

# VIOLENCE AGAINST CHILDREN

Results of an Institutional Assessment of the Responsiveness of Service Providers to Violence against Children in Macedonia

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Results of an Institutional Assessment of the Responsiveness of Service Providers to Violence against Children in the FYR Macedonia\*

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\* Hereinafter referred to as Macedonia

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# EXECUTIVE SUMMARY

This report presents the findings of an institutional assessment of the responsiveness of the child protection system in Macedonia to violence against children conducted in 2005. The study specifically looked for formal mechanisms that govern the referral of cases of violence to the appropriate institutions, as well as those that promote cooperation and coordination among component actors in the child protection system.

## RESEARCH GOALS

1. Collect data from various service providers in the child protection system on:
  - Number of cases of violence recorded or documented in a 12-month period
  - Number and types of action taken in recorded cases of violence (e.g., the number of cases reported to police, the number referred to social services)
  - Coordination mechanisms among institutions involved in recorded cases of violence as well as mechanisms which monitor, supervise and evaluate institutions and professionals that work with victims of violence.
2. Review the legal and working definitions of violence that are the basis for identifying and reporting such cases and the criteria that service providers use for deciding on action.
3. Select samples that illustrate how incidents of violence against children come to notice in the child protection system and how the system responds.

## METHODOLOGY

We used both quantitative and qualitative research tools:

- Questionnaire
- Interview

Each key informant participated in an interview and responded to the questionnaire.

The questionnaire had 16 questions, both open and closed. It was designed to collect data on the services that, in a local context, record and refer cases of violence. The first group of questions captures general data and the second group identifies how familiar institutions and service providers are with the situation of violence against children in their local communities and whether they officially record and refer cases of violence. Particular questions assess knowledge about coordination mechanisms among institutions involved in cases of violence. The questionnaires were administered orally and were filled in directly by the researchers. The response rate to the questionnaire was generally satisfactory.

The personal interview was designed to collect data from the official records of service providers in the child protection system, where official records are available. The interview questions aimed to collect information on the knowledge of legal mechanisms at the national level related to violence against children.

The respondents and key informants were selected because they have responsibility in the area of violence against children. Overall, the research sample covered interviewees from 277 institutions, including social work centres, health centres, hospitals, pre-schools, schools, police stations, residential institutions, detention and correctional facilities, as well as reception and transit centres for children in conflict with the law.

The results of our research showed that there were 1,403 cases of violence against children recorded in the previous 12 months. The majority of cases, 404 reports, came through social work centres, with 393 cases reported by special service providers (e.g., detention and correctional facilities, centres for victims of violence, residential institutions for children and day-care centres for children with special needs) and 333 cases from police stations. Elementary schools reported 145 cases of violence.

The office of the Ombudsperson for Children reported only ten cases of violence, of which four involved family violence, four were violence in educational institutions, and two cases of violence reported in the media.

Importantly, one question showed that 91% of the interviewees know which institutions record and treat cases of violence. However, a follow-up question on how many of these institutions are present in their local community resulted in very unreliable data. All of those surveyed reported different numbers of the institutions present.

On the question of knowledge about whether cases of violence against children were resolved, only 11% of institutions responded positively. According to the data available, the following actions were taken: placement in institutions or shelters; placement in foster-family care; referral to other institutions; mediation by the Ministry of Labour and Social Policy; counselling; legal action, including filing a penal complaint. The share of institutions that have *no* knowledge about actions taken in response to reports of violence was as high as 60%. This confirms that there is a lack of communication among institutional components of the child protection system and no established mechanisms or protocols for information exchange.

On the question of institutions that record cases of violence, 43.7% said they do not officially record the cases of violence and 53.3% said they do.

## **CRITERIA USED TO DECIDE APPROPRIATE ACTION**

The criteria used to make decisions on appropriate actions in cases of violence against children are very important for the functioning of the child protection system. In fact, they lay the foundation for the effectiveness and efficacy of the system. Unfortunately, the survey results raise strong concerns about the situation in Macedonia because there are no official criteria for recording cases of violence against children and no referral system is in place.

The survey results showed that 41.9% of the institutions reported that decisions made in cases of violence are based on criteria contained in official documents (either legal or internally adopted documents that govern this area); however, 58.1% of the institutions reported that their actions are ad hoc, i.e., without guidance from any official regulations or documents.

Survey data show that education and health institutions are very weak in terms of having official criteria that guide appropriate actions in cases of violence: only 26.2% of the educational and 31.0% of the health institutions base their actions on official documents.

The picture is different when looking at the data from police stations and state-run centres for social work: 88.5% of police stations reported that the actions they take are based on official documents such as the Criminal Code, the Law for Social Protection and an internal bylaw on conducting services from the Ministry of Internal Affairs; and only 11.5% of decisions are made on an ad hoc basis.

## **REFERRAL MECHANISMS IN CASES OF VIOLENCE**

The results of the question as to whether there are special mechanisms (e.g., guidelines or protocols) that regulate the referral of cases of violence against children to appropriate service providers or institutions showed that 59.6% said that there are no particular mechanisms and about 30% said that such mechanisms exist.

Only centres for social work can formally refer cases of violence against children to other social institutions or centres for victims of violence. Nonetheless, all institutions have to record, as part of their daily activities and responsibilities, all of the different types of cases that they deal with, including those which involve violence against children.

All respondents agreed that all institutions *should* identify and record cases of violence but currently they do not have the mandate to do so.

## **COORDINATION MECHANISMS IN CASES OF VIOLENCE**

Results showed that 65.5% of police stations say that they coordinate and cooperate with other relevant institutions using mechanisms based on official documents. Similarly, 64.7% of service providers say they work together with other institutions. (The code for criminal procedure requires police to report all types of violence to the Public Prosecutor's Office.)

## **MONITORING MECHANISMS IN CASES OF VIOLENCE**

The results from the survey show that monitoring mechanisms are in place in institutions to a significant level but no higher than 30% of service providers. The mechanisms include those that monitor the quality of services as well as regular inspections, self-evaluations and complaint processes for beneficiaries of the services.

Police stations have vertical monitoring systems that run from top managers to the most junior police officers. In addition, there is a complaint mechanism in the Ministry of Interior (Sector for Internal Control) so any citizen can challenge police work, including cases of domestic violence and violence against children where police say they have no authority to act.

### *Supervision mechanisms in cases of violence*

The survey detailed four types of supervision mechanisms or systems in place: regular evaluation of employees' work; management evaluation of staff; evaluation of performances in terms of identification and referral of cases of violence; and evaluation of specific assistance for service delivery and training.

## **CONCLUSIONS**

In general, from the survey results, it can be concluded that there are no legally or officially regulated criteria in Macedonia for recording, referring and treating cases of violence against children. In addition, there are no mechanisms for cooperation among institutions dealing with child victims of violence, and no mechanisms for monitoring and evaluating the quality of services provide to affected children and their families.

- The reported total of 1,403 cases of violence against children does not reflect the real scope of the problem in the country.
- The existing child protection system is anchored in the Ministry of the Interior (police) which conventionally is not driven by child rights and the services needed to ensure them.
- Analysis of existing legislation shows that laws regulate protection of victims of violence and penalties for perpetrators of violence, but say nothing about the systematic identification, recording and referral of cases of violence against children.
- Similarly, there are no laws that regulate coordination mechanisms among institutions that deal with violence against children. The same goes for evaluation, supervision and monitoring mechanisms.
- Overall, there are relatively few referral systems for violence against children. The lack of referral systems and the lack of unification of the few referral systems existing, hamper cooperation among institutions; limited information exchange impedes informed, coordinated responses; and the absence of authoritative, shared practices for prosecuting cases of violence against children constrains both the rights of alleged offenders and complainants--especially as incidents typically involve the word of a child against a familiar adult in his or her life.

# 1. INTRODUCTION

Violence involving children, violence directed at children and violence by children is causing increasing concern in many countries of the world. The situation in Macedonia is no different. At the same time, there are insufficient empirical data on the incidence, prevalence and types of violence involving children in Macedonia and a lack of evaluation of the effectiveness of existing protection systems and services. The survey and analysis reported in this research paper are intended to help fill in these serious gaps in knowledge.

Baseline data on child protection issues are not easily available in Macedonia because violence and abuse involving children are, to a large extent, a hidden problem. It is, however, known to be a widespread problem. In recent years, the media have made widely public problems that have been uncovered, including violence against members of certain ethnic groups in Niko Nestor high school in Struga and cases of pedophilia (sexual abuse) in the high school in Prilep. At the same time, the actual incidence of violence may be increasing as growing numbers of children are begging and living on the streets—raising concerns that many of them are at risk or are victims of violence.

Part of the problem is the general lack of adequate reporting systems in Macedonia, as it is even in some more developed countries. The legal standards and definitions of violence in Macedonia are weak, as they are across the Balkan region. Our survey shows that social services do not include particular mechanisms for the identification, documentation, referral and treatment of cases of violence and abuse against children. This is a problem in itself but it also means there is a lack of data for an authoritative evidence base on the prevalence and character of violence involving children.

This situation is largely the result of the fact that many institutions do not have a mandated obligation to act upon cases of violence involving children. Generally, the Criminal Code, Family Law, Law on Child Protection, Law on Social Protection and the laws for Primary and Secondary Education indicate indirectly (there are no specific articles) that institutions are to record cases of violence and refer them to the appropriate service providers (usually police stations, social work centres, hospitals and, if needed, educational institutions). All related laws include child protection mechanisms but these laws do not regulate the system of identification, recording and resolving of cases of violence.

Basically, it is assumed that a well-functioning child protection system would take on the responsibility to identify, record, report, refer and treat cases of violence and abuse. Extremely low numbers of reported cases in a country are then more an indication of the ‘weakness’ of the child protection system than the actual prevalence of violence. The results from our survey showed that this is certainly the case in Macedonia.

Similarly, a Council of Europe assessment<sup>1</sup>—using the REACT tool on sexual exploitation and abuse of children—in the Europe and Central Asia region showed large differences in the numbers reported by different countries. For example, Germany reported that 23,000 cases of sexual abuse and exploitation of children were reported and investigated in one year, while in Portugal there were only 154 cases.

It is in this context that the UNICEF Office in Skopje, with the support of the UNICEF CEE/CIS Regional Office, requested the Institute of Social Work and Social Policy to conduct an institutional assessment of the responsiveness of service providers to violence against children in Macedonia.

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<sup>1</sup> Terms of Reference, baseline indicators for child protection in CEE/CIS, UNICEF (provided by UNICEF RO)

## 1.1 AIM AND FOCUS OF THE STUDY

The research assessed the responsiveness of the child protection system through three main instruments.

- a) Collection of data from records of different services providers<sup>2</sup> on:
  - the number of cases of violence recorded or documented in the previous 12 months;
  - additional information on these cases;
  - number and types of action on recorded cases (e.g., reported to police, referred to social services); and
  - the presence of coordination mechanisms that pilot the referral of violence cases among institutions as well as mechanisms that deal with the monitoring, supervision and evaluation of institutions and professionals that work with victims of violence.
- b) Review of the legal and working definitions of violence—and the key legislation addressing violence against children—that are the basis for reporting cases of violence and the criteria used for deciding what action is taken.
- c) Selection of a representative sample of cases that illustrate how the child protection system responds and functions in cases of violence.

The institutions represented in the study include public centres for social work, health centres, hospitals, pre-schools, schools, police stations, residential institutions, detention and correctional facilities, and reception and transit centres for children in conflict with the law.

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<sup>2</sup> Service providers may come into contact with cases of violence directly or indirectly—e.g., identifying a child who comes into contact with the service himself or herself, or identifying the child through a family member, friend or community member in touch with the service.

## 2. METHODOLOGY

To meet the objectives of the survey, we used both quantitative and qualitative research tools:

- Questionnaires; and
- Interviews

### THE QUESTIONNAIRE

In keeping with guidelines provided by UNICEF, the questionnaire had 16 questions, both open and closed. The aim was to collect data, in a local context, on the recording and referral of cases of violence against children. The first group of questions elicits general data and the second group identifies to what extent institutions or service providers are familiar with the state of violence against children in their local communities and whether they officially record and refer cases of violence. (See Annex 1 for the questionnaire.)

We looked at institutional knowledge of the mandates that officially govern the recording of cases of violence and the follow-through actions. The questions also assess awareness of the mechanisms that monitor the work of service providers, i.e., is a monitoring system in place, a special inspection established or self-evaluation performed.

The response rate on the questionnaire was generally satisfactory. A few questions had low response rates, mainly due to conditional connections with the previous question: for example, Questions 4, 5 and 6 are connected and a negative response to Question 4 meant no response was required to Questions 5 and 6; Questions 10 and 11 are similarly connected. The response level to these questions does not affect the validity and reliability of the data, but rather shows a lack of information and communication among institutions. However, according to statistical norms, a response rate of less than 50% invalidates the question.

### THE INTERVIEW

The interview was designed to collect data from the official records of service providers in the child protection system, where such official records were available. The questions were intended to collect information about the level of knowledge about mechanisms at the national level related to violence against children.

Moreover, we wanted to find out to what extent interviewees were familiar with the mechanisms used to define local responsibilities for responses to cases of violence, i.e., whether they were familiar with relevant legal regulations, specific laws, and national strategies and plans; and, further, to what extent services are prepared for and capable of officially recording and dealing with cases of violence; as well as the presence of coordination mechanisms among service providers.

Finally, there were questions about respondents' knowledge of systems for the collection of information on violence, national policies on public information and institutions that collect information for protection of children on both local and national levels.

