

Executive summary:

The EU/FP-7 funded BECAN project (ID: 223478), is an epidemiological study aiming at shedding light to the magnitude and characteristics of the phenomenon of child abuse and neglect (CAN) in 9 Balkan countries (AL, BG, BH, HR, MK, GR, RO, RS and TK). It was coordinated by the Institute of Child Health (GR) and with participants organizations Children's Human Rights Centre of Albania (AL), South-West University 'N. Rilski' (BG), University of Sarajevo (BH), University of Zagreb (HR), University of Skopje (MK), Babes-Bolyai University (RO), University of Belgrade (RS) and Provincial Health Directorate of Izmir (TK), while it also involved Insituto deli Innocenti (IT) as an evaluator and University of Nottingham (UK) as a Scientific Consultant. It consists from two main threads of research, namely its epidemiological field survey and its case-based surveillance study.

The former is an epidemiological survey in a representative sample of children aged 11, 13 and 16 years old who attend and who had dropped out schools (where such rates were significant) via delivery of a self completed modified version of the ICAST-C questionnaire, while at the same time a respectful version of the ICAST-P questionnaire was also delivered to their parents or caregivers. In virtue of the project's methodology design, anonymity of participant subjects was preserved while pairs of 'chid-parent' questionnaires were produced linked via a unique unidentifiable code. 42.272 children participated in the survey (Response Rate: 66,83%) and 26.287 parents (Response Rate: 56,50%) throughout the participant countries. Exposure rates for psychological violence were found between 64,58% (MK) and 83,16% (GR) for prevalence and 59,62% (RS) and 70,02% (GR) for incidence. For physical violence figures varied between 50,60% (MK) and 76,37% (GR) for prevalence and 42,51% (MK) and 50,99% (BH) for incidence. Sexual violence figures were higher for prevalence in BH for overall (18,63%) and contact (9,75%) and lower in MK for overall (7,60%) and RO (3,56%) for contact sexual adverse experiences. Incidence respectful rates were lower in RO for overall (5%) and contact (2,09%) sexual victimization and higher in BH for both (13,61% and 7,65% respectfully). Subjective feelings of neglect showed higher rates of prevalence and incidence in BH (48,04% and 20,25%) and lower in RO (22,60% and 16,67%). Experiences of positive parental practices in general were reported by most responding children in all countries. Gender distribution varied with similar rates males and females in physical and psychological violence. Regarding sexual violence more diversity appears, with male rates even exceeding female ones' in some countries. Subjective feelings of neglect showed a predominance of female responders' rates.

Project's second research thread consists from a study in authoritative agencies and organizations in participant countries in regards to their registered CAN cases reported or detected during the same period and for the same age clusters as in the epidemiological survey. A specialized tool for data extraction was developed (CBSS) as well as a standardized protocol for its application. Out of 911 agencies indentified as potentially receiving CAN reports, 276 were found eligible and eventually accepted their participation to the study, corresponding to an overall of 2.447 registered CAN cases for ages 11, 13 and 16 within the year 2010. Overall incidence rates of CAN cases known to services were found to be 0,146% (AL), 0,167% (BH), 0,377% (BG), 0,345% (MK), 0,605% (GR), 0,68% (HR), 0,041% (RO), 0,194% (RS) and 0,124% (TK).

Findings of the survey illustrate an increased magnitude of minors' exposure to violence; mostly interesting result is the relative equation of gender distribution of exposure for physical and sexual violence in participant countries in contrast with most insofar published relevant scientific literature. Findings of the CBSS study provide for the first time a quantitative documentation and estimate for the standard 'iceberg' metaphor for CAN, viz. that those cases known to services are only a tiny fraction of the ones actually occurring in societies. Furthermore, the project resulted in a series of recommendations and policy briefs at national and Balkan level; in due course of its implementation, it also formed national network of professionals and organizations regularly dealing with CAN related issues. Additionally in each participant country a National Advisory Board and a Central International Advisory Board for ethical issues were set up augmenting and supervising the entire research, issuing as well a series of recommendation for standard ethical dilemmas and challenges in CAN research to be considered and used in other such initiatives globally.

Project context and objectives:

Issues concerning child abuse and neglect transcend national borders, affecting developing as well as developed countries. As the 2002 United Nations landmark study on violence against children stresses out, violence against children occurs in every country and cuts across social, cultural, religious and ethnic lines. However, the Executive Director of UNICEF, during her speech in the Parliamentary Assembly's ordinary session of the January 23 2007, argued that data and legislation on violence against children are often alarmingly weak, while she pointed out that child abuse and neglect (CAN) should be a priority area in the international co-operation agenda. The lack of data and legislation is associated with the inconsistencies of classification of child maltreatment and a lack of common research methodologies; consequently, little internationally comparable data are produced. WHO (1999) and UNICEF-IRC (2005) have both arrived to the same conclusions.

The discrepancy in methodologies used internationally to collect data on child maltreatment, as well as the inherent difficulty of collecting data on childhood have often led European governments and international organizations to base their policy-making decisions and prevention and intervention planning on statistical data concerning child fatality rates (e.g. UNICEF-IRC, 2003) and number of cases of CAN reported to governmental authorities. However, there is much more CAN in the world than the reported cases' statistics reveal, as all international organizations working on children's rights point out.

If limited data are available in industrialized countries, even less is known about child abuse and neglect in non-European and/or European countries with relatively lower standards of socioeconomic development, such as the majority of Balkan countries. With the exception of Greece and Slovenia that provided some limited data on child maltreatment (principally, child mortality rates) to the ChildONEurope Secretariat for the purposes of a survey concerning the evaluation of European national systems of statistics and registration on child abuse (2007), we have no officially published data on CAN concerning the most of Balkan countries. Balkan countries have faced many political, social and financial changes during the last decades. Children in some of the Balkan countries have faced war, the effects of immigration, and the loss of their beloved ones, among other hardships. This makes them more prone to have witnessed, experienced, and be exposed to, one or other form of maltreatment. For example, a UNICEF opinion survey in 2001, conducted through interviews with 15.200 children from 9 to 17 years in 35 countries in Europe and Central Asia, indicated that 59% of children had experienced violent or aggressive behaviours within their families; of these children, 61% were residing in Eastern and Central Europe and Central Asia and 54% in Western Europe. In addition, Children's Human Rights Centre of Albania has argued that in 2004 Albania had no national authority for the rights of the child, while and at the same time it was estimated that the number of Albanian children trafficked in Europe for sexual and economical exploitation was between 3000 and 5000. In Bosnia and Herzegovina, more than 3000 registered cases of abuse in the family were identified, while 33.8% of children studied by UNICEF and 'Save the Children' (2004) claimed that they know between one to three children that have suffered abuse in the family. These numbers are suspected to be much higher in the general population, as in many traditional cultures of Balkan countries there is a widespread belief that family is the sole responsible for the child, and consequently instances of child abuse and

neglect stay most of the time unreported and private (Sicher, et al., 2000) .

The alarming rates of CAN in industrialized countries and the even higher suspected numbers in developing countries have led to the global will of creating a safer and more appropriate society for the children. The UN Convention on the rights of the child, which was entered into force on the 3rd of September 1990, is globally considered as the most specific and progressive human rights treaty ever adopted. Subsequently, the Council of Europe launched the campaign 'Building a Europe for and with children' aiming to promote children's rights across the wider Europe and, in 2006, the European Commission published a Communication entitled 'Towards a European strategy on the rights of the child', setting out its intention to lead the creation of the first-ever EU strategy on children's rights and committing itself to a number of actions to this end. Meanwhile, WHO (2005) declared injuries and violence as a top priority area for action unfolding subsequent initiatives.

In February 2012, the Council of Europe adopted a new strategy to protect and promote children's rights. The strategy is a response to the needs expressed by governments, professionals working with children, civil society and children themselves who ask for more efforts to be made in implementing existing standards. In order to achieve this, the Council will provide guidance and support to its 47 member states on how best to bridge gaps between the rights and the reality of children in Europe.

The strategy will focus on four main objectives:

1. promoting child-friendly services and systems (in the areas of justice, health and social services);
2. eliminating all forms of violence against children (including sexual violence, trafficking, corporal punishment and violence in schools);
3. guaranteeing the rights of children in vulnerable situations (such as those with disabilities, in detention, in alternative care, migrant or Roma children) and
4. promoting child participation.

Although such initiatives create the appropriate political circumstances for actions, reliable, compatible and comparable data on CAN are considered to be a necessary tool for implementing the Convention on the Rights of the Child, as they will constitute an important step towards integration and cohesion of national EU policies. However, in the European area, up to 2007 only five EU Member Countries and one EU Candidate Country have established specific instruments, programmes or bodies dealing with the collection of statistical data on children (ChildONEurope, 2007).

Therefore, considering the lack and the urgency of obtaining internationally comparable consistent data on CAN, the lack of relevant data in the Balkan area and the rapidly changing reality of the Balkan countries, the Balkan Epidemiological Study on Child Abuse & Neglect (BECAN) has been carried out. In order to obtain comparable data, the study followed the ChildOnEurope's suggestions on how to solve problems of comparison of data coming from different countries . Namely, all partners agreed on the concepts and definitions to be used, followed the same methodology and applied the same -culturally validated- instruments for data collection and considered the relevant law in force in each country. Particularly, ICAST instruments that created by ISPCAN/UNICEF and recommended by WHO were used for data collection in all participating

countries, while the existence of ethnic minorities has also being considered in the study's methodology. Knowing the rates of child abuse and neglect would:

- facilitate the implementation of the Convention on the Rights of the Child in the Balkan area;
- contribute to the necessary policy-making activities of the Balkan governments in order to comply with the suggestions of the aforementioned Convention;
- provide information on factors that might allow the prevention or the early identification of CAN;
- improve the assessment of effectiveness and efficiency of the health welfare practices related to the subject;
- allow a financial planning closer to reality concerning the acts that should be taken to combat CAN;
- allow a step towards unifying the diagnostic processes of CAN in the Balkan area allowing in such a way an easier and faster cooperation, with the option to extend these diagnostic processes to other countries in the European area;
- facilitate further harmonization and unification in issues of child health and protection services and relevant legislation;

The dissemination of the results of the present study is expected to sensitize governments and public alike, in relation to the public-health problem of CAN. The national networks of experts and related agencies that developed in the context of the project aiming among others at exchanging information on the issue of child abuse and neglect operate towards this aim.

Main objectives of the BECAN study

- a) Mapping CAN in school-aged children (11 to 16 years-old) of the general population in the Balkan countries and,
- b) Mapping CAN in children (11 to 16 years-old) that have dropped out school in the Balkan countries.

In order for the main objectives to be achieved, the following steps were made, as provisioned:

- National networks of experts and child services were created in order for the Consortium to have access to information available on CAN issues in each partner country, including national databases of identified cases of CAN.
- ICAST questionnaires that were used for the collection of epidemiological data, translated and culturally validated for all partner countries (considering also ethnic minorities residing in partner countries) before their application to national samples.

- Pilot studies were carried out before the starting of the main study in order to test the appropriateness of the translated and culturally validated instruments and the methodology planned for data collection.
- The data collected during the main epidemiological study, were cleaned and data analysis was planned in order to get the final results and arrive into conclusions.

Secondary objectives of the BECAN study

- To reveal a more realistic picture concerning the difference between reported and hidden incidence and prevalence 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.
- To deliver comparable and compatible data on CAN for all participant countries facilitating common policy-making activities, future research and better understanding of CAN features.
- To achieve the unification of definitions related to CAN issues and relevant research tools among Balkan countries.
- To train a group of specialized scientists throughout Balkan countries in order to deliver appropriately the ICAST questionnaires. That will create a 'pool' of researchers able to repeat in the future such research on demand by government, academic or other stakeholder.
- To contribute to decision and policy-making activities related to CAN issues in Europe, and particularly in Balkan countries. The final results of the epidemiological studies allowed the development of a common strategic plan for all partner countries advocating follow up of CAN's level at an annual basis in order to provide a longitudinal view of the problem and therefore a better understanding of the effectiveness of intervention and prevention programs, permitting for corrective decisions.

BECAN Project responded to the European Committee's preoccupation concerning the promotion of healthy behaviour in children and adolescents (HEALTH-2007-3.3-1). Particularly, CAN is considered to be an important extrinsic factor that significantly influences behaviour and quality of life of children and adolescents. In addition, abuse and neglect is widely accepted to have a mediating influence on children's healthy behaviour by its impact on intrinsic factors characterizing each child. Moreover, in the context of the BECAN study the instruments applied to local societies were culturally validated and a multidisciplinary analysis of data was entailed. Therefore, BECAN study provide information on socio-economic and cultural determinants of CAN, which are expected contribute to a better prevention and intervention planning.

