

## **THEMATIC STUDY**

### **ALBANIA**

# **How to Improve Responsiveness of Service Providers in Identifying, Reporting and Referring Cases of Violence Against Children**

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## ACRONYMS

|         |   |
|---------|---|
| ACER    | Albanian Center for Economic Research                       |
| BiH     | Bosnia and Herzegovina                                      |
| CoM     | Council of Ministers  |
| CPU     | Child protection unit                                       |
| CRC     | UN Convention on the Rights of the Child                    |
| EU      | European Union  |
| MoLSAEO | Ministry of Labour, Social Affairs, and Equal Opportunities |
| SAPCR   | State Agency for the Protection of the Children Rights      |
| NGO     | Non-governmental organization                               |
| NPO     | Non-profit Organization                                     |
| NSDI    | National Strategy for Development and Integration           |
| SICS    | Social Inclusion Crosscutting Strategy                      |
| UN      | United Nations  |
| UNICEF  | United Nations Children's Fund                              |
| VAC     | Violence against children                                   |

## EXECUTIVE SUMMARY

### Study Rationale and Research Questions

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

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

Within this context, the **purpose** of the present study was to identify the strengths and challenges of the systems and service providers in identifying, reporting and responding to violence against children in Albania. The study aimed to provide clear recommendations to improve relevant Albanian public services and the system of monitoring and complaints, and to illuminate the opportunities in on-going efforts to reform child protection systems that may serve to strengthen the system.

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

1. Identification, recording and reporting of cases of VAC;
2. Referrals of cases of VAC and service trajectories;
3. Systemic mechanisms for action/change, including monitoring, evaluation and best practices.

### Methodology

The Albanian research team carried out a **desk review research and content analysis** of:

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

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

### Participants

The geographic coverage of the sample included eight regions of the country: Tirana, Elbasan, Durrës, Korce, Shkoder, Lezhe, Vlore, and Kukes. A similar number of participants were interviewed from each region, although there was a higher representation of interviewees from Tirana, reflecting the distribution of the population. Participants were drawn from a range of social service sectors that come

into contact with children on a regular basis. These included service providers from health (hospitals and primary health clinics); social welfare (i.e., shelters and alternative care institutions); child protection (i.e., Child Protection Units); interior and justice (i.e., police stations and courts); and education (both for early childhood and school age children). The sample of service providers included participants from both urban and rural areas as well as private and public service providers.

## Findings

Data suggest that the phenomenon of violence against children is widespread but also hidden. There is public awareness of the phenomenon and non-profit organizations operating in the field of protection for the rights of the child are actively involved with this issue. However, data from the study provided some evidence that there is still a societal perspective that it is acceptable to raise children using methods of both physical and psychological punishment. Although the foundations of this mentality may take generation to change, many aspects of behavior have begun to change. . The study identified several actionable areas for social change in the service response to violence against children.

Currently the main weaknesses of the child protection system are:

- An under developed multi-sectoral referral system between support services, such as: medical institutions, NGOs, counseling, social and legal services and police assistance due to the lack of obligatory measure of reporting by current laws.
- Lack of awareness of the legislation on the identification, recording and reporting of VAC cases among employees of service provision institutions at local level.
- Law enforcement remains a concern due to the lack of budgeting as well as unresolved issue of sustainable financing of public investment in children.
- Lack of a protection status for service providers to report VAC cases contributes to underreporting of cases of violence against children.
- Lack of local capacities to expand social protection services throughout Albania<sup>1</sup> resulting in poor service coordination and availability, especially within rural communities.
- Underdeveloped mechanisms for monitoring and evaluation involving children and adults, as well as consultation tools for policy development.
- Changes in the public administration are a challenge for continuity in decentralizing capacities for implementation of children's rights.
- There are numerous initiatives that provide services for children experiencing violence, such as psychosocial supports in school, medical services, counseling services, legal consultations and a current reporting and a referral system at local levels.

### *Emerging promising practices to be highlighted are:*

An initiative to harmonize the existing Law on Child Protection Rights<sup>2</sup> with complementary CoM Decisions<sup>3</sup>, that define all the procedures of intervention for a child at risk, and the respective institutional cooperation for referring and managing the cases of violence.

In the frame of institutional and policy support to disadvantaged groups, the Ministry of Justice is in the process of drafting the "Strategy for Juvenile Justice" and the respective Action Plan for Children's rights in order to ensure proper protection of children up to 14 years in conflict with law. Other practices that have been undertaken in improving the justice system for children are: the creation of sections for juvenile courts in 6 judicial districts, where are located the courts of appeals; shifting the

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<sup>1</sup> Present services are concentrated in big cities

<sup>2</sup> Law on Child Protection Right, No.10 347, dated on 4.11.2010

<sup>3</sup>1) CoM Decision, "Types and manners of the exchange and processing of statistical data of information required from the National Agency of Child Protection and state structures in central and local level"

2) CoM Decision, "Setting detailed rules for cooperation between institutional mechanisms and nonprofit organizations, for implementation of local policies of child rights protection"

3) CoM Decision, "Establishment and operation of the work coordination mechanism between state authorities, responsible for referral of cases of children in risk, and its way of proceeding"

detention system under the responsibility and administration of the Ministry of Justice; establishing of sections for juveniles in local prosecution offices, state police handling cases of domestic violence involving children, and continuous training of employees of juveniles' institutions.<sup>4</sup>

The Ministry of Education and Science and UNICEF Albania is implementing a program entitled COMBI (Communication for Behavioral Impact), which is designed for basic education in elementary schools in Albania (1-9 level). This is a Plan<sup>5</sup> for reducing the incidence of teacher/caregiver using violence against children as discipline and form of classroom management in Albania. The plan aims to increase practice of New Way Discipline (NWD). Focusing on teachers provides a fixed "target", limited in numbers and location, which provides in turn a basis for putting on the national agenda the whole issue of violence against children and it helps to establish a core of local influencers, change agents, who may be then used at a later time when we tackle the VAC issues in families. The overall goal of COMBI is to ensure the protection of children from any form of violence.

The municipal/commune Child Protection Unit (CPU) is a positive model having a multi-tasking role in identification, referring, reporting, and monitoring cases, including those of child victims of violence at a local level. However, effective case management requires a better coordination mechanism across all sectors of service providers.<sup>6</sup>

The Children's Rights Unit (CRU) generally monitors the situation and assesses how the policies for children's rights are implemented at the regional level. It has a supportive role within the administrative structure of the Regional Council to coordinate and facilitate the work of CPUs and when necessary collaborates with a child protection unit within the region in cases of children at risk which are not fully addressed by the existing services in a respective municipality/commune that have not yet established a CPU.

## Recommendations

### 1. Develop pathways for accountability

The CoM Decision "For the foundation and functioning of the mechanisms for coordinating work between national authorities, responsible for referring cases of children at risk and its proceedings" defines all the procedures of intervention for a child at risk, including legal obligations. It is necessary to assess to what extent these procedures can then be used to establish pathways of enforcement, accountability, and an organized system of referral.

### 2. Improve cross-sectoral communication/collaboration

Collaboration between sectors remains a challenge - regulation of the exchange of data on individual cases and obligatory cross-sectoral cooperation and provision of feedback between police, social protection, health care and other stakeholders are necessary for continuous improvements in service delivery and resource optimization.<sup>7</sup>

### 3. Build public/community awareness of the issues of VAC

Further education and training is needed, so as: to change public (especially media) and professional perceptions of violence against children, especially on corporal punishment; to support systemic change; promote early intervention and prevention efforts; and build the capacities of persons responsible for providing services for protection of children's rights.

### 4. Improve service availability and capacity

Available services are a major concern, with specialized programs and sustainable funding at the heart of the issue. Therefore, specialized (sometimes sector specific, such as for judges) training programmes for professionals are needed.

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<sup>4</sup> F. Sufaj (2011). Albanian Magazine for Legal Services, p. 66

<sup>5</sup> Hossein E. (2006), "Children and Violence in Albania, COMBI Plan 2007 - 2011, currently being revised for further implementation, UNICEF Tirana

<sup>6</sup> CoM Decision, "Establishment and operation of the work coordination mechanism between state authorities, responsible for referral of cases of children in risk, and its way of proceeding", Article 8.

<sup>7</sup> [http://www.coe.int/t/dg3/children/news/guidelines/ViolenceGuidelines\\_al.pdf](http://www.coe.int/t/dg3/children/news/guidelines/ViolenceGuidelines_al.pdf), accessed July 2012.



## 5. Expansion of promising practices

Diversification of these practices is important to expand service delivery options and act as advocacy tools for financial sustainability for promising programs. One example is the recently established CPUs as service providers extended in 52 local units<sup>8</sup> (out of 65 municipalities and 308 communes). . The provision of all municipalities and possibly communes with the CPU service is needed. The units need specific spaces, funds and human capacities and specialized training for their staff in order to meet legal objectives and social policies related to the provision of child protection. Therefore, it is necessary that the current CPUs become the main promoter of all the services offered to children at risk.

These findings could provide useful guidance in the further process of improvement of responsiveness of service providers in identifying, reporting and referring cases of violence against children.

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<sup>8</sup>Mapping of CPUs is under process. The actual number is not clear as some representatives of SAPCR have reported a number of 62.

# 1 INTRODUCTION

## 1.1 Study Rationale and Research Question

Children are subjected to violence in all spheres of their lives; from the 'private' domain of home to the 'public' space of school, care and detention facilities, children require protection. In all settings, States have an obligation under the UN Convention on the Rights of the Child (CRC) to prevent violence and to protect children from all forms of violence. However, States often fail in this obligation. Weak or absent legal definitions of what constitute violent acts against children, and general and widespread social acceptance of some behaviors, e.g. for disciplining children, contribute to situations where violence against children (VAC) goes un-reported and un-acted upon.

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

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

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

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

The **purpose** of the present study was to identify the strengths and challenges of the systems and service providers in identifying, reporting and responding to violence against children in Albania, one of the four countries which are beneficiaries of the new EU-UNICEF project. The study aimed to provide clear recommendations on how to improve the system of Albanian public services, the system of monitoring and complaints, and to identify the opportunities in on-going efforts to reform child protection systems.

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

The study was formulated based on the following **goals**:

- ❖ Conduct system analysis that would include the formal system of response that is in place, as well as perspectives of national government officials, manager/director professionals, and technical staff working at the implementation level; to result in recommendations to improve the system (including capacity of the system to identify and take action in cases of VAC, provide services to victims of VAC, to monitor the functioning of the system, and to be able to identify and advocate for systemic change);
- ❖ Capture the current government systems of response to VAC (and the protection of children from violence), and aim towards adherence to and regular monitoring of the functioning of the system;
- ❖ Capture the degree to which the larger system (not just government, but also NGOs) is responding to VAC (and protecting children from violence) as a whole (e.g. inter-sectoral or multi-sectoral responses);
- ❖ Capture national level reforms that have recently occurred or are occurring for responding to VAC and protecting children from violence (descriptive), and officials and stakeholders perceptions about what influence those reforms are having on the actual system of response to VAC, how they are actually being implemented at the local level, and barriers that may exist at the local level that restrict implementation of the national level reforms;
- ❖ Analyse the Ombudsman Office: what they are doing and how they are functioning, what examples can be provided on how they have responded to VAC and set out to protect children from violence, and/or monitored the system of response to cases of VAC;
- ❖ Compile national definitions of VAC with UNICEF definition of VAC and identify differences; and how that impacts the forms of VAC are responded to (or not) and the reasons for this selection.

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

### **1.1.1 Identification, recording and reporting of cases of VAC**

What is the level of understanding of VAC among different service providers?

What seem to be the main reasons for strong/weak identification, recording/reporting of cases of VAC (i.e. training, professional guidance, availability of agreed upon definitions, tools for identification) within the services assessed?

### **1.1.2 Referrals of cases of VAC and service trajectories**

(Are appropriate services available/provided for a child(ren) and/or family?)

What seem to be the main reasons for strong/weak referring of cases of violence against children (i.e., training, professional guidance, availability of agreed upon definitions, tools for identification, protocols for referrals etc., inter-sectoral cooperation) within the services assessed?

Are there sufficient as well as quality services available for children and families in need (i.e., skilful professionals, regulations, functioning standards, protocols of cooperation, follow up mechanisms, etc.)? What are the main reasons for high/low quality services?

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

Are monitoring and supervision mechanisms of service providers available at national and regional levels? How do these influence the performance of service providers in identification, reporting and referral of cases of VAC?

What is the level of involvement of Ombudsman Office in addressing the VAC issues/cases? Are there independent monitoring mechanisms in place?

Does there seem to be any significant difference among urban/rural area-based services and public/private service providers in any of the areas of inquiry?

What are the main opportunities to influence an improvement in the way the system identifies and intervenes in VAC cases?

## 1.2 Methodology

### 1.2.1 Study Design

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

The Albanian research team carried out a **desk review research** and content analysis of:

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

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

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

### 1.2.2 Sample and Recruitment

For designing the sampling, the selection of the main sectors dealing with children rights protection was first considered, together with the respondent's role in identifying, reporting and referring VAC cases, with the sectors selected being: police/justice, child protection, health, education, social welfare, and local administration. The geographic coverage was eight regions of the country, with Tirana having a higher representation in the sample, as reflected in the distribution of the population.

While it was not the intention of the study to establish a representative samples of service providers in Albania, efforts were made to include participants from the range of social services that come into contact with children on a regular basis. This included service providers from health (hospitals and primary health clinics), social welfare (i.e. centers for social work), child protection (i.e. shelters and alternative care institutions), interior and justice (i.e. police stations and courts); and education (both for early childhood and school age children). The sample of service providers included those working in both urban and rural settings as well as private and public service providers.

### 1.2.3 Data Sources and Data Collection

The fieldwork for this research was conducted by ACER researchers in all of the 8 regions of the country, in February and March 2012. This fieldwork had two components, a quantitative (survey) and a qualitative (interview) component. Although the instruments were standardized for the project, some local adaptation within the interviews and the survey was made by the national research team. All of the information collected is kept in hard copies in Albanian, and has been translated in electronic copies from Albanian to English. The interviews and questionnaires were conducted through face-to-face interviews and, where possible, were recorded and transcribed. The researchers collected all

relevant information and secondary data sources during their field visits, such as the latest reports and manuals in the health centers, schools, child protection units (CPUs), and so on, and referred to these as relevant in the text of this report.

## 1.2.4 Description of the Quantitative Sample

The structured questionnaires/micro-scale survey had 150 respondents. The demographics from the survey respondents indicated that 115 women and 35 men participated. Participants represented all of the sectors surveyed: education (29), healthcare (30), social welfare/protection (37), interior/police (21), justice (9), and NGO (24), and were split between government (120) and non-government (30). The average number of years working in the field was 3.59 years. The majority had completed undergraduate education (67%), with 25% having post-graduate education. This sample indicated that research participants had received training as follows: domestic violence (72%), violence against children (71%), physical abuse (54%), sexual abuse (46%), child development (45%), neglect (43%), emotional maltreatment (43%), interview techniques (43%), diversity/cultural sensitivity (38%), risk assessment (35%), crisis intervention (31%), and safety planning (23%).