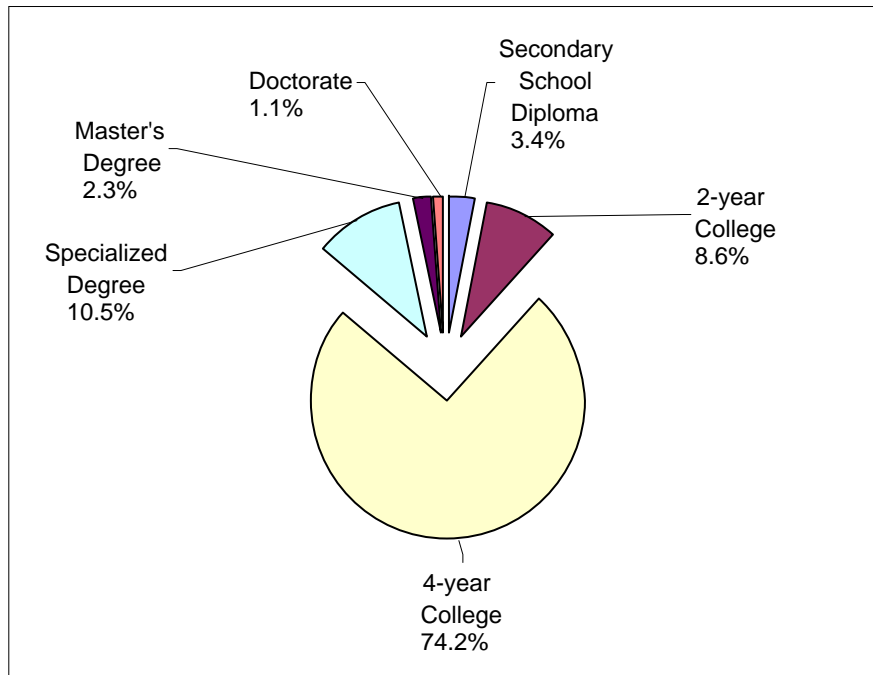
Both the interview and the questionnaire were conducted by professionals—social workers and psychologists. The questionnaires were administered orally in direct communication between the interviewers and the respondents. The respondents and the key informants were selected because they had responsibility in the area of violence against children.<sup>3</sup>

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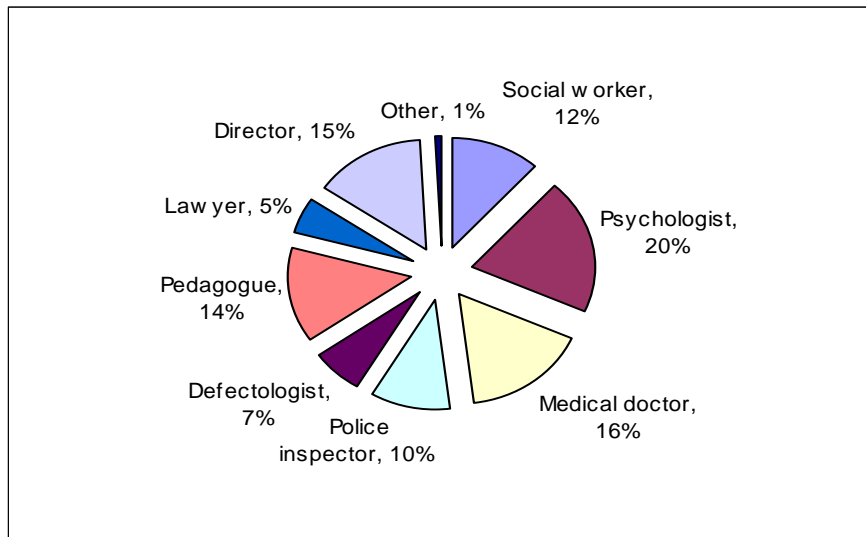
<sup>3</sup> In schools, responses were given by the director or a representative of the school's professional services; inspectors for youth delinquency were interviewed in police stations; professionals working in social protection units for socially excluded persons (homeless, victims of family violence, drug addicts and street children) were interviewed in centres for social work; persons from professional services were interviewed in residential institutions; the heads of children's departments in hospitals and head nurses were interviewed in the hospitals; social workers were interviewed in the detention and correctional facilities; the assistant of the programme was interviewed in the transit centre for victims of trafficking and illegal migrants; social workers directly responsible for the reception centre for domestic violence; the head of the day-care centre for street children; and social workers from the day-care centre for children with disabilities.

The following figures represent the composition of the interviewees by educational attainment (Figure 1) and by profession (Figure 2).

**Figure 1. Composition of interviewees by level of educational attainment**



**Figure 2. Composition of interviewees by profession**



## 2.1 SAMPLE AND SELECTION CRITERIA

The research sample represents 277 institutions—an increase from the initial sample.<sup>4</sup> Schools and police stations were selected in a stratified sample because of their large numbers; other institutions were drawn from an institutional census. Even with the higher number, the sample's distribution by strata is maintained.

A stratified sampling technique—in combination with random selection—was used to pick the pre-schools, primary and secondary schools, and police stations: Stratum 1—urban/rural; Stratum 2—Albanian/Macedonian/Mixed/Other; Stratum 3—state/private<sup>5</sup>.

The research sample represents 20% of the total number of units, with the exception of police stations where representation is 52%. The sample is random-stratified, i.e., composed of 20% of each stratum selected using a selection interval of five.<sup>6</sup> This means that every fifth unit in each stratum was selected, starting with the first one:<sup>7</sup>

- The selection of institutions as to urban/rural was based on the latest territorial division of municipalities in Macedonia: 44 urban and 41 rural.
- The selection of institutions as to ethnicity was based on proportional representation nationally: 64.2% from regions with predominantly Macedonian population; 25.2% from regions with predominantly Albanian population; and 10.7% from regions where other ethnic groups dominate. In addition, while analyzing survey data, we distinguished a Macedonia/Albanian group because so many questionnaires were answered in areas where both languages are spoken. We were unable to classify these responses as either Macedonian or Albanian, and since they represented a significant percentage of the sample, we made them a separate category.
- The institutional census was used to select social work centres, health centres, day-care centres, residential institutions, detention and correctional facilities, and reception and transit centres.
- The margin of error is within the accepted statistical margin of +/-2% for the rural/urban and ethnic group strata. In the case of the institutional census, there is +1% error.

**Figure 3. The stratified sample by type of municipality and language**

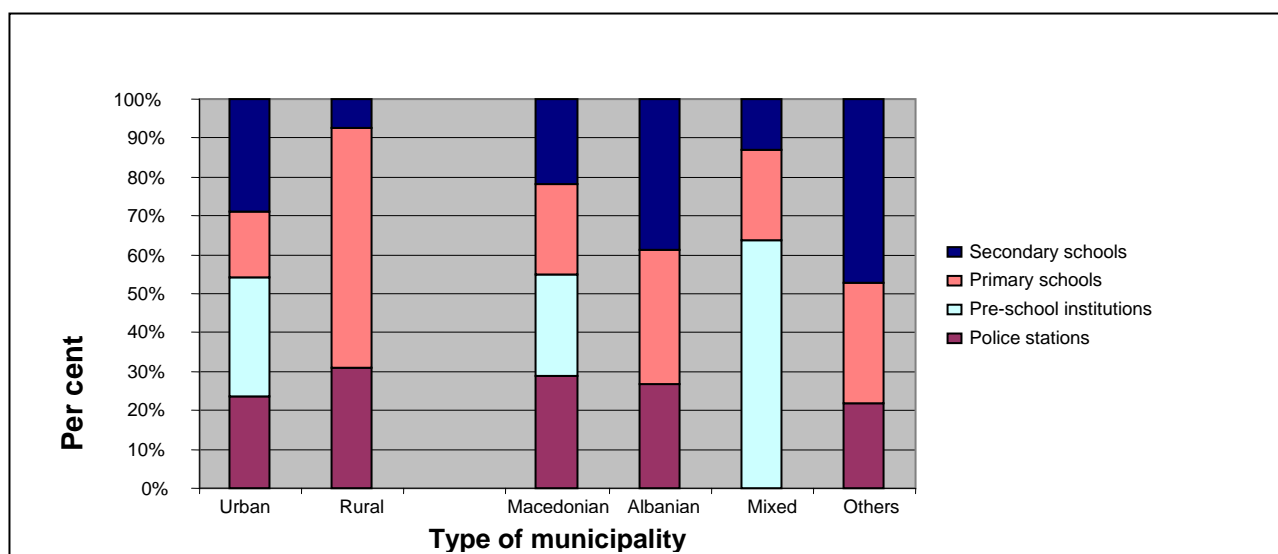
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<sup>4</sup> The initial sample was 261 institutions, but we included a total of 26 police stations instead of the planned 10 (20% of the total number) because we discovered that these institutions have the most reliable data on violence against children. The police sample now represents 52% of all stations. However, all strata are kept as planned.

<sup>5</sup> Where the text refers to Albanian communities it means communities where more than 20% of citizens are ethnic Albanians. Where the text refers to Albanian institutions, it means institutions operating in these communities. The state/private stratum is represented only in the basic sample of secondary schools.

<sup>6</sup> Selection interval is a reciprocal value of the selection rate and number of units in the primary structure (N) divided by number of units in the sample (n) or  $\frac{N}{n}$ . Example:  $\frac{513}{103}=4.98(5)$

<sup>7</sup> Random sampling was carried out within each stratum, as follows. Starting with the first one, every fifth pre-school was selected from the list published in "Statistical Review: Population and social statistics (2.4.4.04/464): Pre-school organisations and infant schools at primary schools for children's care and upbringing in the Republic of Macedonia in 2003". Similarly, every fifth primary and secondary school from the list published in "Statistical Review: Population and social statistics (2.4.4.11/476): Primary and secondary Schools at the beginning of the school year 2003/2004". Every fifth police station was selected from a list provided by the Ministry of Interior. The random principle of selection was also applied to the strata: every fifth institution from urban/rural regions; every fifth one based upon language (Macedonian/Albanian/others (such as Turkish, Roma and Serbian)).



Tables I and II represent the distribution of service providers included in the total sample of 277 institutions.

Table I. Composition of police and educational institutions by type of municipality and language

	Police Stations		Pre-school institutions		Primary Schools		Secondary Schools		
	number	%	number	%	number	%		number	%
Urban	20	76,9	11	100,0	55	54,5	State	17	94,4
Rural	6	23,1	0	0,0	46	45,5	Private	1	5,6
Macedonian	21	80,8	8	72,7	65	64,4		11	61,0
Albanian	3	11,5	0	0,0	15	14,9		3	16,7
Mixed	0	0,0	3	27,3	10	9,9		1	5,6
Others	2	7,7	0	0,0	11	10,9		3	16,7
Total	26	100,0	11	100,0	101	100,0		18	100,0

Table II. Composition of social care providers and institutions in the research sample

Type of Institution	Number
Health centre (primary care)	25
Hospital	33
Centre for social work	29
Residential institution for persons, including children	2
Residential institution for children deprived of parental care	3
Residential institution for children with behavioural problems	2
Detention and correctional facility (juvenile prison)	1
Detention and correctional facility (educational correctional facility)	1
Detention and correctional facility (prison for adults where female juveniles are also placed)	1

Transit centre for victims of trafficking and illegal migrants	1
Reception centre for victims of domestic violence	6
Day-care centre (for street children)	1
Day-care centre (for children with disabilities)	14
Rehabilitation centre	2
<b>Total</b>	<b>121</b>

# 3. DEFINITIONS OF VIOLENCE AGAINST CHILDREN

Violence is the gravest of acts. It violates the most basic human rights—for adult or child. In its many forms and degrees, violence transgresses the rights to life, security, dignity and physical, mental, emotional and spiritual well-being.

There is no generally accepted definition of violence—and its many permutations. Violence is both a physical and mental reality as well as a socially mediated construct. As a result, research into violence involving children must define its terms.

In the current international literature, five main forms of violence and abuse are described:

1. Neglect (emotional and mental needs go unsatisfied).
2. Emotional abuse (criticism that impedes development of a positive self-image).
3. Physical abuse (harm arising from deliberate actions or lack of care).
4. Sexual abuse (acts where an adult corrupts or coerces a child into watching pornography, watching or performing masturbation, engaging in sexual touching or games, having illicit sexual relations or where the adult rapes a child).
5. Commercial exploitation (where a child is lured into illicit paid work for the financial benefit of others, e.g., prostitution, sex service and domestic work).

The literature also commonly quotes the World Health Organization (WHO) definition of violence which refers to all forms of physical and/or emotional violence, sexual abuse, neglect or negligence, and exploitation for commercial or other purposes that have an effect in real, actual or potential damage to the health, survival, development or dignity of the child in the context of the relationship with the person who is in a position of responsibility, trust or power towards a child (WHO, 1999).<sup>8</sup>

In Article 19, the Convention on the Rights of the Child defines violence as “all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.” The CRC, the most widely endorsed UN convention ever, was ratified in 1993 by the Assembly of the Republic of Macedonia. Therefore, the CRC definition has legal power in Macedonia, especially given the fact that there is no official national definition that refers to violence against children. The existing Family Law in Macedonia covers violence as a person who uses violence, force or threat against a family member; emotionally or sexually abuses a family member; or exploits a family member materially, sexually or for labour.

Our study in Macedonia was guided by the definition of violence used in the 2005 UN Secretary General’s Study on Violence against Children<sup>9</sup>, which is more detailed than the CRC description. The UN study includes all forms of physical or mental violence, injury and abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, commercial or other exploitation including trafficking. Much violence against children comes at the hands of parents, adult relatives and adult acquaintances, but the definition of the UN study also encompasses a wide range of other significant types of violence: violence inflicted by siblings and peers; violence perpetrated by teachers in schools as well as violence committed by students, including bullying and hazing; child sexual abuse, including in the context of early and forced marriages; so-called “honour” killings; female genital mutilation/cutting and other harmful traditional practices; maltreatment and torture; and corporal and capital punishment.

During our research, the interviewers read this definition to the respondents prior to answering the questions. All of the inclusive elements of the definition were explained to the respondents. The researchers concluded that a

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<sup>8</sup> <http://www.ohchr.org/english/bodies/crc/docs/study/Conceptpaper.pdf>.

<sup>9</sup> The global study is scheduled to publish a major report in 2006 and make recommendations to the UN General Assembly.

large number of respondents did not fully understand all of the elements of this definition. They generally apply a much narrower definition and thus report on violence only in cases where serious injury occurs, i.e., an injury that requires medical treatment or police protection.

Even given the parameters of violence used by our research study, respondents did not consider other forms of violence as abuse. In particular, neglect or negligent treatment by parents or guardians, mental violence inflicted by teachers and fellow students in school, violence between children like bullying was not perceived as violence. Also, the study found that institutions do not recognize commercial exploitation as a form of abuse and do not, therefore, report it. This limited understanding of the definition of violence involving children results in inadequate and inappropriate responses to this most serious issue and a lack of action and protection for children.

## 4. ANALYSIS AND INTERPRETATION OF THE RESULTS OF THE INSTITUTIONAL ASSESSMENT

The service providers included in this study were asked to provide information on numbers of recorded cases of violence against children, referral patterns and knowledge of cases recorded and referred by other service providers. Since most cases were found to be recorded on an ad hoc basis, it was difficult to collect information on additional characteristics such as perpetrator and type of violence. However, the researchers managed to collect some case profiles which are presented in Annex 3.

### 4.1 IDENTIFYING AND RECORDING CASES OF VIOLENCE

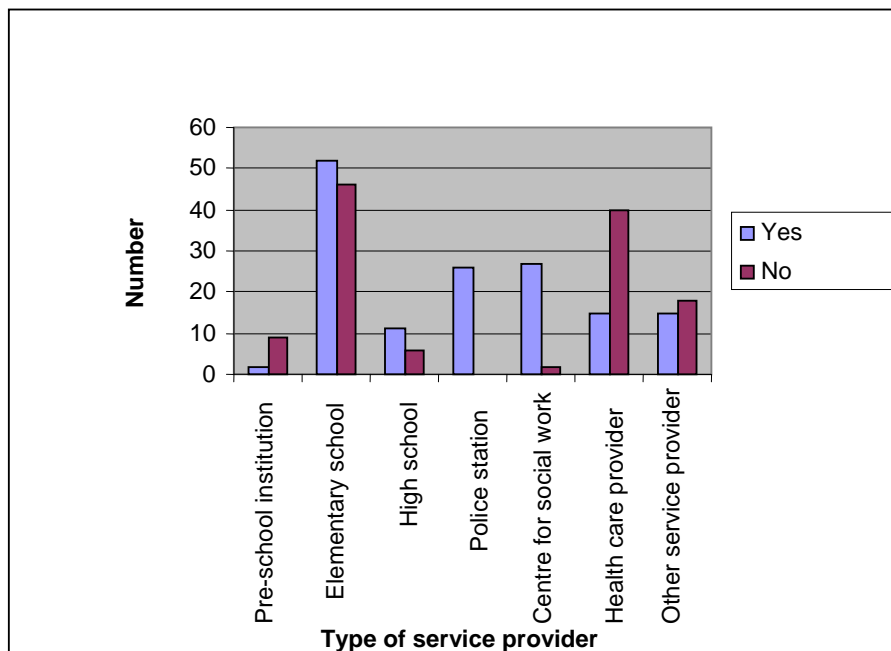
The service providers were all asked to provide information on whether they record cases of violence and how many cases they had recorded in the last 12 months.

