

# **“Coordinated Response to Child Abuse and Neglect via Minimum Data Set: Italian National Conference”, Florence, Italy, 26/05/2015**

## **“A European Perspective: CAN via MDS”**

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**(\*) but also S. Ntinapogias and many-many good colleagues from Dep. of MHSW in ICH and other collaborating organizations**

# **An overview of the issue at stake: building the evidence base for effective child protection policies**



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



With financial support from  
the EU DAPHNE Programme



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**Coordinated Response to Child Abuse and Neglect via Minimum Data Set: Italian National Conference<sup>1</sup>, Florence 26/05/2015**

# Milestones of development for CAN research and interventions

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



# CAN Data Collection: modalities and their usefulness

- **Mapping:** representing as much accurately as possible the extent and features of the characteristic under investigation, viz. CAN
- **Monitoring:** Ongoing recording and supervision of development and trends of the given characteristic (CAN) both aggregative and on an individual basis
- **Surveillance:** Permanent mechanisms for detection of hazardous trends on the overall development of the given characteristic (CAN) or on a particular instantiation of it (e.g. on a certain individual or group of individuals) – usually accompanied by mechanisms of early intervention to prevent increase of risk

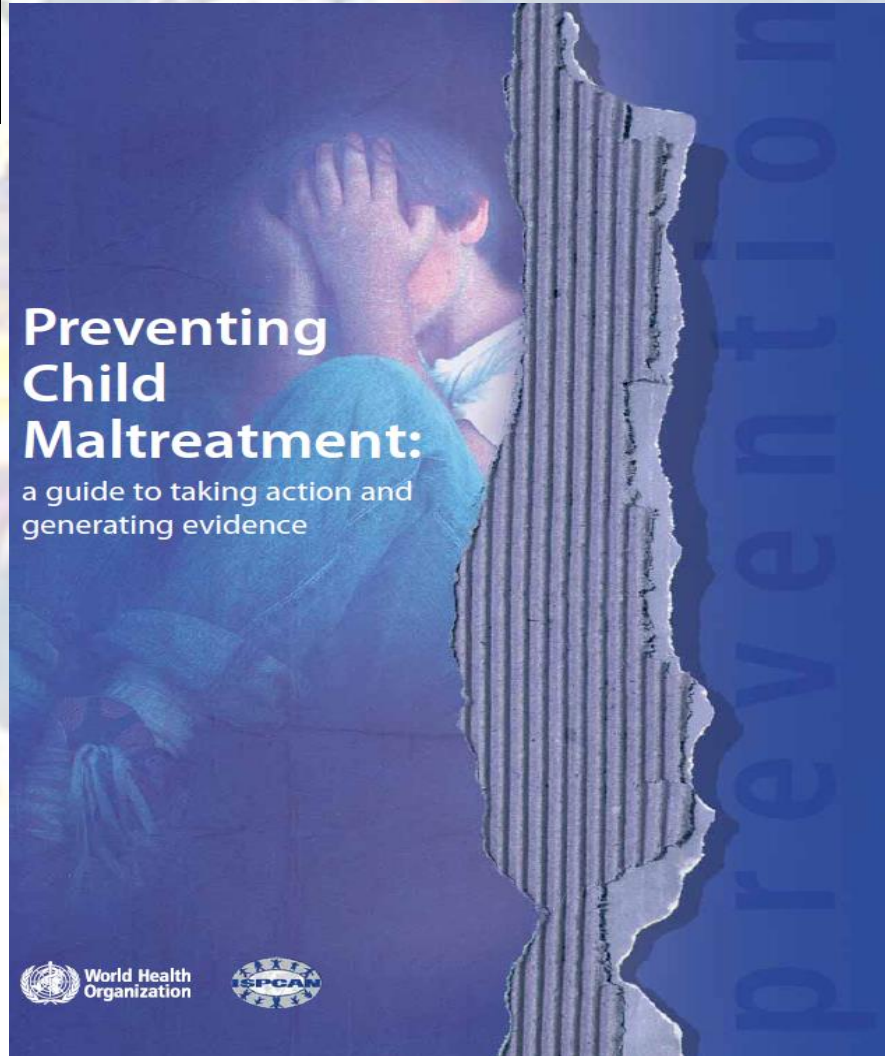


**WHO & ISPCAN, (2006):**  
***"Preventing child  
maltreatment: a guide to  
taking action and generating  
evidence"***

**Towards evidence-based  
research methodologies  
on CAN globally**

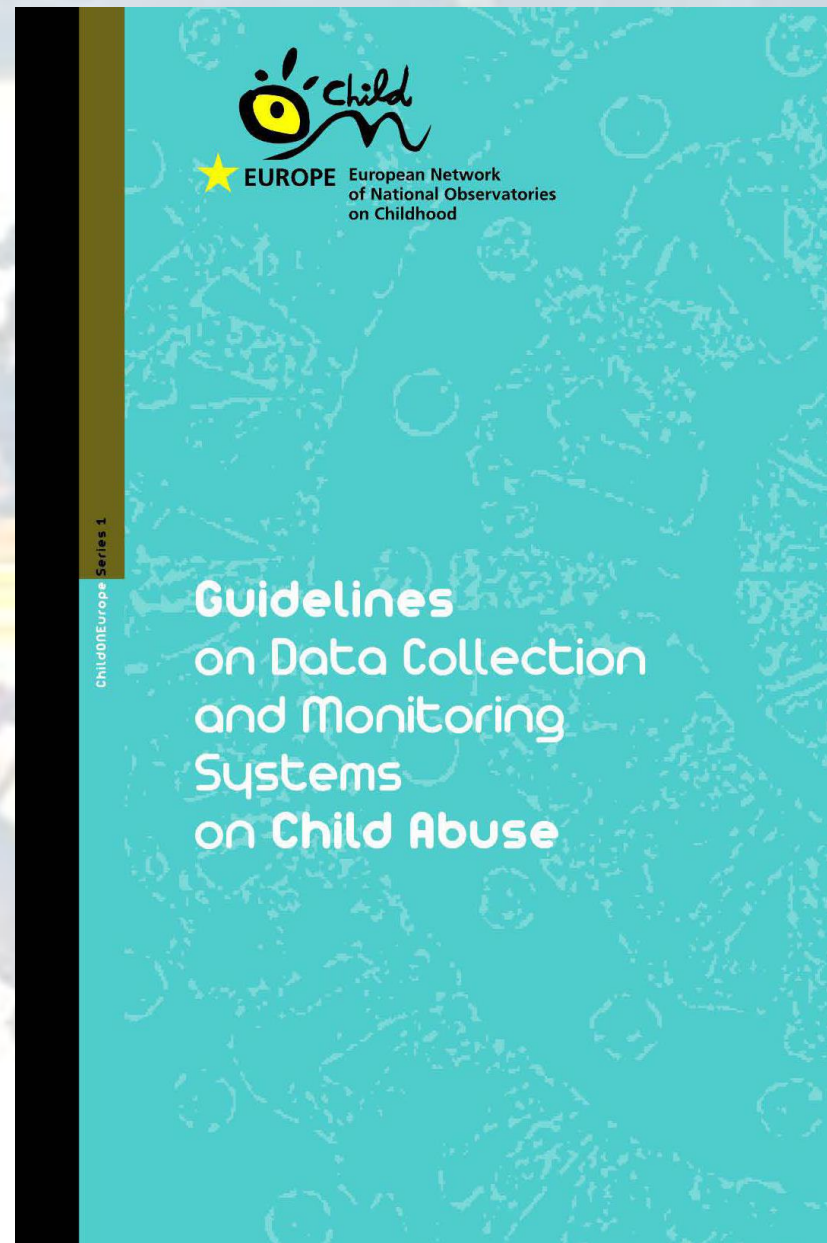
Recommended research tools  
appropriate for international  
comparisons:

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



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

- **Specification among others of Guidelines for: Administrative CAN-related Data Collection**





# CAN data reported in the Balkans: the BECAN project



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Abuse and Neglect via Minimum Data  
Set: Italian National Conference\*,  
Florence 26/05/2015**



# Project's Identity

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



- **Co-funding:**
  - Research Directorate General EC
  - 9 Balkan Participating Organizations
- **Duration:** 40 months
  - October 2009 - March 2013
- **Participating countries**
  - Albania
  - Bosnia & Herzegovina
  - Bulgaria
  - Croatia
  - Former Yugoslav Republic of Macedonia
  - Greece
  - Romania
  - Serbia
  - Turkey

