



WP4



BECAN Project

“Balkan Epidemiological Study
on Child Abuse and Neglect”

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Collaborative Project



University Clinic of Psychiatry,
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CASE-BASED SURVEILLANCE STUDY (CBSS): REPORT OF THE FYR of MACEDONIA

In the context of Achievement 4.2: “Incidence rates of reported and/or detected CAN cases, types of CAN and socio-demographic characteristics of families, in 9 Balkan countries” & Achievement 5.4: “Ten Reports of the researches results (9 National and 1 Balkan)” for the preparation of Deliverable 4.2: “Report on Incidence rates (on national and Balkan level) of reported CAN cases”

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Topic: Child abuse and neglect (CAN) constitutes a complex public health problem caused by numerous factors related to individual, family and community characteristics. CAN occur across all social, cultural, religious and ethnic population-groups, resulting in immediate and long-term social, health and financial consequences.

Despite the importance of the problem, however, accurate estimates of its extent and characteristics in the general population are difficult to achieve because of the silence that surrounds maltreatment cases because of shame, social stigma and the consequent criminal liability leading to CAN underreporting in general and, specifically for FYR of Macedonia, due to the lack of coordinated national CAN monitoring efforts.

Background problem: effective prevention & intervention require knowledge of the size and the characteristics of the problem... In the FYR of Macedonia the prevalence of violence and abuse of children – physical, emotional and sexual as well as deliberate neglect – by parents and other close family members has only begun to be acknowledged. It needs to be documented as mandated by law. In recent times the issue of child abuse and neglect has been brought to the attention of the general public, breaking the silence about violence against children at home, resulting in an increased number of reported cases. Addressing this issue and reflecting it in appropriate national policies and programmes would help children overcome such experiences and lessen the devastating consequences for children's health and well-being.

Currently in the country surveillance of CAN cases made via the Child Protection and Monitoring System which relies on Centers for Social Work needs much improvement and reorganization in order to meet the needs of children suffering violence in their homes, in the streets and in their community. There is still a considerable distance between reported cases and the actual incidence and prevalence of cases of child abuse, the later remaining quite unclear. This results in serious deficiencies in the epidemiological understanding of the phenomenon, obscuring the picture and, thus, decreasing effectiveness of respectful interventions. Even today we face with disparities in definitions utilized by services and professionals in different sectors as well as discrepancies in research and monitoring tools used. As interdisciplinary approaches are necessary (from health, social and legal scientific discourses), implying wide diversities in methodological approaches employed by different disciplines this leads to another known problem, namely, the sometimes occurring, incommensurability of health, social and legal processes employed to address a single CAN case.

Scope of the CBSS was to identify to what extent the current way of CAN surveillance in the FYR of Macedonia is in accordance with the results achieved from the epidemiological study, measuring

all forms of CAN incidence rate, namely the number of children maltreated in a single year, including substantiated, suspected, and unsubstantiated cases based on already existing CAN surveillance practices in the country for a specific time period – year 2010.

Method of data collection & analysis was on the basis of extraction of information which was made by the research team who systematically examined the archives of existing child services (welfare, social and health) previously identified for reported and detected cases of child abuse and neglect in the Extraction Form A (for agencies) and record identified cases in the Extraction Form B (for cases). The data were collected in all institutions that were considered eligible, namely 13 eligible agencies, but those that accepted to open their data sources for our study were reduced to 10 from the respectful geographical areas – North-East, South-West, and Central-South-East. From the archives the researchers selected cases according to the criteria of age (11, 13 and 16) and according to the indicators of CAN.

Important findings:

- The profile of the 10 organizations/agencies included in the survey shows that 2 belong to the health sector, 8 to social welfare sector [7 Centers for Social Work (CSW) and one social institution sheltering children victims of abuse/neglect], dealing with primary, secondary and tertiary prevention, in the respectful areas encompassed in the CBSS and urban-rural population. Routine screening policy is common for 6 of the agencies, and only 2 have special CAN training for personnel, the remaining neither have trained staff for recording cases of CAN, nor have unified recording forms.
- Overall the Child maltreatment incidence rates per form of CAN shows that psychological abuse has the highest rate of 2,52/1000 children, followed by sexual abuse 1,87/1000, neglect is 1,56/1000 children and 1,38/1000 for physical abuse. The overall incidence rate for all forms of CAN is 3, 45/1000 children.
- The leading cause for reporting/identifying cases is neglect, than sexual abuse and physical abuse. Psychological abuse is not a cause for reporting, but it has been later identified.
- In regard to gender distribution the rates of all types of CAN are higher for girls, than for boys, being as twice as more reported to the agencies. The incidence rate for physical violence is from 0,25/1000 – 4,9/1000 children for girls across all ages, for sexual violence is from 0,85/1000 - 5,5/1000 children, for psychological violence is from 0,85/1000 – 6,3/1000 children and for neglect is up to 6,5/1000 children. Although sexual abuse has a higher incidence rate in boys (self-reported in the BECAN epidemiological study) the CBSS shows that sexual abuse of girls is more often reported to the agencies. Girls were reported to the services after having suffered multiple forms of violence versus boys who have been reported after single form of violence. For girls sexual violence is the leading cause of reporting,

followed by psychological violence, physical and neglect. For boys the leading cause for reporting is neglect, followed by physical violence and sexual violence.

- Considering the age, all forms of CAN are more reported in older children (16 years old) than in younger which are in line with the BECAN Epidemiological Study. The incidence rate for all forms of CAN for 16 years old is 5, 7/1000 children, for 13 years old is 4, 9/1000 and for 11 years old is 1, 7/1000 children.
- According to the CAN's substantiation status, psychological abuse has the highest rate of substantiation, but nevertheless the allegation is not being taken solely on the basis of identification of this form of violence, but if followed by other forms, because it needs to be proved. In addition to this, sexual violence has the lowest rate of substantiation, mainly due to the duration of the judicial procedure.
- Concerning different types of abuse physical abuse is reported to the agencies in 43% of cases in form of: slapping/beatings, pushing/kicking/throwing, spanking and grabbing/shaking. Sexual abuse consists 53% of all cases (more in girls) that resulted in completed sexual activity, touching/fondling genitals, followed by noncontact sexual abuse and sexual exploitation. Psychological abuse although widespread is reported as a co-occurring form of abuse such as: terrorization, exploitation, witnessing family violence. Neglect is mostly reported to the agencies in forms of medical neglect, abandonment, educational neglect, physical neglect, etc.
- Three quarters of all reported cases represent multiple forms of CAN. Most of them are combination of Psychological abuse with other forms of abuse/neglect.
- CAN is a serious issue that leads to education-related problems - school drop-out and irregular school attendance, learning disability and specialized education class; behavioral problems – running away, problems in school and at home, negative peer involvement, violent behaviour, criminal involvement (common for boys); self-harming behaviour and inappropriate sexual behaviour (common for girls); substance abuse. Consequences of CAN constitute unspecific syndrome of behavioral, educational and mental health problems.
- Characteristics of families and households of maltreated children are similar according to the type of maltreatment and show that over 60% lived with their siblings, mother, and more than half with father, have financial problems, and some have very low household income and no housing adequacy, in presence of other forms of violence - sibling abuse, elder abuse, intimate partner violence.
- Predominantly there is one perpetrator (except for neglect), whose allegation status is confirmed (except for sexual abuse, where 1/3 are alleged perpetrators), predominantly male (for sexual abuse, followed by physical abuse and psychological abuse), only in cases of neglect there are equal percentages of male and female perpetrators. In ¼ of the cases it is

the father (for physical abuse, neglect and psychological abuse); the mother in 1/5 of cases (for neglect, psychological abuse and physical abuse); and in 1/5 of cases it is a friend (for sexual abuse and psychological abuse). Sexual abuse is perpetrated by a friend, next by the father, and by a stranger.

- Most of the children have two caregivers, but in cases of neglect there is one caregiver. There are more female caregivers (mainly mothers) than male (fathers in 30%). The educational level of caregivers in cases of sexual abuse and neglect is very low; in cases of physical and psychological abuse the educational level is higher; in 1/3 of cases there is a history of substance abuse, disabilities, history of victimization.
- Social services as leading in the field are involved in case assessment of allegation and process of confirmation, next come police services, and legal and judicial services for all forms of maltreatment. The prosecution of abuser by police/judicial services is undertaken in less than half of cases. The care plan for the child in majority of cases is to remain in the family with planned intervention. But almost 20% of children are removed from the family, majority of them are put in Children's Home institutions and less is placed in foster care. The abuser is almost never removed from home.
- Referrals are made to services for victim-support programme, social welfare assistance and family counseling, which provide services to children victim and their families.
- Child related information on the characteristics of the recorded CAN cases show that there is unavailability of information on substance abuse in the family, education related problems, and disability related problems and child behavior related problems.
- In general, subtypes of different forms of abuse are missing, including the nature and form of injury, status of substantiation of the abuse case. Perpetrator related information and caregiver related information in majority of cases are missing – on history of victimization, previous allegation, substance abuse and previous maltreatment.
- Family related information is missing related to other family members, their potential abuse.

RECOMMENDATIONS: Arguments and important issues raised in the conclusions of this report refer to the development of the segments that are not developed and improvement of the existing system of monitoring CAN in the FYR of Macedonia

- Strengthening of capacities for data collection and needs assessment through development of an integrated system for monitoring of child abuse and neglect in the country in terms of better information, keeping records particularly on the number of indicators and types of reported/detected cases on child abuse and neglect, circumstances in which it occurs, risk population, risk factors and trends.

- Development of a unified database for the whole country to collect and pile up data from all relevant institutions based on a unified reporting form – screening protocol for child abuse and neglect, completed by every professional who in contact with a victim of violence;
- Education for professionals in all relevant institutions and sectors (health, social workers, police, NGOs) on implementation of protocols and evidencing violence against children.
- Strengthening response and support for child victims of child abuse and neglect through Improvement of the quality of care for victims, piloting and implementing services on evidence-based practices; establishing services for children who witness violence.

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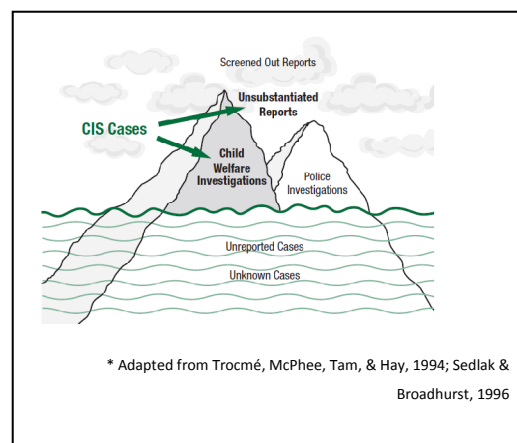
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CHAPTER A: INTRODUCTION & BACKGROUND

A.1. The BECAN Project

Despite the undisputed impacts of the burden of violence, limited attention has been paid to child maltreatment as a public health problem. There are several reasons for this relative inaction, one of which is the lack of reliable and valid information on child maltreatment that makes the size of the problem visible to policy-makers. There is a clear need for better, more reliable data on the nature and extent of violence against children. Providing quality epidemiological data is of essential importance not only for quantifying the magnitude of CAN as a public health problem, not only in the country, but also in the whole Balkan region but also for the identification of risk factors and protection, as well as to enable efficient and adequate preventive programmes to be undertaken.

Research and interventions in CAN despite laborious efforts and undoubted progresses achieved insofar, still face a number of serious shortcomings. First of all, there is still a considerable distance between reported cases and the actual incidence and prevalence of cases of child abuse, the latter remaining quite unclear in a substantial part of the world. This results in serious deficiencies in the epidemiological understanding of the phenomenon, obscuring the picture and, thus, decreasing effectiveness of respectful interventions. Secondly, there are – even today - disparities in definitions utilized by services and professionals as well as discrepancies in research and monitoring tools used.



Thirdly, due to the very nature of the subject matter, interdisciplinary approaches are necessary (from health, social and legal scientific discourses), implying wide diversities in methodological approaches employed by different disciplines. This is the source of another known problem, namely, the sometimes occurring, incommensurability of health, social and legal processes employed to address a single case of child abuse. Additionally, since at the onset of sensitization of modern societies towards child abuse, the issue was heavily charged, sometimes activist human-rights' approaches are still intergraded with scientific – empirical studies and interventions, creating disputes and yet unresolved conflicts on critical questions about the nature, incidence and characteristics of the phenomenon (not always dealt within the constraints of required scientific austerity). Finally, on the grounds of all the above, policy and decision makers seem often to be left without vital information in resources prioritizing and procedures harmonizing, resulting in sometimes fragmented interventions, campaigns and networks. Moreover, within the range of the EU, things concerning child abuse seem to face severe troubles towards the targets of harmonization of procedures and health unification. BECAN study aims at tackling all issues mentioned above, facilitating the progress from currently existing condition in all these aspects.

Among the objectives of the BECAN Project were the following:

- A more realistic picture to be revealed concerning the difference between reported and hidden incidence of CAN cases in school-aged children in Balkan countries through the Consortium's access to national databases of identified cases of CAN and the obtaining of epidemiological data.

- Comparable and compatible data on CAN to be delivered, facilitating future research and better understanding of CAN features via the use of common instruments for data collection from all potential data-sources and unified definitions related to CAN issues.

Following up annually at CAN's level will provide a longitudinal view of the problem and thus a better understanding of the effectiveness of intervention and prevention programs, permitting for corrective decisions.

Differences between reported and hidden incidence and prevalence: Even today, throughout the world, there aren't many widely accepted field surveys of a general population's randomly selected sample. Seen from this angle, BECAN study will be a pioneering attempt to map (a) prevalence and incidence of child abuse in a randomized population sample and (b) observed differences between findings of population-based research and reported cases of abuse. Thus, a more realistic picture will be revealed and the relation between reported and hidden prevalence will be clarified (will be achieved through milestones 2 and 9, and reported in Final Report to EC). Consequently, a number of indicators can be delivered concerning the actual incidence, prevalence and observed socio-demographic and regional differences of child abuse in respect to reported/registered cases (will be achieved through milestones 2, 4 and 9, and reported in Final Report to EC).

A.2. CBSS in FYR of Macedonia: Background, Aim and Objectives

Case-based surveillance study (CBSS)

A case-based surveillance study is scheduled to be conducted in the nine Balkan countries in the context of the BECAN Project in conjunction with the epidemiological survey in the same geographical areas and for the same time period.

Aim & Objectives

BECAN CBSS, which is the subject of the present protocol, constitutes a systematic effort to collect CAN data from already existing archives and databases of agencies and facilities involved in the handling of CAN cases, such as child protection services, health, judicial and police services and NGOs and at the same time to map the existing surveillance mechanisms.

The primary aim of the CBSS is to measure all forms of CAN incidence rate, namely the number of children maltreated in a single year, including substantiated, suspected, and unsubstantiated cases based on already existing CAN surveillance practices from a variety of related agencies in 9 Balkan countries for a specific time period.

CAN prevalence concerns the measurement of the number of people maltreated at any time during their childhood. Given that data collection will target a specific 12-month time period, CAN prevalence estimation is not feasible and therefore is out of the scope of this study.

The second aim of the study is to compare its results with the results of the epidemiological survey; in this manner the opportunity will be provided to test whether the non-systematic recording of CAN cases (reported/detected) in some of the participating countries and the more systematic surveillance in some others sufficiently depict the CAN incidence rates. Such a comparison is expected to reveal a more realistic picture concerning the difference between reported and hidden incidence of CAN cases in school-aged children nationally in the nine Balkan countries. Therefore, the results can be used as a "needs assessment" indicator in order to identify potential weaknesses of the existing surveillance mechanisms in each individual country, even for those that have already established a CAN surveillance system. The conclusions of the CBSS and the results of its comparison with the respective results of the epidemiological survey could be used for the development of a strategic plan in the context of the BECAN project suggesting the establishment of national permanent CAN monitoring systems in countries where no such systems exist or to improve already available systems. Furthermore, these data would operate as a starting point to enable the analysis of fundamental questions about the causes of variation between and within these countries, cultures and ethnic groups. Moreover, identification of the differences between the epidemiological survey and the CBSS results within each country and consequent comparison of these differences among countries could potentially indicate what works better in CAN surveillance and to assess the quality of the already existing CAN surveillance systems in terms of their usefulness, simplicity, flexibility, acceptability, sensitivity, specificity, representativeness, timeliness and resources, given that different methodologies, tools and mechanisms are currently employed for the monitoring of CAN.

Specific objectives of BECAN CBSS are:

- To identify CAN incidence rates, namely to quantify the size of the problem based on already existing data in the same geographical areas and for the same time period the epidemiological survey will be conducted in nine Balkan countries.
- To collect data on child maltreatment from a range of sources nationwide in each country about the characteristics of individual cases including case identity, child-, incident-, perpetrator(s)-, caregiver-, family-, household, previous maltreatment-, agencies involved- and services provided-related information (see also "indicators to be explored"). On the basis of this information the objective is to outline the profile of maltreated children and their families, to identify potential risk factors and characteristics of groups at risk, to explore the severity of CAN in terms of duration and harm/injury and to outline investigation outcomes, including substantiation rates, placement in care, use of child welfare court, and criminal prosecution.
- To collect data related to characteristics of the existing surveillance systems targeting the outline of the current situation in the participating countries concerning CAN-surveillance infrastructures and identify common patterns and differences in the methods and tools used. Towards this objective, data are going to be collected concerning the identity of the agencies keeping CAN-related records, their legal status, the sector they belong to and their mission, their size (number of employees and the

number of CAN cases turnover), the people who make the recording and whether they have received any special training in handling CAN cases, the sources of referrals, whether routine screening is being enforced and implemented and whether these agencies collect statistic data on CAN. Furthermore, data will be collected on characteristics of the records, namely the format of the record (database or archive, electronic or paper), the total time-period covered by the archive/database, whether a specific "CAN recording form" is used, and the type of cases that are included in the record and whether further documentation accompanying the record is available in the agencies.