As to the question of institutions that record cases of violence 43.7% do *not* officially record the cases of violence and 53.3% do. However, this figure varies considerably for different types of institutions. The police stations reported that all 26 officially record cases of violence as did 93.1% of centres for social work. Educational and health institutions do not officially record cases of violence. However, unofficial recording was reported by 18.2% of pre-schools, 51.5% of elementary schools and 61.1% of high schools. (see Annex 4, Table 10)

All six reception centres for victims of domestic violence reported that they record cases of violence. However, it should be noted that none have an official recording system or a referral system. Staff says they record cases in their notebooks but only for their own purposes.

Another group that we will elaborate on here is the detention and correctional facilities. Two of them reported that they officially record cases of violence but the facility in Skopje-Idzirovo (juvenile female prison) does not have any official recording system.

**Figure 4. Does your institution record cases of violence?**



### NUMBER OF CASES OF VIOLENCE RECORDED

The total number of cases of violence recorded during the previous 12 months as reported by the service providers in this study was 1,403.<sup>10</sup> Most of the cases were recorded by centres for social work with 404 cases, followed by special services providers (detention and correctional facilities; centres for victims of violence; residential institutions for children and day-care centres for children with special needs) with 393 cases, and police stations with 333 cases. Elementary schools reported 145 cases of violence (see Table III).

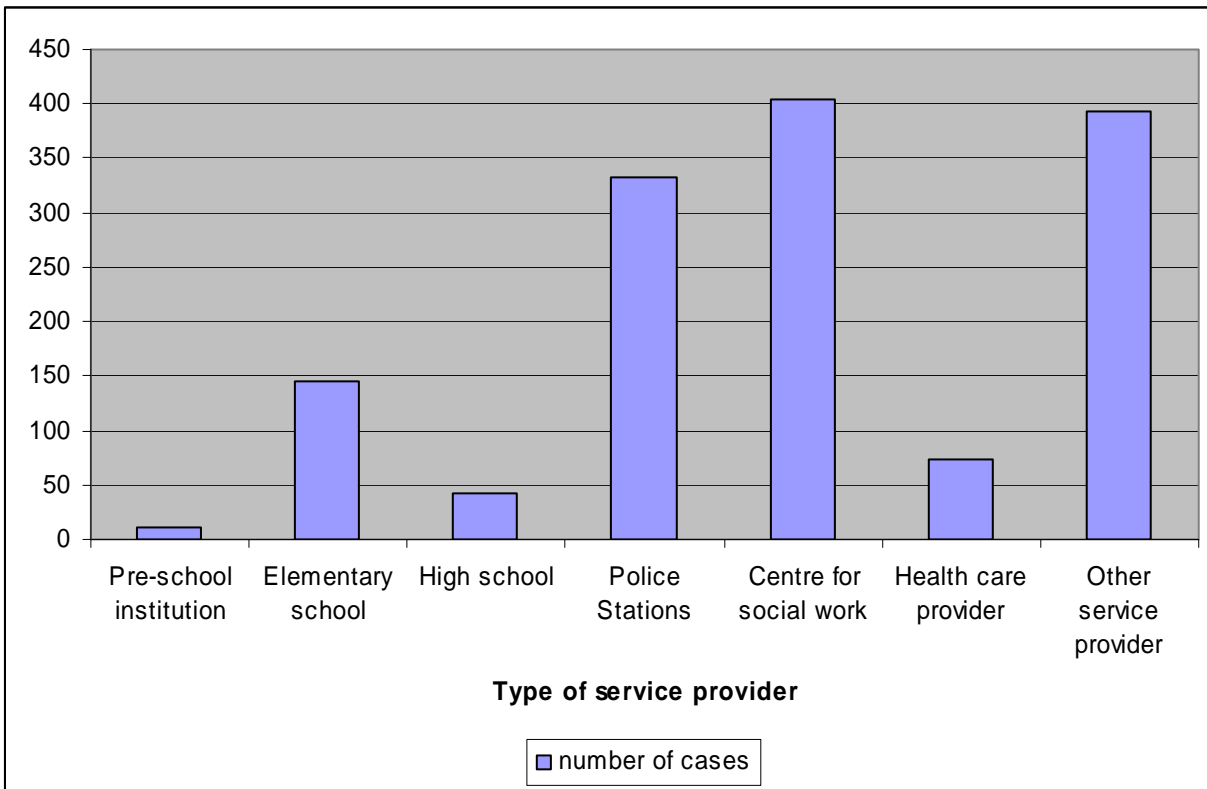
**Table III: Number of cases of violence recorded by different service providers in last 12 months**

Type of service provider	Number of services providers that have recorded cases of violence during the last 12 months	Share of service providers recording some cases (%)	Number of cases recorded by the service providers	Number of service providers that have no recorded cases during the last 12 months	Share of service providers recording no cases (%)	Total number of type of service providers
Pre-school institution	4	36.4	11	7	63.6	11
Elementary school	31	30.7	145	41	40.6	101
High school	7	39.0	43	7	38.9	18
Police station	16	61.5	333	7	26.9	26
Centre for social work	21	72.4	404	6	20.7	29
Health care provider	11	19.0	74	22	37.9	58
Other service provider	8	23.5	393	8	23.5	34
<b>Total</b>	<b>98</b>		<b>1,403</b>	<b>98</b>		<b>277</b>

<sup>10</sup> The data findings are valuable and reliable even though the quoted number is lower than expected. This is due to the fact that hospitals and schools do not have established systems of recording cases of violence and the data are based on memory, consultation with other colleagues or personal knowledge.

Category of “other service providers”, specified	Number of services providers that have recorded cases of violence during the last 12 months	Share of service providers recording some cases (%)	Number of cases recorded by the service providers	Number of service providers that have no recorded cases during the last 12 months	Share of service providers recording <i>no</i> cases (%)	Total number of type of service providers
Residential institution	0	0	0	4	44.4	9
Detention and correctional facility	2	67.0	10	0	0	3
Reception centre for victims of domestic violence or shelter for trafficking victims	1	14.3	2	0	0	7
Day-care centre for street children or children with disabilities	5	33.3	381	4	26.7	15
<b>Total</b>	<b>8</b>	<b>23.5</b>	<b>393</b>	<b>8</b>	<b>23.5</b>	<b>34</b>

**Figure 5. Number of cases of violence against children recorded in last 12 months by type of service provider\***



\*N=277, Respondents: 196

Looking in more detail at the numbers of recorded cases by special services providers, we see: only 14 cases recorded in detention and correctional facilities; 88 cases recorded in centres for victims of domestic violence; and 101 in day-care centres for street children and those with disabilities. Residential institutions recorded 205 cases of violence. No cases were recorded in institutions hosting both children and adults.

Although the figure of 1,403 recorded cases of violence is undoubtedly low in terms of the reality of violence involving children, recent media publicity has indicated that the numbers of violent incidents are much higher and rapidly increasing. This is evidenced by the case of “Niko Nestor” high school in Struga where the media has reported cases of violence among students from different ethnic groups. The response to our questionnaire at the same school was that *no* cases of violence were reported in the previous 12 months. The same inconsistency surfaced at the kindergarten in Skopje.

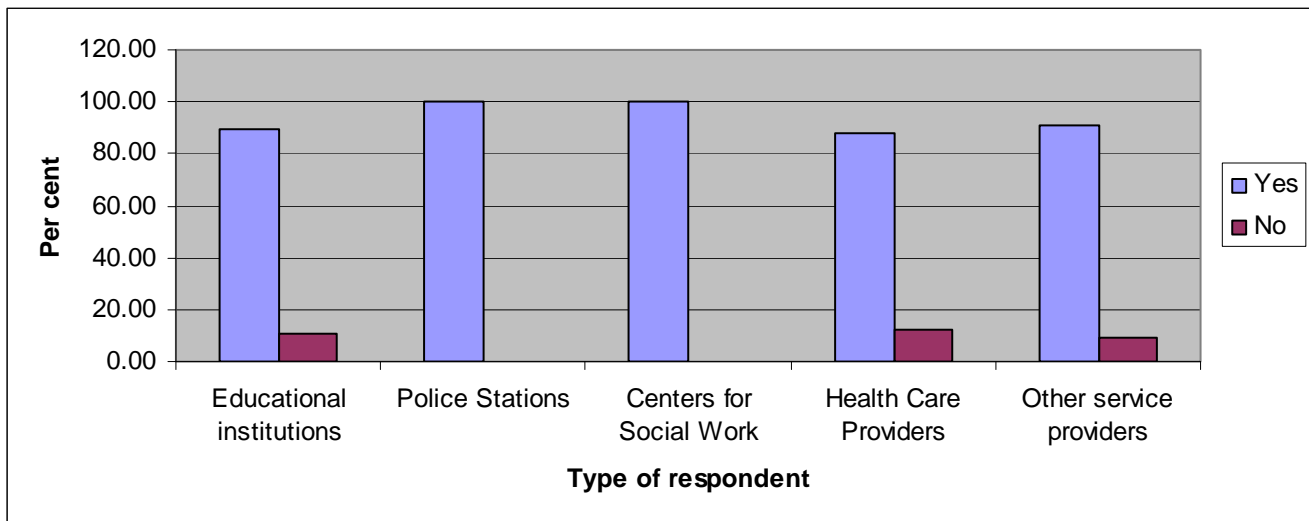
Concerning the situation in hospitals, we would like to highlight the very low number of recorded cases which is due largely to the use of different terminology in a medical setting. For example, most cases of violence are not recorded as such but rather as injuries caused by, for example, glass, a metal object or even small firearms.

While being interviewed medical personnel said that they treat or hospitalize patients every day who have been involved in acts of group violence. The patients are being treated and released from hospitals without being recorded as cases of violence. Moreover, hospitals do not inform the police of such cases.

The office of the Ombudsperson for Children reported only ten cases of violence involving children, of which four were family violence, four occurred in educational institutions and two were reported in the media.

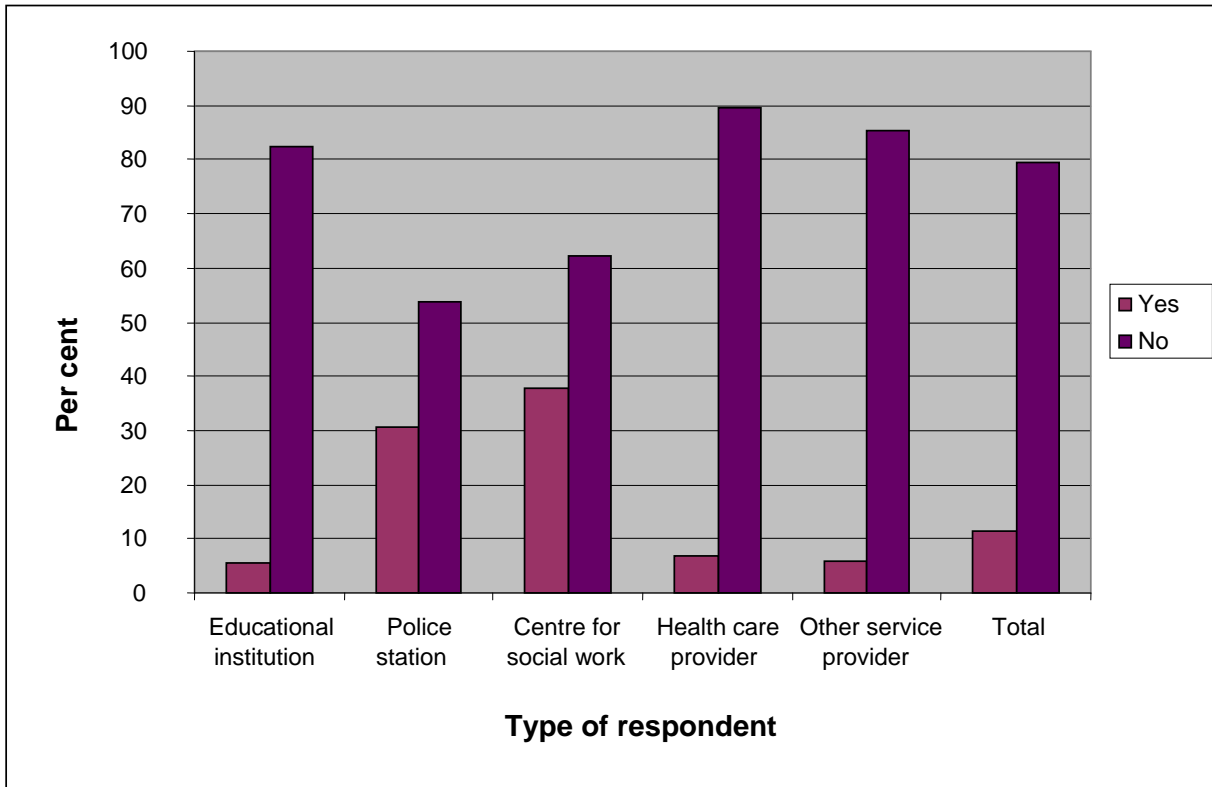
Recognizing the importance of this issue, we assessed the knowledge of respondents and found that 91% said that they know which institutions record and treat cases of violence (see Figure 6). When respondents were asked to list the institutions in their local community, data received was very unreliable. All the respondents reported different numbers of institutions present in their locality.

**Figure 6. Awareness of institutions that record cases of violence by type of respondent (Do you know which institutions record of violence in your local community?)**



The data also showed that respondents do not know how *many* cases of violence are recorded in the community. For example, only 5.4% of educational institutions said that they know the number of violence cases recorded. But, when asked about specific figures, they were not able to give a sure answer. In general, we can say that the institutions do not have reliable knowledge about the number of recorded cases of violence (see Figure 7).

Figure 7. Do you know the number of cases of violence recorded in your community?

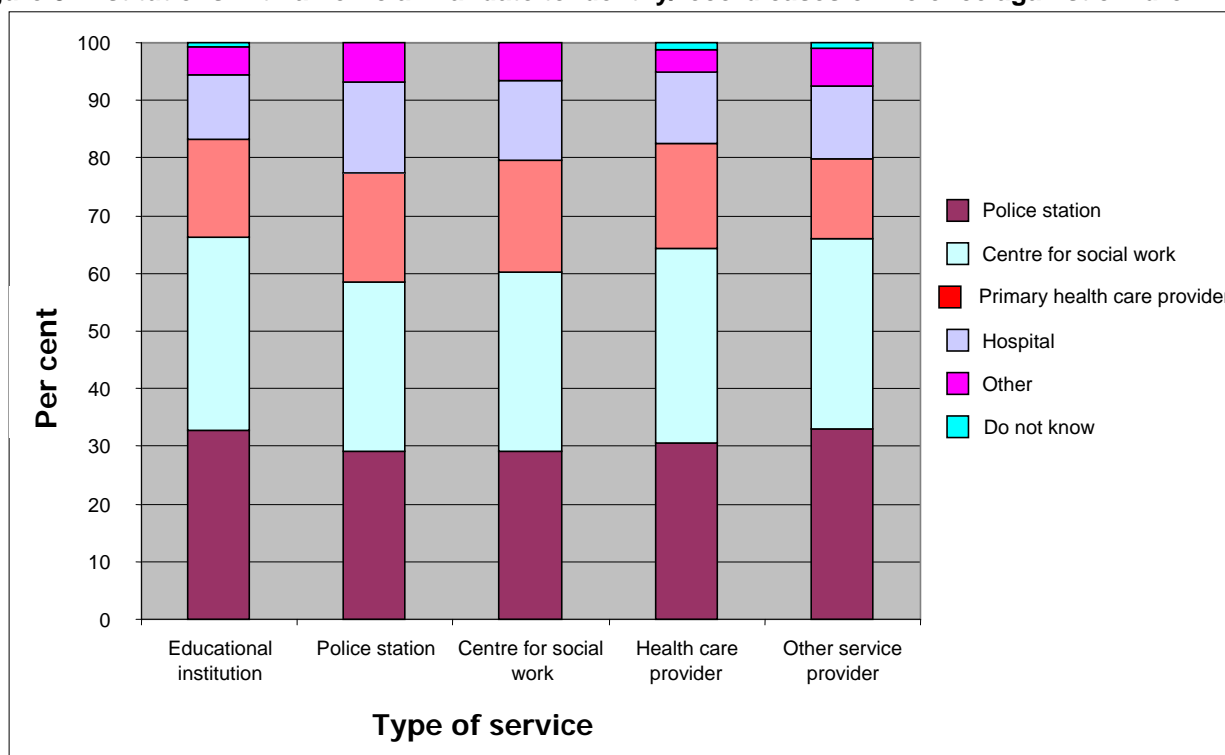


## MANDATES TO IDENTIFY AND RECORD CASES OF VIOLENCE

Our survey showed that 90.1% of respondents think that police stations have a regulated mandate to identify and record cases of violence. An even higher share (93.8%) said social work centres also have a similar official mandate. Half said they think that hospitals have to record cases of violence (see Annex 4, Table 14). More than half said a mandate to identify and record cases of violence enables the institution to take a range of actions beyond identification and recording, such as referral to other institutions, temporary placement in centres for victims of violence, and more permanent settlement in other social institutions (see Annex 4, Table 15).

