workloads. The accumulated data on cases would then provide an invaluable tool for assessing the strengths and weaknesses of the overall response to violence against children.

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<sup>4</sup> A new law has been enacted in Turkey on 30 June 2012 on the establishment of a new monitoring institution, which will replace the Human Rights Presidency. However, this report does not include any assessment of this new institution as the law was passed after the research was completed.

## Identification

One of the key impact areas within any system is the process of identification of the issue of concern. In this case, it was important to understand how professionals viewed the concept of violence against children. Most interview participants defined violence against children as:

*...any use of physical force, or any misuse of power which results in physical or emotional harm.*  
–Respondent from Serbia

Some stressed “*actual effect and/or likely effect,*” which the misuse of force and power may cause, while others mentioned deprivation as an element constituting violence against children. Violence was perceived as any action toward a child that may negatively influence the development and learning of the child, present in many forms and manifestations (physical to emotional).

*Violence is any form of psychological, physical, economic and sexual suffering or threat of some actions, failing to provide attention to the child, or limitation of the child’s rights.*  
–Respondent from Bosnia and Herzegovina

Some interviewees, both policymakers and practitioners, defined violence by enumerating types of violence: physical pain, jeopardizing children’s interests, jeopardizing the integrity of the child, preventing satisfaction of their needs, rejections, any negative approach, mobbing, physical punishment, violent communication and jeopardizing child rights.

Almost all the interview participants defined violence against children as sexual, physical and emotional violence and most included: ignoring the child, lack of compassion and discrimination on any ground in the definition of emotional violence. However, most of the participants stressed that the public is not ready to accept this broad definition of violence.

*Our definition of violence would not conform with international standards. Emotional violence would not be considered as violence in our society.*  
–Respondent from Turkey

There was a common opinion that violence against children is not related to the occurrence of violence against women, but that the linkages between the two are important. There were common perceptions that: (1) physical and emotional violence is accepted to a certain extent as a form of discipline for children and, (2) violence is a part of traditional family culture:

*Purpose of violence is important. Slapping, etc. may be justified as long as it is with good faith and for educational purposes.*  
–Respondent from Turkey

The participants indicated that although there are some exceptional cases where not so serious physical violence (such as slapping) or emotional violence were reported and acted upon, it is usually the most severe cases of physical and sexual violence (repeated violence which results in serious physical or emotional harm) which are taken seriously.

*We cannot usually act on violence against children before it results in permanent damage to the child’s physical or emotional development.*  
–Respondent from Turkey

*Depending on the culture, the perception as well as the educational tradition, different types of violence (especially physical and emotional) are perceived in different ways. For example: the isolation of children within the house as a punishment for a mistake the child has done is known as a method of education rather than psycho-emotional violence against the child.*  
–Respondent from Albania



Given the general acceptance of violence against children in the home as a form of corrective action, some respondents noted their perception that the children themselves would not describe their home environment as violent:

*Cases reported more frequently by children come mainly from schools and community, while there are fewer cases of violence in the family because the children consider family environment as the most trusted and safe, and they often think that an acceptable model of parental intervention exists through violent forms.*

–Respondent from Albania

A series of case scenarios were developed for the survey, designed to assess respondents’ recognition of abuse/neglect, perceptions of seriousness of violence against children and referral practices in cases of violence against children. Table 3 illustrates participants’ responses to questions about these case scenarios. Participants were asked to identify whether or not they thought the depicted case was serious, whether it constituted a specific form of abuse (or neglect), whether or not they would refer the case to services, and whether or not services were available. These case scenarios were designed to illustrate a particular form of violence in context and were customized by local research teams to most appropriately illustrate the context of the country being studied. They were also specifically designed to account for the complex nuances of abuse and for that reason, severe case examples were purposefully avoided. For example, the sexual abuse case was designed not to be a clear-cut description of sexual intercourse, but rather a situation where a girl is ‘touched inappropriately by a family member’ in order to avoid what may be construed as participants selecting ‘the obvious’ answer. The exact case scenarios may be located for review within Appendix C.

As illustrated in Table 3, practitioners consistently identified the cases as abuse with a slightly lower rate of endorsement for the physical abuse-school case scenario. However, there were notable differences between identifying abuse and indicating a likelihood of referring such cases for services.

**Table 3: Perceived seriousness, assesment of abuse and referral response by form of violence**  
N=583

	Physical abuse-home	Physical abuse-school	Sexual abuse	Child exploitation	Neglect	Emotional / psych. abuse
Assessment / response to vignette	%	%	%	%	%	%
Incident is serious	93	91	99	99	99	99
Incident is identified as abuse or neglect	93	87	99	99	97	96
Would refer for services	86	69	94	95	N/A	N/A
Would refer but no service	18	15	13	15	N/A	N/A

For example, although respondents almost unanimously agreed that each scenario constituted a form of abuse or neglect, just over two-thirds (69 per cent) of respondents stated they would refer for services



the depicted case of physical abuse in the school. Rates of endorsement for the need for service referral were higher for sexual abuse and child exploitation (94 per cent and 95 per cent of respondents endorsed the need for services, respectively). Further, of concern was respondents' perception that despite a need for service in the scenarios depicted, their jurisdiction did not have appropriate and/or available services to offer children and families in similar situations in some cases, with the highest concern being about non-availability of services for cases of physical abuse in the home.

To further understand the types of services that practitioners see as important in cases of violence against children, respondents were asked to rank order (from 1, meaning 'most important' to 4, meaning 'least important') a series of actions that could be taken in cases of violence against children, such as education, punishment of the perpetrator, counselling and removal of the child from the family. It is thought that the order of importance ascribed to each potential intervention provides insight into the types of services required, and into how the problem of violence against children is viewed by practitioners (i.e., the root causes such as lack of education about child development, poor parenting skills, difficult family dynamics, caregiver clinical and/or personal problems). Table 4 (below) shows results of this rank-ordering for the full four country sample:

**Table 4: Ranking of importance of possible interventions**

Intervention	Most important		2 <sup>nd</sup> most important		3 <sup>rd</sup> most important		Least important	
	#	%	#	%	#	%	#	%
Education <sup>a</sup>	191	34	182	33	82	15	100	18
Counselling <sup>b</sup>	239	43	231	42	61	11	24	4
Punishment of perpetrator <sup>c</sup>	35	6	76	14	227	41	216	39
Removal of child <sup>d</sup>	116	21	67	12	169	30	205	37

a Based on a sample of 555 due to missing data

b Based on a sample of 555 due to missing data

c Based on a sample of 554 due to missing data

d Based on a sample of 557 due to missing data

As illustrated by Table 4, 43 per cent of practitioners ranked counselling as being the most important action, followed by education (34 per cent rated this as most important) while punishment of the perpetrator was least likely to be viewed as the most important measure (six per cent rated this as most important). It is interesting to note that just over one-fifth (21 per cent) of the sample considered removal of the child the most important approach in cases of violence against children, and further study is necessary to understand these findings as child removal represents a particularly interventionist approach to child protection. Furthermore, when considered in the context of the qualitative data, removal of the child was often cited as a last resort, and not to be in the best interests of the child. This is important to consider in light of contradictory recommendations within the same data set, for more shelter services for such children. Overall, while exploratory only, results suggest a family support orientation of service providers towards intervening in cases of violence against children rather than a more punitive approach, evidenced by the strong importance attached to education and counselling versus punishment.

One issue that was shared across countries within the qualitative data was the importance of connecting domestic violence (violence against women) with the abuse of children. Family violence is not perceived as violence against children, but rather as an internal/intimate affair within the family. This type of violence in the home appears to be a very common occurrence in many countries but it is more difficult to be recognized and proven.

*The violence within the family is not visible so we rarely recognize it and it is harder to prove it if children don't want to acknowledge it.*

–Respondent from Bosnia and Herzegovina

## Recording and reporting

To understand the extent of formal policies and protocols related to documentation and management of cases, respondents were asked to identify whether or not protocols existed to guide the practice of recording cases of violence against children as well as staff decision-making processes.

**Table 5: Documentation and management of cases of violence against children**  
N=572\*

	Albania (N=148)	BiH (N=108)	Serbia (N=169)	Turkey (N=151)	Total (N=572)
<b>Documentation and management practices and protocols</b>	%	%	%	%	%
<b>VAC cases formally documented</b>					
Yes	76	73	79	82	78
No	16	18	14	7	13
Don't know	8	9	7	12	9
<b>Protocols in place for managing VAC cases</b>					
Yes	62	54	81	58	65
No	27	30	16	20	23
Don't know	12	16	4	22	13

Note: Percentages may not add up to 100% due to rounding

\*N = 572 due to missing data

Table 5 shows that the majority of respondents indicated that cases are formally documented (78 per cent overall), however there is room for improvement, with 13 per cent noting that there are no formal documentation practices and nine per cent unsure of whether requirements exist. With respect to case management, 65 per cent of respondents indicated that protocols were in place, 23 per cent indicated there were no such standards, and 13 per cent were unsure about whether protocols existed.

Table 6, below, illustrates the understanding across all four countries of legislation requiring them to report cases of violence against children. As shown in Table 6, 82 per cent of respondents indicated an awareness of legislative duty to report cases to the authorities, nine per cent noted that no such legislation existed and a further nine per cent were unsure about whether legislation was in place.

**Table 6: Duty to report legislation (required reporting of suspected VAC to authorities)**  
*N=570\**

	Albania ( <i>N</i> =148)	BiH ( <i>N</i> =108)	Serbia ( <i>N</i> =170)	Turkey ( <i>N</i> =144)	Total ( <i>N</i> =570)
<b>Legislated reporting of VAC</b>	%	%	%	%	%
No	20	3	8	5	9
Yes	70	90	82	88	82
Don't know	11	7	9	7	9
Total	100	100	100	100	100

\**N* = 570 due to missing data

To assess further respondents' understanding of what is 'reportable' (i.e., what they are required to report) and what they are actually likely to report, the same case scenarios referred to earlier were used. Survey questions asked practitioners to indicate, for each case scenario, whether or not they believed they were required by any legislation/law to report cases such as those depicted in the case scenarios, as well as the likelihood that they would report such a case. Although the data (Table 7, below) are presented by sector, comparison between sectors is not advisable due to the very small sub-sample sizes for many sectors.

