

BECAN Project WP4

EN

Case-Based Surveillance Study

Protocol for Extracting CAN information from archives/databases & Extraction Forms

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Introduction

Child abuse and neglect (CAN) constitutes a complex public health problem caused by numerous factors related to individual, family and community characteristics.[1,2] Although it has wider recognition in the northern hemisphere and in high-income countries, CAN occurs in every country across all social, cultural, religious and ethnic population-groups, resulting in immediate and long-term social, health and financial consequences.[3,4]

Despite the importance of the problem, accurate estimates of its extent and characteristics in the general population are difficult to achieve mainly due to two reasons: a. the silence that surrounds maltreatment cases because of shame, social stigma and the consequent criminal liability leading to CAN underreporting and b. the lack of coordinated national CAN monitoring efforts that leads the majority of the world countries to have no valid and reliable data on its magnitude.[5]

The need for CAN Surveillance

The need for systematic CAN surveillance systems is a commonly accepted priority. The value of permanent national CAN referral and administration centers involving coordinating contribution of diverse sectors such as the social, health, justice and police services and NGOs is also well-known.[6] "*Surveillance*" according to the standard definition used by WHO "*is the ongoing, systematic collection, analysis and interpretation of health data essential to the planning, implementation, and evaluation of health practice, closely integrated with the timely dissemination of these data to those who need to know.*"[7] In the context of this rationale, in 1996, the United Nations Secretary General, considering the fact that the prevalence of various types of violence against children remained unknown throughout most of the world, called for a world study of violence against children. Among the main study outcomes was the recognition of the need for common methodology, namely shared definitions, procedures and research tools, in order to set priorities and benchmarks for comparison at a national level, to develop preventive action plans in both national and international context[8] and evaluate CAN preventive measures or strategies to deal with individuals and families where child maltreatment already exists.

Given the lack of valid and reliable data concerning the magnitude of children maltreatment, both decision-makers as well as the general public often refuse to accept that CAN represents a serious challenge in their societies.[9,10,11] In 2000, Djeddah stressed that “existing surveillance systems do not always capture child abuse” and, furthermore, that existing data on morbidity and other consequences, such as disabilities and socio-economic implications, are scarce and often unreliable.[12] Such realizations equally apply today to the majority of the Balkan countries, as different surveillance methodologies based on different policy provisions, including different tools, processes and sources, are employed for monitoring CAN across the Balkans.[13] In many cases these methodologies are not sufficient in providing a reliable picture of the CAN burden and often lead to an underestimation of the magnitude of the problem. Furthermore, available data resulting from the existing national CAN surveillance systems -where such systems exist- are fragmented, not comparable and compatible, determine bias and therefore are inadequate in contributing to a solid national and international policy development. Additionally, comparison among the different cultures within the same country is difficult to achieve.

In general, the surveillance process involves proper records of individual cases, collection of information from these records, interpretation of this information, and a report of it to any interested party such as the government officials responsible for policy-making in the field of public health, international agencies, health care practitioners, as well as the general public. Surveillance may be “active” or “passive”. In *active surveillance*, maltreated children are identified through a variety of sources (such as police and judicial reports, social and health service agencies and educational authorities), are interviewed and, subsequently, followed-up. This type of surveillance usually requires large expenditures in terms of human and financial resources. In *passive surveillance*, relevant information is collected in the course of carrying out other routine tasks.[14] Passive surveillance is usually less costly compared to active, although the thoroughness of reporting depends on the motivation of the person preparing the report. Even in cases where the incident report is mandatory by law, often the practitioners do not report all cases due to excessive workload or in order to avoid potential involvement in long-term judicial procedures that many times follow the reporting, especially in countries where there is no provision for a type of "professional legal immunity".[15]

CAN-Surveillance: Current situation in the Balkans

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".

During the preparatory stage for BECAN's case-based surveillance study (CBSS), an informal investigation about the existing CAN surveillance system in the nine countries participating in the BECAN project revealed significant differences in the progress that each individual country has made in establishing CAN surveillance mechanisms as well as the methods each country uses in the monitoring of CAN.

Specifically, in **Albania**, **Greece**, and **Turkey,** currently neither central authorities where CAN cases can be reported nor unified databases of CAN cases exist; instead, cases are reported to a range of different agencies. A study conducted in Greece in 2008[16], showed that many organizations and services collect CAN-related data such as social services of municipalities, the National Center of Social Solidarity, the Child Ombudsman, child health and mental health services, Justice and Public Order sectors' services and NGOs using different tools and methodologies.

In the **Former Yugoslav Republic of Macedonia** a new surveillance system is being developed by the Institute of Social Work but to this date it remains in a preparatory stage. Despite the fact that there is a surveillance system in place exclusively for cases of sexual abuse, the existing mechanism may not be used to identify CAN cases concerning other child adversities or cases of domestic violence.

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. CSWs, which are public governmental institutions under the central governance and financing of the Ministry of Labour and Social Policy, are the main statutory agencies responsible for

further investigation and management of CAN cases. 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 or 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. However, 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 of CAN cases, the type of CAN and the services provided.

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 **Bosnia & Herzegovina**, the "Council for Children in BH" is the governmental institution which maintains a CAN surveillance system at a national level. This *Council* is the advisory body to the government on child rights issues and responsible for monitoring the implementation of the National Action Plan (2002-2010) for Children in BH and the National Strategy (2007–2010) for combating violence against children. According to the Council's Report, it collects data from different sources, namely the education-, health-, social protection- and justice-sectors.

In **Romania** there is CAN surveillance system operating within the National Authority for the Protection of Child's Rights, General Direction for Social Assistance and Child Protection.

In **Croatia**, the System for social care governs all cases of abuse and neglect of children. The Centres for social care are governed by Ministry of Health and Social Care. 115 Centres are distributed across the country and one centre can cover several municipalities. As it is proscribed in the Family Act (Article 108) and in the Rules of Procedure in Cases of Family Violence, issued by the Ministry of Family, Veterans' Affairs and Intergenerational Solidarity, all the information and knowledge about violence and abuse and/or neglect of children should be reported to the Centres for Social Care, who are obligated to immediately investigate the case and take measures to protect the child.

Due to the fact that in almost all countries CAN responses are multi-faceted, surveillance data are collected by distinct services belonging to a number of sectors. Concerning their developmental stage, capacity and comprehensiveness, national surveillance data systems range widely. In countries where the social service sector is not well resourced and systematically organized it may face greater challenges in developing corresponding administrative systems, and therefore other sectors such as health and judicial services offer a more feasible starting point for developing a data system.[17]

From the above description of the existing surveillance mechanisms it seems that in most of the Balkan countries 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. Supposing that no screening policy is probably applied in the majority of the agencies collecting CAN data, it is expected that many CAN cases are not detected. Additionally, given that many cases of child maltreatment are never reported, information deriving from the recorded cases concerning CAN incidence, prevalence and its specific characteristics does not support an understanding of how CAN affects the overall population. It is obvious that CAN prevalence in the general population cannot be estimated only on the basis of the cases officially reported as abuse and neglect; reported cases usually represent only part of the extent of the phenomenon and therefore could potentially provide a starting point for identifying whether the problem exists.

The current situation concerning CAN surveillance in the Balkans suggests that for a more complete picture of the scale of the CAN problem, information gathering must move beyond case-based surveillance to epidemiological surveys using population-representative samples and asking individuals about their experiences of any form of CAN. Data collection processes targeting different age groups are expected to provide more valid information on the scale of CAN than the case-based surveillance. Repetition of such kind of surveys with same-age groups at periodic intervals or, alternatively establishment of permanent CAN monitoring systems can furthermore track how the phenomenon responds to prevention efforts.[18]

The BECAN Project

The BECAN Project was initiated with the aim to contribute to the bridging of this data-related gap in the Balkan area, where there is no information on CAN prevalence and incidence in the general population of children, by implementing a large-sample epidemiological survey on CAN in nine Balkan countries. Data derived from the Balkan Epidemiological survey on CAN (BECAN) are expected to provide a quantitative definition of the problem that could be used by a range of involved groups from various sectors in order to enable early identification of CAN emerging trends. Furthermore, on the basis of these epidemiological data that will provide an overview of the geographical distribution of cases at a national and Balkan level, a series of policy recommendations could be formulated concerning CAN prevention and priorities addressing the associated risk factors that will help to plan future child support and protection services.[19,20]

Case-based surveillance study (CBSS)

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

Aim & Objectives

BECAN CBSS, which is the subject of the present protocol, constitutes a systematic effort to collect CAN data from already existing archives and databases of agencies and facilities involved in the handling of CAN cases, such as child protection services, health, judicial and police services and NGOs and at the same time to map the existing surveillance mechanisms.
The primary aim of the CBSS is to measure all forms of CAN incidence rate, namely the number of children maltreated in a single year, including substantiated, suspected, and unsubstantiated cases based on already existing CAN surveillance practices from a variety of related agencies in 9 Balkan countries for a specific time period.
CAN prevalence concerns the measurement of the number of people maltreated at any time during their childhood.[21] Given that data collection will target a specific 12-month time period, CAN prevalence estimation is not feasible and therefore is out of the scope of this study.
The second aim of the study is to compare its results with the results of the epidemiological survey; in this manner the opportunity will be provided to test whether the non-systematic recording of CAN cases (reported/ detected) in some of the participating countries and the more systematic surveillance in some others sufficiently depict the CAN incidence rates. Such a comparison is expected to reveal a more realistic picture concerning the difference between reported and hidden incidence of CAN cases in school-aged children nationally in the nine Balkan countries. Therefore, the results can be used as a "needs assessment" indicator in order to identify potential weaknesses of the existing surveillance mechanisms in each individual country, even for those that have already established a CAN surveillance system. The conclusions of the CBSS and the results of its comparison with the respective results of the epidemiological survey could be used for the development of a strategic plan in the context of the BECAN project suggesting the establishment of national permanent CAN monitoring systems in countries where no such systems exist or to improve already available systems. Furthermore, these data would operate as a starting point to enable the analysis of fundamental questions about the causes of variation between and within these countries, cultures and ethnic groups.[22] Moreover, identification of the differences between the epidemiological survey and the CBSS results within each country and consequent comparison of these differences among countries could potentially indicate what works better in CAN surveillance and to assess the quality of the already existing CAN surveillance systems in terms of their usefulness, simplicity, flexibility, acceptability, sensitivity, specificity, representativeness, timeliness and resources, given that different methodologies, tools and mechanisms are currently employed for the monitoring of CAN.[23]

Specific objectives of BECAN CBSS are:

- To identify CAN incidence rates, namely to quantify the size of the problem based on already existing data in the same geographical areas and for the same time period the epidemiological survey will be conducted in nine Balkan countries.