Project results:

One of the main components of the BECAN project was the design and realization of an Epidemiological field survey in the Balkan area, where there is great lack of reliable data regarding child abuse and neglect (CAN). The 9 Epidemiological Surveys, that were conducted (Albania, Bosnia & Herzegovina, Bulgaria, Croatia, F.Y.R. of Macedonia, Greece, Romania, Serbia and Turkey), aimed at investigating -among other things- the prevalence and incidence of CAN in representative randomized samples of the general population of pupils attending three grades (the grades attended mainly by children 11, 13 and 16 year-olds). Data were collected by two sources, namely by children and their parents in matched pairs, by use of two of the ICAST Questionnaires (the ICAST-CH and the ICAST-P) as modified for the purposes of the BECAN project (which is described in Chapter A.1.3 of the current Report).

Surveys' timeline. The timeline of the epidemiological studies was different among countries in terms of their starting and ending points as well as in terms of their duration (which were dependent on each survey's sample size, the human resources devoted and other factors that either facilitated or hindered the onset or the process of realizing the surveys).

Research teams. For the purposes of the data collection, each country assembled and trained (as described in Chapter A.1.4) its own National research team. Overall, the 9 research teams consisted of 267 professionals and, more specifically, of 222 researchers who were coordinated and supervised by 47 professionals. The composition of the research teams, in terms of their specialties, for each participating country is described in detail in their National Reports that are available at the project's website .

The BECAN Consortium. The epidemiological field surveys in each country were undertaken by the following Organizations

- Albania: Children's Human Rights Centre of Albania (CRCA)
- Bosnia & Herzegovina: Faculty of Political Sciences, University of Sarajevo
- Bulgaria: Department of Medical-Social Sciences, South-West University 'Neofit Rislki'
- Croatia: Department of Social Work, Faculty of Law, University of Zagreb
- F.Y.R. of Macedonia: University Clinic of Psychiatry
- Greece: Institute of Child Health, Department of Mental Health and Social Welfare, Centre for the Study and Prevention of Child Abuse and Neglect (ICH-MHSW)
- Romania: Department of Social Work, Faculty of Sociology and Social Work, 'Babes-Bolyai' University
- Serbia: Faculty for Special Education and Rehabilitation, University of Belgrade

- Turkey: Association of Emergency Ambulance Physicians.

The project's Coordinator was the Greek Organization, while its evaluation was conducted by Istituto degli Innocenti (Italy) and its external scientific supervision was undertaken by Prof. Kevin Browne, Head of the W.H.O. Collaborating Centre for Child Care and Protection (United Kingdom) and Chair of Forensic Psychology and Child Health, Institute of Work, Health and Organisations, University of Nottingham.

-.1. Organization of epidemiological surveys

The preparation phase of the epidemiological surveys in the 9 Balkan countries included the following core activities

- a) obtainment of permission by the International Society of the Prevention of Child Abuse and Neglect (ISPCAN) in order to translate and use the ICAST questionnaires and their corresponding manuals in each country,
- b) obtainment of official permissions from national authorities to enter the schools,
- c) preparation of the research tools and materials including the modification, translation and cultural validation of the research instruments,
- d) development and translation of the 'Training Manual and Guidelines for Researchers for the modified ICAST-CH and ICAST-P Questionnaires' and
- e) realization of a Train-the-Trainers Workshop at Balkan level which was followed by 9 Field Researchers' Training Workshops at National level, in each country.

-.1.1. Permissions to access schools

All national teams applied to national authorities (e.g. Ministries of Education) and obtained official permission to access schools in order to conduct the epidemiological surveys. In some countries apart from the permission granted by the Ministry of Education it was also necessary national teams to obtain approval by local authorities (e.g. School Inspectorates). In some countries one permission was granted for all grade groups while in other countries separate permissions were granted for different grade groups or different geographical areas. Moreover, the research at schools was conducted upon approval of the schools' Principals. To this point it should be mentioned that the process of official permissions' obtainment was quite long for some countries (e.g. Albania, Bosnia & Herzegovina, Greece and Turkey) for several different reasons (e.g. elections, negotiations with officials about the kind of consent to be used, complexity of administrative procedures).

In addition, national teams obtained ethical approval of the research protocols by the respective Ethics Committees of their Universities or Research Institutes (wherever this was applicable).

-.1.2. Research tools

The research tools selected to be used for this survey were two of the ISPCAN Child Abuse Screening Tools (ICAST) and more specifically the ICAST-CH and ICAST-P questionnaires, which were modified, translated and culturally adapted for use in the 9 Balkan countries.

With the support of the Oak Foundation, ISPCAN collaborated with UNICEF, the UN Secretary General's Study on Violence against Children, the Office

of the High Commissioner of Human Rights, and the World Health Organization (WHO) to create the ICAST instruments. The tools were designed by international experts, reviewed by more than 100 professionals from different countries using a Delphi process, pilot tested in 8 countries, and refined. Since then, the ICAST instruments have been translated and tested in at least 20 languages.

The ICAST instruments is a set of three model questionnaires that are designed to collect data, on the extent of violence against children, by independent young adults [ICAST-R (retrospective)], parents [ICAST-P (parents)] and children over 11 years old [ICAST-C (child)]. The ICAST-C is further divided into an instrument to assess children's victimization in the home (ICAST-CH for home) and an instrument to assess victimization in the school or work place (ICAST-CI for institution).

The creators of the ICAST instruments aimed to offer a set of international standardized instruments for the collection of comparable data among countries with the ultimate goal being -apart from the investigation of the extent of child abuse around the world- to contribute to the assessment of changes related to new efforts at prevention, to the development of policies and programs for the promotion of child protection and to inform policy makers and educators. In addition, the items included in the tools are as much clear and specific as possible, namely they ask about the occurrence of very specific behaviors and not about broad terms such as 'violence' or 'abuse' in order to avoid answering subjective questions and thus facilitating cross-country comparisons.

All project's national coordinators applied and subsequently obtained permission from ISPCAN to translate, culturally adapt and use the ICAST questionnaires (and their Manuals) for the survey in the 9 Balkan countries.

-1.1.3. Modification, cultural validation and pilot testing of the research tools.

The aforementioned ICAST-CH and ICAST-P questionnaires were modified for the purposes of the BECAN study. The main reason that rendered this modification necessary was the matched-pairs design of the epidemiological studies; more specifically, data was designed to be collected from matched pairs of children and their parent/guardian but, even though both ICAST-P and ICAST-CH tools measure the same topics, they differ in the way some of the items are stated as well as in the scales used.

A four-phase process was followed for the modification and cultural validation of the ICAST-CH and ICAST-P questionnaires, through open consultation with all participating national teams (via both electronic communication and face-to-face meetings), that consisted of the following:

- a) firstly, an open process of proposals for changes was opened to all participating national teams that resulted to the initial modification of the tools -then the tools were translated from English to the official languages of each participating country during which the initial cultural validation of the tools was also conducted by each national team, in order for the translated tools to also be adapted to their local customs;
- b) secondly, the modified translated ICAST tools were pilot tested with real subjects, belonging to the target research population (children and

parents) in focus groups that were conducted in all participating countries; on the grounds of the focus groups' results and the experience gained, a round of open consultation with all national participating teams was followed that led to an extended revision of the modified tools;

c) thirdly, the instruments were pilot-tested -in most of the countries- with real subjects (children and parents) by the trained field researchers who conducted -in the context of their post-workshop obligations- pilot administrations of the questionnaires via self-completion and via interview; after this process, a third round of consultation repeated that also led to a few additional modifications of the tools and to the completion of the list with standardized pre-formulated answers to possible respondents' queries that has developed on the basis of the focus groups' results;

d) finally, the modified instruments were pilot-tested with real subjects (children and parents) in the real field (school), under real field research's conditions, during the pilot study phase, that was implemented in all participating countries.

Cultural validation and pilot testing. Pilot testing of the modified translated tools conducted via a three-folded strategy, namely via

- a) focus group discussions with children and parents,
- b) pilot administrations via self-completion and interview with children and parents by the trained researchers and
- c) pilot studies conducted in schools, under real conditions.

The 3 phases were conducted consecutively and modifications in the tools and the process were endorsed before the following phase. The main goals of pilot testing were a) the cultural validation of the tools prior to the survey, b) testing a number of very distinct and different in nature features, such as the comprehensiveness of the translated questionnaires, the easiness of their completion, how (un)comfortable the respondents feel to answer such questions, etc. and c) to familiarization of the field researchers with the research tools and process, namely to get used to perplexities of the questionnaires' delivery in classroom settings as well as the readiness for handling of data that were to be gathered, with the ultimate goal being the harmonization of all researchers' delivery. Some more details of these three phases are provided below.

- Focus groups. More specifically, the focus groups' purpose was to conduct a pre-field testing of the translated modified ICAST-CH and ICAST-P questionnaires on members of the target research population in order to:

- a) identify any problems that respondents may encounter during the completion of the tools (e.g. items' and response options' comprehensiveness and understanding, items' cultural appropriateness, unintentional skipping of instructions and/or items, the questionnaire's format and whether it facilitated the items' answering),
- b) identify any further important items to be added in the questionnaires,
- c) identify any new and improve the developed instructions and clarifications that needed to be provided to the respondents as well as any queries that may be asked by the participants (in order to develop standard pre-formulated answers to these questions),
- d) convert one open-ended question (concerning methods of discipline) to a closed question by categorizing the respondents' responses (this modification was decided because due to the observation (in a previous survey where data collection was conducted via interviews) that the open

format of this question created difficulties in eliciting answers by the respondents) and
e) estimate the time needed to complete the questionnaires.

In order for the focus groups to be conducted in all countries with identical methodology, the project's consortium agreed on a common Focus Groups' Protocol accompanied by two Discussion Guides (one for the parents' and one for the children's group); for the same purpose the respective invitation letters and informed consent forms for parents' and children's participation in the focus groups and the child assent form as well as the thankful letters for the participants were developed.

Each national team conducted at least three focus groups with pupils attending each of the three targeted school grade groups (in some countries more than three focus groups were conducted with pupils and therefore, instead of the 27 provisioned focus groups, 33 were conducted with 364 participants in total); in addition, each national team conducted at least one focus group with parents having at least one child at the targeted grade groups (some countries conducted more than one focus group with parents, resulting thus in 14 focus groups with 93 participants in total). On the basis of the focus group results in each country an open round of proposals for modifications to the questionnaires reopened that led to the first revision of the modified ICAST questionnaires in all languages, as well as in the first version of the list with standardized answers that the researchers would use to answer to the participants' queries.

- Pilot administrations. The subsequent -larger scale- pre-field pilot testing of the instruments was conducted by the trained field researchers in the framework of their post-workshop obligations (that were assigned to most of the national field researchers' teams). More specifically, each trained researcher conducted pilot administrations of the self-completed questionnaires (to at least two children and two parents) and pilot interviews (with at least two children and two parents). On the basis of this experience, the tools were further modified and the list of standardized answers was completed with more standardized answers to the questions that the respondents' raised during the interviews and self-completions.

- Pilot studies. In regards to the last step, the goal of the pilot studies was the actual administration of the modified questionnaires in real conditions of classroom by the field researchers, aiming to pilot test a) the modified ICAST-CH and ICAST-P questionnaires' completion and b) the procedures of their administration in the real setting. The pilot studies designed in order to test the tools and the procedure with the youngest and the oldest pupils that were to be surveyed in the main study, at schools located in both urban and rural areas, as well as with their parents; in other words, the samples of each country's pilot study comprised by pupils attending 4 classrooms, one classroom from the 11- and the 16-year olds grade from an urban school and one classroom from the two grades from a rural school) and by the parents of the pupils who participated in the survey. In three countries (Bulgaria, Romania, Turkey and Bosnia & Herzegovina) the tools were additionally tested with pupils attending the 13 year olds grades at schools located in urban areas.

In most of the countries the questionnaires were administered to a small part of its randomized sample (pupils and their parents), with the intention not to exclude the collected data from the main survey in case

the results of the pilot studies would not reveal any necessity for modifying the questionnaires and/or their administration process, and to exclude them in the opposite case.