**Table 7: Respondents' understanding of required reporting, and likelihood of reporting, by sector and type of violence**  
*N=583*

	Physical abuse- home	Physical abuse- school	Sexual abuse	Child exploitation	Neglect	Emotional / psych. abuse
Sector	%	%	%	%	%	%
<b>Monitoring</b> ( <i>N</i> =2)						
Required to report	100	50	50	100	50	50
Likely to report	100	50	100	100	50	100
<b>Education</b> ( <i>N</i> =83)						
Required to report	59	65	84	74	68	69
Likely to report	69	71	96	77	89	87
<b>Health care</b> ( <i>N</i> =82)						
Required to report	67	63	84	84	85	74
Likely to report	70	77	88	85	89	83
<b>Social welfare/protection</b> ( <i>N</i> =200)						
Required to report	65	68	97	97	96	89
Likely to report	73	77	88	85	89	83

	Physical abuse-home	Physical abuse-school	Sexual abuse	Child exploitation	Neglect	Emotional / psych. abuse
Sector	%	%	%	%	%	%
<b>Interior (Police) (N=53)</b>						
Required to report	85	85	100	100	98	91
Likely to report	87	91	98	100	100	94
<b>Judiciary (N=54)</b>						
Required to report	68	68	91	88	85	71
Likely to report	71	71	91	94	91	79
<b>Prosecutor (N=25)</b>						
Required to report	76	83	96	96	87	92
Likely to report	84	96	100	100	100	96
<b>NGOs (N=75)</b>						
Required to report	68	71	93	93	91	89
Likely to report	81	87	97	97	97	93
<b>Justice (social workers) (N=21)</b>						
Required to report	67	86	100	100	91	100
Likely to report	71	81	100	100	95	100
<b>Forensic medicine (N=8)</b>						
Required to report	63	63	100	100	100	100
Likely to report	63	75	100	100	100	100
<b>All sectors combined (N=583)</b>						
Required to report	67	70	93	91	89	84
Likely to report	75	79	96	93	95	91

Table 7 suggests that there was the most endorsement across sectors for the requirement to report cases of sexual abuse, child exploitation and neglect, with 93 per cent, 91 per cent and 89 per cent of respondents, respectively indicating that the case depicted fell into the Required to Report category. Further, there was strong (96 per cent) agreement that respondents would be likely to report a depicted case of sexual abuse; similarly high rates of reporting likelihood were demonstrated for depicted cases of neglect (95 per cent would report), child exploitation (93 per cent would report) and emotional abuse (91 per cent would report).

Data demonstrate that there was more ambiguity about both reporting requirements and the likelihood of respondents making an actual report for cases of physical abuse, both in the home and the school. For example, just over two-thirds of respondents indicated that there was a requirement to report cases such as the ones depicting physical abuse in the home (67 per cent) and physical abuse in the school (70 per cent), with participants indicating a much lower likelihood of actually reporting such cases (75 per cent and 79 per cent respectively) compared to all other depicted forms of violence against children. This lower endorsement for both required and actual reporting likelihood is supportive of qualitative findings in which participants noted concerns related to intervening in family life for reasons of physical discipline,

and in school situations where physical discipline is commonly used for corrective purposes, both reported as widely accepted cultural practices. This is an area where public perceptions of what constitutes abuse appear to influence actions around identification and reporting. It is also an area where legislation can be used to change behaviours (such as criminalizing the use of corporal punishment) when coupled with an adequate public education campaign to increase awareness and challenge social views. On a positive note, across each scenario, most participants indicated that they would report even when not required to, indicating a fundamental awareness that it is important to intervene in cases of violence against children.

Data shown in Table 8 suggest that the likelihood of reporting may be influenced in part by the perceived helpfulness of the system to respond to the needs of the child across different forms of violence. For example, respondents were most likely to perceive a referral to child welfare authorities as 'definitely helpful' to children who have experienced sexual abuse, neglect and child exploitation as depicted in the case scenarios. Participants were less convinced of the helpfulness of a report for children experiencing physical abuse, with 25 per cent of respondents assuming a referral would probably not, or definitely not, be helpful in cases of physical abuse at home and 21 per cent of respondents reporting the same about the physical abuse at school. This is alarming from a public health standpoint, as the number of reports will directly influence the system's capacity to collect data on incidence to inform policy and service support in the future. Nonetheless, when responses of 'definitely' or 'probably' helpful are combined, perceived helpfulness of a referral to child welfare authorities is high across all scenarios depicted, despite the lower confidence in the system to provide meaningful assistance in cases of physical abuse. This is an area where further study is needed.

**Table 8: Perceived helpfulness of reporting to child welfare authorities by case scenario**  
N=583

Case scenario	Perceived Helpfulness of Report			
	Definitely	Probably	Probably not	Definitely not
	%	%	%	%
Physical abuse-home <sup>a</sup>	39	36	19	6
Physical abuse-school <sup>b</sup>	43	36	18	3
Sexual abuse <sup>c</sup>	86	10	3	1
Child exploitation <sup>d</sup>	78	17	5	0
Neglect <sup>e</sup>	76	17	6	1
Emotional/psychological abuse <sup>f</sup>	69	24	6	1

a Based on a sample of 577 cases due to missing data

b Based on a sample of 581 cases due to missing data

c Based on a sample of 582 cases due to missing data

d Based on a sample of 580 cases due to missing data

e Based on a sample of 578 cases due to missing data

f Based on a sample of 577 cases due to missing data

These quantitative findings were supported by information obtained during the qualitative interviews. For example, there was a general consensus among interviewees that people are often aware of physical violence but are reluctant to report it, whereas sexual violence often goes undetected, but when uncovered, people are eager to report.

*Physical violence even though it is recognized, is not being reported often in order to avoid conflict with parties involved. It is considered to be someone else's business and private business and is often taboo, especially if it is related to sexual abuse.*

–Respondent from Bosnia and Herzegovina

However, there is also evidence that suggests that this legal norm may not be well enforced, as community willingness to report violence is still largely based on voluntary individual actions:

*...norms are one thing, reality another.*

–Respondent from Serbia

This relates specifically to the importance of harmonizing legal and social norms through the use of educational campaigns that inform the public (and practitioners) about moral and legal obligations. Although there was mention of such campaigns in some of the country reports, the impact of these actions is not yet evident. Special protocols were mentioned by most practitioners as binding documents that guide their work, help them decide what needs to be done and how to proceed. One practitioner from the education sector, mentioned that even with the protocols and manuals, she does not have specific, detailed tools to help her make professional decisions.

*It is all still based on individuals' responsibility, one's own morality. What I must and must not do, how I should proceed in specific cases, this is up to me. I may be working hardest and have best intentions, but still I may be completely wrong.*

–Respondent from Serbia

This quote illustrates that in the absence of strong legal frameworks and definitions to support practitioners in their decision-making processes about what is, and is not, a reportable offence, there may be reluctance to report on the basis of ambiguities and lack of confidence. This also highlights the importance of supervisory and accountability mechanisms to ensure protocols are being followed.

## **Referral of the cases of violence against children, sufficiency of services provided for the child and/or the family and follow-up on the referrals**

Once a case of violence against children has been identified, reported, and recorded, a well-organized, comprehensive system of response should be set in motion. If the policies and protocols are clear and consistent, service providers from each sector (social welfare, education, justice, health, NGO, police) would be aware of, and have access to, a range of services across all sectors, which can then be provided to the child and the family as needed. The providers' awareness of existing services is as important as the availability of services needed. Providers also need to have confidence in the services available in other sectors, in order to be able to refer children and families to them. The roles and responsibilities of each professional service provider should be clear to all, including the responsibility to follow-up cases once they have been referred. Though this is a challenge in an environment of limited resources, coordination and collaboration within and across sectors is crucial. If all the conditions are met, then all children and families affected by violence against children would be offered the same broad-ranging, multi-sectoral kind of support, regardless of whether a case was first identified by a teacher, a nurse, a police officer, or a family member.

### **Referrals**

Similar to issues related to identification and reporting, the referral procedures of the cases of violence against children vary depending on the rules and regulations of the institutions involved, the experience of individual practitioners and their interpersonal professional relationships, as well as the available services within each country. As noted earlier, in the identification of abuse scenarios, respondents almost unanimously agreed that each scenario constituted a form of abuse or neglect, however, just over two-thirds (69 per cent) of

respondents stated they would refer the depicted case of physical abuse in the school for services. Rates of endorsement for the need for service referral were higher for sexual abuse and child exploitation (94 per cent and 95 per cent of respondents endorsed the need for services, respectively). Of further concern was respondents' perception that despite a need for service in the scenarios depicted, their jurisdiction did not have appropriate and/or available services to offer children and families.

*We don't have standard referral procedures. It's based on personal knowledge and relations.*

–Respondent from Turkey

There is also a lack of standard regulation about information sharing between institutions. For example, what information components can be shared, to what extent, and with whom and how is inconsistent or unclear. The participants indicated that they follow the standard rules of confidentiality and professional ethics but that the information sharing system is usually based on personal relations and trust among professionals.

*There are no standards regarding information sharing. Sometimes unnecessary information got shared, sometimes we cannot get the information we need.*

–Respondent from Turkey

In addition, a lack of knowledge of available resources can also hinder the referral process:

*A major problem is the absence of the hosting centres/shelters for children victims of violence....when you have a case you do not know where to bring the child.... The system overall is not sustainable.*

–Respondent from Albania

In the absence of formalized procedures for case management, the research indicates that currently referrals happen informally based on relationships between the professionals involved, which means that the service a child/family receives may be largely based on the experience of the person that accompanies them through their first entry point into the system. What is needed is a formal mechanism to ensure that no matter who or when or where a child/family enters the system, they can be guaranteed similar levels of service and a logical trajectory through them.