- To collect data on child maltreatment from a range of sources nationwide in each country about the characteristics of individual cases including case identity, child-, incident-, perpetrator(s)-, caregiver-, family-, household, previous maltreatment-, agencies involved- and services provided-related information (see also "indicators to be explored"). On the basis of this information the objective is to outline the profile of maltreated children and their families, to identify potential risk factors and characteristics of groups at risk, to explore the severity of CAN in terms of duration and harm/injury and to outline investigation outcomes, including substantiation rates, placement in care, use of child welfare court, and criminal prosecution.[24],[25],[26]
- To collect data related to characteristics of the existing surveillance systems targeting the outline of the current situation in the participating countries concerning CAN-surveillance infrastructures and identify common patterns and differences in the methods and tools used. Towards this objective, data are going to be collected concerning the identity of the agencies keeping CAN-related records, their legal status, the sector they belong to and their mission, their size (number of employees and the number of CAN cases turnover), the people who make the recording and whether they have received any special training in handling CAN cases, the sources of referrals, whether routine screening is being enforced and implemented and whether these agencies collect statistic data on CAN. Furthermore, data will be collected on characteristics of the records, namely the format of the record (database or archive, electronic or paper), the total time-period covered by the archive/database, whether a specific "CAN recording form" is used, the type of cases that are included in the record and whether further documentation accompanying the record is available in the agencies.

Indicators

The following are specific indicators suggested to be explored targeting:

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

List of suggested indicators to be explored in the context of CBSS:

1. CAN incidence
2. Children's vulnerability to each specific form of CAN
3. Child-related risks for CAN
4. Family and Household-related risks for CAN
5. Risks related to perpetrator(s) characteristics
6. Agencies involved, services provided
7. File completeness concerning the characteristics of the recorded incidents
8. Availability of information to be used for further investigation
9. Characteristics of archive/database
10. Characteristics of agencies keeping databases/ archives

Specifically:

Indicator: CAN incidence

Measurement: The number of CAN cases identified during a 12-month period based on already existing archives/databases (including all forms of CAN, detected and/or reported, substantiated and non-substantiated).

Variable: A1

Indicator: Children's vulnerability to each specific form of CAN

Measurement 1: The proportion of children (among the recorded cases) who are victims of physical, sexual, psychological abuse and neglect (including all cases, detected and/or reported, substantiated and non-substantiated)

Variable: C5

Measurement 2: The proportion of substantiated cases of CAN totally and per specific type of CAN

Variables: C6, C10, C12, C14

Indicator: Child-related risks for CAN

Measurement 1: The proportion of CAN-victims (among the recorded cases) with specific demographic characteristics [age, sex, ethnicity (specific ethnic group)] & living conditions [educational and work status]
Variables: B1, B2, B3(a,b), B4, B5
Measurement 2: The proportion of CAN-victims (among the recorded cases) having reported and/or diagnosed problems related to education, behaviour, substance abuse and disabilities
Variables: B6, B7, B8, B9

Indicator: Family and Household-related risks for CAN

Measurement 1: The proportion of CAN-victims whose caregivers are the perpetrators of CAN
Variables: E1
Measurement 2: The proportion of CAN-victims per type of guardianship and relationship between caregiver and child
Variables: E3, E4
Measurement 3: Characteristics of caregivers whose children are CAN victims (their age, sex, educational level, employment status and marital status)
Variables: E5, E6, E7(a,b), E8, E9, E10
Measurement 4: The proportion of CAN-victims whose caregiver(s) have a history of substance abuse, physical and/or mental disabilities
Variables: E11, E12
Measurement 5: The proportion of CAN-victims whose caregiver(s) have a history either of victimization or of previous allegation(s) for CAN
Variables: E13, E14
Measurement 6: The proportion of CAN-victims who live in violent family environments (previous maltreatment, other CAN incidents or other type of violence among adults)
Variables: H1, H2, H3, F4, F5, H4
Measurement 7: The proportion of CAN-victims (among the recorded cases) who live with families with inadequate housing and financial problems
Variables: G1, G2, (G3), (G4)
Measurement 8: The proportion of CAN-victims (among the recorded cases) deriving from families with specific characteristics (e.g. number of cohabitants)
Variables: F1, F2, (F3)

Indicator: Risks related to perpetrator(s) characteristics

Measurement 1: Socio-demographic profile of (alleged) perpetrator(s) (age, sex, educational level, employment status and marital status) and history of substance abuse, physical and/or mental disabilities
Variables: D3, D4, D5(a,b), D6, D7, D8, D10, D11
Measurement 2: Proportion of substantiated perpetrator(s)
Variables: D1, D2
Measurement 3: Relationship of perpetrator(s) with child
Variables: D9
Measurement 4: Perpetrator(s)' history of previous similar allegations and/or victimization
Variables: D13, D12

Indicator: Agencies involved, services provided

Measurement: CAN cases assessment and confirmation of allegation
Variables: C16, C17
Measurement: Legal action taken
Variables: C18, C19, C20
Measurement: Care plan and out of home placement
Variables: C19, C20
Measurement: Family referrals to services or services already received, agencies involved in investigation of previous maltreatment, contact with agencies and provided services for the current incident of CAN
Variables: F6, F7

Indicator: File completeness concerning the characteristics of the incident described in the specific record
Measurement 1: Detailed presentation of maltreatment
Variables: C7, C11, C13, C15
Measurement 2: Detailed presentation of incident characteristics (date, source of referral, scene and duration)
Variables: C1, C2, C3, C4,
Measurement 3: Detailed record of injury (if any) due to maltreatment and its severity
Variables: C8, C9,

Indicator: Availability of information to be used for further investigation
Measurement: Report date, child's contact details (phone number and address), caregiver(s)' /perpetrator(s)' contact details
Variables: A3, B10, B11, E15, E16, D14, D15, I1

Indicator: Characteristics of archive/database
Measurement: Type of file, existence of recording form, content of archive/database, available documentation, text description, and time period covered
Variables: b1, b2, b3, b4, b5, b6, b7

Indicator: Characteristics of agencies keeping databases/ archives
Measure: legal status, sector, their mission, size and geographical area covered, their referral sources, the dedicated personnel for recording cases, whether they have adopted systematic screening policy and keep statistics on CAN
Variables: a2, a3, a4, a5, a6, a7, a8, a9, a10, a11, a12, a13, a14

Expected limitations

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. Case-based information collected from such services and facilities can never therefore be used to measure the overall extent of the problem of non-fatal child maltreatment*". CAN surveillance for non-fatal cases relies particularly on cases being reported to or detected by the authorities and therefore it misses all CAN incidents that go unreported.[27] Therefore, it is expected that the information gained from the reported and/or detected CAN cases will potentially be limited and biased. Surveillance of reported CAN cases is, however, an appropriate indicator for the trends in service provision and service utilization, but can not give a proper overview of the problem.
Agencies collect information on different aspects of child abuse and neglect, depending on the nature of their involvement. They include statistics about allegations or investigations, or substantiated cases, perpetrators etc. Given that in most cases there are no national guidelines concerning standard data collection on child maltreatment, available information is expected to vary significantly among but also within countries.
Despite these limitations case-based information would be helpful in identifying the way the different agencies manage the cases in each participating country and, furthermore, along with the epidemiological study, to lead to a more complete understanding of child maltreatment in a particular place.

Research Methodology

According to WHO (2006) "data collection on child maltreatment must be based on accepted, standardized definitions so that categories are uniform and sets of data can be effectively compared".[28] As stressed in the international literature, however, there is no absolute consensus on definitions of child maltreatment[29],[30],[31] and this lack of standard definitions has been repeatedly identified as a major obstacle in the development of child maltreatment research and practice.[32] Existing definitions have been shown to differ considerably, depending on the context where they are formulated (such as legal, medical, social, or cultural), the specifics of the national legislation (such as the definition of "childhood") and the fact that events that constitute CAN may change over time (for example, initially only physical abuse was considered as maltreatment, then sexual abuse was added and at an even later stage psychological abuse and neglect were included in the events considered as CAN). In addition to these difficulties, individual values, beliefs and perceptions of persons responsible for referrals and recording of cases about what constitutes a reportable case complicate the picture. As a consequence of this reality, the incidence of child maltreatment reported to official agencies varies according to the reporting procedures and definitions used. The extent of documented child maltreatment varies greatly among and within countries, and reflects the differences in social norms and values, while the respective data represent only those cases that are known to the authorities, and the true prevalence of abuse far exceeds this.[33]

Conceptual definitions

To this end, for the needs of BECAN CBSS, the program Consortium agreed to adopt the conceptual definition of child maltreatment and its forms (namely, physical-, sexual-, psychological-abuse and neglect) as provided by WHO & ISPCAN (2006) and are presented below.