MAP 1: RESEARCH TERRITORIES



TABLE 1 : DESCRIPTION OF THE QUANTITATIVE SAMPLE, N=150

| Sample characteristic      | #   | %  |
|----------------------------|-----|----|
| <b>Gender</b>              |     |    |
| Male                       | 36  | 23 |
| Female                     | 115 | 77 |
| <b>Sector</b>              |     |    |
| Monitoring                 | 0   | 0  |
| Education                  | 29  | 19 |
| Health care                | 30  | 20 |
| Social Welfare/Protection  | 37  | 26 |
| Interior (Police)          | 21  | 14 |
| Interior (Judiciary)       | 9   | 6  |
| Justice (Prosecutor)       | 0   | 0  |
| NGO                        | 24  | 16 |
| Justice (Social Worker)    | 0   | 0  |
| Forensic Medicine          | 0   | 0  |
| <b>Status</b>              |     |    |
| Government                 | 120 | 80 |
| Non-government             | 30  | 20 |
| <b>Geographic Coverage</b> |     |    |
| Urban                      | 83  | 55 |
| Rural                      | 14  | 9  |
| Both                       | 53  | 35 |
| <b>Years of Experience</b> |     |    |
| Less than 1 year           | 5   | 3  |
| 1-2 years                  | 15  | 10 |
| 3-5 years                  | 29  | 19 |
| 6-10 years                 | 31  | 21 |
| More than 10 years         | 60  | 40 |
| <b>Position</b>            |     |    |
| Decision-maker/Admin.      | 1   | 1  |
| Practitioner               | 149 | 99 |
| <b>Level of Education</b>  |     |    |
| Secondary                  | 4   | 3  |
| Vocational                 | 8   | 5  |
| Undergraduate university   | 101 | 67 |
| Post-graduate              | 37  | 25 |
| <b>Training in VAC</b>     |     |    |
| Yes                        | 107 | 71 |



### 1.2.5 Description of the Qualitative Sample

The sample size for the implementation of the semi-structured interviews with practitioners/service providers was 20 respondents; the sample size of interviews with policy making/administrators was also 20 respondents. The geographic representation along with the organizational affiliation of participants in the sample is presented in Table 2, below:

TABLE 2: DESCRIPTION OF THE QUALITATIVE SAMPLE

| Policy Making Institutions/Administrators                 | National Level                                | #         |
|---|---|-----------|
| Social Policies (MoLSAEO)                                 | Tirana  | 4         |
| State Social Service                                      | Tirana  | 1         |
| General Directorate of Police                             | Tirana  | 2         |
| Justice (Ministry of Justice)                             | Tirana  | 1         |
| Ombudsman   | Tirana  | 2         |
| Health (Ministry of Health )                              | Tirana  | 1         |
| Institute of Public Health                                | Tirana  | 1         |
| Commissioner for protection of Rights from Discrimination | Tirana  | 1         |
| Committee of Helsinki                                     | Tirana  | 2         |
| Labour Inspectorate                                       | Tirana  | 1         |
| Youth (Ministry of Culture, Youth and Sports)             | Tirana  | 1         |
| Education (Ministry of Education)                         | Tirana  | 1         |
| Major of Municipality                                     | Kukes   | 1         |
| <b>Total</b>  |   | <b>19</b> |
| Service Providers/Practitioners                           | National Level                                | #         |
| Regional State Social Services                            | Elbasan, Lezhe, Durrës, Korce, Tirana, Kukes  | 6         |
| Child Protection Unit                                     | Tirane, Elbasan, Shkoder, Vlore, Korce, Kukes | 6         |
| Regional Directory of Education                           | Lezha   | 1         |
| NGO + Shelter   | Tirana  | 4         |
| Police State regional office                              | Shkoder and Vlora                             | 2         |
| Regional Institute of Public Health                       | Tirana  | 1         |
| Children Rights ' Protection                              | Tirana  | 1         |
| <b>Total</b>  |   | <b>21</b> |

Table 3 below provides the demographic information for the sample:

TABLE 3: QUALITATIVE SAMPLE, DEMOGRAPHIC INFORMATION, N = 40

| Sample characteristics        | #  | %  |
|-------------------------------|----|----|
| <b>Gender</b>                 |    |    |
| Male                          | 10 | 25 |
| Female                        | 30 | 75 |
| <b>Sector</b>                 |    |    |
| Education                     | 4  | 10 |
| Health care                   | 3  | 8  |
| Social Welfare/Protection     | 19 | 48 |
| Interior/Justice              | 9  | 23 |
| NGO                           | 5  | 13 |
| <b>Status</b>                 |    |    |
| Government                    | 32 | 80 |
| Non-government                | 5  | 13 |
| Independent Institution       | 3  | 8  |
| <b>Geographic Coverage</b>    |    |    |
| Urban                         | 7  | 18 |
| Both Urban and Rural          | 33 | 83 |
| Rural                         | 0  | 0  |
| <b>Years of Experience</b>    |    |    |
| Less than 1 year              | 2  | 5  |
| 1-2 years                     | 4  | 10 |
| 3-5 years                     | 12 | 30 |
| 6-10 years                    | 12 | 30 |
| More than 10 years            | 10 | 25 |
| <b>Position</b>               |    |    |
| Decision-maker/Administrator  | 19 | 48 |
| Practitioner/Service Delivery | 21 | 53 |
| <b>Level of Education</b>     |    |    |
| Undergraduate university      | 19 | 48 |
| Post-graduate                 | 21 | 53 |

| Training in VAC |    |    |
|-----------------|----|----|
| Yes             | 38 | 95 |
| No              | 2  | 5  |

### 1.2.6 Analytical Strategy

Both qualitative and quantitative analyses were employed in the study. Qualitative interviews were audio-taped, transcribed and analyzed for both content and themes using a modified grounded theory methodology by local researchers.

To analyse the data from the quantitative survey, a series of descriptive analyses were conducted in SPSS, version 20. Frequencies and cross-tabulations were run on all variables collected by the study. Where appropriate, frequencies were run separately by service sector. However, due to limitations of the data (discussed below) and the small sample size, no multivariate analyses were run, and no comparisons (i.e., tests of statistically significant differences) are made between service sectors.

### 1.2.7 Limitations

Given the fact that violence against children often remains a hidden issue in societies, the major limitation has been the collection of official statistical data on VAC cases (baseline indicators). However, the qualitative and quantitative research instruments used enabled some cross theme analysis supported by quotations, as presented in the following sections of this report. In addition, the quantitative portion of the research is not based on a representative sample that would have led to generalizable results. Results should be considered exploratory only. Further, due to the small sample size, and the particularly small subsample size for some sectors, many analytical approaches are not possible, and comparisons between sectors should not be contemplated. However, the sample used is sufficiently large and diverse to allow for the identification of some general themes that require further study and follow-up. Finally, the use of two different languages in the research design, planning, and implementation, including in the translation of research instruments and documents, always brings with it certain challenges and limitations, while at the same time allowing for richer knowledge and collaborations.

## 2 BACKGROUND

### 2.1 Current Context of the Child Protection System in Albania

Albania has a very young population. Based on the results of the 2011 Census, the total population in the country is 2,831,741,<sup>9</sup> composed of 1,421,810 males (50.2%) and 1,409,931 females (49.8%). The percentage of children 0–14 years old is 26.2%, higher than the 15.7% average of the European Union.

The phenomenon of violence against children is widespread but also hidden. A demographic health Survey<sup>10</sup> found that “75% of Albanian children have experienced at least one form of physical or psychological violence” (children of 2-14 years old surveyed on child discipline). However, a recent study<sup>11</sup> has found that child maltreatment<sup>12</sup> (as a cause of injury) is assessed to be slightly higher than in the European Union (0.5 per 100,000 children in the population in Albania vs. 0.3 in the EU), while youth violence (15 – 29 years old) is much higher (6.6 in Albania compared to 1.0 in the EU).<sup>13</sup>

<sup>9</sup>Albanian Institute of Statistics (INSTAT), “CENSUS preliminary results”, Source: <http://census.al/census2011/Temp.aspx>

<sup>10</sup> “Demographic Health Survey”, 2008-2009, INSTAT

<sup>11</sup>This country assessment is based on the responses to a WHO Regional Office for Europe questionnaire designed to gather information on key elements of the European Council Recommendation of 31 May 2007 and of WHO Regional Committee for Europe resolution EUR/RC55/R9 and Regional Office data and information. Source: [http://www.euro.who.int/\\_data/assets/pdf\\_file/0007/98701/Albania.pdf](http://www.euro.who.int/_data/assets/pdf_file/0007/98701/Albania.pdf)

<sup>12</sup>Proxy for mortality: mortality from homicide and assault 0–14 years.

<sup>13</sup>Child maltreatment is 0.5 as per Standardized death rates per 100 000 population compared to 0.3; youth violence is 6.6 compared to 1.0.

There is public awareness of the phenomenon and non-profit organizations operating in the field of protection for the rights of the child are actively involved with this issue. However, there is still a societal perspective that it is acceptable to raise children using methods of both physical and psychological punishment.. In addition, domestic violence is a delicate issue, and there is evidence on the extent, forms and impacts of domestic violence on children in Albania. A national survey on domestic violence<sup>14</sup> found out that “56% (of women between 15-49 years old) have experiences one form of domestic violence; 50% emotional abuse in their marriage or intimate relationships; 39% psychological abuse; 31% physical abuse, 12 % sexual abuse, while 57.7% of children surveyed, reported being physically battered by a family member; 56.8% of children reported a family member slapped, punched or kicked them; in addition, 12.8% of children reported someone in their family hit them with objects, and 4% reported they were burned with cigarettes or another hot object”. This is due in part to a mentality that family problems should remain within the confines of the house. The concept that physical violence used on children is the right of the parent is still prevalent and mechanisms addressing this belief do not exist.

Following ratification of the United Nations Convention on the Rights of the Child (CRC) in 1992, children’s rights in Albania have been increasingly part of an agenda for the development of national policies and a legal and institutional framework. The Family Code (2003) provides for loss or removal of parental rights in cases where parents commit criminal acts against their children, or where they use the children as collaborators in a criminal act. The Law “*On measures against violence in family relations*” provides inclusion of rehabilitation programmes (2008). The purpose of the Law “*on social aid and services*” (2005) does not determine the provision of services for treatment of child victims of violence and it does not foresee a referral system for such children. Supporting strategies, such as the “National Strategy for Children” (2005 - 2010) and the National Action Plan, address the issue of protection of children from domestic violence, violence at school and in the community, their protection from abuse and negligence (social exclusion) and protection from all forms of exploitation, and they foresee a special section for protection of girls, though these plans have yet to be implemented. The “*National Strategy on Combating Trafficking in Persons*” (2008–2010) and the additional document “*National Strategy on Combating Trafficking in Children and Protection of Child Victims of Trafficking*” cover the phenomena of trafficking, exploitation and sexual abuse. However, raising awareness of all forms of exploitation and sexual abuse, including emphasis on male minors, and its inclusion in the school curricula is incomplete. Issuance of the Law “*On protection from domestic violence*” has increased significantly the number of cases of violence reported mainly by mothers, cases in which children were witness to the violence and as such feel themselves violated.

Albania has been a signatory to most international agreements and has advanced national legislation ensuring equal opportunity. However, weak law enforcement is still an issue. The European Union 2010 assessment notes that “existing legislation is often not enforced, especially in the fields of gender equity, children protection and discrimination”<sup>15</sup>.

## 2.2 Legal Context

### 2.2.1 International Conventions

Albania is a party to most of the international conventions related to human and child rights, including the following UN acts, which are directly related to violence against children:

- “UN Convention on the Rights of the Child”, ratified from the Parliament of Albania, on February 1992 and entered into force on March 1992;
- “Universal Declaration on Human Rights”;
- “Hague Convention on Children Protection and Collaboration for Adoptions Abroad”;
- Convention no.182 of International Labour Organization (ILO) “On the Worst Forms of Child Labour”;
- Convention no.138 of ILO “On the minimum age for admission to employment and work”.

Albania is also party to a number of Council of Europe acts that are related to children’s rights, including the European Convention on Action against Trafficking of Human Beings (16.5.2005);

<sup>14</sup> “National Survey on Domestic Violence”, 2009, INSTAT,

<sup>15</sup> [http://eeas.europa.eu/delegations/albania/documents/eu\\_albania/local\\_strategy\\_hrd\\_en.pdf](http://eeas.europa.eu/delegations/albania/documents/eu_albania/local_strategy_hrd_en.pdf), accessed July 2012.



Convention on the protection of children against sexual exploitation and sexual abuse ( 25.10.2007); and Convention of Council of Europe "To Prevent and Combat Violence against Women and Domestic Violence."

## 2.2.2 Approved Relevant Laws in Albania

Following ratification of the United Nations Convention on the Rights of the Child (CRC) in 1992, children's rights in Albania have become increasingly part of an agenda for the development of national policies and of a legal and institutional framework. The Social Inclusion Crosscutting Strategy (SICS) is a component of the National Strategy for Development and Integration (NSDI) and is related to the strategies for Social Protection, Employment, Education, Health, Transport, Water Supply, Urban Planning and Justice, all of which either have already been approved or are currently being drafted. SICS pays special attention to the problems of children, especially for groups that are particularly vulnerable and who face the risk of social exclusion. While the child protection is covered by a number of existing laws and strategies, which have been mentioned along the report, the basis is a Law for the Protection of Children's Rights No. 10 347, which was approved on 4.11.2010 and entered into force six months later. This law includes children's rights and state institutional mechanisms that will enable the observation and protection of these rights.

A complete list of the conventions and international documents that are related, directly or indirectly, to the protection of children from all forms of abuse, neglect and exploitation and that were ratified or signed by the country of Albania can be found in Appendix E.

## 2.2.3 Decisions Recently Approved (2012)

A Council of Ministers (CoM) Decision entitled "*For all procedures of inspections and sanctions by the State Agency for Protection of Children Rights (SAPCR)*" is approved. It defines all the steps the Agency will follow in monitoring the execution of the law mentioned above. Upon this Decision, the SAPCR is entitled to analyze and accept all complaints and claims submitted, as well as initialize all procedures of inspection when there is suspicion of the children right's infringement (including children's protection from all forms of violence). According to the decision, the subjects who can file complaints and claims to SAPCR about an infringement of a right (including children protection from all forms of violence) are: the abused child, the parent, the legal custodian, attorneys of the child, an NGO having a proxy to represent the child's interests, any other person legally responsible for the child, or any person acknowledging the infringement of children's right. This Decision is considered to have good potential in improving the child protection system, through increasing the number of filed cases by a wider range of subjects. Consequently, it is expected to have a more efficient referral system. From the other side it provides to the SAPCR the right to initialize all procedures of inspection. However, the impact of this decision varies strongly by the level of awareness of all concerned subjects in referring a child abuse case, so that the SAPCR could intervene with analyzing and inspecting.

Another CoM Decision released recently, based on the Law "For the protection of children rights," is the proposal "*For the foundation and functioning of the mechanisms for coordinating work between national authorities responsible for referring cases of children in risk*" that is intended to help the category of children at risk and determines all the intervention procedures for a child at risk, the structures to cooperate, and subjects that will have the right to refer the case. Except for the child and the parent or the legal custodian, other subjects having the right to refer a VAC case include "every person who acknowledges the case of violence against a child and infringement of the children's right due to his/her duty"; "every person that has a kin relationship with the child;" and "every person who acknowledges the infringement of the children's right or anonymous subjects." This decision is considered quite relevant for improving the child protection system as it defines for the first time the coordination mechanism between responsible authorities referring cases of children at risk, encouraging a multi-sectorial approach to the child protection system. Although, this decision provides the intervention procedures, it lacks a clear guideline for service providers on cooperation modalities. In addition, if implemented thoroughly, this decision expands the subjects who possess the right to refer a child abuse case. However, the potential of this decision in improving the child protection system varies to a great extent by its proper implementation from all service providers, as well as if accompanied by the respective guidelines for each of the authorities concerned.