Even though all institutions may not have formal mandates to capture cases of violence, all of them are required to keep records (daily reports, analytical and statistical reports) as part of their daily activities and responsibilities that should catch cases of violence against children. Notably, however, only centres for social work are empowered to refer cases of violence against children to other social institutions or centres for victims of violence.

**Figure 8. Institutions with an official mandate to identify/record cases of violence against children**



In order to clarify the legislative picture on violence against children, we consulted the Ombudsperson for Children in Macedonia and the State Educational Inspectorate, as well as a number of lawyers and staff in pertinent government departments. All agreed that all institutions in the child protection system *should* identify and record cases of violence, though they do not have a mandate to do so. Institutions are obliged to inform the State statistical office of all criminal acts during the year, including violence against children, using specific forms. It appears the number of these incidents has been counted in terms of recording the number of perpetrators but not in terms of recording the number of victims. None of the aforementioned laws include criteria for recording and referring cases of violence; nor do they have obliging mechanisms for documenting cases of violence.

According to the general stipulations of the Criminal Code, every institution must inform the police of any identified case of violence—which underlines the need for proper recording. The Criminal Code and Family Law indicate that all institutions and even ordinary citizens *should* inform authorities about cases of violence, but there is no sanction for failing to do so. The institutions lack proper, formal systems for recording incidents

of violence. Most cases are resolved internally and if other institutions are called in, the contact is made by telephone. This practice means there is no formal space or place for institutional memory, but rather that the institution's experience ends with the professionals who have the telephone conversations. This is especially true where no further action is taken and no one else is involved in the case.

In addition, none of the mentioned laws govern the mandate of institutions to record and refer cases of violence, even where the violence involves children. This underlines the fact that none of the institutions have a regulated mandate to identify and treat children who are victims of violence.

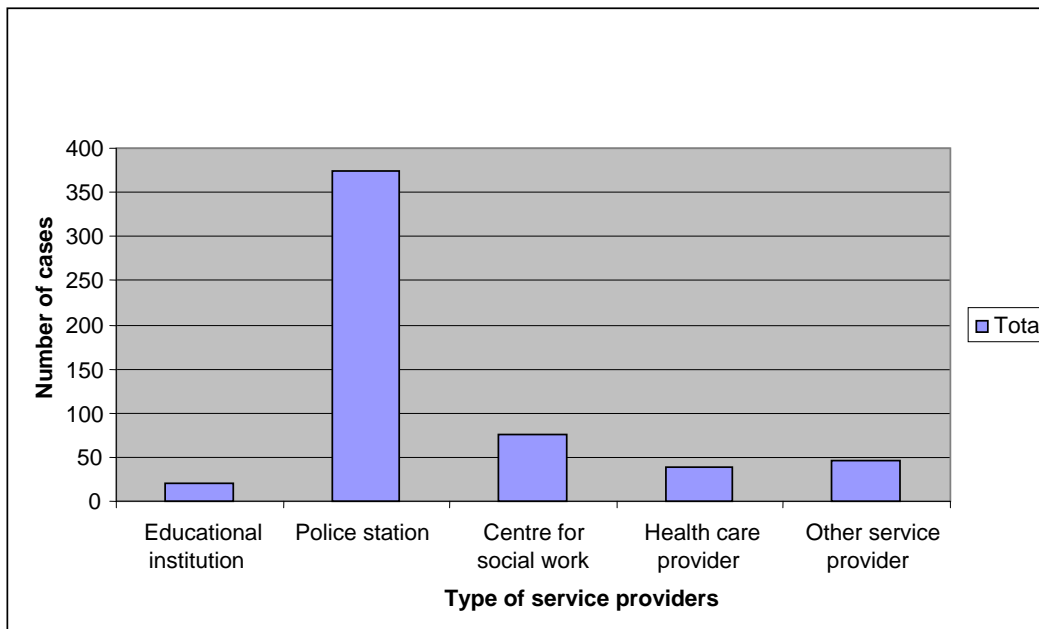
#### 4.2 REFERRAL OF CASES OF VIOLENCE

The study sought information on the number of recorded cases of violence from each service provider that had been referred to the police or other service providers. The results made it clear that there is a gap between the number of cases recorded and the number of cases referred. Only 556 cases of the 1,403 recorded (39.6%) were referred.

**Table IV. Number of recorded cases of violence that are referred to police or other service providers**

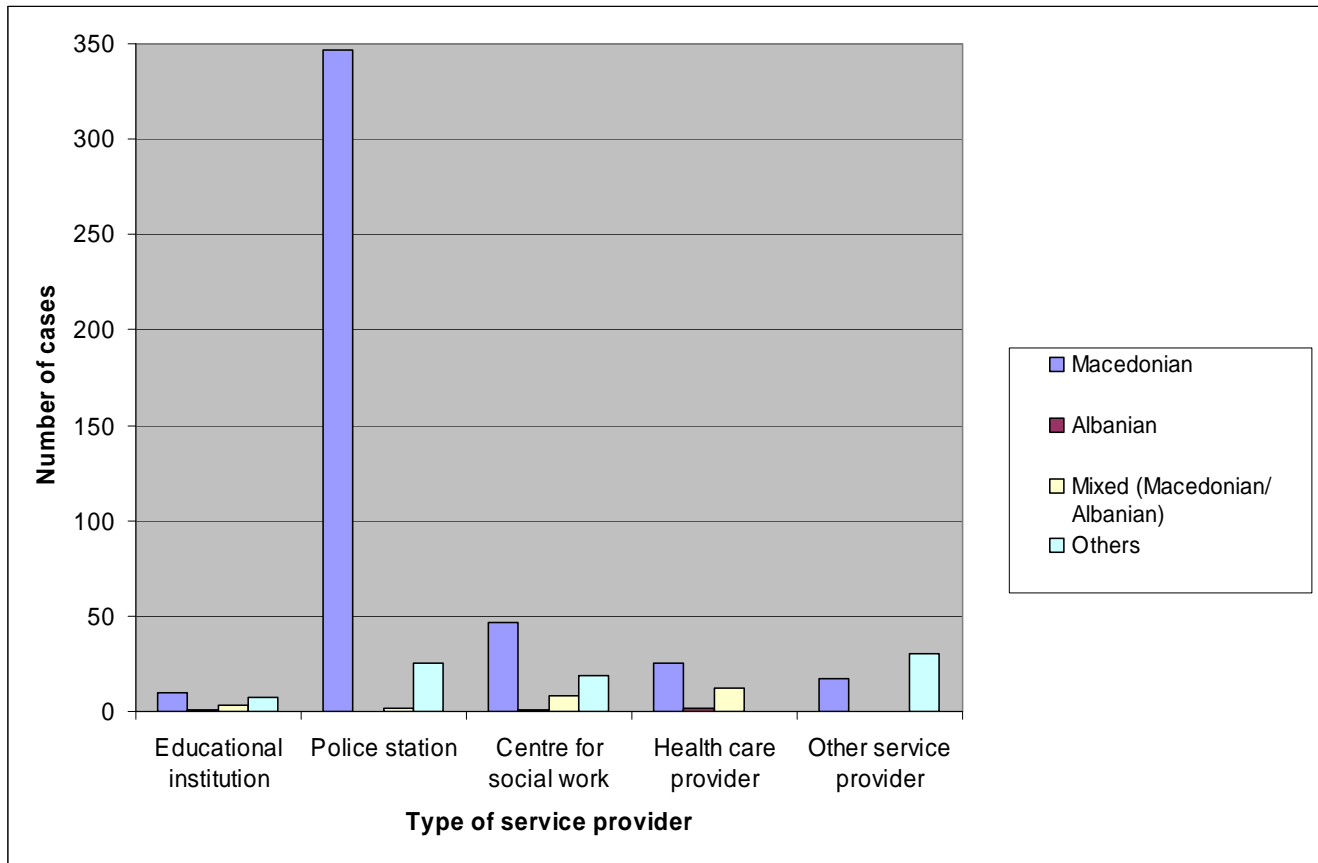
	Macedonian	Albanian	Macedonian/ Albanian (Mixed)	Others	Total
Educational institution	10	1	3	7	21
Police station	347	0	2	25	374
Centre for social work	47	1	8	19	75
Health care provider	25	2	12	0	39
Other service provider	17	0	0	30	47
<b>Total</b>	<b>446</b>	<b>4</b>	<b>25</b>	<b>81</b>	<b>556</b>

**Figure 9. Number of cases referred to police or other service provider in the last 12 months**



Notable disparities appear when the data on awareness are analyzed by ethnic group (see Figure 10). Only four institutions -operating in communities where more than 20% of citizens are ethnic Albanians - included in the sample (one educational institution, one social work centre and two health care providers) knew how many cases of violence had been reported and treated by the police, and only 29 cases have been reported.

**Figure 10. Number of cases referred to police or other service provider, by ethnic group**



On the question of knowledge that cases of violence against children in the local community were resolved in some way, only 11% of institutions responded positively. According to the data available, the following actions were taken: placement in institutions or shelters; placement in foster-family care; referral to other institutions; mediation by the Ministry of Labour and Social Policy; counselling; and legal actions, including filing a penal complaint. The share of institutions that have no knowledge about actions taken in response to reports of violence reaches 60%. This confirms that there is a lack of communication and no established system of information exchange among service providers in the child protection system.

### 4.3 CRITERIA GOVERNING ACTION IN VIOLENCE CASES

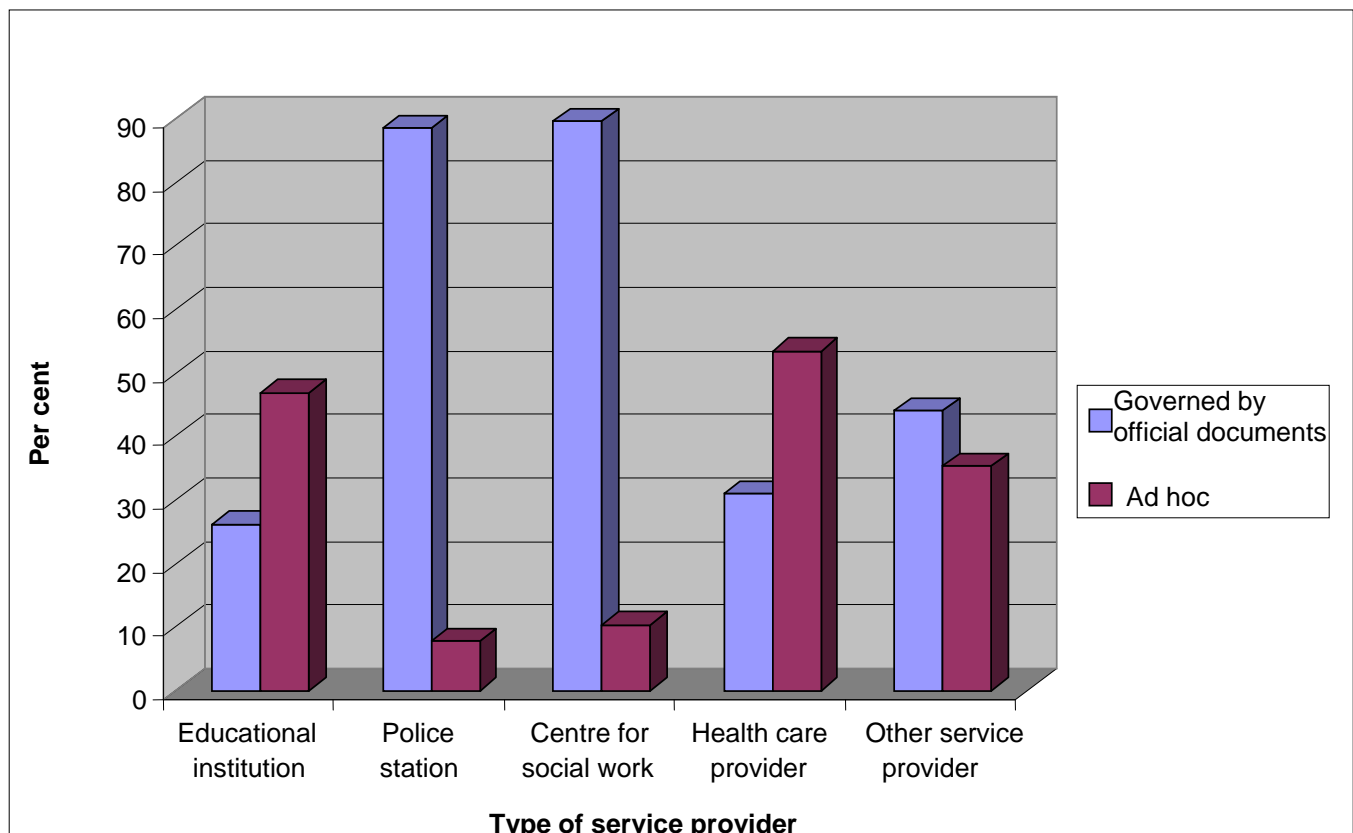
The criteria that are used to make decisions on appropriate actions in cases of violence against children are very important for the functioning of the child protection system. In fact, they provide the foundation for the effectiveness and efficacy of the system. Unfortunately, our survey results show that the situation in Macedonia is very concerning. Not only are there no official criteria used to identify and record cases of violence against children, and no cohesive referral system for victims of violence, but most service providers lack formal criteria for deciding on appropriate action in cases of violence.

The survey results show that 58.1% of institutions reported that the actions they take in cases of violence are ad hoc, i.e., without guidance from any official regulations or documents; 41.9% of institutions base decisions on criteria contained in official documents, i.e., either legal or internally adopted documents that regulate this area; (see Table V).