Due to the fact that none of the pilot studies' results reveal any necessity for further modifications, neither for the research tools nor for the procedure of their administration, both of them were considered being final.

To sum up, the overall modifications that has been endorsed into the final versions of the modified ICAST-CH and ICAST-P questionnaires on the basis of the above described methodology included:

- a) modification of the response scales -changes applied to both tools in order to be totally comparable,
- b) addition of items to the tools (new ones or items that pre-existed in only one of the two tools),
- c) modification of existing items and existing answering options,
- d) addition of demographic questions to the parents' questionnaire,
- e) modification of the tools' format and instructions (the tools were developed in a self-completed version and the format was substantially modified in order to be more user-friendly and easily completed as self-completed instruments) and e) a shorter version of the modified ICAST-CH questionnaire was developed that was administered only to the younger pupils (namely, at the grade attended by children 11 years old); the short version of the modified ICAST-CH included 72 out of the 82 items of the long version and the main reason that led to this decision was the decrease of time needed by young children to complete the questionnaire as researchers had only one teaching hour at their disposal for the questionnaires' administration.

The final versions of the modified ICAST-CH questionnaire comprised of the following 5 scales, aiming to measure the prevalence and incidence rates for pupils' exposure to:

1. psychological violence: the long version includes 19 items while the short version, which administered to pupils of the 11-year olds grade, includes 17 items
2. physical violence: the long and the short versions includes 16 and 15 items respectively
3. sexual violence: the long and the short versions includes 6 and 5 items respectively; two of the 6/5 items in both versions asked children if they have ever had a sexually violent experience that included physical contact; these items are usually handled as a sub-scale of the sexual violence scale.
4. feeling of neglect: refers to children's subjective feeling of being neglected and includes 3 items in both short and long version.
5. positive and non-violent parenting: includes 7 and 5 items in long and short version respectively.

The modified ICAST-P questionnaire comprised of the same scales without the feeling of neglect scale; in all scales included, the number of items equals to the number of the long ICAST-CH with the only difference being that parents asked to report whether they have perpetrated a psychological or physically violent behaviour against their child (and

how often), as well as whether they use the positive parenting techniques with their child; in regards to the sexual violence scale though, parents were asked not asked if they had perpetrated such kind of violent behaviors but whether it ever happened to be informed that their child had been exposed to the specific behaviors of sexual violence.

Both of the modified questionnaires have been translated from English to 10 different languages , including the official languages of each participating country along with languages of large ethnic minorities (namely, Hungarian in virtue of the extended Hungarian-speaking minority in Romania and Serbia); in addition, some translated questionnaires were exchanged among countries in order to be used -after proper adaptations- to big ethnic minorities (e.g. the Albanian questionnaire was used in F.Y.R. of Macedonia for Albanian speaking minorities).

-1.4. Research teams' capacity building

Training manual and guidelines for researchers. For the purposes of the National epidemiological studies, the BECAN 'Training Manual and Guidelines for the modified ICAST-CH & ICAST-P Questionnaires' (Petroulaki, Tsirigoti, Nikolaidis, 2010) was developed, aiming to offer useful guidelines to the trainers of the national research teams, the field research coordinators and the field researchers, with the ultimate goal being the conduct of the national epidemiological surveys at a best possible uniform way in all countries. The BECAN Manual was based on the principles of the accompanying Manuals of the ICAST instruments developed by ISPCAN (ISPCAN, 2006a,b), but it was also supplemented with specific entities in order to cover all methodological and educational needs of the field researchers that undertook the data collection in the context of the BECAN epidemiological studies in the 9 Balkan countries.

The target group of the BECAN Manual is two-fold as it targets both the trainers of field researchers and the field researchers themselves. Therefore, it consists of two, distinct, parts: a) the first part (Training Manual) it was mainly developed in order to be used by the trainers of the national field research teams in order to provide a standardized training of field researchers in all participating countries, but it also includes guidelines for the field research coordinators that undertook the organization and supervision of the surveys while b) the second part (Guidelines for Researchers), was developed in such a way so that is offering a ready-for-printing material to be distributed to the field researchers providing them with a useful guide for all aspects of the data collection and for handling problems that might emerge while being in the field.

Therefore, the BECAN 'Training Manual' is divided into various chapters, covering in detail all issues related to the preparation, organization and coordination of the epidemiological surveys, the methodology, the process to be followed for data collection via the two different methods (self-completed questionnaires and structured interviews), the steps to be followed after data collection (quality check, data entry and encoding), as well as ethical and safety issues. The BECAN 'Guidelines for Researchers', include the researchers' obligations and detailed description of the procedures they would follow prior, during and after data collection, the materials they needed during data collection, instructions about conducting the survey via self-completed questionnaires and structured interviews, actions to be undertaken after

data collection and important ethical and safety issues they needed to take into consideration.

This handbook was translated from English into the 9 official languages of the participating countries (Albanian, Bosnian, Bulgarian, Croatian, Greek, Macedonian, Romanian, Serbian, Turkish). Apart from the translation, each National teams completed specific parts of the BECAN Manual and Guidelines with country-specific information, such as, the national epidemiological survey's sampling method and sample, instructions about actions to be taken by the field research coordinators and field researchers in case of CAN disclose, according to national legislation and their professional code of ethics, development of lists of support services for referrals of cases of child abuse and neglect and of intimate partner violence (IPV), etc.

Train-the-Trainers Seminar. Before the onset of the national surveys, the project's coordinator (ICH-MHSW) conducted a two-day Train-the-Trainers Workshop (Tirana, 17-18 May 2010) aiming to the harmonization of the research activities (including National research teams' training) among the 9 Balkan countries. A total of 34 professionals, representatives of research organization as well as specialized professors and experts attended the training on the methodology of the epidemiological studies in order to be able to uniformly train their field researchers and supervise them while conducting the national surveys by using the same methodology.

The Seminar was designed as a simulation of the National Workshops that the participants would have to implement in their country. In brief, during the training, participants a) were introduced to the methodology and the suggested step-by-step process to be followed in order to organize the survey and collect data from children and their parents via two methods (self-completed questionnaires and structured interviews), b) conducted mock interviews among each other by use of the ICAST-CH and -P in their native language; anticipated problems and possible solutions were also discussed. The training also contained issues related to the quality check of completed questionnaires and data encoding. Last but not least, ethical and safety issues related to the survey's participants (children and parents), as well as the researchers themselves were included in the training.

National Research Teams' Training. The field researchers is the key to a successful study; 'they are the heart and soul' of a study and especially if the study deals with sensitive issues such as experiences of abuse and neglect or issues that are considered to be 'family matters' (ISPCAN, 2006a). Therefore, candidate researchers had to be very carefully chosen among professionals with specific qualifications and to be appropriately trained; in addition, they had to be able, but also willing, to strictly and unswervingly follow all of the rules that were set for the survey's conduct. Eligible field researchers to be trained were professionals of health or social sciences or other related sciences.

Each national team conducted a field researchers' training workshop prior to the onset of the surveys. For this purpose a suggested 16-hours Training Module was developed for all countries, which could be modified according to the researchers' needs and duties (e.g. if they would undertake coding of data or not). All field researchers' Workshops were conducted on the basis of the guidelines provided during the Train-the-

Trainers Seminar and the 'Training Manual and Guidelines for the modified ICAST-CH & ICAST-P Questionnaires'.

The Workshops aimed at familiarizing candidate field researchers with the survey's methodology, the instruments and the process to be followed during data collection. For this purpose, trainees were requested to conduct mock interviews during their training as well as to conduct mock administrations of the self-completed versions of the modified ICAST-CH and -P as well as pilot interviews with children and parents (post-workshop obligations of researchers). Researchers were also provided with a hardcopy of the 'Guidelines for Researchers' that included all the information provided during the training in detail, as well as a list of pre-defined standardized answers that researchers had to use in order to answer possible queries the respondents' (children and parents) may have had, a list of organizations providing services for cases of CAN and IPV, information on how to conduct the quality check of collected data and how to report the process of data collection, as well as other necessary material (e.g. interview cards, reporting forms). The suggested contents of the field researchers' Workshops were:

- Brief methodological description of the survey
- How the survey in pupils and their parents will be organized and coordinated
- Step-by-step process and instructions for administering the self-completed questionnaires and for conducting structured interviews
- Conduct of mock interviews by using the modified ICAST-CH and ICAST-P questionnaires (aiming towards the researchers' initial familiarization with the instruments and practicing on the quality check of completion)
- Ethical and safety Issues (e.g. process to be followed in cases of CAN and/or IPV disclosure, crisis intervention and supervision of researchers, safety issues concerning participants and researchers, informed consent procedures, privacy and confidentiality, safety of data)
- Overview of the 'Guidelines for Researchers' and discussion
- Additional sessions (if needed) on: a) coding of data and quality check of questionnaires (if applicable), b) CAN and/or other methodological and ethical issues (according to the educational needs of the trainees/candidate researchers).

Researchers' post-workshop obligations included pilot administration of the modified ICAST-CH and ICAST-P questionnaires to children and parents via: a) self-completion (from at least 2 children and 2 parents) and structured interview (with at least 2 children and 2 parents). The aim of this pilot phase was for researchers to become completely familiar with the instruments, to identify any further queries that needed standardized answers to be developed, as well as to provide an additional pilot test of the research tools, which were, indeed, further improved on the basis of the respondents' queries and suggestions as well as of the researchers' observations and recommendations.

The number of field researchers trained in order to conduct the data collection varied from country to country in virtue of the size of the sample as well as of the country (i.e. from whether the field survey was

to be conducted in remote areas etc). A total of 250 professionals were trained in all countries having professional or academic background Psychology, Social Work, Psychiatry, Pedagogy, Sociology, Nursing and Medical Sciences.

Last but not least, in 8 of the 9 countries the field researchers' Workshops were evaluated by using pre- and post- structured questionnaires that trainees anonymously completed before the onset of the training and at the end while in the other country the training was evaluated via informal methods.

-. 2. Methodology

A.2.1. Sampling method and samples

According to the BECAN survey's design, the method of multi-stage stratified cluster sampling was to be used in each country for the selection of a representative sample of pupils from three grade-groups (the grades attended mainly by children 11, 13 and 16 year-olds) in both urban and rural areas of at least three different geographical areas in each participating country; a paired sample, including each child's (who had participated in the survey) parent/caregiver was also addressed .

The pupils' and their parents' samples' sizes in the 9 participating countries as well as the participation/response rates. The pupils sample size that the surveys in all countries aimed to reach were 63.250 pupils from the three grade groups; in total, 42.272 valid ICAST-CH questionnaires were collected. The parents' sample size was 46.526 parents of whom 26.287 valid ICAST-P questionnaires were collected in total.

A.2.2. Data collection Procedure

According to the survey's design, data were collected by matched pairs of child - parent/guardian. In order to achieve this pairing without endangering anonymity and confidentiality, prior to data collection each ICAST-CH had been matched with an ICAST-P by assigning to both of them the same, a unique Subject Number; this matching code consisted of the initials of the country, the initials of the area and a unique number per pair of questionnaires. The method of data collection was as follows:

- Pupils: administration of self-completed questionnaires to the pupils in the classroom by the trained field researchers (with the exception of children having learning or physical disability where the method of structured interview or guided completion was offered)

- Parents/guardians: self-completed questionnaires sent to the parents/guardians of the pupils who had participated in the survey (structured interview was planned to be offered only to parents that would request from researchers to help them with the completion).

The methods designed to be followed for the data collection and the field work process is described in detail in the 'Training Manual and Guidelines for Researchers for the modified ICAST-CH and ICAST-P Questionnaires', in which are also provided step-by-step instructions to the field researchers for the administration of the questionnaires via both methods. The process that was followed for the data collection per country can be found in details in the National Reports of each

participating country, while the basic steps are described in brief below.

Each school was contacted and upon arrangement of the first appointment, the schools Principals (and occasionally the Teachers' and/or Parents' Associations) were informed about the survey and its process; then researchers visited each selected classroom in order to a) inform the pupils about the research and b) to give them the parents' information letter and consent form (for their children's participation in the research -where applicable) with the instruction to give them to their parents and to return the completed consent forms at a specified date. In some countries, sometimes, this process was conducted via organization of meetings with parents (e.g. Croatia, Bulgaria) where parents were informed about the survey and the researchers distributed/collected the informed consent forms. Even though, according to the BECAN's design, the school's involvement provisioned to be kept at a minimum level, in most of the countries collaborations with key contact persons of the schools' staff (e.g. school psychologists, pedagogues, teachers or the schools' principal) were established, in order to provide assistance and organizational support in the study (e.g. collection of consent forms, parents' questionnaires).