The recent CoM Decision on "*Types and manners of the exchange and processing of statistical data of information required from the State Agency for Protection of Children Rights and state structures in*

*central and local level*”, determines the cooperation level of all concerned institutions at both national and local level to exchange statistical data and information, and thereafter to monitor the respective indicators. This decision affects to a great extent the monitoring and evaluation of policies and programs targeting children’s rights, through data gathering on child abuse cases, and the gathering of respective indicators which are of higher importance to develop policy recommendations and programs to support the protection of children rights.

The recent CoM Decision on *“Setting detailed rules for cooperation between institutional mechanisms and nonprofit organizations, for implementation of local policies of child rights protection,”* stipulates the cooperation mechanisms between local and central administration and non-profit organizations. Considering the relevance of non-profit organization work on child referral and management cases during the last years, there was a need to further strengthen their cooperation with the public institutions for implementation of local policies of child rights protection. Through this decision, it is provided a greater support to non-profit organizations by the local and central institutions, and from the other side it involves them as a partner in VAC case management. As such, the institutions are entitled to support specific cases of children at risk presented by non-profit organizations, after needs identification for specific legal and psycho-social services, providing accommodation near residential homes and shelters for victims of domestic violence, day care centers, depending on the case, etc. In addition, the public institutions are entitled to design and implement projects aimed at improving the situation of children’s rights in the municipality / commune and region where the non-profit organization operates.

From their side, the non-profit organizations, are entitled to support child protection units / units for the rights of children and the structures in charge of social issues at the municipal level / commune/ region, in joint initiatives for the implementation of programs and specific projects, undertaken towards protection of children’s rights, especially for supporting groups at risk of social exclusion.

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

A platform for the training Module on “Empowering the professional capacities of social services 2012 – 2015” is currently published. Planning and development of such a platform is a necessity for: boosting the capacity of the social system dictated by the process of decentralization of social services; enhancing the quality of services; reflecting needs as a result of new social problems or events; introducing modern methods and approaches; to address the frequent turnover of staff and managers in social care institutions which affect the performance of public social workers and the level of services provided in social care institutions.

However, no financial resources have been foreseen to support implementation of this action plan and respective legislative measures undertaken – there is a perception that legislation is pushed through to be in compliance with EU standards, but no follow-through support/resources for mechanisms of implementation.

## **2.3 Institutional Context of the Sectors Involved in Child Protection Work**

### **2.3.1 Social Protection Institutions**

The Law for the Protection of Children’s Rights (article 32) defines the institutional mechanisms for the protection of children’s rights at central and local levels.

Mechanisms at central and local levels cooperate between them for the implementation of the legislation and public policies on child rights protection. The coordination of their activities on issues related to child rights protection, provided by this law, is defined by decisions of the Council of Ministers, mentioned above.

*Mechanisms at central level are:*

### **a) The Minister who coordinates the work related to child rights protection issues**

The Ministry of Labor, Social Affairs and Equal Opportunities (MoSAEO) is responsible for the development, implementation and supervision of an effective system of labor, social security and social assistance, in accordance with the standards of the European Union. Among others, it aims at improving social services for families in need, the disabled and the elderly, ensuring child protection, also developing the role of women, associations and other social organizations.

There are at two main programs (out of six) implemented by MoLSAEO which target the children rights, including awareness campaigns and capacity building for service providers:

1) The "Social Protection program" with the following products:

- ✓ "Children benefiting public residential services at social care institutions"
- ✓ "Women and girls who receive residential services."

2) ) The "Equal Opportunities program" with the following products:

- ✓ Awareness campaign for the prevention of domestic violence
- ✓ 24 hours Line
- ✓ State Agency for Child Protection
- ✓ Research on domestic violence
- ✓ Monitoring framework of the National Strategy for Children

### **b) The State Agency for Children's Rights Protection.**

The State Agency of Protection for Children Rights (SAPCR) is an institution for monitoring and controlling the state obedience and protection of the rights of children. The Agency was created immediately after the entrance in force of the law 'On child protection' and has a budget that is expected to increase every year starting from 2012, not only through state budget but also through donor funds.

### **c) The National Center for Victims of Domestic Violence (shelter)**

This is an institution that shelters 16 children victims of domestic violence, but its work is limited only to cases of domestic violence.

Mechanisms at local level are:

#### **a) Children's rights units in the district council**

There are currently 11 Children's Rights Units<sup>16</sup> (CRU) established within the administrative structure of the Regional Councils(out of 12) and their main duty is to monitor the situation and assess how the policies for children's rights are implemented at the regional level.

#### **b) Child protection units in the municipalities/communes.**

Children who are victims of violence are subject to protection by the employees in the local administrative units "Child Protection Unit" (CPU). There are currently 58 CPUs and some more are on the way to be established<sup>17</sup> (out of 65 municipalities and 308 communes). CPU is established within the administrative structure of "Social Services" in municipalities and communes. Its main duty is to identify and evaluate cases of children in need and to coordinate child protection activities. The CPU, represented by the social worker, is trained in children's protection issues, and s/he:

- Identifies children at risk and/or victims of neglect, abuse, and violation;

<sup>16</sup> As launched at the "National Conference for Protection of Children Rights". 1 June 2012 , available at: <http://www.mpcs.gov.al/zedhenesi/6-njofitime-per-shyp/816-konference-kombetare-per-te-drejtat-e-femijeve-ne-shqiperi>

<sup>17</sup> Idem. Mapping of CPUs is under process. The actual number is not clear as some representatives of MoLSAEO have reported a number of 62.

- Evaluates all the cases of children referred to CPU by a large range of social administrators in communes/municipalities, school psychologists, kindergarten and teacher staff, family doctors, police officers, social workers in residential centers, NGOs, etc.;
- Composes an individual plan for the child providing the status “under protection” by coordinating interventions for the child’s benefit, including parent support;
- Conducts individual work with children and their families, in cooperation with local actors, social administrators, nurses, and/or police officers;
- Analyses the state of the children, their rights, their needs, and existing service providers in their location; and
- Actively promotes children’s rights in activities and campaigns for public awareness.

However, CPUs are still at a piloting stage, and their establishment in remaining municipalities and most of communes is still premature, since municipalities and communes must approve the creation of the units, include them within their institutional structures and assign the related budget and staff for their implementation. This is challenging since the budget at local level is limited and local authorities may not be that keen to give priority to the child protection issue<sup>18</sup>.

The CPU employees cooperate with other specialists that are responsible for child protection. The most important are social administrators in communes/municipalities, school psychologists, teachers, kindergarten staff, doctors, police, social workers in public and private centers, prosecutors, lawyers, media, and NGO employees that offer services to children and their families. The coordination of their work with that of the other actors of the protection network at local level. Although the parties participate in informing and sensitizing activities, it is noticed that other institutions such as the police, schools, other social services and health services still do not see it as an official obligation. Cases of successful cooperation are often based on personal acquaintances rather than on institutional ways and obligations.

The new CoM decision “*On the foundation and functioning of the mechanisms for coordinating work between national authorities responsible for referring cases of children in risk*” establishes a multidisciplinary technical group, as an “ad hoc” group, which operates in the city / municipality, and gathers on the basis of an initial assessment of a VAC case. This is led by director / supervisor of social services in the municipality / commune and includes:

- a) Employee of child protection in the municipality / commune;
- b) Representative of the police section of minors;
- c) Regional Social Service Representative;
- d) Regional Education Directorate Representative;
- d) Administrator of social security of the city / municipality where the child lives;
- f) Parents / legal guardians / legal representatives of the child or family members;
- e) Educator or teacher of child’s school;
- h) School psychologists;
- f) Health specialists, family doctor or a specialist who has visited or evaluated the child;
- g) Coordinator for the issue of domestic violence in the municipality / social administrator in charge of issues of violence in the municipality;
- k) Any specialist who knows the child or who can talk about a problem that is worrying the child (lawyers, psychologists, social workers, specialists who provide specialized services related to child development, etc.);
- h) NGOs that provide services to the child, public providers, private providers of social services;
- i) The Child himself/herself based on age and maturity and taking into consideration the protection of his/her highest interest.

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<sup>18</sup> From semi-structured interviews

The multidisciplinary technical group is responsible to review and evaluate the proposals of the CPUs, based on the initial assessment carried out by that entity; to analyze the situation by discussing ways of intervention; to discuss and approve individual plans to protect the child, taking into account the best interests of the child; to ensure the provision and coordination of services based on individual child protection plans; to meet periodically and review individual plans for child protection, adapting to changing needs, according to the child and family; to approve the closure of the case if it considers that the child is not at risk any longer.

### 2.3.2 Social Services

Social service offices have been established in the 12 districts of the country and are currently cooperating with their public and civil society partners in the provision of social services. Competences of Social Service Directorates are still limited since the help that can be offered to children at risk and families in need so far is only social assistance and financial support, which are not enough to strengthen families and take children out of risk situations.

### 2.3.3 Health Care Institutions

*Mechanisms at central level are:*

#### a) Ministry of Health

Among other responsibilities in cases of violence against children, the Ministry of Health is tasked with building the capacities to address cases involving domestic violence in emergency wards and health centers (communes and municipalities); offering medical and psychological assistance at all times; and referring/directing the victim to other services as well as accompanying or offering transport to him/her.

*Mechanisms at local level are:*

**a) Health centers** (ambulatory services and regional hospitals) The public health institutions at local level provide a specific recording database to contribute to the data about children victims of violence. However, the public health officials declared that they offer medical support if necessary, but their participation in the reporting process is limited. The obligation of health service workers is very important to identify and refer cases of child abuse, violence and neglect and must be enforced by law.

### 2.3.4 Education Institutions

*Mechanisms at central level are:*

#### a) Ministry of Labor, Social Affairs and Equal Opportunities (MoLSAEO)

The Ministry of Labor, Social Affairs and Equal Opportunities (MoLSAEO) is the chief responsible authority on cases of violence against children (in the framework of domestic violence) and has a coordinating, supportive and supervisory role.

#### b) Institute of Curriculum and Training

The Institute of Curriculum and Training has established groups for drafting a curriculum for basic education that is now underway, together with an assessment of the existing curricula. Within the framework of implementation of various modules during free classes in basic education, schools have been advised to cover problems concerning violence against children.

*Mechanisms at local level are:*

#### a) Regional Education Directorates

Pursuant to Ministry of Education and Science Regulation No. 8373 dated 26/11/2006, the annual and monthly plans of regional education directorates, education offices and schools foresee the planning and conducting of activities addressing problems of domestic violence, violence at school and in the community.

### 2.3.5 Police

*Mechanisms at central level are:*

#### **a) Ministry of Interior Affairs, the General Directory of State Police**

The Ministry of Interior Affairs through the structures of the State Police has intensified its efforts to protect children. Accordingly, the General Directorate of State Police has established a Child Protection Division, responsible for realizing the protection of children from exploitation, abuse, criminal activities towards them and crimes committed by children.

The activity of this sector (service) is supported by international acts, laws and by-laws for this purpose in Albania.

*Mechanisms at local level are:*

#### **a) Section for minors and domestic violence**

Section for minors and domestic violence are established at general directory of state police and in its respective branches in regions.. They handle cases of domestic violence involving children, detect, and document the cases of violence against children.

### **2.3.6 Judiciary**

#### **a) Ministry of Justice**

The Ministry of Justice has established a separate department in its structures, which deals with the study and development of the legal system in the field of justice for minors, in accordance with international acts. This Ministry addresses domestic violence issues through the forensic medical service, bailiff's office and legal defense.

#### ***Institutions for independent Monitoring***

**a) The Ombudsman Office**, Section of Rights of Children, part of General Section of Complaints was established in April 2004. This section has two vice-commissioners and its mission is to serve as a monitoring body and advocate of the rights of children, according to the UN Convention of the Rights of Children.

### **2.3.7 Interagency coordination structures**

*Mechanisms at central level is:*

#### **a) Inter ministerial Committee for Children' Rights**

The committee is an advisory body of the Council of Ministers, which in accordance with the government program, coordinates and defines the policies, and is entitled to follow the implementation of the National Strategy for Children while bringing this issue to the attention and priority of governmental activity.

The committee is chaired by the Deputy Prime Minister and is composed of the Minister of Education and Science, Minister of Justice, Minister of Health, Minister of Culture, Youth and Sports, Minister of Public Order, Minister of Labour and Social Affairs, Minister of Interior Affairs (department of decentralization and local governance), Ministry of Finance and Director of the National Strategies and Donor Coordination.

The committee revises draft laws and draft proposals for significant implementation of the National Strategy of Children; reviews and approves the projects and programs for the protection and further development of children's rights in Albania; coordinate the activities and projects of local and foreign donors to support this process. For preparation of the Inter-Ministerial Committee materials it has been set up a group of technical specialists from line ministries.



### 3 CURRENT STATE OF THE CHILD PROTECTION SYSTEM: Study

Any child protection system has important functions to carry out in order to ensure a continuum in its response to cases of violence abuse and neglect. Early identification, assessment of cases, referral and reporting are necessary steps in a process that links a child who has become a victim of violence with the appropriate type of response, be that service provision or access to justice. The system is only as strong as its weakest link in this chain. Below are the findings for this study on how these functions are performed within the child protection system in Albania.

#### 3.1 Identification, Reporting, and Recording of Cases of Violence against Children

Generally, the law, policies, and protocols that identify VAC also set out the reporting and recording requirements. They need to be consistent and comprehensive, and also easily accessible to stakeholders and the general public. As with identification, standards set in laws and policies are only as good as the level of knowledge about them and the systemic resources and support available. Ideally, all stakeholders would be knowledgeable about the VAC definitions and aware of their legal and organizational obligations to report VAC (or to receive reports of VAC) and of the avenues available for them to do so. All service providers and professionals from all sectors would also be required to record all instances of VAC, in a way that is consistent across sectors and without adding unmanageable amounts of paperwork (i.e., undue administrative burden) to workloads. The accumulated data on VAC cases would then provide an invaluable tool for assessing the strengths and weaknesses of the overall response to VAC. Violence against children first needs to be identified as such before it can be addressed. Therefore, understanding how VAC is identified by all the sectors and stakeholders concerned is a crucial part of any VAC response assessment. Professionals and service providers generally use VAC definitions available to them from policies and laws, as well as from their own organizations. Ideally, definitions would be comprehensive and cover all possible manifestations of abuse/violence (e.g., emotional, physical, neglect, exploitation, etc.) as well as all possible environments and circumstances (e.g., home, school, trafficking, labour, etc.). They would also be widely known, would not be contradicted by the country's cultural and social norms, supported by consistent laws and policies, and would be applied consistently across all sectors.

The analysis shows that existing institutions and services ensure work in progress to their new role as part of the child protection system and providing. Still, more intervention is needed in the framework for empowering human capacities and their knowledge, in order to further improve their performance.

##### 3.1.1 Identification

Children in Albania are legally protected from all forms of corporal punishment in all settings, including the home. The Law on the Protection of the Rights of the Child (Law No. 10347, dated 4 November 2010) states in article 21 that the child shall be protected from “any form of ... corporal punishment and degrading and humiliating treatment”. Corporal punishment is defined in article 3(f):

“Corporal punishment’ is any form of punishment resorting to the use of force aimed to cause pain or suffering, even in the slightest extent, by parents, siblings, grandparents, legal representative, relative or any other person legally responsible for the child. Corporal punishment includes such forms as: beating, torturing, violent shaking, burning, slapping, kicking, pinching, scratching, biting, scolding, forced action and use of substances to cause physical and mental discomfort.”