**Table V. Criteria used as a basis for actions taken in cases of violence against children**

Type of service provider	Governed by official documents		Ad hoc basis		No reply		Total
	Number	% of respondents of this type	Number	% of respondents of this type	Number	% of respondents of this type	
Educational institution	34	26,2	61	46,9	35	26,9	130
Police station	23	88,5	2	7,7	1	3,8	26
Centre for social work	26	89,7	3	10,3	0	0,0	29
Health care provider	18	31,0	31	53,5	9	15,5	58
Other service provider	15	44,1	12	35,3	7	20,6	34
<b>Total</b>	<b>116</b>	<b>41,9</b>	<b>109</b>	<b>39,4</b>	<b>52</b>	<b>18,8</b>	<b>277</b>

**Figure 11. Criteria used to decide on action in violence cases\***



\*N=277; Respondents: 225

Survey data show that educational and health institutions are very weak in terms of having official criteria that guide appropriate actions in cases of violence. Only 26.2% of educational institutions and 31.0% of health institutions base their actions on official documents.

The survey found quite a different picture for police stations and centres for social work: 88.5% of police stations reported that the actions they take are based on official documents such as the Criminal Code, the Law for Social Protection and an internal bylaw for conducting services from the Ministry of Internal Affairs; and only 11.5% of decisions are made on an ad hoc basis.

Similarly, 89.7% of social work centres take actions guided by official documents and only 10.3% act on an ad hoc basis. However, when asked, the former could not name which official documents were used. The only law mentioned was the Criminal Code of Macedonia.

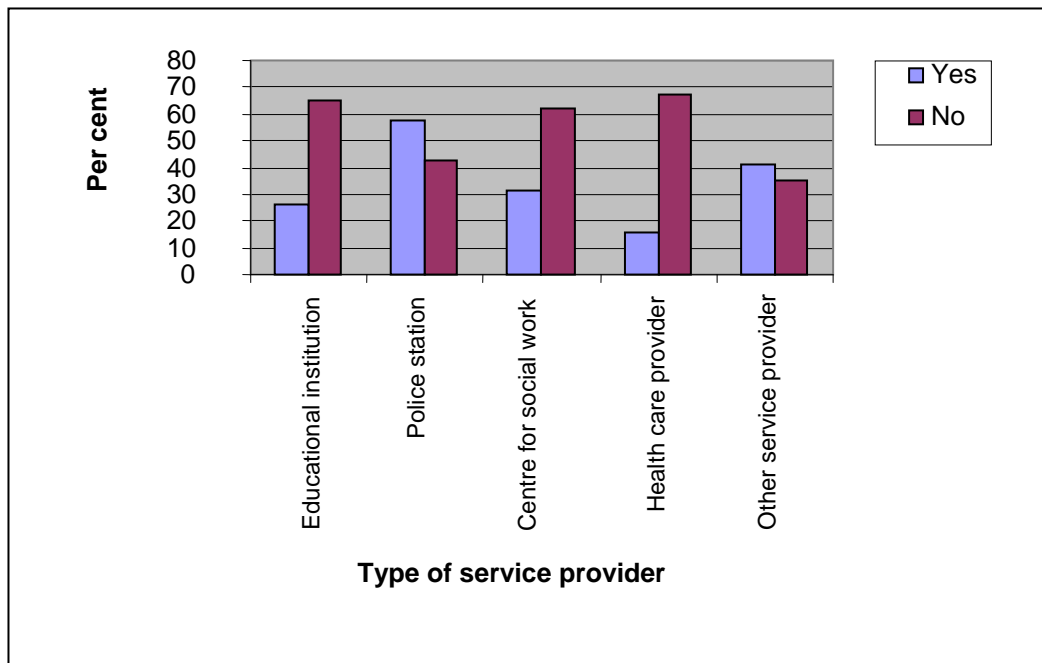
A review of this law shows that it does contain general stipulations that oblige institutions to record and refer cases of violence. However, criteria that guide actions on cases of violence come from specific bylaws which govern the functions of the institution.

Here we would like to note that actions taken by police and detention and protection facilities centre on the perpetrators rather than victims of violence. Most of the articles are related to treatment and sentences for perpetrators. Social work centres are one institution that *does* focus on victims of violence but even these service providers have no distinct category or special criteria for such cases. Instead, the centres rely on the general mandates of their institutions to support action in cases of violence

This situation strongly underlines the need for two distinct types of legislation: laws that focus on protecting individuals, including children, from violence and responding to their needs when violence does occur; and laws that focus on perpetrators, including child offenders, both legally (e.g., sentencing) and socially (e.g., rehabilitation).

The results of the question as to whether there are special mechanisms (specific guidelines or protocols) that regulate the referral of recorded cases of violence against children to appropriate service providers or institutions showed that 60% of respondents said there are no such mechanisms while 30% said there are. In addition, 30% of respondents did not know what constitutes a formal referral mechanism. Instead, they described such informal means as daily contacts with various institutions, conversations, supporting letters and personal contacts.

**Figure 12. Specific mechanisms in place for referral of cases of violence\***

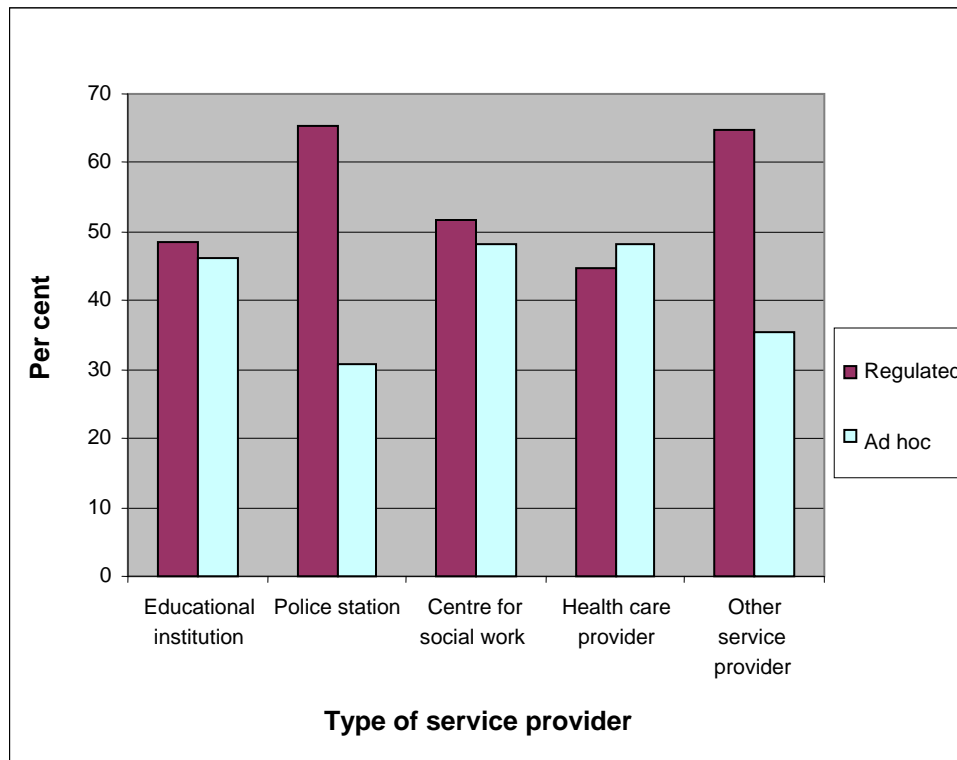


\*N=277; Respondents: 246

#### 4.4 COORDINATION, SUPERVISION AND MONITORING MECHANISMS

Our study results showed that 65.5% of police stations say that they coordinate and cooperate with other relevant institutions using mechanisms based on official documents. Similarly, 64.7% of other service providers (including residential institutions, detention and correctional facilities, reception centres and day care centres) say they work together with other institutions. (See figure 13)

**Figure 13. Reporting existence of coordination mechanisms\***



\*N: 277; Responses: 265.

According to the Code of Criminal Procedure in Macedonia, police stations are obliged to report on all types of violence to the Public Prosecutor’s Office. Again, as we have pointed out, the police report focuses on the perpetrator rather than on the victim or type of violence. Where the victim is a child, police stations are obliged to report the case to one of the centres for social work. Furthermore, according to the Law on the Ombudsman, where the victim is a child, all institutions must relay the number of such cases to the office of the Ombudsperson for Children.

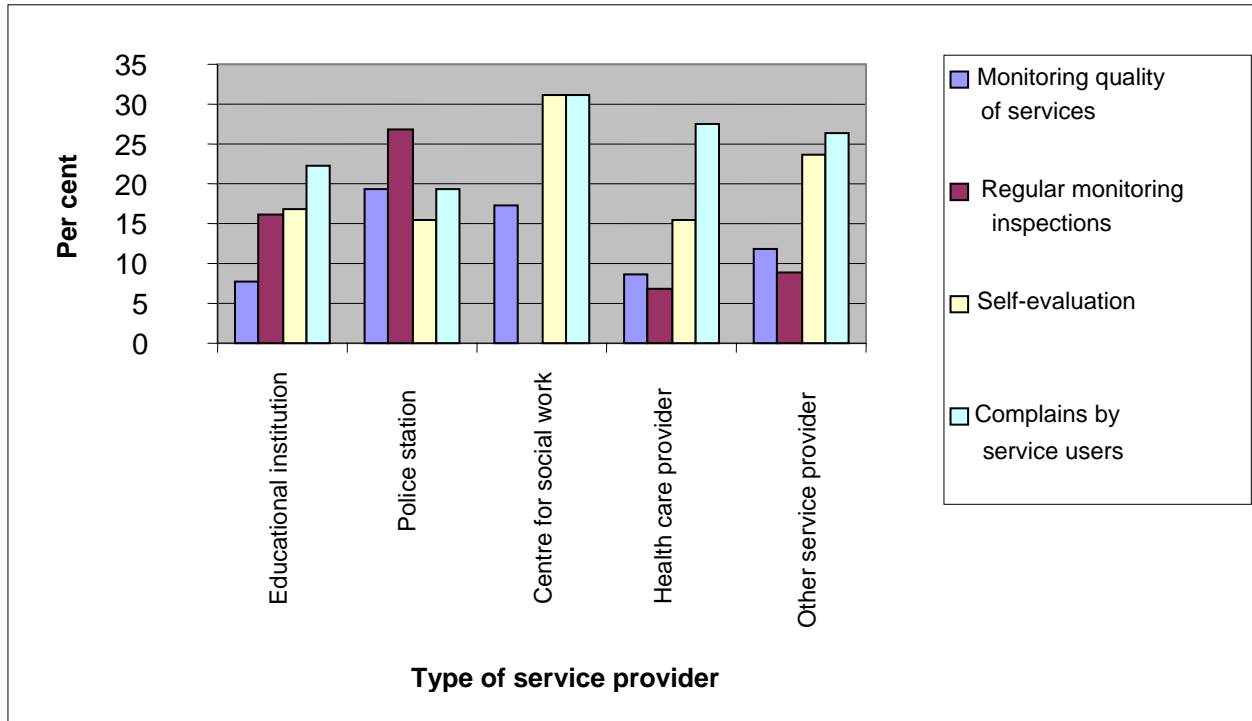
In conclusion, existing laws indicate that institutions are supposed to cooperate with other relevant institutions, but cooperation mechanisms simply do not exist—at least not in the formal sense intended by law. Again, there are no penalties for overlooking these obligations.

A case in point, as noted earlier, is that the office of the Ombudsperson for Children was notified of only ten cases of violence against children in the 12 months before our survey point. Similarly, the State Educational Inspectorate received notice of just 25 cases of violence against children, 10 from school authorities and 15 from parents and students.

Survey results showed that monitoring mechanisms have a significant though still modest presence in institutions (see Figure 14). Most of the mechanisms fall into four categories: those that monitor the quality of services; regular inspections; self-evaluations; and complaint avenues for service users. (see Annex 4, Table 17).

Police stations have chain-of-command monitoring systems that run from top managers to the most junior police officers. In addition, there is a complaint mechanism in the Ministry of Interior (Sector for Internal Control) for any citizen who wishes to challenge the work of the police, including cases of domestic violence and violence against children where police say they lack the authority to act.

**Figure 14. Monitoring mechanisms reported by type of service provider**

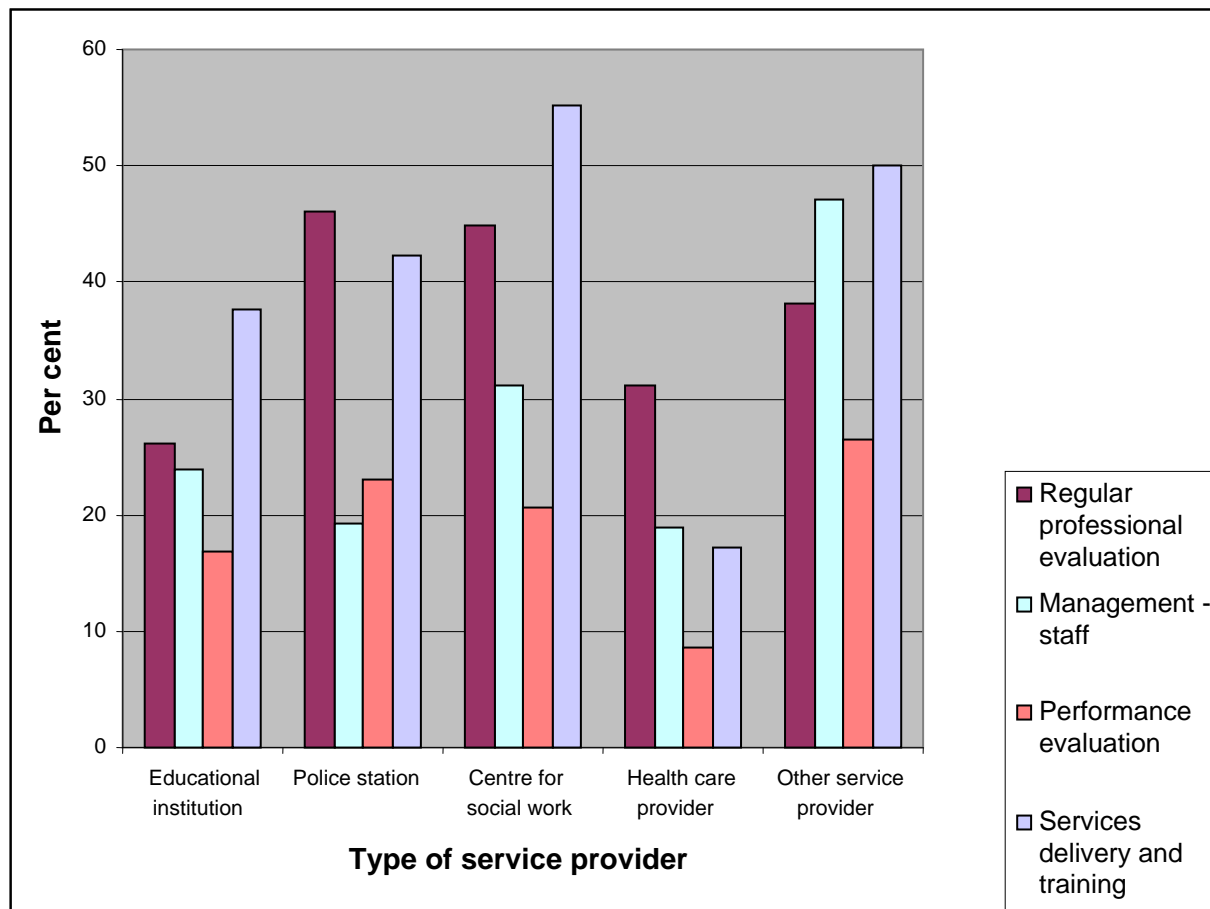


The survey also solicited information about supervisions mechanisms and systems that are in place. Most fall into four types: regular evaluation of employees’ work; management evaluation of staff; evaluation of performances in terms of identification and referral of cases of violence; and evaluation of specific assistance for service delivery and training.