Indicators

The following are specific indicators suggested to be explored targeting:

- To measure the extent of CAN (total incidence and incidence per form of CAN and status of substantiation)
- To outline risks for CAN related to child, family and household, characteristics of perpetrator exposure to abuse
- To map the characteristics of existing archives/databases and agencies collecting CAN data or recording CAN cases

Specific objectives of BECAN CBSS in the FYR of Macedonia

Further particular objective for our country, depending on the current situation concerning CAN monitoring system is to assess the different sectors, namely the health sector and the social sector in terms of keeping records and establishing databases for CAN cases, weaknesses and possibility for further improvement.

objectives of the CBSS in FYR of Macedonia aimed to contribute towards the improvement of the national CAN monitoring, mainly by revealing the inconsistencies among the official CAN data and the ones we have identified, is the importance of the gap in CAN data

A.3. Current situation concerning CAN Monitoring System in FYR of Macedonia

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

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

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

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

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

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

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

A.4. The necessity for improvement of the National CAN Monitoring System

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

In other words, the problem of establishing and sustaining a National Child Monitoring System in FYR of Macedonia can be summarized as follows:

- Implementing epidemiological studies for primary data collection on a regular basis and systematic collection of data regarding detected/reported CAN cases in order to regularly monitor and update the magnitude of the problem of CAN in the country;
- Establishing a centralized surveillance center or registry for CAN cases;
- Establishing uniform criteria for screening, diagnostics and classification, and criteria regarding handling of cases;
- Establishing common protocol and guidelines for all agencies/sectors involved in CAN;
- Obtaining specially trained staff for monitoring and evaluation of the existing data in the relevant institutions;
- Providing regular training of professionals and their supervision;

A.5. CBSS Challenges Encountered in FYR of Macedonia

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

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

Specific problems encountered during the CBSS implementation phase:

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

B.1. Organization of CBSS in FYR of Macedonia

The steps undertaken to organize the CBSS in the country were as follows:

- ❑ Training of the national team at the Training of Trainers Workshop in *Cluj- Napoca*, 2010
- ❑ Training of research teams (20 - 21 January 2011)
- ❑ Translation, modification, and cultural validation of the instruments
- ❑ Translation of the CBSS Protocol and CBSS Operational Booklet
- ❑ Obtaining official permission from the Ministry of Labor and Social Policy and the State Directorate for Protection of Personal Data.

On the Training of Trainers Workshop in *Cluj- Napoca*, 2010, our national team represented by Izabela Filov and Liljana Trpchevska were trained with all the other national teams.

The CBSS country study had started formally with the training of the research teams on the seminar organized for that purpose as “Train the CBSS researchers” (20 - 21 January 2011). For the purpose of the training the trainers followed the CBSS protocol and CBSS Operation Booklet

Next step, after the training was to obtain consents from the relevant institutions/agencies in the National network for the access into their archives/databases. We send information letters to all institutions, not selecting them in the first round. The NGOs were ready to cooperate very soon, and state agencies/institutions were the most difficult for cooperation. They always needed special permission from higher level, which was a very slow process. Finally we came to the solution to focus mainly on social services which are being the mandatory services for CAN report, and all reported cases either from NGO, or from other sources would have to be referred to them. Only health institutions sometimes refer cases to the police, or do not refer them at all. The selection of the institution was on the basis of regional distribution of the Centers for Social Work in those geographical areas that were covered by the BECAN Epidemiological Study.

So due to the time constrains we came to a more constricted but practical decision to address our request for data sources to the Ministry of Labor and Social Policy (MLSP), since the issue of CAN has been mainly the focus of this authority. The MLSP has always has been cooperative and supportive with the UCP, so we addressed them for a permission to enter the Centers for Social Work and their archives and data sources on reported or detected CAN cases. We obtained permission in April 2012 from the Ministry of Labor and Social Policy, but also had to ask for permission from the State Directorate for Protection of Personal Data, which was a newly established agency. The whole procedure of obtaining permission from the Directorate has further prolonged the implementation of CBSS. The instruments had to be revised in terms of eliminating all personal data (date of birth, address, telephone number etc) and a Statement of confidentiality had to be signed by each researcher. After that we could proceed on with the research in the Centers for Social Work, health and social services.

B1.1. Timeframe

The time frame of the implementation of the CBSS in FYR of Macedonia was September 2011 – June 2012. The study was carried out stepwise, in a certain discontinuation, due to the different regimes for obtaining permission for different organizations/agencies that were planned to be included in the study. In the period September 2011 – November 2011 the data collection in health institution was performed at the department for Child and adolescent psychiatry, UCP: – Center for posttraumatic disorders, continuing with the Institute for mental health of Children and adolescents, and University Clinic of Pediatrics.

In the beginning of 2012 we applied for a permission to enter the social institutions, i.e. Centers for Social Work, and social rehabilitation institutions, and after we had got it we started the second part of this study, namely focused on social institutions.

Starting date of data collection in Centers for Social Work: 05.04.2012 (On 28.03.2012 the permission of the Directorate for Protection of Personal Data was signed and sent to the UCP, a document that was needed to start the survey). Date of completion of data collection: 21.06.2012.

Overall organizations that have provided access to their data bases/ archives were 11.

By type they could be divided into: medical services, social services (Centres for Social Work, children social rehabilitation services). Initially we planned to approach more organizations but because of the mandatory report system is designed to refer cases to the Centres for Social Work, for any further action to be taken. In that case there was a danger for double entry of a single case.

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

Definition of criteria for classification of CAN cases:

- The criteria for classification of CAN cases was according to the WHO definitions of child maltreatment, including the definitions of physical abuse, psychological abuse, sexual abuse and neglect (WHO, 1999), and also following the instructions in the CBSS Protocol for further elaboration of the classification types (CBSS Protocol, 2010)
- The information that was searched (indicators) was defined on the basis of the CBSS Extraction Form PartB, which the researchers were familiar with and tested on several cases, as a part of their expertise.
- The techniques to avoid double-counting were based mainly on the instructions given in the CBSS Protocol and Operation Booklet. In most cases it was the ID number of the respective case. Avoiding double-counting the reported/detected case in different institutions/agencies was a problem that the researchers were aware of and needed coordination among researchers and staff from the agency. This was avoided, or at least limited to minimum level of mistake, because only the social services and health services were selected and included in the research. NGO's were excluded mostly because of this problem, because they refer all the cases within 72 hours to the CSW. On the other hand if a child was registered in the CSW and a measure was taken to be placed in the Shelter "25th May" than it would be notified in the register, and our researchers compared the registers just to avoid this problem. In particular, several cases (N=8) were followed up in either different departments of a

single agency, or in different agencies/institutions which were recognized on the basis of their ID, but not in electronic version, but in paper version of the register, which was a very slow process that required several checking procedures.

Criteria for selecting among identified child services

The criteria for selection of the institution/agency which will constitute the source of such information reported/detected were mainly based of inventories created in WP1. The first stratification was according to the regional distribution of the Centers for Social Work in those geographical areas that were covered by the BECAN Epidemiological Study – North-East region, South-West region and Central-South-East region. All towns that were included in the previous study have CSW which were included in CBSS. In the capital Skopje, beside the Intermunicipality Center for Social Work, there are 2 social institutions for sheltering children from violent environments who have behavioral problems, “Ranka Milanovic” and “25th of May”. In the first round we also included them in the Study. But, one of them was not at all interested in collaboration with us, namely “Ranka Milanovic”, objecting that it was time consuming and their staff is not paid for that job. We offered them to include one pedagogue from their institution but they didn’t seem interested at all. Soon we realized that there weren’t children under 16, which was another jeopardize to omit this institution. So we focused just on 25th of May, where children of any school age are sheltered (6-18 years).

The health institutions that treat children suffering from mental health and health consequences from CAN are the UCP (our institution, Center for stress and trauma), Institute for Mental Health of Children and Adolescents, University Clinic of Pediatrics, and the University Clinic of Pediatric Surgery. The later, Clinic of Pediatric Surgery didn’t keep archives on injuries related to physical violence, but just the medical records of the injury itself, so on the basis of their histories it wasn’t possible to distinguish injuries by their nature (intentional from unintentional injuries).

So after the period of assessment of institutional eligibility to be included in the CBSS study we came to the final list of organizations/agencies (see Annex I)

Access to the established databases of CAN

According to our country specifics based on information's of the pre-existing networks, list of eligible child services and processes followed for achieving access to databases, we have fully obtained access to the existing databases of CAN, with full support and collaboration with the mandated Ministry – Ministry of Labor and Social Policy. We also came to a point of possible further collaboration based on the fact that the Institute for Social Welfare is an institution in the country mandated to follow up and monitor the CAN cases. As such, it is still not prepared for this purpose because the database which is run there provides only the number and type of each case that has been recorded. In the last two years, there have been major efforts to develop central database, which has been in place since 2011 as a pilot project, and is still in a process of development. The collaboration with the Institute is promising in terms of further development of the database with the contribution on the behalf of BECAN CBSS Country Study, using the instruments that were developed for this project (based on the work in WP2), which were offered to the Institute for a review, and a feedback on their applicability in their setting. This is a very convincing proof of the importance of the BECAN

study in improving the national collaboration between agencies and creating networks which we hope will be sustainable in future.

B.1.3. Preparation of the Research instruments

The preparation of the research tools was a process that was organized within the BECAN Consortium, mainly prepared by the coordinator and the partners.

The whole BECAN team took part in preparation of the National Toolkit for WP4:

- translation of the CBSS protocol and CBSS Operations booklet into Macedonian;
- Translation the CBSS Extraction Form Part A (which refers to the agency) and Extraction Form Part B (CAN cases) in Macedonian.
- cultural validation modification of the Extraction Form Part A and Extraction Form Part B
- Testing of the Extraction Form Part A and Extraction Form Part B on several cases from the database at the UCP.

Translation of the CBSS protocol and CBSS Operations booklet into Macedonian was provided by the members of the BECAN team: Aleksandra Coneva, Kadri Hadzihamza and Liljana Trpchevska. The proofread was done by the coordinator Marija Raleva. There weren't any changes from the original booklet and protocol. Translation the CBSS Extraction Form Part A underwent some changes considering the country specifics of the type of services, their legal status and service provision. The Extraction Form Part B in Macedonian underwent some changes considering the country specifics of the level of education and placement opportunities.

Testing of the Extraction Form Part B on 7 cases from the database at the UCP showed that the instrument was applicable to the information's gathered from data base, in fact medical history of the case, diagnosed according to the specific Codes of abuse and neglect given in the International Classification of Diseases and Injuries (ICD – 10th revision).

B.1.4. Train the Macedonian Research Team

The CBSS study had started formally with Train the researchers' seminars. For the purpose of the training the researchers followed the CBSS protocol and CBSS Operation Booklet

The training of the research teams for the CBSS (WP4) was held on 20-21. January 2011 at the UCP. The trainers were Liljana Trpchevska, special educator, PhD student, Izabela Filov, MD, PhD, forensic psychiatrist, who had been trained in Cluj 2010, on the Train the trainers meeting, The trainees were the members of the BECAN team: the coordinator, Marija Raleva, MD PhD, psychiatrist, Aleksandra Coneva, MA social Worker, Florijan Naumov, psychologist, Kadri Haxihamza, MD, PhD, psychiatrist.

B.2. Process followed for Data Collection

The CBSS researchers systematically examined the archives of existing child services (welfare, social and health) previously identified for reported and detected cases of child abuse and neglect and record identified cases in the Extraction Form B. We have followed the process to collect the data in all institutions that we considered eligible and that accepted to open their data sources for our study. We followed the sampling procedure in terms selecting those from the respective three geographical areas, the same as in the Epidemiological Study, and include all 13 eligible agencies in these areas. The procedure was as it was already mentioned before that after getting the permission from the MLSP and SDPPD, we have scheduled the visits with each institution and our researchers went to the services' premises. In some agencies/institution the staff was involved in identification of eligible cases, so the researchers were offered already selected cases according to the criteria of age (11, 13 and 16), especially in those that had archives classified according to the indicators of CAN and they were able to select (in Skopje, in Veles in Strumica and in Kumanovo). But in some agencies (all the rest) the researchers had to read the entire files for 2010 and identified the eligible cases and extracted the data. In health institutions according to the ICD 10 diagnosis and axial co diagnosis the researchers were able to select the cases that were eligible.

Coding, screening of data and statistical analysis: The process followed for data coding and screening was the methodology described in the CBSS Operational booklet, concerning the templates for extracting data, and they were used as it was written and decided during the consensus meetings, via e-mails and via the BECAN Portal. Statistical analysis was done on the basis of the templates sent to us in excel files and also on the basis of the official statistics for the target population in those geographical areas where the CBSS was conducted.

The National State Statistical Office provided data on the general population in 5 years interval. So, we had to precede the instructions given by the coordinator (Dr. George Nikolaidis) to calculate the number of 11, 13 and 16 years old in respective areas in the general population in order to be able to calculate the incidence rate.

CHAPTER C. CBSS RESULTS IN FYR OF MACEDONIA

The analysis of the results made with the Statistical Package for Social Sciences (SPSS) version 17.0

C.1. Description of Participating Services & their Archives-Databases

Following the process described in part B.1.2 and given the situation (adapted per country), a total of 37 organizations/child services were identified in the whole country which had filled in the application for participating in the research, including the three geographical areas that were the same as WP3. After selection, and taking into consideration the same geographical areas as WP3, 28 organizations/services were invited to provide data, and 13 fulfilled the eligibility criteria set for the needs of the CBSS in the FYR of Macedonia. There wasn't any sampling procedure for the organizations and they were all included in the research. Out of the 13 of the eligible organizations that were invited to participate in the CBSS, 11 provided access to their archives. Nine of them had data for 2010 and for the respective age groups, 11, 13 and 16 years. In Table C.1.1 the identified, eligible agencies and finally participating organizations and data sources for the CBSS are presented below.

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

	Total		Area NE		Area SW		Area SE	
	f	%	f	%	f	%	f	%
Total Agencies identified	37	100						
Agencies invited to provide data	28	100	23	82,1	3	10,7	2	7,1
Eligible	13	100	8	61,5	3	23,1	2	15,4
Non eligible	15	100	15	100	0		0	
Eligible agencies								
All eligible agencies in the respective regions	13	100						
Provided data	10	100	5	50	3	30,0	2	20,0
Non cooperated	3	100	3	100,0			0	
Reason a. Refused to participate	1							
Reason b. Cooperation not achieved due to practical reasons	2							
Non eligible agencies	15	15						
Reason a. e.g. Accepted the invitation but had no CAN cases during 2010	8							
Reason b. e.g. Referred all CAN cases to other agencies	7							
Reason n: Less than x cases for 2010	NA							

From the initial stage, we had the information of the existing agencies/organizations and we had identified the potential organizations, inventories for the identified organizations and their responses. From the identified

pool of potential organizations, 13 were eligible but, three of them finally didn't cooperate. These organizations were: the Department for data analysis in the Ministry of Interior (MoI), Social institution for rehabilitation of minors "Ranka Milanovic", University Clinic of Pediatrics. The reasons for their non-cooperation was that the MoI referred the cases to the Centers for Social Work (CSR), so they should have been included in the databases of the CSW; the staff from Ranka Milanovic objected because they themselves were not included in the survey; and UCP because they didn't keep proper archives on cases of CAN, but all cases detected by them were referred to the CSW.

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

	Total		Central Governmental		Public Regional	
	f	%	f	%	f	%
Total Agencies	10	100	10	100	0	0
Sector						
Health Sector	2	20	2	100	0	0
Social Welfare	8	80	8	100	7	100
Judicial Sector	0	0	0	0	0	0
Public Order/Police	0	0	0	0	0	0
Education	0	0	0	0	0	0
Mission						
Primary Prevention	8	80	8	80	7	100
Secondary Prevention/Support	8	80	8	80	7	100
Tertiary Prevention/Treatment	3	30	3	30	0	0
Legal Support	7	70	7	70	7	100
Geographic area						
Urban	10	100	10	100	7	100
Suburban	10	100	10	100	7	100
Rural	10	100	10	100	7	100
Routine Screening Policy						
No	4	40	4	100	0	0
Yes	6	60	6	100	6	86
Special CAN-training for personnel						
No	0	0	0	0	0	0
Yes, but not formal	8	80	8	80	7	100
Yes	2	20	2	20	0	0
Availability of CAN statistical data						
No	7	70	7	70	0	0
Yes	3	30	3	30	3	43

Out of the total number of organizations/agencies 2 (20%) belong to the health sector, 8 (80%) to social welfare sector. They all are central government and 7 Centers for Social Work belonging to the social welfare sector are in the same time public regional agencies. Eight of them (80%) are dealing with primary and secondary prevention (all 7 CSW and one health care institution) and in the same time all CSW give also legal

support (100%), and 3 (30%) are dealing with tertiary prevention (two health care institutions and one social institution). All the organizations cover the 3 respectful areas encompassed in the CBSS, covering in the same time urban, and rural population. The routine screening policy is common for 60% of the agencies. Special CAN training for personnel is obtained in two (20%) agencies, but the rest 8 (80%) have some kind of training which is not formalized.