The Law, which came into force in May 2011, provides for its implementation through structures at central and local levels working with non-profit organizations in line with rules determined by the Council of Ministers (articles 32 to 39). Sanctions for violation of the law are provided for in article 40 and in the Criminal Code.<sup>19</sup> It remains to be assessed the level of reporting corporal punishment cases against a child and implementation of the Law “On Child Protection Rights.

However, cultural norms within Albanian society often justifies physical violence against children (especially from 6 years old to adolescence) as a method to ensure good discipline of children. Although the law in Albania “On Protection of Children’s Rights” (2010) provides a mandate to identify

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<sup>19</sup> <http://www.endcorporalpunishment.org/pages/frame.html>, 9 July 2012

violence against children, data collected during the qualitative interviews suggests that the reality is far from this ideal.

The DCMs are a good start to put in place some structures and mechanisms to make the system function, however this implementation will require continued evaluation for effectiveness. There has been a long consultation process in developing the DCMs but most of the suggestions/comments of civil society and IO were not reflected thus time is needed to determine impact. This applies to all the recently approved DCMs.

Based on the responses of service providers and practitioners interviewed during field work (February – April 2012) information suggests that VAC in some settings is still considered a private matter and that service providers are not able to identify and/or intervene in these cases. In some cases, the members of an organization do not recognize an abusive act against a child as a violent episode, especially when this happens within the family. The survey revealed a difference between how practitioners perceive different types of violence, with scenarios depicting cases of psychological violence less likely to be identified as “abuse”, and violence in the home as less likely to be reported. By contrast, practitioners interviewed argued that forms of violence perpetrated within educational institutions, or other social situations are very obvious and easy to identify. For example, respondents stated that:

“It is true that people often react differently depending on the type of violence, or its author. There is an approach in Albania, when violence comes from the parents, that the person who notices the case has difficulties to fulfill his obligation under law to make criminal charges. On the other hand, depending on whether it is physical or psychological violence, the mode of reaction depends on the people. Often, there is a wider tolerance to the psychological violence. We should not skip the cases of violence not only of adults to children, but also cases of violence between them, especially in school environments”<sup>20</sup>.

“Everyone can do something when they notice violence against children. Depending on the culture, the perception as well as the educational tradition, different types of violence (especially physical and emotional) are perceived in different ways. For example: the isolation of children within the house as a punishment for a mistake the child has done is known as a method of education rather than psycho-emotional violence against the child.”<sup>21</sup>

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

“Cases reported more frequently by children come mainly from schools and community, while there are fewer cases of violence in the family because the children consider family environment as the most trusted and safe, and they often think that an acceptable model of parental intervention exists through violent forms”<sup>22</sup>.

In addition, there are discrepancies in identification of VAC cases between rural and urban communities, considering the differences of service availability in those communities. Interview respondents indicated that raising awareness about VAC cases in rural communities is an important next step:

“the rural community (in general) accepts violence against children as a normal phenomenon as well as a form of disciplining therefore it remains difficult the identification of VAC in remote areas, especially domestic violence”<sup>23</sup>.

Overall, although practitioners tend to believe that all forms of violence exist in both urban and rural communities to the same extent, it is obvious that service provider officials in the rural areas lack information on the provisions of services. This is noted especially when they are asked about potential measures to address the differences among urban and rural communities. The main issues faced in rural areas remain the identification of VAC cases and referral system.

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<sup>20</sup> Elbasan CPU

<sup>21</sup> Municipality of Kukes, Social Services

<sup>22</sup> Commissioner for Protection from Discrimination

<sup>23</sup> CPU Tirana



“Violence against children is more reported in urban areas, whilst in villages there cannot be too many reported cases due to the general mentality. There is no denouncement from rural areas.”<sup>24</sup>

A series of case scenarios (describing the following situations of violence against children: physical abuse in the home, within the school system, sexual abuse, child exploitation, institutional neglect and emotional maltreatment) were developed for the survey that were designed to assess respondents’ recognition of abuse/neglect, assessed level of seriousness of violence against children and referral practices in cases of VAC. Table 4 (below) illustrates participants’ response to four questions about these case scenarios. Participants were asked to identify whether or not they thought the depicted case was serious, whether it constituted a specific form of abuse (or neglect), whether or not they would refer the case to services, and whether or not services were available. As illustrated in Table 4, below, practitioners consistently identified the cases as “abuse”, however, there were interesting differences between identifying abuse and indicating a likelihood of referring such cases for services.

**TABLE 4: PERCEIVED SERIOUSNESS, RECOGNITION OF ABUSE/NEGLECT, AND REFERRAL RESPONSE BY FORM OF VIOLENCE, N = 150**

|                                  | Physical Abuse-Home | Physical Abuse-School | Sexual Abuse | Child Exploitation | Neglect | Emotional / Psych. Abuse |
|----------------------------------|---------------------|-----------------------|--------------|--------------------|---------|--------------------------|
| Assessment /response to vignette | %                   | %                     | %            | %                  | %       | %                        |
| Incident is serious              | 94                  | 87                    | 99           | 99                 | 93      | 86                       |
| Incident is "abuse" or "neglect" | 98                  | 89                    | 99           | 100                | 99      | 99                       |
| Would refer for services         | 50                  | 48                    | 77           | 97                 | N/A     | N/A                      |
| Would refer but no service       | 32                  | 19                    | 19           | 21                 | N/A     | N/A                      |

For example, although respondents almost unanimously agreed that each scenario constituted a form of abuse or neglect, only half of respondents stated they would refer the depicted case of physical abuse in the home for services, and less than half of respondents indicated they would refer the depicted case of physical abuse in the school. Rates of referral were somewhat higher for sexual abuse and child exploitation, however still lower than desired given the nature of the depicted concerns and their presumed impact on child well-being. Further, of concern was respondents’ perception that despite a need for service in the scenarios depicted, their jurisdiction did not have appropriate and/or available services to offer children and families in similar situations.

Respondents were asked to rank order (from 1, meaning “most important” to 4, meaning “least important”) a series of actions that could be taken in cases of violence against children, such as education, punishment, counselling and removal of child from family. It was assumed that the order of importance ascribed to each potential intervention provides insight into how the problem of violence against children is viewed. Forty-nine per cent (49%) of practitioners ranked counselling as being the most important action, followed closely by education (43% rated this as most important) while the punishment of the perpetrator was least likely to be viewed as the most important measure (1.3% rated this as most important). These findings, while exploratory only, suggest a family support orientation of service providers towards intervening in cases of violence against children rather than a more punitive approach.

The administrators, who are officials working for the government units at both national and local level and involved in the policy-making, are considered to be better informed than the practitioners about the theoretical approach of what “violence against children” means and they have the legal obligations to identify and report the cases. Service providers, regardless of the sector, reported that they had received sufficient training, especially in regards to domestic violence and violence against children. However, stakeholders assessed that *the training participation ratio* is representative only for public sector specialists, who have been offered such trainings from the public agencies. They acknowledge that in the private or non-profit sector there is still much need for such trainings, especially in specific areas which seemed to be less familiar for the respondents, such as: Safety Planning; Crisis

<sup>24</sup> CPU Durres

Intervention; Diversity/Cultural Sensitivity; and Risk Assessment. Furthermore, given the challenges continuing to be faced by practitioners in adequately responding to cases of VAC, additional training still seems warranted.

### 3.1.2 Recording and reporting

Of the total respondents to the survey, 75% indicated that cases of VAC are being formally documented within their respective organizations and 69% indicated they are required by legislation to report cases of violence against children. Obligation to report continues to be acknowledged less than the obligation to recording/documenting abuse in practice (69% vs. 75%).

However, from the qualitative data these high percentages may be misleading as the interview participants indicated that practice varied depending on the setting and situation. For example, in those schools where the service psychologist operates, information may be better disseminated through staff and pupils in relation to violence against children and the possibilities that exist for reporting such cases. However, often the school collaborates directly with the family in identified cases, and therefore most cases do not pass through the official channels to start a procedure and the reporting mechanism may be hindered.

It was then hypothesized that there may be differences in these behaviors across sectors, so further analysis was completed. There were few noticeable differences except for the likelihood of reporting. It is positive to note from this analysis that practitioners usually appeared to more often report even when they were not required to do so. Table 5 illustrates by sector, whether or not practitioners believed they were required by any legislation/law to report cases such as those depicted in the case scenarios, as well as the likelihood that they would report such as case.

Although the data are presented by sector, comparisons between sectors are not advisable due to the very small subsample sizes for many sectors.

**TABLE 5: RESPONDENT'S UNDERSTANDING OF REQUIRED REPORTING, AND LIKELIHOOD OF REPORTING, BY SECTOR AND MALTREATMENT TYPOLOGY, N = 150**

|  | Physical Abuse-Home | Physical Abuse-School | Sexual Abuse | Child Exploitation | Neglect | Emotional / Psych. Abuse |
|--|---------------------|-----------------------|--------------|--------------------|---------|--------------------------|
| Sector                                   | %                   | %                     | %            | %                  | %       | %                        |
| <b>Education (n = 29)</b>                |                     |                       |              |                    |         |                          |
| Required to Report                       | 59                  | 55                    | 90           | 65                 | 62      | 72                       |
| Likely to Report                         | 52                  | 52                    | 93           | 72                 | 83      | 93                       |
| <b>Health Care (n = 30)</b>              |                     |                       |              |                    |         |                          |
| Required to Report                       | 50                  | 43                    | 77           | 67                 | 70      | 57                       |
| Likely to Report                         | 50                  | 47                    | 77           | 67                 | 95      | 63                       |
| <b>Social Welfare/Protection (n= 37)</b> |                     |                       |              |                    |         |                          |
| Required to Report                       | 60                  | 68                    | 89           | 84                 | 92      | 65                       |
| Likely to Report                         | 78                  | 70                    | 95           | 84                 | 100     | 85                       |
| <b>Interior (Police) n = 21)</b>         |                     |                       |              |                    |         |                          |
| Required to Report                       | 81                  | 86                    | 100          | 100                | 95      | 81                       |
| Likely to Report                         | 86                  | 91                    | 95           | 100                | 100     | 85                       |
| <b>Judiciary (n = 9)</b>                 |                     |                       |              |                    |         |                          |
| Required to Report                       | 44                  | 44                    | 78           | 67                 | 56      | 33                       |
| Likely to Report                         | 56                  | 33                    | 67           | 78                 | 67      | 33                       |
| <b>NGO (n= 34)</b>                       |                     |                       |              |                    |         |                          |
| Required to Report                       | 57                  | 59                    | 87           | 79                 | 79      | 68                       |

|                                     |    |    |    |    |    |    |
|-------------------------------------|----|----|----|----|----|----|
| Likely to Report                    | 67 | 63 | 89 | 82 | 89 | 79 |
| <b>All Sectors Combined (N=150)</b> |    |    |    |    |    |    |
| Required to Report                  | 57 | 59 | 87 | 79 | 79 | 68 |
| Likely to Report                    | 67 | 63 | 99 | 82 | 99 | 77 |

Table 5 suggests that the highest endorsement across sectors was for the requirement to report cases of sexual abuse, with 87% of respondents overall indicating that the case depicted fell into the required reporting category. Further, there was almost unanimous (99%) agreement that respondents would be likely to report the depicted case of sexual abuse. There was more ambiguity about reporting requirements and the likelihood of respondents making an actual report for cases of physical abuse, both in the home and the school, possibly supporting qualitative findings related to the concern of intervening in family life for reasons related to the physical discipline of children, and in school situations where physical discipline is used for corrective purposes, both considered widely accepted cultural practices.

Data shown in Table 5 (above) indicated that the likelihood of reporting is also probably influenced in part by the perceived helpfulness of the system to respond to the needs of the child across different forms of violence against children. For example, respondents perceived the system as most likely to be helpful to children experiencing sexual abuse, neglect and child exploitation as depicted in the case scenarios; participants were less convinced of the helpfulness of a report for children experiencing physical abuse, with 16% of respondents assuming a referral would be probably not or definitely not helpful in cases of physical abuse and school and 12% of respondents so inclined regarding the scenario depicted of physical abuse at home. Nonetheless, when responses of “definitely” or “probably” helpful are combined, perceived helpfulness of a referral to child welfare authorities is high across all scenarios depicted. This is an interesting finding for the depicted cases of physical abuse at home and school in light of qualitative findings suggesting cultural acceptance of these forms of maltreatment for corrective action. What these findings suggest is that despite these cultural norms, many respondents had faith that a report to authorities would nonetheless bring about a helpful intervention for the child and family, potentially indicating that those who work in the system could contribute to positive change. Further study to understand these findings is important.

Currently, although the law enforces the reporting of violence case against children by all citizens and entities, this approach is still in its preliminary phases. The system should better promote and coordinate mandatory reporting. Although it has been claimed that mandatory reporting could establish an adversarial relationship between families and child protection authorities, and may even discourage families from seeking formal support, the reluctance of professionals and the general public in most parts of the world to report violence in the home suggests that without mandatory reporting applicable laws towards defined groups of professionals, large numbers of children in need of protection will never be identified and given the protection they need. Therefore, some interviewed practitioners urged that children and their representatives should have access both to services which they know have an obligation to report violence and take action (usually social services, law enforcement), and also to services that are confidential and will not take action except with the agreement of the child unless the child is perceived as being at risk of death or serious injury.

“It is important for confidentiality to be observed and this has to do with the policy and the judiciary because many people do not report because they feel unprotected”.

There is a need to develop the status of social workers and other professionals who are required to report abuse. The stakeholders said that all service providers who offer services to children and are involved with VAC cases must have a protection status when reporting a violence case. There is a lack of confidence by the public towards the authorities which may exacerbate feelings of insecurity or lack of safety.

Another concern mentioned by one of respondents with respect to dilemmas around reporting are some of the disconnects between legislation and what might be considered best practice in the best interests of the children. For example, “Prosecutors, police and judges are less specialized in dealing with juvenile/children issues. If a child presents themselves to the police, the prosecutor or court will require the child to be accompanied by a parent or guardian, even if that parent might be the perpetrator of violence against the child. The Civil Code recognizes the minor partial capacity to act but does not extend to the right to set in motion the judicial authorities; at least in practice it is not applied.”

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

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

Based on official data<sup>25</sup> during the period 2011-2012 there were over 900 children treated by the CPUs at national level. Considering that CPUs are recent structures in the VAC case management their impact is visible based on given figures. However, based on the qualitative data of this study, service providers have stated that there are many more cases of VAC to be treated that are hidden or not reported.

#### 3.2.1 Referrals

Many participants of the quantitative study (71.7%) indicated that they would consider referring children and families where violence against the child was identified to additional support services, (i.e. to mental health services providing different forms of counselling and individual or family therapy, substance abuse treatment of the perpetrator, or to educational support services). However, a number of participants (11%) indicated that no such services were available; or services were available but of a very poor quality (8%).

"A major problem is the absence of the hosting centers/shelters for children victims of violence....when you have a case you do not know where to bring the child.... or for example the CPU specialist has schedule working until 16.00 despite the fact that they are engaged even in later hours when are faced with cases that require immediate solutions. The system overall is not sustainable."