# Field Survey's Sample's Characteristics

Country	Grade Group											
	11-year olds			13-year olds			16-year olds			Total		
	S.S <sup>1</sup>	valid I-CH <sup>2</sup>	P.R/ R.R <sup>3</sup>	S.S <sup>1</sup>	valid I-CH <sup>2</sup>	P.R/ R.R <sup>3</sup>	S.S <sup>1</sup>	valid I-CH <sup>2</sup>	P.R/ R.R <sup>3</sup>	S.S <sup>1</sup>	valid I-CH <sup>2</sup>	P.R/ R.R <sup>3</sup>
Albania	1.652	1.187	71,85	1.667	1.204	72,23	1.125	937	83,29	4.444	3.328	74,89
Bulgaria*	1.241	662	53,34	1.105	685	61,99	1.273	693	54,44	3.619	2.040	56,37
B & H	1.333	682	51,16	1.340	692	51,64	1.501	1.345	89,61	4.174	2.719	65,14
Croatia	1.744	1.223	70,13	1.771	1.188	67,08	1.492	1.233	82,64	5.007	3.644	72,78
Greece	4.401	2.771	62,96	5.072	3.438	67,78	5.847	4.242	72,55	15.320	10.451	68,22
FYROM	2.058	670	32,56	2.183	791	36,23	1.408	1.121	79,62	5.649	2.582	45,71
Romania*	3.471	1.976	56,93	2.709	1.849	68,25	2.190	2.130	97,26	8.370	5.955	71,15
Serbia	2.131	908	42,61	2.623	1.400	53,37	2.811	1.719	61,15	7.565	4.027	53,23
Turkey	2.913	2.500	85,82	3.162	2.564	81,09	3.027	2.462	81,33	9.102	7.526	82,69
Total	20.944	12.579	60,06	21.632	13.811	63,85	20.674	15.882	76,82	63.250	42.272	66,83



# Violence exposure Prevalence rates

Prevalence		Form of children's exposure (scales of the ICAST-CH <sup>REV</sup> )											
COUNTRY	Gender	Psychological violence		Physical violence		Sexual violence		Contact sexual violence		Feeling of neglect		Positive and non violent parenting	
		%	95% C.I.	%	95% C.I.	%	95% C.I.	%	95% C.I.	%	95% C.I.	%	95% C.I.
ALBANIA	Female	70,09	67,97 - 72,20	60,65	58,40 - 62,91	8,22	6,95 - 9,49	2,06	1,40 - 2,72	30,74	28,61 - 32,87	95,23	94,24 - 96,21
	Male	66,93	64,57 - 69,29	58,16	55,68 - 60,64	14,5	12,73 - 16,27	8,11	6,74 - 9,49	19,79	17,78 - 21,79	93,95	92,75 - 95,15
B & H	Female	73,36	71,04 - 75,67	67,43	64,97 - 69,88	17,93	15,92 - 19,94	7,65	6,26 - 9,04	47,5	44,88 - 50,12	96,57	95,62 - 97,52
	Male	71,67	69,15 - 74,20	68,25	65,64 - 70,86	19,47	17,25 - 21,70	12,25	10,41 - 14,10	30,79	28,20 - 33,38	95,42	94,25 - 96,59
BULGARIA	Female	68,83	66,02 - 71,64	59,87	56,90 - 62,83	7,91	6,28 - 9,55	4,29	3,06 - 5,52	25,93	23,28 - 28,58	92,56	90,98 - 94,15
	Male	70,23	67,39 - 73,06	64,58	61,71 - 67,66	9,28	7,48 - 11,07	5,55	4,12 - 6,98	21,29	18,74 - 23,84	91,83	90,12 - 93,53
CROATIA	Female	73,54	71,53 - 75,54	66,38	64,23 - 68,53	11,96	10,48 - 13,44	5,18	4,17 - 6,18	40,56	38,33 - 42,79	97,91	97,26 - 98,56
	Male	72,53	70,45 - 74,60	67,1	64,91 - 69,29	8,31	7,03 - 9,60	3,8	2,90 - 4,69	29,77	27,64 - 31,90	96,51	95,66 - 97,37
F.Y.R.o.M.	Female	63,7	61,21 - 66,18	49,03	46,44 - 51,61	6,01	4,78 - 7,23	2,47	1,66 - 3,28	30,96	28,57 - 33,36	83,66	81,75 - 85,57
	Male	65,68	62,93 - 68,43	52,71	49,82 - 55,60	9,64	7,91 - 11,37	5,5	4,16 - 6,84	23,07	20,62 - 25,52	84,13	82,02 - 86,25
GREECE	Female	83,76	82,78 - 84,74	77,37	76,26 - 78,48	16,62	15,63 - 17,60	7,76	7,05 - 8,47	42,83	41,52 - 44,14	98,43	98,10 - 98,76
	Male	82,5	81,44 - 83,55	75,27	74,07 - 76,47	15,02	14,03 - 16,00	7,42	6,68 - 8,15	30,96	29,67 - 32,25	97,91	97,51 - 98,30
ROMANIA	Female	76,91	75,48 - 78,33	65,57	63,94 - 67,19	7,9	6,98 - 8,81	3,01	2,43 - 3,60	26,56	25,05 - 28,07	96,43	95,80 - 97,06
	Male	76,51	74,88 - 78,13	68,79	67,01 - 70,57	7,91	6,87 - 8,95	4,26	3,48 - 5,04	17,57	16,10 - 19,03	95,37	94,57 - 96,18
SERBIA	Female	71,31	69,31 - 73,31	68,57	66,52 - 70,63	7,53	6,36 - 8,70	3,79	2,95 - 4,64	34,56	32,45 - 36,67	97,96	97,33 - 98,58
	Male	65,72	63,67 - 67,76	69,76	67,77 - 71,74	9,39	8,13 - 10,65	5,95	4,92 - 6,97	23,38	21,55 - 25,21	96,76	95,99 - 97,52
TURKEY	Female	70,89	69,43 - 72,35	56,12	54,52 - 57,72	N/A		N/A		48,12	46,51 - 49,73	94,65	93,92 - 95,37
	Male	70,28	68,83 - 71,73	60,58	59,03 - 62,14	N/A		N/A		37,25	35,71 - 38,79	93,19	92,39 - 93,99

C.I.: Confidence Interval

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

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



# Violence exposure Incidence rates

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

C.I.: Confidence Interval

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

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

# Percentages of children reporting exposure to multiple violence' type

Different types of Violent experience		Albania	B&H	Bulgaria	Croatia	Fyrom	Greece	Romania	Serbia	Turkey
Prevalence	2	31,4	27,7	30,5	28,9	28,6	35,5	30,3	29,6	33,2
	3	19,8	27,1	25,4	32,4	18,2	30,4	5,5	28,3	24,2
	4	5,1	10,93	5,6	6,6	2,4	9,3	5,5	5,4	
Multiple victimization (2-4 types) <sup>1</sup>		56,4	65,7	61,6	67,9	49,2	75,2	41,3	63,3	57,4
Incidence	2	28,3	27,6	29,9	28,2	28,0	31,2	29,0	26,8	29,6
	3	13,9	18,5	16,2	20,5	13,1	14,8	14,5	15,8	16,7
	4	3,1	5,9	3,9	3,3	1,4	3,4	2,1	2,9	
Multiple victimization (2-4 types) <sup>1</sup>		45,3	52,0	49,0	52,0	42,5	49,4	45,6	45,5	46,3

<sup>1</sup>. Multiple victimization was operationally defined as a child's exposure in more than one (up to 4) types of violent experiences, namely to psychological, physical and sexual violence as well as to domestic violence (items 11, 12, 13a and 14) of the ICAST-CH.

# Sex differences between countries' results

COUNTRY	Form of children's exposure (scales of the ICAST-CH)											
	Psychological		Physical		Sexual		Contact sexual		Feeling of neglect		Positive parenting	
	PR. <sup>1</sup>	INC. <sup>2</sup>	PR. <sup>1</sup>	INC. <sup>2</sup>	PR. <sup>1</sup>	INC. <sup>2</sup>	PR. <sup>1</sup>	INC. <sup>2</sup>	PR. <sup>1</sup>	INC. <sup>2</sup>	PR. <sup>1</sup>	INC. <sup>2</sup>
ALBANIA	3,16	3,54	2,49	0,80	-6,28	-6,85	-6,05	-5,87	10,95	10,59	1,28	0,83
B & H	1,69	3,89	-0,82	-2,83	-1,54	-2,61	-4,60	-4,38	16,71	15,46	1,15	2,37
BULGARIA	-1,40	-0,89	-4,71	-2,47	-1,37	-1,11	-1,26	-1,33	4,64	4,75	0,73	1,24
CROATIA	1,01	1,46	-0,72	-1,98	3,65	1,70	1,38	0,17	10,79	10,34	1,40	1,22
FYROM	-1,98	-0,90	-3,68	-5,01	-3,63	-3,41	-3,03	-2,52	7,89	8,64	-0,47	-0,44
GREECE	1,26	-0,16	2,10	-1,68	1,60	-1,41	0,34	-2,00	11,87	9,43	0,52	0,80
ROMANIA	0,40	0,09	-3,22	-5,41	-0,01	-0,75	-1,25	-1,40	8,99	6,34	1,06	0,82
SERBIA	5,59	7,06	-1,19	-1,05	-1,86	-2,57	-2,16	-2,31	11,18	9,38	1,20	0,91
TURKEY	0,61	0,47	-4,46	-4,84	N/A*				10,87	10,95	1,46	1,94