Data collection from pupils was conducted in classroom via self-completion of the ICAST-CH questionnaire. The average time for the questionnaire's completion in classroom was one teaching hour (approximately 45 minutes). In cases of children who were not able to complete the questionnaire by themselves (due to having a broken hand, learning disabilities, etc.) it was provisioned that one researcher would help the child to answer the questionnaire via either structured interview or guided self-completion. As a rule, data collection in classrooms was conducted by two field researchers and teachers were not allowed to be present in the classroom during data collection. In addition, before the onset of the questionnaires' completion (and before distributing the questionnaires to the children), it was provisioned the researchers to explain in detail the structure and the way to complete the questions by using a large 'demonstration poster' depicting the different types of response scales. Due to the fact that the parents' envelopes were sealed, it was also provisioned the researchers to use a 'demonstration envelope' in order to show children what their parents' envelopes contained and to explain to them what information they should convey to their parents.

As soon as each child finished his/her questionnaire's completion, it was provisioned to place it into a large envelope or a box, along with her/his classmates' questionnaires. All children that completed the ICAST-CH questionnaire received a thankful note, including contact details of the research organization and/or local services in case the child needed to discuss an experience that might have happened to him/her or to request further information about the survey.

Data collection from parents was conducted via self-completion of the ICAST-P questionnaire in their home. Each child that participated in the research received an envelope that contained the ICAST-P questionnaire (with the exception of one country where ICAST-P questionnaires sent to all parents whose child was present at school at the day of data collection -even to parents who refused to provide their consent for their child's participation in the research).

Parents' questionnaires had to be returned to school (in sealed envelopes) via their children. Parents' questionnaires were provisioned to be collected from the children by the field researchers (who visited the schools, on predefined dates, for this reason); in some countries though the questionnaires were collected by the school staff. For any questions that parents might have during completing their questionnaires, the possibility to call either the research organization or the researcher was provided.

According to the BECAN design, after each data collection day, the researchers had to participate in daily supervisory meetings with the field research coordinator in order for the results and the process of the visits to schools to be recorded as well as to report and discuss any revealed or suspected cases of CAN. In addition, it was provisioned the researchers to check the completed questionnaires (immediately after data collection) in order to check completeness of data and locate if any child in need of immediate protection or assistance had identified his/herself in the ICAST-CH and/or to appropriately organize the future visits to these schools when CAN cases had been anonymously revealed in the questionnaire. Furthermore, they were responsible for completing a specific Reporting Form for each classroom that they were responsible for; in this form they had to describe all characteristics of data collection by children and their parents as well as their own observations during the data collection and/or from the review they had made of the completed questionnaires.

A.2.3. Ethical considerations related to the fieldwork process

Due to the fact that the subject matter of the research, namely CAN, is very sensitive, particular ethical and safety issues were taken under consideration during the planning and implementation phase of the epidemiological surveys in the 9 Balkan countries. More specifically, the issues related with the ethical Principals concerning participants' privacy, anonymity and confidentiality, informed consent, right to decline to participate and to withdraw, debriefing in terms of safeguarding their well being, as well as the reaction to CAN cases' disclose or suspicion, are described in detail in the Training Manual and Researchers' Guidelines; country-specific information on the way each National team handled the aforementioned issues are described in each country's training manual and researchers' Guidelines as well as in the National Report.

In addition, a specific part of the Train-the-Trainers Seminar and the National field researchers' Workshops for the BECAN study was devoted to the aforementioned ethical and safety issues. The same information about the important ethical and safety issues that had to be taken into account, as well as specific way of handling specific situations in case emerged, were also provided to the field researchers in written form, in the Guidelines for Researchers that was provided to them.

It is worth noticing here that, for the purposes of the BECAN Project, a central independent advisory board (CIAB) and 9 National Advisory Boards (NAB) for Ethical Issues, one in each participating country, had been established. Each NAB consisted by a representative from the partner organization, who was responsible for the project, and two independent experts on CAN issues. Each NAB was responsible inter alia for reviewing the project and processes before conducting the research, monitoring ethical issues during the entire duration of the research conduct and

provide advice for corrective interventions, if deemed necessary. The CIAB for ethical issues was responsible inter alia for the overall supervision of the research design and implementation in respect of ethical aspects. The CIAB consisted of five internationally recognized professionals and experts in the field of CAN research and prevention, namely: Prof. Kevin Browne (Head of the W.H.O. Collaborating Centre for Child Care and Protection and Professor of Forensic Psychology and Child Health, Institute of Work, Health & Organisations, University of Nottingham), Donata Bianchi (Institute Degli Innocenti - UNICEF), Prof. John Fluke (Kempe Center for the Prevention and Treatment of Child Abuse and Neglect in the Department of Pediatrics, University of Colorado School of Medicine; Factor-Inwentash Faculty of Social Work, University of Toronto), Prof. Paul Durning (Professor of Education Sciences at the University of Paris X Nanterre & national observatory of childhood at Risk), and Prof. Hans Grietens (Professor of Remedial Education, Department of Pedagogy and Educational Sciences, University of Groningen). The methodology of BECAN research was submitted for ethical review to the National Advisory Boards for ethical issues that were established in each participating country as well as to the Central Independent Advisory Board for Ethical Issues.

All national scientific coordinators of the BECAN project committed themselves to carry out surveys that strictly follow the Principles of the Code of Ethics for research with human participants with respect to all ethical Principles related to recruitment, participation, consent and provision of child protection within the context of the legal, social, and medical systems of the country where the study was performed.

However, complex ethical dilemmas thrived in the multinational and multicultural research context due to the radical differences among countries in terms of their national legislation, codes for ethics and child protection system which led some countries to deviate at some extend from the originally designed procedure. The main differences among countries regarding the handling of specific ethical issues (such as the type of parental consent required for a child's participation in research, the reactions to CAN cases disclosure according to national legislation, etc.) are described in each participating country's 'Training Manual and Guidelines for Researchers for the modified ICAST-CH and ICAST-P Questionnaires' and/or in their National Reports.

- .3. Main results

Due to the limited size of this summary report, only the main findings of children's exposure to violence will be presented, along with a few other interesting results revealed in all of the countries.

As it was previously described (in Chapter A.1.3), the modified ICAST-CH questionnaire comprised of 5 scales, aiming to measure the prevalence and incidence rates for pupils' exposure to three forms of violent behaviour (psychological, physical and sexual), their subjective feeling of being neglected as well as their experiences with positive and non-violent parenting behaviors; the 2 contact sexual items included in the sexual violence scale are treated as a subscale of contact sexual violence.

Of interest is to note the extremely high prevalence and incidence rates in all countries for all forms of violence as well as for the children's feeling of neglect; more specifically, the results show that among all countries the smallest percentage of children who report having

experienced at least one psychologically violent act during their life time is 64.58% while the highest percentage is as high as 83.16%. The incidence rates are also high (ranging from 60-70%), showing that in different countries 6-7 in 10 children has been subjected to psychological violence during the past 12 months prior to their participation to the survey. The corresponding rates for the physical violence scale reveals that, in different countries, 5 - 8 in 10 children had such experience (rates were ranging from 51% to 76% for children's life time and from 42% to 51% for the past year); in regards to the sexual violence scale, it seems that, in different countries, 1 - 3 in 15 children had experienced sexual violence (rates were ranging from almost 8% to 19% for children's life time and from 5% to 14% for the past year); half of these children are reporting contact sexual experiences. As for the children's subjective feeling of neglect, it seems that 1 - 2 in 4 children are feeling this way in the different countries (rates were ranging from almost 23% to 48% for children's life time and from almost 17% to 40% for the past year). It is also interesting to note that almost all children reported that they are also experiencing positive and non violent parental behaviors only a very small percentage of children do not report only 2 children are also (rates were ranging from 84% to 98% for children's life time and from 83% to 96% for the past year).

An important note of caution must be made at this point in regards to the meaningless of making direct comparisons among countries due to methodological or other differences that were existent among the different studies, which are differently affecting its sample's representativeness and, therefore, the generalizability of its findings. In other words, it is worth stressing out for example that, even though most of the minimum percentages are appearing in FYRoM and in Romania and the maximum percentages in Greece and Bosnia & Herzegovina, this does not consist strong evidence that in these countries the specific forms of violent behaviors are the lowest or the highest in comparison with the remaining countries; in other words, before concluding that children are subjected to less violence in FYRoM (on the basis of the finding that this country appears having 6 of the 12 minimum rates) one must firstly take also into account that this was also the country with the lower children's participation rates, especially for the 11- and 13-year olds grades, (33% and 36%, respectively), a fact that could have affected the representativeness of the prevalence and incidence rates that were measured.

In contrast with most standard perceptions in prior respectful international literature (both scientific and 'grey'), in our research gender differences were not found to exhibit a clear gradient towards boys for exposure to physical and girls for exposure to sexual violence (as it should be anticipated based on the aforementioned standard perception of the CAN phenomenon). That is to say that even where differences are observed, they in general do not seem to represent a substantial diversity (with the remarkable exception of subjective feelings of neglect in which girls have a clear predominance in our results). However, some trends indeed exist also in our research; still not necessarily comprise a radical differentiation of the distribution of violence experiences to girls and boys. More specifically, in most of the participant countries physical violence's rates in boys exceed those of girls regarding both prevalence and incidence but only in 2 or 3 reached significance; this difference is even more notable in the case of sexual and especially contact sexual abuse where in most countries boys' rates of exposure exceed girls' ones pace the standard apprehension of child

sexual abuse as occurring predominantly in girls with almost double frequency as in boys. On the contrary, exposure to psychological violence's rates seem in most countries to be higher in girls for both prevalence and incidence rates (but the difference reaches significance only in 1 or 2 countries). However, in the case of subjective perception of neglect, girls by far report in higher rates such exposure regarding both prevalence and incidence rates, a gender diversity which is probably the higher found in the particular research. Last but not least, in all participant countries, girls rates for history of experience of positive parental practices tend to be slightly higher than the respectful ones of boys although in general such rates are found to be in most countries exceeding 90% of the responders' sample, making, thus, such differentiation as less indicative of pinning down a real diversity in parental practice in real social life.

Gender differences on prevalence and incidence rates of pupils' exposure to violent behaviors by form of violence experienced and by child's gender, per country' in the attached .pdf version of this report.

In regards to the prevalence rate, there are no significant differences between girls' and boys' reports of experiencing psychological, physical and sexual violence in 8, 6 and 4 countries, respectively, while for the incidence rates, there is no difference in 7, 6 and 4 countries. As for the scale of psychological violence, girls who report such experiences are significantly more in only one of the 9 countries (Serbia) when referred to their entire lives and in 2 countries (Serbia, Bosnia) when referred to the last year of their life.

As for the scale of the physical violence the girls' percentage of girls is significantly higher only in one country (Greece) and the boys' in just two countries (Bulgaria and Turkey). When referring to the last year of life, the gender's effect is reversed in Greece, disappears in Bulgaria and appears in FYRoM resulting, thus, in a higher percentage of boys in 3 countries (Greece, Turkey, FYROM).

In the scale of sexual violence, girls' percentage is higher in two countries (Greece, Croatia), while of boys' in three (Albania, FYRoM and Serbia). The same pattern is retained and accentuated in the contact sexual violence sub-scale, with girls outweigh the boys only one country (Croatia), and the opposite happens in 5 countries (Albania, FYRoM, Serbia, Bosnia and Romania). When referring to the last year of life, the gender's effect remains the same on both scales, with the exception of Greece for the sexual violence scale (where the boys' percentage exceeds the girls') and Croatia for the contact sexual violence scale (where the gender's effect disappears).

A word of caution is worth to be added at this point, that these are preliminary data and that more in depth analysis is needed; in order to just mention an example, before being able to conclude that boys seem as being exposed in more experiences of sexual violence, further analysis is needed in order to test more thoroughly the interactions that appear to exist in many countries between the gender and the grade-group (children's age) as well as to further investigate how much each item contributes in the effect gender seems to have on the entire scale; the latter needs to be done due to the fact that a couple of items included in this scale could have been either misconceived by the children as measuring desired behaviors or 'normal male behaviour'.

On the feeling of neglect scale, the percentage of girls is significantly higher than boys' in all 9 countries for both measurements (prevalence and incidence rates).