### Sufficiency of services

Generally speaking, services are scarce, underdeveloped and over capacity. This perceived insufficiency of services is considered one of the biggest challenges in improving the response to VAC across the SEE region. However, without targeting appropriate identification and referral mechanisms, ascertaining the real impact of this is difficult. Specialized rehabilitation centres are not available for child victims of abuse and violence and the few available services are provided by child and adolescent psychiatry units in hospitals, family counselling centres and some NGOs. And even where they are available, often there is a long wait for services.

*Child victims of violence can receive free health care, but their appointments are usually dated for months later.*

–Respondent from Turkey

The concern was also voiced that there were not enough shelters/refuges for abused children/parents that would help to provide an escape from violent situations. Therefore service providers face difficulties in accommodating abused children in proper centres, and usually the children are placed in the only existing shelter for women victims of trafficking or back into the violent environment. However, this may be more of a perception than a reality in the current situation where numbers of actual cases of violence against children is considered low and only the most serious cases come to the attention of service providers. As identification and reporting increases, the need for such facilities may also increase. While providing

adequate alternative accommodation such as shelters or transit housing would not in itself resolve violent situations or their preconditions, they nevertheless remain a necessary, integral part of any crisis response system for severe cases where a child may have no other safe place to go. Further, some participants in the qualitative interviews perceived that a connection between a lack of available services and the reluctance to formally identify cases of violence may exist:

*If there will be relevant centres for abused children or parents, there would be more cases denounced. The lack of such centres is the reason that most people hide domestic violence.*

–Respondent from Albania

Assessing needs is an important way of recommending next steps based on this data. Another concern of service providers is the lack of presence of knowledgeable practitioners (e.g., social workers/psychologists) in schools and the lack of capacity to conduct adequate counselling with violence victims within multiple sectors. However, generally having such services spread out amongst a number of settings may do more to contribute to the fragmentation of services than to actually improve access. It may perhaps be more useful to strengthen the resources of identified organizations to provide services to cases identified in other sectors.

### Service coordination and follow-up

Lack of coordination especially between the social services and the justice sectors was one of the main challenges of the child protection system across all four countries. The participants mentioned that there are no standard procedures guiding them to follow-up with the child after referral for outside intervention and the child is usually left without adequate support.

*We don't have much contact with our colleagues in other institutions.*

–Respondent from Turkey

*We cannot talk about an effective coordination. Some agencies do not take the issue seriously, some do not have the necessary knowledge. So, the functioning of the system depends on us.*

–Respondent from Turkey

*We lack personnel; we have insufficient number of professionals, psychologists, one social worker so it is very hard to explain how we manage cases of violence against children. We cooperate with Police, but the cooperation is weakest with the judiciary.*

–Respondent from Bosnia and Herzegovina

This is an important component of an effective system because if professionals feel confident in their knowledge about how cases may be handled throughout the system, it seems they would be more likely to report cases to facilitate their entry to this system. Collaboration and coordination between sectors is one area that can assist with building confidence between actors of their individual sectoral contributions to case management.

Table 9, illustrates that despite a sentiment of limited collaboration and coordination across sectors expressed during qualitative interviews, respondents of the survey indicated high rates of cooperation/coordination. For example, 85 per cent of the sample overall indicated that they collaborate with social workers in cases of violence against children. Although collaboration with some collaterals is notably low (i.e., only 56 per cent of respondents indicated collaboration with child protection agencies) some of this may be due to the lack of such services in many regions. Overall, high rates of collaboration endorsed for many collaterals may have been caused by social desirability responding among participants of the survey as these results were not corroborated by the qualitative interviews, and further study to understand this discrepancy is needed.



**Table 9: Cooperation/coordination with other collaterals in cases of violence against children**  
*N*=583

	Albania ( <i>N</i> =150)	BiH ( <i>N</i> =110)	Serbia ( <i>N</i> =172)	Turkey ( <i>N</i> =152)	Total ( <i>N</i> =583)
Collateral / Sector	%	%	%	%	%
Police	79	77	79	64	77
Doctors	81	80	83	56	77
Teachers/school directors	67	77	84	67	76
Social workers	75	83	91	80	85
Child protection agencies	59	48	45	64	56
NGO	61	59	44	38	51
Judiciary	49	73	69	57	63
Prosecutors	44	69	70	66	64

Table 10, below, represents another source of information about collaboration, focusing on follow-up in referred cases. Almost two-thirds (63 per cent) of respondents indicated that they follow up with the referred child and family, and 57 per cent indicated follow-up with the service to which they have referred the case. However, approximately one quarter of respondents indicated no follow-up with children and families (23 per cent) and/or with the referred agency (25 per cent), and a further minority of participants were unsure about organizational practices in this regard (15 per cent and 18 per cent of respondents indicated they did not know whether follow-up occurred with referred children/families and/or service providers, respectively). These data support findings noting inconsistency and confusion with respect to collaboration/coordination across sectors expressed in the qualitative interviews.

**Table 10: Organizational follow-up in cases of violence against children referred to outside services/support**  
*N*=583

	Albania ( <i>N</i> =150)	BiH ( <i>N</i> =110)	Serbia ( <i>N</i> =172)	Turkey ( <i>N</i> =152)	Total ( <i>N</i> =583)
Type of follow-up	%	%	%	%	%
<b>With the child/family</b>					
No	22	15	22	30	23
Yes	54	68	67	62	63
Don't know	23	17	11	9	15
<b>With the referred agency/service</b>					
No	26	13	25	33	25
Yes	51	66	60	52	57
Don't know	23	21	15	15	18

Note: Percentages may not add up to 100% due to rounding

*We lack a body of experts that will work with victims after the legal case, and we don't know what is happening with victims later.*

–Respondent from Bosnia and Herzegovina

*Cooperation between services is sadly low, that there are maybe 15-20 per cent of municipalities where the mechanisms are in place.*

–Respondent from Serbia

## **Staff training and supervision, monitoring and complaint mechanisms**

Children and families become vulnerable when they are affected by violence against children, in that they may be less able to protect or defend themselves, to look out for their own well-being, and to demand rights and adequate support. Therefore, processes to monitor how services are delivered must be incorporated into the child protection and violence response system to ensure that the rights of the children and families are respected and their needs met, and that they are protected from any further/new abuse. Organizations responding to cases need to have clear guidelines for staff conduct as well as mechanisms for monitoring staff conduct and performance. These guidelines need to be in line with existing laws and regulations, and should be easily accessible to staff and to all service users as well. Staff need to have access to regular and supportive supervision where they can explore challenging cases, work through ethical dilemmas and conflicts of interest, and receive guidance through difficult situations.

Clear conduct guidelines and monitoring mechanisms would make it easier both to prevent and to identify cases of misconduct within organizations, including violence/abuse committed by a staff member. They must be complemented by detailed complaint mechanisms, whereby staff who identify misconduct can report it without fear of retaliation or other negative consequences. Internal complaint mechanisms should be clear, confidential, and made available to all staff. They should be complemented by availability of, and education about, external complaint mechanisms for staff to access when internal complaints are not feasible. Knowledge about all available mechanisms needs to be readily available not just to staff within organizations, but to service users as well.

### **Staff training and supervision**

Participants referred to experience sharing among staff as the most common method for learning on the job. However, this does not happen through a structured supervision or mentoring mechanisms either but works in a customary way.

*We had some training during our undergraduate studies on this issue, but we did not have any further training after that. We learned it on the job. More experienced staff supports the new ones.*

–Respondent from Turkey

Regarding monitoring staff conduct and performance evaluation, most participants felt that their work is not evaluated on an objective basis. The lack of impact assessment of services prevents appreciation of the good work as well as an inability to identify and remediate less satisfactory performance. Across all four countries there appears to be a lack of professionalization of sectors in terms of minimum requirements for positions, adequate job descriptions and performance indicators to use as guidelines.

### **Internal and external monitoring and complaint mechanisms**

Participants were asked about the existence and effectiveness of both internal (within an organization) and external (to government authorities) complaint mechanisms for raising concerns about how cases of violence against children are handled within institutions. Table 11 shows that the majority of respondents (78 per cent) indicated that there are internal complaint mechanisms; in 77 per cent of cases, these

mechanisms were assessed as 'effective'. Data show that external complaint mechanisms are more rare (or respondents are unaware of them), with only 55 per cent indicating that such mechanisms exist. Where they do, they were likely (72 per cent) to be deemed effective.

**Table 11: Internal and external complaint mechanism**  
N=583

	Albania (N=150)	BiH (N=110)	Serbia (N=172)	Turkey (N=152)	Total (N=583)
<b>Existence and effectiveness</b>	%	%	%	%	%
<b>Internal complaint mechanisms</b>					
Yes-internal complaint mechanism <sup>a</sup>	71	88	80	74	78
Yes-effective <sup>b</sup>	92	75	76	66	77
<b>External complaint mechanisms<sup>a</sup></b>					
Yes-external complaint mechanism	43	85	67	36	56
Yes-effective <sup>c</sup>	62	75	74	75	72

a Percentages calculated as a proportion of the total sample for each country

b Percentages calculated as a proportion of all responses of yes-internal complaint mechanism in existence for each country, (N=106, Albania; N=97, BiH; N=138, Serbia; N=113, Turkey, N=454, full sample)

c Percentages calculated as a proportion of all responses of yes-external complaint mechanism in existence for each country (N=65, Albania; N=93, BiH; N=115, Serbia; N=55, Turkey, N=328, full sample)

Participants felt that the explicitly detailed behaviour of public servants may not exist always 'as a rule.' It seems that there is a definite perception that what should happen in principle, may not actually happen in practice, pertaining to the actions of staff as well as how likely they may be eventually held accountable for those actions:

*Well, they should, but this may not always be the case.*

–Respondent from Serbia

It is, however, highlighted by most interviewed that abuse by a public servant is strictly forbidden, that internal inspection units working within each of the sectors concerned are very responsive to reports in these cases, and that disciplinary charges and sometimes even criminal charges are brought.

## Policy changes, promising practices and reform areas

### Policy changes and promising practices

This was another area that illustrated a disconnect between theory and practice at the level of implementation of policy and legislation. Most participants thought that there were several changes taking place in the system; however they complained about lack of guidance on how to put these changes into practice.