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

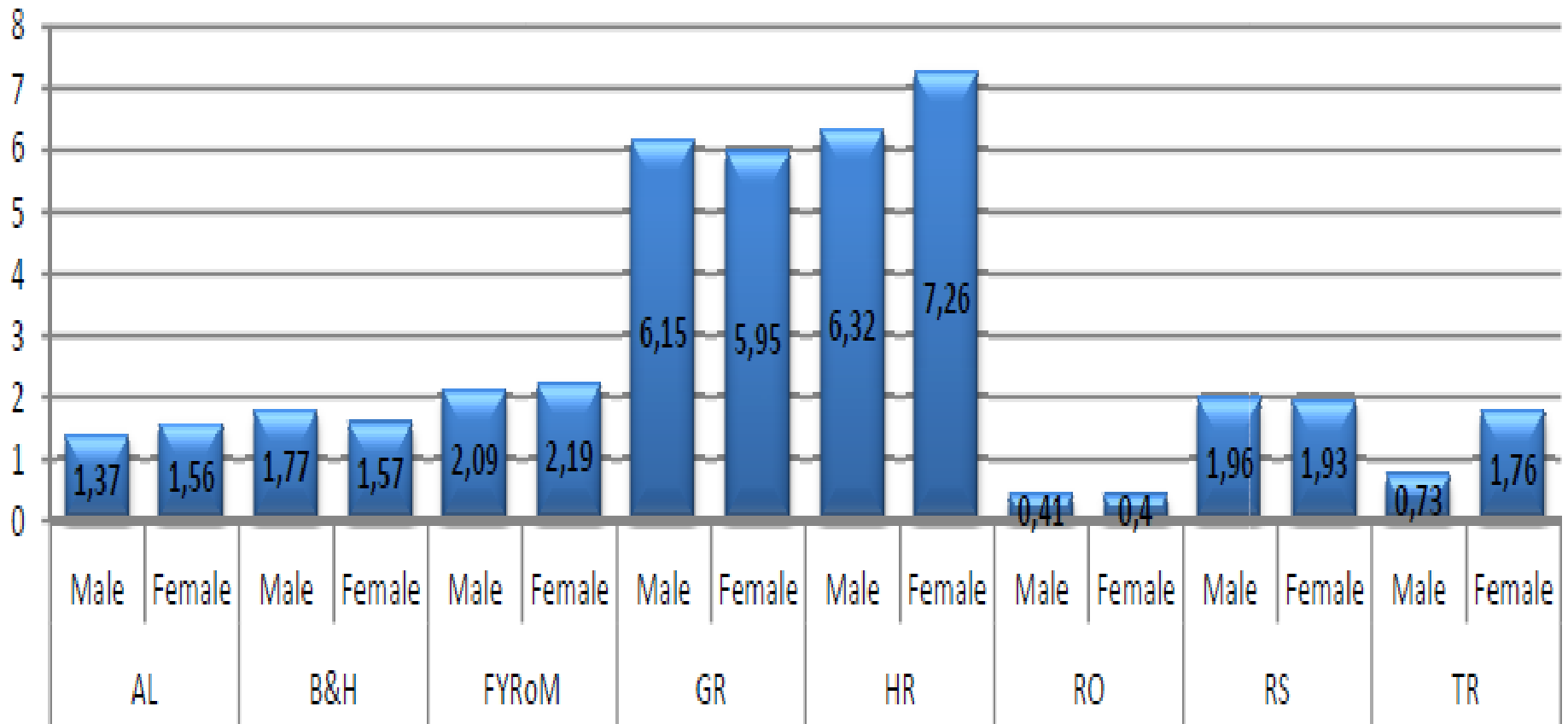
2. **INC. = Incidence:** percentage of children reporting having experienced at least 1 behavior of the scale [independently of the frequency score declared under "During the past year (previous 12 months)"]

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



# CBSS ‰ CAN rates per sex and per country

All forms of CAN





# Promoting evidence based child protection in Greece

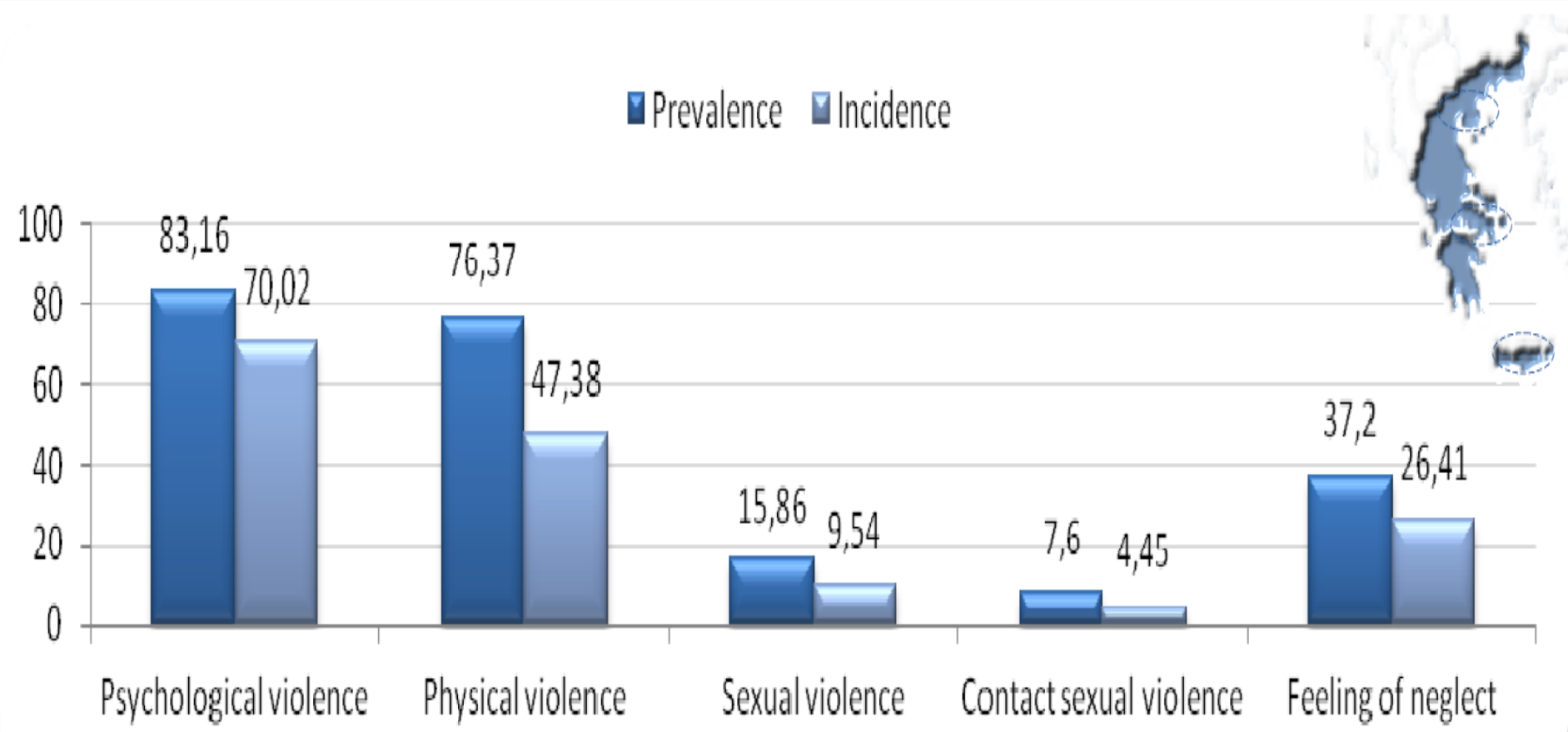
# **BECAN project for Greece: documenting the iceberg phenomenon**

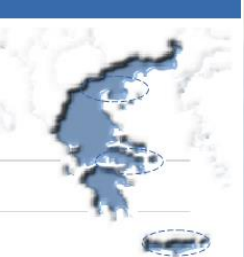
- **First time ever of empirical grounding and quantitative estimation of the discrepancy between actual occurrence and administrative awareness of CAN (“the iceberg phenomenon”): the case of Greece**