Among many interest results that were revealed (which are not presented in this Summary Report), the following were chosen to be mentioned here:

a) the high internal consistency which was observed in all countries for all scales (with Cronbach's alpha exceeding 0.8 in all countries' prevalence and incidence rates at least for the psychological and physical violence scales and in some countries also for the sexual violence scale); in comparison with previous studies using the ICAST-CH, where the Cronbach's alphas were quite lower, one could consider that the higher internal consistency of the scales in the current study could be attributed to the revision of the items and scales made in the context of the BECAN project.

b) the extremely high inconsistency in the paired children's - parents' reports in regards to the parents' use and children's exposure to the specific behaviors (items asked) of the psychological and physical violence as well as of the positive parenting scales, as it is indicated by the extremely low kappa coefficients that were observed for all items measured (almost none of the coefficients exceeded 0.35 showing, thus, very poor agreement between children's and parents' answers). This great inconsistency shows that the parent or the child may reveal violent acts that are not reported by the other person, or vice versa.

c) the high percentage of children in each country declaring that they have been exposed to more than one types of violence (psychological, physical, sexual and domestic violence), also impressive is the percentage of children who had been exposed to all types of violence (ranging in all countries from 2.4 to 10.93 for the prevalence rates and from 1.43 to 5.95 for the incidence rates).

A.4. Becan survey in samples of children who have dropped-out of school

In addition to the epidemiological surveys, the BECAN project also included the design and realization of supplementary surveys with convenience samples of children that have dropped-out of school (and their parents) in countries where the drop-out rates are high.

Such surveys were conducted in Bulgaria, Former Yugoslav Republic of Macedonia, Romania, and Turkey. The reasons for not conducting such a survey in the rest of countries related either to low drop-out rates that were identified in most of the countries or to the incompleteness of available data on drop-out rates as well as to the inability to obtain information about their contact details for children that have dropped out of school due to personal data protection regulations and/or other difficulties faced in the effort to approach the target group of children that have dropped-out of school and their parents (more information about the obstacles faced can be found in the respective countries' reports as well as in the Balkan Report for the BECAN survey on CAN in samples of children who have dropped-out of school).

The suggested methodology to be followed for the organization and implementation of the drop-out surveys was also included, along with this for the conduct of the epidemiological field surveys, in the 'Training Manual and Guidelines for the modified ICAST-CH & ICAST-P

Questionnaires'. Data collection was conducted via using the same tools used for the epidemiological studies (the modified ICAST-CH and ICAST-P), but the provisioned method of data collection for the drop-outs survey was structured interviews instead of self-completion. The research tools' cultural validation and pilot testing described in Chapter A.1.3; in addition, the ICAST-CH was also pilot-tested via focus groups with children that have dropped out of school that were also conducted in countries that planned to implement such surveys; more specifically, 4 focus groups were conducted with 28 children that have dropped out of school. Moreover, countries that planned to conduct such surveys included in their field researchers' training sessions about the methodology and the process to be followed for data collection from school dropped out children and their parents.

The survey in Bulgaria was conducted in Petrich and Blagoevgrad cities (Blagoevgrad region). The contact details for children that had dropped out of school were provided by the Regional Inspectorate of Education, while the contact with their parents was facilitated by the Blagoevgrad Child Protection Department's social workers, who were already in contact with these families. The data collection from children and parents was made via structured interview, in two periods: May-July 2011, and March-December 2012; the interviews were conducted in a secluded room of the family's home and the Dropped-out children were recruited (mainly Roma children).

The survey in FYROM was conducted in two Daily Educational Centers for children (one in Skopje and one in Bitola area), from April - June 2012. The method of data collection was structured interviews for both children and parents. The target group of this survey was children that have either dropped out of school or never attended school (mainly Roma children) and their parents.

The survey in Turkey was conducted in Izmir from January - May 2012. Data collection from 11- and 13-year olds and their parents was conducted by structured interviews (with the assistance of a Center for family consulting) while in 16-year olds data collected via self-completion. Data collection by 16-year olds children was conducted in Public Training Centers where children aged 14+ that have dropped out of school are attending courses. The respective ICAST-P questionnaires for parents having 16-year old children were sent to them for self-completion.

The survey in Romania was conducted in the areas of Cluj (Cluj-Napoca) and Covasna (Tg-Secuiesc), from November - March 2012. The method of data collection was structured interviews (conducted at schools, organizations' headquarters or participants' homes) while some participants chose to self-complete the questionnaire. The children included in the sample were children that either have dropped out of school, are at high risk of dropping out, or had dropped out of school at some point and returned later to education in a 'second chance' school program. The research in Cluj county was carried out in one school (having mainly Roma children) and the Christiana Association, which operates a 'Second Chance' school program, targeting children who have dropped out of the regular school system. The majority of school dropped-out children were identified through the Public Welfare Service within the Cluj Town Hall, which monitors an area where the school abandonment rate is high. In Covasna County, data collection was conducted in one school.

To this point it should be mentioned that national teams faced a lot of difficulties while trying to approach the target groups and conduct the survey, such as: lack or modification of contact details of school dropped-out children and subsequent inability to communicate with families in order to invite them to participate in the survey, fear of parents towards participating in surveys, lack of parents' time and interest to participate in the survey, difficulties in communication with participants due to illiteracy or due to speaking another language.

The surveys revealed interesting results about the prevalence and incidence of psychological, physical and sexual violence, feeling of neglect and positive -non violent- parenting practices (which can be found in the respective National Reports); however, due to the small sizes of the samples (with the exception of the Turkish 16-year olds) and the fact that all were convenience samples, these results can be considered only indicative and no conclusions can be drawn as any attempted comparison could lead to misleading arguments.

2.2 Case-based surveillance study (CBSS)

The case-based surveillance study (CBSS) aimed at identifying CAN incidence rates based on already existing data extracted from the archives of agencies involved in the handling of CAN cases (such as child protection, health, judicial and police-services and NGOs) in the same geographical areas and for the same time period as the epidemiological field survey. The collected data were related to the characteristics of individual cases such as child, incident, perpetrator(s), caregiver(s), and information concerning the family. At the same time, the CBSS targeted to map the existing surveillance mechanisms, where available, and to outline the characteristics of the surveillance practices in each participating country. Moreover, comparison at national level between inductance rates of CAN as found in field survey in one hand and in case based surveillance study on the other would produce evidence based estimates of the instantiation of the 'iceberg' phenomenon regarding CAN, viz. that actual rates of the phenomenon are substantially higher than the number of cases actually known or provided for by services in the participant countries.

Nine Balkan countries participated in the BECAN Project: Albania, Bosnia & Herzegovina, Bulgaria, Croatia, FYRoM, Greece, Romania, Serbia and Turkey. The current situation concerning CAN monitoring in each one of the countries is quite different: in countries such as Romania there is already established a National Monitoring System for child maltreatment in the context of the Child Protection System, while in countries such as Greece, Turkey and Albania such mechanisms do not exist. In between of the two situations can be set all the remaining countries, where more or less systematic efforts take place for monitoring CAN.

Current situation in Balkan countries

National mechanisms of child maltreatment surveillance either capture data about specific behaviors known to place children at risk of maltreatment or describe children and families who have come to the attention of social services or legal authorities. Both types of data are collected in order to help the countries assess their needs with regards to the existence of a specific policy leading from prevention to intervention. Additionally, each country must fulfill its obligations as these have been described in the UN convention on the rights of the child

(CRC) concerning data collection 'as a key tool in its monitoring efforts'.

As it was described in a series of comprehensive reports on current situation of child abuse and neglect in each one of the BECAN Participating countries, surveillance mechanisms and practices vary significantly among Balkan countries, as significant differences noted in both, the progress that each individual country has made in establishing CAN surveillance mechanisms and the methods each country uses in the monitoring of CAN.

Specifically, Albania lacks what would be considered according to international standards, a pro-active child protection system. The poor response to issues of child abuse and neglect is related to the lack of a unified law on violence and the appropriate implementation and supervision mechanisms. The National child strategy and the National Social Services Strategy are efforts to ameliorate the current situation, however, their action plans have yet to be implemented in practice. In Bosnia & Herzegovina, there is a governmental Institution, the Council for Children in BH, which is the advisory body to the government on child rights issues and maintains a CAN surveillance system at a national level. According to the Council's Report, it collects data from different sources, namely the education-, health-, social protection- and justice-sectors. However, it's published data reliability and completeness has been challenged as well as the diversity of information collected by different sources which is not always internally compatible. Therefore, there is a lack of unified database about the abuse or neglect victims, as well as database of abusers. In Bulgaria since 2001, the State Agency for Child Protection collects data about cases of abused children from regional departments for child protection, police, prosecutors' offices and related NGOs.

This surveillance system, however, needs improvement in terms of methodology and enrichment of the recorded variables. In Croatia, the social care system governed by Ministry of Health and Social Care administrates all cases of abuse and neglect of children. According to the Family Act (Article 108) and the Rules of Procedure in Cases of Family Violence, all information about violence and abuse and/or neglect of children should be reported to the Centres for Social Care, who in turn are obligated to immediately investigate the case and take measures to protect the child. However, there is no uniform system for the recording of the data on cases of abuse and neglect of children. In FYR of Macedonia, also, there is not a unified data base which will provide accurate, clearly defined cases of CAN in the country. The Institute for Social Work developed a new surveillance system which up to today is in a preparatory phase; however, this is the only institution in the country that maintains data base for beneficiaries with a status of social risk such as children with different kinds of social risk, including CAN, but most of the problems overlap between each other and CAN cases can not be identified. In Greece there is no Registry for Reporting and Epidemiological Surveillance of CAN reported cases in Greece currently as well as no mandatory reporting and registering procedure. This results in the use of different classification criteria and assessment methodologies of CAN reports, either by professionals, between organizations/institutions and services involved, or sometimes even internally within the very same institutions. Therefore, there are no officially and systematically collected data at National level. In Romania, there is CAN surveillance system operating on a central level

within the National authority for the protection of child's rights, general direction for social assistance and child protection. It is a regulation authority among the aims of which is to monitor the child rights in the country. Thus, the NAPCR centralizes data concerning the child protection system and data concerning child rights on a monthly, quarterly or annual basis. Still, fullness and accuracy of published data are liable to further improvement. In Serbia, since 2005, when the new Family Law and the amendments of the Criminal Law were adopted, referral of all CAN cases to one out of the 132 centers for social work (CSW) has been obligatory. Health, education and police services, even NGOs, are obliged to report to CSWs if they have any information or concern that a child has been abused, neglected or it is at risk of CAN. CSWs keep a common archive of all CAN cases which means that each child and his/her family have their own file. Since 2009, CSWs have been using a common CAN record form but descriptive data still predominate in those records but there is still no database on CAN cases in CSWs. The only data reported annually by the CSWs to the Ministry are the data on the number and the type of CAN cases and the services provided and suggest that the number of CAN increases yearly, but does not offer even the remote picture of real magnitude of the problem. In Turkey, finally, although there is a distinctive 'Child in Need of Assistance' law adopted by Turkish government decades ago, child protection measures are still far from being comprehensive enough and does not cover issues such as a clear description of various types of CAN, mandatory reporting to child protective services, existence of a national database and surveillance system for victims and offenders, and the need for multidisciplinary management.

Considering CAN monitoring at Balkan level, it is obvious that in almost all countries responses to CAN are multi-faceted and data are collected by distinct services belonging to various sectors. Concerning their stage of development, capacity and comprehensiveness, national CAN surveillance systems range widely. Countries where the social service sector is not well-resourced and systematically organized may face greater challenges in developing corresponding administrative systems and therefore other sectors such as health and judicial services may offer a more feasible starting point for developing a data system. In most of the Balkan countries the legislation of mandatory reporting is not sufficient and multi- and inter-agency passive CAN-surveillance is mainly applied. This implies that CAN-related information is collected in the course of other routine tasks depending on the type of sector where the data are collected. Given that screening policies are not usually applied in the majority of the agencies collecting CAN data, it is expected that many cases are not detected. Additionally, given that many cases of CAN are never reported, information deriving from the archives concerning CAN incidence and its specific characteristics does not support understanding of how CAN affects the overall population, as the reported cases usually represent only part of the extent of the problem. These data, however, could potentially provide a starting point for exploring the size of the existing problem.