Conceptual Definitions WHO & ISPCAN (2006): *Child abuse or maltreatment constitutes all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power.*[34],[35],[36]

Child maltreatment: *Child maltreatment is defined as all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power. The World report on violence and health and the 1999 WHO Consultation on Child Abuse Prevention distinguish four types of child maltreatment:*

Physical abuse*: Physical abuse of a child is defined as the intentional use of physical force against a child that results in – or has a high likelihood of resulting in – harm for the child's health, survival, development or dignity. This includes hitting, beating, kicking, shaking, biting, strangling, scalding, burning, poisoning and suffocating. Much physical violence against children in the home is inflicted with the object of punishing.*

Sexual abuse*: The involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared, or else that violates the laws or social taboos of society. Children can be sexually abused by both adults and other children who are – by virtue of their age or stage of development – in a position of responsibility, trust or power over the victim.*

Psychological abuse*: Emotional and psychological abuse involves both isolated incidents, as well as a pattern of failure over time on the part of a parent or a caregiver to provide a developmentally appropriate and supportive environment. Abuse of this type includes: the restriction of movement; pattern of belittling, blaming, threatening, frightening, discriminating against or ridiculing; and other nonphysical forms of rejection or hostile treatment.*

Neglect*: Neglect includes both isolated incidents, as well as a pattern of failure over time on the part of a parent or other family member to provide for the development and well-being of the child – where the parent is in a position to do so – in one or more of the following areas: health, education, emotional development, nutrition, shelter and safe living conditions." The parents of neglected children are not necessarily poor. They may equally be financially well-off.*

Selection of data-sources

National statistics on the incidence and prevalence of CAN rely on various disparate data sources,[37] derived from governmental and non-governmental agencies and include child and social welfare services' databases and archives but also records from numerous other different sectors such as the health, justice and police services. Therefore, in the context of BECAN CBSS, it is important to involve "data sources" partners from different sectors and disciplines from the outset depending on the existing situation in each participating country. [38]

The methodology used during the preparatory phase for BECAN CBSS in order to identify agencies' archives and databases that would potentially be used as data sources in each country is as follows:

Firstly, a set of eligibility criteria (Table 1) decided upon for the selection of potential organizations to be recruited as data sources concerning their "identities"

Table 1: Eligibility criteria for the participation in case-based surveillance

A. Geographical Area: Any organization/ agency/ service that

- Is settled in one of the 9 BECAN participating Balkan countries (Albania, Bosnia and Herzegovina, Bulgaria, Croatia, F. Y. R. of Macedonia, Greece, Romania, Serbia and Turkey)
- Its geographical coverage of database/ archive recordings to be identical to that of the epidemiological survey (WP3)

B. Legal status

Be a not-for-profit and non-governmental organisation oriented towards child welfare and supporting the Rights of the Child **OR**

Be a semi-public agency for child wellbeing and/ or care, addressing also CAN issues / Child protective services (e.g. municipalities and prefectures) **OR**

Be a Governmental Organization/ structure belonging to the following branches

- Health care system/ Child services
- Judicial Authorities/ Public Prosecutor's Office for Juveniles
- Police Services/ Child abuse reported to the police
- Educational System **OR**

Be an Independent Authority such as the Ombudsman for the Rights of the Child **OR**

Be a University and/or Research Institute with CAN-related studies and studies on safety promotion for children

C. Organization's mission & operational characteristics

Have a demonstrable commitment to improving the lives of children ***AND***

Operate with honesty, integrity and transparency ***AND/OR***

Demonstrate commitment to the rights of vulnerable children through a Child Protection Policy or equivalent

D. Available information in the Organizations

Maintain at least one database with reported/detected cases of CAN ***AND/OR***

Maintain at least one record (archive) with reported/detected cases of CAN ***AND***

*Is able to provide a list of the recorded variables for each available database and/ or archive** ***AND***

Is willing to participate in the BECAN network

AND is willing and able to share resources

The identified national agencies that satisfied the agreed-upon criteria were listed in an inventory of potential data-sources per country including social services, health services, judicial and police services and non-governmental organizations with interests in CAN-related issues.[39]

Next, informational material along with an invitation was sent to all eligible agencies included in the national inventories in order to inform them about the BECAN CBSS and to invite them to participate by providing access to their databases/archives. For the agencies that responded positively, further communication followed in order to explore whether their existing CAN databases/ archives satisfied the minimum requirements to be included in the BECAN CBSS. This process was made via a questionnaire entitled "Form Summarizing the Characteristics of existing CAN-related database / archive" developed for this specific reason. The issues in question are presented below (see Table 2).

Table 2: Form Summarizing the Characteristics of existing CAN-related database / archive

1. General information concerning CAN recording
2. Availability of data
3. Availability of victim-related information
4. Availability of incident-related information
5. Availability of family-related information
6. Availability of perpetrator-related information
7. Definitions used by the organization for CAN

Assessing and selecting data sources

Each potential source of data was expected to have its own set of advantages and disadvantages in terms of completeness and representativeness. According to existing literature, police records, for example, can be excellent sources of information about the circumstances surrounding serious intentional injury, but unfortunately, thorough investigating and reporting is not usually the norm; instead, trauma registries typically contain great detail about the clinical condition of an injured person but do not always include information about the circumstances or causes of injury.[40] To this end, a set of eligibility criteria for available databases and/or archives including minimum data requirements were set in order to decide which of the databases can be included in the CBSS (Table 3).

Table 3. Criteria for eligible available data, databases and archives

Minimum data requirements

A. Victim-related information
– Age, gender
B. Incident-related information
– CAN type (physical-, sexual-, psychological-abuse and neglect)

Some of the identified databases/archives in each country suffer from problems related to restricted access, depending on whether or not there are legal, jurisdictional or ownership issues.[41] To assess potential data sources and select the ones that are best suited for BECAN CBSS purposes, each partner followed the following process: first communication was made with the respective agencies via official letters where each partner informed any eligible agency in his/her country that fulfilled the pre-defined criteria to participate in the BECAN CBSS. Next, eligible agencies were informed about CBSS aims, namely to develop a *ready-to-use toolkit for extracting CAN information from existing archives/databases* and to develop and formulate a major argument for establishing permanent CAN Monitoring Systems at both national and Balkan levels.

Lists of Eligible Agencies to participate in CBSS

As a result of the above mentioned process an inventory of eligible agencies was developed in each country, which is presented in the tables below:

Table 4.1: Albania

ID	Agency	Location
001	Ministry of Education and Sciences	Tirana
002	Ministry of Interior Affairs	Tirana
003	Ministry of Labour, Social Affairs and Equal Opportunities	Tirana
004	Ministry of Health	Tirana
005	Tirana Municipality	Tirana
006	General Directorate of Police	Tirana
007	Shelter for Battered Women and Girls in Albania	Tirana
008	"Shtepia e Kuqe" Development Center	Tirana

Table 4.2: Bosnia & Herzegovina

ID	Agency	Location
001	Center for Social Work, Kakanj	Zeničko-Dobojski Canton
002	Center for Social Work, Vareš	Middle-Bosnia Canton
003	Center for Social Work, Zenica	Zeničko-Dobojski Canton
004	Center for Social Work, Čelinac	Republika Srpska
005	Center for Social Work, Mostar	Hercegovačko-neretvanski Canton
006	Center for Social Work, Gornji Vakuf-Uskoplje	Srednjo-bosanski Canton
007	Center for Social Work, Bugojno	Srednjo-bosanski Canton
008	Center for Social Work, Tuzla	Tuzlanski Canton
009	Center for Social Work, Laktaši	Republika Srpska
010	Department of Social Care, Service for Administration and Communal Action	Srednjo-bosanski Canton
011	Ministry for Work, Social Politics and Refugees	Zeničko-dobojski Canton
012	Elementary School (Sedma osnovna škola)	District Brčko of Bosnia and Herzegovina
013	NGO Education-Rehabilitation Center	Republika Srpska
014	Center for Mental Health, Healthcare Center, Široki Brijeg	Western-herzegovina Canton
015	Fondation BH Women Initiative	Sarajevo Canton