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

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

#### 3.2.2 Sufficiency of services

At the local level there have been set up 59 Child Protection Unit (CPU) and 11 units of Child Protection Rights (CRU) at the regional level (regional councils). Child protection units (CPUs) are in their early stage of operating, and their human capacities are limited. However, CPU officials have indicated that these units have a positive impact in identifying violence against children, as well as in structuring the child protection system, though more work is needed to enforce the operational mechanism among service providers<sup>26</sup>.

In addition, CPUs are not yet covering all communes of the country and therefore their effectiveness is not considered adequate as a comprehensive response to protect children victims of violence, especially in the rural areas. So far CPUs have been set up only in municipalities, but there are cases

<sup>25</sup> Speech of the Minister of Labour, Social Affairs, and Equal Opportunities during the National Conference on Children Rights, June 1, 2012, Tirana, Available at: <http://www.mpcs.gov.al/zedhenesi/6-njofitime-per-shtyp/816-konference-kombetare-per-te-drejtat-e-femijeve-ne-shqiperi>

<sup>26</sup> The process of establishing CPUs all over the country is ongoing, however it is not clear how many of them are operational, since from official sources at the State Agency for Child Rights Protection it is referred that already are established 62 CPUs.



when they also cover VAC cases from rural areas. The law “*On child protection rights*” mandates all local administration units to establish CPUs, but this has not yet been accomplished by all the municipalities and communes due to lack of financial resources in allocating a specific budget for the operation of these units and the need for additional staff. Data from the semi-structured interviews indicated that in most cases, there is the same specialist dealing on gender rights who is also responsible for managing the work of CPUs.

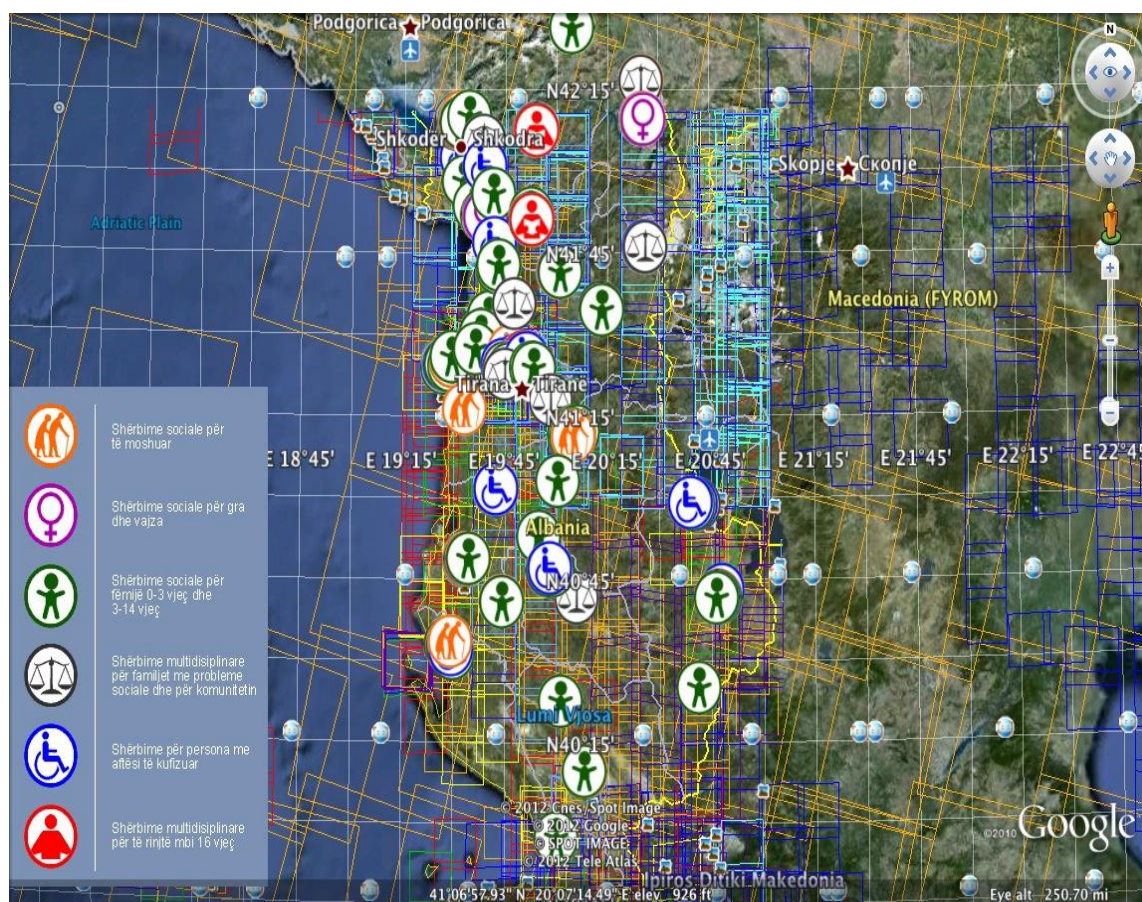
The State Agency for the Protection of Child Rights is the executive institution responsible for monitoring and observance of the rights of children at the national level. Given its mandate and the objective of its work, more promotional campaigns on children rights are needed.

The concern was also voiced that there were not enough shelters/refuges for abused children/parents that would assist in identifying and escaping from violent situations. Therefore service providers face difficulties in accommodating abused children in proper centers, and usually the children are placed in the only existing shelter for trafficking women or back into the abusive home environment. While providing adequate alternative accommodation such as shelters or transit housing would not in itself resolve violent situations or their preconditions, they nevertheless remain a necessary, integral part of the VAC response system.

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

Another concern of service providers is the lack of presence of service providers (social workers/psychologists) in the schools considering that in the Albanian school system those would be the staff members responsible for dealing with VAC issues. In addition, the rural communities are more disadvantaged as they deal with the lack of both CPUs and psychologists in schools. Practitioners declared that they rely more on NGOs work in rural areas, due to limited budgets and capacities in human resources.

**MAP 2 : MAPPING OF SOCIAL SERVICES<sup>27</sup>**



<sup>27</sup> MOLSAEO, Mapping of Social Services in Albania, Source: <http://www.sherbimeshoqerore.gov.al/>

In the justice system there are established sections for juvenile courts in 6 judicial districts, where the courts of appeals are also located. There is an institution for juveniles in Kavaja district that addresses the reintegration of juveniles, and five new institutions for the execution of penal standards according to international standards. There are sections for juveniles in local prosecution offices and at police stations for handling cases of domestic violence involving children.

The public health institutions provide a specific recording database to contribute to the data about children victims of violence. However, the public health officials declared that they offer medical support if necessary, but their participation in the reporting process is limited.

### **3.2.3 Service coordination and follow-up**

Approximately half (53%) of survey respondents (all practitioners) indicated that they provide follow up with a child or their family after they have been referred to an outside intervention/support, and 51% indicated they follow up with the organization to which the child was referred to ascertain the status of the child's case. With regards to coordination and cooperation, 51% indicate that specific internal guidelines/protocols exist which are followed related to cooperation/coordination of services, and 73% indicate that this cooperation/coordination is required by legislation/regulation.

There was a concern voiced by stakeholders that cooperation and coordination with other relevant partners seems to be reported higher than it actually is in practice. It is possible for it to have been reported as such by respondents as they know that legally they should cooperate with each other and this may represent the phenomenon of social desirability when respondents were filling out the survey. There was also a belief that cooperation might be more effective in rural settings due to the smaller numbers of professionals involved and the likelihood of relationships between them. This indicates that regulations and resources for professional activities in rural areas are not sufficient and/or not enforced enough.

## **3.3 Staff Training and Supervision, Monitoring and Complaint mechanisms**

Children and families become vulnerable when they are affected by VAC, in that they may not be as able as they could to protect or defend themselves, to look out for their own well-being, and to demand rights and adequate support. Therefore, strong checks and balances must be incorporated in the child protection and VAC response system to ensure that the rights of the children and families are respected and their needs met, and that they are protected from any further/new abuse. Organizations responding to VAC cases need to have clear guidelines for staff conduct as well as mechanisms for monitoring staff conduct and performance. These guidelines need to be in line with existing laws and regulations, and should be easily accessible to staff and to all service users as well. Staff need to have access to regular and supportive supervision where they can explore challenging cases, work through ethical dilemmas and conflicts of interest, and receive guidance through difficult situations.

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

The field work showed that existing institutions and service providers possess such guidelines and protocols to accomplish their respective tasks, but it is necessary to ensure work in progress regarding assessment to their new role as part of the child protection system. Therefore, more intervention is needed in the framework of empowering human capacities and their knowledge, in order to further improve their performance as regards staff training, supervision, monitoring and evaluation.

### **3.3.1 Staff Training and Supervision**

Of the respondents, 60% indicated they are aware of guidelines for monitoring staff performance regarding the identification, documentation and reporting of VAC cases and 69% indicated that

guidelines exist for monitoring the treatment of children by staff (to ensure good treatment and no abuse).

A majority (83%) indicate that if they witness another staff member committing violence/abuse against a child, that they are required to report it. And 47% indicate there is legislation that guides this (16% said no legislation) and there are mechanisms for reporting that abuse to government authorities (12% indicate no mechanisms of reporting).

### 3.3.2 Monitoring and Complaint mechanisms

The National Agency for the Protection of the Children Rights (NAPCR) works as a complaint mechanism in cases of violation of the right of the child, if there is a complaint or request.

Table 5 below illustrates the perceived effectiveness of complaint mechanisms, both internal (within organizations) and external (government, Ombudsperson, etc.), regarding violence against children perpetrated by staff. Although there were several respondents who were unclear about whether there were complaint mechanisms in place, particularly external mechanisms, the majority of respondents who identified the existence of internal mechanisms felt that these mechanisms were effective (92%). The perceived effectiveness of external mechanisms was considerably lower, with 37% of respondents who identified external mechanisms indicating that they were ineffective. Further study to understand these findings is recommended.

TABLE 6: EXISTENCE AND PERCEIVED EFFECTIVENESS OF COMPLAINT MECHANISMS, N = 150

| Complaint mechanism                  | Yes |    | No/unknown |    |
|--------------------------------------|-----|----|------------|----|
|                                      | #   | %  | #          | %  |
| Internal to organization             | 106 | 71 | 44         | 29 |
| Effective *                          | 97  | 92 |            |    |
| Ineffective*                         | 9   | 8  |            |    |
| External (i.e. Government/Ombudsman) | 65  | 43 | 85         | 57 |
| Effective*                           | 40  | 62 |            |    |
| Ineffective*                         | 24  | 37 |            |    |

\*Percentage for "effective" and "ineffective" calculated using the number of cases where respondents indicated there are complaint mechanisms in place, N = 106 for internal mechanisms and N = 65 for external mechanisms

## 3.4 Policy Changes, Promising Practices and Reform Areas

### 3.4.1 Policy Changes and Promising Practices

There are several CoM decisions that are recently approved (May – June 2012), which are complementary to the law "For Protection of Children Rights" and regulate the role and coordination mechanism among institutions in local and central level, such as:

1. CoM Decision on "All procedures of inspections and sanctions by the State Agency for Protection of Children Rights (SAPCR)" - It defines all the steps the Agency will follow in monitoring the execution of the Law on "Protection of Children Rights".
2. CoM Decision on "The foundation and functioning of the mechanisms for coordinating work between national authorities responsible for referring cases of children in risk" – It is intended to help the category of children at risk and determines all the intervention procedures for a child at risk, the structures to cooperate, and subjects that will have the right to refer the case.
3. CoM Decision on "Types and manners of the exchange and processing of statistical data of information required from the State Agency of Child Rights Protection and state structures in central and local level" - It determines the cooperation level of all concerned institutions at both national and local level to exchange statistical data and information, and thereafter to monitor the respective indicators.
4. CoM Decision on "Setting detailed rules for cooperation between institutional mechanisms and nonprofit organizations, for implementation of local policies of child rights protection" - It



stipulates the cooperation mechanisms between local and central administration and non-profit organizations.

The CoM decisions create a methodological guidance for the application of all steps in managing a child protection case. However, there is a need to inform and train the service providers on intervention and cooperation procedures recently undertaken in order to have better services towards cases of violence against children.

However, it still remains the challenge of law enforcement and system coordination in practice, as well as ensuring human capacities to implement the above mentioned decisions. Still reporting of a VAC case is not mandatory by law, considering the existing mindset on perceiving some types of violence against children as a form of discipline.

On the other hand, it is a promising practice the establishment of the coordination and management role of CPUs on VAC cases. In addition, the establishment of the Children's Rights Unit (CRU) monitors and assesses how the policies for children's rights are implemented at the regional level.

A technical multi-disciplinary group is entitled to operate in each municipality and commune to analyses, supervise and take decision on a VAC case priority assessed by the CPU. The multidisciplinary technical group functioning rules are defined in the regulations adopted for this purpose by the councils of a respective municipality / commune. Therefore, the implementation approach remains a challenge based on the priority given by each municipality/commune to the protection of children rights, as well as on the sufficient and knowledgeable human resources on VAC and available financial resources.

Under the framework of institutional and policy support to disadvantaged groups, the Ministry of Justice is in the process of drafting the "Strategy for Juvenile Justice" and the respective Action Plan for Children's rights in order to ensure proper protection of children up to 14 years who are in conflict with the law. This Strategy derives from existing legislation and international acts already ratified by Albania, and offers specific measures for minors.

Other practices that have been undertaken in improving the justice system for children are: the creation of sections for juvenile courts in 6 judicial districts, where the courts of appeals are also located; shifting the detention system under the responsibility and administration of the Ministry of Justice since 2007; building a modern institution for juveniles in Kavaja district that works for the reintegration of juveniles; establishing five new institutions for the execution of penal standards according to international standards; establishing sections for juveniles in local prosecution offices, state police handling cases of domestic violence involving children, and the continuous training of employees of institutions dealing with juveniles. The establishment of the Probation service has enabled the implementation of alternative decisions while avoiding imprisonment and detention in jail.<sup>28</sup>

During 2007-2011, the Ministry of Education and Science and UNICEF Albania have implemented a program entitled COMBI (Communication for Behavioral Impact), which is currently being revised for further implementation in the upcoming years. The COMBI program is designed for basic education in elementary schools in Albania (levels 1-9) on forms and modes of discipline and classroom management that are not based on fear, intimidation, humiliation or use of physical force. The Regional Education Departments are monitoring of teachers' behavior with the children and organizing discussions with the presence of parents, children and teachers.<sup>29</sup>

### 3.4.2 Reform Areas

The predominant view of most of the participants of the qualitative study was that the multi-sectoral referral system is at a premature stage. This refers not only to the fact that CPUs are new in the system, but also to a lack of information about and awareness of the respective legislation and

<sup>28</sup> Thus, if in the 2008 361 juveniles were sentenced to prison, in 2010 150 juveniles passed in the probation service while 101 detainees received detention with imprisonment and 20 others were convicted.

<sup>29</sup> Hossein E. (2006), "Fëmijet dhe Dhuna në Shqipëri", Plan Combi për reduktimin e rasteve të dhunës së mesuesve/kujdestareve ndaj fëmijëve/ nxënësve si mëjet e disiplinës në Shqipëri - Shtimi i praktikave të reja të disiplinës – Programi Combi 2007 - 2011, Currently being revised for further implementation, UNICEF Tirana.



protocols. In addition, lack of obligatory measures of reporting hinder the process of referring VAC cases. Harmonization of a Code for Referral across sectors is needed.