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

	Total 10		Area A 5		Area B 3		Area C 2	
	F	%	f	%	f	%	f	%
Total CSW & other agencies	10	100	5	50	3	30	2	20
Trained staff for recording cases								
No	8	80	4	80	3	100	1	50
Yes	2	20	1	20	0	0	1	50
Yes, but not formal								
Specialties of staff who record CAN								
Social Workers	10	100	5	50	3	30	2	20
Health Professionals	2	20	2	40	0	0	0	0
Mental Health Professionals	5	50	4	80	0	0	1	50
Education-related professional	3	30	2	40	0	0	1	50
Police officer	0	0	0	0	0	0	0	0
Judicial officer	0	0	0	0	0	0	0	0
Type of archive								
Paper archive	10	100	5	100	3	100	2	100
Electronic archive	8	80	3	60	3	100	2	100
Database	No		No		No		No	
Existence of recording form								
No	0	0	0	0	0	0	0	0
Yes	10	100	5	100	3	100	2	100
Type of cases recorded in the files								
Reported CAN cases	0	0	0	0	0	0	0	0
Detected CAN cases	0	0	0	0	0	0	0	0
Mixed file (including non-CAN cases)	10	100	5	100	3	100	2	100
Availability of text description								
No	0	0	0	0	0	0	0	0
Yes	10	100	5	100	3	100	2	100
Availability of further documentation								
No	0	0	0	0	0	0	0	0
Yes	10	100	5	100	3	100	2	100

It is obvious that majority of the Centers for Social Work and the health and social organizations (80%) do not have specially trained staff for recording cases of CAN, 2 CSW have training, the CSW in Skopje and in Strumica (Table C.1.3). Majority of the staff who record cases are social workers, then come mental health professionals (mainly psychologists, but in health institutions also psychiatrists), education related professionals (pedagogues) and health professionals (nurses and medical doctors). All of the CSW and organizations have paper type of archive, and 80% have additional electronic archives, which means that even in the electronic era the archives are kept in conventional way. Interestingly, neither of the organizations has database. All organizations declare that have their recorded forms, but what is more worrisome they are very poor and a very few indicators can be extracted. In all organizations both reported and detected cases of CAN are recorded in the files, including non-CAN cases. The availability of text description is common for 100% of institutions. Further documentation is also available for all the organizations.

C.2. CAN incidence in FYR of Macedonia

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

	General population for selected areas*	CAN Cases identified*					Incidence /1000 children					
		Physical Abuse	Sexual Abuse	Psychological Abuse	Neglect	All forms of CAN	Physical Abuse	Sexual Abuse	Psychological Abuse	Neglect	All forms of CAN	
Area A												
Male	13158	12	8	22	20	33	0,91	0,61	1,67	1,52	2,51	
11	4215	3	2	6	4	7	0,71	0,47	1,42	0,95	1,66	
13	4245	3	1	6	7	10	0,71	0,24	1,41	1,65	2,36	
16	4698	6	5	10	9	16	1,28	1,06	2,13	1,92	3,41	
Female	12384	27	45	59	27	71	2,18	3,63	4,76	2,18	5,73	
11	3971	1	5	8	3	8	0,25	1,26	2,01	0,76	2,01	
13	3991	15	22	25	11	32	3,76	5,51	6,26	2,76	8,02	
16	4422	11	18	26	13	31	2,49	4,07	5,88	2,94	7,01	
Overall	25542	39	53	81	47	104	1,53	2,08	3,17	1,84	4,07	
11	8186	4	7	14	7	15	0,49	0,86	1,71	0,86	1,83	
13	8236	18	23	31	18	42	2,19	2,79	3,76	2,19	5,10	
16	9120	17	23	36	22	47	1,86	2,52	3,95	2,41	5,15	
Area B												
Male	4518	3	2	3	1	3	0,66	0,44	0,66	0,22	0,66	
11	1374	0	0	0	0	0	0,00	0,00	0,00	0,00	0,00	
13	1394	2	2	2	0	2	1,43	1,43	1,43	0,00	1,43	
16	1750	1	0	1	1	1	0,57	0,00	0,57	0,57	0,57	
Female	4435	2	8	4	2	9	0,45	1,80	0,90	0,45	2,03	
11	1370	1	4	1	1	4	0,73	2,92	0,73	0,73	2,92	
13	1396	0	3	2	1	4	0,00	2,15	1,43	0,72	2,87	
16	1669	1	1	1	0	1	0,60	0,60	0,60	0,00	0,60	
Overall	8953	5	10	7	3	12	0,56	1,12	0,78	0,34	1,34	
11	2744	1	4	1	1	4	0,36	1,46	0,36	0,36	1,46	
13	2790	2	5	4	1	6	0,72	1,79	1,43	0,36	2,15	
16	3419	2	1	2	1	2	0,58	0,29	0,58	0,29	0,58	
Area C												
Male	1930	2	2	3	2	5	1,04	1,04	1,55	1,04	2,59	
11	593	1	0	0	0	1	1,69	0,00	0,00	0,00	1,69	
13	617	0	1	2	1	2	0,00	1,62	3,24	1,62	3,24	
16	720	1	1	1	1	2	1,39	1,39	1,39	1,39	2,78	
Female	2075	7	7	6	8	12	3,37	3,37	2,89	3,86	5,78	
11	588	0	1	0	0	1	0,00	1,70	0,00	0,00	1,70	
13	616	3	2	3	4	4	4,87	3,25	4,87	6,49	6,49	
16	871	4	4	3	4	7	4,59	4,59	3,44	4,59	8,04	
Overall	4005	9	9	9	10	17	2,25	2,25	2,25	2,50	4,24	
11	1181	1	1	0	0	2	0,85	0,85	0,00	0,00	1,69	
13	1233	3	3	5	5	6	2,43	2,43	4,06	4,06	4,87	
16	1591	5	5	4	5	9	3,14	3,14	2,51	3,14	5,66	

Total	Male	19606	17	12	28	23	41		0,87	0,61	1,43	1,17	2,09
	11	6182	4	2	6	4	8		0,65	0,32	0,97	0,65	1,29
	13	6256	5	4	10	8	14		0,80	0,64	1,60	1,28	2,24
	16	7168	8	6	12	11	19		1,12	0,84	1,67	1,53	2,65
	Female	18894	36	60	69	37	92		1,91	3,18	3,65	1,96	4,87
	11	5929	2	10	9	4	13		0,34	1,69	1,52	0,67	2,19
	13	6003	18	27	30	16	40		3,00	4,50	5,00	2,67	6,66
	16	6962	16	23	30	17	39		2,30	3,30	4,31	2,44	5,60
	Overall	38500	53	72	97	60	133		1,38	1,87	2,52	1,56	3,45
	11	12111	6	12	15	8	21		0,50	0,99	1,24	0,66	1,73
	13	12259	23	31	40	24	54		1,88	2,53	3,26	1,96	4,40
	16	14130	24	29	42	28	58		1,70	2,05	2,97	1,98	4,10

* Source: State Statistical Office of R.M

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

The leading cause for reporting or identifying cases by the CSW is neglect in 57, 9%, than sexual abuse in 52,6%, and physical abuse in 42,8%. Psychological abuse, although represented in 87,7%, in more than 3/4 of cases, is not a cause for reporting, but it has been later identified since psychological violence is considered the underpinning of all forms of abuse (Navarre, 1987), including both physical and sexual, as well as neglect (table C.2.1.a).

Table C.2.1a: Forms of abuse reported to the CSW

Form of abuse	N	%
Physical abuse	57	42,8
Sexual abuse	70	52,6
Neglect	77	57,9
Psychological abuse	110	82,7

In all three areas the rates of all types of CAN are higher for girls, than for boys (table C.2.1). Girls are as twice as more reported to the agencies than boys (69% versus 31%).The incidence rate for physical violence is from 0,25/1000 – 4,9/1000 children for girls across all ages, for sexual violence is from 0,85/1000 - 5,5/1000 children, for psychological violence is from 0,85/1000 – 6,3/1000 children and for neglect is up to 6,5/1000 children. Although sexual abuse has a higher incidence rate in boys (self-reported in the questionnaire) in the BECAN epidemiological study (Raleva et al., 2013), the CBSS shows that sexual abuse of girls is more often reported to the agencies, which might be due to higher tolerance and cultural acceptance of female sexual abuse.

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

Although child maltreatment incidence per geographical area shows that North-East region has the highest rate for all forms of abuse and neglect, this might not be the case. It might be due to the better organized archives that agencies keep, and their more extensive description of each reported case.

Table C.2.2. Status of CAN's substantiation* for children 11, 13 & 16 years old, per form of maltreatment and geographical area (for the year 2010)

	No of Cases **	Status of Substantiation									
		Substantiated		Indicated		Unsubstantiated		Ongoing		Unspecified	
		f	%	f	%	f	%	f	%	f	%
Area A-Total	104										
Physical abuse	50	26	52,0	12	24,0	9	18,0	1	2,0	2	4,0
Sexual abuse	53	27	50,9	16	30,2	4	7,5	3	5,7	3	5,7
Psychology.	82										
Abuse		68	82,9	10	12,2	3	3,7	0	0,0	1	1,2
Neglect	72	51	70,8	3	4,2	8	11,1	0	0,0	10	13,9
Area B-Total	12										
Physical abuse	6	3	50,0	2	33,3	1	16,7	0	0,0	1	16,7
Sexual abuse	12	8	66,7	1	8,3	0	0,0	0	0,0	1	8,3
Psychology.	9										
Abuse		7	77,8	0	0,0	1	11,1	0	0,0	1	11,1
Neglect	7	3	42,9	0	0,0	3	42,9	0	0,0	1	14,3
Area C-Total	17										
Physical abuse	10	8	80,0	1	10,0	0	0,0	0	0,0	1	10,0
Sexual abuse	10	5	50,0	4	40,0	0	0,0	0	0,0	1	10,0
Psychology.	13										
Abuse		11	84,6	1	7,7	0	0,0	0	0,0	1	7,7
Neglect	9	8	88,9	0	0,0	1	11,1	0	0,0	0	0,0
Overall-Total	133										
Physical abuse	66	37	56,1	15	22,7	10	15,2	1	1,5	4	6,1
Sexual abuse	75	40	53,3	21	28,0	4	5,3	3	4,0	5	6,7
Psycholog. Abuse	104	86	82,7	11	10,6	4	3,8	0	0,0	3	2,9
Neglect	88	62	70,5	3	3,4	12	13,6	0	0,0	11	12,5

*According to the Agencies that provided information for maltreatment

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

According to the CAN's substantiation status, psychological abuse has the highest rate of substantiation (83%), and then comes neglect (70%), physical abuse (56%) and sexual abuse (53%). Although psychological violence has the highest rate it doesn't mean that interventions are being taken only on the basis of identification of this type of violence against children. In order to take action it should always be followed by other forms of violence. Sexual violence has the lowest rate of substantiation mainly because it is still a long and sometimes ego-sustaining procedure for the victim to be proven and in some circumstances the case is withdrawn from further continuation of the procedure (Table C.2.2).

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

Table C.2.1.1 Single versus Multiple Forms of abuse per age, gender and geographical area

	Total CAN cases		Single vs. Multiple CAN				Individual forms of CAN							
			Single form		Multiple forms		Physical abuse		Sexual abuse		Psychol. abuse		Neglect	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Area A-Total	100	100	21	100	79	100	40	100	53	100	81	100	47	100
<i>male</i> 11	7	7,0	2	9,5	5	6,3	3	7,5	2	3,8	6	7,4	4	8,5
13	10	10,0	4	19,0	6	7,6	4	10,0	1	1,9	6	7,4	7	14,9
16	15	15,0	5	23,8	10	12,7	6	15,0	5	9,4	10	12,3	9	19,1
subtotal	32	32,0	11	52,4	21	26,6	13	32,5	8	15,1	22	27,2	20	42,6
<i>female</i> 11	8	8,0	0	0,0	8	10,1	1	2,5	5	9,4	8	9,9	3	6,4
13	31	31,0	6	28,6	25	31,6	15	37,5	22	41,5	25	30,9	11	23,4
16	29	29,0	4	19,0	25	31,6	11	27,5	18	34,0	26	32,1	13	27,7
subtotal	68	68,0	10	47,6	58	73,4	27	67,5	45	84,9	59	72,8	27	57,4
Area B-Total	16	100	8	100	8	100	5	100	10	100	7	100	3	100
<i>male</i> 11	0	0,0	0	0,0	0	0,0	0	0,0	0	0,0	0	0,0	0	0,0
13	2	12,5	0	0,0	2	25,0	2	40,0	2	20,0	2	28,6	0	0,0
16	1	6,3	0	0,0	1	12,5	1	20,0	0	0,0	1	14,3	1	33,3
subtotal	3	18,8	0	0,0	3	37,5	3	60,0	2	20,0	3	42,9	1	33,3
<i>female</i> 11	4	25,0	2	25,0	2	25,0	1	20,0	4	40,0	1	14,3	1	33,3
13	4	25,0	2	25,0	2	25,0	0	0,0	3	30,0	2	28,6	1	33,3
16	5	31,3	4	50,0	1	12,5	1	20,0	1	10,0	1	14,3	0	0,0
subtotal	13	81,3	8	100,	5	62,5	2	40,0	8	80,0	4	57,1	2	66,7
				0										
Area C-Total	17	100,	4	100,	13	100,	9	100,	9	100,	9	100,	10	100,
<i>male</i> 11	1	5,9	1	25,0	0	0,0	1	11,1	0	0,0	0	0,0	0	0,0
13	2	11,8	0	0,0	2	15,4	0	0,0	1	11,1	2	22,2	1	10,0
16	2	11,8	0	0,0	2	15,4	1	11,1	1	11,1	1	11,1	1	10,0
subtotal	5	29,4	1	25,0	4	30,8	2	22,2	2	22,2	3	33,3	2	20,0
<i>female</i> 11	1	5,9	1	25,0	0	0,0	0	0,0	1	11,1	0	0,0	0	0,0
13	4	23,5	1	25,0	3	23,1	3	33,3	2	22,2	3	33,3	4	40,0
16	7	41,2	1	25,0	6	46,2	4	44,4	4	44,4	3	33,3	4	40,0
subtotal	12	70,6	3	75,0	9	69,2	7	77,8	7	77,8	6	66,7	8	80,0
All areas-Total	133	100	33	100	100	100	54	100	72	100	97	100	60	100
<i>male</i> 11	8	6,0	3	9,1	5	5,0	4	7,4	2	2,8	6	6,2	4	6,7
13	14	10,5	4	12,1	10	10,0	6	11,1	4	5,6	10	10,3	8	13,3
16	18	13,5	5	15,2	13	13,0	8	14,8	6	8,3	12	12,4	11	18,3
subtotal	40	30,1	12	36,4	28	28,0	18	33,3	12	16,7	28	28,9	23	38,3
<i>female</i> 11	13	9,8	3	9,1	10	10,0	2	3,7	10	13,9	9	9,3	4	6,7
13	39	29,3	9	27,3	30	30,0	18	33,3	27	37,5	30	30,9	16	26,7
16	41	30,8	9	27,3	32	32,0	16	29,6	23	31,9	30	30,9	17	28,3
Subtotal	93	69,9	21	63,6	72	72,0	36	66,7	60	83,3	69	71,1	37	61,7

In most of the recorded cases girls were reported to the services after having suffered more often multiple forms of violence (72%) versus single form of violence (63,6%), and boys have been reported more often after single form of violence (36,4%) versus multiple forms of violence (28%). Most of the girls have suffered sexual violence (83,3%), psychological violence (71,1%), physical violence (66,7) and neglect (61,7%). Boys were exposed mostly to neglect (38,3%), physical violence (33,3), psychological violence (28,9) and sexual violence (16,7%) (Table C.2.1.1.). Again this results show that culturally, violence against girls is more tolerated than against boys, which make girls more vulnerable towards violence.