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

## Incidence & Prevalence of Children's Exposure to Violence



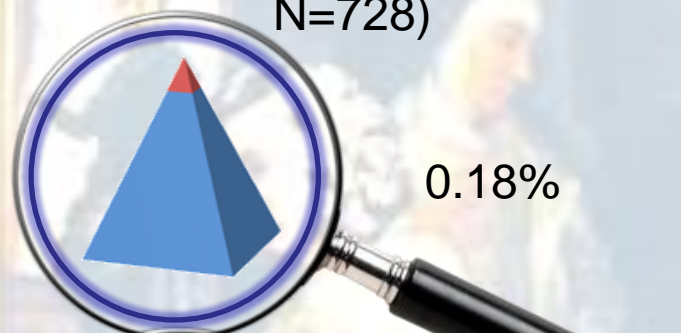
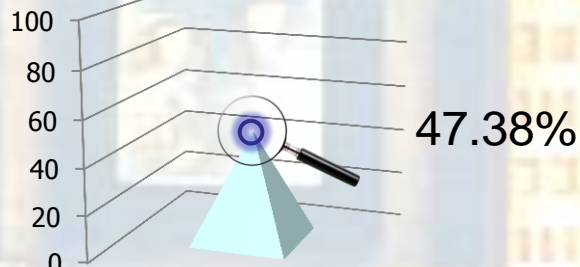


## Self-report (ICAST-CH based survey N=10451)

## Services' archives (Case-based surveillance N=728)

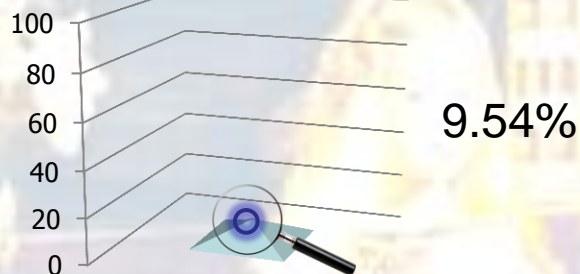
Rate known  
to services/  
self-reported

Physical violence



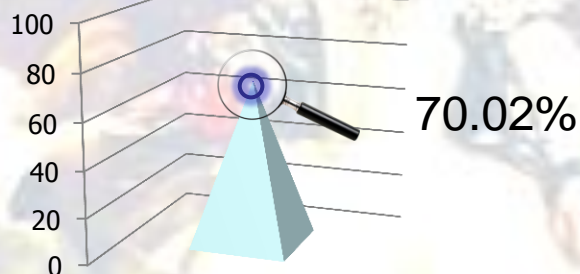
**0.38%**

Sexual violence



**0.73%**

Psychological  
violence

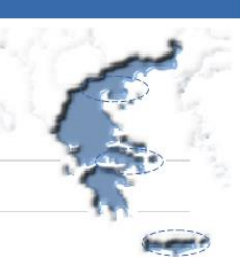


**0.76%**

Feeling of  
neglect/  
Neglect



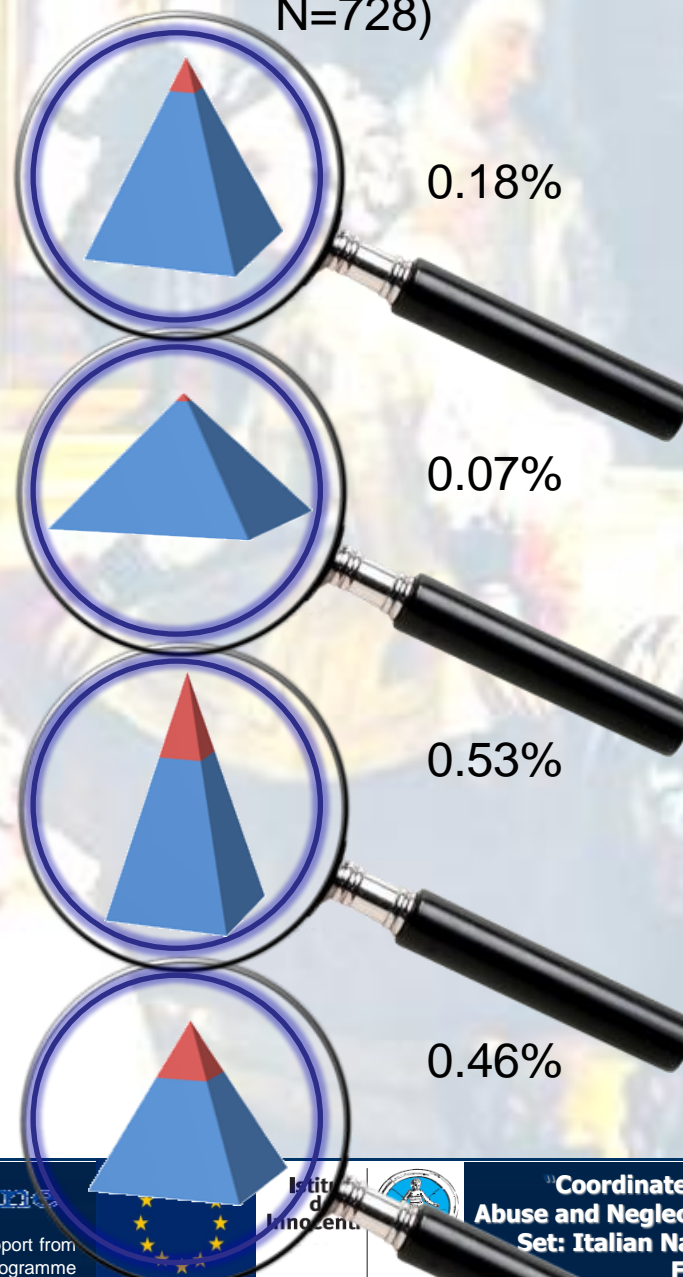
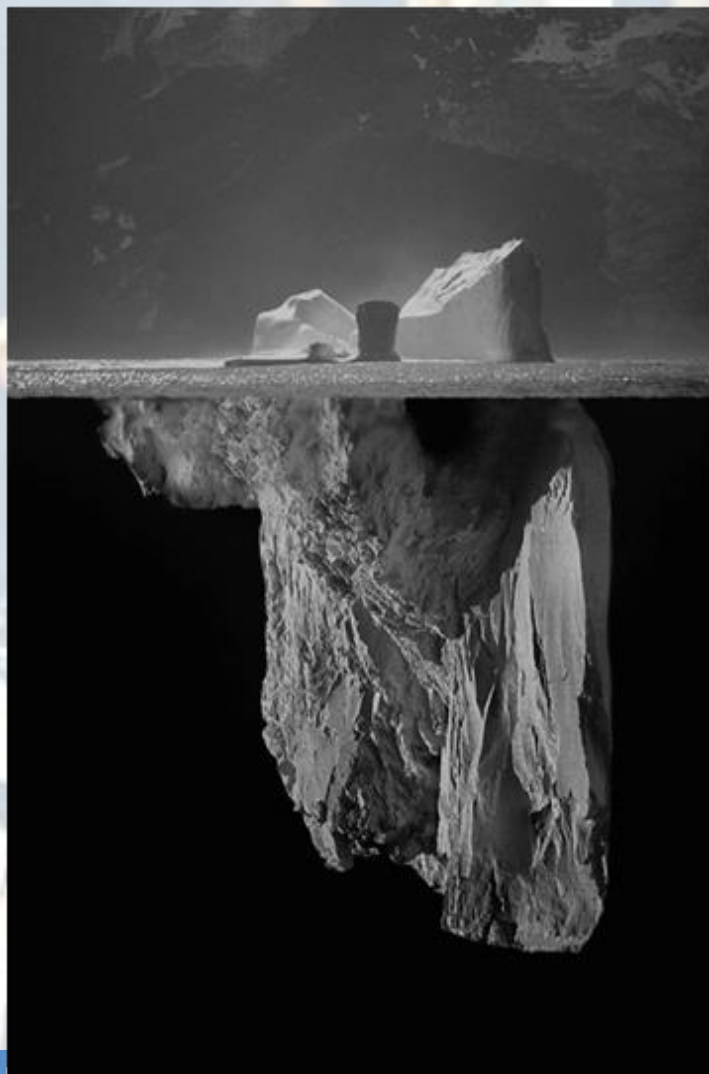
**1.74%**



Self-report  
(ICAST-CH based survey  
N=10451)

Services' archives  
(Case-based surveillance  
N=728)

Rate known  
to services/  
self-reported



0.38%

0.73%

0.76%

1.74%





## Balkan Epidemiological Study on Child Abuse & Neglect

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### BECAN Project

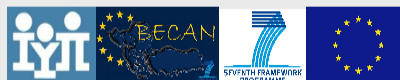
- Identity
- Methodology & Workplan
- Potential Impact
- Ethical Issues
- Gender aspects

### Work Packages

- WP1: Coordination and Networking
- WP2: Development of Instruments and Training on Methodology
- WP3: Epidemiological Studies
- WP4: Case-based Surveillance
- WP5: Dissemination
- WP6: Sustainability
- WP7: Evaluation
- WP8: Supervision of Ethical Issues

### Home

## Kick-off meeting of Balkan Epidemiological study on Child Abuse and Neglect



December 3<sup>rd</sup>, 2009

## Press Release

### Subject: Kick-off meeting of Balkan Epidemiological study on Child Abuse and Neglect (BECAN)

*Source: Institute of Child Health. Department of Mental Health and Social Welfare – Centre for the Study and prevention of Child Abuse and Neglect (Head G. Nikolaidis.)*

The **largest epidemiological study on Child Abuse and Neglect (CAN)** ever conducted in the **Balkan region** in terms of sample, exceeding 30.000 children and parents, begins with the **Kick-off Meeting** of Research Centers and Organizations' representatives that participate in the European Project titled **BECAN**, taking place in Athens, on Monday 7/12/2009.