In more detail, the survey found that 46.2% of police stations have regular professional evaluations and 42.3% have training available on responding to cases of violence. Similarly, 44.8% of social work centres have regular professional evaluations and 55.2% have training opportunities related to service delivery to victims of violence (see Annex 4, Table 18).

In general, our survey results show that all institutions have, to a certain extent, professional evaluation of staff as well as training available. Less common are manager-supervisee evaluation and performance evaluation related to recording and referring cases of violence.

**Figure 15. Supervision mechanisms/systems reported by type of service provider**



#### 4.4 QUALITATIVE ANALYSES OF INTERVIEW RESULTS

As explained above, the interviews in the study were intended to test respondents’ knowledge of legal regulations governing violence against children at the national level.

Of the 277 institutions interviewed, only a very small number had the knowledge to respond to the questions. We concluded that more than 90% of the institutions know very little about the issues of legal regulation of the violence against children. From the few answers that we could analyze (around 20%) almost three quarters said the Family Law is the legislation that defines responsibility for responding to cases of violence.

Similarly, there was little knowledge about coordination mechanisms for responses to cases of violence. The same applied to questions about systems for the collection of information on the fight against violence as well as on the approaches used to develop national policies for information for the wider public.

Different sources in the Ministry of Interior reported that the ministry itself, in its Analytical Sector, has a database for recording cases of violence. Again, the cases are recorded as criminal acts and by perpetrators. This information is usually communicated to the wider public by the speaker of the Minister of Interior. In cases of violence involving children, all information—except the child’s identity—is made available to the public.

Finally, the interview results showed that more than 40% of the respondents think that special units within state Ministries collect systematic information related to child protection at the local and national levels; 35% think that NGOs collect such information; while 20% assign the function to research institutes and agencies.

In general, we can conclude that the respondents are not familiar with regulations addressing the problem of violence in the country. They are not familiar with all kinds of violence, such as psychological abuse in the family, or commercial/labour exploitation of children. They lack adequate knowledge about laws and the legal system as they apply to violence against children.

All of the respondents recognized that the current child protection system has many gaps when it comes to reporting and responding to violence involving children. For example, there are no specific forms to record cases of violence involving children; no specific registers for gathering this information; a lack of official databases; approximate rather than authoritative data; a lack of specific and written criteria for appropriate actions in cases of violence; and no mechanisms governing a referral system in such cases.

However, the public system of social work centres has identified this lack of forms and protocols for cooperation and has plans to develop and implement these instruments in cooperation with the relevant institutions in the child protection system of Macedonia.

## 5. KEY LEGISLATION ON CHILD PROTECTION

The Constitution of the Republic of Macedonia—the highest legal and political document in the country—strictly forbids all forms of torture, inhumane or humiliating treatment or punishment (Article 11).

The Assembly of the Republic of Macedonia:

- based on the priceless value of the appropriate development and upbringing of the child, and his or her successful integration as an equal member in society;
- considering that the child needs to be completely prepared for independent living, to develop an appropriate system of values, morals and norms, and to be educated in the spirit of peace, dignity, understanding, tolerance, freedom and solidarity;
- affirming the unique and equal rights and freedoms of the child regardless of origin, material status, nationality and ethnic background, religion and ability; as well as
- having in mind the principles proclaimed in the United Nations' Declaration of the Rights of the Child (1958) and the Convention on the Rights of the Child (1989), other international acts, as well as provisions from the Constitution of Republic of Macedonia for the special protection of children

adopted the Declaration for Child Protection in 2003. The Declaration expresses awareness of the present phenomena of abuse and manipulation of children in the family and in society as well as the involvement of children in improper and anti-social activities. The Declaration emphasizes the need to ban all forms of mental and physical abuse and molestation of children and is equally clear about the need to respect the individual, physical and moral integrity of the child and to provide protection of his/her legal rights and interests.

The Assembly pointed out that—in cases of child neglect, violation of parental rights and responsibilities, physical abuse or molestation of a child, economic abuse, misleading a child into committing criminal acts, begging, prostitution and other asocial phenomena—the institutions, organizations and services responsible for the care and protection of children must promptly take all appropriate legal and administrative measures.

In order to provide maximum protection for the child and overcome current problems with anti-social behavior, the Assembly considers it necessary to adopt a national strategy for youth. It is also the opinion of the Assembly that in order to come into line with international laws and the legal framework of the European Union, the Government must complete legal regulation of the rights and protection of the child by adopting a special codified law or through changes and amendments to current laws that refer to children.

The existing legal framework that addresses violence against children in Macedonia consists of an array of different laws, as outlined below. However, these laws still only provide partial coverage in terms of a protective net for children experiencing violence.

### 5.1 THE CRIMINAL CODE (37/1996, 80/1999, 4/2002, 43/2003, 19/2004)

The *Criminal Code* makes illegal and criminal a full range of behaviors—including neglect, mental abuse and physical violence—that endanger or violate the rights, well-being, values and interests of children. It also prescribes punishment for offenders. Acts against children that are considered criminal may be committed by biological or adoptive parent/s, legal guardian/s or other person/s entrusted with the care of the child. This applies to acts such as abrupt neglect of the responsibility for the care and upbringing of the child or if the adult with responsibility deserts the child with the goal of permanently leaving the child. Offences can also be committed by staff in institutions charged with the education, protection and upbringing of children, and by those who provide professional services to children.

The *Criminal Code*, in Article 122, Item 19, also defines domestic violence. The description of family violence includes abuse, verbal assault, intimidation, threat or endangerment of personal security, physical and psychological violence. These behaviours may be directed towards a spouse, partner, child, parent or other

family or household member, whether joined by a marital or non-marital union, and including former marital partners, intimate partners and persons who have children in common.

The *Criminal Code* does not, however, provide sanctions for institutions that by its general stipulations are obliged to document, report and record cases of violence, but fail to do so.

## **5.2 THE FAMILY LAW (80/1992, 9/1996, 6/2004)**

Family law is one area with comprehensive and specific rules regarding child protection. Article 33a prohibits all types of violence in marriage and the family. Article 90, Item 2 addresses abuse or neglect of children by parents who physically or emotionally violate the child, sexually abuse the child, force the child into work inappropriate for their age, support the abuse of substances by their child, suborn the child into committing socio-pathological acts, abandon the child for a period longer than three months or otherwise violate the child's rights. After Article 94, a new chapter VI-A with 12 new articles (94a-94l) has been added to address "troubled relationships and violence in the marriage and family." Article 94b, describes family violence as a family member using threat or force, committing emotional, physical or sexual abuse, violence, or causing material, sexual or labour exploitation of another family member. The recent amendments also provide for protection of victims of violence in shelters.

The *Family Law* assigns a special role and responsibility to Centres for Social Work in addressing family violence. The centres can take action upon their own knowledge or from reports by police, health and education institutions, parents and neighbours, but the mechanisms for reporting incidents are not regulated. The centres can provide appropriate health protection, psycho-social intervention and treatment, refer victims to a shelter, inform the appropriate prosecution authorities, and provide a range of legal assistance and representation before the court (Article 94g).

At present, however, there are no mechanisms outlined in the law for informing the public about the various forms of family violence and where to report such violence.

## **5.3 THE LAW ON CHILD PROTECTION (98/2000, 17/2003, 65/2004)**

This law regulates the provision of child protection services. It prohibits the psychological or physical maltreatment, punishment or other inhumane treatment or abuse of children in public and private institutions that are providing the care and upbringing of children. The law specifically defines the ways in which child protection professionals perform their work, including supervision by the Institute for Social Activities as a professional body. This includes a requirement that work in the area of child protection be based on contemporary, scientific and professional methods and achievements from the appropriate field of activity, and that the work be organized in the most appropriate and effective way. The law provides for disciplinary action, specifically a monetary fine, for individuals or institutions responsible for the protection or upbringing of children but where cases of abuse, maltreatment, punishment or other inhumane treatment of children occur.

Although there is provision for a supervisory body for the work of child protection professionals, the law does not provide specific mechanisms for supervision of the reporting and recording of incidents of violence involving children. Neither do institutions whose work is governed by this law have a specific mandate to record and report violence against children. There are also no mechanisms (e.g., specific guidelines, protocols for cooperation) for coordination among institutions regarding the reporting, referral and protection of victims of violence.

#### **5.4 THE LAW FOR PRIMARY EDUCATION AND THE LAW FOR SECONDARY EDUCATION (44/1995, 24/1996, 34/1996, 35/1997, 82/1999, 29/2002, 40/2003, 42/2003, 63/2004, 67/2004)**

These companion laws explicitly prohibit the physical and psychological maltreatment of students in schools. They prescribe financial fines for any teacher found to have maltreated a student. The laws make the Bureau of Education Development responsible for the professional supervision of schools. School inspections are conducted by the State Educational Inspectorate with authorized inspectors at the municipal level.

An inspection includes evaluation of educational processes and effectiveness, as well as the implementation of relevant legislation and regulations. The educational inspectorate uses several legal measures to identify insufficiencies and includes those that govern the physical, mental or sexual abuse of students by either teachers or other staff. If an inspector uncovers any breach of laws or regulations, including criminal acts, they are obliged to report the incident to the appropriate authorities.

According to these two education laws, incidents of violence and abuse can be reported to the Inspectorate by children, parents, teachers, school directors and ordinary citizens. However, the laws impose no obligation on schools to record and report incidents of maltreatment nor is there a good awareness of the types of behaviour that can constitute maltreatment, abuse or violence.

#### **5.5 THE LAW ON SOCIAL PROTECTION (50/1997, 16/2000, 17/2003, 65/2004)**

This law provides measures that support rights on social protection. It covers services related to prevention, institutions and social assistance. It establishes public and private institutions as part of the social protection system, including social work centres, shelters, and facilities for children and youth without parents or parental care, children with disabilities, as well as for those with educational, behavioural and social problems. The law specifies the Institute for Social Activities as the body that monitors the effectiveness of social protection institutions and the work of professionals in the field.

The law provides for the opening of centres for victims of violence. So far six centres (five public and one non-governmental) have been established. The law does not, however, provide for shelters specifically for child victims of violence. It does make a special protective category for street children and provides for day-care centres for these children, the first of which has opened in Skopje.

These five key pieces of legislation provide the legal framework for child protection in Macedonia. However, there are also key questions that are not addressed in the current legislative environment. Which bodies are required to officially document cases of violence and to act? In what time-frame must actions be taken? What responses are to be taken towards the victim and towards the perpetrator? Are actions coordinated among different institutions and bodies—and how? Similarly, how are protection services monitored and evaluated?

### Case study: how the child protection system works

The model presented here uses a real case to illustrate what was learned from the results of the survey and interviews conducted for this study. This concept also takes into account current laws and regulations.

The case (see Annex 3) involves a Macedonian woman, age 42, who arrived at a shelter with her two children, ages 7 and 15. The woman was in the process of divorcing her abusive, alcoholic husband. Both the mother and children were physically and psychologically abused by the husband/father. The woman cared for the children. She was referred by the police to a Centre for Social Work.



In theory, and in actual planning, the child protection system should be anchored in the broader social-service sector. However, as our study shows and the case study evidences, in reality police bodies are the pivotal centre of the system. There are many reasons why the police become, by default, the focal point for action on violence involving children. Overall, however, the situation arises because there is no comprehensive, coordinated obligation across the child protection system to recognize and identify, record and report incidents of child maltreatment; nor are there established criteria on what actions to take, including referral to child protection institutions and services.

In practice, as the above model shows, information about cases of violence is typically reported to police stations or other offices of the Ministry of the Interior. The Centres for Social Work are involved only if the victim is child and there is a need for treatment, health care institutions only if medical treatment is required. Otherwise, the police and Ministry of the Interior refer the case directly to the Ministry of Justice and institutions under its jurisdiction.

## 6. CONCLUSIONS AND RECOMMENDATIONS

An effective child protection system needs a continuum of services that prevent, identify, report, refer, address or treat as well as provide services to families and children in need. Without this type of network, the rights of children cannot be met, nor protected. The system must be guided by international standards associated with child rights and all parts of the system must be accountable for the quality of services provided, especially treatment of children—and their families—who experience abuse, violence and other kinds of maltreatment.

Currently, as part of a process of decentralization, there will be new responsibilities delegated to the sub-national level and many relations and reporting lines will change. Hopefully, when the relevant institutions come fully under the responsibility of the municipalities, there will be stronger cooperation among them. The only parts of the system that will stay the same are the institutions that currently come under the Ministry of the Interior and the Ministry of Justice. However, local offices of these ministries are already strong and well prepared to cooperate with the rest of the child protection components when they become local.

We would like to emphasize that with decentralization it is crucial to have clear child protection standards, protocols and professional guidelines in place before responsibilities are handed over to municipalities.

### 6.1 CONCLUSIONS

In summary, we offer the following conclusions:

- There is a variety of definitions used to describe violence against children. Some forms of maltreatment are missed in the definitions. Professionals that work with children cannot recognize the specific kinds of violence if they are not properly defined and explained. As a consequence, protection workers may not identify the children as victims of maltreatment and so do not refer them to the appropriate services and institutions for treatment.
- In general, there are no officially regulated criteria for recording, referring and treating cases of violence against children. None of the relevant laws provide for such criteria. In addition, there are no mechanisms established for cooperation among institutions dealing with child victims of violence, as well as no mechanisms for monitoring and evaluating the quality of services provided to children and their families affected by violence and abuse.
- A total of 1,403 cases of violence against children were reported in the survey. This number clearly does not reflect the real situation in the country, but is rather a consequence of a very weak child protection system that lacks an established system for identifying, recording and referring cases of violence against children. For example, *none* of the institutions even have a specific form for recording such incidents. Only police stations and social work centres officially record cases of violence but only as part of their general record-keeping. Other institutions *do* record cases of violence but unofficially.
- The existing child protection system centres on the police and Ministry of the Interior, whereas an optimal system is anchored in the social service sector and offers a full range of services from prevention to rehabilitation in keeping with child rights.
- The review of existing legislation showed that the main laws regulate penalties for the perpetrators and protection for victims, but not a system for identifying, recording and referring cases of violence against children. Neither do the laws regulate coordination mechanisms among the institutions nor the monitoring, evaluation and supervision of the quality of services.
- The fact that institutions lack recording forms, have differing referral frameworks and are not knowledgeable about each others systems all impede cooperation among child protection actors. Similarly, insufficient coherency in documenting and presenting cases of violence (e.g., establishing facts versus someone's perceptions) is also a problem.

## 6.2 RECOMMENDATIONS

Given the above conclusions, we offer the following recommendations:

1. Acceptance of the definition of the UN Global Study on Violence as the universal basic.
2. Within the framework of codified legal acts, incorporate the treatment of child victims of violence, the responsibilities of various bodies, and measures for assistance and protection.
3. Mandate particular institutions to identify and record cases of violence against children, as well as to monitor and evaluate services provided.
4. Add specific articles to existing legislation on coordination mechanisms (e.g., guidelines and cooperation protocols) among institutions.
5. There should be an officially established system (regulated within specific laws) of cooperation among institutions.
6. Development of criteria for taking appropriate actions in cases of violence.
7. Preparation of official guidelines and protocols that regulate the referrals and actions to be taken.
8. Make training available to all relevant professionals in the recognition and identification of all different types of violence.
9. Establish new day-care centers for child victims of violence as well as more centres for street children.