Table C.2.1.2 Physical abuse (n=57): Specific types of physical abuse, injuries sustained and severity of injuries per gender and age (for the year 2010)

	Male				Female				Total			
	11	13	16	All	11	13	16	All	11	13	16	All
<i>Total CAN cases</i>	8	15	18	41	13	40	39	92	21	55	57	133
<i>Total Physical abuse cases identified</i>	5	5	8	18	3	20	16	39	8	25	24	57
Type of physical abuse-Unspecified	20	40	25	27,78	66,67	30	6,25	23,08	37,5	32	12,5	24,56
Type of physical abuse-Specified	80	60	75	72,22	33,33	70	93,75	76,92	62,5	68	87,5	75,44
<i>Spanking</i>	60,0	20,0	25,0	33,3	33,3	50,0	68,8	56,4	50,0	44,0	54,2	49,1
<i>Slapping/Beating</i>	60,0	20,0	50,0	44,4	33,3	65,0	75,0	66,7	50,0	56,0	66,7	59,6
<i>"Beat-up"</i>	0,0	0,0	0,0	0,0	0,0	5,0	0,0	2,6	0,0	4,0	0,0	1,8
<i>Pushing/Kicking/Throwing</i>	60,0	20,0	37,5	38,9	33,3	60,0	75,0	64,1	50,0	52,0	62,5	56,1
<i>Hitting with an object</i>	20,0	0,0	0,0	5,6	0,0	5,0	12,5	7,7	12,5	4,0	8,3	7,0
<i>Grabbing/Shaking</i>	60,0	20,0	25,0	33,3	33,3	40,0	43,8	41,0	50,0	36,0	37,5	38,6
<i>Hitting on head</i>	40,0	0,0	25,0	22,2	33,3	25,0	37,5	30,8	37,5	20,0	33,3	28,1
<i>Hair pulling</i>	0,0	0,0	12,5	5,6	0,0	20,0	50,0	30,8	0,0	16,0	37,5	22,8
<i>Twisting ears</i>	0,0	0,0	12,5	5,6	33,3	10,0	12,5	12,8	12,5	8,0	12,5	10,5
<i>Locking up</i>	0,0	20,0	12,5	11,1	0,0	10,0	12,5	10,3	0,0	12,0	12,5	10,5
<i>Forcing to hold painful position</i>	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
<i>Pinching</i>	0,0	0,0	0,0	0,0	0,0	15,0	12,5	12,8	0,0	12,0	8,3	8,8
<i>Threatening with a knife or gun</i>	20,0	0,0	25,0	16,7	0,0	10,0	12,5	10,3	12,5	8,0	16,7	12,3
<i>Burning/Scalding</i>	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
<i>Tying up or tying to something</i>	20,0	20,0	12,5	16,7	0,0	0,0	6,3	2,6	12,5	4,0	8,3	7,0
<i>Choking/Smothering/Squeezing</i>	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
<i>Stabbing/Shooting</i>	0,0	0,0	0,0	0,0	0,0	10,0	0,0	5,1	0,0	8,0	0,0	3,5
<i>Biting</i>	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
<i>Forcing Spicy Foods</i>	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
Severity of Injury-Unspecified	40,0	60,0	50,0	50,0	66,7	40,0	25,0	35,9	50,0	44,0	33,3	40,4
Severity of Injury-Specified	60,0	60,0	50,0	55,6	33,3	55,0	75,0	61,5	50,0	56,0	66,7	59,6
<i>No Injury</i>	0,0	0,0	0,0	0,0	0,0	5,0	6,3	5,1	0,0	4,0	4,2	3,5
<i>Minor</i>	60,0	20,0	50,0	44,4	0,0	35,0	68,8	46,2	37,5	32,0	62,5	45,6
<i>Moderate</i>	0,0	20,0	0,0	5,6	0,0	25,0	6,3	15,4	0,0	24,0	4,2	12,3
<i>Severe</i>	0,0	0,0	0,0	0,0	33,3	10,0	6,3	10,3	12,5	8,0	4,2	7,0
<i>Life threatening</i>	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
Nature of Injury-Unspecified	40,0	80,0	50,0	55,6	66,7	42,1	20,0	35,1	50,0	50,0	30,4	41,8
Nature of Injury-Specified	60,0	20,0	50,0	44,4	33,3	57,9	80,0	64,9	50,0	50,0	69,6	58,2
<i>Bruise</i>	60,0	20,0	50,0	44,4	33,3	55,0	75,0	61,5	50,0	48,0	66,7	56,1
<i>Cute/Bite/Open wound</i>	0,0	20,0	0,0	5,6	0,0	25,0	0,0	12,8	0,0	24,0	0,0	10,5
<i>Burn</i>	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
<i>Fracture</i>	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
<i>Organs system injury</i>	0,0	0,0	0,0	0,0	0,0	15,0	0,0	7,7	0,0	12,0	0,0	5,3
<i>Concussion</i>	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
<i>Sprain/Strain</i>	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0

Out of the total number of cases reported to the agencies 57 are due to physical abuse. In more than 2/3 of cases reported (75%) type of physical abuse is specified. Slapping/beating is the most frequent form of physical abuse in almost 60% of cases, pushing/kicking/throwing in 56%, spanking in 49% and grabbing/shaking in 38%. Severe forms of physical violence such as threatening with a knife or gun is reported in 12% of cases (25% of boys and 10% of girls), tying up or tying to something in 7% of cases etc [which is significantly higher for boys (17%) than for girls (2,6%)]. The boys are more exposed to severe forms of physical violence than girls. The nature of injury is specified in 58% of cases and in 42 is not specified. In most of the cases these are bruises (56%), open wound in 10% and organ system injury in 5,3%, both more in girls than in boys (Table C.2.1.2.)

Table C.2.1.3 Sexual abuse (n=70): Specific types of sexual abuse per gender and age (for the year 2010)

	Male				Female				Total			
	11	13	16	All	11	13	16	All	11	13	16	All
<i>Total CAN cases identified</i>	8	15	18	41	13	40	39	92	21	55	57	133
<i>Total Sexual abuse cases identified</i>	2	4	6	12	9	27	22	58	11	31	28	70
<i>Type of Sexual abuse- Unspecified</i>	0,0	0,0	0,0	0,0	0,0	7,4	0,0	3,4	0,0	6,5	0,0	2,9
<i>Type of Sexual abuse-Specified</i>	100,0	100,0	100,0	100,0	100,0	92,6	100,0	96,6	100,0	93,5	100,0	97,1
<i>Completed sexual activity</i>	100,0	25,0	83,3	66,7	33,3	63,0	59,1	56,9	45,5	58,1	64,3	58,6
<i>Attempted sexual activity</i>	0,0	25,0	0,0	8,3	22,2	22,2	36,4	27,6	18,2	22,6	28,6	24,3
<i>Touching/fondling genitals</i>	50,0	75,0	0,0	33,3	55,6	48,1	40,9	46,6	54,5	51,6	32,1	44,3
<i>Adult exposing genitals to child</i>	100,0	50,0	33,3	50,0	22,2	22,2	31,8	25,9	36,4	25,8	32,1	30,0
<i>Sexual exploitation</i>	0,0	25,0	16,7	16,7	22,2	37,0	31,8	32,8	18,2	35,5	28,6	30,0
<i>Sexual harassment</i>	0,0	25,0	33,3	25,0	33,3	44,4	50,0	44,8	27,3	41,9	46,4	41,4
<i>Voyeurism</i>	0,0	0,0	16,7	8,3	0,0	11,1	0,0	5,2	0,0	9,7	3,6	5,7

Sexual abuse consists 52,6% of all reported/detected cases of abuse. Almost 83% of all reported/detected cases of sexual abuse are girls. 97% of the cases are specified in the records. Most of the cases resulted in completed sexual activity (58,6%), touching/fondling genitals in 44,3%, sexual harassment in 41,4%, adult exposing genitals to child and sexual exploitation in 30%. This range of sexual abuse by type is common for boys and girls. As the children grow older all types of sexual abuse are more common, except 'touching/fondling genitals' and 'adult exposing genitals to child' which is more common for younger children (Table C.2.1.3).

Table C.2.1.4 Psychological abuse (n=110): Specific types of psychological abuse per gender, age and geographical area (for the year 2010)

	Male				Female				Total			
	11	13	16	All	11	13	16	All	11	13	16	All
<i>Total CAN cases identified</i>	8	15	18	41	13	40	39	92	21	55	57	133
<i>Total Psychol. abuse cases identified</i>	7	11	13	31	11	36	32	79	18	47	45	110
<i>Type of Psychol. abuse- Unspecified</i>	0,0	0,0	0,0	0,0	9,1	8,3	3,1	6,3	5,6	6,4	2,2	4,5
<i>Type of Psychol. abuse-Specified</i>	100	100	100	100	90,9	91,7	96,9	93,7	94,4	93,6	97,8	95,5
<i>Rejection through verbal abuse</i>	28,6	18,2	38,5	29,0	9,1	25,0	31,3	25,3	16,7	23,4	33,3	26,4
<i>Isolation</i>	28,6	27,3	15,4	22,6	0,0	16,7	28,1	19,0	11,1	19,1	24,4	20,0
<i>Ignorance</i>	57,1	18,2	38,5	35,5	9,1	25,0	31,3	25,3	27,8	23,4	33,3	28,2
<i>Corruption</i>	28,6	36,4	23,1	29,0	27,3	30,6	15,6	24,1	27,8	31,9	17,8	25,5
<i>Exploitation</i>	85,7	36,4	53,8	54,8	63,6	55,6	46,9	53,2	72,2	51,1	48,9	53,6
<i>Terrorization</i>	71,4	45,5	61,5	58,1	45,5	69,4	50,0	58,2	55,6	63,8	53,3	58,2
<i>Witnessing family violence</i>	57,1	36,4	30,8	38,7	18,2	38,9	28,1	31,6	33,3	38,3	28,9	33,6

Psychological abuse is widespread form of abuse, both in the selfreports of students and in reported/detected cases, and has been recorded in 87% of reported cases, and it has been specified in 95,5% of records. The most common forms of psychological abuse are 'terrorization' in 58,2%, 'exploitation' in 53,2%, 'witnessing family violence' in 33,6%, 'ignoring' in 28,2%, 'rejection through verbal abuse' in 26,4%, 'corruption' in 25,5% and 'isolation' in 20% of cases.

Table C.2.1.5 Neglect (n=77): Specific types of neglect per age, gender and geographical area (for the year 2010)

	Male				Female				Total			
	11	13	16	All	11	13	16	All	11	13	16	All
<i>Total CAN cases identified</i>	8	15	18	41	13	40	39	92	21	55	57	133
<i>Total Neglect cases identified</i>	6	11	12	29	7	21	20	48	13	32	32	77
<i>Type of Neglect-Unspecified</i>	16,7	9,1	8,3	10,3	28,6	14,3	15,0	16,7	23,1	12,5	12,5	14,3
<i>Type of Neglect-Specified</i>	83,3	90,9	91,7	89,7	71,4	85,7	85,0	83,3	76,9	87,5	87,5	85,7
<i>Physical neglect</i>	50,0	45,5	50,0	48,3	28,6	71,4	55,0	58,3	38,5	62,5	53,1	54,5
<i>Medical neglect</i>	83,3	45,5	66,7	62,1	42,9	76,2	55,0	62,5	61,5	65,6	59,4	62,3
<i>Educational neglect</i>	50,0	63,6	58,3	58,6	42,9	71,4	45,0	56,3	46,2	68,8	50,0	57,1
<i>Economic exploitation</i>	50,0	9,1	25,0	24,1	28,6	42,9	25,0	33,3	38,5	31,3	25,0	29,9
<i>Failure to protect from physical harm</i>	50,0	27,3	41,7	37,9	28,6	66,7	20,0	41,7	38,5	53,1	28,1	40,3
<i>Failure to protect from sexual abuse</i>	33,3	27,3	33,3	31,0	14,3	61,9	20,0	37,5	23,1	50,0	25,0	35,1
<i>Failure to provide treatment for mental problems</i>	16,7	27,3	25,0	24,1	14,3	42,9	10,0	25,0	15,4	37,5	15,6	24,7
<i>Permitting maladaptive/criminal behaviour</i>	16,7	27,3	41,7	31,0	42,9	47,6	15,0	33,3	30,8	40,6	25,0	32,5
<i>Abandonment/Refusal of custody</i>	16,7	72,7	83,3	65,5	57,1	61,9	40,0	52,1	38,5	65,6	56,3	57,1

Neglect is the most common form of CAN that is reported to the agencies, after psychological abuse. It is not specified in 14% of recorded cases. The most common forms of neglect for both sexes are 'medical neglect' in 62%, 'abandonment'(more in boys) and 'educational neglect' in 57% (both sexes), 'physical neglect' in 54,5%,(more in girls) 'failure to protect from physical harm' in 43,3%, 'failure to protect from sexual abuse' in 35% (more in girls).

Table C.2.1.6 Single and Multiple forms of abuse (n=133) per gender & age (for the year 2010)

	Male				Female				Total			
	11	13	16	All	11	13	16	All	11	13	16	All
<i>Total cases</i>	8	15	18	41	13	40	39	92	21	55	57	133
Single CAN form	37,5	26,7	27,8	29,3	23,1	22,5	12,8	18,5	28,6	23,6	17,5	21,8
<i>Physical abuse</i>	12,5	0,0	5,6	4,9	0,0	2,5	0,0	1,1	4,8	1,8	1,8	2,3
<i>Sexual abuse</i>	0,0	0,0	5,6	2,4	23,1	12,5	7,7	12,0	14,3	9,1	7,0	9,0
<i>Psychological abuse</i>	12,5	6,7	0,0	4,9	0,0	2,5	2,6	2,2	4,8	3,6	1,8	3,0
<i>Neglect</i>	12,5	20,0	16,7	17,1	0,0	5,0	2,6	3,3	4,8	9,1	7,0	7,5
Multiple CAN forms	62,5	66,7	72,2	68,3	76,9	75,0	82,1	78,3	71,4	72,7	78,9	75,2
<i>Physical & Sexual</i>	0,0	0,0	5,6	2,4	0,0	5,0	2,6	3,3	0,0	3,6	3,5	3,0
<i>Physical & Psychological</i>	0,0	0,0	5,6	2,4	0,0	7,5	5,1	5,4	0,0	5,5	5,3	4,5
<i>Physical & Neglect</i>	0,0	0,0	0,0	0,0	0,0	0,0	2,6	1,1	0,0	0,0	1,8	0,8
<i>Sexual & Psychological</i>	12,5	6,7	5,6	7,3	30,8	25,0	17,9	22,8	23,8	20,0	14,0	18,0
<i>Sexual & Neglect</i>	0,0	0,0	0,0	0,0	7,7	0,0	2,6	2,2	4,8	0,0	1,8	1,5
<i>Psychological & Neglect</i>	12,5	20,0	22,2	19,5	23,1	7,5	12,8	12,0	19,0	10,9	15,8	14,3
<i>Physical, Sexual & Psych.</i>	12,5	20,0	11,1	14,6	15,4	2,5	15,4	9,8	14,3	7,3	14,0	11,3
<i>Physical, Sexual & Neglect</i>	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
<i>Physical, Psych. & Neglect</i>	25,0	20,0	16,7	19,5	0,0	7,5	10,3	7,6	9,5	10,9	12,3	11,3
<i>Sexual, Psych. & Neglect</i>	0,0	0,0	5,6	2,4	0,0	0,0	7,7	3,3	0,0	0,0	7,0	3,0
<i>Physical, Sexual, Psychological & Neglect</i>	0,0	0,0	0,0	0,0	0,0	20,0	5,1	10,9	0,0	14,5	3,5	7,5

Three quarters of all reported cases (75,1%) represent multiple forms of CAN. As children grow older they are more exposed to multiple forms of CAN. Most of them are combination of two types of CAN Sexual & Psychological 18%, Psychological & Neglect 14,3%, three types of CAN - Physical, Sexual & Psych 11,3% and Physical, Psych. & Neglect also in 11,3% and four types of CAN Physical, Sexual, Psychological & Neglect in 7,5% of cases. Girls are exposed to multiple forms of CAN in 78,3% of cases and boys are exposed in 68,3% (Table C.2.1.6.).

C.2.2. Child-CAN victim characteristics

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

	All forms of Maltreatment (n=133)											
	male				Female				Total			
	11	13	16	All	11	13	16	All	11	13	16	All
Total CAN cases	8	15	18	41	13	40	39	92	21	55	57	133
Educational status												
Unspecified	12,5	0,0	5,6	4,9	7,7	5,0	5,1	5,4	9,5	3,6	5,3	5,3
Not attending school at all	12,5	0,0	11,1	7,3	15,4	17,5	7,7	13,0	14,3	12,7	8,8	11,3
Dropped out	25,0	13,3	27,8	22,0	15,4	10,0	23,1	16,3	19,0	10,9	24,6	18,0
Attends school	50,0	86,7	55,6	65,9	61,5	67,5	61,5	64,1	57,1	72,7	59,6	64,7
Work status												
Unspecified	0,0	0,0	0,0	0,0	0,0	2,5	2,6	2,2	0,0	1,8	1,8	1,5
Not working	100,0	100,0	83,3	92,7	92,3	92,5	94,9	93,5	95,2	94,5	91,2	93,2
Working domestic/ unpaid	0,0	0,0	0,0	0,0	0,0	0,0	2,6	1,1	0,0	0,0	1,8	0,8
Working salaried work	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
Education-related problems												
Unspecified	12,5	6,7	11,1	9,8	15,4	7,5	5,1	7,6	14,3	7,3	7,0	8,3
None	50,0	40,0	33,3	39,0	15,4	40,0	28,2	31,5	28,6	40,0	29,8	33,8
Learning disability	25,0	20,0	0,0	12,2	7,7	15,0	5,1	9,8	14,3	16,4	3,5	10,5
Specialized education class	0,0	0,0	5,6	2,4	23,1	0,0	15,4	9,8	14,3	0,0	12,3	7,5
Irregular school attendance	2,0	14,3	14,3	30,6	6,1	26,5	32,7	65,3	8,2	40,8	46,9	47,9
Behaviour-related problems												
Unspecified	0,0	6,7	0,0	2,4	7,7	7,5	0,0	4,3	4,8	7,3	0,0	3,8
None	25,0	40,0	27,8	31,7	38,5	42,5	25,6	34,8	33,3	41,8	26,3	33,8
Problems in school	37,5	33,3	38,9	36,6	15,4	32,5	33,3	30,4	23,8	32,7	35,1	32,3
Problems in home	50,0	26,7	27,8	31,7	0,0	25,0	30,8	23,9	19,0	25,5	29,8	26,3
Violent behaviour	25,0	26,7	44,4	34,1	0,0	15,0	17,9	14,1	9,5	18,2	26,3	20,3
Bullying	0,0	6,7	11,1	7,3	0,0	0,0	2,6	1,1	0,0	1,8	5,3	3,0
Self-harming behaviour	25,0	6,7	11,1	12,2	0,0	10,0	23,1	14,1	9,5	9,1	19,3	13,5
Running away	37,5	26,7	38,9	34,1	23,1	25,0	30,8	27,2	28,6	25,5	33,3	29,3
Negative peer involvement	37,5	33,3	50,0	41,5	7,7	20,0	23,1	19,6	19,0	23,6	31,6	26,3
Inappropriate sexual behaviour	0,0	0,0	5,6	2,4	15,4	17,5	17,9	17,4	9,5	12,7	14,0	12,8
Criminal involvement	25,0	26,7	27,8	26,8	7,7	7,5	12,8	9,8	14,3	12,7	17,5	15,0
Substance abuse problems												
Unspecified	12,5	13,3	16,7	14,6	7,7	7,5	7,7	7,6	9,5	9,1	10,5	9,8
None	87,5	86,7	66,7	78,0	84,6	85,0	74,4	80,4	85,7	85,5	71,9	79,7
Drug abuse	0,0	0,0	11,1	4,9	0,0	0,0	7,7	3,3	0,0	0,0	8,8	3,8
Alcohol abuse	0,0	0,0	5,6	2,4	0,0	0,0	10,3	4,3	0,0	0,0	8,8	3,8
Diagnosed Disabilities												
Unspecified	12,5	0,0	16,7	9,8	0,0	5,0	2,6	3,3	4,8	3,6	7,0	5,3
None	87,5	80,0	72,2	78,0	61,5	77,5	69,2	71,7	71,4	78,2	70,2	73,7
Physical handicap	0,0	0,0	0,0	0,0	0,0	0,0	2,6	1,1	0,0	0,0	1,8	0,8
Visual-hear-speechimpairment	0,0	6,7	0,0	2,4	0,0	2,5	2,6	2,2	0,0	3,6	1,8	2,3
Impaired cognitive functioning	0,0	6,7	0,0	2,4	23,1	10,0	10,3	12,0	14,3	9,1	7,0	9,0
Psychiatric disorder	0,0	0,0	5,6	2,4	0,0	7,5	7,7	6,5	0,0	5,5	7,0	5,3

CAN is a serious problem that is known to cause long term developmental consequences, affecting health as well as mental health, behavior – related problems and educational problems. It is a concerning fact that 18% of the abused children have dropped out from school, and further 11,3% do not attend school at all. For 5,3% of children the educational status isn't specified. Boys have dropped out of school even at higher rate (22%) than girls (16,3), but girls do not attend school at all (13%) more than boys (7,3%). Among all age groups 16 years old are at greater risk of not going to school at all or abandoning school.