This ambitious project is one of the largest studies in sample size globally. The importance of its anticipated results as well as its innovative character is in virtue of the fact that, until now, there are no data available on the general population prevalence of CAN not only for the totality of the Balkans, but also at national level of individual countries. **Coordinator** of the project is the **Department of Mental Health and Social Welfare – Centre for the Study and prevention of Child Abuse and Neglect of Institute of Child Health in Greece.**

### Anna Salvanou

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# Existing situation in registering practices and surveillance systems throughout Europe: Incommensurability of Languages and Methods



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Centre for the Study and Prevention of Child Abuse and Neglect



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**Coordinated Response to Child Abuse and Neglect via Minimum Data Set: Italian National Conference<sup>1</sup>, Florence 26/05/2015**

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

Europe	Flanders (Belgium), France, Ireland, Spain, Portugal, Slovakia, Bosnia& Herzegovina, Croatia, Romania, Italy, FYROM (only sexual abuse)
USA (states) 2	Alabama, Alaska, Arizona, Arkansas, California, Connecticut, Delaware, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Louisiana, Maryland, Massachusetts, Michigan, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New York, North Carolina, North Dakota, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Wyoming
Canada (states) 5	✓ (e.g. Manitoba, Nova Scotia, Ontario, Alberta)
Australia (states)	Northern Territory, Western Australia, Tasmania

# An overview of CAN Surveillance Systems: Child abuse & neglect systematic record keeping



# An overview of CAN Surveillance Systems:

## Type of information most commonly included in department records and central registries

Table 3. Type of data most commonly collected

Categories	Variables								
	Name	Date of birth/age	Contact Info	Vulnerability factors	Protective or resilience factors	Culture	School info	Relation to child	Health history (mental problems, substance use, domestic violence)
Child-Victim	✓	✓	✓	✓	✓	✓	✓		
Offender	✓	✓						✓	✓
Parents/ caregivers	✓	✓	✓				✓		✓
Roommate(s)	✓	✓						✓	
Reporter	✓		✓					✓	

Category	Variables
Abuse/Neglect	Type of abuse
	Duration and Multiplicity
	Indicators
	Consequences
	Disclosure, claims of the child
	History of abuse
	Name and date of birth/age of other children-possible victims

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

COUNCIL OF EUROPE



CONSEIL DE L'EUROPE



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



With financial support from  
the EU DAPHNE Programme



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Innocenti



**Coordinated Response to Child  
Abuse and Neglect via Minimum Data  
Set: Italian National Conference\*,  
Florence 26/05/2015**

# Overall characteristics -1

- Incommensurability of countries' existing mechanisms
- Situation varies especially by:
  - Sector involved (welfare, health, justice, law enforcement)
  - Registering unit (child, incident, offence, offender, family)
  - Aggregative or case based data resources
- Respectful variation in respect to registering data for victims, offenders or both and/or offences
- Respectful variation of variables registered



# Predominant and secondary resources of data collection

Sector	Predominant	Supplementary
<b>Social Welfare</b>	Belgium, Bosnia, Bulgaria, France, Iceland, Italy, Lithuania, Malta, Moldova, Romania, Serbia, Spain, F.Y.R. of Macedonia	Austria, Croatia, Denmark, Montenegro, San Marino
<b>Justice</b>	Austria, Croatia, Finland, San Marino, Turkey, Ukraine	Belgium, Bosnia, France, Iceland, Italy, Lithuania, Malta, Montenegro, Portugal
<b>Law Enforcement</b>	Albania, Portugal	Austria, Belgium, Iceland, Finland, Spain
<b>Health</b>	Greece, Montenegro	Iceland, Portugal, San Marino, Serbia, Spain

# Type of data collection

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

# Case based vs. Aggregative data

## Case based data

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

## Aggregative data

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



# Overall characteristics - 2

- In general, not specific mechanisms but:
  - either general CAN/CP data collection systems or
  - general administrative data registering practices (i.e. juridical cases/hospital records)
- Lack of linkage between data collected by different sectors (in most of cases)
- General lack of appointment of focal points or mandated agency to collect data (apart from National Strategic Plans etc)
- Lack of consideration regarding quality of data collection, adequacy of existing mechanism, coverage of data collection, ongoing improvements etc

# Other remarks

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

# Response: EU/DAPHNE-funded project CAN-MDS



Institute of Child Health  
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**Coordinated Response to Child  
Abuse and Neglect via Minimum Data  
Set: Italian National Conference\*,  
Florence 26/05/2015**