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<http://www.ohchr.org/english/bodies/crc/docs/study/Conceptpaper.pdf>.

## FIRST-HAND CONSULTATIONS

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# ANNEX 1

## THE QUESTIONNAIRE AND THE INTERVIEW

### Questionnaire

For the identification of institutions/services/sectors that document and report cases of violence involving children and mechanisms that define the functioning of the child protection system.

#### I Information about the institution

##### *Name of institution*

1. Municipality
  - a) Urban
  - b) Rural
  
2. Language in area
  - a) Macedonian
  - b) Albanian
  - c) Other (write)
  
3. Type of institution/service
  - a) Educational
  - b) Social protection
  - c) Institution under the Ministry of Jurisdiction
  - d) Shelter
  - e) Health
  - f) Police (police stations)
  
4. Status of the institution/service
  - a) State
  - b) Private
  - c) NGO

## II Information identifying institutions/services that document cases of violence at local level

1. Are you familiar with which institutions/services (state/private/NGO), in your local area, document (written evidence) cases of violence (domestic/institutional)?
  - a) Yes
  - b) No
  
2. If your previous answer was YES, can you list some of them:
  - a) Police station
  - b) Center for social work
  - c) Institutions for social protection
  - d) Educational institutions/kindergartens/schools
  - e) Health homes/centres
  - f) Hospitals
  - g) Centres for protection of victims of violence (state and NGO)
  - h) International organization
  
3. How many of them are in your local surrounding?
  - a) (number)
  
4. Are you familiar with how many cases of violence are documented in each of the identified local institutions/services (public and private) in the last year?
  - a) Yes: (number)
  - b) No
  
5. How many of these cases were reported to the police or referred to social services, shelters, ambulances and hospitals in the last year?
  - a) (number)
  
6. How many were dealt with within the local context?
  - a) Recorded only (number)
  - b) Action taken (number)
  - c) I am not familiar
  
7. Does your institution/organization/service document (officially or unofficially) cases of violence?
  - a) Yes
  - b) No
  
8. If YES, how many cases of violence were documented by your institution during the last year?
  - a) It has documented (number)
  - b) There have been no cases this year
  
9. On what criteria are actions taken?
  - a) Criteria regulated by official documents
  - b) Actions are taken on an ad hoc basis without special criteria

10. Are there any mechanisms to govern the referral of cases of violence to appropriate institutions/services (guidelines, protocols for cooperation)?
- a) Yes
  - b) No
11. If YES, list some of the mechanisms:
- a) -----
  - b) -----
  - c) -----
  - d) -----
12. Which service provides have a formal mandate to identify and record cases of violence?
- a) Police stations
  - b) Centres for social work
  - c) Health ambulances
  - d) Hospitals
  - e) Other
  - f) I do not know
13. What actions does the mandate allow?
- a) Recording
  - b) Reporting
  - c) Referral
  - d) Placement in social protection institutions
  - e) Placement in shelters for victims of violence
  - f) All of the above
14. What type of coordination mechanism is used between institutions?
- a) Formal (written) mechanism
  - b) Informal or ad hoc basis
15. What types of mechanisms are used for monitoring the service providers that are involved in recording and reporting cases of violence?
- a) Quality-monitoring systems
  - b) Regular inspection
  - c) Self-evaluation
  - d) Complaint mechanism for service users
  - e) All of the above
  - f) Other \_\_\_\_\_
16. What mechanisms/systems are used to supervise staff who provide services?
- a) Regular professional evaluation of employees' work
  - b) Evaluation by management of employees
  - c) Evaluation of performances in terms of documenting and reporting cases of violence
  - d) Offering training and other opportunities for employees

Researcher: \_\_\_\_\_

Respondent: \_\_\_\_\_

*We thank you for your cooperation.*

## Interview

We would like to ask you a few other questions related to mechanisms at the national level that govern violence against children.

1. Are you familiar with which mechanisms are used to define local response to violence?
  - a) Relevant laws (specify)
  - b) Specific responsibilities governed by bylaws
  - c) Responsibilities governed by the national plan for action
  
2. What are the national regulatory mechanisms that define the service provision of public and private service providers?
  - a) Standards regulated by laws
  - b) Licenses (certificates) for providing such services
  - c) Certifications [how is this different from “certificates” in
  - d) I am not familiar
  
3. What mechanisms are used for coordinating actions related to violence?
  - a) \_\_\_\_\_
  - b) \_\_\_\_\_
  - c) \_\_\_\_\_

4. What systems are used to collect data and how does this evidence inform national policy?

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5. What data on child protection are available to the information systems?

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6. Identify who collects systematic data (information) at the local and national levels on the protection of children?
  - a) NGOs
  - b) Specialized services in different ministries
  - c) Research institutes/institutions/agencies

*We thank you for your cooperation.*

## ANNEX 2

# LEGAL PROVISIONS RELATED TO VIOLENCE AGAINST CHILDREN IN THE CRIMINAL CODE OF MACEDONIA

The Criminal Code of the Republic of Macedonia sanctions family violence for the first time with changes adopted by the national Assembly 19 March 2004 (Official Gazette No. 19, March 30, 2004). (See chapter 5.1 in main report)

The articles from the Criminal Code listed below, are summaries of the articles that specifically sanction sexual abuse and sexual violence against children. In addition to the articles listed below, the Criminal Code includes further articles related to other forms of violence, which do not differentiate between the cases where the victim is a child or the cases where the victim is an adult.

**Article 418a, Item 5:** Any person that instigates another, transports, hands over to another, sells, shelters or accepts **children or juveniles** for exploitation in prostitution or other forms of sexual exploitation, forced labour, slavery or similar is punishable by imprisonment for a minimum of eight years.

**Article 188:** A person who commits **statutory rape** (*obljuba*) or another sexual act upon a child is subject to imprisonment for one to ten years. Item 3 calls for minimum imprisonment of five years for persons in a position of trust or authority who commit sexual acts described in Items 1 and 2, namely a teacher, educator, adoptive parent, guardian, step-parent, doctor or other adult misusing their position in relation to the child.

**Article 189:** A person who by misusing his position induces another who is subordinate or dependent in relation to him to have sexual intercourse or commits other sexual interference, or acts to molest, intimidate or humiliate the subordinate/dependent shall be punished by imprisonment of three months to three years. If such a crime is committed by a teacher, educator, adoptive parent, guardian, step-parent, doctor or other adult commits statutory rape or other sexual act upon a juvenile older than 14 years of age who was entrusted to that adult for study, education, custody or care shall be punished by imprisonment for one to five years.

**Article 190:** A person who performs a sexual act in front of a child or who induces a child to perform such an act in front of him or another shall be punished with a fine or imprisonment up to three years.

**Article 191:** A person who recruits, instigates, stimulates or entices another to prostitution with a juvenile or a child shall be punished with imprisonment of three months to five years. If the crime is against a child, the offender faces imprisonment of one to five years. A person who organizes crimes described in Items 1 to 5 can be imprisoned for one to ten years.

**Article 192:** A person who procures a juvenile for sexual acts is liable for imprisonment of three months to five years. A person who enables the performing of sexual acts with a juvenile can be sentenced to imprisonment for three months to three years.

**Article 193:** A person who shows or otherwise makes pornographic content available to a child or subjects a child to a pornographic performance is punishable with a fine or imprisonment up to one year. If the crime is committed in a public manner, the offender will be punished with a fine or imprisonment up to three years.

**Article 194:** A person who commits statutory rape or other sexual act against a blood relative of the first order (Great-grand parent, grand parent, or parent) or with a brother, respectively sister (item 2) can be punished with a fine or imprisonment of one to ten years. If the crime is committed against a child the punishment is minimum imprisonment of four years.

## ANNEX 3

# SAMPLE CASES FROM CENTRES FOR SOCIAL WORK AND CENTRES FOR VICTIMS OF DOMESTIC VIOLENCE

### Case No. 1

Sex: Female

Age: 47 years

Language: Macedonian

Referred from: Police– Ministry of the Interior

Referred to: Centre for Social Work

Case profile: In the process of divorcing her husband.

The team from the Centre for Social Work works with the whole family.

*Note:*

The woman is physically and psychologically abused by her husband. The woman arrived with her child, 16 years old, who was also mentally abused by her father.

### Case No. 2

Sex: Female

Age: 42 years

Language: Macedonian

Referred from: Police– Ministry of the Interior

Referred to: Centre for Social Work

Case profile: In the process of divorcing her husband. The mother takes care of the children. The team from the Centre of Social Work treats the whole family and especially the child.

*Note:*

The woman is physically and psychologically abused by her husband who is alcoholic. The woman arrived in the shelter with her two children, aged 7 and 15, both abused by the father.

### Case No. 3

Sex: Female

Age: 33 years

Language: Turkish

Referred from: The case was recorded with police but they do not have any relevant documents. The children went to the Centre for Social Work where the case was registered.

Referred to: The Association for Emancipation, Solidarity and Equality of Women (ESE), an NGO providing legal advice. Further, the case was referred to the centre for victims of violence in Skopje.

*Note:*

The woman has two children. She left her home with one of the children; the other one is at home with the father. The father lives with another woman.

**Case No. 4**

Sex: Female

Age: 33 years

Language: Albanian

Referred from: Police—Ministry of the Interior

Referred to: The Association for Emancipation, Solidarity and Equality of Women (ESE), an NGO providing legal advice. Further referred to the Centre for Social Work

Case profile: In the process of divorcing her husband. The mother takes care of the children.

*Note:*

The woman is physically and psychologically abused by her husband. The woman arrived in the centre for victims of domestic violence in Skopje with her three children, aged 4, 6 and 10, showing signs of psychological abuse.

**Case No. 5**

Sex: Female

Age: 45 years

Language: Macedonian

Referred from: Her children reported the case to police.

Referred to: The Centre for Social Work; the Association for Emancipation, Solidarity and Equality of Women (ESE), an NGO providing legal advice; and the centre for victims of domestic violence.

Case profile: In the process of divorce, but without police documentation. The mother and her children currently live in a rented apartment.

*Note:*

The woman is physically and psychologically abused by her husband who is alcoholic. The women arrived with her two children on 23 and 18 years old, who have psychosomatic disorders. They have been constantly abused for 15 years by their father.

**Case No. 6**

Sex: Male

Ages: 5 and 12

Language: Croatian

Referred from: Police--Ministry of the Interior

Referred to: Centre for Social Work

Case profile: The case is in court with a grandmother and aunt bringing legal action against the father for custody of the children after the mother's death. The team from the social work centre is working with both the children and the father.

*Note:*

The legal action is being taken by the children's grandmother who has taken care of the children since the death of the mother. The professional team from the social work centre noticed evidence of physical abuse of the children by the father.

Sample cases collected during the interviews:

**Case No. 7**

Primary school *Blaze Konevski*, Skopje

Victim: Students

Perpetrator: Drug dealers and abusers

Action taken: Reported to police

Involved in the case: School personnel

Case recorded by: Director of the school

Case profile: For more than two years, students at this school have been unable to attend classes in the afternoon due to verbal harassment and physical assaults for money by drug dealers and drug abusers. School professionals have called police several times, but no action has been taken.

**Case No. 8**

Public Health Organization *Gradska Bolnica*, Skopje

Victim: Roma children living on the street

Perpetrator: Unknown

Action taken: Hospitalization and referral to the Centre for Social Work

Involved in the case: Medical personnel from the Children's Department at City Hospital

Case recorded by: Nurse in charge at the time of admission

Case profile: Street children are often admitted to the hospital, most of Roma nationality. Adults (of no relation to the children) say they have witnessed the psychological abuse of these children on city streets, especially at the historic Stone Bridge in the city centre. The children typically have a cold, are hungry and show signs of psychological abuse. No adults appear to take an interest in these children and when treatment is finished they are released on their own. Hospital staff decided to alert the Centre for Social work to take care of these children.

**Case No. 9**

Primary school *Lazo Trpevski*, Skopje

Victim: Students

Perpetrator: Students

Action taken: Meetings with the children perpetrators and their parents as well as reporting to police

Involved in the case: Director of the school and professional staff

Case recorded by: Professional staff in the school

Case profile: Professional staff reported that a few students exhibited violent and aggressive behaviour and were causing a lot of problems and fights with other students. The school director and professional staff first called a meeting with the students involved and later with their parents. However, the parents denied the existence of any problem and since there was no positive result from the meeting, the school was obliged to inform the police.

## ANNEX 4 TABLES 1 – 19

Table 1. Composition of police and educational institutions by type of municipality and language

Type of municipality/ language	Police station		Pre-school institution		Primary school		Secondary school		
	Number	%of respondents of this type	Number	%of respondents of this type	Number	% of respondents of this type		Number	%of respondents of this type
Urban	20	76.9	11	100.0	55	54.5	State	17	94.4
Rural	6	23.1	0		46	45.5	Private	1	5.6
Macedonian	21	80.8	8	72.7	65	64.4		11	61.0
Albanian	3	11.5	0	0.0	15	14.8		3	16.7
Macedonian/ Albanian (mixed)	0	0.00	3	27.3	10	9.9		1	5.6
Others	2	7.7	0	0.0	11	10.9		3	16.7
<b>Total</b>	<b>26</b>	<b>100.00</b>	<b>11</b>	<b>100.0</b>	<b>101</b>	<b>100.0</b>		<b>18</b>	<b>100.0</b>

<b>Type of Institution</b>	<b>Number</b>
Health centre (primary care)	25
Hospital	33
Centre for social work	29
Residential institution for persons, including children	2
Residential institution for children deprived of parental care	3
Residential institution for children with behavioral problems	2
Detention or correctional facility (juvenile prison)	1
Detention or correctional facility (educational correctional facility)	1
Detention or correctional facility (prison for adults where female juveniles are also placed)	1
Transit centre for victims of trafficking and illegal migrants	1
Reception centre for victims of domestic violence	6
Day-care centre (for street children)	1
Day-care centre (for children with disabilities)	14
Rehabilitation centre	2
<b>Total</b>	<b>121</b>

	<b>Macedonian</b>	<b>Albanian</b>	<b>Mixed</b>	<b>Other</b>	<b>Total</b>
Rural	29	12	6	12	59
Urban	165	6	23	24	218
<b>Total</b>	<b>194</b>	<b>18</b>	<b>29</b>	<b>36</b>	<b>277</b>

Type of Provider	Yes		No		Total
	Number	%of respondents of this type	Number	%of respondents of this type	
Educational institution	116	89.23	14	10.77	130
Police station	26	100.00	0	0.00	26
Centre for social work	29	100.00	0	0.00	29
Health care provider	51	87.93	7	12.07	58
Other service provider	30	90.91	3	9.09	(non-response=1) 33
<b>Total</b>	<b>252</b>	<b>91.30</b>	<b>24</b>	<b>8.70</b>	<b>(non-response=1)276</b>

Type of Provider	Police station		Centre for social work		Social care provider		Educational institution		Primary health care provider		Hospital		Centres for victims of violence		International organizations	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Educational institution	105	80,8	100	76,9	42	32,3	61	46,9	53	40,8	27	20,8	40	30,8	18	13,8
Police station	26	100,0	25	96,2	16	61,5	16	61,5	18	69,2	14	53,8	18	69,2	10	38,5
Centre for social work	29	100,0	27	93,1	13	44,8	15	51,7	22	75,9	14	48,3	16	55,2	6	20,7
Health care provider	45	77,6	48	82,8	17	29,3	19	32,8	34	58,6	21	36,2	18	31,0	12	20,7
Other service provider	32	94,1	31	91,2	8	23,5	13	38,2	12	35,3	11	32,4	19	55,9	7	20,6
<b>Total</b>	<b>237</b>	<b>85,6</b>	<b>231</b>	<b>83,4</b>	<b>96</b>	<b>34,7</b>	<b>124</b>	<b>44,8</b>	<b>139</b>	<b>50,2</b>	<b>87</b>	<b>31,4</b>	<b>111</b>	<b>40,1</b>	<b>53</b>	<b>19,1</b>