Most of the children reported for abuse and neglect are not working (93,2%), but go to school. In 8,3% it is not specified whether there are education-related problems. The most frequent education related problem is irregular school attendance (47,9%), learning disability is recorded in 10% of abused children (12,2% of boys versus 9,8% of girls) and specialized education class in 7,5% of children.

Almost two thirds (62,4%) of abused children have some kind of behavioral problems, typically more often boys than girls. Most common types of problems are: Problems in school 32,3%, running away 29,3%, problems in home and negative peer involvement in 26,3%, violent behaviour 20%, criminal involvement 15%, self-harming behaviour 13,5% and Inappropriate sexual behaviour 12,8%. All these types of behavioral problems are more common for boys except self-harming behaviour and inappropriate sexual behaviour which are more common for girls.

Equal number of abused children abuse substances – alcohol and drugs in 3,8%. Girls tend to abuse alcohol more often (4,3%) and boys tend to abuse drugs more often (4,9%). Substance abuse is not specified for 9,8% of reported cases.

In 21% of reported cases of abuse some kind of disability was diagnosed: impaired cognitive functioning in 9%, psychiatric disorder in 5,3% and visual-hear-speech impairment in 2,3%. Girls have been diagnosed much more often having impaired cognitive functioning (12%) and psychiatric disorder (6,5%), as well as younger children (Table C.2.2.1.).

Table C.2.2.2 Child-physical abuse victims' characteristics

	Physical Abuse (n=57)											
	male				Female				Total			
	11	13	16	All	11	13	16	All	11	13	16	All
Total Physical abuse cases	5	5	8	18	3	20	16	39	8	25	24	57
Educational status												
Unspecified	0,0	0,0	12,5	5,6	33,3	5,0	6,3	7,7	12,5	4,0	8,3	7,0
Not attending school at all	20,0	0,0	12,5	11,1	0,0	20,0	18,8	17,9	12,5	16,0	16,7	15,8
Dropped out	0,0	20,0	25,0	16,7	0,0	0,0	25,0	10,3	0,0	4,0	25,0	12,3
Attends school	60,0	80,0	125,0	94,4	33,3	65,0	50,0	56,4	50,0	68,0	75,0	68,4
Work status												
Unspecified	0,0	0,0	0,0	0,0	0,0	5,0	0,0	2,6	0,0	4,0	0,0	1,8
Not working	80,0	120,0	75,0	88,9	66,7	85,0	100,0	89,7	75,0	92,0	91,7	89,5
Working domestic/ unpaid	0,0	0,0	0,0	0,0	0,0	0,0	6,3	2,6	0,0	0,0	4,2	1,8
Working salaried work	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
Education-related problems												
Unspecified	0,0	0,0	12,5	5,6	33,3	5,0	6,3	7,7	12,5	4,0	8,3	7,0
None	40,0	60,0	37,5	44,4	0,0	25,0	25,0	23,1	25,0	32,0	29,2	29,8
Learning disability	20,0	20,0	0,0	11,1	0,0	20,0	6,3	12,8	12,5	20,0	4,2	12,3
Specialized education class	40,0	0,0	0,0	11,1	0,0	0,0	12,5	5,1	25,0	0,0	8,3	7,0
Irregular school attendance	0,0	4,1	6,1	10,2	2,0	10,2	14,3	26,5	2,0	14,3	20,4	36,7
Behaviour-related problems												
Unspecified	0,0	0,0	0,0	0,0	33,3	5,0	0,0	5,1	12,5	4,0	0,0	3,5
None	0,0	60,0	25,0	27,8	0,0	35,0	31,3	30,8	0,0	40,0	29,2	29,8
Problems in school	40,0	20,0	37,5	33,3	33,3	35,0	31,3	33,3	37,5	32,0	33,3	33,3
Problems in home	60,0	20,0	37,5	38,9	0,0	35,0	43,8	35,9	37,5	32,0	41,7	36,8
Violent behaviour	40,0	20,0	37,5	33,3	0,0	25,0	25,0	23,1	25,0	24,0	29,2	26,3
Bullying	0,0	20,0	12,5	11,1	0,0	0,0	6,3	2,6	0,0	4,0	8,3	5,3
Self-harming behaviour	20,0	0,0	12,5	11,1	0,0	15,0	25,0	17,9	12,5	12,0	20,8	15,8
Running away	20,0	40,0	0,0	16,7	33,3	20,0	43,8	30,8	25,0	24,0	29,2	26,3
Negative peer involvement	40,0	20,0	50,0	38,9	0,0	25,0	31,3	25,6	25,0	24,0	37,5	29,8
Inappropriate sexual behaviour	0,0	0,0	12,5	5,6	33,3	15,0	18,8	17,9	12,5	12,0	16,7	14,0
Criminal involvement	0,0	20,0	25,0	16,7	0,0	10,0	18,8	12,8	0,0	12,0	20,8	14,0
Substance abuse problems												
Unspecified	0,0	20,0	12,5	11,1	0,0	0,0	6,3	2,6	0,0	4,0	8,3	5,3
None	80,0	100,0	12,5	55,6	66,7	85,0	81,3	82,1	75,0	88,0	58,3	73,7
Drug abuse	0,0	0,0	25,0	11,1	0,0	0,0	6,3	2,6	0,0	0,0	12,5	5,3
Alcohol abuse	0,0	0,0	12,5	5,6	0,0	0,0	6,3	2,6	0,0	0,0	8,3	3,5
Diagnosed Disabilities												
Unspecified	0,0	0,0	12,5	5,6	0,0	5,0	6,3	5,1	0,0	4,0	8,3	5,3
None	80,0	100,0	62,5	77,8	66,7	65,0	0,0	38,5	75,0	72,0	20,8	50,9
Physical handicap	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
Visual-hear-speechimpairment	0,0	0,0	0,0	0,0	0,0	5,0	0,0	2,6	0,0	4,0	0,0	1,8
Impaired cognitive functioning	0,0	20,0	0,0	5,6	0,0	15,0	6,3	10,3	0,0	16,0	4,2	8,8
Psychiatric disorder	0,0	0,0	12,5	5,6	0,0	10,0	6,3	7,7	0,0	8,0	8,3	7,0

Children victims of physical abuse in most of the cases manifest behavioral problems such as irregular school attendance 36%, problems in home – 36,8% , drug abuse – 5,3%, impaired cognitive functioning – 8,8% and psychiatric disorder - 7% of all cases cases (Table C.2.2.2).

Table C.2.2.3 Child-sexual abuse victims' characteristics

	Sexual Abuse (n=70)											
	male				Female				Total			
	11	13	16	All	11	13	16	All	11	13	16	All
Total Sexual abuse cases	2	4	6	12	9	27	22	58	11	31	28	70
Educational status												
Unspecified	50,0	0,0	16,7	16,7	11,1	7,4	0,0	5,2	18,2	6,5	3,6	7,1
Not attending school at all	0,0	0,0	0,0	0,0	0,0	14,8	13,6	12,1	0,0	12,9	10,7	10,0
Dropped out	0,0	0,0	33,3	16,7	22,2	11,1	22,7	17,2	18,2	9,7	25,0	17,1
Attends school	50,0	100,0	50,0	66,7	77,8	66,7	54,5	63,8	72,7	71,0	53,6	64,3
Work status												
Unspecified	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
Not working	100,0	100,0	66,7	83,3	111,1	92,6	95,5	96,6	109,1	93,5	89,3	94,3
Working domestic/ unpaid	0,0	0,0	16,7	8,3	0,0	0,0	9,1	3,4	0,0	0,0	10,7	4,3
Working salaried work	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
Education-related problems												
Unspecified	0,0	25,0	16,7	16,7	11,1	11,1	9,1	10,3	9,1	12,9	10,7	11,4
None	50,0	25,0	50,0	41,7	22,2	33,3	18,2	25,9	27,3	32,3	25,0	28,6
Learning disability	50,0	25,0	0,0	16,7	11,1	18,5	9,1	13,8	18,2	19,4	7,1	14,3
Specialized education class	0,0	0,0	16,7	8,3	33,3	0,0	22,7	13,8	27,3	0,0	21,4	12,9
Irregular school attendance	0,0	2,0	2,0	4,1	6,1	18,4	14,3	38,8	6,1	20,4	16,3	42,9
Behaviour-related problems												
Unspecified	0,0	25,0	0,0	8,3	11,1	11,1	0,0	6,9	9,1	12,9	0,0	7,1
None	50,0	25,0	16,7	25,0	55,6	40,7	4,5	29,3	54,5	38,7	7,1	28,6
Problems in school	50,0	25,0	0,0	16,7	11,1	33,3	18,2	24,1	18,2	32,3	14,3	22,9
Problems in home	50,0	25,0	16,7	25,0	0,0	14,8	18,2	13,8	9,1	16,1	17,9	15,7
Violent behaviour	0,0	25,0	33,3	25,0	0,0	14,8	13,6	12,1	0,0	16,1	17,9	14,3
Bullying	0,0	25,0	33,3	25,0	0,0	0,0	0,0	0,0	0,0	3,2	7,1	4,3
Self-harming behaviour	0,0	0,0	16,7	8,3	0,0	11,1	22,7	13,8	0,0	9,7	21,4	12,9
Running away	0,0	25,0	50,0	33,3	22,2	25,9	27,3	25,9	18,2	25,8	32,1	27,1
Negative peer involvement	0,0	0,0	50,0	25,0	0,0	25,9	13,6	17,2	0,0	22,6	21,4	18,6
Inappropriate sexual behaviour	0,0	0,0	16,7	8,3	22,2	18,5	27,3	22,4	18,2	16,1	25,0	20,0
Criminal involvement	0,0	0,0	16,7	8,3	0,0	7,4	13,6	8,6	0,0	6,5	14,3	8,6
Substance abuse problems												
Unspecified	0,0	25,0	33,3	25,0	11,1	7,4	13,6	10,3	9,1	9,7	17,9	12,9
None	100,0	75,0	50,0	66,7	100,0	11,1	72,7	48,3	100,0	19,4	67,9	51,4
Drug abuse	0,0	0,0	0,0	0,0	0,0	0,0	9,1	3,4	0,0	0,0	7,1	2,9
Alcohol abuse	0,0	0,0	0,0	0,0	0,0	0,0	9,1	3,4	0,0	0,0	7,1	2,9
Diagnosed Disabilities												
Unspecified	0,0	0,0	33,3	16,7	0,0	7,4	4,5	5,2	0,0	6,5	10,7	7,1
None	100,0	100,0	50,0	75,0	77,8	70,4	59,1	67,2	81,8	74,2	57,1	68,6
Physical handicap	0,0	0,0	0,0	0,0	0,0	0,0	4,5	1,7	0,0	0,0	3,6	1,4
Visual-hear-speechimpairment	0,0	0,0	0,0	0,0	0,0	0,0	4,5	1,7	0,0	0,0	3,6	1,4
Impaired cognitive functioning	0,0	0,0	0,0	0,0	33,3	11,1	18,2	17,2	27,3	9,7	14,3	14,3
Psychiatric disorder	0,0	0,0	0,0	0,0	0,0	7,4	9,1	6,9	0,0	6,5	7,1	5,7

Sexually abused children tend to drop out from school (17%), to work unpaid (4,3%), to attend irregularly school – 42,9%, running away – 27%, be diagnosed as impaired cognitive functioning (14,3%) and having psychiatric disorder in 5,7 %, alcohol and drug abuse in 2,9% of cases (Table C2.2.3.)

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

	Psychological Abuse (n=110)											
	male				Female				Total			
	11	13	16	All	11	13	16	All	11	13	16	All
Total Psychological abuse cases	7	11	13	31	11	36	32	79	18	47	45	110
Educational status												
Unspecified	14,3	0,0	7,7	6,5	9,1	2,8	3,1	3,8	11,1	2,1	4,4	4,5
Not attending school at all	14,3	0,0	15,4	9,7	18,2	11,1	9,4	11,4	16,7	8,5	11,1	10,9
Dropped out	28,6	18,2	38,5	29,0	0,0	8,3	15,6	10,1	11,1	10,6	22,2	15,5
Attends school	28,6	81,8	30,8	48,4	54,5	58,3	62,5	59,5	44,4	63,8	53,3	56,4
Work status												
Unspecified	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
Not working	85,7	90,9	69,2	80,6	72,7	77,8	90,6	82,3	77,8	80,9	84,4	81,8
Working domestic/ unpaid	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
Working salaried work	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
Education-related problems												
Unspecified	0,0	9,1	7,7	6,5	18,2	5,6	3,1	6,3	11,1	6,4	4,4	6,4
None	42,9	36,4	15,4	29,0	9,1	25,0	21,9	21,5	22,2	27,7	20,0	23,6
Learning disability	28,6	18,2	0,0	12,9	0,0	13,9	6,3	8,9	11,1	14,9	4,4	10,0
Specialized education class	0,0	0,0	7,7	3,2	27,3	0,0	12,5	8,9	16,7	0,0	11,1	7,3
Irregular school attendance	2,0	10,2	12,2	24,5	2,0	22,4	28,6	53,1	4,1	32,7	40,8	77,6
Behaviour-related problems												
Unspecified	0,0	9,1	0,0	3,2	9,1	5,6	0,0	3,8	5,6	6,4	0,0	3,6
None	42,9	27,3	23,1	29,0	27,3	30,6	25,0	27,8	33,3	29,8	24,4	28,2
Problems in school	28,6	27,3	38,5	32,3	18,2	30,6	34,4	30,4	22,2	29,8	35,6	30,9
Problems in home	57,1	27,3	30,8	35,5	0,0	25,0	28,1	22,8	22,2	25,5	28,9	26,4
Violent behaviour	14,3	18,2	38,5	25,8	0,0	13,9	9,4	10,1	5,6	14,9	17,8	14,5
Bullying	0,0	9,1	0,0	3,2	0,0	0,0	3,1	1,3	0,0	2,1	2,2	1,8
Self-harming behaviour	14,3	9,1	7,7	9,7	0,0	8,3	18,8	11,4	5,6	8,5	15,6	10,9
Running away	28,6	27,3	30,8	29,0	18,2	22,2	31,3	25,3	22,2	23,4	31,1	26,4
Negative peer involvement	14,3	27,3	46,2	32,3	9,1	19,4	18,8	17,7	11,1	21,3	26,7	21,8
Inappropriate sexual behaviour	0,0	0,0	7,7	3,2	9,1	11,1	15,6	12,7	5,6	8,5	13,3	10,0
Criminal involvement	14,3	27,3	23,1	22,6	9,1	8,3	12,5	10,1	11,1	12,8	15,6	13,6
Substance abuse problems												
Unspecified	14,3	18,2	23,1	19,4	9,1	2,8	9,4	6,3	11,1	6,4	13,3	10,0
None	71,4	81,8	53,8	67,7	9,1	72,2	68,8	62,0	33,3	74,5	64,4	63,6
Drug abuse	0,0	0,0	15,4	6,5	0,0	0,0	6,3	2,5	0,0	0,0	8,9	3,6
Alcohol abuse	0,0	0,0	7,7	3,2	0,0	0,0	9,4	3,8	0,0	0,0	8,9	3,6
Diagnosed Disabilities												
Unspecified	14,3	0,0	23,1	12,9	0,0	2,8	3,1	2,5	5,6	2,1	8,9	5,5
None	71,4	81,8	61,5	71,0	36,4	63,9	68,8	62,0	50,0	68,1	66,7	64,5
Physical handicap	0,0	0,0	0,0	0,0	0,0	0,0	3,1	1,3	0,0	0,0	2,2	0,9
Visual-hear-speechimpairment	0,0	0,0	0,0	0,0	0,0	2,8	3,1	2,5	0,0	2,1	2,2	1,8
Impaired cognitive functioning	0,0	9,1	0,0	3,2	27,3	11,1	6,3	11,4	16,7	10,6	4,4	9,1
Psychiatric disorder	0,0	0,0	7,7	3,2	0,0	5,6	6,3	5,1	0,0	4,3	6,7	4,5

Psychologically abused children tend to drop out from school (15,5%), to attend school irregularly – 77,6%, running away – 26%, problems in school – 30%, be diagnosed as impaired cognitive functioning – 9,1%) and having psychiatric disorder – 4,5%, alcohol and drug abuse – 3,6% of cases (Table C2.2.3.)