## FRAMEWORK & STAKEHOLDERS OF CAN ADMINISTRATION

*The example of Greece*

police

social  
service

justice

school

NGO

hospital II

hospital

*a variety of professionals with different backgrounds*

*- involved in CAN cases administration*

*- having different legally defined responsibilities*

*- working in different sectors*

*- Welfare*

*- Health*

*- Mental health*

*- Justice*

*- Law enforcement*

*- Education*

*- other*

# THE SCENE OF CAN ADMINISTRATION

sample cases



police



social service



justice



school



hospital II

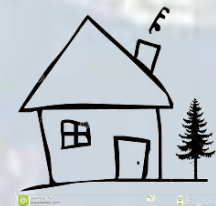


hospital

case 1:  
sexual abuse



Foster care





## THE SCENE OF CAN ADMINISTRATION

sample cases



police



social  
service



justice



school



NGO

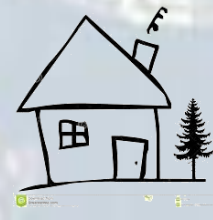


hospital II

case 2:  
physical abuse



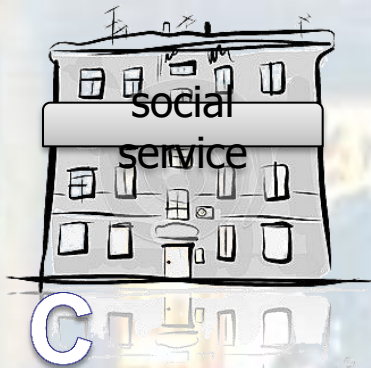
hospital





## THE SCENE OF CAN ADMINISTRATION

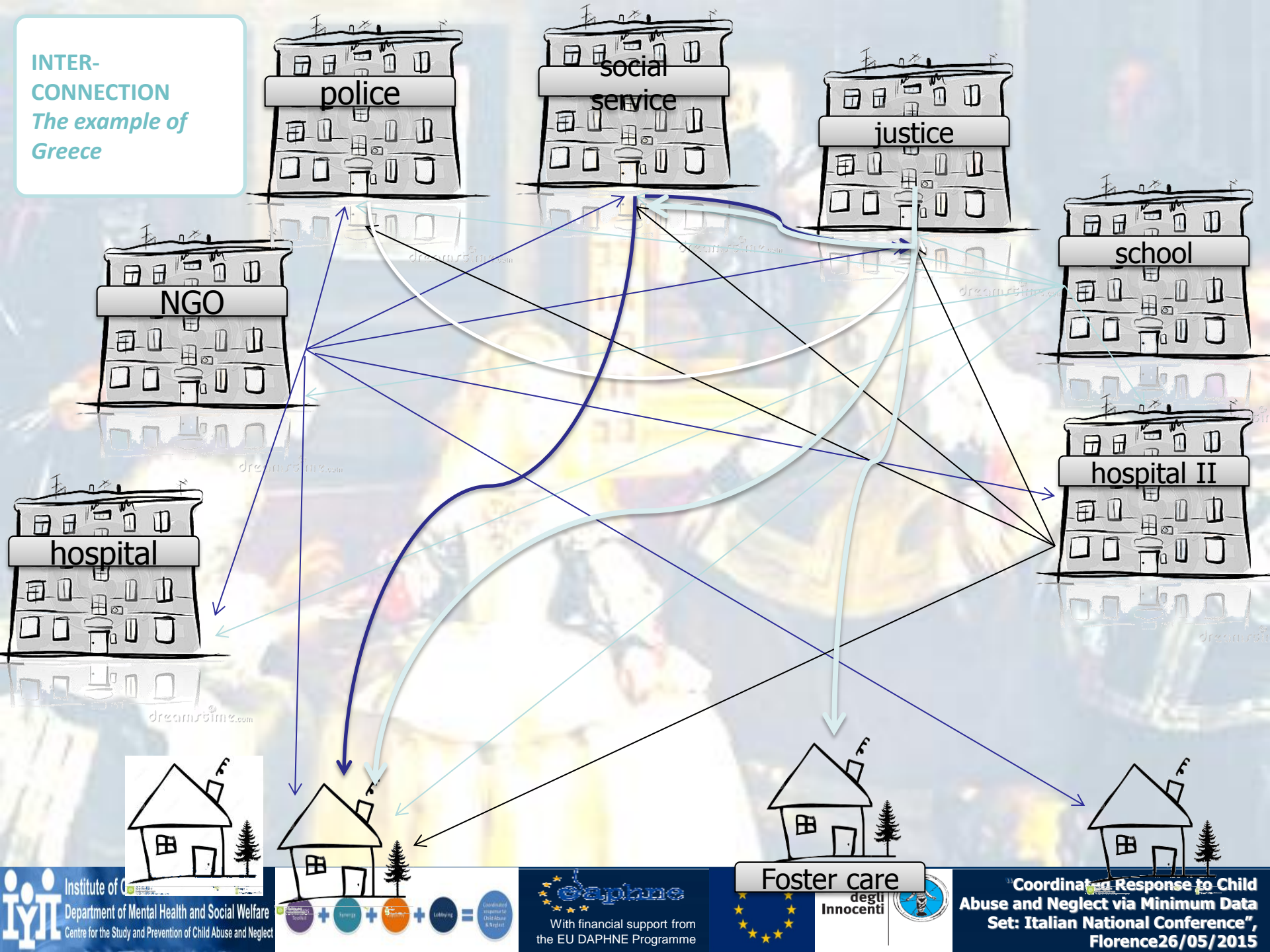
sample cases



case 3:  
physical neglect



**INTER-CONNECTION**  
*The example of Greece*





NO STANDARD  
COMMUNICATION  
PROCEDURES

*The example of  
Greece*

FOLLOW UP AT A CASE-LEVEL

police

social  
service

justice

school

NGO

hospital II

hospital

- follow up at a case level is hindered because of
  - no systematic communication among professionals working in agencies belonging
    - in same or different sectors
    - in same or different geographic areas
    - within country and between countries



# MONITORING OF CAN IN TERMS OF PUBLIC HEALTH SUR

NO STANDARD  
RECORDING  
PROCEDURES

*The example of  
Greece*

police

social  
service

justice

school

NGO

hospital

-Not ALL agencies keep CM records

-other cases are recorded more than one  
time

-using different methodologies and tools

-other cases are recorded in a single archive

-other cases go unrecorded

-Other cases are never reported and/or  
recorded

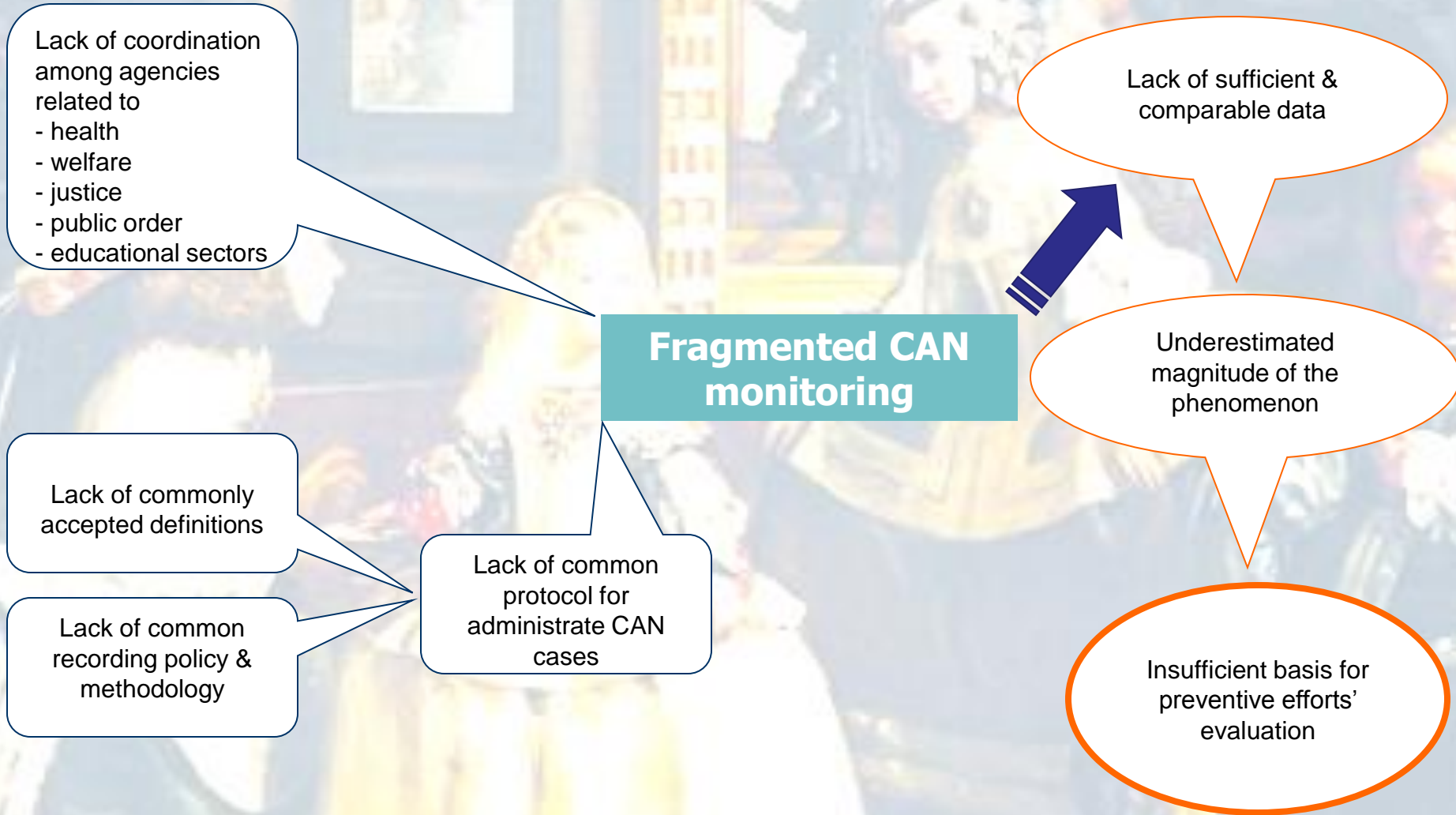
-Recording –when applied:

-fragmented information (often never communicated among  
stakeholders)

-available data: heterogeneous and non comparable

-unknown magnitude of the problem (based on service's responses)

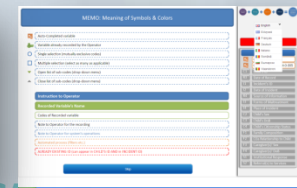
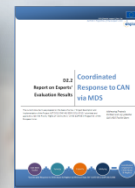
# current situation → needs assessment → consequences



- **using a standard set of variables** (endorsed by all stakeholders)
  - evaluated in terms of ethics, quality (relevance, usefulness, understandability, accessibility) and feasibility (data availability, reliability, validity, timeliness, confidentiality and associated cost)
  - operationalized using or following international standards (where feasible) & matched to avail. coding systems
- **defined on the basis of the UN CRC/C/GC/13 (2011)**
  - operationalized in a way ensuring a common understanding among (non homogeneous) involved parties
- **targeting to collect all cases identified by services**
  - regardless of substantiation
- **at a population level:** public health surveillance
  - allowing comparisons within and between countries
    - providing continuously updated information as a basis for evaluation of existing practices & policies
- **at a case-level:** follow-up of individual cases
  - facilitating case-investigation & further administration
    - providing feedback to authorized professionals/services at a case-level for already known cases
- **promoting uniform data collection from all sectors involved in administration of CAN cases**
  - using a common user-friendly registry tool
- **creating a communication channel among involved sectors**
  - involving all eligible (following pre-defined criteria) professionals working in the related sectors
    - building their capacity through short training & necessary material