*We know that there is a new law on family protection, but no further information has been provided to service providers at the local level. Even if someone goes and participates in training, there is no practice of sharing the info with the others in the institution.*

–Respondent from Turkey

Here, the participant illustrates that there is no mechanism for knowledge translation and exchange within the current system, so that it appears necessary to train all staff in everything, when a more viable option would be a mechanism of information sharing amongst practitioners so that learning opportunities flow from professional to professional through formal or informal processes. However, almost all the participants also shared the view that neither present policy changes to prevent violence against children nor the public awareness raising efforts are adequate.

*Efforts to raise public awareness on VAC are not enough. The issue should be on the everyday agenda. We see cases on media, but then we forget.*

–Respondent from Turkey

It is imperative to promote discussion of cultural mentality around acceptance of violence – although having mechanisms in place to start to address this issue is a beginning.

*The mechanisms for children’s protection exist but the issue is how accessible it is and that depends on the information the family have and self-awareness to use it.*

–Respondent from Albania

In general however, there is a shift within the professional sectors with respect to recognizing and responding to the issue of violence against children. Interview participants generally felt that many changes have taken place, and that cases of violence against children are coming to the forefront of practice.

*We are now thinking about this issue more than we used to.*

–Respondent from Serbia

However, the changes that are taking place are often experienced as occurring in an uncoordinated and unbalanced way which impacts their successful application in practice. A practitioner from a Centre for Social Work said that:

*What we have is a jumble of laws, changes are sometimes made, relevant for our work, but we have no information on them.*

–Respondent from Serbia

The perception of both the public and professionals about the existence of violence and its social acceptance are important areas to consider when moving towards systemic change. It is clear from many of the interview participants that there is a lack of confidence in the system from the standpoint of professionals, and it is hard to imagine how the public might be expected to have any more faith in it. The complexity of moving from legislation to standardized approaches to enforce it is strongly articulated here, and will need to be specifically addressed for improvements to the child protection system to be made.

## Reform areas

In all of the countries that participated in this study, certain reforms are beginning to take place, however often without much coordination, and often more as a solution to an urgent problem rather than as a process of holistic system reform. Many participants had opinions about how to improve the current child protection system within their respective countries, most of which illustrated themes of maintaining a sufficient level of resources (both financial and human) to adequately address the issues at hand.

*If we want to talk about a reform, it should be planned and sustainable, not a temporary solution to an urgent problem.*

–Respondent from Turkey

Generally, participants indicated that although there was an awareness of legislation on violence against children, this often has not translated into clarity around how to work with increasing cases in practical terms:

*Social services started to play a bigger role in the child protection system with the Child Protection Law. However, this increased our workload and we are having difficulty in effectively responding to all cases.*

–Respondent from Turkey

In this case, reforms may have defined a role for certain services to respond to cases of violence against children, but this led to additional workload issues without a corresponding increase in staffing or capacity to perform the new functions. This is an area for caution as increased awareness of the existence of abuse and the process of reporting it, is likely to result in a demand for practitioners at all levels throughout the trajectory of a case. If not planned reasonably, there is always a risk that demands for services may overwhelm the current capacity of organizations to meet those demands.

It is also important to consider changes that promote best practice, for example utilization of the procedures that would be in the best interests of children and prevention of secondary victimization of the child through the involvement of the system itself:

*Such cases are due to irresponsibility because the best interest of the child needs to be taken into account. The lack of knowledge is related to the fact that the child is interviewed five times. Instead of gathering the information from the first interview and proceeding with the process, the information is actually lost or left somewhere and the child is called for another interview which for the child might not be healthy, especially when he is a victim of physical violence.*

–Respondent from Albania

Although not specifically mentioned in the data, a process of standardizing an interview process during investigations with children, as well as awareness about the indicators of abuse that professionals could use to inform themselves around concerning cases would be important areas of improvement to strengthen practices around identification and responsiveness in managing cases of violence against children.

## Urban versus rural settings

Overall, it is noted that although practitioners tend to believe that violence in all its forms exists in both urban and rural communities to the same extent, it is obvious that there is a lack of information among the service provider officials on the provisions of services in the rural areas, especially when they are asked if there is any measure in place to address the differences between urban and rural communities. The main issues faced in rural areas remains the identification of cases and their referral.

*Violence against children is more reported in urban areas, whilst in villages there cannot be too many reported cases due to the general mentality. There is no denouncement from rural areas.*

–Respondent from Albania

Reviewing the qualitative data, we find that participants emphasized the difference in identification and reaction to violence in urban and rural areas; however, analysis of the quantitative data indicated mostly similar reporting practices in response to the case scenarios across all three settings, with some notable differences. For example, respondents in rural settings were more likely to indicate they were required to report cases of physical abuse in the home (77 per cent) compared to their urban counterparts (62 per cent) and more likely to indicate that they would report such a case (80 per cent) compared to professionals in urban settings (70 per cent). Data suggest a similar response pattern for physical abuse in the school, with rural respondents more likely to indicate both a requirement to report and the likelihood that they would report compared to urban respondents. Data also show that rural respondents were more likely to say they

would report the depicted case of emotional maltreatment (96 per cent) compared to their counterparts serving both urban and rural settings (86 per cent). It is important to note that determining whether these are statistically significant differences representative of the population as a whole is not possible due to the non-random sample.

It was assumed that referral practices might also be different between urban, rural and combined settings as there is a general lack of services in rural areas. However, analysis of the data revealed no significant differences in how participants responded to case scenarios regarding their assessment of needed services and available services for the children and families depicted.

In looking at ranking of importance for various interventions, there were some differences between respondents identified as working in urban, versus rural, versus urban and rural settings. For example, Table 12 (below) suggests that rural respondents may be more likely than the other two groups to endorse removal of the child as the most important intervention (29 per cent compared to 22 per cent in combined setting and 17 per cent in urban areas). Further, 50 per cent of respondents in rural settings indicated that punishment of the perpetrator was the least important intervention, suggesting a particularly non-punitive approach to violence against children in rural areas. However, the three groups were similar in terms of the relative importance put on either education or counselling (two family-support oriented interventions) with 80 per cent of urban respondents endorsing one or the other of these as 'most important', 77 per cent of rural respondents indicating the same, and 70 per cent of respondents in mixed settings selecting one or the other of these as 'most important'.

**Table 12: Ranking of importance for possible interventions by geographic location**

	Most important	2 <sup>nd</sup> Most important	3 <sup>rd</sup> Most important	Least important
Intervention	%	%	%	%
<b>Education<sup>a</sup></b>				
Urban	40	35	11	14
Rural	31	30	22	17
Both	22	29	18	29
<b>Counselling<sup>b</sup></b>				
Urban	40	44	13	4
Rural	46	38	10	6
Both	48	39	7	4
<b>Punishment of perpetrator<sup>c</sup></b>				
Urban	6	13	43	37
Rural	6	16	29	50
Both	7	13	45	33
<b>Removal of child<sup>d</sup></b>				
Urban	17	9	31	43
Rural	29	13	32	26
Both	22	19	27	31

Most of the country campaigns are done in urban areas where a greater number of beneficiaries can be reached. In addition to general isolation from basic services available in urban areas, people from rural areas need to cover greater distances to reach schools, hospitals, police, social services, etc.:

*In rural areas it is generally perceived that violence is harder to identify and there are fewer mechanisms for follow up, while in cities some things are more accessible (posters, information, institutions...).*

–Respondent from Bosnia and Herzegovina

It is also believed that in many communities (particularly rural) families remain male-dominated, and as a result it is less likely that wives, mothers or female relatives would report violent behaviours against themselves and against their children. It remains common for:

*Family affairs to be kept behind closed doors.*

–Respondent from Serbia

The lack of support services is especially noticeable in rural areas. Even where the services exist, their capacities are insufficient to provide services for all those in need.

*If a commune does not treat each case of violence against children, this is because the access of service providers (either public or private, and NGOs) is very limited. Communes cannot engage all potential stakeholders as they are engaged by municipalities, so they will still refer the cases to CPUs in the municipality level.*

–Respondent from Albania

Generally, the study results indicate that there are many perceptions about rural ‘attitudes’ that may be more based on stereotyping than real characteristics. Due to the limitations imposed by the data collection we may not have an accurate picture of the real differences between rural and urban settings. For example, statistically it would appear that rural area providers are more likely to support removal from the home as an intervention, but the context for this is unclear. It may be because there is more access to institutional support in that area, or that poverty concerns are so large as to make an out-of-home placement a more supportive option. It may also be the case that rather than being socially isolated, smaller communities may have a stronger sense of social support and solve problems more informally than their urban counterparts. Again, these are all possible interpretations of the data that would require a more in-depth exploration in future research projects.

## CONCLUSION

A child protection system requires a set of laws, policies, regulations and services across social sectors – especially social welfare, education, health, security and justice – to support prevention and response to protection related risks. These systems are part of social protection, and extend beyond it. The purpose of the present study was to develop a better understanding of where the systems experience challenges in identifying, reporting and responding to violence against children.

Although several structures and sectoral policies have been put in place within each country as part of the response to violence against children, a harmonized comprehensive cross-sectoral policy is not yet in place within each country that would effectively address challenges currently being experienced by professionals from all of the sectors involved. There is a relatively new and comprehensive legislative basis for responding to cases of violence against children.

What continues to be required are organizations that are equipped with complete legislation, structural mechanisms, and sufficient human and financial resources to enable them to both monitor and improve the situation of violence against children. Therefore, when professionals such as nurses, doctors, social workers,

and teachers identify a suspected case of violence against children, they may be expected (irrespective of legal obligations) to report their suspicions to the authorities and to know how to respond appropriately (either to refer or provide direct services). A well-defined system of case management wherein professionals within each sector should be able to clearly articulate the trajectory for a case through the system from each point of entry is necessary. To be effective, reporting structures must always be matched with equally well-developed structures for protection, support and treatment for children and families. For example, potentially new methods of service delivery provide opportunities for service improvements, such as the potential to increase early identification and reporting practices through annual school-based medical check-ups in Serbia and hospital based child protection centres in Turkey designed to prevent secondary victimization of children through specialized interview, assessment, and reporting services.