In the context of the BECAN case-based surveillance study (CBSS) partner-countries had the opportunity to collect already existing CAN data from archives of agencies involved in the handling of CAN cases, such as child protection-, health-, educational-, judicial-, police-services and NGOs and at the same time to map the existing surveillance mechanisms. Moreover, partners had the opportunity to explore the strengths and the weaknesses of the already established CAN surveillance mechanisms and

practices (where exist) or to collect evidence in order to promote the idea for the need of such a surveillance mechanism for monitoring of CAN.

Aims and objectives of CBSS

The primary aim of the CBSS was to produce estimations on the number of children maltreated in a single year (2010), including substantiated, suspected, and unsubstantiated cases, based on already existing CAN surveillance practices in each one of the 9 Balkan countries. The second aim was a comparative consideration of the results of the CBSS to those of the epidemiological survey in order for some observations on whether the non-systematic recording of CAN cases in some of the participating countries and the more systematic surveillance in some others sufficiently depict the CAN incidence rates or not. Such a consideration of the results is expected to reveal a more realistic picture concerning the difference between reported and hidden incidence of CAN cases in school-aged children in the nine Balkan countries. As such, the results are to be used as a needs assessment for identifying potential weaknesses of the existing surveillance practices in each country, even for countries that have already established a CAN surveillance system. Furthermore, CBSS results would provide a basis enabling the discussion of fundamental issues about the variation between and within the nine Balkan countries. The identification of any differences between the epidemiological survey and the CBSS within each country and consequent comparison of these differences among countries could potentially indicate what works better and to assess the quality of the already existing CAN surveillance systems, given that different methodologies, tools and mechanisms are currently employed for the monitoring of CAN. Specific objectives of the CBSS were:

- 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 that the epidemiological survey 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.
- To collect data related to characteristics of the existing surveillance practices targeting to outline the current situation in the participating countries 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 related records, their legal status, the sectors they belong to, their mission as well as information related to the characteristics of the records, such as their format and whether they are collected via specific 'CAN recording form' or not.

Methods

CBSS research toolkit

Protocol for extracting CAN information from archives/databases: CBSS Protocol includes all necessary information related to the need for CAN monitoring and the aim of a systematic effort of collecting data on

reported and/or detected CAN cases already recorded in archives and/or databases of agencies and services involved in the administration of such cases (such as child protection services, health and mental health services, education-, justice- and public order-related services as well as related NGOs).

Operations' manual for the researchers: operations' manual includes a detailed description of the research tools, presentation of the study procedure as well as instructions for the completion of the pre-coded extraction forms based on already existing data, available in the archives of agencies provided services to maltreated children. Manual addressed the researchers involved in the case-based surveillance study aiming to provide them guidance on how to use the forms for the extraction of CAN-related data from already existing files identified in agencies' archives. First, along with the conceptual definitions, the operational definitions of key terms -namely CAN and its forms- are provided. As it was expected that available data will differ depending on the sector from which the data has been derived, conceptual and operational definitions aimed to facilitate the researchers in locating CAN cases in the existing databases and/or archives. Next, the structure of the research tool is presented as well as an overview of the variables included in the research protocol and the properties of both the extraction form for agencies and for cases. Lastly, a detailed presentation of characteristics of each individual variable is provided. This instructional booklet was used during both, the train the trainers workshop and the training the researchers' seminars. All of the identified cases of CAN (physical-, sexual- and psychological-abuse and neglect) were eligible for extraction according to the conceptual and/or operational definitions provided below, regardless if they are substantiated or not.

Extraction Forms: Two extraction forms were developed: the first of which addresses issues related to the participating agencies and their CAN-records. The second part is related to the CAN-cases themselves. Each part includes a number of variables to be measured, which are categorized under general titles.

PART I. In order to be aware of the sources from where the data collected was gathered, this part of the extraction form contains information concerning the agency/organization providing the data. This part includes two general categories related to the agency's identity and its archive. The first part of the extraction form will be completed only once per each agency that will provide access to its database/archive, regardless of the number of cases that will finally be identified and extracted. A set of 13 variables will be used to record all information needed for the identity of the agency that provides the data and a second set comprised of 7 variables will be used to keep the needed information for the archive/database maintained by the agency. An overview of the variables included in the respective extraction form is presented below.

PART: This part includes ten general categories related to case identity, child, incident, perpetrator(s), caregivers (in cases where they are different persons than the perpetrators), family, household, history of previous maltreatment and which agencies they contacted and what services they provided as a consequence of the specific incident (if any). The second part of the extraction form will be completed as many times as CAN-cases records/files are identified in an archive/database for the pre-defined time period, i.e. one form per each individual case. In the

following table, an overview of the variables under the ten above mentioned general categories is presented. The detailed presentation of each individual variable is available in the Operations' Guide for the Researchers.

English and national versions of the CBSS Toolkit [D4.1] are available at <http://www.BECAN.eu/node/33>

Capacity building

Train-the-trainers workshop

The 2nd train-the-trainers' Workshop dedicated to WP4 'Case-based Surveillance' was held on October 11th and 12th in Cluj, Romania. During this workshop an introduction to the WP4-Toolkit was made and trainees (lately trainers) attended a presentation including theoretical-methodological background information aiming to provide them with a clear insight and understanding of the CBSS protocol, technical guidance on the use of the extraction forms and instructions on how to use the Operations Booklet during the training of the national research teams and for administering the data (coding, entry into SPSS file, analysis and reporting). Other issues were also discussed such as the aim and the objectives of the study, a set of indicators to be explored, CBSS expected limitations, selection of agencies-data sources (eligibility criteria) and procedure to be followed for data collection, while mock CAN cases were applied for testing the usability of the extraction forms.

Seminars for training the national research teams

In total, 100 trainees (CBSS field researchers) were participated in the seminars that were realized in the nine Balkan countries and were facilitated by 23 trained-trainers. The structure, method and material used during these seminars were similar in all countries and followed with the process of the train-the-trainers workshop.

Procedure

The organization and implementation of the CBSS in all nine countries was identical and made in five distinct steps according to what was provisioned by the contract and based on the protocol developed for the study along with the operations' guide.

Step 1: Identification of CAN related Agencies and Networking [WP1 activities related to WP4]. For the identification of eligible agencies taking into account country's specifics (existing monitoring systems or not), a set of pre-defined eligibility criteria were drafted (especially for countries where no existing official monitoring system) related to agencies' identities and specifically to their location, legal status and availability of data. Every agency that fulfilled the eligibility criteria listed in the respective national inventory and invited to participate in the national network and to provide further information in regards to their archives (compilation of long inventories).

Step 2: Identification of eligible agencies-data sources and Preparation of list of collaborating agencies.

Every agency fulfilled the criteria of location, legal status and the completeness of its archive (by covering an also pre-defined minimum set

of required data) was considered as eligible for CBSS, and invited to participate in the study by providing access to data on CAN cases administrated during 2010. In a later phase, eligible agencies who responded positively were recorded in an inventory (compilation of WP4 inventories) including information such as the agency's name, legal status, mission and activities, location and contact details.

Step 3. Development of WP4 toolkit and national versions of WP4 Toolkit. A protocol along with two extraction forms were developed by the Coordinator and finalized by the consortium during the 3rd MM. Moreover, following a suggestion made by the Coordinating team during the 1st MM, an Operations' Manual for the Researchers was developed over and beyond of any contractual obligation (see above 'CBSS Research Toolkit').

Step 4. Train-of-trainers & train-national research teams [WP2 Activities related to WP4] (see above 'Capacity Building')

Step 5. Implementation of CBSS in nine Balkan countries. Scheduling and realization of site visits from the national research teams in agencies who accepted the invitation; Conducting a structured interview on the basis of Form I for collecting information on agency's identity; Studying the archives/databases, identifying eligible CAN cases and extracting data for these cases from the archives on the basis of the pre-coded Form II; data entry in SPSS (all partners in a common file); data cleaning per country; data analysis (on the basis of common syntaxes); reporting of the results (on the basis of a common template).

Timeframe

CBSS results in 9 Balkan countries

In the following pages the incidence rates of CAN are illustrated per country along with information in regards to the agencies-sources of data for the CBSS. Further details are also provided on incidence rates per individual form of CAN, substantiation of maltreatment and the presence of single or multiple forms of abuse, as well as for the main characteristics of children-victims of CAN. Information, such as family- and household-related, perpetrators- and caregivers-related, services involvement (during the cases' investigation as well as referrals to services and services provided) is available in the national BECAN WP4 'Case-based Surveillance' Reports.

CBSS participating agencies

Following the process described above (steps 1 and 2), a total of 911 organizations/child services were identified in the eligible geographical areas. Out of these agencies 505 fulfilled the eligibility criteria set for the needs of the CBSS in each country respectively. Out of the eligible organizations that were invited to participate in the CBSS, finally 281 provided access to their archives. To be noted that in 5 out of the 9 countries, where a more or less official CAN monitoring system is available, participating agencies selected by sampling, reducing in this way the number of the eligible agencies that participated in the study and, on the other hand, reducing the human and financial resources needed for the conduction of the study. Given that the existing monitoring systems in these countries administrate all the CAN cases, it is expected that the sampling has not influenced the results.

CAN incidence in nine Balkan countries resulted by case-based surveillance study

To be noted that the estimations were calculated on the basis of the available data identified and collected during the CBSS from part only of the agencies administrating CAN cases per country, that were selected either by sampling in countries with available CAN monitoring systems (Bosnia-Herzegovina, Bulgaria, Croatia, Romania and Serbia) or in a opportunistic mode (agencies who accepted the invitation to participate in the study out of the total eligible identified agencies in Albania, Bulgaria, FYRoM, Greece and Turkey). Therefore, illustrated incidence rates are by definition biased due to selection process and underestimated. Moreover, for some countries, the estimation of the general population was calculated indirectly due to the lack of recent national census.

Given these limitations, CAN incidence rates range from 0,41 cases/1000 children in Romania to 6,05 and 6,8/1000 children in Greece and Croatia respectively. For the remaining countries, the rates for Bulgaria and FYRoM are 3,77/1000 and 3,45/1000 while for Serbia, Bosnia and Herzegovina, Albania and Turkey range between 1,94/1000 and 1,24/1000 children in the general population

CAN incidence rate per country /1000 children' CAN incidence rate per country /1000 children' in the attached .pdf version of this report.

CAN incidence rates by gender

In some of the countries CAN seem to be more frequent among girls (Albania, FYRoM, Croatia and Turkey) and in other countries more frequent among boys (Bosnia-Herzegovina, Greece, Romania and Serbia). The larger difference was noted in Turkey, where the CAN incidence for girls is more than twice the incidence of boys (1,720/00 vs 0,730/00), while the smaller difference is observed in Romania where CAN incidence rate for boys is 0,410/00 vs 0,400/00 for girls. For Bulgaria the respectful rates are not available as information for the general population by gender in the specific areas for the year 2010 was not available by the National Statistical Agency.

Single vs. multiple forms of CAN

On average, at the Balkan level, half of the identified CAN cases concerned single form of abuse and the other half the presence of more than one forms of maltreatment. Similar to the Balkan is the distribution in Serbia. In Romania, Croatia, Bulgaria, Bosnia-Herzegovina and Turkey cases with single forms of abuse are more than these with multiple forms of abuse and the rate single/multiple abuse ranges from ~80%-20% (Romania) to 65%-35% (Turkey). In three countries (Greece, FYRoM and Albania), however, the cases with multiple forms of abuse were by far more than these with single forms of abuse. There is a trend for countries with CAN monitoring systems to record mainly single forms of abuse (with the exception of Serbia) and for countries having no monitoring mechanism there is a trend to record mainly multiple forms of abuse.

As for the gender, on average, in Balkan level, cases of boys' maltreatment concerned more frequently a single form of abuse, while cases of girls' maltreatment involve frequently more than one forms of

CAN. The same pattern is also valid for Greece, FYRoM, Serbia, Turkey, Bosnia-Herzegovina, Croatia and Romania, while the pattern is reversed for Albania and Bulgaria.

Substantiation status of child maltreatment

Children-victims characteristics

Conclusions

Nine case-based surveillance studies in the respectful Balkan countries in the context of the BECAN project have been made following similar methodology (namely identical tools and common data extraction processes) and their results provide a comprehensive picture of the current situation in each participating country along with a series of facts indicating strengths and weaknesses of CAN surveillance systems throughout the participant Balkan states. However, due to a series of limitations these results -as it was expected- should not be considered as complete regarding their validity, reliability and representativeness, and therefore international comparisons can only have limited feasibility mainly regarding inter-country evaluation of prevailing trends and overall qualitative characterises and profiles of national systems, while quantitative comparison of indicators per se should be constraint with appropriate cautiousness (as figures as such refer to diverse nature and type of data administratively collected by differentiated in scope and focus organizations and agencies).