# steps in developing the CAN-MDS



→ **Evaluation of initial CAN-MDS:** A preliminary data set was

## Results: Initial CAN-MDS

→ **Build-up initial CAN-MDS:** Project's partners (DE, BG

## Results: Revised CAN-MDS (41 DE) (synthesis of 1<sup>st</sup> round information)

→ **Evaluation of revised CAN-MDS:** Project's partners

## Results: Final Draft CAN-MDS (21 DE)

**Belgium**-VanPoyenbroeck, B.

**Bulgaria**-Stancheva, V., Chinceva, S.

**France**- Bolter, F., Séraphin, G., Renuy, A.

**Germany**-Goldbeck, L., Witt, A.

**Greece**-Ntinapogias, A., Nikolaidis, G.

**Italy**-Bianchi, D., Mammini, S., Fabris, A.

**Romania**-Roth, M., Antal, I.

**Switzerland**-Jud, A.

**External Evaluator**-Gray, J.

**Ethical aspects**-Durning, P.

## Results: Final CAN-MDS v.01 (18 DE)

### Special thanks to:

Australia: **Raithel, K.**

Belgium: **Vanderfaellie, J.**

Canada: **Tonmyr, L.**

European Commission: **Tuite, M.**

Greece: **Mahaira, R.**

Ireland: **Clarke, M.**

Israel: **Lael-Szabo, R.**

Italy: **Bertotti, T., Bollini, A.**

Saudi Arabia: **AlBuhairan, F.**

Turkey: **Sofuoglu, Z.**

UK: **Vostanis, P.**

USA: **Finkelhor, D., Fluke, J.,**

**Jones, L., Leeb, R., Sedlak, A.**

# CAN-MDS *data elements*

MEMO: Meaning of Symbols & Colors

Auto-Completed variable

Variable already recorded by the Operator

Single selection (mutually exclusive codes)

Multiple selection (select as many as applicable)

Open list of sub-codes (drop-down menu)

Close list of sub-codes (drop-down menu)

Instructions for use of existing standards – where available

ALREADY EXISTING ID (can appear in CHILD'S ID AND in INCIDENT ID)

Skip

English

English

Français

Deutsch

Italiano

Română

Български

Vlaanderen

4-0-005

C1

R3

I1

I2

I3

I4

C2

C3

C4

F1

F2

F3

F4

S1

S2

Date of Record

Incident's ID

Date of Incident

Source of Information

Forms of Maltreatment

Place of Incident

Child's Sex

Child's DoB

Child's Citizenship Status

Family Composition

CG's Relationship to Child

Caregiver(s)' Sex

Caregiver(s)' DoB

Institutional Response

Referral(s) to Services

### *Data Elements related to "INCIDENT"*

DE I1: Incident ID

DE 12: Date of Incident

DE\_13: Form(s) of maltreatment

## DE 14: Location of Incident

### *Data Elements related to "CHILD"*

DE C1: Child's ID

DE C2: Child's Sex

DE C3: Child's Date of Birth

DE C4: Child's Citizenship Status

### *Data Elements related to "FAMILY"*

## DE F1: Family Composition

DE\_F2: Primary Caregiver(s) relationship to child

DE F3: Primary Caregiver(s) Sex

DE F4: Primary Caregiver(s) Date of Birth

### *Data Elements related to "SERVICES"*

DE S1: Institutional response

## DE S2: Referral(s) to Services

### *Data Elements related to "RECORD"*

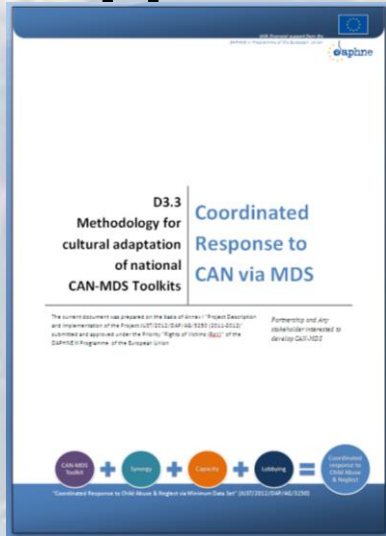
DE R1: Agency's ID

DE R2: Operator's ID

DE R3: Date of Record

#### DE R4: Source of Information

# supportive tools for developing National CAN-MDS To

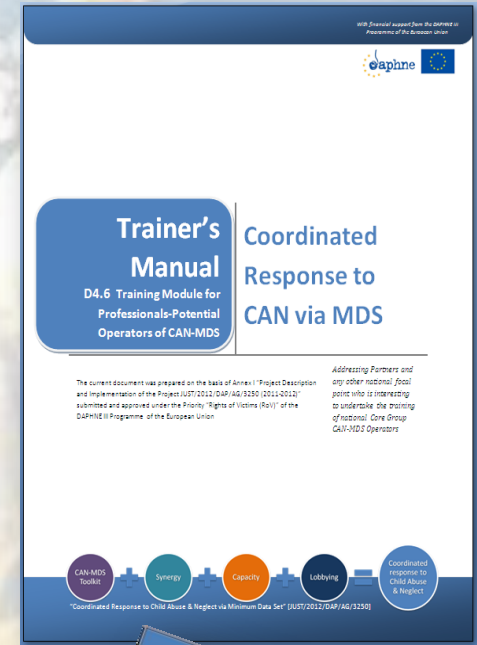
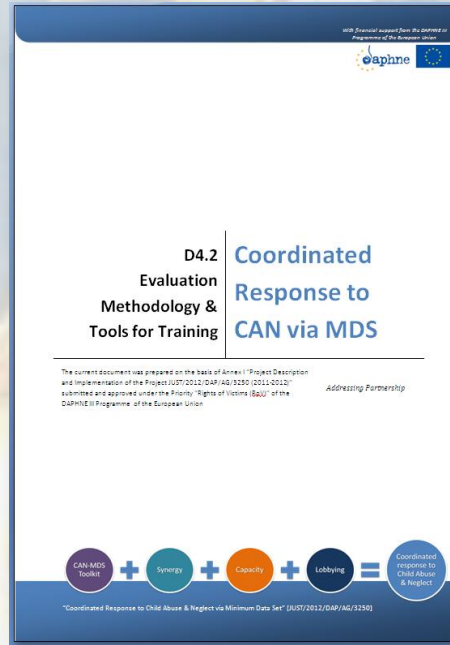
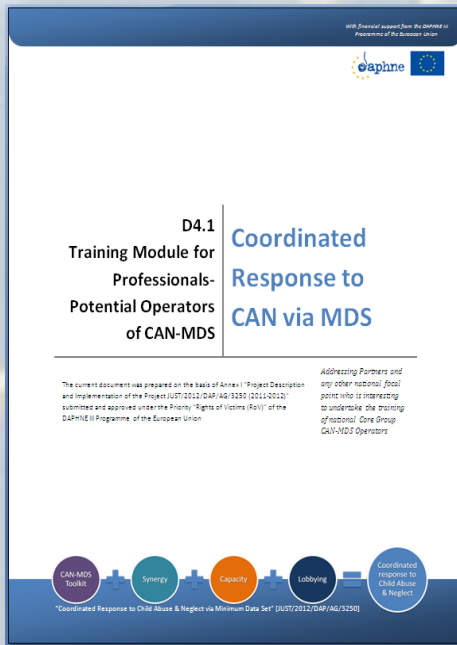


- Van Puyenbroeck, B. Child and Family Agency, **BELGIUM**
- Stancheva-Popkostandinova, V. South-West University "Neofit Rilski" (SWU), **BULGARIA**
- Seraphin, G. and Bolter, F. National Observatory of Children in Danger (ONED), **FRANCE**
- Goldbeck, L. and Witt, A. University Ulm, Dept of Child & Adolescent Psychiatry/Psychotherapy, **GERMANY**
- Stavrianaki, M., ICH, Dept of Mental Health & Social Welfare, **GREECE**
- Mammini, S. and Bianchi, D. Istituto degli Innocenti, **ITALY**
- Roth, M., Antal, I. and Tonk, G. Babes-Bolyai University, Dept. of Social Work (BBU), **ROMANIA**
- Jud, A. Lucerne University of Applied Sciences & Arts, School of Social Work, **SWITZERLAND**
- Castellanos Delgado, J. L. and Solis de Ovando, R. Ministerio de Sanidad, Servicios Sociales e Igualdad, **SPAIN**