The findings so far have pointed towards an inequality in distribution of services across the countries (urban and rural settings) as well as a need to strengthen the existing services through enhancing human capacities, financial resources and evaluative strategies to ensure that the most effective interventions are the ones being expanded upon. However, an emphasis on creating services would be secondary to developing clear practices of identification and reporting.

## Strengths of current child protection system

The current child protection system in all four countries has several strengths which should be taken into account when developing and implementing recommendations for improvement, including the following:

- There is a general consensus among service providers that violence against children should be defined broadly to consider not only physical and sexual violence but also more subtle forms of violence such as emotional abuse and neglect.
- Each country has a relatively new and comprehensive legislative basis (including appropriate laws, national action plans and sector specific protocols) for responding to cases of violence against children.
- Although problems related to staff policies were noted in the interviews, it was observed that professionals within each country and across sectors are motivated to find creative ways to overcome the challenges within their respective systems. These informal practices can bring about significant improvements to the system if they are monitored, assessed, and appreciated.
- The best interests of the child continue to be presented as paramount by all professionals involved, in particular the recognition that the system, if not operating properly, may run the risk of becoming a secondary source of victimization for children and families.

## Challenges within the current system

The study identified the following as the main challenges within the child protection system as they pertain to the three main research areas:

### Identification, reporting and recording of cases of violence against children

- *Social acceptance:*  
The social acceptance of violence against children is a major barrier to any potential reform efforts as it makes the problem less visible and more difficult to deal with.
- *Lack of standardization of what constitutes abuse and intervention:*  
Service providers use different and subjective criteria and guidelines in defining their own responsibilities for identifying and responding to cases of violence against children. This results in lack of standardized services for child victims of violence and makes it difficult to monitor staff performance.



- *Complicated reporting mechanism:*  
The fact that reporting of cases of violence against children can be made to several Government authorities simultaneously (including the police and social services), the lack of public awareness about these authorities and concerns about how the case will be handled after reporting lead to the low percentage of cases being reported.
- *Lack of an effective recording system:*  
Different institutions have different recording systems and this prevents inter-agency comparisons and follow-up with the child among service providers. Neither are these systems conducive to aggregate data on violence against children to inform national policies and programmes.
- *Non-regulated information sharing:*  
The only criteria for information sharing between organizations is a vague principle of confidentiality and this cannot ensure that inter-agency information sharing practices comply with children's best interests.

#### **Referral of cases, sufficiency of services and follow-up**

- *Lack of guidelines for professionals:*  
As in identification and reporting processes, guidelines available for professionals vary (as does interpretation of such guidelines) in relation to referral of and follow-up with cases of violence against children.
- *Lack of services:*  
The lack of intervention services with adequate infrastructure for child victims of violence can be seen as a challenge within each country. This may also have a negative impact on the practice of reporting such cases if there is a perception that reporting a case will not prove helpful to a child because of the current state of the system. There is also a belief among some that specialized intervention services (such as counselling) should be offered within every sector/service, however this would likely result in further fragmentation of the service system. Having one service designated to provide such intervention would be preferable.
- *Poor service coordination:*  
There is a lack of an effective mechanism to ensure multi-disciplinary and inter-agency coordination in planning, decision-making, implementation and monitoring at all levels.

#### **Staff training and supervision, monitoring and complaint mechanisms**

- *Lack of staff specialization:*  
The lack of courses on violence against children in the undergraduate education curricula and institutionalized, systematic and regular pre- and in-service training for professionals working with children is a major barrier for staff specialization. Absence of regular in-service training, training materials, and guidelines also inhibit effective implementation of the legislation and policy changes. This lack of training may be directly linked to challenges related to identification and reporting practices.
- *Ineffective internal and external monitoring mechanisms:*  
These practices are still in developing stages in each of the countries and until more basic infrastructures for identification and reporting are implemented, they will continue to be underdeveloped areas. Part of an effective system will require clear indicators for evaluation (such as standards for professionals and job descriptions, guidelines for identification and intervention, and mechanisms for monitoring staff performance).

As this research has shown, the systemic response to violence against children in the South East Europe region continues to require attention and resourcing if it is to be at the level of desired responsiveness. In particular, this study was designed to investigate how a case of violence against a child would proceed through the system from identification to intervention; however what was clear is that these cases are

not yet making their way effectively *through* the system. The process appears to be limited by the most important aspect of a system, the point of entry.

A number of promising initiatives, in each of the four countries, as well as the growing experience of service providers, provide hope for future directions. In particular, there are some informal aspects of the system that are working in small areas and formalization is the next step to embedding these effective practices across the system in a standardized manner. For example:

- Albania has recently established municipal/commune Child Protection Units (CPUs) as a method of service provision in identification, referral, reporting, and monitoring of cases of violence against children.
- BiH used a system of monitoring, data collection and analysis to look at cases of violence against children and as a result of this work made changes to the criminal law in regards to how perpetrators of are addressed.
- Serbia developed a General Protocol for the Protection of Children from Abuse and Neglect in 2005 and went on to develop specialized, sector-specific (e.g., health, education, police/justice) protocols to improve responsiveness.
- Turkey has focused on family care and support by increasing access to prenatal and postnatal services and home visiting programmes as a mechanism of early intervention and prevention.

The capacity of the response system needs to be enhanced and supported at all levels with strategic resources, including high quality trainings and sustainable funding. The general acceptance of certain types of violence, such as in the context of child discipline, will need to be challenged vigorously and persistently in order not to undermine the promising developments currently underway in the system. This is most likely to be achieved through the use of public education campaigns. As societal attitudes and organizational practices begin to shift, the response system can also develop and become more experienced, ensuring the best possible responsiveness to cases of violence.

For many countries, the absence of a comprehensive child protection policy is a fundamental challenge to the development of a mechanism for accountability. An example of an accountability system can be found in the Canadian Child Protection system which through legislation empowered a particular child protection organization (Children's Aid Society) with a mandate to intervene even on an involuntary basis in all cases of suspected abuse or neglect. The legislation provides all sectors (Health, Education, Police etc.) as well as the general public, with a duty to report suspected child abuse and neglect and outlines the criteria to determine whether or not a child might be considered 'in need of protection'. The Children's Aid Society (CAS) then receives all reports of suspected abuse and neglect and is responsible for investigating them as well as providing the options for protective services (including any necessary out-of-home care). The CAS works closely with other professional service providers responsible for children's mental health (such as psychologists and social workers) to provide ongoing intervention or treatment after immediate child safety concerns have been addressed.

There are two main approaches to a child protection system that countries may choose to adopt: A Child Protection Model, or a Family Support Model.

A Child Protection Model (e.g., Canada, USA and Australia) has a remedial focus with families becoming eligible for services only after maltreatment has occurred or when there is a significant risk of maltreatment. It is characterized by:

- Individual focus—maltreatment usually framed in terms of parental deficits.
- Investigative approach gathering evidence to substantiate maltreatment, identify perpetrator(s) and take corrective action.
- Intervention focuses on preventing recurrence of maltreatment and risk assessment/risk reduction.

- Separate system from supportive/voluntary services; stigma for service users.
- Usually embedded within a residual approach to social policy.

A Family Support Model (e.g., Sweden, New Zealand) is one that has a preventive focus, wherein eligibility for services is based on the notion that a child might 'fare badly' and is housed within a philosophy that the welfare of children is the responsibility of families, community and society. Characteristics of this model are:

- Holistic assessment of family needs required to promote healthy development and wellbeing (example, health visiting programmes).
- Intervention focuses on supporting families to care for their children, and may address structural factors.
- No separation between services to support families and protect children.
- Often part of an institutional approach to social policy.

The choice of these frameworks within countries is often influenced by:

- Dominant beliefs about the root causes of child maltreatment;
- Accepted definitions of abuse and neglect (VAC);
- Ideology about the role of the State intervention in the private sphere of families;
- Importance ascribed to primary prevention/public health;
- Level of integration of protection services into a broader range of services for children and families (and availability of such services);
- Available resources (human and financial) to support the system.

While this study was exploratory, the results suggest a number of actionable areas for change within each of the four participating countries, with an emphasis on the family support orientation of service providers towards intervening in cases of violence against children rather than a more punitive approach, evidenced by the strong importance attached to education and counselling versus punishment. This is important for future policy development within countries, suggesting that emphasis should be put on resources for prevention and amelioration (such as public education, public health home visiting programmes and counselling services) rather than models based on reactive or remedial interventions that emphasize punishment of the perpetrator, removal of the child, etc.. Models that emphasize family support offer an opportunity to protect children (and their families) from violence before it happens.

## RECOMMENDATIONS

In conclusion, the study identified several actionable areas for social change in the service response to violence against children:

### 1. Develop pathways for accountability

Administration and enforcement of policy continue to be the main issue of concern within all of the countries. The governmental bodies responsible for the implementation of all policy directions dealing with violence against children should be clearly identified, and made independent, influential and with clear roles and responsibilities and have funding available to administer measures and changes foreseen for all national and local stakeholders. Without adequate resourcing for accountability, gaps in implementation will continue to challenge the system.

Budget planning at the organizational/institutional level should consider legal provisions for the implementation of measures for identification, reporting and response to violence. All institutions should plan within their

annual budgets the resources needed for the implementation of all legal measures and acquire material resources as prescribed by law. In-service training should be organized regularly to enhance knowledge and skills among professionals to build capacity to adequately respond to cases of violence against children.

A critical component of any accountability system /monitoring and evaluation attempt is access to accurate and timely data. There is a need to establish a consistent mechanism for data recording and collection along with an information-sharing system to provide the tools necessary for acknowledging trends and illustrating systemic issues as they arise.

## **2. Improve referral mechanisms and inter-sectoral communication/ collaboration**

Referral mechanisms require clear instructions on the roles and responsibilities and capacities needed within and between institutions. Collaboration between sectors remains a challenge, largely due to a lack of human, practical and financial resources to facilitate these connections. However, regulation of the exchange of data on individual cases and obligatory cross-sectoral cooperation and provision of feedback between police, social protection, health care and other stakeholders are necessary for continuous improvements in service delivery and resource optimization.<sup>5</sup>

## **3. Build public/community awareness of the issues of violence against children**

Education and training to change public (especially media) and professional perceptions of violence against children and responses to it are missing to support systemic change and promote early intervention and prevention efforts. In particular, results of both the quantitative and qualitative studies suggest that campaigns aimed at changing societal attitudes towards the use of physical punishment in the home and school settings may be required as an important first step in the prevention and identification of cases of maltreatment.