Table C.2.2.5 Child-neglect victims' characteristics

	Neglect (n=77)											
	male				Female				Total			
	11	13	16	All	11	13	16	All	11	13	16	All
Total Neglect cases	6	11	12	29	7	21	20	48	13	32	32	77
Educational status												
Unspecified	0,0	0,0	8,3	3,4	0,0	0,0	10,0	4,2	0,0	0,0	9,4	3,9
Not attending school at all	16,7	0,0	16,7	10,3	28,6	19,0	10,0	16,7	23,1	12,5	12,5	14,3
Dropped out	16,7	9,1	33,3	20,7	14,3	4,8	20,0	12,5	15,4	6,3	25,0	15,6
Attends school	50,0	63,6	41,7	51,7	14,3	52,4	60,0	50,0	30,8	56,3	53,1	50,6
Work status												
Unspecified	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
Not working	66,7	72,7	75,0	72,4	42,9	66,7	80,0	68,8	53,8	68,8	78,1	70,1
Working domestic/ unpaid	0,0	0,0	0,0	0,0	0,0	0,0	5,0	2,1	0,0	0,0	3,1	1,3
Working salaried work	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
Education-related problems												
Unspecified	16,7	0,0	8,3	6,9	14,3	0,0	0,0	2,1	15,4	0,0	3,1	3,9
None	16,7	45,5	16,7	27,6	0,0	23,8	30,0	22,9	7,7	31,3	25,0	24,7
Learning disability	16,7	9,1	0,0	6,9	0,0	14,3	0,0	6,3	7,7	12,5	0,0	6,5
Specialized education class	0,0	0,0	8,3	3,4	0,0	0,0	10,0	4,2	0,0	0,0	9,4	3,9
Irregular school attendance	2,0	8,2	10,2	20,4	2,0	10,2	18,4	30,6	4,1	18,4	28,6	51,0
Behaviour-related problems												
Unspecified	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
None	0,0	45,5	25,0	27,6	0,0	23,8	15,0	16,7	0,0	31,3	18,8	20,8
Problems in school	16,7	27,3	50,0	34,5	14,3	33,3	40,0	33,3	15,4	31,3	43,8	33,8
Problems in home	50,0	9,1	33,3	27,6	0,0	33,3	35,0	29,2	23,1	25,0	34,4	28,6
Violent behaviour	16,7	18,2	58,3	34,5	0,0	14,3	15,0	12,5	7,7	15,6	31,3	20,8
Bullying	0,0	0,0	0,0	0,0	0,0	0,0	5,0	2,1	0,0	0,0	3,1	1,3
Self-harming behaviour	33,3	9,1	8,3	13,8	0,0	9,5	25,0	14,6	15,4	9,4	18,8	14,3
Running away	50,0	27,3	41,7	37,9	28,6	23,8	30,0	27,1	38,5	25,0	34,4	31,2
Negative peer involvement	33,3	27,3	58,3	41,4	14,3	19,0	30,0	22,9	23,1	21,9	40,6	29,9
Inappropriate sexual behaviour	0,0	0,0	0,0	0,0	14,3	14,3	10,0	12,5	7,7	9,4	6,3	7,8
Criminal involvement	33,3	27,3	33,3	31,0	14,3	14,3	15,0	14,6	23,1	18,8	21,9	20,8
Substance abuse problems												
Unspecified	16,7	9,1	8,3	10,3	0,0	4,8	0,0	2,1	7,7	6,3	3,1	5,2
None	50,0	72,7	66,7	65,5	42,9	66,7	65,0	62,5	46,2	68,8	65,6	63,6
Drug abuse	0,0	0,0	16,7	6,9	0,0	0,0	10,0	4,2	0,0	0,0	12,5	5,2
Alcohol abuse	0,0	0,0	8,3	3,4	0,0	0,0	10,0	4,2	0,0	0,0	9,4	3,9
Diagnosed Disabilities												
Unspecified	16,7	0,0	16,7	10,3	0,0	4,8	0,0	2,1	7,7	3,1	6,3	5,2
None	50,0	63,6	66,7	62,1	28,6	57,1	65,0	56,3	38,5	59,4	65,6	58,4
Physical handicap	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
Visual-hear-speechimpairment	0,0	0,0	0,0	0,0	0,0	4,8	0,0	2,1	0,0	3,1	0,0	1,3
Impaired cognitive functioning	0,0	9,1	0,0	3,4	0,0	9,5	5,0	6,3	0,0	9,4	3,1	5,2
Psychiatric disorder	0,0	0,0	8,3	3,4	0,0	4,8	10,0	6,3	0,0	3,1	9,4	5,2

Neglected children tend to drop out from school – 15,6%, to attend school irregularly – 51%, running away – 31%, problems in school – 33,8%, be diagnosed as impaired cognitive functioning – 5,2%) and having psychiatric disorder – 5,2%, alcohol abuse – 3,6% and drug abuse – 5,2% of cases (Table C2.2.5.)

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

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

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

	Form of Maltreatment				
	Physical abuse (n=57)	Sexual Abuse (n=70)	Psychological abuse (n=110)	Neglect (n=77)	All forms of maltreatment (n=133)
Family Status					
Unspecified	1,9	1,4	4,5	6,5	3,8
Married parents	51,9	40,0	32,7	57,1	49,6
Divorced parents	20,4	15,7	11,8	19,5	15,0
Single parent family	1,9	1,4	4,5	11,7	8,3
Step Family	0,0	0,0	0,0	0,0	0,8
Foster family	18,5	14,3	6,4	22,1	14,3
Adoption family	0,0	0,0	0,0	0,0	0,0
Number of co-habitants					
Unspecified	16,7	10,0	0,0	13,0	10,5
1	0,0	0,0	0,0	0,0	0,0
2	1,9	5,7	3,6	2,6	3,8
3	0,0	2,9	0,9	1,3	3,0
4	9,3	8,6	10,9	10,4	11,3
>5	16,7	11,4	11,8	11,7	11,3
Co-habitants identity					
Unspecified	22,2	14,3	13,6	13,0	11,3
Mother	61,1	70,0	56,4	36,4	60,9
Father	55,6	60,0	45,5	36,4	54,1
Siblings	51,9	62,9	54,5	40,3	60,2
Grandparent(s)	7,4	8,6	6,4	9,1	9,8
Other blood/in-laws relative(s)	0,0	0,0	0,0	0,0	0,0
Parent's partner	5,6	1,4	3,6	5,2	4,5
Other CAN victims					
Unspecified	5,6	2,9	3,6	2,6	3,8
None	46,3	68,6	39,1	23,4	49,6
Siblings	31,5	21,4	33,6	39,0	34,6
Other types of abuse					
Unspecified	37,0	24,3	28,2	28,6	26,3
None	40,7	57,1	39,1	29,9	51,9
Intimate partner violence	9,3	4,3	5,5	6,5	4,5
Elderly abuse	11,1	10,0	9,1	10,4	9,8
Sibling abuse	7,4	4,3	5,5	3,9	4,5
Housing adequacy					
Unspecified	13,0	22,9	10,9	3,9	12,8
No	40,7	34,3	33,6	28,6	39,1
Yes	44,4	40,0	40,9	41,6	41,4
Household income					
Unspecified	18,5	28,6	14,5	5,2	17,3
Very low	33,3	28,6	29,1	36,4	30,1
Low	11,1	12,9	12,7	13,0	13,5
Moderate	35,2	27,1	28,2	18,2	31,6
High	1,9	1,4	1,8	2,6	2,3
Very high	0,0	0,0	0,0	0,0	0,0
Source of income					
Unspecified	20,4	25,7	13,6	7,8	15,8
No source of income	5,6	8,6	10,0	14,3	9,8
Full time employment	31,5	24,3	21,8	11,7	22,6
Part time/Seasonal employment	13,0	11,4	7,3	2,6	8,3
Social assistance	11,1	12,9	13,6	18,2	16,5
No reliable source	9,3	5,7	10,0	11,7	10,5

Financial problems					
Unspecified	16,7	24,3	12,7	6,5	15,0
No	35,2	30,0	29,1	18,2	33,1
	44,44	41,42	42,73	49,35	43,61

Characteristics of families and households of maltreated children didn't differ according to type of maltreatment show that: parents were divorced in 15%, lived in foster family (14,3%), single parent family (8,3%), number of cohabitants is 4 and more in 11,3%, that the majority lived with their siblings (60,2%), mother (61,9%) and father (54%), siblings were also CAN victims (30,6%), there was elderly abuse (9,8%), intimate partner violence (4,5%), there were no housing adequacy (39,1%), there was a very low household income (33,3%), social assistance (16,5%), and financial problems (43,6%).

Characteristics of families and households of physically abused children show that: parents were divorced in 20,4%, lived in foster family (18,5%), number of cohabitants is 4 and more in 11,3%, that the majority lived with their siblings (51,9%), mother (61,9%) and father (54%), siblings were also CAN victims (31,5%), there was elderly abuse (11,1%), intimate partner violence (9,3%), there were no housing adequacy (40,7%), there was a very low household income (30,3%), social assistance (11,1%), and financial problems (44,44%).

Characteristics of families and households of sexually abused children show that: parents were divorced in 15,7%, lived in foster family (14,3%), number of cohabitants is 5 and more in 11,4%, that the majority lived with their siblings (63%), mother (70%) and father (60%), there was elderly abuse (10%), intimate partner violence (9,3%), there were no housing adequacy (44,3%), there was a very low household income (28,6%), social assistance (12,9%), and financial problems (41,42%).

Characteristics of families and households of psychologically abused children show that: parents were divorced (11,8%), lived in single parent family (4,5%) lived in foster family (6,4%), number of cohabitants is 5 and more (11,8%), that the majority lived with their siblings (54%), mother (56%) and father (45%), there was elderly abuse (9,1%), intimate partner violence (5,5%), there were no housing adequacy (33,6%), there was a very low household income (29,1%), social assistance (13,6%), and financial problems (42,7%).

Characteristics of families and households of neglected children show that: parents were divorced (19,5%), lived in single parent family (11,7%) lived in foster family (22%), number of cohabitants is 5 and more (11,7%), that the majority lived with their siblings (40,3%), mother (36%) and father (36%), there was elderly abuse (10,4%), intimate partner violence (6,5%), there were no housing adequacy (28,6%), there was a very low household income (36,4%), social assistance (18,2%), and financial problems (49,4%).

Characteristics of families and households of maltreated children were similar and didn't differ according to type of maltreatment: divorced parents are more typical for physically abused and neglected children, foster family and single parent family are more typical for neglected and physically abused children, number of cohabitants is 5 and more for all, physically abused and neglected children lived more often with parent's partner; there was more elderly abuse and sibling abuse in families of physically abused children, no housing adequacy and very low household income was present in all types of maltreatment, social assistance was more in neglected children, and all had financial problems, but it was more typical for neglected children.

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

Table C.2.4 Perpetrators and Caregivers

	Perpetrators and Caregivers			
	Perpetrators only	Perpetrators & Caregivers	Caregivers only	Total
Frequency	145	45	145	335
%	43,28	13,43	43,28	100

Perpetrators are different people than caregivers in 43,3% of cases, and in 13,4% perpetrators and caregivers are the same people.

C.2.5. Characteristics of Perpetrators and Caregivers

Table C.2.5.1 Perpetrators' characteristics per form of maltreatment

	Form of Maltreatment				
	Physical abuse (n=57)	Sexual abuse (n=70)	Psychological abuse (n=110)	Neglect (n=77)	All forms of maltreatment (n=133)
Number of Perpetrators	57	104	110	51	143
Unspecified	7,0	2,9	3,6	2,0	2,8
1	47,4	77,9	68,2	51,0	74,8
2	35,1	13,5	21,8	47,1	18,2
3	0,0	0,0	0,0	0,0	0,0
4 or more	10,5	5,8	5,5	0,0	4,2
Status of allegation					
Unspecified	2,2	1,5	1,3	2,3	1,0
Perpetrator	71,1	63,2	78,8	86,4	73,5
Alleged Perpetrator	26,7	35,3	20,0	11,4	25,5
Gender					
Unspecified	4,4	2,9	2,5	4,5	2,0
Male	77,8	92,6	76,3	50,0	77,5
Female	17,8	4,4	21,3	45,5	20,6
Age group					
>18	6,7	8,8	8,8	2,3	6,9
19-24	4,4	8,8	5,0	2,3	5,9
25-34	24,4	16,2	25,0	40,9	27,5
35-44	22,2	17,6	28,8	34,1	22,5
45-54	4,4	4,4	3,8	4,5	4,9
55-64	0,0	0,0	0,0	0,0	0,0
>65	0,0	1,5	0,0	4,5	2,0
Educational Level					
Unspecified	51,1	66,2	47,5	34,1	50,0
Has not attended school	22,2	2,9	12,5	22,7	11,8
Elementary school	13,3	19,1	23,8	29,5	23,5
Middle School	0,0	1,5	1,3	2,3	1,0
High School	4,4	4,4	8,8	6,8	7,8
Technical School	6,7	2,9	3,8	4,5	2,9
University	4,4	2,9	2,5	0,0	2,9
Post-graduate studies	0,0	0,0	0,0	0,0	0,0
Employment status					
Unspecified	27,3	42,4	23,1	13,6	31,0
Employed	18,2	21,2	21,8	4,5	20,0
Unemployed	54,5	31,8	52,6	79,5	46,0
Retired	0,0	3,0	25,6	0,0	2,0
Marital Status					
Unspecified	27,5	42,2	21,6	7,5	28,1
Single	15,0	21,9	18,9	10,0	16,7
Married	20,0	17,2	18,9	15,0	15,6
Living together	30,0	6,3	17,6	30,0	15,6
Separated	0,0	0,0	1,4	0,0	1,0
Divorced	7,5	4,7	8,1	15,0	9,4
Widow/er	0,0	7,8	13,5	22,5	13,5

In most of the cases there is one perpetrator (74,8%). In case of neglect there are both one and two perpetrators. The status of allegation shows that most of them are considered as perpetrators (73,5%), but in cases of sexual abuse only 63% are perpetrators, and 35% are alleged perpetrators. The gender of the perpetrator is predominantly male, for sexual abuse in 93% of cases, for physical abuse in 78%, in psychological abuse in 76%, but in neglect there is equal percentage of male and female perpetrators. They

belong predominantly to the age group 25-34 (28%) and in the age group 35-44 in 23%. The educational level is unspecified in 50% of cases, and 23,5% have finished only elementary school. Most of them are unemployed (46%), but in 31% it is not specified. Marital status of the perpetrators is mainly unspecified (28%), there are equal proportions of single (17%), married (16%) and living with a partner (16%).

(Table C.2.5.1 cont.)

	Form of Maltreatment				
	Physical abuse (n=57)	Sexual abuse (n=)	Psychological abuse (n=)	Neglect (n=)	All forms of maltreatment (n=)
Relation to child	44	67	78	44	101
Unspecified	9,1	7,5	5,1	4,5	5,0
Mother	18,2	4,5	20,5	43,2	19,8
Father	36,4	14,9	30,8	34,1	24,8
Step-mother	0,0	0,0	0,0	0,0	0,0
Step-father	0,0	0,0	0,0	0,0	0,0
Full sibling	0,0	0,0	0,0	0,0	0,0
Partial/half sibling	0,0	0,0	0,0	0,0	0,0
Step-sibling	0,0	0,0	0,0	0,0	0,0
Grandparent	0,0	1,5	1,3	0,0	1,0
Other blood relative	2,3	3,0	1,3	0,0	2,0
In-laws	2,3	3,0	1,3	0,0	2,0
Foster Parent	0,0	0,0	0,0	0,0	0,0
Caregiver in institution	0,0	0,0	0,0	0,0	0,0
Health care provider	0,0	0,0	0,0	0,0	0,0
Parent's partner	4,5	3,0	2,6	2,3	3,0
Date	0,0	1,5	0,0	0,0	1,0
Roommate	0,0	0,0	0,0	0,0	0,0
Work-relation	0,0	0,0	0,0	0,0	0,0
Neighbour	4,5	9,0	3,8	2,3	5,9
Friend	2,3	29,9	19,2	6,8	19,8
Official /legal authority	0,0	1,5	1,3	0,0	1,0
Stranger	9,1	10,4	6,4	2,3	6,9
School Teacher	0,0	1,5	1,3	0,0	1,0
Teacher/Coach (outside school)	0,0	0,0	0,0	0,0	0,0
Family friend	4,5	3,0	2,6	4,5	2,0
History of substance abuse					
Unspecified	58,1	66,7	50,6	41,9	53,5
None	9,3	16,7	26,0	27,9	24,2
Drug abuse	16,3	1,5	10,4	16,3	8,1
Alcohol abuse	16,3	16,7	14,3	14,0	15,2
Physical-Mental Disabilities					
Unspecified	61,4	62,7	51,3	50,0	55,4
None	25,0	23,9	37,2	34,1	30,7
Physical handicap	0,0	0,0	0,0	0,0	0,0
Psychiatric Disorder	6,8	6,0	6,4	9,1	6,9
Impaired cognitive functioning	4,5	4,5	6,4	6,8	5,0
History of victimization					
Unspecified	81,8	11,9	71,8	75,0	70,3
None	6,8	1,5	24,4	20,5	22,8
Yes	6,8	3,0	5,1	4,5	5,0
Previous similar allegations					
Unspecified	40,9	50,7	43,6	38,6	44,6
None	20,5	23,9	29,5	22,7	23,8
Yes	31,8	22,4	26,9	36,4	27,7

The relation to the child in most of the cases it is the father (25%), almost equally for physical (36%), neglect (34%) and psychological abuse (31%), then it is the mother in 20%, mainly responsible for neglect (43%), psychological abuse (20%) and physical abuse (18%). A friend is also in 20% the perpetrator of the child, mainly for sexual abuse (30%) and psychological abuse (19%). The main perpetrator of sexual abuse is a friend, as already mentioned, the father in 15% of cases, and a stranger in 10%.