Table 4.3: Bulgaria

ID	Организация	Местоположение/Община
Регион	**Blagoevgrad**	
001	Дирекция „Социално подпомагане“, Благоевград	Благоевград
002	Дирекция „Социално подпомагане“, Гоце Дечев	Гоце Делчев
003	Дирекция „Социално подпомагане“, Гърмен	Гърмен
004	Дирекция „Социално подпомагане“, Сатовча	Сатовча
005	Дирекция „Социално подпомагане“Петрич	Петрич
006	Дирекция „Социално подпомагане“ Сандански	Сандански
007	Дирекция „Социално подпомагане“, Разлог	Разлог
008	Дирекция „Социално подпомагане“, Банско	Банско
009	Дирекция „Социално подпомагане“	Банско
010	Дирекция „Социално подпомагане“	Белица
Регион	**Варна**	
011	Дирекция „Социално подпомагане“, Варна	Варна
012	Дирекция „Социално подпомагане“ Долни Чифлик	Аврен
013	Дирекция „Социално подпомагане“Провадия	Ветрино
014	Дирекция „Социално подпомагане“ Вълчи Дол	Вълчи Дол
015	Дирекция „Социално подпомагане“ Долни Чифлик	Долни Чифлик
016	Дирекция „Социално подпомагане“ Девня	Девня
017	Дирекция „Социално подпомагане“ , Провадия	Дългопол
018	Дирекция „Социално подпомагане“ , Суворово	Суворово
019	Асоциация „Гаврош“	Варна
Регион	**Велико Търново**	
020	Дирекция „Социално подпомагане“ , Велико Търново	Велико Търново
021	Дирекция „Социално подпомагане“ , Г.Оряховица	Г. Оряховица
022	Дирекция „Социално подпомагане“ , Елена	Елена
023	Дирекция „Социално подпомагане“, Лясковец	Г.Оряховица
024	Дирекция „Социално подпомагане“, Павликени	Павликени
025	Дирекция „Социално подпомагане“, Свищов	Полски Тръмбеш
026	Дирекция „Социално подпомагане“ Стражица	Стражица

Table 4.4: Croatia

ID	Agency	Location
001	CZSS Jastrebarsko	Jastrebarsko
002	CZSS Sveti Ivan Zelina	Sveti Ivan Zelina
003	CZSS Zaprešić	Zaprešić
004	CZSS Donja Stubica	Donja Stubica
005	CZSS Kutina	Kutina
006	CZSS Sisak	Sisak
007	CZSS Karlovac	Karlovac
008	CZSS Varaždin	Varaždin
009	CZSS Đurđevac	Đurđevac
010	CZSS Bjelovar	Bjelovar
011	CZSS Cres-Lošinj	Cres- Mali Lošinj
012	CZSS Opatija	Opatija
013	CZSS Rijeka	Rijeka
014	CZSS Virovitica	Virovitica
015	CZSS Požega	Požega
016	CZSS Slavonski Brod	Slavonski Brod
017	CZSS Biograd na moru	Biograd na moru
018	CZSS Beli Manastir	Beli Manastir
019	CZSS Đakovo	Đakovo
020	CZSS Osijek	Osijek
021	CZSS Đakovo	Đakovo
022	CZSS Knin	Knin
023	CZSS Vukovar	Vukovar
024	CZSS Vukovar	Vukovar
025	CZSS Makarska - podružnica Vrgorac	Vrgorac
026	CZSS Split	Split
027	CZSS Split	Split
028	CZSS Split - podružnica Kaštela	Kaštel Stari
029	CZSS Trogir	Trogir
030	CZSS Pula	Pula
031	CZSS Dubrovnik	Dubrovnik
032	CZSS Čakovec	Čakovec
033	CZSS Zagreb - ured Centar	Zagreb
034	CZSS Zagreb - ured Maksimir	Zagreb
035	CZSS Zagreb - ured Novi Zagreb	Zagreb
036	CZSS Zagreb - ured Trešnjevka	Zagreb
037	CZSS Zagreb - ured Dubrava	Zagreb
038	CZSS Zagreb - ured Susedgrad	Zagreb
039	CZSS Zagreb - ured Sesvete	Zagreb

Table 4.5: Former Yugoslav Republic of Macedonia

ID	Agency	Location
001	Institute of Social Work	Skopje
002	Inter-municipality Center for Social Work - Skopje	Skopje
003	Ministry of Interior / Department for violence prevention	Skopje
004	Institute of Mental Health of Children and Adolescents	Skopje
005	University Clinic of Psychiatry – Department of Child and Adolescent Psychiatry	Skopje
006	Institute of Forensic Medicine – Faculty of Medicine	Skopje
007	University Clinic of Pediatrics *	Skopje
008	University Clinic of Child Surgery*	Skopje
009	Urgent Surgery Center*	Skopje
010	University Clinic of Toxicology*	Skopje
011	University Clinic of Gynecology*	Skopje
012	Center for Social Work - Bitola	Bitola
013	Center for Social Work - Veles	Veles
014	Center for Social Work - Tetovo	Tetovo
015	Center for Social Work - Gostivar	Gostivar

The medical institutions marked with asterix (*) are not eligible institutions and are not part of our National Network. They have a record on potential child-abuse cases, which can be extracted from their archives, intend to be cooperative, but do not show interest to take part in our network.

Table 4.6: Greece

ID	Agency	Location
001	Συνήγορος του Πολίτη, Κύκλος Δικαιωμάτων του Παιδιού	**Αττική**
002	Ελληνικό Κέντρο Ψυχικής Υγιεινής και Ερευνών-Ιατροπαιδαγωγική Υπηρεσία Πειραιά	**Αττική**
003	Ιατροπαιδαγωγικό Κέντρο Αθηνών	**Αττική**
004	Ιατροπαιδαγωγικό Κέντρο Βύρωνα-ΚΕΝΤΡΟ ΨΥΧΙΚΗΣ ΥΓΕΙΑΣ ΒΥΡΩΝΑ ΚΑΙΣΑΡΙΑΝΗΣ	**Αττική**
005	Ιατροπαιδαγωγικό Κέντρο Λυκόβρυσης	**Αττική**
006	ΙΠΚ ΚΨΥ Αγίων Αναργύρων	**Αττική**
007	Κέντρο Ψυχικής Υγείας Παίδων Πλατεία Αττικής ΓΝΝΘΑ "Η Σωτηρία"	**Αττική**
008	Γ Ν Νίκαιας-Άγιος Παντελεήμων	**Αττική**
009	Γενικό Κρατικό Νοσοκομείο "Γ Γεννηματάς" Τμήμα Ψυχιατρικής Εφήβων και Νέων	**Αττική**
010	ΓΝΑ Αλεξάνδρα	**Αττική**
011	ΓΝΣ Σισμανόγλειο, Τμήμα Ψυχιατρικής Παίδων και Εφήβων	**Αττική**
012	Γ Ν Θριάσιο-Κοινωνική υπηρεσία	**Αττική**
013	Κέντρο Υγείας Καπανδριτίου	**Αττική**
014	Κέντρο Υγείας Κορωπίου	**Αττική**
015	Κέντρο Υγείας Λαυρίου Αττικής	**Αττική**
016	Κέντρο Υγείας Παιδιού Καισαριανής	**Αττική**
017	Κέντρο Υγείας Σαλαμίνας	**Αττική**
018	Κλινική Νταού Παιδοψυχιατρικό Νοσοκομείο Αττικής	**Αττική**
019	ΜΕΥΑ Α Κυριακού	**Αττική**
020	Νοσοκομείο Παίδων "Η Αγία Σοφία" Παιδοψυχιατρική Κλινική	**Αττική**
021	Νοσοκομείο Παίδων Α Κυριακού, ΜΕΘ	**Αττική**
022	Τζάνειο Νοσοκομείο-Παιδιψυχιατρικό Τμήμα	**Αττική**
023	Γραφείο Μέριμνας Δήμου Κερατσινίου	**Αττική**
024	Γραφείο Παροχής Κοινωνικών Υποστηρικτικών Υπηρεσιών Δήμου Ασπροπύργου	**Αττική**
025	Δήμος Κορυδαλλού Κέντρο Κοινωνικής Παρέμβασης (ΙΠ Υπηρεσία)	**Αττική**
026	Δήμος Μαραθώνος	**Αττική**
027	Δήμος Νίκαιας Ρέντη	**Αττική**
028	Τμήμα Κοινωνικής Μέριμνας, Διεύθυνση Δημόσιας Υγείας και Κοινωνικής Αλληλεγγύης, Περιφέρεια Αττικής, Ενότητα Βόρειου Τομέα	**Αττική**
029	Διεύθυνση Κοινωνικής Πρόνοιας Νομαρχίας Πειραιά	**Αττική**
030	Διεύθυνση Κοινωνικών Υπηρεσιών Δήμου Πειραιά	**Αττική**
031	ΚΑΑΠ (Κέντρο Αποκατάστασης και Αποθεραπείας Παιδων) Βούλας	**Αττική**
032	Κέντρο Κοινωνικής Πολιτικής Δήμου Κηφισιάς	**Αττική**
033	Κέντρο Κοινωνικής Στήριξης Καλαμακίου-Α. Σώστης (ΕΚΚΑ)	**Αττική**
034	Κέντρο Κοινωνικής Στήριξης Πειραιά (ΕΚΚΑ)	**Αττική**
035	Κέντρο Κοινωνικής Στήριξης Πλ. Βάθης (ΕΚΚΑ)	**Αττική**
036	Κέντρο Πρόληψης Δήμου Αλίμου	**Αττική**
037	Κέντρο Πρόληψης Δήμου Αργυρούπολης	**Αττική**
038	Κέντρο Πρόληψης Δήμου Γλυφάδας	**Αττική**
039	Κέντρο Πρόληψης Δήμου Ελληνικού	**Αττική**
040	Κέντρο Στήριξης Οικογένειας Ν. Ηρακλείου	**Αττική**
041	Κοινωνική Υπηρεσία Δ. Ελευσίνας	**Αττική**
042	Κοινωνική Υπηρεσία Δήμου Αγίας Βαρβάρας	**Αττική**
043	Κοινωνική Υπηρεσία Δήμου Αγίας Παρασκευής	**Αττική**
044	Κοινωνική Υπηρεσία Δήμου Αγίων Αναργύρων-Καματερού	**Αττική**
045	Κοινωνική Υπηρεσία Δήμου Βάρης- Πνευματικό Κέντρο	**Αττική**
046	Κοινωνική Υπηρεσία Δήμου Βύρωνα	**Αττική**
047	Κοινωνική Υπηρεσία Δήμου Γαλατσίου	**Αττική**
048	Κοινωνική Υπηρεσία Δήμου Ελληνικού	**Αττική**
049	Κοινωνική Υπηρεσία Δήμου Ιλίου	**Αττική**
050	Κοινωνική Υπηρεσία Δήμου Μοσχάτου	**Αττική**
051	Κοινωνική Υπηρεσία Δήμου Νέου Ηρακλείου	**Αττική**