# Capacity Building: Core & Expanded Groups of CAN-MDS Workshops



## Programme for "CAN-MDS Core Group Workshop"

**Presentations** (6 parts, adapted for core group workshops)

**e-CAN-MDS tool** (available online)

**Mock cases** (4, adapted for 'actors' & 'operators')

**Evaluation questionnaires** (pre- and post-questionnaires)

**Attendance form**

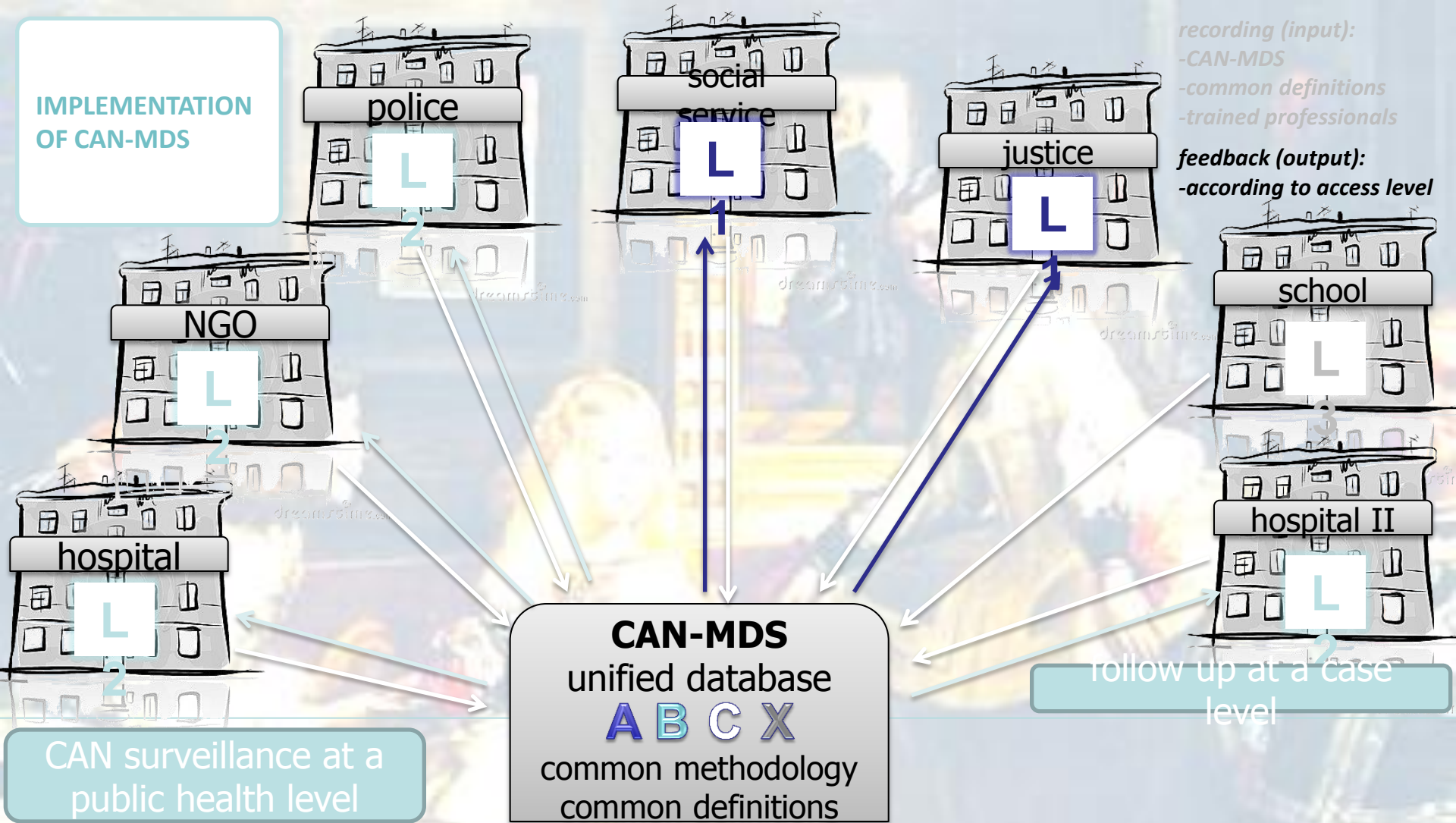
**Certificate of attendance**

**Templates** (preparation of expanded group workshops' material)

**Supportive material** (country profile reports, other reports)




## IMPLEMENTATION OF CAN-MDS




### aggregate data

- to periodically measure the incidence of CAN and its specific forms based on data deriving from services' responses to CAN cases
- in general, per sector/ service/ specific forms of CAN/ child's, caregiver's, family's characteristics





Timeliness limitation; Time consuming procedure; Lack of incentive; Interpretation limitations; Not aware professionals; Uncertainty for eligible cases; confidentiality issues; perception that there is no action on the record



Easy access; Quick procedure; Trained professionals; Common definitions; Feedback at different levels (operators; agencies; region); Pseudonymization; Different access levels; surveillance data (national, regional, per type etc.)



# Aim of a future CAN-MDS Surveillance System

*To provide comprehensive, reliable & comparable case-based information for (alleged) child victims of CAN who have used social, health, educational, judicial & public order services at national and international level.*

→ **Information for action** linked to public health initiatives

*To serve as a ready-to-use tool in investigation and follow-up of child victims of CAN or those at risk of being (re-) victimized, by respecting the national legislation and applying all the rules necessary for ensuring ethical data collection and administration.*

→ **Case-level information** linked to follow-up of individual cases

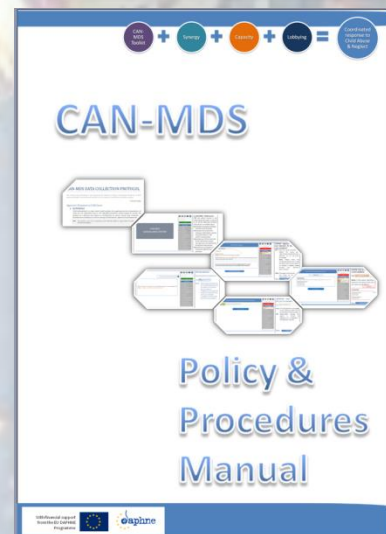
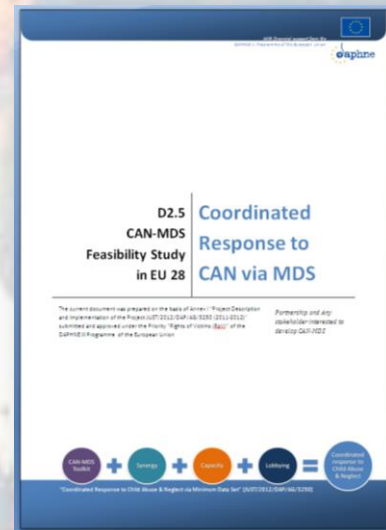
secure  
simple  
practical  
continuous  
real time  
uniform  
inclusive  
informativ  
e  
revisable  
low cost

# current concluding steps

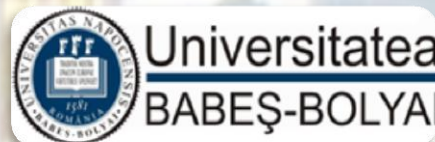
## ■ CAN-MDS Feasibility Study in EU28

- *exploring opportunities for piloting the system in real settings*

## • CAN-MDS Policy & Procedures Manual



# Project's Consortium



## Coordinating Organization

- Institute of Child Health, Dept. of Mental Health & Social Welfare (ICH-MHSW)-EL
- Prof P Durning (Ethical Issues)
- Ms J Gray (External Evaluator)

## Partners Organizations

- Child and Family Agency-BE
- South-West University "Neofit Rilski" (SWU)-BG
- University Ulm, Dept. of Child and Adolescent Psychiatry/ Psychotherapy-DE
- National Observatory of Children in Danger (ONED)-FR
- Istituto degli Innocenti (IDI)-IT
- Babes-Bolyai University, Dept. of Social Work (BBU)-RO

## Associate partner

- Lucerne University of Applied Sciences & Arts, School of Social Work-CH



# “Coordinated Response to Child Abuse and Neglect (CAN) via Minimum Data Set (MDS)”

<http://www.can-via-mds.eu/>



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ABOUT THE PROJECT

OTHER ASPECTS OF THE PROJECT

USEFUL LINKS

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CONTACT US

DISCLAIMER

SITEMAP

## WELCOME

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

## USER LOGIN

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



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



New Program: Raising a Child through Prison Bars, read more...

## Announcements



"Inquiring child abuse and neglect  
in the Balkans and the world"



Read about the informal national  
network for the prevention of child



## Programmes



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



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"Coordinated Response to Child  
Abuse and Neglect via Minimum Data  
Set: Italian National Conference",  
Florence 26/05/2015

# Thank you very much!!!

Email: [gnikolaidis@ich-mhsw.gr](mailto:gnikolaidis@ich-mhsw.gr)

URL: [www.ich-mhsw.gr](http://www.ich-mhsw.gr)