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

	Form of Maltreatment				
	Physical abuse (n=57)	Sexual abuse (n=70)	Psychological abuse (n=110)	Neglect (n=77)	All forms of maltreatment (n=133)
No of Caregivers/Perpetrators	26	12	37	35	45
Unspecified	3,8	0,0	2,7	0,0	2,2
1	42,3	50,0	43,2	42,9	53,3
2	46,2	50,0	48,6	51,4	40,0
3	0,0	0,0	0,0	0,0	0,0
4 or more	7,7	0,0	5,4	5,7	4,4
Status of allegation					
Unspecified	3,8	0,0	2,6	0,0	2,2
Perpetrator	73,1	83,3	76,3	82,9	75,6
Alleged Perpetrator	23,1	16,7	21,1	17,1	22,2
Gender					
Unspecified	7,7	0,0	5,4	2,9	4,4
Male	61,5	66,7	56,8	57,1	62,2
Female	30,8	33,3	37,8	40,0	33,3
Age group					
>18	0,0	0,0	2,7	0,0	2,2
19-24	0,0	0,0	0,0	0,0	0,0
25-34	0,0	8,3	8,1	8,6	6,7
35-44	50,0	50,0	37,8	45,7	46,7
45-54	19,2	0,0	16,2	14,3	13,3
55-64	0,0	0,0	0,0	0,0	0,0
>65	3,8	16,7	8,1	5,7	6,7
Educational Level					
Unspecified	15,4	18,2	13,9	14,3	13,6
Has not attended school	26,9	63,6	33,3	28,6	27,3
Elementary school	23,1	9,1	27,8	37,1	34,1
Middle School	0,0	0,0	0,0	0,0	0,0
High School	23,1	27,3	16,7	14,3	18,2
Technical School	3,8	0,0	2,8	0,0	2,3
University	7,7	0,0	5,6	5,7	4,5
Post-graduate studies	0,0	0,0	0,0	0,0	0,0
Employment status					
Unspecified	8,3	0,0	3,0	3,1	4,9
Employed	33,3	9,1	27,3	21,9	24,4
Unemployed	54,2	81,8	66,7	71,9	68,3
Retired	0,0	0,0	0,0	0,0	0,0
Marital Status					
Unspecified	8,7	10,0	9,4	6,5	7,5
Single	0,0	10,0	3,1	3,2	2,5
Married	47,8	20,0	43,8	48,4	52,5
Living together	26,1	40,0	28,1	25,8	22,5
Separated	4,3	10,0	6,3	3,2	5,0
Divorced	13,0	10,0	9,4	12,9	10,0
Widow/er	0,0	0,0	0,0	0,0	0,0

The both roles of caregiver and perpetrator is characteristic for 53,3% of cases, and in 40% those are the both parents. In most of the cases (76%) the allegation is confirmed, mainly for sexual abuse and for neglect (83%). Two thirds of caregivers/perpetrators are male (62%) and on third are female (33,3%), predominantly in the age group 35-44 years (46%). Most of them have primary school education (34%), and without school 27%. Almost two thirds of perpetrators/caregivers of sexual abuse are without school (64%) or with elementary school (27%). Most of them are unemployed (68%) and are still married (52%).

(Table C.2.5.2 cont.)

	Form of Maltreatment				
	Physical abuse (n=)	Sexual abuse (n=)	Psychological abuse (n=)	Neglect (n=)	All forms of maltreatment (n=)
Relation to child	26	11	36	34	44
Unspecified	3,8	9,1	5,6	5,9	4,5
Mother	26,9	27,3	38,9	38,2	31,8
Father	57,7	54,5	47,2	50,0	54,5
Step-mother	0,0	0,0	0,0	0,0	0,0
Step-father	0,0	9,1	2,8	0,0	2,3
Full sibling	0,0	0,0	0,0	0,0	0,0
Partial/half sibling	0,0	0,0	0,0	0,0	0,0
Step-sibling	0,0	0,0	0,0	0,0	0,0
Grandparent	3,8	0,0	0,0	2,9	2,3
Other blood relative	0,0	0,0	0,0	0,0	0,0
In-laws	0,0	0,0	0,0	0,0	0,0
Foster Parent	3,8	0,0	2,8	0,0	2,3
Caregiver in institution	0,0	0,0	0,0	0,0	0,0
Health care provider	0,0	0,0	0,0	0,0	0,0
Parent's partner	3,8	0,0	2,8	2,9	2,3
Date	0,0	0,0	0,0	0,0	0,0
Roommate	0,0	0,0	0,0	0,0	0,0
Work-relation	0,0	0,0	0,0	0,0	0,0
Neighbour	0,0	0,0	0,0	0,0	0,0
Friend	0,0	0,0	0,0	0,0	0,0
Official /legal authority	0,0	0,0	0,0	0,0	0,0
Stranger	0,0	0,0	0,0	0,0	0,0
School Teacher	0,0	0,0	0,0	0,0	0,0
Teacher/Coach (outside school)	0,0	0,0	0,0	0,0	0,0
Family friend	0,0	0,0	0,0	0,0	0,0
History of substance abuse					
Unspecified	19,2	36,4	41,7	40,0	36,4
None	53,8	36,4	33,3	40,0	40,9
Drug abuse	11,5	9,1	11,1	5,7	9,1
Alcohol abuse	26,9	100,0	22,2	20,0	20,5
Physical-Mental Disabilities					
Unspecified	23,1	36,4	30,6	29,4	25,0
None	61,5	45,5	44,4	52,9	54,5
Physical handicap	0,0	0,0	0,0	0,0	0,0
Psychiatric Disorder	11,5	9,1	11,1	8,8	9,1
Impaired cognitive functioning	7,7	18,2	16,7	14,7	13,6
History of victimization					
Unspecified	53,8	72,7	61,1	73,5	59,1
None	34,6	9,1	22,2	17,6	27,3
Yes	7,7	18,2	13,9	11,8	11,4
Previous similar allegations					

Unspecified	34,6	63,6	47,2	61,8	47,7
None	34,6	18,2	19,4	14,7	25,0
Yes	23,1	18,2	27,8	20,6	22,7

The relation to the child in most of the cases is the father (55%), in all forms of abuse, and the mother (32%) predominantly in neglect and psychological abuse. In 20% the perpetrator/caregiver is abusing alcohol, and drug abuse in 9%. In 14% of cases the perpetrator is cognitively impaired. There is a history of victimization in 11% of cases, but it is not specified in 60%. One fourth of perpetrators (23%) have previous similar allegations, but in most of the cases (48%) it is not specified.

Table C.2.5.3 Caregivers' characteristics per form of maltreatment

	Form of Maltreatment				
	Physical abuse (n=)	Sexual abuse (n=)	Psychological abuse (n=)	Neglect (n=)	All forms of maltreatment (n=)
Number of Caregivers	60	108	109	50	146
Unspecified	0,0	0,9	0,9	0,0	0,7
1	50,0	27,8	41,3	70,0	38,4
2	50,0	71,3	56,9	30,0	61,0
3	0,0	0,0	0,0	0,0	0,0
4 or more	0,0	0,0	0,0	0,0	0,0
Gender					
Unspecified	2,0	1,0	1,0	0,0	0,7
Male	36,0	55,6	37,0	38,1	41,5
Female	62,0	43,4	62,0	61,9	57,8
Age group					
>18	5,5	8,5	7,6	1,3	6,0
19-24	4,1	8,5	4,2	1,3	4,7
25-34	15,1	14,6	19,5	26,6	20,7
35-44	31,5	22,0	31,4	39,2	29,3
45-54	9,6	3,7	7,6	8,9	7,3
55-64	0,0	0,0	0,0	0,0	0,0
>65	1,4	3,7	2,5	5,1	3,3
Relation to child					
Unspecified	3,8	2,0	2,0	4,4	2,9
Mother	43,4	48,0	44,1	24,4	42,4
Father	26,4	39,0	26,5	11,1	30,2
Step mother	0,0	2,0	2,0	0,0	1,4
Step father	0,0	0,0	0,0	0,0	0,0
Grandmother	3,8	0,0	2,9	6,7	2,2
Grandfather	1,9	1,0	2,9	8,9	3,6
Sibling	0,0	0,0	0,0	0,0	0,0
Step sibling	0,0	0,0	0,0	0,0	0,0
Other blood relative	0,0	1,0	2,9	6,7	2,9
In laws relative	0,0	0,0	0,0	4,4	1,4
Foster mother	9,4	5,0	8,8	17,8	6,5
Foster father	0,0	1,0	4,9	11,1	3,6
Caregiver in institution	0,0	0,0	1,0	0,0	0,7
Parent's partner	0,0	0,0	1,0	2,2	0,7
Type of Guardianship					
Unspecified	0,0	1,0	0,0	0,0	0,7
Parent	71,2	88,0	71,3	37,2	74,5
Legal guardian	7,7	2,0	10,9	32,6	10,9
Step parent	0,0	2,0	2,0	0,0	1,5
Foster parent	11,5	3,0	7,9	16,3	5,8
Caretaker	9,6	4,0	7,9	14,0	6,6

In most of the cases there are two caregivers (61%) and one caregiver in 38%. Generally in cases of neglect there is predominantly one caregiver (70%), but in most of the cases of sexual abuse there are two caregivers (71,3%). In 58% the caregivers are female (mothers in 42%), and in 42% they are male (fathers in 30%). In cases of sexual abuse the caregiver is mainly male (56%). In cases of neglect it is the mother in 24,4% that is the caregiver, and foster mother in 18%. The caregivers are predominantly in the age group 35-44 (29%) and in age group 25-34 (21%).

	Form of Maltreatment				
	Physical abuse (n=)	Sexual abuse (n=)	Psychological abuse (n=)	Neglect (n=)	All forms of maltreatment (n=)
(Table C.2.5.3 cont.)					
Educational Level					
Unspecified	29,4	40,6	32,6	17,1	34,6
Has not attended school	11,8	11,5	10,5	19,5	12,3
Elementary school	21,6	18,8	17,9	24,4	16,9
Middle School	0,0	3,1	0,0	0,0	2,3
High School	19,6	12,5	20,0	19,5	17,7
Technical School	11,8	6,3	7,4	9,8	6,2
University	5,9	5,2	9,5	9,8	8,5
Post-graduate studies	0,0	0,0	0,0	0,0	0,0
Employment status					
Unspecified	18,0	24,7	16,3	12,5	20,6
Employed	34,0	24,7	31,5	15,0	26,2
Unemployed	48,0	47,3	51,1	72,5	50,8
Retired	0,0	1,1	0,0	0,0	0,8
Marital Status					
Unspecified	6,3	11,1	11,0	9,8	8,9
Single	0,0	2,2	5,5	14,6	5,6
Married	60,4	60,0	54,9	46,3	58,1
Living together	14,6	11,1	7,7	9,8	9,7
Separated	0,0	2,2	4,4	4,9	3,2
Divorced	16,7	10,0	11,0	7,3	9,7
Widow/er	2,1	3,3	3,3	4,9	4,0
History of substance abuse					
Unspecified	29,4	33,0	29,8	22,0	28,1
None	70,6	66,0	68,1	75,6	70,3
Drug abuse	0,0	0,0	0,0	0,0	0,0
Alcohol abuse	0,0	1,1	2,1	2,4	1,6
Physical-Mental Disabilities					
Unspecified	21,6	29,2	24,2	17,1	24,6
None	76,5	65,6	69,5	78,0	70,8
Physical handicap	2,0	1,0	1,1	2,4	0,8
Psychiatric Disorder	2,0	1,0	1,1	2,4	0,8
Impaired cognitive functioning	0,0	2,1	2,1	0,0	1,5
History of victimization					
Unspecified	31,4	43,8	34,7	19,5	36,2
None	52,9	46,9	55,8	63,4	53,8
Yes	15,7	7,3	7,4	14,6	7,7
History of CAN allegations					
Unspecified	35,3	42,7	35,8	26,8	36,2
None	64,7	54,2	61,1	68,3	60,8
Yes	0,0	1,0	0,0	2,4	0,8

The educational level of caregivers in cases of sexual abuse (19%) and neglect (24%) is predominantly elementary school. In cases of physical and psychological abuse the educational level is predominantly high school in 20%. Caregivers are unemployed in most of the cases (51%). Almost 60% of caregivers are

married. In almost 30% of cases the history of substance abuse, disabilities, history of victimization, and history of CAN allegation is not specified.

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

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

	Form of Maltreatment				
	Physical abuse (n=)	Sexual abuse (n=)	Psychological abuse (n=)	Neglect (n=)	All forms of maltreatment (n=)
Case assessment of allegation					
Unspecified	0,0	0,0	0,0	1,3	0,8
Medical /Health services	35,2	51,4	29,1	18,2	29,3
Mental Health services	37,0	37,1	23,6	14,3	24,8
Education services	24,1	12,9	16,4	10,4	15,0
Social services	85,2	84,3	77,3	70,1	82,7
Police services	57,4	70,0	45,5	35,1	50,4
Legal/Judicial services	44,4	45,7	36,4	24,7	33,8
Maltreatment confirmation					
Unspecified	7,4	1,4	1,8	1,3	3,0
Medical /Health services	33,3	45,7	27,3	18,2	26,3
Mental Health services	31,5	40,0	22,7	15,6	24,8
Education services	7,4	7,1	9,1	6,5	7,5
Social services	77,8	77,1	73,6	68,8	75,2
Police services	53,7	65,7	43,6	29,9	45,9
Legal/Judicial services	33,3	47,1	32,7	19,5	31,6
Legal Action Taken					
Unspecified	1,9	4,3	2,7	0,0	2,3
None legal action taken	9,3	7,1	4,5	3,9	6,8
Social service/police -NO court involvement	27,8	25,7	26,4	23,4	28,6
Emergency protection procedures implemented	31,5	27,1	23,6	27,3	26,3
Judicial action to protect victim by court order(s)	27,8	21,4	20,0	22,1	19,5
Judicial action to remove parent(s) rights	24,1	12,9	20,9	32,5	21,8
Police/Judicial action to prosecute abuser	42,6	57,1	39,1	23,4	39,1
Care plan for child					
Unspecified	1,9	1,4	0,9	0,0	0,8
Child remains in family with no intervention	7,4	7,1	4,5	3,9	7,5
Child remains in family with planned intervention	53,7	72,9	48,2	27,3	54,9
Child removed from family (parents co-operation)	7,4	4,3	9,1	10,4	9,0
Child removed from family home by court order	18,5	11,4	17,3	29,9	18,8
Out of home placement					
Unspecified	5,6	4,3	2,7	0,0	7,5
No out of home placement	44,4	44,3	33,6	27,3	39,8
Children's Home Institution-NO individual carer	14,8	30,0	18,2	9,1	21,8
Mother/child shelter	0,0	0,0	3,6	3,9	3,0
Kinship Care with relatives/extended family	3,7	0,0	4,5	9,1	5,3
Foster Care with volunteer/paid carers	20,4	14,3	15,5	19,5	14,3
Adoption with parents agreement or court order	0,0	0,0	0,0	0,0	0,0
Abuser leaves the family home	0,0	1,4	0,0	0,0	0,8

In majority of cases the social services are involved in case assessment of allegation (83%), police services in 50,4%, and legal and judicial services in 34% for all forms of maltreatment. In the process of confirmation the order is the same. In almost 40% of cases police/judicial action to prosecute abuser is undertaken, only social service in 29%, and in 26% emergency protection procedures are implemented. The care plan for the child in

55% is to remain in the family with planned intervention. In 19% the child is removed from the family, and 14% are placed in foster care. 22% are put in Children's Home institutions. What is very indicative is that in only 0,8% of cases the abuser leaves the home (only in sexual abuse cases).

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

	Form of Maltreatment				
	Physical abuse (n=)	Sexual abuse (n=)	Psychological abuse (n=)	Neglect (n=)	All forms of maltreatment (n=)
Referrals made to services					
Unspecified	1,9	5,7	3,6	2,6	3,8
None	0,0	5,7	3,6	0,0	3,0
Parent support program	33,3	22,9	32,7	31,2	34,6
Drug or alcohol counselling	11,1	2,9	7,3	7,8	6,8
Other family counselling	46,3	41,4	45,5	42,9	50,4
Social welfare assistance	64,8	44,3	57,3	57,1	57,1
Food Bank	0,0	2,9	1,8	2,6	2,3
Shelter services	0,0	1,4	0,9	113,0	0,8
Domestic violence counselling	35,2	14,3	24,5	23,4	20,3
Psychiatric services	57,4	48,6	31,8	23,4	34,6
Psychological services	66,7	55,7	13,6	32,5	44,4
Special education referral	0,0	1,4	0,9	0,0	0,8
Recreational program	0,0	0,0	0,0	1,3	0,8
Victim support program	64,8	51,4	60,0	61,0	60,2
Medical/dental services	7,4	10,0	6,4	2,6	6,0
Other child counselling	38,9	25,7	35,5	46,8	37,6
Services received					
Unspecified	5,6	8,6	4,5	2,6	5,3
None	0,0	4,3	2,7	0,0	2,3
Parent support program	40,7	32,9	39,1	35,1	40,6
Drug or alcohol counselling	9,3	4,3	6,4	6,5	6,8
Other family counselling	46,3	38,6	44,5	42,9	48,1
Social welfare assistance	59,3	40,0	55,5	57,1	54,1
Food Bank	0,0	2,9	1,8	2,6	2,3
Shelter services	0,0	2,9	0,9	1,3	1,5
Domestic violence counselling	35,2	15,7	24,5	20,8	20,3
Psychiatric services	53,7	48,6	30,9	20,8	33,1
Psychological services	64,8	57,1	41,8	31,2	44,4
Special education referral	0,0	0,0	0,0	0,0	0,0
Recreational program	0,0	0,0	0,0	1,3	0,8
Victim support program	61,1	50,0	60,0	61,0	59,4
Medical/dental services	5,6	8,6	5,5	2,6	5,3
Other child counselling	40,7	25,7	36,4	44,2	36,8

In most of the cases referrals are made to services for victim-support programme (60%), social welfare assistance in 57% and family counseling in 50%. Services provided to children-victims and their families follow the same order. For all forms of abuse the psychological service is in first place of referral and service provision.