052	Κοινωνική Υπηρεσία Δήμου Παλαιού Φαλήρου	**Αττική**
053	Κοινωνική Υπηρεσία Δήμου Πετρούπολης	**Αττική**
054	Κοινωνική Υπηρεσία Δήμου Ταύρου	**Αττική**
055	Κοινωνική Υπηρεσία Δήμου Χαϊδαρίου	**Αττική**
056	Κοινωνική Υπηρεσία Δήμου Χαλανδρίου	**Αττική**
057	Κοινωνική Υπηρεσία Ν. Παίδων ''Αγλαϊα Κυριακού''	**Αττική**
058	Κοινωνική Υπηρεσία Νέας Σμύρνης	**Αττική**
059	Κοινωνική Υπηρεσία Φιλοθέης- Π.Ψυχικού Ν.Ψυχικού	**Αττική**
060	Νομικό Πρόσωπο Παιδικών Σταθμών Δήμου Βύρωνα	**Αττική**
061	Οργανισμός Κοινωνικής Αλληλεγγύης Δήμου Περιστερίου	**Αττική**
062	Συμβουλευτικό Κέντρο Οικογενειών Δήμου Ζωγράφου	**Αττική**
063	Συμβουλευτικός Σταθμός Δήμου Κερατσινίου	**Αττική**
064	Συμβουλευτικός Σταθμός Δήμου Μοσχάτου	**Αττική**
065	Συμβουλευτικός Σταθμός Νέων Αγίας Παρασκευής	**Αττική**
066	Τμήμα Κοινωνικής Πρόνοιας Δ. Αμαρουσίου	**Αττική**
067	Υπηρεσία Κοινωνικής Μέριμνας Δήμου Νέας Ιωνίας	**Αττική**
068	Ελληνικό Κέντρο για την Ψυχική Υγεία Παδιού-Οικογένειας Το Περιβολλάκι	**Αττική**
069	Αμαλίειον Οικοτροφείο Θηλέων	**Αττική**
070	Ζάννειο Ίδρυμα Παιδικής Προστασίας και Αγωγής	**Αττική**
071	Ίδρυμα Παιδική Στέγη	**Αττική**
072	Κέντρο Βρεφών "Μητέρα"	**Αττική**
073	Παιδόπολη Αγ. Ανδρέας	**Αττική**
074	Στέγη Ανηλίκων "Αγία Βαρβάρα"	**Αττική**
075	Στέγη Θηλέων "Άγιος Αλέξανδρος"	**Αττική**
076	Χατζηκυριάκειο Ίδρυμα Παιδικής Προστασίας	**Αττική**
077	Δικαστήριο Ανηλίκων Αθηνών, Υπηρεσία Επιμελητών Ανηλίκων, Κοινωνική Υπηρεσία	**Αττική**
078	Εταιρεία Προστασίας Ανηλίκων Πειραιά (Στέγη Ανηλίκων "Ο Καλός Ποιμήν")	**Αττική**
079	Το Χαμόγελο του Παιδιού-Κρήτη	**Αττική**
080	Αστική Εταιρία Ψυχοκοινωνικών Μελετών	**Αττική**
081	Βαβέλ, ΜΚΟ	**Αττική**
082	Γωνιά του Παιδιού	**Αττική**
083	Δρόμοι Ζωής	**Αττική**
084	Ελληνικός Ερυθρός Σταυρός-Τομέας Κοινωνικής Πρόνοιας	**Αττική**
085	Ένα παιδί ένας κόσμος, αστική μη κερδοσκοπική εταιρεία	**Αττική**
086	ΚΑΡΙΤΑΣ	**Αττική**
087	Κέντρο Ενημέρωσης και Έρευνας για τις Εξαρτήσεις	**Αττική**
088	Κέντρο Ερευνών Ρίζες	**Αττική**
089	Κέντρο Συμπαράστασης Παιδιών & Οικογένειας – Κοινωνική & Εκπαιδευτική Δράση	**Αττική**
090	Κιβωτός του Κόσμου	**Αττική**
091	Μαζί για το παιδί	**Αττική**
092	Ξενώνας Φοίβη (για γυναίκες και παιδιά)	**Αττική**
093	Σύλλογος Μερίμνης Ανηλίκων	**Αττική**
094	Σωματείο Φίλων Κοινωνικής Παιδιατρικής "Ανοιχτή Αγκαλιά"	**Αττική**
095	Τηλεφωνική Συμβουλευτική Υπηρεσία -Γραμμή Στήριξης Παιδιών και Εφήβων-ΕΨΥΠΕ	**Αττική**
096	Φίλοι του Παιδιού (Σωματείο)	**Αττική**
097	2ο Δημοτικό Σικιαρίδειο	**Αττική**
098	ΚΕΔΥ Ανατολικής Αττικής	**Αττική**
099	Κέντρο Μελετών Επαγγελματικής Κατάρτισης Πολύτεκνης Μητέρας "Μητέρας Έργον"	**Μακε**
100	Κέντρο Παιδικής Μέριμνας Θηλέων Ηρακλείου	**Κρήτη**
101	Κέντρο Κοινωνικής Στήριξης του Δήμου Εύοσμου Θεσσαλονίκης	**Μακε**
102	Γενικό Νοσοκομείο Θεσσαλονίκης "Ιπποκράτειο", Παιδοψυχιατρική Κλινική	**Μακε**

Table 4.7: Rumania

ID	Agency	Location
001	Child Protection Directorate	Arges
002	Child Protection Directorate	Bacau
003	Child Protection Directorate	Barsov
004	Child Protection Directorate	Calarasi
005	Child Protection Directorate	Cluj
006	Child Protection Directorate	Constanta
007	Child Protection Directorate	Covasna
008	Child Protection Directorate	Dolj
009	Child Protection Directorate	Galati
010	Child Protection Directorate	Giurgiu
011	Child Protection Directorate	Iasi
012	Child Protection Directorate	Prahova
013	Child Protection Directorate	Satu Mare
014	Child Protection Directorate	Timis
015	Child Protection Directorate	Vaslui
016	Child Protection Directorate	Valcea
017	Child Protection Directorate	Bucuresti

Table 4.8: Serbia

ID	Agency	Location
001	Centar za socijalni rad Aleksinac	Aleksinac
002	Centar za socijalni rad Alibunar	Alibunar
003	Centar za socijalni rad Aranđelovac	Aranđelovac
004	Centar za socijalni rad Bačka Palanka	Bačka Palanka
005	Centar za socijalni rad Babušnica	Babušnica
006	Centar za socijalni rad Bačka Topola	Bačka Topola
007	Centar za socijalni rad Bela Crkva	Bela Crkva
008	Centar za socijalni rad Grad Beograd	Beograd
009	Centar za socijalni rad Odeljenje Grocka	Beograd
010	Centar za socijalni rad Odeljenje Zemun	Beograd
011	Centar za socijalni rad Odeljenje Lazarevac	Beograd
012	Centar za socijalni rad Odeljenje Novi Beograd	Beograd
013	Centar za socijalni rad Odeljenje Palilula	Beograd
014	Centar za socijalni rad Odeljenje Rakovica	Beograd
015	Centar za socijalni rad Odeljenje Savski Venac	Beograd
016	Centar za socijalni rad Odeljenje Stari Grad	Beograd
017	Centar za socijalni rad Odeljenje Surčin	Beograd
018	Centar za socijalni rad Odeljenje Čukarica	Beograd
019	Centar za socijalni rad Blace	Blace
020	Centar za socijalni rad Bojnik	Bojnik
021	Centar za socijalni rad Bor	Bor
022	Centar za socijalni rad Valjevo	Valjevo
023	Centar za socijalni rad Vladičin Han	Vladičin Han
024	Centar za socijalni rad Vrbas	Vrbas
025	Centar za socijalni rad Gornji Milanovac	Gornji Milanovac
026	Centar za socijalni rad Žiitorađa	Žitorađa
027	Centar za socijalni rad Zaječar	Zaječar
028	Centar za socijalni rad Zrenjanin	Zrenjanin
029	Centar za socijalni rad Inđija	Inđija
030	Centar za socijalni rad Jagodina	Jagodina
031	Centar za socijalni rad Kikinda	Kikinda
032	Centar za socijalni rad Kovačica	Kovačica
033	Centar za socijalni rad Kovin	Kovin
034	Centar za socijalni rad Kragujevac	Kragujevac
035	Centar za socijalni rad Kraljevo	Kraljevo
036	Centar za socijalni rad Kruševac	Kruševac
037	Centar za socijalni rad Kula	Kula
038	Centar za socijalni rad Kučevo	Kučevo
039	Centar za socijalni rad Leskovac	Leskovac
040	Centar za socijalni rad Loznica	Loznica
041	Centar za socijalni rad Ljig	Ljig
042	Centar za socijalni rad Medveđa	Medveđa
043	Centar za socijalni rad Niš	Niš
044	Centar za socijalni rad Nova Varoš	Nova varoš