## **4. Improve service availability and capacity for child victims and families**

Available services are a major concern in every country, with specialized programmes and sustainable funding at the heart of the issue. In some cases specialized (sometimes sector specific, such as for judges) training programmes for professionals were highlighted. The current capacity within institutions responsible for social and child protection (such as centres for social work, where they exist within countries) is not sufficient to deliver all the services that are under the centres' responsibilities. The centres lack personnel, particularly psychologists and social workers, and in many cases the status of these is considered socially low and limits their effective impact. In addition, further work needs to be done in informing professionals about all legal documents and instruments to be used in practice for addressing cases of violence against children.

## **5. Evaluation and expansion of promising practices**

A number of prevention and intervention initiatives within all of the countries have been highlighted as promising. However, there is still a lack of evaluation of many of these programmes in order to determine which programmes would be the most appropriate to resource for further expansion.

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<sup>5</sup> [http://www.coe.int/t/dg3/children/news/guidelines/adoption\\_guidelines\\_EN.asp](http://www.coe.int/t/dg3/children/news/guidelines/adoption_guidelines_EN.asp), accessed July 2012.

## APPENDICES

### *Appendix A - Semi-Structured Interview Guide for Key Informants (Administrators/Policy/Decision Makers)*

A note for the interviewer:

- Explain the purpose of the interview:
  - **to get a better understanding of how violence against children (VAC) is currently identified, documented, and reported within each country context.. This information will help to better inform governmental policies and programs.**
- Explain that the questions do not require "specific case" information, just general information on recorded cases and different mechanisms that are in place to help professionals and service providers in identifying and reporting signs of violence against children.

**Introductory script:** *Thank you for coming today. We are trying to better understand the way in which the issue of violence against children is addressed within your agency/organization and/or your community.*

First we would like to collect some general demographic information:

1. Gender 1  Male 2  Female
  
2. Please identify the sector that you are currently working in:
  - 1  Education
  - 2  Health care
  - 3  Social welfare/protection
  - 4  Interior/police
  - 5  Justice (judiciary)
  - 6  Justice (prosecutor)
  - 7  NGO
  
3. Please check which of the following is the status of your agency/institution/service:
  - 1  Government
  - 2  Non-Government
  
4. Please identify the area your agency/organization serves
  - 1  Urban
  - 2  Rural
  - 3  Both
  
5. How many years have you been working in your field/sector?
  - 1  less than one year
  - 2  1-2years
  - 3  3-5years
  - 4  6-10 years
  - 5  More than 10 years
  
6. Please indicate your current position in the agency/institution/service:
  - 1  Government official (decision maker)
  - 2  Director/Supervisor/Practitioner (service delivery)
  
7. What is the highest level of education you have completed?
  - 1  Primary education
  - 2  Secondary education
  - 3  Vocational education
  - 4  Undergraduate University education (up to 5 years)
  - 5  Post-Graduate education (Master of Sciences or Doctoral)
  
8. Please indicate if you have had any **specific training** in any of the following areas (check all that apply):
  - 1  Violence Against Children
  - 2  Sexual abuse

- 3  Physical abuse
- 4  Neglect
- 5  Domestic violence
- 6  Emotional maltreatment
- 7  Crisis intervention
- 8  Risk assessment
- 9  Child development
- 10  Diversity/cultural sensitivity
- 11  Interview techniques
- 12  Safety planning techniques
- 13  Other (related to Violence Against Children): \_\_\_\_\_

*Now we will be asking you a number of questions about your experiences. If you do not understand a question please ask for clarification and I will help you. You do not have to answer any question that you do not wish to answer. Do you have any questions before we begin?*

1. In your opinion, what is violence against children?  
Prompt: How have you learned about violence against children?
2. Tell me what happens when a case of violence against a child is identified in your  
a) neighbourhood/community?  
b) work setting?  
Prompt: What would someone do? What would they be obliged to do? Do you think people would respond differently depending on the type of violence? Can you give me an example?
3. What are the options available for children who are experiencing abuse/violence? (Ex: At school, at home)  
Prompt: Who would they go to for help? Is there a complaint mechanism they can use? Would most children know about these options?
4. What policies and procedures or legislation are in place in your organization/country that guide the work with cases involving violence against children? (Example: Are there specific laws against the abuse of children? Could you provide us with electronic/hard copies of these documents?)
5. Are cases of violence against children documented or tracked at any level? Prompt: Are there certain forms of violence that are more likely to be documented than others? Please explain:
6. . What kind of services/qualified professionals are available to work with children that are victims of violence?  
Prompt: How far would a child need to travel to access such services?
7. How do professionals work together on cases?  
Prompt: Can you describe the mechanisms currently in place to support service cooperation/coordination?
8. Do you know of any best practices/approaches to service delivery with children who have experienced violence? Please describe:
9. What mechanisms for monitoring staff conduct and performance in identifying, documenting and reporting cases of violence against children are in place? (Interviewer: *If not already mentioned above, any documents referred to, request copy*)  
Prompt: How are these implemented in daily practice (e.g. what happens?)
10. Describe any mechanisms ensuring that children within institutional care are treated properly (not abused). (For example: Are there guidelines/protocols/policies in place?)  
Prompt: How are these implemented in daily practice (e.g. what happens?)
11. What complaint mechanisms exist if a case of violence against children or child abuse and neglect is not being handled properly?  
Prompt: Can you explain how to make a complaint? (e.g. what happens?)  
Prompt: How does your National Ombudsman Office responds to issues of violence against children?
12. Are you aware of any changes to the child protection system involving cases of violence against children? How have they changed the way the system identifies and intervenes in such cases? If so, please describe.

13. Can you identify any areas where reforms are needed to improve the child protection system, including the way the system identifies and responds to cases of violence against children?

Prompt: What do you think are the current challenges to changing the system response to cases of violence against children?

14. Please describe any prevention activities or public awareness raising efforts that you know about (locally, nationally) related to violence against children, child rights, and child protection? (*interviewer: please request copies of any documentation referred to*)

15. Do you think there are any particular differences/challenges to this issue depending on whether it occurs in an urban versus a rural setting? Describe.

Prompt: Does your Ministry/Institution have any measures in place to address those differences?

16. Is there anything I haven't asked you today that you think is really important to know about in terms of this research project?

OPTIONAL QUESTION

17. Is there any one in particular that you think I should not miss interviewing? A key individual that you recommend I speak with?

*Closing script: Thank you for taking the time to share your experiences with us.*

## Appendix B - Semi-Structured Interview Guide for Key Informants (Professionals/ Service Providers)

A note for the interviewer:

- Explain the purpose of the interview:
  - **to get a better understanding of how violence against children (VAC) is currently identified, documented, and reported within each country context.. This information will help to better inform governmental policies and programs.**
- Explain that the questions do not require "specific case" information, but covers general information on recorded cases and different mechanisms that are in place to help professionals and service providers in identifying signs of violence in children and for documenting and reporting these cases.

**Introductory script:** *Thank you for coming today. We are trying to better understand the way in which the issue of violence against children is addressed within your agency/organization and/or your community.*

First we would like to collect some general demographic information:

1. Gender  Male  Female
2. Please identify the sector that you are currently working in:
  - 1  Education
  - 2  Health care
  - 3  Social welfare/protection
  - 4  Interior/police
  - 5  Justice (judiciary)
  - 6  Justice (prosecutor)
  - 7  NGO
3. Please check which of the following is the status of your agency/institution/service:
  - 1  Government
  - 2  Non-Government
4. Please identify the area your agency/organization serves
  - 1  Urban
  - 2  Rural
  - 3  Both
5. How many years have you been working in your field/sector?
  - 1  less than one year
  - 2  1-2years
  - 3  3-5years
  - 4  6-10 years
  - 5  More than 10 years
6. Please indicate your current position in the agency/institution/service:
  - 1  Government official (decision maker)
  - 2  Director/Supervisor/Practitioner (service delivery)
7. What is the highest level of education you have completed?
  - 1  Primary education
  - 2  Secondary education
  - 3  Vocational education
  - 4  Undergraduate University education (up to 5 years)
  - 5  Post-Graduate education (Master of Sciences or Doctoral)
8. Please indicate if you have had any **specific training** in any of the following areas (check all that apply):
  - 1  Violence Against Children
  - 2  Sexual abuse



- 3  Physical abuse
- 4  Neglect
- 5  Domestic violence
- 6  Emotional maltreatment
- 7  Crisis intervention
- 8  Risk assessment
- 9  Child development
- 10  Diversity/cultural sensitivity
- 11  Interview techniques
- 12  Safety planning techniques
- 13  Other (related to Violence Against Children): \_\_\_\_\_

*Now we will be asking you a number of questions about your experiences. If you do not understand a question please ask for clarification and I will help you. You do not have to answer any question that you do not wish to answer. Do you have any questions before we begin?*

1. In your opinion, what is violence against children?  
Prompt: How have you learned about violence against children?
2. What kind of guidance/training on violence against children is provided to organization/institution staff? Please describe:
3. Are there specific laws against the abuse of children?
4. In your work, what sort of violence against children cases do you encounter?
5. Tell me what happens when a case of violence against a child is identified in your neighbourhood/community?  
Prompt: Who would someone call to report a situation involving violence against a child?
6. Tell me what happens when a case of violence against a child is identified/reported in your work setting?  
Prompt: Who would typically report cases?  
What would be a typical case of violence against children?
7. What are the options available for children who are experiencing abuse/violence? (Example: At school, at home)  
Prompt: Who would they go to for help? Is there a complaint mechanism they can use? Would most children know about these options?
8. Can you describe the process of managing a case of violence against children?  
Prompts: Who would investigate a report of violence against children?  
What happens next? Does it need to be documented? Is there a particular form that is required? By whom and to whom does that report get sent? Who reads it, keeps it? Are there regulations around how information is shared between organizations? How is confidentiality ensured?  
Is there a difference in the approach based on the type of violence being investigated? Who makes the decisions regarding the above?
9. How would the child be approached/interacted with in these situations?  
Prompt: What would you discuss with the child?
10. How would the family be approached/interacted with in these situations?  
Prompt: What would you discuss with the family?
11. How would the person who committed the violence against the child be approached?  
Prompt: What if the offender was a child?
12. If required, to whom would the case be referred? When would you make the referral?
13. What kind of feedback or follow up happens after a report is made? (either with the individual who made the report or with the individual you have referred the case to)