Considerable work has been done to support the establishment of CPUs throughout all the municipalities, but lack of local capacities to expand the social protection services throughout Albania results in poor service coordination and availability, especially as regards reporting and monitoring in rural communities. The observations made during the semi-structured interviews showed that the local officials in a certain municipality/commune cover despite their job assignments also CPU tasks.

Although there are several initiatives for reviewing legislation and completing the law with additional regulations and CoM decisions for adjusting the current identification, reporting and referring system, law enforcement remains a concern due to the lack of sustainable financing/ budgeting for expanding services that are deemed necessary to respond to violence against children.

Another problem is the fact that we have not inherited social services from the previous system and social workers have not a well-defined status and qualification needed to be effective. They must be assigned the status of inspectors in order to enable them to intervene and also to remove custody rights in the cases of major infringement of children's rights are evidenced. As noticed by semi-structured interviews, the lack of the social worker status makes it difficult for the CPU worker to intervene in an efficient way when ascertaining that a child needs protection, even simply by taking the child away (temporarily) from the family when the latter constitutes a risk.

In addition, service providers share during the semi-structured interviews that they are at risk of being attacked by the abusers if reporting and following a VAC case. In order to have a functional approach, there is a need to strengthen social services and the status of the social worker as well. Therefore, they highly emphasized the need of a protection status for service providers, in order to avoid hidden and/or unreported violence.

Despite the complementary regulatory framework and existing guidelines, still there is an underdeveloped state of mechanisms for monitoring and evaluation. Quantitative data showed that about 60% of service providers are aware of guidelines for monitoring staff performance regarding the identification, documentation and reporting of VAC cases. Consultation tools for policy development, also needs to be addressed. There is potential to address it through the inter-institutional cooperation as defined in the latest CoM decision on "*Setting detailed rules for cooperation between institutional mechanisms and nonprofit organizations, for implementation of local policies of child rights protection*". However, these decisions do not force developments of such policy tools, but they depend to a great extent on the willingness of all actors and priority they give to VAC cases.

Frequent changes in the public administration due to political belonging are a challenge for continuity in decentralizing capacities for implementation of children's rights.

It is imperative to promote discussion of cultural mentality around acceptance of violence – although having mechanisms in place to begin to address this issue is a beginning. "*The mechanisms for children's protection exist but the issue is how accessible it is and that depends from the information the family have and self-awareness to use it.*"

It has been proven challenging to coordinate the work of all NGOs and all institutions providing services in response to VAC. Child protection needs to be better integrated within the social service mechanism and move ahead towards social welfare. It is noted that the majority of services are currently offered by NGOs, which depend on donor support, and this leads to insecurity and uncertainty about the future, inability to engage in long term strategic planning, and lack of control over the quality of the services offered.

Finally, considering the overall situation in Albania, the most commonly identified gaps for reforming rely on lack of public awareness of VAC as well as sector-specific training. During the semi structured interviews, it was noticed poor implementation of law and regulation respectively. Current CoM's decisions address the competences of each of the actors, but still are unclear the referral procedures among them. In response to the lack of harmonized referral system, it remains to be progressively assessed how effectively the new legal provisions will be implemented in the future.

## 4 CONCLUSION

The development of a child protection system requires a set of laws, policies, regulations and services across all social sectors — especially social welfare, education, health, security and justice — to support prevention and response to protection related risks. These systems are part of social protection, and extend beyond it. The purpose of the present study was to develop a better understanding of where the systems and service providers fail in identifying, reporting and responding to violence against children in Albania, one of the four countries which are beneficiaries of the current EU-UNICEF project. The study aimed to provide clear recommendations on how to improve the system of public services, the system of monitoring and complaints, and what are the opportunities in on-going efforts to reform child protection systems that may serve to strengthen this aspect of the system.

Although several structures and sectoral policies have been put in place in Albania as part of the response to violence against children, a harmonized comprehensive cross-sectoral policy is not yet in place. This harmonized policy would be equipped with complete legislation, structural mechanisms, and sufficient human and financial resources; and it would have the ability to both monitor and improve the situation of violence against children. Therefore, when professionals such as nurses, doctors, social workers, and teachers identify a suspected case of violence against children, they may be expected (irrespective of legal obligations) to report their suspicions to the authorities. To be effective, reporting structures must always be matched with equally well-developed structures for protection, support and treatment for children and families.

The findings so far have pointed towards an inequality in distribution of services across the country and have suggested that CPUs might be the place to start in terms of building capacity by establishing such units in both urban and rural settings. However, while, creating new services (or CPUs) is a good beginning, there is a need to strengthen the existing system through enhancing human capacities and budgeting their activities and services.

### 4.1 Strengths of current child protection system

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

- In recent years, legislative and institutional reforms undertaken by the Government to create a protective environment for children, has shown an increased level of awareness on VAC cases and have set some promising practices to enhance the child protection system.
- There is a relatively new and comprehensive legislative basis for responding to cases of VAC, starting with the adoption of the Law "On protection of children rights" (2010), and the drafting and adoption of the Action Plan for the Protection of the Children Rights (2012-2015), which aims not only to protect children, but to provide effective response to various forms of violence and exploitation of children.
- The four recent (May – June 2012) legal initiatives to harmonize the existing Law "On Protection of Children Rights" with complementary CoM Decisions, that define all the procedures of intervention for a child at risk, and the respective institutional cooperation for referring and managing the cases of violence.
- The legislation, among other things, increase the role of local governments in assessing the needs of children in relation to the realization of their rights and the harmonization of policies on children's rights through the operation of mechanisms to protect the children rights in central and local level.
- The institutional reform in establishing the State Agency for the Protection of Children's Rights provides an opportunity for better monitoring, as an institution that monitors the observance of children's rights in the country.
- In terms of institutional settings, the recent establishment of the Children's Rights Unit (CRU) and the municipal/commune Child Protection Unit (CPU) provides the necessary mechanisms to identify, refer, report, and monitor cases of child victims of violence at a local level.
- The latest legal imitative, pursuant to the Law "On Protection of Children Rights" and its respective bylaws, is a joint Decree (23 August 2012) of both Minister of Justice and Minister of Labour, Social Affairs and Equal Opportunities for "Protection of the children rights who are

exposed to forms of abuse against them"(such as children used for begging, forced labor, school dropouts, who are at risk, subject to domestic violence or unregistered children), by which it is ordered to the structure of the State Police and State Social Service to take immediate protection of any child who is in an emergency situation<sup>30</sup>. Pursuant to the Order of two ministers, the Units for Children Rights Protection (CPU) operating within municipalities and/or communes now have the obligation to treat and evaluate each case of children at risk, to plan the next steps to be taken for each child until it over passed the situation of the risk and / or use.

- Despite many problems noted about law implementation and staff training during the interviews, it was observed that there is a group of professionals working in different municipalities across sectors who are motivated enough to overcome the weaknesses of the system and effectively address urgent VAC cases through in limited financial and human resources. These practices could bring about significant improvements to the system if they are appreciated, disseminated to raise awareness all over the country, upon a properly monitoring and supervision system is implemented.

## 4.2 Challenges within the current system

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

### 4.2.1 Identification, Reporting, and Recording of Cases of Violence Against Children

In order to empower the referring system of violence cases and provide more support services for referring child abuse cases, reporting and documenting needs to be improved by:

- Quality monitoring and evaluation are really important aspects of quality control and need to be incorporated into the system.
- Document and report cases on a systematic basis, in order to reveal trends. Share information with advocates, lobbyists, and researchers in order to feed advocacy and research efforts.
- Mandatory reporting is needed across structures and should be supported; and part of the success of that is to ensure status and protection for those who report a VAC case
- Establish a mechanism where violence witnessed in schools is reported immediately through official channels and follow-up procedures. Service provision for child victims of violence in schools is not comprehensive and suffers from gaps and replication of effort.

### 4.2.2 Referral of Cases, Sufficiency of Services and Follow-up

Response systems should be coordinated to focus on prevention and early intervention and linked to integrated services that extend across sectors – legal, education, justice, social, health, employment and other necessary services. The collaboration of institutions and centers which have specialized services for abused children is necessary, as is the increase of access of information and especially information sharing related with child abuse and violence cases. This requires:

- Increased cooperation and coordination between the ministries, UN agencies and international and local NGOs in order to benefit from shared experiences and resources in services related to violence against children, and to highlight best practices which are already in place.
- Linking Domestic violence and violence against children. Despite high rates of training in domestic violence amongst all practitioners. Investigations, law enforcement, prosecution and judicial processes should take the special needs of children into account ensuring that child victims of family violence are not re-victimized during the child protection process.

<sup>30</sup> The order states these facilities to operate 24 hours a day and child protection to be guaranteed in every moment of the day and night immediately after the identification of the respective abuse case. The order provides that any child in danger after withdrawing abruptly from the street: to hospitalize him/her in a public social center for children, where receives the relevant service: to refer the case to the CPU in the local unit or CRU in the region, and on a case by case basis according to the assessment, to be referred at the judiciary units for a decision making that guarantees the best interests of the child.

- To establish and develop shelters/accommodation for children victims of violence, which will increase confidence of victims towards social care institutions, and as a consequence increases chance to denounce violence.
- Raising awareness and engagement within institutions in reporting VAC cases happening in the family. Cooperation with school psychologists should be increased, to identify the cases of violence, especially in regards to abuse against a child, e.g. cases of children from divorced parents who are monitored by the psychologist, who maintains contacts with the parents. In cases when a child is abused, the hospital must collaborate with the psychologist.
- CPUs should use a multi-sectoral approach, which coordinates the actions of the health, legal and social sectors through CPU's case management system. The CPU should provide also legal and police services, judicial hearings, medical services, guidance and support to the child, as well as therapy or referral to other specialized medical services, when necessary. However, strengthening the existing CPUs is needed before expanding with new ones.

An analysis of the available services and initiatives shows that many are unsustainable or suffer from inadequate resources. A lack of public services encourages local NGOs to fill gaps through informal and recreational activities, psychosocial and medical support, legal support and monitoring and reporting. These services are not coordinated and depend on donor priorities and budgets. The areas for action here are:

- More family strengthening programs – to work more on prevention side.
- De-centralization reforms need to involve financial support that is not just focused on the local government – they will not have the resources to support this.
- Programs to equip children with knowledge to identify and report as well as to self-protect.
- There is a need for curriculum training at 2 levels – 1 – service providers and 2 – other professionals, and some of this could be done cross-sectorally to promote collaboration
- Recruitment process for staff to work with abused children needs to be well thought out – get specific regulation to recruit the staff (e.g. make sure they do not have criminal records, etc.)
- “Infrastructure for hosting children in risk” remains a strong recommendation. (There is a positive example in Tirana, a shelter for domestic violence hosting violated mothers with their children)

#### **4.2.3 Staff Training and Supervision, Monitoring and Complaint Mechanisms**

To develop the professional capacities of the sectors involved in violence against children cases, there is a need to:

- Incorporate into curricula for training future teachers a teaching component on child protection that addresses both the national legislation and international standards;
- To insure the execution of the law to open new CPUs and Children Rights Units throughout all the national territory
- To further develop the capacity (through specialized training) for the justice system (police, prosecutors and judges) to adequately respond to and proceed in cases of VAC
- Raising public awareness, including publication of statistics and public education campaigns about VAC to increase prevention efforts and the reporting of future cases.

## 5 RECOMMENDATIONS

The study identified several areas for social change in the service response to violence against children. Currently the main weaknesses of the system and areas of improvement can be grouped broadly into: Reporting/Documenting; Training/Capacity Building; Cooperation/ Collaboration; and Funding/Support/Resources are:

### Recommendation 1. Develop pathways for accountability

The adoption of draft proposal “For the foundation and functioning of the mechanisms for coordinating work between national authorities, responsible for referring cases of children in risk and its proceedings” will define all the procedures of intervention for a child at risk. Therefore the supervisory systems, training guidance and support to professionals are mechanism, which could help improve the enforcement of child protection system. In addition, the development of a method of data collection on the cases within the system and their service trajectories would be an important start to the process of monitoring and accountability.

### Recommendation 2. Improve inter-sectoral communication/collaboration

Cooperation and coordination between police, social protection, health care and other stakeholders these levels are necessary to improve service delivery and resource optimization<sup>31</sup>. Therefore it is important the set up of a communication line mechanism among different service providers.

### Recommendation 3. Build public/community awareness of the issues of VAC

In order to establish an adequate, responsive child protection mechanism, higher levels of public investment in children and more effectiveness, efficiency, and equity in the use of financial resources must be promoted. In addition, more links need to be made to address the relationship between violence against women and violence against children to ensure the future security, safety and well being of both women and children. More links need to be made to address the relationship between violence against women and violence against children to ensure the future security, safety and well being of both women and children through education and training and use of media to promote early intervention and prevention efforts.

### Recommendation 4. Improve service availability and capacity

National and regional authorities should provide adequate support in terms of funding, training, assessment and attendance to local programs to prevent violence. Sector specific recommendations are as follows: Strengthen the health sector's response; sensitize law enforcement and judiciary personnel on the issues of VAC; increase awareness and capacity in the educational sector; address differences in rural and urban settings.

Available services are a major issue, with specialized programs and sustainable funding at the heart of the issue. Therefore, specialized training programmes for professionals are needed, and so are brief information sessions for practitioners. Development of sustainable mechanism for funding of the services, agreement on minimum services and their availability, and prevention programmes in particular are urgently needed as well.

#### ***Strengthen the health sector's response – especially with respect to emergency responses***

A gap in information sharing (of protocols and other reporting documents) results from the main health centers and professionals to the basic services, and especially from the personal working in the emergency service (such as medical personnel at first response during abuse cases that present at the hospital). Provide training and sensitization for all medical personnel on how to deal with these cases, including counseling skills. Incorporate modules on violence against children into curricula for

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<sup>31</sup> [http://www.coe.int/t/dg3/children/news/guidelines/ViolenceGuidelines\\_al.pdf](http://www.coe.int/t/dg3/children/news/guidelines/ViolenceGuidelines_al.pdf)

medical and nursing students. This would help to ensure that all medical staff that deal directly with abused children have some the specialized training on these issues.

***Sensitize law enforcement and judiciary personnel on issues relating to violence against children and build their capacity to effectively serve victims of violence***

As the study findings indicate, changing laws will not be enough to prevent violence against children and protect victims. Laws are often enforced by male judges, prosecutors, and police officers, many of whom do not understand the causes and consequences of violence against children and share the same victim-blaming attitudes as society at large. Thus, as well as passing relevant laws, it is crucial to sensitize police officers, lawyers, judges and prosecutors, and other members of the legal system on the nature, extent, causes and consequences of violence against children, and build their capacity to implement the new legal provisions. From the magistrate down to the court clerk and registrars, sensitive treatment of survivors and a greater understanding of domestic violence and its causes and effects can assist the judiciary to serve survivors in a more appropriate way.

***Increase awareness and empowerment of capacities in the Educational System in identifying cases of violence against children and their referral***

Include VAC component for pre- and in-service training programs for teachers, as well as a mechanism to provider refresher or updating training programs. Also, this needs to be followed by certification based on mandatory standards for education system professionals.

***Address differences between urban and rural settings***

The Regional Social Service needs to take on a greater role in providing services coordination and facilitation the collaboration of all the actors because their employees are more technical than those working in the communes. For this, more human resources and, as a result, priority in budgeting should be given to communes so that they can appoint specialists who can undertake identification and preventive work.

**Recommendation 5. Expansion of promising practices**

Reinforcing the role of CPU within the referral system (as a coordinating agency for example) and develop the service provisions towards the beneficiaries.