045	Centar za socijalni rad Novi kneževac	Novi Kneževac
046	Centar za socijalni rad Novi Pazar	Novi Pazar
047	Centar za socijalni rad Novi Sad	Novi Sad
048	Centar za socijalni rad Odžaci	Odžaci
049	Centar za socijalni rad Pančevo	Pančevo
050	Centar za socijalni rad Petrovac	Petrovac
051	Centar za socijalni rad Pirot	Pirot
052	Centar za socijalni rad Požarevac	Požarevac
053	Centar za socijalni rad Požega	Požega
054	Centar za socijalni rad Priboj	Priboj
055	Centar za socijalni rad Prijepolje	Prijepolje
056	Centar za socijalni rad Rekovac	Rekovac
057	Centar za socijalni rad Ruma	Ruma
058	Centar za socijalni rad Svilajnac	Svilajnac
059	Centar za socijalni rad Senta	Senta
060	Centar za socijalni rad Sjenica	Sjenica
061	Centar za socijalni rad Smederevo	Smederevo
062	Centar za socijalni rad Sonbor	Sombor
063	Centar za socijalni rad Sremska Mitrovica	Sremska Mitrovica
064	Centar za socijalni rad Stara Pazova	Stara pazova
065	Centar za socijalni rad Subotica	Subotica
066	Centar za socijalni rad Trgovište	Trgovište
067	Centar za socijalni rad Trstenik	Trstenik
068	Centar za socijalni rad Tutin	Tutin
069	Centar za socijalni rad Ćuprija	Ćuprija
070	Centar za socijalni rad Ub	Ub
071	Centar za socijalni rad Užice	Užice
072	Centar za socijalni rad Čačak	Čačak
073	Centar za socijalni rad Šaabac	Šabac

Table 4.9: Turkey

ID	Kurum	Bölge
001	Aliağa Rehberlik Araştırma Merkezi	İzmir
002	Bayraklı Rehberlik Araştırma Merkezi	İzmir
003	Bornova Rehberlik Araştırma Merkezi	İzmir
004	Buca Rehberlik Araştırma Merkezi	İzmir
005	Çeşme Rehberlik Araştırma Merkezi	İzmir
006	Karşıyaka Rehberlik Araştırma Merkezi	İzmir
007	Konak Rehberlik Araştırma Merkezi	İzmir
008	Ödemiş Rehberlik Araştırma Merkezi	İzmir
009	İzmir Sosyal Hizmetler ve Çocuk Esirgeme Kurumu	İzmir
010	İzmir Adli Tıp Kurumu	İzmir
011	İzmir Çocuk Polisi	İzmir
012	İzmir İl Sağlık Müdürlüğü	İzmir
013	Atatürk Eğitim ve Araştırma Hastanesi	İzmir
014	Behçet Uz Çocuk Hastalıkları ve Cerrahisi Eğitim ve Araştırma Hastanesi	İzmir
015	Dr. Suat Seren Göğüs Hastalıkları ve Cerrahisi Eğitim ve Araştırma Hastanesi	İzmir
016	Dr. Ekrem Hayri Üstündağ Kadın Hastalıkları ve Doğum Hastanesi	İzmir
017	Nevvar Salih İşgören Alsancak Devlet Hastanesi	İzmir
018	Karşıyaka Devlet Hastanesi	İzmir
019	Bornova Türkan Özilhan Devlet Hastanesi	İzmir
020	Çiğli Devlet Hastanesi	İzmir
021	Bayındır Devlet Hastanesi	İzmir
022	Dr. Faruk İlker Bergama Devlet Hastanesi	İzmir
023	Alper Çizgenakat Çeşme Devlet Hastanesi	İzmir
024	Foça Devlet Hastanesi	İzmir
025	Kiraz Devlet Hastanesi	İzmir
026	Menemen Devlet Hastanesi	İzmir
027	Ödemiş Devlet Hastanesi	İzmir
028	Necat Hepkon Seferihisar Devlet Hastanesi	İzmir
029	Selçuk Devlet Hastanesi	İzmir
030	Dr. Ertuğrul Aker Tire Devlet Hastanesi	İzmir
031	M. Enver Şenerdem Torbalı Devlet Hastanesi	İzmir
032	Urla Devlet Hastanesi	İzmir
033	Aliağa Devlet Hastanesi	İzmir
034	İzmir Tepecik Eğitim ve Araştırma Hastanesi	İzmir
035	İzmir Bozyaka Eğitim ve Araştırma Hastanesi	İzmir
036	İzmir Ege Doğumevi ve Kadın Hastalıkları Eğitim ve Araştırma Hastanesi	İzmir
037	Buca Seyfi Demirsoy Devlet Hastanesi	İzmir
038	Buca Kadın Doğum ve Çocuk Hastalıkları Hastanesi	İzmir
039	Dikili Devlet Hastanesi	İzmir
040	Kemalpaşa Devlet Hastanesi	İzmir
041	Dokuz Eylül Üniversitesi Tıp Fakültesi Hastanesi	İzmir
042	Ege Üniversitesi Tıp Fakültesi Hastanesi	İzmir

043	Başkent Üniversitesi Zübeyde Hanım Tıp Merkezi Hastanesi	İzmir
044	Eşrefpaşa Belediye Hastanesi	İzmir
045	Kozan Rehberlik Araştırma Merkezi	Adana
046	Yüreğir Rehberlik Araştırma Merkezi	Adana
047	Adana Sosyal Hizmetler ve Çocuk Esirgeme Kurumu	Adana
048	Adana Adli Tıp Kurumu	Adana
049	Adana Çocuk Polisi	Adana
050	Adana İl Sağlık Müdürlüğü	Adana
051	80. Yıl Pozantı Devlet Hastanesi	Adana
052	Adana Çukurova Devlet Hastanesi	Adana
053	Adana Devlet Hastanesi	Adana
054	Adana Numune Eğitim ve Araştırma Hastanesi	Adana
055	Balcalı Hastanesi	Adana
056	Başkent Üniversitesi Adana Uygulama ve Araştırma Hastanesi	Adana
057	Ceyhan Devlet Hastanesi	Adana
058	Çukurova Kadın Doğum ve Çocuk Hastalıkları Hastanesi	Adana
059	Çukurova Üniversitesi Tıp Fakültesi Balcalı Hastanesi	Adana
060	İmamoğlu Devlet Hastanesi	Adana
061	Karaisalı Devlet Hastanesi	Adana
062	Kozan Devlet Hastanesi	Adana
063	Prof. Dr. Nusret Karasu Göğüs Hastalıkları Hastanesi	Adana
064	Tufanbeyli Devlet Hastanesi	Adana
065	Bursa Osmangazi Rehberlik Araştırma Merkezi	Bursa
066	Bursa Yıldırım Rehberlik Araştırma Merkezi	Bursa
067	Bursa Sosyal Hizmetler ve Çocuk Esirgeme Kurumu	Bursa
068	Bursa Adli Tıp Kurumu	Bursa
069	Bursa Adli Tıp Kurumu	Bursa
070	Bursa Çocuk Polisi	Bursa
071	Bursa İl Sağlık Müdürlüğü	
072	Bursa Çekirge Çocuk Hastanesi	Bursa
073	Bursa Çekirge Devlet Hastanesi	Bursa
074	Bursa Devlet Hastanesi	Bursa
075	Bursa Şevket Yılmaz Eğitim ve Araştırma Hastanesi	Bursa
076	Bursa Yüksek İhtisas Eğitim ve Araştırma Hastanesi	Bursa
077	Bursa Zübeyde Hanım Doğumevi	Bursa
078	Harmancık Entegre İlçe Hastanesi	Bursa
079	İnegöl Devlet Hastanesi	Bursa
080	Mudanya Şaziye Rüştü Devlet Hastanesi	Bursa
081	Mustafakemalpaşa Devlet Hastanesi	Bursa
082	Prof. Dr. Türkan Akyol Devlet Hastanesi	Bursa
083	Yüksek İhtisas Hastanesi	Bursa
084	Mardin Kızıltepe Rehberlik Araştırma Merkezi	Mardin
085	Mardin Sosyal Hizmetler ve Çocuk Esirgeme Kurumu	Mardin
086	Mardin Çocuk Polisi	Mardin
087	Mardin İl Sağlık Müdürlüğü	Mardin
088	Kızıltepe Devlet Hastanesi	Mardin

089	Mardin Derik Devlet Hastanesi	Mardin
090	Mardin Devlet Hastanesi	Mardin
091	Mardin Kadın Doğum ve Çocuk Hastalıkları Hastanesi	Mardin
092	Midyat Devlet Hastanesi	Mardin
093	Nusaybin Devlet Hastanesi	Mardin
094	Trabzon Rehberlik Araştırma Merkezi	Trabzon
095	Trabzon Sosyal Hizmetler ve Çocuk Esirgeme Kurumu	Trabzon
096	Trabzon Adli Tıp Kurumu	Trabzon
097	Trabzon Çocuk Polisi	Trabzon
098	Trabzon İl Sağlık Müdürlüğü	Trabzon
099	KTÜ Sağlık Araştırma Uygulama Merkezi Farabi Hastanesi	Trabzon
100	Köprübaşı Vali Recep Yazıcıoğlu Devlet Hastanesi	Trabzon
101	Of Devlet Hastanesi	Trabzon
102	Sürmene Devlet Hastanesi	Trabzon
103	Maçka Mehmet Aktürk Devlet Hastanesi	Trabzon
104	Tonya Devlet Hastanesi	Trabzon
105	Trabzon Ahi Evren Göğüs Kalp Damar Cerrahisi Eğitim ve Araştırma Hastanesi	Trabzon
106	Trabzon Doğum ve Çocuk Bakım Evi	Trabzon
107	Trabzon Fatih Devlet Hastanesi	Trabzon
108	Trabzon Numune Hastanesi	Trabzon

Time period and Geographical coverage

For each of the nine participating countries, both the time period and geographical areas to be covered by the CBSS depend on the respective time and areas the BECAN epidemiological survey will cover.