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

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

	Availability of information (n=758)					
	Available information			Non-available information (missing/unspecified)		
	f	%		f	%	
Report date (exact date of intake)	118	88,72		15	11,28	
Child-related information						
Age	133	100		0	0	
Date of birth	133	100		0	0	
Gender	133	100		0	0	
Nationality	124	93,23		9	6,77	
Educational Status	125	93,98		8	6,02	
Work Status	130	97,74		3	2,25	
Education-related problems	119	89,47		14	10,53	
Behaviour related problems	123	92,48		10	7,52	
Substance-abuse problems	113	84,96		20	15,04	
Diagnosed Disabilities	121	90,98		12	9,02	
Contact details						
Telephone number						
Address						
Incident related information						
Duration of maltreatment	124	93,23		9	6,77	
Source of referral	128	96,24		5	3,76	
Scene of incident	123	92,48		10	7,52	
Form of maltreatment	131	98,49		2	1,50	
Physical abuse (n=57)						
Status of substantiation	62	46,61		71	53,38	
Specific Forms	44	33,08		89	66,92	
Injury due to physical abuse	36	27,06		97	72,93	
Nature of injury(-ies)	32	24,06		101	75,94	
Sexual abuse (n=70)						
Status of substantiation	68	51,12		65	48,8	
Specific Forms	68	51,12		65	48,87	
Psychological abuse (n=110)						
Status of substantiation	101	75,93		32	24,06	
Specific Forms	105	78,94		28	21,05	
Neglect (n=77)						
Status of substantiation	77	57,89		56	42,10	
Specific Forms	66	49,62		67	50,37	
Case assessment of allegation	129	96,99		4	3,01	
Maltreatment confirmation	121	90,97		12	9,02	
Legal action taken	124	93,23		9	6,76	
Care plan for child	121	90,97		12	9,02	
Out of Home placement	120	90,22		13	9,77	

Child related information concerning the characteristics of the recorded CAN cases is in 100% available in terms of age, date of birth and gender for the child. But on the other hand it is concerning that there is unavailability of Information in connection to the substance abuse problems (15%), education related problems (10%), diagnosing disability (9%) and child behavior related problems (7,5%).

Incident related information is predominantly available.

(Table C.3. cont.)

	Availability of information (n=758)			
	Available information		Non-available information (missing/unspecified)	
	f	%	f	%
Perpetrator(s)' related information (n=1440)				
Number of perpetrators	153	75,74	49	24,25
Status of allegation	153	75,74	49	24,25
Gender	151	74,75	51	25,24
Age	111	54,95	91	45,04
Nationality	169	83,66	33	16,33
Educational level	93	46,03	109	53,96
Employment status	116	57,42	86	42,57
Marital status	112	55,44	90	44,55
Relationship to child	146	72,27	56	27,72
History of substance abuse	80	39,60	122	60,39
Physical-Mental Disabilities	82	40,59	120	59,40
History of victimization/abuse	45	29,60	107	70,39
Previous similar allegations	77	38,11	125	61,88
Contact details				
Telephone number	47	23,26	155	76,73
Address	48	23,76	154	76,23
Caregiver(s) related information				
Relation to Perpetrators	124	93,23	9	6,76
Number of caregivers	91	68,42	42	31,57
Relationship to Child	135	66,83	67	33,16
Type of Guardianship	136	67,32	66	32,67
Gender	134	66,33	68	33,66
Age	78	38,61	124	61,38
Nationality	172	85,14	30	14,85
Educational level	86	42,57	116	57,42
Employment status	101	50,00	101	50,00
Marital status	114	56,43	88	43,56
History of substance abuse	129	63,86	73	36,13
Physical-Mental Disabilities	96	47,52	106	52,47
History of victimization/abuse	81	40,09	121	59,90
History of CAN allegations	81	40,09	121	59,90
Contact details				
Telephone number				
Address				
Family-related information				
Family status	122	91,72	11	8,27
Number of co-habitants	113	84,966	20	15,03
Co-habitants' identity	112	84,21	21	15,78
Other CAN victims	123	92,48	10	7,51
Other types of abuse	92	69,17	41	30,82
Referrals made to services	123	92,48	10	7,51
Services received	121	90,97	12	9,02
Household-related information				
Housing adequacy	107	80,45	26	19,54
Household income	103	77,44	30	22,55
Source of income	102	76,69	31	23,31
Financial problems	103	77,44	30	22,55
Previous maltreatment				
Type of most severe maltreatment	88	66,16	45	33,83
Perpetrator(s)	69	51,87	64	48,12
Investigating agencies	76	57,14	57	42,85
Follow-up information	121	90,97	12	9,02

When it comes to different forms of abuse and neglect the situation is different. In regard to physical abuse in almost 76% the nature of injury is missing. Injury due to physical abuse is not recorded in 73% and specific forms of physical abuse are missing in 67%.

In sexual abuse cases the status of substantiation and form of abuse are missing in 49%.

In regard to psychological abuse the status of substantiation (in 24%) and specific form of abuse (21%) are missing.

But on the other hand the problem of neglect is more carefully analyzed by the services. This might be due to the focus of social services mainly to the problem of neglect, which means that their sensitivity and protocols for this form of abuse are elaborated in more details (Table C3.)

Perpetrator related information and caregiver related information in majority of cases are missing. In the first place information on history of victimization is missing in 70%, previous allegation and substance abuse information in 61% and other information, age (61%) and other related information (Table C.3.cont).

Family related information are missing mainly on the possible type of abuse of other family members (30%), and information related to other family members in general (Table C3.cont).

Household-related information are better provided in the records. Most frequently missing information's are on the source of income (23%) and financial problems (22%) (Table C3.cont). Generally in less than half of the cases the information on previous maltreatment is missing. The follow up is recorded in 90% of cases (Table C3.cont).

- Out of initial number of 37 organizations/child services identified in the whole country which had filled in the application for participating in the research, 28 organizations/services were invited to provide data, and 13 fulfilled the eligibility criteria set for the needs of the CBSS in the FYR of Macedonia. In the final process 10 organizations provided access to their archives.
- The profile of organizations/agencies shows that there were 2 that belong to the health sector, 8 to social welfare sector: 7 Centers for Social Work (CSW) and one social institution sheltering children victims of abuse/neglect. Eight of them are dealing with primary and secondary prevention, 7 CSW give also legal support, and 3 are dealing with tertiary prevention, all the organizations covering the 3 respectful areas encompassed in the CBSS and urban and rural population in the same time. Routine screening policy is common for 6 of the agencies, and only 2 have special CAN training for personnel and the rest have some kind of informal training. Majority of the Centers for Social Work do not have trained staff for recording cases of CAN. All of the organizations have paper type of archive, and 8 have additional electronic archives, but neither of the organizations have database. Recording forms that they use are very poor and have very few indicators for reported and detected cases of CAN, including non-CAN cases, text description and additional documentation is available in all services.
- Overall the Child maltreatment incidence rates per form of CAN shows that psychological abuse has the highest rate of 2,52/1000 children, followed by sexual abuse 1,87/1000, neglect is 1,56/1000 children and 1,38/1000 for physical abuse. The overall incidence rate for all forms of CAN is 3,45/1000 children.
- The leading cause for reporting or identifying cases by the CSW is neglect, than sexual abuse and physical abuse. Psychological abuse, although represented in most of the cases, is not a cause for reporting, but it has been later identified.
- In all areas encompassed in the research the rates of all types of CAN are higher for girls, than for boys, being as twice as more reported to the agencies. The incidence rate for physical violence is from 0,25/1000 – 4,9/1000 children for girls across all ages, for sexual violence is from 0,85/1000 - 5,5/1000 children, for psychological violence is from 0,85/1000 – 6,3/1000 children and for neglect is up to 6,5/1000 children. Although sexual abuse has a higher incidence rate in boys (self-reported in the questionnaire) in the BECAN epidemiological study the CBSS shows that sexual abuse of girls is more often reported to the agencies, which might be due to higher level of tolerance and cultural acceptance of female sexual abuse.
- Considering the age, all forms of CAN are more reported in older children (16 years old) than in younger. The older the child is the probability of exposure to CAN experiences is more pronounced, which is in line with the BECAN Epidemiological Study. The incidence rate for all forms of CAN for 16 years old is 5,7/1000 children, for 13 years old is 4,9/1000 and for 11 years old is 1,7/1000 children.
- Differences in child maltreatment incidence per geographical area reflect mainly organizational level and type of agencies' archives, as well as the elaboration of indicators for description of each reported case.

- According to the CAN's substantiation status, psychological abuse has the highest rate of substantiation, but nevertheless the allegation is not being taken solely on the basis of identification of this form of violence, but if followed by other forms, because it needs to be proved. In addition to this, sexual violence has the lowest rate of substantiation, mainly due to the duration of the judicial procedure.
- In most of the recorded cases girls were reported to the services after having suffered multiple forms of violence versus boys who have been reported after single form of violence. For girls most of the reported cases show that sexual violence is the leading cause of reporting, followed by psychological violence, physical and neglect. For boys the leading cause for reporting is neglect, followed by physical violence and sexual violence. These results show that from gender perspective, violence against girls is more culturally tolerated than against boys, which makes girls vulnerable towards violence.
- Physical abuse is reported to the agencies in 43% of cases, in 75% distinguishing specific types among which the most common are: slapping/beating, pushing/kicking/throwing, spanking and grabbing/shaking. Severe forms of physical violence such as threatening with a knife or gun is reported in 12% of cases, tying up in 7% of cases etc, significantly at a higher rate for boys. The nature of injury is not specified in 42% of cases, but serious injuries such as open wounds and organ system injury are more common for girls.
- Sexual abuse consists 53% of all reported/detected cases and more than $\frac{3}{4}$ are in girls. Most of the sexual acts resulted in completed sexual activity, touching/fondling genitals, followed by noncontact sexual abuse and sexual exploitation. This finding also shows that only severe forms of sexual abuse are reported to the agencies.
- Psychological abuse is widespread form of abuse, both in the selfreports of students and in reported/detected cases, as a co-occurring form of violence to other forms, recorded in 87% of cases, in forms of 'terrorization', 'exploitation', 'witnessing family violence', 'ignoring', 'rejection through verbal abuse', corruption and 'isolation'.
- Neglect is the most common form of CAN that is reported to the agencies such as 'medical neglect' 'abandonment', 'educational neglect', 'physical neglect' etc.
- Three quarters of all reported cases represent multiple forms of CAN. Most of them are combination of Sexual & Psychological abuse, Psychological & Neglect, or even three types of CAN - Physical, Sexual & Psych; Physical, Psych. & Neglect, which is gender specific affecting girls more than boys.
- CAN is a serious issue that leads to education-related problems - school drop-out in the first place, irregular school attendance, learning disability and specialized education class; behavioral problems, such as running away, problems in school and at home, negative peer involvement, violent behaviour, criminal involvement all being at higher rates for boys; self-harming behaviour and inappropriate sexual behaviour more common for girls.
- Abused children are more prone to abuse substances – alcohol is more common for girls, and drugs are more common for boys.
- In one fifth of cases there is a connection of CAN with some form of disability: impaired cognitive functioning, psychiatric disorder, both more reported for girls and visual-hear-speech impairment.

- Regardless of the type of abuse/neglect child victims' characteristics are more or less very similar, proving that consequences of CAN constitute unspecific syndrome of behavioral, educational and mental health problems and should be treated as unique phenomenon, not as separate phenomena.
- Characteristics of families and households of maltreated children didn't differ significantly according to the type of maltreatment and show that over 60% lived with their siblings, mother, and more than half with father, less than half have financial problems, more than a third have very low household income and no housing adequacy, in presence of other forms of violence - sibling abuse, elder abuse, intimate partner violence.
- In $\frac{3}{4}$ of the cases there is one perpetrator, only in case of neglect there are equally one and two perpetrators. Their allegation status is perpetrator in $\frac{3}{4}$ of cases, except for sexual abuse, where $\frac{1}{3}$ are alleged perpetrators. The gender of the perpetrator is predominantly male at highest rate for sexual abuse, followed by physical abuse and psychological abuse. In cases of neglect there are equal percentages of male and female perpetrators. Perpetrators are in the age group 25-44, have low education level and are unemployed.
- In $\frac{1}{4}$ of the cases the perpetrator is the father, equally responsible for physical abuse, neglect and psychological abuse, the mother in $\frac{1}{5}$ of cases reported for neglect, psychological abuse and physical abuse. In $\frac{1}{5}$ a friend is also the perpetrator of the child, mainly for sexual abuse and psychological abuse. sexual abuse is perpetrated by a friend, next by the father, and by a stranger.
- In half of the cases the perpetrator is the caregiver of the child, and in less than half both parents are perpetrators. The ratio male to female caregivers/perpetrators is 2:1, mainly fathers being perpetrators in all forms of abuse, and mothers predominantly in neglect and psychological abuse. majority having low level of education or without education, unemployed, having previous similar allegations in $\frac{1}{4}$ of cases.
- Most of the children, namely $\frac{2}{3}$ have two caregivers, and the rest have one caregiver. Generally in cases of neglect there is predominantly one caregiver, but in most of the cases of sexual abuse there are two caregivers. In more than a half of cases there are female caregivers (mainly mothers), and in less than half of cases the caregivers are male (fathers in 30%). In cases of sexual abuse the caregiver is mainly male and in cases of neglect the mother is the caregiver, and less frequently foster mother.
- Similarly to perpetrators the educational level of caregivers in cases of sexual abuse and neglect is very low; in cases of physical and psychological abuse the educational level is higher; married and unemployed in more than half of the case. In $\frac{1}{3}$ of cases there is a history of substance abuse, disabilities, history of victimization.
- Social services, in the first place, are involved in case assessment of allegation and process of confirmation, next come police services, and legal and judicial services for all forms of maltreatment. The prosecution of abuser by police/judicial services is undertaken in less than half of cases, social service are involved in $\frac{1}{3}$, and in $\frac{1}{4}$ of cases emergency protection procedures are implemented. The care plan for the child in majority of cases is to remain in the family with planned intervention. But almost 20% of children are removed from the family, majority of them are put in Children's Home institutions and less are placed in foster care. The abuser is almost never removed from home.

- In most of the cases referrals are made to services for victim-support programme, social welfare assistance and family counseling, which provide services to children victim and their families.
- Child related information concerning the characteristics of the recorded CAN cases show that there is unavailability of information in connection to substance abuse problems in the family, education related problems, disability related problems and child behavior related problems.
- Incident related information are predominantly available.
- When it comes to forms of abuse and neglect, generally, subtypes of different forms of abuse are missing, including the nature and form of injury, status of substantiation of the abuse case. Neglect is better analyzed by the services, due to the fact that it is the focus mainly of social services, which means that the expertise, instruments and records for this form of abuse are elaborated in more details. Perpetrator related information and caregiver related information in majority of cases are missing, in the first place information on history of victimization, previous allegation and substance abuse information and previous maltreatment.
- Family related information is missing mainly related to other family members, the abuse of other family members and household-related information are missing related to the income and financial problems. The follow up is recorded in the archives.

Arguments and important issues raised in the conclusions of this report refer to the development of the segments that are not developed and improvement of the existing system of monitoring CAN in the FYR of Macedonia.

- Strengthening of capacities for data collection and needs assessment through development of an integrated system for monitoring of child abuse and neglect in the country. There is a need for better information, keeping records particularly on the number of indicators and types of reported/detected cases on child abuse and neglect, circumstances in which it occurs, risk population, risk factors and trends.
- Development of a unified database for the whole country to collect and pile up data from all relevant institutions based on a unified reporting form – screening protocol for child abuse and neglect, completed by every professional who has contact with a victim of violence, which will also help in avoiding secondary victimization of the victim and will provide for overall review of the case.
- Education for professionals in all relevant institutions and sectors (among health professionals, social workers, police, NGOs) on implementation of protocols and evidencing violence against children.
- Strengthening response and support for child victims of child abuse and neglect through improvement of the quality of care for victims, piloting and implementing services on evidence-based practices; establishing services for children who witness violence.

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ANNEX I: List of Organizations that provided data

ANNEX II: Extraction Forms Part I & II

ANNEX III: Operations' Manual for Researchers

ANNEX I: List of Organizations that provided data

List of eligible organizations that took part in BECAN CBSS Study

Eligible Organizations/institutions	Type of institution	Regions covered by BECAN SBSS Study
<ol style="list-style-type: none"> 1. Intermunicipality CSW Skopje 2. CSW Kumanovo 3. Center for sheltering children “25th May” 4. University Clinic of Psychiatry 5. Institute for Mental Health of Children and Adolescents 6. University Clinic of Pediatrics 	Social Social Social Health Health Health	North-East region
<ol style="list-style-type: none"> 7. CSW Bitola 8. CSW Prilep 9. CSW Struga 	Social Social Social	South-West region
<ol style="list-style-type: none"> 10. CSW Veles 11. CSW Strumica 	Social Social	Central-North-East region