Despite study's limitations, information collected in the context of the BECAN CBSSs could be considered bearing important properties of social utility in virtue of:

- an adequate mapping of the agencies handling CAN cases was made in countries having previously no related monitoring mechanism,
- the fact that it was the first effort to gather and present systematically data on the incidence and the characteristics of CAN cases of children from administrative data available in the archives of the identified agencies that could potentially be the basis for a future national surveillance system,
- the fact that it illustrated the weaknesses of already existing monitoring mechanisms concerning their sensitivity in capturing CAN cases and the methodologies currently used, thus, indicating weak points and respectfully means to strengthen function of such mechanisms,
- the fact that it provided an estimation of the CAN phenomenon's magnitude according to what is known by authoritative agencies/surveillance systems and
- the fact that it documented for the first time the huge discrepancy between the magnitude of CAN phenomenon as measured by administratively collected data by authoritative organizations on one hand and on the other by data deriving by self-reports of children: results of CBSS study if considered along with results of the respectful epidemiological studies per country ground the so called 'iceberg' phenomenon regarding CAN, namely that the real extent of the phenomenon, as can be measured by children (or even by their parents self-reports) has a huge difference with the tiny fraction of CAN cases that end up to be known to

authoritative agencies and thus can be found and measure in administratively collected CAN-related data.

Archives' completeness concerning the recorded CAN cases: lessons learned from the missing values

It was expected that within each individual country, different type of information are currently available in the archives of agencies belonging to different sectors and having different mission and work orientation. The calculation of unspecified and missing values aimed to identify potential differences in the 'culture' of recording of CAN cases, namely which information is considered as relevant and important and therefore is recorded and which not (detailed information is available in the CBSS Balkan Report). Based on the exploration of what type of information is usually recorded in the archives/databases of agencies involved in CAN cases administration per participating country, and specifically concerning the completeness of the records among countries, it was eventually apparent that the methodology followed in Serbia is the more well-organized, as Serbian data included the fewer non-available/unspecified and/or missing information (although the incidence rates calculated on the basis of Serbian data seem to be low enough). In the remaining countries the availability of the data varied for specific general categories of characteristics.

Study limitations

Main limitations of the CBSS study concern the fact of underreporting CAN incidents which is a phenomenon observed globally as derived for a variety of bibliographically well-known reasons hindering the accurate estimation of the magnitude and the characteristics of CAN actually in the general population. In many countries information for CAN incidence and prevalence is not available due to lack of coordinated national CAN monitoring efforts. Even in countries where a CAN surveillance system exists, as all international organizations working on children's rights point out, there are much more CAN occurrences in real social world than the reported cases' statistics reveal. Furthermore, as noted in the WHO report (2006) 'access to and use of any particular service is always remarkably uneven between different groups in the population' and therefore case-based information collected from such services and facilities should not be used to measure the overall extent of the problem of non-fatal child maltreatment.

Moreover, restrictions of the particular case-based surveillance studies in the nine participant Balkan countries constraining comparisons among countries, over and beyond under-reporting for reasons mentioned above, concern mainly two broad issues: first, current state of affairs in those countries (existence or not of a CAN monitoring mechanism) and secondly selection of participating agencies per country (including sampling or not). Regarding the former issue, for countries having a CAN monitoring system, only agencies such as centers for social work provided data, while for the remaining countries CAN data derived from a variety of agencies involved in the administration of cases of child maltreatment (social services, health/mental health services, courts of law, police and education-related agencies). As for later, in some countries all CAN-related organizations in the indicated regions were invited to provide data for the study (which also implied an additional methodological perplexity, namely that response rates vary from country to country), while in other countries a sampling process was used on the basis of

different criteria from country to country in virtue of the particularities of child protection system per country and the differentiated administrative structure of respectful services from which data should be retrieved from (more details are available in the CBSS national reports).

In this way, although identical tools and data extraction processes were used, the CBSS results are based on data derived from archives of agencies across the Balkans that use different surveillance methodologies based on different policy provisions, including different tools, processes and sources for monitoring CAN and data extraction was performed by records of agencies having diverse scope and focus. In some cases these methodologies are not sufficient in providing a reliable picture of the CAN burden often leading to an underestimation of the magnitude of the problem. Therefore, estimated incidence rates are by definition biased due to selection process and underestimated (even higher than the official data provided by the respective systems in some countries for the same year). Lastly, the estimation of the general population in some countries was also made in an indirect way due to the fact that no recent national census was available by national statistical agencies (i.e. in one country, the later available census data age more than 20 years ago, making thus calculations of estimated figures of incidence rates as quite challengeable).

BECAN epidemiological surveys & case-based surveillance: issues for consideration

BECAN epidemiological surveys conducted in the participant nine Balkan countries investigated the prevalence and incidence of child abuse and neglect in representative randomized samples of the general population of pupils attending three grades (mainly children 11, 13 and 16 year-olds), while in countries where the drop-out rates are high for producing estimates of respectful CAN indicators at national level supplementary surveys were conducted to convenience samples of children that have dropped-out of school. Data were collected by matched pairs of children and their parents, by using modified for the purposes of the BECAN project versions of the ICAST-CH and the ICAST-P self-completed questionnaires. By filling-in the ICAST-CH questionnaires, children provided information in regards to their experiences of psychological, physical, sexual violence, their subjective feeling of being neglected as well as their experiences with positive parenting behaviors.

At the same time, case-based surveillance studies in the same Balkan countries, aimed at identifying CAN incidence rates based on already existing data extracted from the archives of agencies involved in the handling of CAN cases (such as child protection, health, judicial and police-services and NGOs) in the same geographical areas and for the same time period as the epidemiological field survey. As a first step, the CBSS targeted to map the existing surveillance mechanisms, where available, and to outline the characteristics of the surveillance practices in each participating country. Moreover, data collected at case-level were related to the characteristics of individual cases such as child, incident, perpetrator(s), caregiver(s), and information concerning the family. A protocol along with an operations' manual for researchers and extraction forms for both, the agencies participating in the country and the individual cases identified in the agencies' archives were developed and used in all nine countries.

The main observation for all participating countries is that field epidemiological studies showed high incidence and prevalence for all forms of maltreatment, namely experiences of psychological, physical, sexual violence, their subjective feeling of being neglected; on the contrary, incidence rates as estimated on the basis of available administrative information recorded in archives of agencies working with CAN cases were extremely lower and, in specific cases, particularly low for all forms of child abuse (physical, sexual and psychological) as well as for neglect. It should be clarified that this difference in the size of the phenomenon between the two studies does not mean that every child that responded positively even to one sole item in the epidemiological study is necessarily an abused child and therefore should be recorded in the archives of a related agency. However, the gap in the estimated rates between the two studies is huge and it is expected that even if the strictest criteria were applied in the results of the epidemiological studies per country for defining potential abuse cases, recorded (reported and/or identified) cases in the archives of the relevant agencies would still be significantly lower, and this is an issue for further elaboration and discussion. For instance, in the case of Greece, an enormous discrepancy was found between incidence rates reported by children in field survey and rates estimated on the basis of records of authoritative agencies and organizations: according to the former children report exposure to physical violence inasmuch as 47,4% out of which one in ten reports more than 8 different types of exposure to physical violence; at the same time according to official records estimated incidence rates for the same ages are calculated roughly to just 0,34%. Similarly, 9,54% of children do report exposure to sexual violence over the last year and 4,45% contact sexual violence; at the same time rough estimation of recorded rates of sexual abuse is just 0,13%. Moreover, it is also observed that the overall trends in the incidence rates of various types of CAN are similar between the two studies per country; in general psychological abuse seem to be the more frequent type of abuse followed by physical abuse while sexual abuse is the less prevalent among the forms of maltreatment, providing, thus, an additional argument for the relation between data derived by the two studies, and consequently for their vague comparability under the appropriate respectful constraints and reservations.

However, it should be noted that it is the first time in relevant scientific literature that such an attempt was conducted for a comparison between inductance rates of CAN at national level would produce quantitative estimates of the instantiation of the 'iceberg' phenomenon regarding CAN, namely that actual rates of the phenomenon are substantially higher than the number of cases actually known or provided for by services in the nine participant countries. Further research could explore beyond the dual methodology applied in the BECAN study by fine graining tools and methods of implementation as well as by readdressing instruments developed by the BECAN study in order to produce time trend estimates, which in turn could provide sufficient data for secular changes of the phenomenon, in terms of real occurrence on one hand and responsiveness of child protection services on the other.

Potential impact:

Overall context, current state of the art, contemporary trends and challenges in CAN research

CAN and in general exposure of minors to violence has attracted gradually increasing clinical attention over the last decades. By its first reporting by the American Pediatrician Henry Kempe in the '60ties up to its recognition by WHO as a major public health issue in late '90ties, perspectives over the subject matter changes drastically. During the last two decades, the main paradigm under which the phenomenon is dealt with internationally is predominantly the one of evidence-based social policy and clinical practice while the so called public health perspective on the issue is also gaining ground among professionals. Reasons and causes of the phenomenon's increased visibility over the years should be ascribed in the documentation of the severe implications of early exposure of children to violence or deprivation. These implications have been sufficiently correlated with a number of mental health problems in childhood and in later adulthood of victims like anxiety and depression, increased rates of suicidal behavior, abuse of alcohol and substances, dissociation and personality disorders, as well as with wider psychosocial consequences related with adolescent delinquency, educational shortcomings, difficulties in relations and family roles in adulthood, criminal activity and reproduction of the 'circle of violence'.

As a result, the necessity for building up a robust evidence base regarding the magnitude, characteristics and correlations of the phenomenon as well as of its various types is becoming an ultimate necessity for the international scientific community. One straightforward obstacle to that goal has been traditionally the radical incommensurability of results reported by various researchers around the globe in virtue of different tools used measuring fundamentally incompatible variables of the phenomenon. Moreover, it has been noticed that since some of these tools were actually inquiring about subjective perceptions of exposure to violence, results could not be easily compared to one another but also suffered from decreased credibility as such.

To tackle such perplexities the WHO and ISPCAN during the last decade have initiated a set of recommendations for producing globally compatible and reliable data on measuring children's exposure to violence. This initiative was later on supplemented by other such organizations trying to specify optimum methodological requirements for conducting field research on child maltreatment. The main characteristics of all such recommendations of international organizations are by and large the following:

(i) applying credible and internationally used tools for inquiring child abuse and neglect's prevalence and incidence,

(ii) using questionnaires constituted by entries inquiring particular practices' experiences versus subjective experiences of children's victimization, i.e. asking how many times a child has been 'beaten, spanked or shacked' instead of 'subjected to' or 'experiencing physical violence' which allows too much degrees of liberty of subjective interpretation,

(iii) following standardized high-level methodologies of conducting research (e.g. using trained professionals instead of laymen as field researchers, design strict protocols for research implementation for avoiding biased suggestion of researchers' attitudes and prejudices to participant subjects) and

(iv) conducting field studies in representative randomly selected samples of the respectful children's general population in order for results to represent a valid estimation of the actual situation in the referred population (in contrast with results deriving from clinical or victimological studies).

Within this overall framework the BECAN project was undertaken in order to apply the aforementioned principles in child abuse and neglect research throughout nine countries of the Balkan Peninsula. The study was designed on the grounds of prior experience of field research on CAN by using the ICAST questionnaires delivered in a representative sample of general children's population in a much smaller scale at the wider area of S.E. Europe . Apart from expanding the range of research throughout 9 participant Balkan countries, the BECAN study included also a simultaneous case based surveillance research for estimation of CAN's incidence rates as calculated by regularly collected administrative data from authoritative agencies and organizations of respectful child protection services. In this way, apart from a robust evidence base for the magnitude of the phenomenon per se, an additional illustration of the part of it for which child protection services are actually aware of was provided.