Table 13: Time period and geographical coverage of CBSS in each participating country

Country	Geographical area	Time period will be covered
Albania:	Tirana, Elbasan, Shkodër, Kukës, Lezhë, Fier, Korçë, Berat, Durrës	01.01.2010 – 31.12.2010
Bulgaria:	За страната	01.01.2010 – 31.12.2010
Bosnia & Herzegovina:	Cjelokupni teritorij (RS, FBiH, DB BiH)	11.04.2010 - 10.04.2011
Croatia:	Whole country	01.01.2010 – 31.12.2010
Former Yougoslavic Republic of Macedonia:	-The area of City of Skopje and it's municipalities; -South-west region of Bitola -North-west region of Tetovo-Gostivar -Central region of Veles	01.01.2011 – 31.12.2011
Greece:	Attica Prefecture Central Macedonia Prefecture Crete Prefecture	01.01.2010 – 31.12.2010
Romania:	Brasov, Prahova, Satu Mare, Vaslui, Galati, Iasi, Cluj, Dolj	01.01.2010 – 31.12.2010
Serbia:	Aleksinac, Alibunar, Aranđelovac, Babušnica, Bačka, Palanka, Bačka Topola, Bela Crkva, Beograd, Blace, Bojnik, Bor, Čačak, Ćuprija, Gornji, Inđija, Jagodina, Kikinda, Kovačica, Kovin, Kragujevac, Kraljevo, Kruševac, Kučevo, Kula, Leskovac, Ljig, Loznica, Medveđa, Milanovac, Mitrovica, Niš, Nova varoš, Novi Kneževac, Novi Pazar, Novi Sad, Odžaci, Pančevo, Petrovac, Pirot, Požarevac, Požega, Priboj, Prijepolje, Rekovac, Ruma, Šabac, Senta, Sjenica, Smederevo, Sombor, Sremska, Stara pazova, Subotica, Svilajnac, Trgovište, Trstenik,Tutin, Ub, Užice, Valjevo, Vladičin Han, Vrbas, Zaječar, Žitorađa, Zrenjanin,	01.01.2010 – 31.12.2010
Turkey:	Adana, Bursa, İzmir, Mardin, Trabzon	01.01.2010 – 31.12.2010

Management structure for data collection

Selection of Researchers

Field researchers that will undertake data extraction concerning detected and/or reported CAN cases already recorded in archives and/or databases of a variety of agencies should be professionals (social or health-related scientists) qualified with at least basic research skills that would be willing to participate in the training the researchers seminars and successfully complete them.
CBSS field researchers could be the same persons as they will participate in the epidemiological survey.

Train the Trainers seminar

The Train the Trainers seminar was conducted on 11-12 October 2010 in Cluj-Napoca, Romania. Thirty-four trainees from the nine Balkan countries participated.
During the 1st day of the training, a general introduction of the WP4-Toolkit was made (theoretical background & methodological issues) on the basis of presentations which –apart from the Research Protocol for the CBSS and the Operations' Booklet- also included information on how to organize the train-the-researchers' seminars and the necessary material (all material used during the train the trainers seminar are available in the BECAN Managerial Forum). Furthermore, both extraction forms (for agencies and for CAN cases) were discussed in detail through a process of reviewing each individual variable.
The aim of this training was to give trainers a clear insight and understanding of the CBSS protocol, to provide them with technical guidance on the use of the extraction forms and to provide them with instructions on how to use the Operations Booklet for coding the data.
The second day of the training was mainly dedicated to practicing the use of the WP4 toolkit. The process focused on the piloting of the extraction forms via a simulation of the extraction process using a "mock CAN case" and based on the CBSS protocol. Apart from familiarizing the trainers with the protocol, this process provided the opportunity to test the extraction forms, namely whether all the participants extracted identical information from the same case on the basis of the protocol. During the whole duration of the train the trainers seminar, weaknesses in the tools were identified and final improvements were made in the protocol, the operations' booklet for the researchers and the extraction forms before starting the case-based surveillance study.

Training the Researchers seminars

Trained partners ("trainers") in their turn organized and conducted in their countries two-day seminars for training the researchers' groups *before* starting the implementation of the extraction of information on reported/detected cases of CAN.
The aim of these seminars was to train the national research groups in order to adequately and uniformly extract and code data. For the needs of these seminars, it was decided to develop a short instructional booklet including operational definitions of the main terms of the CBSS protocol, a detailed description of its content and instructions of how-to-use the protocol in regards to the extraction, recording and coding of the data. This module for the researchers' training also aims to enhance the creation of the strategic plan to be developed under WP6 for the for the establishment of permanent CAN Monitoring Systems in the Balkan countries.

Specifically:

Training the Researchers Seminars

Albania: The intensive preparatory work on WP4 has shown that very few organizations/ institutions in Albania have databases/archives on CAN. These existing data, moreover, are very scarce. As a result, CRCA-AL anticipates that the collection of data on WP4 will require less time and costs than we had originally planned. Therefore, Albanian Coordinator decided not to train additional resources for CBSS. The collection of data will be done by the persons who originally would have been the trainers. The other important reason for this decision has to do with the fact that these persons are the ones that have established contact and collaboration with the agencies that will participate in CBSS. These agencies have been reluctant to participate in the CBSS study due to the concern that the confidentiality of their data may have been compromised. We had to work hard to reassure them and part of the reason that we have succeed with this task has been the deal that we will collect data ourselves rather than recruiting other researchers, who would have been young professionals (less trustworthy for the agencies).

Trainers/ Researchers

1. Edlira Haxhiymeri
2. Enila Cenko
3. Belioza Çoku
4. Altin Hazizaj

Bosnia and Erzegovina: Training on Case Based Surveillance Study (WP4) took place at the Faculty of Political Sciences premises in beginning of January 2011. In the total duration of 12 hours the CBSS instruments were presented (CBSS Protocol, Booklet for Researchers and Extraction Forms) and demonstrated, along with other relevant aspects of WP4 research as well (definitions used by legal system in B&H, practice of CAN recording and information sharing in B&H, coding and data analysis procedure and similar). Additional ad-hoc training workshop(s) will be organized for potential new researcher(s), if needed for successful implementation of the WP4 Research Plan.

Trainers

1. Jelena Brkić Šmigoc
2. Emir Vajzović

Trainees

1. Selma Mameledžija – Sociologist
2. Samir Forić – Lawyer/Sociologist
3. Nina Babić – Social Worker
4. Ana-Marija Brkić – Psychologist
5. Azra Lemeš – Social Worker, MA

Bulgaria: The pre-training selection procedure for the researchers for CBSS (WP4) was made in December in partnership with the experts from Agency for Social Support. The main training for the researchers was held on 10-11 January 2011 in University Center Bachinovo. The content of the training cover all the topics and exercises from the Train the trainers workshop in Cluj-Napoca. There were 6 participants with expertise in child protection and social work. Participants were provided with extraction forms and CBSS Operations Booklet. Training was provided for 2 more participants on 30th-31 March, plus discussion with the experts from Agency for Social support in the main barriers and achievements according WP4.

Trainers

1. Vaska Stancheva-Popkostadinova
2. Ekaterina Mitova, Pediatrician, South-West University “Neofit Rilski”

Trainees

1. Ofelia Kaneva (social worker-expert, Director of Child’s Rights, Agency for Social support, Sofia)
2. George Terzijski, philologist, PR Agency Social Protection
3. Ana Konukova, Social Worker, Varna
4. Emilia Manikatova, Social Worker, Blagoevgrad
5. Nedjalka Cvetkova, Social Worker, Gotze Delchev
6. Mimi Alexieva, Social Worker, Sandanski
7. Maya Pesheva, Social worker, Veliko Tyrnovo
8. Ivan Minkov, Inspector Juvenile Crime, Sofia

Croatia: The training of the researchers was conducted by Ivan Rimac, PhD (psychologist), Jelena Ogresta (social worker) and Lea Skokandić (psychologist). The trainees were baccalaureates of social work, final year MA students of social work and the training was a part of their optional educational curriculum. They were trained for 2 hours every week from 27.10. until 22.12. 2010. (they were divided into two groups) and they also had weekly lectures on analysing written documentation. During the training they were analysing the CBSS Protocol, the CBSS Operations Booklet and the Extraction Forms. They also completed the forms for the two mock-cases and one Croatian mock-case and debated on their answers.