14. Do you have any specific guidelines or protocols in your organization/institution that you must follow as it relates to cooperation/coordination and referral of cases of violence against children for outside intervention? Please describe (*and provide if available*):
15. What kind of services/qualified professionals are available to work with children that are victims of violence?  
Prompt: If no local service available, how far would a child need to travel to reach such services?
16. Are those services coordinated with each other?  
Prompt: Do professionals work together on cases? Why do you think this happens this way?  
Prompt: Can you describe any mechanisms currently in place to support service cooperation/coordination?
17. Do you know of any best practices/approaches to service delivery with children who have experienced violence/abuse? Please describe:
18. What mechanisms (internal or external to your organization/institution) for monitoring staff conduct and performance in identifying, documenting and reporting cases of violence against children are in place? (*if not already mentioned above, any documents referred to, request copy*)  
Prompt: How are these implemented in daily practice (e.g. what happens?)
19. Are there any guidelines in your organization/institution for monitoring that staff are treating children properly and not committing abuse/violence against children?  
Prompt: How are these implemented in daily practice (e.g. what happens?)
20. External to your organization/institution, can you describe any complaint mechanisms that exist if a case of violence against children not being handled properly?  
Prompt: Can you explain how to make a complaint? (e.g. what happens?)  
Prompt: How does your National Ombudsman Office responds to issues of violence against children?
21. Does your institution/organization participate in any prevention activities or public awareness raising efforts related to violence against children, child rights, and child protection? If yes, please describe:
22. Are you aware of any changes to the child protection system involving cases of violence against children? How have they changed the way the system identifies and intervenes in such cases? If so, please describe.
23. Can you identify any areas where reforms are needed to improve the child protection system, including the way the system identifies and responds to cases of violence against children?  
Prompt: What do you think are the current challenges to changing the system response to cases of violence against children?
24. Do you think there are any particular differences/challenges to this issue depending on whether it occurs in an urban versus a rural setting? Describe.  
Prompt: Does your Organization/Institution have any measures in place to address those differences?
25. Is there anything I haven't asked you about today that you think is really important to know about in terms of this research project?

*Closing script: Thank you for taking the time to share your experiences with us.*

### Appendix C - Self-Report Survey for Practitioners Semi-Structured Interview Guide for Key Informants (Professionals/ Service Providers)

#### TO BE COMPLETED BY THE RESEARCHER

Researcher ID \_\_\_\_\_

Institution \_\_\_\_\_

Region/Administrative Division \_\_\_\_\_

1  Urban 2  Rural 3  Both

Thank you for taking the time to complete this survey to help us understand the issue of responding to violence against children in your organization/institution.

This information is confidential and you will not be identified in the study report or within your organization/institution. **Please check the appropriate box to indicate your response.**

The UN Study on Violence against Children (2010) defines violence against children through reference to article 19 of the Convention on the Rights of the Child: “**all forms of physical or mental violence, injury and abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse**”. It also draws on the definition in the *World Report on Violence and Health* (2002): “**the intentional use of physical force or power, threatened or actual, against a child, by an individual or group, that either results in or has a high likelihood of resulting in actual or potential harm to the child’s health, survival, development or dignity.**”

#### DEMOGRAPHIC INFORMATION

1. Gender 1  Male 2  Female
2. Please identify the sector that you are currently working in:
  - 1  Education
  - 2  Health care
  - 3  Social welfare/protection
  - 4  Interior/police
  - 5  Justice (judiciary)
  - 6  Justice (prosecutor)
  - 7  NGO
3. Please check which of the following is the status of your agency/institution/service:
  - 1  Government
  - 2  Non-Government
4. Please identify the area your agency/organization serves
  - 1  Urban
  - 2  Rural
  - 3  Both
5. How many years have you been working in your field/sector?
  - 1  less than one year
  - 2  1-2years
  - 3  3-5years
  - 4  6-10 years
  - 5  More than 10 years
6. Please indicate your current position in the agency/institution/service:
  - 1  Government official (decision maker)
  - 2  Director/Supervisor/Practitioner (service delivery)
7. What is the highest level of education you have completed?
  - 1  Primary education
  - 2  Secondary education
  - 3  Vocational education
  - 4  Undergraduate University education (up to 5 years)
  - 5  Post-Graduate education (Master of Sciences or Doctoral)
8. Please indicate if you have had any **specific training** in any of the following areas (check all that apply):
  - 1  Violence Against Children
  - 2  Sexual abuse

- 3  Physical abuse
- 4  Neglect
- 5  Domestic violence
- 6  Emotional maltreatment
- 7  Crisis intervention
- 8  Risk assessment
- 9  Child development
- 10  Diversity/cultural sensitivity
- 11  Interview techniques
- 12  Safety planning techniques
- 13  Other (related to Violence Against Children): \_\_\_\_\_

**IDENTIFICATION OF CASES OF VIOLENCE AGAINST CHILDREN**

*I would like to ask you some questions about your encounters with situations of violence against children in your work. When I use the term child I am referring to any person between 0-18 years of age.*

9. Is information about cases of violence against children that you encounter formally documented by your organization/institution?
- 0  No
  - 1  Yes
  - 2  Do not know
10. Are you required by any legislation or regulations to **report (to another authority)** cases of violence against children and child abuse and neglect that you encounter?
- 0  No
  - 1  Yes
  - 2  Do not know
11. Do you have any specific guidelines or protocols in your organization/institution that you must follow as it relates to managing cases of violence against children that you encounter?
- 0-  No
  - 1-  Yes
  - 2-  Do not know

**Please indicate whether you agree or disagree with the following statements:**

12. What is important when working with families who maltreat/abuse their children? **Please rank in order of importance (Using 1 to indicate most important and 4 not important):**

- education
- punishment
- counseling
- removal of child from family

13. In interventions with cases of violence against children, poor families are discriminated against.

- 1  Strongly Disagree
- 2  Disagree
- 3  Agree
- 4  Strongly Agree
- 5  Don't Know

14. Please indicate which forms of punishment are acceptable as a form of discipline for children (**check all that apply**):

- 1  Spanking (on buttocks)
- 2  Slapping/Smacking (on face)
- 3  Slapping/Smacking (on hands)
- 4  Shaming, humiliation (teaching a lesson, making feel guilty)
- 5  Shaking
- 6  Isolation (stand in corner, go to your room)
- 7  Ear or Hair pulling
- 8  Ignoring (stop speaking to child)
- 9  Removing rewards (no TV etc.)
- 10  Taking away food (no dinner until tomorrow)

**Please read the following 6 case scenarios and answer the questions provided:**

15. "John" aged seven, has just started learning to read in school. One night when John's father is helping him with his reading homework, John loses focus and makes a mistake. John's father, frustrated with the boy's lack of attention, hits him hard on the back of the head with his reading book. John starts to cry. "Maybe now you will pay more attention", says John's father. The action leaves a small lump on the back of John's head, which is tender the next day.

- 15a) Based on the information provided, how serious is the incident described?
- 1  Extremely serious
  - 2  Very serious
  - 3  Somewhat serious
  - 4  Not very serious
  - 5  Not at all serious
- 15b) In your professional judgement, does this incident constitute physical abuse?
- 1  Yes, definitely
  - 2  Yes, probably
  - 3  No, probably not
  - 4  No, definitely not
- 15c) Based on your understanding, are you required by law / policies in your organization to report this incident to the authorities?
- 1  Definitely required to report
  - 2  Probably required to report
  - 3  Probably not required to report
  - 4  Definitely not required to report
- 15d) Do you think that reporting this incident to the authorities would be helpful to this child?
- 1  Yes, definitely
  - 2  Yes, probably
  - 3  No, probably not
  - 4  No, definitely not
- 15e) Overall, how likely would you be to report this case to the authorities?
- 1  Almost certain to report
  - 2  Very likely to report
  - 3  Somewhat likely
  - 4  Somewhat unlikely
  - 5  Very unlikely to report
- 15f) Would you consider referring this family for additional supportive services?
- 1  No, not required
  - 2  Yes, however, services are not available
  - 3  Yes, to the following services
- 15g) (**check all that apply**):
- 1  Family counseling/support
  - 2  Individual child counseling/support
  - 3  Individual parent counseling/support

16. "Mrs. Smith" teaches a [grade five class]. Her students are particularly excited at school one day as there is a school concert happening that afternoon. Two girls sitting in the back of the class start giggling while Mrs. Smith is talking, whispering back and forth. She asks them to come up to the front of the class. With her ruler, she strikes the palms of both girls three times. "No more talking" she says and sends the girls back to their seats.

- 16a) Based on the information provided, how serious is the incident described?