As this research has shown, the systemic response to violence against children in Albania is underdeveloped, but a number of promising initiatives, as well as the growing experience of service providers, are providing hope for future directions. The capacity of the VAC response system needs to be enhanced and supported at all levels with strategic resources, including high quality trainings and sustainable funding. The general acceptance of certain types of violence, such as in the context of child discipline, will need to be challenged vigorously and persistently if it is not to undermine the promising developments currently underway in the system. As societal attitudes and organizational practices begin to shift, the VAC response system can also develop and become more experienced, ensuring the best possible responsiveness to cases of violence. Recent changes since the collection of data for this study, in the form of the new CoM decision "For the foundation and functioning of the mechanisms for coordinating work between national authorities responsible for referring cases of children in risk" establishes a multidisciplinary technical group, as an "ad hoc" group, which operates in the city / municipality, and gathers on the basis of an initial assessment of a VAC case is the necessary mechanism through which many of the recommendations of this study will be realized.

## 6 APPENDICES

### Appendix A. Baseline Data

| Child population   | Number of reported cases of violence against children nationwide                 | Number of deaths due to violence   | Number of crimes reported against children | Child Maltreatment (as a cause of injury)                            |
|--|--|--|--|--|
| 895,000<br>(UNICEF, 2010)  | 84<br>(out of 146 reported cases of domestic violence – Ministry of Health 2011) | No available data<br><br>However, from official sources of Ministry of Justice during the qualitative data collection it was stated that child abuse, including sexual abuse, occurred but victims rarely reported it. |  | 0.5 per 100,000 children (assessment 2011 WHO report <sup>32</sup> ) |
| Data Collection Issue  |  |  |  |  |
| <p>The general understanding is that in recent years, cases of reporting domestic violence has been increased. However, the statistical data on cases of domestic violence and respective cases of child abuse is weak and under reported. These data has to be collected only by the police structures and their reporting is not detailed specifically in relation to cases of death of children due to violence.</p> <p>A latest report of WHO assessed that injuries are the fourth leading cause of death. The leading causes of intentional injury-related death are suicide followed by homicide. The homicide rate among youth (15–29 years old) is higher than the regional average. Child maltreatment<sup>33</sup> (as a cause of injury) is assessed to be slightly higher than in the European Union (0.5 per 100,000 children in the population in Albania vs. 0.3 in the EU), while youth violence (15 – 29 years old) is much higher (6.6 in Albania compared to 1.0 in the EU).<sup>34</sup></p> <p>Last INSTAT data (2009) reports that the total number of deaths of children of 1 - 19 years is 110 (not specified by causes). Comparatively, this is a lower figure from the previous years and declining each year (2007 was 407 and in 2008 was 353). However, the existing statistical system in Albania</p> |  |  |  |  |

<sup>32</sup>This country assessment is based on the responses to a WHO Regional Office for Europe questionnaire designed to gather information on key elements of the European Council Recommendation of 31 May 2007 and of WHO Regional Committee for Europe resolution EUR/RC55/R9 and Regional Office data and information. Source: [http://www.euro.who.int/data/assets/pdf\\_file/0007/98701/Albania.pdf](http://www.euro.who.int/data/assets/pdf_file/0007/98701/Albania.pdf)

<sup>33</sup>Proxy for mortality: mortality from homicide and assault 0–14 years.

<sup>34</sup>Child maltreatment is 0.5 as per Standardized death rates per 100 000 population compared to 0.3; youth violence is 6.6 compared to 1.0.



does not include detailed data specifically associated with child deaths due to violence or suspected as such. In an early publication of INSTAT ("Causes of deaths for the year 2006 - 2009"<sup>35</sup>), the deaths from violence is described under the category "Symptoms, signs and diseases clearly defined "and" traumatic injuries and poisoning.

According to this definition, the latest data available for all age -group is given in the below table:

| <b>Albania: Causes of Death and Year</b>   |      |      |      |      |
|--|------|------|------|------|
| Both sexes   | 2006 | 2007 | 2008 | 2009 |
| External causes of injury and poisoning  | 31.5 | 30.5 | 31.1 | 28.0 |
| Symptoms, signs, abnormal findings, ill-defined causes   | 49.2 | 44.3 | 49.8 | 50.4 |
| Per 100 thousands inhabitants  |      |      |      |      |
| Source: Albanian Institute of Statistics (INSTAT)<br>"Causes of Death in Albania", Yearly Reports from 2006 - 2009 |      |      |      |      |

Detailed data available are referring to 2009 INSTAT report, according to which the number of deaths for children of 1-19 years due to "trauma" is 3 out of 110 cases of all causes or 10.3% of those who died due to trauma. This figure result much lower than in previous years, if considering that from the same reporting the number of children 1 – 19 years old who died due to trauma was 7 (2008), 19 (2007) and 21 (2006). However, it should be taken into consideration this figure it does not include only deaths caused by violence or only suspected deaths caused by violence. Thus we cannot say what exact percentage of the death caused by violence or suspected as such, under the age of 18 years.

| <b>Albania: Causes of Death per age-group, place of residence, gender, and by type – 2009</b> |       |           |         |                       |       |         |        |            |
|---|-------|-----------|---------|-----------------------|-------|---------|--------|------------|
| Age-groups  | Total | By Gender |         | By Place of Residence |       | By Type |        |            |
|   |       | Male      | Females | Urban                 | Rural | Natural | Trauma | Accidental |
| <1  | 187   | 100       | 87      | 85                    | 102   | 187     | 0      | 0          |
| 1   | 22    | 11        | 11      | 5                     | 17    | 18      | 0      | 4          |
| 2   | 36    | 18        | 18      | 15                    | 21    | 31      | 1      | 4          |
| 3   | 20    | 13        | 7       | 5                     | 15    | 18      | 0      | 2          |
| 4   | 12    | 11        | 1       | 3                     | 9     | 8       | 0      | 4          |
| 5*9   | 60    | 31        | 29      | 28                    | 32    | 40      | 1      | 19         |

<sup>35</sup> <http://www.instat.gov.al/graphics/doc/downloads/publikime/shkagetvdekje2006.pdf>



|   |        |       |   |       |       |        |       |       |
|---|--------|-------|---|-------|-------|--------|-------|-------|
| 10*14   | 60     | 33    | 27  | 18    | 42    | 39     | 0     | 21    |
| 15-19   | 110    | 75    | 35  | 41    | 69    | 52     | 1     | 57    |
| Total Children 1 - 19                                       | 507    | 292   | 215   | 200   | 307   | 393    | 3     | 111   |
| Total Age-groups  | 15,662 | 8,525 | 7,137   | 7,976 | 7,686 | 14,771 | 29    | 862   |
| As % form the Total age-groups                              | 3.2%   | 3.4%  | 3.0%  | 2.5%  | 4.0%  | 2.7%   | 10.3% | 12.9% |
| <b>Current legality of corporal punishment<sup>36</sup></b> |        |       |   |       |       |        |       |       |
| <b>Home</b>   |        |       | <p>In September 2008, government and parliamentary representatives signed the Council of Europe's petition against corporal punishment.</p> <p>The Criminal Code was amended in 2008 by Law No. 9859 with the insertion of article 124b: "Physical or psychological abuse of the child by the person who is obliged to care for him/her is punishable by imprisonment from three months to two years...." This prohibits only corporal punishment which reaches the threshold of "abuse" and is not interpreted as prohibiting all corporal punishment in childrearing.</p> <p>In June 2010, it was approved the "Law On Child's Rights Protection" No. 10347, dated on 4.11.2011, which provided the definition of "corporal punishment" (Article 3, point f) specified as "any punishment that uses physical force intended to cause pain or discomfort, either from parents, sister, brother, grandfather, grandmother, legal counsel, relatives or any other person legally responsible for child". Its Article 21 "Child Protection from all forms of violence" defines that a child is protected from any form of violence including corporal punishment and humiliating and degrading treatment (point b).</p> |       |       |        |       |       |

<sup>36</sup> Consulted: Global Initiative to End Corporal Punishment of Children

[http://www.endcorporalpunishment.org/pages/frame.html?http%3A//www.endcorporalpunishment.org/pages/progress/table\\_a-d.html](http://www.endcorporalpunishment.org/pages/frame.html?http%3A//www.endcorporalpunishment.org/pages/progress/table_a-d.html)

|   |   |
|---|---|
|   | The Law on Child Rights Protection foresees the protection of child and provides definition of corporal punishment, while the Criminal Code foresees the punishment measure.  |
| <b>Schools</b>  | Corporal punishment is explicitly prohibited in schools in article 36.2 of the Fundamental Normative Provision, based on Law No. 7952 "For the Pre-University Educational System" (1995), which states: "The individuality and human dignity of the pre-school child and pupil is respected. It is protected from physical and psychological violence, discrimination and isolation. In kindergarten and schools, it is categorically prohibited to have children made subject to corporal punishment or hazing"  |
| <b>Penal system</b>   | <p>Corporal punishment is unlawful as a sentence for crime. It is not a permitted punishment under the Criminal Code. Article 25 of the Constitution states: "No one may be subjected to cruel, inhuman or degrading torture or punishment."</p> <p>Corporal punishment is considered unlawful as a disciplinary measure in penal institutions under the Criminal Procedure Code (1995), the Law No. 8328 "On the Rights and Treatment of Imprisoned Individuals", the General Prison Regulations, the pre-detention regulations and the Constitution. This was completed by provision of corporal punishment definition in Law "On Child Right Protection"..</p> |
| <b>Alternative care</b>   | <p>It is prohibited in mental health service provision under the Mental Health Care Regulation adopted by Order of Minister of Health No. 118 (2007).</p> <p>The Law "On child Protection Rights" defining the corporal punishment from any "legal counsel, relatives or any other person legally responsible for child".</p>   |
|   | CoM Decision No.334, dated on 17.2.2011, "Mechanism for the Coordination of Work for Referral of Cases of Domestic Violence and its Way of Proceeding"  |
| It remains to be assessed the level of reporting corporal punishment cases against a child and implementation of the Law "On Child Protection Rights.   |   |
| <b>Research Data</b>  |   |
| <p><b><i>National Survey on Domestic Violence (INSTAT), 2009:</i></b></p> <ul style="list-style-type: none"> <li>• 56% (of women between 15-49 years old) have experiences one form of domestic violence; 50% emotional abuse in their marriage or intimate relationships; 39 % psychological abuse; 31% physical abuse, 12 % sexual abuse.</li> <li>• 57.7% of children surveyed, reported being physically battered by a family member.</li> <li>• 56.8% of children reported a family member slapped, punched or kicked them.</li> <li>• In addition, 12.8% of children reported someone in their family hit them with objects, and 4% reported they were burned with cigarettes or another hot</li> </ul> |   |

object.

***Demographic Health Survey 2008-2009, INSTAT*** (children surveyed 2-14 years old on child discipline):

- 75% of Albanian children has experienced at least one form of physical or psychological violence

***Study on Violence against Children, 2006 (UNICEF):***

- 1 in 3 people in Albania is a child below the age of 18
- 1 out 3 children are being in schools,
- 1 on every 2 kids is being hit on the head and 1 out of 4 kids have been beaten at home.
- 1 of 7 children at home gets threatened they will be thrown out of home
- Generally, parents do ask the teachers to punish their children, even if the punishment is violent and forbidden by law
- A high percentage of children state that beating hurts them, but it is for their best interest as they will turn to be better children in the future; actually 30% of the kids state that violence should be used occasionally and 13 % of the kids think that violence should be used always when students behave badly.

A UNICEF report published in 2010<sup>37</sup> states that 52% of children aged 2-14 experienced violent discipline (physical punishment and/or psychological aggression) in 2005-2006. Half the children experienced physical punishment while a smaller percentage (6%) of mothers and caregivers thought that physical punishment was necessary in childrearing; non-violent discipline was also widely used, experienced by 70% of children. Nine per cent of children experienced severe physical punishment (being hit or slapped on the face, head or ears or being hit over and over with an implement) and 12% experienced psychological aggression (being shouted at, yelled at, screamed at or insulted). Boys were slightly more likely than girls to experience violent discipline: 55% compared to 48%. Children aged 5-9 were more likely to experience violent discipline than those of other ages: 57% of children aged 5-9 compared to 46% of children aged 2-4 and 49% of children aged 10-14. Children living in households with adults with a higher average level of education were less likely to experience violent discipline than those living with less educated adults. No significant differences in children's experience of violent discipline were found according to household size or engagement in child labour. (UNICEF (2010), Child Disciplinary Practices at Home: Evidence from a Range of Low- and Middle-Income Countries, NY: UNICEF)

According to statistics from UNICEF on violence in the family, in 2005-2006 children with disabilities were more likely to experience severe physical punishment: 12% of disabled children aged 2-9 were hit or slapped on the face, head or ears or hit over and over as hard as possible with an implement, compared with 8% of non-disabled children. Thirty per cent of girls and women aged 15-49 thought that a husband is justified in hitting or beating his wife under certain circumstances.

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<sup>37</sup>UNICEF (2009), Progress for Children: A report card on child protection, NY: UNICEF

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

A note for the interviewer:

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

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

First we would like to collect some general demographic information:

1. Gender                                      1 ☐ Male                                      2 ☐ Female

2. Please identify the sector that you are currently working in:

- 1 ☐ Education
- 2 ☐ Health care
- 3 ☐ Social welfare/protection
- 4 ☐ Interior/police
- 5 ☐ Justice (judiciary)
- 6 ☐ Justice (prosecutor)
- 7 ☐ NGO

3. Please check which of the following is the status of your agency/institution/service:

- 1 ☐ Government
- 2 ☐ Non-Government

4. Please identify the area your agency/organization serves

- 1 ☐ Urban
- 2 ☐ Rural

3 ☐ Both

5. How many years have you been working in your field/sector?

- 1 ☐ less than one year
- 2 ☐ 1-2 years
- 3 ☐ 3-5 years
- 4 ☐ 6-10 years
- 5 ☐ More than 10 years

6. Please indicate your current position in the agency/institution/service:

- 1 ☐ Government official (decision maker)
- 2 ☐ Director/Supervisor/Practitioner (service delivery)

7. What is the highest level of education you have completed?

- 1 ☐ Primary education
- 2 ☐ Secondary education
- 3 ☐ Vocational education
- 4 ☐ Undergraduate University education (up to 5 years)
- 5 ☐ Post-Graduate education (Master of Sciences or Doctoral)

8. Please indicate if you have had any **specific training** in any of the following areas (check all that apply):

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

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

- 1. In your opinion, what is violence against children?  
Prompt: How have you learned about violence against children?

2. Tell me what happens when a case of violence against a child is identified in your

a) neighbourhood/community?

b) work setting?

Prompt: What would someone do? What would they be obliged to do? Do you think people would respond differently depending on the type of violence? Can you give me an example?

3. What are the options available for children who are experiencing abuse/violence? (Ex: At school, at home)

Prompt: Who would they go to for help? Is there a complaint mechanism they can use? Would most children know about these options?

4. What policies and procedures or legislation are in place in your organization/country that guide the work with cases involving violence against children? (Example: Are there specific laws against the abuse of children? Could you provide us with electronic/hard copies of these documents?)

5. Are cases of violence against children documented or tracked at any level? Prompt: Are there certain forms of violence that are more likely to be documented than others? Please explain:

6. . What kind of services/qualified professionals are available to work with children that are victims of violence?

Prompt: How far would a child need to travel to access such services?