The only difficulties that were faced were related to the content of some particular items in the Extraction forms and were successfully resolved with the help of the coordinators from Greece and by consulting experts from Social care centres.

After that period they had 2 final 3-hour trainings, which were organised to resolve any issues that might come up during the data gathering and to summarize the whole procedure of data gathering (which had been previously tested in one Social care centre by Jelena Ogresta and Lea Skokandić). During those 2 trainings official documents that will be analysed from the Social care centres were presented to the researchers. Along with the other materials, they were given two extra forms they will use to make a list of cases, which will give us a better insight in the number of abused children, but will also enable better control of the field researchers' work. For the communication with the researchers to be faster and more efficient, a special forum for CBSS was designed and it consists of the following topics: sampling, filling out the extraction form, conducting interviews and other. Coordinators of all the activities related to the forum and the data gathering are Jelena Ogresta and Lea Skokandić.

Trainers

1. Ivan Rimac, PhD (psychologist)
2. Jelena Ogresta (social worker)
3. Lea Skokandić (psychologist)

Trainees

1. Barišić Josipa, univ. bacc. act. soc.
2. Blagonić Tanja, univ. bacc. act. soc.
3. Camlić Marša, univ. bacc. act. soc.
4. Dolovčak Ivana, univ. bacc. act. soc.
5. Dujmović Adriana Georgeta, univ. bacc. act. soc.
6. Đurić Mirela, univ. bacc. act. soc.
7. Ereš Ivana, univ. bacc. act. soc.
8. Fijala Jelena, univ. bacc. act. soc.
9. Gvozdenović Vlatka, univ. bacc. act. soc.
10. Herceg Vanesa, univ. bacc. act. soc.
11. Horvat Tamara, univ. bacc. act. soc.
12. Klasić Lucija, univ. bacc. act. soc.
13. Kolaković Marjana, univ. bacc. act. soc.
14. Lauš Melita, univ. bacc. act. soc.
15. Maloča Željka, univ. bacc. act. soc.
16. Medić Ivana, univ. bacc. act. soc.
17. Morić Vjekoslava, univ. bacc. act. soc.
18. Pašić Nikolina, univ. bacc. act. soc.
19. Peščica Mia, univ. bacc. act. soc.
20. Popović Rea, univ. bacc. act. soc.
21. Rimac Nikolina, univ. bacc. act. soc.
22. Šalamon Branka, univ. bacc. act. soc.
23. Škrlec Željka, univ. bacc. act. soc.
24. Špurga Tihana, univ. bacc. act. soc.
25. Šumečki Ivana, univ. bacc. act. soc.
26. Veršić Tanja, univ. bacc. act. soc.
27. Vučko Gorjana, univ. bacc. act. soc.

28. Vukorep Iva, univ. bacc. act. soc.
29. Živković Sonja, univ. bacc. act. soc.

FYROM: The training of the research team for the CBSS was held on 20-21 January 2011 at the UCP.

Trainers

1. Liljana Trpcevska, special educator
2. Izabela Filov, psychiatrist

Trainees

1. Aleksandra Coneva, social worker
2. Florijan Naumov, psychologist
3. Kadri Haxihamza, psychiatrist
4. Marija Raleva, psychiatrist
5. Angelina Filipovska, clinical psychologist

Greece: Training of Greek Researchers' team took place on January 20th and 21st 2011. Four field researchers were recruited in order to conduct the CBSS on the premises of Organizations which agreed to provide access in their files. The seminar realized on the basis of the WP4 revised Toolkit and the methodology followed during the Train-the-trainers seminar that took place on October 11-12 2010 (Cluj-Napoca, RO). After an 8-hour detailed review of the extraction forms and the operations' booklet (20/1/2011), researchers were provided with a mock-case with the instruction to extract the information in the respective forms. Completed forms were discussed in details and further clarifications were made (21/1/2011).

Trainers

1. Athanasios Ntinapogias, Psychologist
2. Anna Salvanou, Sociologist
3. George Nikolaides, Psychiatrist (Ethical issues related to CBSS)

Trainees

1. Artemis Dimitrokalli, Social Worker
2. Giorgos Papageorgopoulos, Psychologist, M.Sc.
3. George Tsouvelas, Psychologist, MPH, M.Sc.
4. Anthi Vasilakopoulou, Social Worker

Romania: The training for WP4 were made during the same seminar with the epidemiological study research training, due to the fact that the field researchers involved in the first research were the same as the researchers from the second one. The third day was dedicated to the WP4 training, on 12th November. The tools used during the training were: CBSS Operations Booklet, extraction forms (Part I, II), Protocol, case-description, one copy of a case-file for each participant. After the training seminar the researchers had the duty to extract data from the file they received, using the extraction form. We added two further 2 hours meetings for discussing the home-works, on the 24th and on the 25th November. After the second meeting field researchers have received one more case file sent by email, for extracting data for one more practice. During the training four groups were formed, each of them coordinated by a field coordinator. A meeting took place with the four field coordinator, who had to make the interview with the directors of institutions and make the sampling of files on age criteria. For these and other administrative duties they were trained during the meeting. After the field research was scheduled, a third meeting took place for each research team, before the first field work, when we discussed results of the data extraction based on the last case file. Each meeting took approx. 2 hours, followed by an individual meeting with the field coordinator in order to make the instructions regarding sampling and organizing the field research. The majority of trainees are social workers, enrolled in for Master's degree in Social Work.

Trainers

1. Szigeti Júlia, Psychologist
2. Tonk Gabriella, Psychologist

Trainees

1. Corina Voicu, Social Worker, PhD in Sociology
2. László Csaba Dégi, Social Worker, PhD in Behavioural Sciences
3. Cristina Oanes, Social Worker, PhD in Sociology

4. Zita Kiss, Sociologist, PhD student
5. Paul Chingălată, Social Worker, Master in Social Economics
6. Alexa Camelia, Social Worker, enrolled for Master's degree in Social Work
7. Băilă Oana Raluca, Social Worker, enrolled for Master's degree in Social Work
8. Boldijar Mirela, Social Worker, enrolled for Master's degree in Social Work
9. Butnar Adela, Social Worker, enrolled for Master's degree in Social Work
10. Corşeu Alexandra, Social Worker, enrolled for Master's degree in Social Work
11. Danciu Sânzâiana, Social Worker, enrolled for Master's degree in Social Work
12. Marchiş Andreea, Social Worker, enrolled for Master's degree in Social Work
13. Szabo Bela, Social Worker, PhD in Sociology
14. Căspreac Oana, Social Worker, enrolled for Master's degree in Social Work
15. Ciurlă Raluca, Social Worker, enrolled for Master's degree in Social Work
16. Damilet Diana, Social Worker, enrolled for Master's degree in Social Work
17. Danciu Anamaria, Social Worker, enrolled for Master's degree in Social Work
18. Muste Raluca, Social Worker, enrolled for Master's degree in Social Work
19. Fodor Ana Maria, Social Worker, enrolled for Master's degree in Social Work
20. Otoiu Maria, Social Worker, enrolled for Master's degree in Social Work
21. Pugna Georgeta, Social Worker, enrolled for Master's degree in Social Work
22. Cozea Gabriela, Psychologist, enrolled for Master's degree in Social Work
23. Szasz Rozália, Teacher, enrolled for Master's degree in Social Work
24. Adriana Podea, Social Worker, PhD student
25. Alina Mitrea, Social Worker, work experience with CAN cases

Serbia: Training of the field researchers for CBSS was organized as two-day seminar and held on February 18 and 19, 2011 in hotel ''Park'', Belgrade, Serbia. It was designed to cover all required topics. The training was fully organized in accordance to the recommendation of the Consortium. There were 15 trainees, all experts in the field of social work and protection of the children, who have successfully finished the training for the CBSS. We have not faced any difficulties during preparation and organization of the training.

Trainers:

1. Ljiljana Stevkovic, Special Pedagogue
2. Jasmina Ivanovic, Social Worker, MA
3. Veronika Ispanovic Radojkovic, PhD Child Psychiatrist

Trainees

1. Violeta Blagojevic, Psychologist
4. Radisav Tasic, Psychologist
5. Lidija Milanovic, Psychologist
6. Dušan Bursac, Psychologist
7. Dejan Cvetkovic, Social Worker
8. Jasmina Mitrovic Vucenovic, Psychologist
9. Svetlana Drazovic, Psychologist
10. Dobrivoje Mladenovic, Psychologist
11. Natasa Simovic, Pedagogue
12. Biljana Zekavica, Social Worker
13. Ana Vukmirovic, Psychologist
14. Slobodanka Radojko, Social Worker
15. Nena Darmanovic, Lawyer

Turkey: AAHD-TR is currently recruiting the researchers for the CBSS in Turkey. Therefore, the researchers' seminars have not been implemented up to the end of April 2011.

Research Tools

Two pre-coded data extraction forms were developed for data collection from eligible archives and/or databases.
First form aims to facilitate collection of information regarding the agencies participating in the study per country as well as their archives/databases.
Second extraction form will be used for data extraction for each individual CAN case will identified in the existing archives and databases.

For a detailed description of the research tools, see APPENDIX "Operations Booklet for the Researchers"

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