- 1  Extremely serious
  - 2  Very serious
  - 3  Somewhat serious
  - 4  Not very serious
  - 5  Not at all serious
- 16b) In your professional judgement, does this incident constitute abuse?
- 1  Yes, definitely
  - 2  Yes, probably
  - 3  No, probably not
  - 4  No, definitely not
- 16c) Based on your understanding, are you required by law / policies in your organization to report this incident to the authorities?
- 1  Definitely required to report
  - 2  Probably required to report
  - 3  Probably not required to report
  - 4  Definitely not required to report
- 16d) Do you think that reporting this incident to the authorities would be helpful to these children?
- 1  Yes, definitely
  - 2  Yes, probably
  - 3  No, probably not
  - 4  No, definitely not
- 16e) Overall, how likely would you be to report this case to the authorities?
- 1  Almost certain to report
  - 2  Very likely to report
  - 3  Somewhat likely
  - 4  Somewhat unlikely
  - 5  Very unlikely to report
- 16f) Would you consider referring this family for additional supportive services?
- 1  No, not required
  - 2  Yes, however, services are not available
  - 3  Yes, to the following services

17. *“Lydia” is a fourteen year old girl who lives with her mother, father, and two younger brothers. Lydia watches her brothers after school while her parents are at work. One day, her uncle, “Mr. Jones” stops by the house to see Lydia’s father. When Lydia says her parents are not yet home, her uncle asks if he could wait and have a drink. She takes him down the hallway to the kitchen, but before they get there he pushes her against the wall and touches her breasts. Lydia’s brothers are playing in the next room.*

- 17a) Based on the information provided, how serious is the incident described?
- 1  Extremely serious
  - 2  Very serious
  - 3  Somewhat serious
  - 4  Not very serious
  - 5  Not at all serious
- 17b) In your professional judgement, does this incident constitute sexual abuse?
- 1  Yes, definitely
  - 2  Yes, probably
  - 3  No, probably not
  - 4  No, definitely not

- 17c) Based on your understanding, are you required by law / policies in your organization to report this incident to the authorities?
- 1  Definitely required to report
  - 2  Probably required to report
  - 3  Probably not required to report
  - 4  Definitely not required to report
- 17d) Do you think that reporting this incident to the authorities would be helpful to this child?
- 1  Yes, definitely
  - 2  Yes, probably
  - 3  No, probably not
  - 4  No, definitely not
- 17e) Overall, all things considered, how likely would you be to report this case to the authorities?
- 1  Almost certain to report
  - 2  Very likely to report
  - 3  Somewhat likely
  - 4  Somewhat unlikely
  - 5  Very unlikely to report
- 17f) Would you consider referring this family for additional supportive services?
- 1  No, not required
  - 2  Yes, however, services are not available
  - 3  Yes, to the following services

18. *“Jane” is a thirteen year old girl, the oldest of seven siblings. She lives with her parents, grandparents and a multitude of other family members. In total 18 people lived in her household, with none of the adults having a job. At eleven she was sold as a bride, but after one year she was sent back to her family, so her family was forced to pay back the debt to the family of her ex-husband. To help re-pay this debt, Jane’s family sent her to beg in the street. The money she makes goes to support the family debt and as well as her many family members.*

- 18a) Based on the information provided, how serious is the incident described?
- 1  Extremely serious
  - 2  Very serious
  - 3  Somewhat serious
  - 4  Not very serious
  - 5  Not at all serious
- 18b) In your professional judgement, does this incident constitute a form of abuse?
- 1  Yes, definitely
  - 2  Yes, probably
  - 3  No, probably not
  - 4  No, definitely not
- 18c) Based on your understanding, are you required by law / policies in your organization to report this incident to the authorities?
- 1  Definitely required to report
  - 2  Probably required to report
  - 3  Probably not required to report
  - 4  Definitely not required to report
- 18d) Do you think that reporting this incident to the authorities would be helpful to this child?
- 1  Yes, definitely
  - 2  Yes, probably
  - 3  No, probably not
  - 4  No, definitely not

18e) Overall, all things considered, how likely would you be to report this case to the authorities?

- 1  Almost certain to report
- 2  Very likely to report
- 3  Somewhat likely
- 4  Somewhat unlikely
- 5  Very unlikely to report

18f) Would you consider referring this family for additional supportive services?

- 1  No, not required
- 2  Yes, however, services are not available
- 3  Yes, to the following services

19. *“Lucy” is ten months old and lives in institutional care. Her mother left her with family members who could not afford to look after her. Her father’s identity is unknown. Lucy spends most of her day in her crib, lying down. Her bottle is propped in her crib for meals, and she is rarely picked up or held. Her clothes are often dirty and sometimes too thin for the cold air. There are twenty other infants in her room. Lucy sleeps eighteen hours a day. She is quiet and never cries.*

19a) Based on the information provided, how serious is the incident described?

- 1  Extremely serious
- 2  Very serious
- 3  Somewhat serious
- 4  Not very serious
- 5  Not at all serious

19b) In your professional judgement, does this incident constitute neglect?

- 1  Yes, definitely
- 2  Yes, probably
- 3  No, probably not
- 4  No, definitely not

19c) Based on your understanding, are you required by law / policies in your organization to report this incident to the authorities?

- 1  Definitely required to report
- 2  Probably required to report
- 3  Probably not required to report
- 4  Definitely not required to report

19d) Do you think that reporting this incident to the authorities would be helpful to this child?

- 1  Yes, definitely
- 2  Yes, probably
- 3  No, probably not
- 4  No, definitely not

19e) Overall, all things considered, how likely would you be to report this case to the authorities?

- Almost certain to report
- Very likely to report
- Somewhat likely
- Somewhat unlikely
- Very unlikely to report

20. *“Richard” is an eight year old boy who attends the local school. He is slow to learn his letters and numbers and still struggles to do simple math exercises. Most of the kids in Richard’s class call him names like “stupid”, “dummy” and even “retarded”. His teacher, “Mr. Green” often hears the teasing but does nothing to stop it. Sometimes he laughs with the other kids. One day Mr. Green tells Richard that he is so far behind the rest of the*



group that he should go back to kindergarten room where he will be with children of his own level. The class laughs loudly, and Richard begins to cry. "Don't be such a baby"

- 20a) Based on the information provided, how serious is the incident described?
- 1  Extremely serious
  - 2  Very serious
  - 3  Somewhat serious
  - 4  Not very serious
  - 5  Not at all serious
- 20b) In your professional judgement, does this incident constitute emotional/psychological abuse?
- 1  Yes, definitely
  - 2  Yes, probably
  - 3  No, probably not
  - 4  No, definitely not
- 20c) Based on your understanding, are you required by law / policies in your organization to report this incident to the authorities?
- 1  Definitely required to report
  - 2  Probably required to report
  - 3  Probably not required to report
  - 4  Definitely not required to report
- 20d) Do you think that reporting this incident to the authorities would be helpful to this child?
- 1  Yes, definitely
  - 2  Yes, probably
  - 3  No, probably not
  - 4  No, definitely not
- 20e) Overall, all things considered, how likely would you be to report this case to the authorities?
- 1  Almost certain to report
  - 2  Very likely to report
  - 3  Somewhat likely
  - 4  Somewhat unlikely
  - 5  Very unlikely to report

#### REFERRAL OF CASES, SUFFICIENCY OF SERVICES, AND FOLLOW-UP ON THE REFERRALS

*I would like to ask you some questions about how you respond to cases of violence against children, and referrals your organization/institution makes in such cases.*

21. Do you refer children and their parents in such cases for outside intervention or support?
- 0  Yes
  - 1  No, service is not available
  - 2  Service is available but not good quality (e.g. previous bad experience)
  - 3  Intervention and support is often not necessary
22. When cases of violence against children are identified by your organization/institution, what cooperation/coordination mechanisms do you use to respond to these cases:
- 22a. Meetings among your own staff to discuss cases 0  No 1  Yes
  - 22b. Cooperation/Coordination with the police on cases 0  No 1  Yes
  - 22c. Cooperation/Coordination with doctors on cases 0  No 1  Yes
  - 22d. Cooperation/Coordination with school directors and teachers on cases 0  No 1  Yes
  - 22e. Cooperation/Coordination with social workers on cases 0  No 1  Yes
  - 22f. Cooperation/Coordination with child protection agencies on cases 0  No 1  Yes
  - 22g. Cooperation/Coordination with NGOs working on children's issues 0  No 1  Yes
  - 22h. Cooperation/Coordination with the judiciary on cases 0  No 1  Yes

22i. Cooperation/Coordination with the prosecutor on cases

0  No 1  Yes

23. Do you have any specific internal guidelines or protocols in your professional community that you must follow as it relates to cooperation/coordination and referral of cases of violence against children for outside intervention?

- 0  No  
1  Yes  
2  Do not know

24. Is coordination on cases of violence against children required by any legislation or regulation?

- 0  No  
1  Yes  
2  Do not know

25. Does your organization/institution continue to follow-up **with a child or their family** after you have referred them for outside intervention/ support; that is, to check for continued violence, abuse or neglect and the status of the child's well-being?

- 0  No  
1  Yes  
2  Do not know

26. Does your organization/institution also follow-up **with the agencies/institutions** to which you referred the child for outside intervention/support to check on the status of the child's case and the child's well-being?

- 0  No  
1  Yes  
2  Do not know

#### MONITORING, EVALUATION, AND COMPLAINT MECHANISMS BY STATE AND NON-STATE SYSTEMS

*I would like to ask you some final questions about processes for monitoring and evaluation of cases of violence against children.*

27. Are there any guidelines in your organization/institution for monitoring staff conduct and performance in identifying, documenting, and reporting cases of violence against children?

- 0  No  
1  Yes  
2  Do not know

28. Are there any guidelines in your organization/institution for monitoring that staff are treating children properly, and not abusing children?

- 0  No  
1  Yes  
2  Do not know

29. If you witness another staff member committing violence/abuse against a child, are you required to report that to a supervisor or the organization/institution director?

- 0  No  
1  Yes  
2  Do not know

30. Is there any official legislation or regulation to report such incidences of violence/abuse against a child within your institution/organization to government authorities?

- 0  No  
1  Yes (and mechanisms are in place to do this)  
2  Yes (however, no mechanisms are in place to do this)  
3  Do not know

31. Is there a mechanism for a staff to make a complaint about another staff to the appropriate government authority without notifying their supervisor/director?

- 0  No  
1  Yes  
2  Do not know

32. If a case of violence against children is not being handled properly within an organization/institution which of the following complaint mechanisms are available to you?

Internal Complaint Process (within a specific organization/institution)

This process is usually  Effective  Not Effective

External Complaint Process (government authority, Ombudsman's office, etc.)

This process is usually  Effective  Not Effective

No complaint mechanism in place

33. Is there anything else we haven't asked you about that you think it is important the researchers know about concerning your organization/institution/region/country response to cases involving violence against children?