Key results - progress beyond current state of the arts

In overall, findings of the BECAN research have illustrated a rather increased magnitude of minors' exposure to violence in countries of the Balkan Peninsula. Almost half children reported at least one experience of exposure to physical violence during the year prior to research in all participant countries while almost two out of three report such a history over their childhood. Rates of exposure to psychological violence appear even higher reaching in many of the participant countries almost two thirds of responding children for incidence and even three quarters at some occasions for prevalence. Such an image can be better understood combined with sex distribution figures: pace standard conceptualization and prior research reports that physical violence is concerning predominantly boys, this particular research advocates for a more equated distribution pattern with male to female ratios being almost equivalent to one and in some cases females' report exceeding male ones. Whether such a rather unusual pattern of physical violence experiences' distribution should be attributed to cultural factors of the particular geographical area or is indicative of a widespread practice underestimated insofar, remains to be inquired by further research.

Overall rates of sexual adverse experiences are found to range from one in twelve to one in six children for prevalence and between one in twenty and one in ten children for incidence. More alarming, of course, are the equivalent percentages of children's self-reports for exposure to contact sexual violence which ranges from 2,09% to 7,65% for the last year and 3,5% to 9,75% for history during childhood. Such findings exceed present state estimations of international organizations advocating for the Rights of the Child against sexual victimization like the Council of Europe which had insofar adopted more conservative estimations about the

extent of the phenomenon. Again this finding goes also against usually advocated perceptions of the phenomenon of children's sexual victimization, according to which rates of female victimization exceed by far male ones . Apart from potential impact of cultural determinants (which, however, are insofar considered to play in general a less decisive role in sexual abuse unlike physical one) such pattern of sex rates' differences could be better understood by taking account four important dimensions. Firstly the fact that the ICAST-C tool at its sexual sub-scale includes items inquiring both adult and child/peer/adolescent victimization; a good portion of the positive responses in most of the countries' results concern actually peer sexual violence and seem to occur especially in between 13- and 16- years old categories. Moreover, the very verbatim articulation of questions might also contribute to some confusion over differentiation between unwilling and unspecified sexual experiences of responders, thus, creating a hint of potential bias. Additionally, it should be noted that further analysis showed that a good portion of such adverse experiences reported in many of the participant countries' samples are by and large reported being done by 'familiar' or 'relative' and very few by 'stranger' perpetrators. Last but not least, there is the possibility of this research shedding light to an insofar unexplored area of male child sexual victimization which traditional, male-dominant culture might not enable to be visible preventing those children to seek for help, even if victimized. It should also be added that during the last couple of years there is an increased interest in respectful international scientific communities about research results reporting similar findings (higher boys and lower girls' rates of sexual victimization), which probably indicates that at least for some of its part the trend documented by this research is probably representative of actual prevailing situation. Finally, subjective feelings of neglect are clearly been reported more by female children. Moreover, further analysis showed that these feelings especially in girls grow higher in percentages as moving to higher school grade groups, namely as moving towards adulthood. This finding was also more or less consistent in the most of the participant countries. However, despite the entire rest of the ICAST-C questionnaire, in which exposure to particular practices or behaviors is inquired, at this particular sub-scale the subjective nature of questions and consequently responses is evident. Still, subjective conceptualization of their reality can also inflict certain psychosocial implications to children experiencing such feelings.

An additional implication of the project's results bearing wider societal properties, was provided by an unfortunate coincidence: as a part of the overall BECAN field survey in Greece, such research was conducted in all 4 Prefectures of the island of Crete on Spring 2011; however, results revealed a rather strange image for one of Crete's particular Prefectures, namely that gender ratios were reverse from the anticipated usual gradient only in that particular Prefecture. The explanation was eventually given not long after the implementation of the survey: on December 2011, probably the biggest case ever of the child sexual abuse in Greece was revealed; a children and adolescents' team basketball coach has been accused of abusing sexually 97 or more boys during the last decade. Such unfortunate event apart from contributing to vindicating research methodological validity, indicates also the potential use of CAN field research in order to locate sources of increased children's victimization and take appropriate measures of further inquiry and intervention. Currently an evidence based program for preventive and therapeutic intervention for victims at that particular Prefecture was

designed and initiated, partially in virtue of the project's implementation.

As for the CBSS component of the BECAN study, key results are also impressive: the incidence rates that can be estimated on the grounds of regularly collected administrative data by authoritative agencies of national child protections services were found extremely lower than the self-reported experiences of children themselves for their exposure to violence incidents. It should also be noted that the gap between estimated rates between the two studies is huge even if strictest criteria were applied in the results of the epidemiological studies per country for defining potential abuse cases, recorded (reported and/or identified) cases in the archives of the relevant agencies would still be significantly lower. Thus, the standard metaphor of presenting the CAN phenomenon as an 'iceberg', implying that the number of cases known to services is only a small fraction of the magnitude of CAN in actual societies, has been for the first time in relevant scientific literature documented and supported by a robust basis of quantitative evidence. Moreover, CBSS study revealed also the severe shortcomings of monitoring mechanisms and surveillance systems regarding the phenomenon of CAN in the participant countries in terms of incompleteness of surveillance, incompatibility of data collected, discrepancies on unanimity of data gathered by agencies serving diverse sectors and bearing differentiated scope and focus and insufficient case-based monitoring of CAN cases reported or detected. Other interesting CBSS results include the detected main trend for countries with existing CAN monitoring systems to record mainly single forms of abuse and for countries having no monitoring mechanism to record mainly multiple forms of abuse, while multiple CAN is in overall more frequently the pattern prevailing in cases of females' maltreatment in contrast with boys' CAN in which the most common pattern is the single type of maltreatment per case.

The aforementioned findings represent a real progress in the current state of the art regarding the phenomenon of CAN. For instance, they advocate for a different gender distribution to violence exposure than standard conceptualizations insofar indicating for instance the up to the moment underestimation of girls' exposure to physical violence and boys' to sexual violence. They also indicate a probable change overtime of that gender distribution as children move towards adolescence and adulthood with boys' rates' predominance in physical and sexual violence to be replaced by girls' respectful rates relatively increased figures. Of course, such hint requires further research to be conducted in order to verify preliminary working hypotheses provided by BECAN study's results and to specify its particular features and characteristics. However, to the extent that grosso modo such a pattern applies, this would represent a radical change also in applied methodology of providing services for children victims (entailing a consequent differentiation of tools and focus regarding age and gender specificities) as well as a swift in models and key target groups of CAN prevention measures and interventions. CBSS finds also document for the first time the 'iceberg' metaphor' for CAN providing a robust evidence base for the discrepancy between real and administratively recorded CAN cases. They also illustrate the shortcomings in CAN surveillance and their implications in patterns of CAN cases mostly 'visible' or 'invisible' to child protection services, specifying thus aspects of existing child protection systems to be further reformed in order to maximize their effectiveness and efficiency.

Main dissemination activities

The project had from the very beginning set a wide dissemination strategy resulting in a number of publications in peer reviewed scientific journals and other relevant resources, oral and poster presentations at scientific conferences, booklets, leaflets and other respectful material for communicating its methodology and results . Throughout its lifespan, the project organized also a number of specifically designed scientific events for disseminating its results, from which the most distinguished was BECAN International Conference in Athens held at 13-14/09/2012.

Additionally, BECAN National Conferences were also organized in Tirana, Albania at 29/01/2013, in Sarajevo, Bosnia and Herzegovina, at 24/01/2013, Blagoevgrad, Bulgaria at 26/10/2012, in Zagreb, Croatia at 22-23/03/2012, in Skopje, FYRoM at 7/12/2012, in Athens, Greece at 9-10 2010, in Cluj-Napoca, Romania at 27-29/4/2012, in Belgrade, Serbia at 3/11/2013 and Izmir, Turkey at 14/01/2013.

Apart for its own scientific conferences, the BECAN project was presented in many other scientific events and in all International and Regional Conferences organized by the most prominent scientific association on the subject matter of CAN globally, namely ISPCAN, during the project's lifespan, holding oral and poster presentations as well as round tables and symposia specifically on the progress and results of the BECAN project in 18th (Honolulu, U.S.) and 19th (Istanbul, Turkey) International Congresses, 12th (Tampere, Finland) and the forthcoming 13th (Dublin, Ireland) European Regional Congresses. As a result of the project's outcomes, ISPCAN initial developer of the ICAST tools are in collaboration with the BECAN consortium disseminating their modified by BECAN versions of these questionnaires as well as their Operating Manuals and Guides throughout the world in various research groups seeking for conducting field research on CAN. Additionally, WHO-Europe has invited BECAN results to be included in the comprehensive publication under developments (anticipated to be published at the end of 2013) on European guidelines for the phenomenon on CAN, related evidence and optimum ways of eradicating violence against children. Qua dedicated to the overall principles of 'open science' the BECAN consortium has decided not only to make results available as widely as possible, but also to make original databases available to researchers willing to conduct further analyses after an exclusive period of the first 3 years after the project's official conclusion.

Wider societal impact

CAN research always bear some or other wider societal implication given the nature of the subject matter of inquiry. That is to say that on this particular topic, namely minors' exposure to violence, field research in itself, apart from bringing about new epidemiological evidence which could contribute to increased predicting and explanatory value of mental health sciences' discourses, has also an increased social utility function. Accordingly, by providing a robust evidence-base for the understanding of the phenomenon of children's victimization can ultimately facilitate effective social and child protection policy design and implementation. From this angle, current evidence brought into light by the BECAN study indicates new targets for social policies and awareness raising interventions that could tackle insofar invisible aspects of the phenomenon of children's exposure to violence. Further research is also invited in order to verify these findings, shedding more

light to minors' victimization which apart from medical, mental and psycho-social concerns represents also a human rights' challenge for modern societies.

As a result, apart from its scientific appreciation, results and progress brought about by the BECAN study was apprehended also by civil society's stakeholders. It is not accidental that in most of the aforementioned BECAN national and its international conferences central government's representation had an upgraded presence (in some cases even 4 different members of the cabinet, viz. Ministers, Deputy Ministers and General Secretaries of Ministers, mainly from respectful Ministries of Justice, Social Affairs, Health and Education, addressed the audience). Moreover, in virtue of the project's comprehensive dissemination plan which was laid out from the very beginning of its implementation, key results were widely disseminated apart from respectful scientific communities nationally and internationally, also to mass media and other such resources addressing the general public. A number of press releases, interviews in newspapers, radio and TV stations were produced, contributing substantially to awareness raising for the subject of CAN and its necessities in the participant Balkan countries. Furthermore, at the international level, the BECAN consortium was able to expand its dissemination range by acknowledged and invited to participate and present its results and methods of work at important meetings such as the Stakeholders meeting organized by the EU's Fundamental Rights Agency in Vienna on 22-23/02/2011, in Council Europe's Regional Conference 'Stopping Sexual Violence against Children - ratifying and implementing the Council of Europe Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse (CETS No. 201)' for S.E. Europe in Zagreb on 27-28/10/2011, at Council of Europe's initiating Conference for its Strategy for the Rights of the Child 2012-2015 'Building a Child-Friendly Europe: turning vision into reality' at Monaco in 20-21/11/2011 on the National Focal Points Network Meeting, at European Parliament's Special Committee on CAN's hearing regarding new evidence on CAN at Brussels on 11/10/2011 and various other instances related with child protection from all forms of violence and victimization.

Another related effect of the BECAN project was the creation of a robust network of CAN related professionals and agencies organized in all participant countries. Up to the project's official conclusion, inasmuch as 431 agencies have subscribed to BECAN networks throughout the Balkans, creating thus the basis for a further sustainable collaboration in this intrinsically interdisciplinary and inter-sectoral topic.

In addition to this in virtue of the project grave precautions regarding ethical issues and considerations emerging in conducting CAN research, the creating of national advisory boards for such issues and the development of respectful general guidelines and problem solving directives has also contributed to the creation of some such scientific community as well as to the opening of this discussion among professionals, decision makers and other stakeholders in participant countries, some of which had rather limited such experience. Along with training of a considerable number of graduate professionals in CAN related research contributed in building the capacity of local communities to conduct CAN-related research and other related activities in a sustainable manner. Still, the most important issue related with BECAN project's impact at the societal level was actually the massive awareness raising which was achieved throughout all and every of its included activities. Since the BECAN project was from the very beginning

dedicated to the principle of transparency to potential stakeholders, all of its activities included as well as component of pushing forward the agenda of child protection and children's rights: to schools, children, parents, professionals, services, administrations and mass media. As a result, after the years of the BECAN project's implementation, societies in which the project was implemented had been more strengthen to protect the most valuable social capital, viz. children's health and psychosocial well-being. To that respect, the BECAN project had contributed as much as possible in order to secure a safer societal environment to children and families.

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