7. How do professionals work together on cases?

Prompt: Can you describe the mechanisms currently in place to support service cooperation/coordination?

8. Do you know of any best practices/approaches to service delivery with children who have experienced violence? Please describe:

9. What mechanisms for monitoring staff conduct and performance in identifying, documenting and reporting cases of violence against children are in place? (Interviewer: *If not already mentioned above, any documents referred to, request copy*)

Prompt: How are these implemented in daily practice (e.g. what happens?)

10. Describe any mechanisms ensuring that children within institutional care are treated properly (not abused). (For example: Are there guidelines/protocols/policies in place? )

Prompt: How are these implemented in daily practice (e.g. what happens?)

11. What complaint mechanisms exist if a case of violence against children or child abuse and neglect is not being handled properly?

Prompt: Can you explain how to make a complaint? (e.g. what happens?)

Prompt: How does your National Ombudsman Office responds to issues of violence against children?

12. Are you aware of any changes to the child protection system involving cases of violence against children? How have they changed the way the system identifies and intervenes in such cases? If so, please describe.



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

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

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

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

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

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

#### OPTIONAL QUESTION

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

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

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

A note for the interviewer:

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

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

First we would like to collect some general demographic information:

1. Gender 1 ☐ Male 2 ☐ Female
2. Please identify the sector that you are currently working in:
  - 1 ☐ Education
  - 2 ☐ Health care
  - 3 ☐ Social welfare/protection
  - 4 ☐ Interior/police
  - 5 ☐ Justice (judiciary)
  - 6 ☐ Justice (prosecutor)
  - 7 ☐ NGO
3. Please check which of the following is the status of your agency/institution/service:
  - 1 ☐ Government
  - 2 ☐ Non-Government
4. Please identify the area your agency/organization serves
  - 1 ☐ Urban
  - 2 ☐ Rural
  - 3 ☐ Both
5. How many years have you been working in your field/sector?
  - 1 ☐ less than one year

- 2 ☐ 1-2years
- 3 ☐ 3-5years
- 4 ☐ 6-10 years
- 5 ☐ More than 10 years

6. Please indicate your current position in the agency/institution/service:

- 1 ☐ Government official (decision maker)
- 2 ☐ Director/Supervisor/Practitioner (service delivery)

7. What is the highest level of education you have completed?

- 1 ☐ Primary education
- 2 ☐ Secondary education
- 3 ☐ Vocational education
- 4 ☐ Undergraduate University education (up to 5 years)
- 5 ☐ Post-Graduate education (Master of Sciences or Doctoral)

8. Please indicate if you have had any **specific training** in any of the following areas (check all that apply):

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

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

1. In your opinion, what is violence against children?

Prompt: How have you learned about violence against children?

2. What kind of guidance/training on violence against children is provided to organization/institution staff? Please describe:

3. Are there specific laws against the abuse of children?

4. In your work, what sort of violence against children cases do you encounter?

5. Tell me what happens when a case of violence against a child is identified in your neighbourhood/community?

Prompt: Who would someone call to report a situation involving violence against a child?

6. Tell me what happens when a case of violence against a child is identified/reported in your work setting?

Prompt: Who would typically report cases?

What would be a typical case of violence against children?

7. What are the options available for children who are experiencing abuse/violence? (Example: At school, at home)

Prompt: Who would they go to for help? Is there a complaint mechanism they can use? Would most children know about these options?

8. Can you describe the process of managing a case of violence against children?

Prompts: Who would investigate a report of violence against children?

What happens next? Does it need to be documented? Is there a particular form that is required? By whom and to whom does that report get sent? Who reads it, keeps it? Are there regulations around how information is shared between organizations? How is confidentiality ensured?

Is there a difference in the approach based on the type of violence being investigated? Who makes the decisions regarding the above?

9. How would the child be approached/interacted with in these situations?

Prompt: What would you discuss with the child?

10. How would the family be approached/interacted with in these situations?

Prompt: What would you discuss with the family?

11. How would the person who committed the violence against the child be approached?

Prompt: What if the offender was a child?

12. If required, to whom would the case be referred? When would you make the referral?

13. What kind of feedback or follow up happens after a report is made? (either with the individual who made the report or with the individual you have referred the case to)

14. Do you have any specific guidelines or protocols in your organization/institution that you must follow as it relates to cooperation/coordination and referral of cases of violence against children for outside intervention? Please describe (*and provide if available*):

15. What kind of services/qualified professionals are available to work with children that are victims of violence?

Prompt: If no local service available, how far would a child need to travel to reach such services?

16. Are those services coordinated with each other?

Prompt: Do professionals work together on cases? Why do you think this happens this way?

Prompt: Can you describe any mechanisms currently in place to support service cooperation/coordination?

17. Do you know of any best practices/approaches to service delivery with children who have experienced violence/abuse? Please describe:

18. What mechanisms (internal or external to your organization/institution) for monitoring staff conduct and performance in identifying, documenting and reporting cases of violence against children are in place? *(if not already mentioned above, any documents referred to, request copy)*

Prompt: How are these implemented in daily practice (e.g. what happens?)

19. Are there any guidelines in your organization/institution for monitoring that staff are treating children properly and not committing abuse/violence against children?

Prompt: How are these implemented in daily practice (e.g. what happens?)

20. External to your organization/institution, can you describe any complaint mechanisms that exist if a case of violence against children not being handled properly?

Prompt: Can you explain how to make a complaint? (e.g. what happens?)

Prompt: How does your National Ombudsman Office responds to issues of violence against children?

21. Does your institution/organization participate in any prevention activities or public awareness raising efforts related to violence against children, child rights, and child protection? If yes, please describe:

22. Are you aware of any changes to the child protection system involving cases of violence against children? How have they changed the way the system identifies and intervenes in such cases? If so, please describe.

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

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

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

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

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

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

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

TO BE COMPLETED BY THE RESEARCHER

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

Institution \_\_\_\_\_

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

1 ☐ Urban 2 ☐ Rural 3 ☐ Both

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

This information is confidential and you will not be identified in the study report or within your

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

organization/institution. Please check the appropriate box to indicate your response.

### DEMOGRAPHIC INFORMATION

1. Gender                                      1 ☐ Male                                      2 ☐ Female

2. Please identify the sector that you are currently working in:

- 1 ☐ Education
- 2 ☐ Health care
- 3 ☐ Social welfare/protection
- 4 ☐ Interior/police
- 5 ☐ Justice (judiciary)
- 6 ☐ Justice (prosecutor)
- 7 ☐ NGO

3. Please check which of the following is the status of your agency/institution/service:

- 1 ☐ Government



2 ☐ Non-Government

4. Please identify the area your agency/organization serves

1 ☐ Urban

2 ☐ Rural

3 ☐ Both

5. How many years have you been working in your field/sector?

1 ☐ less than one year

2 ☐ 1-2 years

3 ☐ 3-5 years

4 ☐ 6-10 years

5 ☐ More than 10 years

6. Please indicate your current position in the agency/institution/service:

1 ☐ Government official (decision maker)

2 ☐ Director/Supervisor/Practitioner (service delivery)

7. What is the highest level of education you have completed?

1 ☐ Primary education

2 ☐ Secondary education

3 ☐ Vocational education

4 ☐ Undergraduate University education (up to 5 years)

5 ☐ Post-Graduate education (Master of Sciences or Doctoral)

8. Please indicate if you have had any **specific training** in any of the following areas (check all that apply):

1 ☐ Violence Against Children

2 ☐ Sexual abuse

3 ☐ Physical abuse

4 ☐ Neglect

5 ☐ Domestic violence

6 ☐ Emotional maltreatment

7 ☐ Crisis intervention

8 ☐ Risk assessment

9 ☐ Child development

10 ☐ Diversity/cultural sensitivity

11 ☐ Interview techniques

12 ☐ Safety planning techniques

13 ☐ Other (related to Violence Against Children): \_\_\_\_\_

Identification of cases of violence against children

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

9. Is information about cases of violence against children that you encounter formally documented by your organization/institution?

0 ☐ No

1 ☐ Yes

2 ☐ Do not know

10. Are you required by any legislation or regulations to **report (to another authority)** cases of violence against children and child abuse and neglect that you encounter?

0 ☐ No

1 ☐ Yes

2 ☐ Do not know

11. Do you have any specific guidelines or protocols in your organization/institution that you must follow as it relates to managing cases of violence against children that you encounter?

0- ☐ No

1- ☐ Yes

2- ☐ Do not know

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

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

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

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

1 ☐ Strongly Disagree

2 ☐ Disagree

3 ☐ Agree

4 ☐ Strongly Agree

5 ☐ Don't Know

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

1 ☐ Spanking (on buttocks)

2 ☐ Slapping/Smacking (on face)

3 ☐ Slapping/Smacking (on hands)

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

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

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

15a) Based on the information provided, how serious is the incident described?

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

15b) In your professional judgement, does this incident constitute physical abuse?

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

15c) Based on your understanding, are you required by law / policies in your organization to report this incident to the authorities?

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

15d) Do you think that reporting this incident to the authorities would be helpful to this child?

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

15e) Overall, how likely would you be to report this case to the authorities?

- 1 ☐ Almost certain to report

- 2 ☐ Very likely to report
- 3 ☐ Somewhat likely
- 4 ☐ Somewhat unlikely
- 5 ☐ Very unlikely to report

15f) Would you consider referring this family for additional supportive services?

- 1 ☐ No, not required
- 2 ☐ Yes, however, services are not available
- 3 ☐ Yes, to the following services 15g) (**check all that apply**):
  - 1 ☐ Family counseling/support
  - 2 ☐ Individual child counseling/support
  - 3 ☐ Individual parent counseling/support

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

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

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

16b) In your professional judgement, does this incident constitute abuse?

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

16c) Based on your understanding, are you required by law / policies in your organization to report this incident to the authorities?

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

16d) Do you think that reporting this incident to the authorities would be helpful to these children?

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

16e) Overall, how likely would you be to report this case to the authorities?

- 1 ☐ Almost certain to report

- 2 ☐ Very likely to report
- 3 ☐ Somewhat likely
- 4 ☐ Somewhat unlikely
- 5 ☐ Very unlikely to report

16f) Would you consider referring this family for additional supportive services?

- 1 ☐ No, not required
- 2 ☐ Yes, however, services are not available
- 3 ☐ Yes, to the following services 15g) (**check all that apply**):
- 1 ☐ Family counseling/support
- 2 ☐ Individual child counseling/support
- 3 ☐ Individual parent counseling/support

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

17a) Based on the information provided, how serious is the incident described?

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

17b) In your professional judgement, does this incident constitute sexual abuse?

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

17c) Based on your understanding, are you required by law / policies in your organization to report this incident to the authorities?

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

17d) Do you think that reporting this incident to the authorities would be helpful to this child?

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

17e) Overall, all things considered, how likely would you be to report this case to the authorities?

- 1 ☐ Almost certain to report
- 2 ☐ Very likely to report

- 3 ☐ Somewhat likely
- 4 ☐ Somewhat unlikely
- 5 ☐ Very unlikely to report

17f) Would you consider referring this family for additional supportive services?

- 1 ☐ No, not required
- 2 ☐ Yes, however, services are not available
- 3 ☐ Yes, to the following services 15g) (**check all that apply**):
- 1 ☐ Family counseling/support
- 2 ☐ Individual child counseling/support
- 3 ☐ Individual parent counseling/support

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

18a) Based on the information provided, how serious is the incident described?

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

18b) In your professional judgement, does this incident constitute a form of abuse?

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

18c) Based on your understanding, are you required by law / policies in your organization to report this incident to the authorities?

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

18d) Do you think that reporting this incident to the authorities would be helpful to this child?

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

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

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

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

- 1 ☐ No, not required



- 2 ☐ Yes, however, services are not available
- 3 ☐ Yes, to the following services 15g) (**check all that apply**):
- 1 ☐ Family counseling/support
- 2 ☐ Individual child counseling/support
- 3 ☐ Individual parent counseling/support

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

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

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

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

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

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

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

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

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

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

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

20. "Richard" is an eight year old boy who attends the local school. He is slow to learn his letters and numbers and still struggles to do simple math exercises. Most of the kids in Richard's class call him names like "stupid", "dummy" and even "retarded". His teacher, "Mr. Green" often hears the teasing but does nothing to stop it. Sometimes he laughs with the other kids. One day Mr. Green tells Richard that he is so far behind the rest of the group that he should go back to kindergarten room where he will be with children of his own level. The class laughs loudly, and Richard begins to cry. "Don't be such a baby"

20a) Based on the information provided, how serious is the incident described?

- 1 ☐ Extremely serious
- 2 ☐ Very serious
- 3 ☐ Somewhat serious

- 4 ☐ Not very serious  
5 ☐ Not at all serious

20b) In your professional judgement, does this incident constitute emotional/psychological abuse?

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

20c) Based on your understanding, are you required by law / policies in your organization to report this incident to the authorities?

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

20d) Do you think that reporting this incident to the authorities would be helpful to this child?

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

20e) Overall, all things considered, how likely would you be to report this case to the authorities?

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

#### Referral of cases, sufficiency of services, and follow-up on the referrals

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

21. Do you refer children and their parents in such cases for outside intervention or support?

- 0 ☐ Yes  
1 ☐ No, service is not available  
2 ☐ Service is available but not good quality (e.g. previous bad experience)  
3 ☐ Intervention and support is often not necessary

22. When cases of violence against children are identified by your organization/institution, what cooperation/coordination mechanisms do you use to respond to these cases:

22a. Meetings among your own staff to discuss cases 0 ☐ No  
1 ☐ Yes

22b. Cooperation/Coordination with the police on cases 0 ☐ No  
1 ☐ Yes

- 22c. Cooperation/Coordination with doctors on cases 0 ☐ No  
1 ☐ Yes
- 22d. Cooperation/Coordination with school directors and teachers on cases 0 ☐ No  
1 ☐ Yes
- 22e. Cooperation/Coordination with social workers on cases 0 ☐ No  
1 ☐ Yes
- 22f. Cooperation/Coordination with child protection agencies on cases 0 ☐ No  
1 ☐ Yes
- 22g. Cooperation/Coordination with NGOs working on children's issues 0 ☐ No 1 ☐ Yes
- 22h. Cooperation/Coordination with the judiciary on cases 0 ☐ No 1 ☐ Yes
- 22i. Cooperation/Coordination with the prosecutor on cases 0 ☐ No  
1 ☐ Yes

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

- 0 ☐ No  
1 ☐ Yes  
2 ☐ Do not know

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

- 0 ☐ No  
1 ☐ Yes  
2 ☐ Do not know

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

- 0 ☐ No  
1 ☐ Yes  
2 ☐ Do not know

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

- 0 ☐ No  
1 ☐ Yes

2 ☐ Do not know

Monitoring, evaluation, and complaint mechanisms by state and non-state systems

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

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

0 ☐ No

1 ☐ Yes

2 ☐ Do not know

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

0 ☐ No

1 ☐ Yes

2 ☐ Do not know

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

0 ☐ No

1 ☐ Yes

2 ☐ Do not know

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

0 ☐ No

1 ☐ Yes (and mechanisms are in place to do this)

2 ☐ Yes (however, no mechanisms are in place to do this)

3 ☐ Do not know

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

0 ☐ No

1 ☐ Yes

2 ☐ Do not know

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

☐ Internal Complaint Process (within a specific organization/institution)

This process is usually ☐ Effective ☐ Not Effective

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

This process is usually ☐ Effective ☐ Not Effective

☐ No complaint mechanism in place

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