	Yes			No		No reply	Total
	Number	%of respondents of this type	Number of cases	Number	%of respondents of this type		
Educational institution	7	5.38	19	107	82.31	16	130
Police station	8	30.77	140	14	53.85	4	26
Centre for social work	11	37.93	73	18	62.07	0	29
Health care provider	4	6.90	135	52	89.66	2	58
Other service provider	2	6.06	10	29	87.88	3	34
<b>Total</b>	32	11.55	377	220	79.42	25	277

Type of Provider	Macedonian	Albanian	Macedonian/ Albanian (mixed)	Others	Total	
Educational institution	10	1		3	7	21
Police station	347	0		2	25	374
Centre for social work	47	1		8	19	75
Health care provider	25	2		12	0	39
Other service provider	17	0		0	30	47
<b>Total</b>	446	4		25	81	556

**Table 8a. Number of cases addressed, by type of service provider**

	Case recorded only		Some action taken		Do not know	No reply	Total
	Number of positive replies	Number of cases	Number of positive replies	Number of cases	Number of replies		
Educational institution	3	4	6	3	84	37	130
Police station	7	268	8	165	9	2	26
Centre for social work	9	39	12	11	8	0	29
Health care provider	4	21	2	10	39	13	58
Other service provider (for specification, see table 9d)	5	78	3	42	24	2	34
<b>Total</b>	<b>28</b>	<b>410</b>	<b>31</b>	<b>231</b>	<b>164</b>	<b>54</b>	<b>277</b>

**Table 8b. Number of cases addressed, by ethnic structure**

	Case recorded only		Some action taken		Do not know	No reply	Total
	Number of positive replies	Number of cases	Number of positive replies	Number of cases	Number of replies		
Macedonian	18	353	23	195	118	34	193
Albanian	1	1	1	4	11	5	18
Macedonian/ Albanian (mixed)	3	2	2	0	20	4	29
Other	6	54	5	32	15	11	37
<b>Total</b>	<b>28</b>	<b>410</b>	<b>31</b>	<b>231</b>	<b>164</b>	<b>54</b>	<b>277</b>

<b>Table 8c. Number of cases addressed, by rural/urban</b>							
	<b>Case recorded only</b>		<b>Some action taken</b>		<b>Do not know</b>	<b>No reply</b>	<b>Total institutions in sample</b>
	Number of positive replies	Number of cases	Number of positive replies	Number of cases	Number of replies		
Rural	2	25	3	23	34	20	59
Urban	26	385	28	211	130	34	218
<b>Total</b>	<b>28</b>	<b>410</b>	<b>31</b>	<b>229</b>	<b>164</b>	<b>54</b>	<b>227</b>

<b>Table 8d. Number of cases addressed for the category of “other service provider”</b>							
	<b>Case recorded only</b>		<b>Some action taken</b>		<b>Do not know</b>	<b>No reply</b>	<b>Total institutions in sample</b>
	Number of positive replies	Number of cases	Number of positive replies	Number of cases	Number of replies		
Residential institution	0	0	0	0	8	1	9
Detention or correctional facility	0	0	0	0	3	0	3
Reception centre for domestic violence and shelter centre for victims of trafficking	4	71	2	39	0	1	7
Day-care centre for children with disabilities and street children	1	7	1	3	13	0	15
<b>Total</b>	<b>5</b>	<b>78</b>	<b>3</b>	<b>42</b>	<b>24</b>	<b>2</b>	<b>34</b>

	<b>Yes</b>		<b>No</b>		<b>No reply</b>
	Number of replies	%of respondents of this type	Number of replies	%of respondents of this type	
Pre-school institution	2	18.2	9	81.8	0
Elementary school	52	51.5	46	45.5	3
High school	11	61.1	6	33.3	1
Police station	26	100.0	0	0.0	0
Centre for social work	27	93.1	2	6.9	0
Health care provider	15	25.9	40	69.0	3
Other service provider	15	44.1	18	52.9	1
<b>Total</b>	<b>148</b>	<b>53.4</b>	<b>121</b>	<b>43.7</b>	<b>8</b>

	<b>Yes</b>		<b>No</b>		<b>No reply</b>
	Number of replies	%of respondents of this type	Number of replies	%of respondents of this type	Number of replies
Residential institution	2	22.2	6	66.7	1
Detention or correctional facility	2	67.0	1	33.0	0
Centre for victims of domestic violence or human trafficking	7	100.0	0		0
Day-care centre for children with disabilities or street children	4	36.4	11	73.6	0
<b>Total</b>	<b>15</b>	<b>44,1</b>	<b>18</b>	<b>52,9</b>	<b>1</b>

	Number of positive replies	%of respondents of this type	Number of cases	Number reporting no cases in the last 12 months	%of respondents of this type	Number of institutions by type in the research sample
Pre-school institution	4	36.4	11	7	63.6	11
Elementary school	31	30.7	145	41	40.6	101
High school	7	38.9	43	7	38.9	18
Police station	16	61.5	333	7	26.9	26
Centre for social work	21	72.4	404	6	20.7	29
Health care provider	11	19.0	74	22	37.9	58
Other service provider	8	23.5	393	8	23.5	34
<b>Total</b>	98		1,403	98		277

	%of respondents of this type	%of respondents of this type	Number of cases	Number reporting no cases in the last 12 months	%of respondents of this type	Number of institutions by type in the research sample
Residential institution	0	0	0	4	44.4	9
Detention or correctional facility	2	67.0	10	0	0	3
Centre for victims of domestic violence or human trafficking	1	14.3	2	0	0	7
Day-care centre for children with disabilities or street children	5	33.3	381	4	26.7	15
<b>Total</b>	8	23.5	393	8	23.5	34

<b>Table 11a. Basis for actions taken, official criteria or ad hoc</b>						
	<b>Governed by official documents</b>		<b>Ad hoc basis</b>		<b>No reply</b>	<b>Number of institutions by type in the research sample</b>
	Number of positive replies	As a share of respondents of this type (%)	Number of positive replies	As a share of respondents of this type (%)		
Educational institution	34	26.2	61	46.9	35	130
Police station	23	88.5	2	7.7	1	26
Centre for social work	26	89.7	3	10.3	0	29
Health care provider	18	31.0	31	53.5	9	58
Other service provider	15	44.1	12	35.3	7	34
<b>Total</b>	<b>116</b>	<b>41.9</b>	<b>109</b>	<b>39.4</b>	<b>52</b>	<b>277</b>

<b>Table 11b. Basis for actions taken, official criteria or ad hoc (for category of “other service provider”)</b>						
	<b>Governed by official documents</b>		<b>Ad hoc basis</b>		<b>No reply</b>	<b>Number of institutions by type in the research sample</b>
	Number of positive replies	As a share of respondents of this type (%)	Number of positive replies	As a share of respondents of this type (%)		
Residential institution	5	55.5	4	44.5	0	9
Detention or correctional facility	2	66.7	0	0.0	1	3
Centre for victims of domestic violence or human trafficking	5	71.4	2	28.6	0	7
Day-care centre for children with disabilities or street children	3	20.0	6	40.0	6	15
<b>Total</b>	<b>15</b>	<b>44.1</b>	<b>12</b>	<b>35.3</b>	<b>7</b>	<b>34</b>

<b>Table 12a. Existence of specific mechanisms to refer violence cases to appropriate institutions</b>						
	<b>Yes</b>		<b>No</b>		<b>No reply</b>	
	Number of positive replies	As a share of respondents of this type (%)	Number of positive replies	As a share of respondents of this type (%)		Number of institutions by type in the research Sample
Educational institution	34	26.2	85	65.4	11	130
Police station	15	57.7	11	42.3	0	26
Centre for social work	9	31.0	18	62.1	2	29
Health care provider	9	15.5	39	67.2	10	58
Other service provider	14	41.2	12	35.3	8	34
<b>Total</b>	<b>81</b>	<b>29.2</b>	<b>165</b>	<b>59.6</b>	<b>31</b>	<b>277</b>

<b>Table 12b. Existence of specific mechanisms to refer violence cases to appropriate institutions, for category "other service provider", per type</b>						
	<b>Yes</b>		<b>No</b>		<b>No reply</b>	
	Number of positive replies	As a share of respondents of this type (%)	Number of positive replies	As a share of respondents of this type (%)		Number of institutions by type in the research Sample
Residential institution	5	55.5	2	22.2	2	9
Detention or correctional facility	0	0.0	2	66.7	1	3
Centre for victims of domestic violence or human trafficking	4	57.1	3	42.9	0	7
Day-care centre for children with disabilities or street children	5	33.3	5	33.3	5	15
<b>Total</b>	<b>14</b>	<b>41.2</b>	<b>12</b>	<b>35.3</b>	<b>8</b>	<b>34</b>

<b>Table 13a: Institutions that have a mandate to identify and record cases of violence</b>							
(Answer to question 12 in questionnaire: Which service providers have a formal mandate to identify and record cases of violence?)							
	<b>Police stations</b>	<b>Centres for social work</b>	<b>Primary health-care providers</b>	<b>Hospitals</b>	<b>Other</b>	<b>Do not know</b>	Total number of institutions by type in the research Sample
Educational institution	118	120	61	40	17	3	<b>130</b>
Police station	26	26	17	14	6	0	<b>26</b>
Centre for social work	27	29	18	13	6	0	<b>29</b>
Health care provider	49	54	29	20	6	2	<b>58</b>
Other service provider	31	31	13	12	6	1	<b>34</b>
<b>Total</b>	<b>251</b>	<b>260</b>	<b>138</b>	<b>99</b>	<b>41</b>	<b>6</b>	<b>277</b>
<b>Table 13b: Institutions that have a mandate to identify and record cases of violence, for category "other service provider"</b>							
(Answer to question 12 in questionnaire: Which service providers have a formal mandate to identify and record cases of violence?)							
	<b>Police stations</b>	<b>Centres for social work</b>	<b>Primary health-care providers</b>	<b>Hospitals</b>	<b>Other</b>	<b>Do not know</b>	Total number of institutions by type in the research Sample
Residential institution	8	9	2	2	1	0	<b>9</b>
Detention or correctional facility	2	3	1	1	1	0	<b>3</b>
Centre for victims of domestic or human trafficking	6	7	5	5	2	0	<b>7</b>
Day-care centre for children with disabilities or street children	15	12	5	4	2	1	<b>15</b>
<b>Total</b>	<b>31</b>	<b>31</b>	<b>13</b>	<b>12</b>	<b>6</b>	<b>1</b>	<b>34</b>

**Table 14a. Types of action governed by institutional mandate** (Answer to question 13 in questionnaire: What actions does the mandate allow?)

Type of Service Provider	Recording the case	Reporting to relevant agencies	Referral to a service provider	Placement in a social protection institution	Placement in a shelter for victims of violence	All of these
	Number	Number	Number	Number	Number	Number
Educational institution	65	50	48	29	29	67
Police station	19	16	17	16	14	15
Centre for social work	19	18	20	20	14	18
Health care provider	33	22	29	15	9	30
Other service provider	15	14	12	21	11	26
<b>Total</b>	<b>151</b>	<b>120</b>	<b>126</b>	<b>101</b>	<b>77</b>	<b>156</b>

**Table 14b Types of action governed by institutional mandate, for category of “other service provider”, per type** (Answer to question 13: What actions does the mandate allow?)

Type of Service Provider	Recording the case	Reporting to relevant agencies	Referral to a service provider	Placement in a social protection institution	Placement in a shelter for victims of violence	All of these
Residential institution	1	1	1	8	1	6
Detention or correctional facility	1	1	1	2	1	3
Centre for victims of domestic violence or human trafficking	3	3	3	6	3	6
Day-care centre for children with disabilities or street children	10	9	7	5	6	11
<b>Total</b>	<b>15</b>	<b>14</b>	<b>12</b>	<b>21</b>	<b>11</b>	<b>26</b>

<b>Table 15 a. Coordination mechanisms in institutions, formal and ad hoc</b>					
	Formal		Ad hoc		Number of institutions by type in the research sample
	Number	%	Number	%	
Educational institution	<b>63</b>	48.5	<b>60</b>	46.2	130
Police station	<b>17</b>	65.4	<b>8</b>	30.8	26
Centre for social work	<b>15</b>	51.7	<b>14</b>	48.3	29
Health care provider	<b>26</b>	44.8	<b>28</b>	48.3	58
Other service provider	<b>22</b>	64.7	<b>12</b>	35.3	34
<b>Total</b>	<b>143</b>	51.6	<b>122</b>	44.0	<b>277</b>

<b>Table 15 b. Coordination mechanisms in institutions, formal and ad hoc, for category of “other service provider”</b>					
	Formal		Ad hoc		Number of institutions by type in the research sample
	Number	%	Number	%	
Residential institution	<b>6</b>	66.7	<b>3</b>	33.3	9
Detention or correctional facility	<b>2</b>	66.7	<b>1</b>	33.3	3
Centre for victims of domestic violence or human trafficking	<b>2</b>	28.6	<b>5</b>	71.4	7
Day-care centre for children with disabilities or street children	<b>12</b>	80.0	<b>3</b>	20.0	15
<b>Total</b>	<b>22</b>	64.7	<b>12</b>	35.3	<b>34</b>

	Monitoring quality of services	Regular monitoring inspections	Self evaluation	Complaint process for service users	Other	Do not know
Educational institution	10	21	22	29	33	3
Police station	5	7	4	5	5	2
Centre for social work	5	0	9	9	6	3
Health care provider	5	4	9	16	8	6
Other service providers	4	3	8	9	12	1
<b>Total</b>	<b>29</b>	<b>35</b>	<b>52</b>	<b>68</b>	<b>64</b>	<b>15</b>

	Monitoring quality of services	Regular monitoring inspections	Self evaluation	Complaint process for service users	Other	Do not know
Residential institution	1	1	1	4	2	0
Detention or correctional facility	0	0	2	2	0	0
Centres for victims of domestic violence or human trafficking	1	0	4	2	0	0
Day-care centre for children with disabilities or street children	2	2	1	1	10	1
<b>Total</b>	<b>4</b>	<b>3</b>	<b>8</b>	<b>9</b>	<b>12</b>	<b>1</b>

Table 17 a. Types of supervision mechanisms/systems reported by type of service provider									
	Regular professional evaluation		Management - supervisees		Performance evaluation		Service delivery training		Number of institutions by type in the research sample
	Number	%	Number	%	Number	%	Number	%	
Educational institution	34	26.2	31	23.8	22	16.9	49	37.7	130
Police station	12	46.2	5	19.2	6	23.1	11	42.3	26
Centre for social work	13	44.8	9	31.0	6	20.7	16	55.2	29
Health care provider	18	31.0	11	19.0	5	8.6	10	17.2	58
Other service provider	13	38.2	16	47.0	9	26.5	17	50.0	34
<b>Total</b>	<b>90</b>	<b>32.5</b>	<b>72</b>	<b>26.0</b>	<b>48</b>	<b>17.3</b>	<b>103</b>	<b>37.2</b>	<b>277</b>
Table 17 b. Types of supervision mechanisms/systems reported, for category of "other service provider"									Number of institutions by type in the research sample
	Number	%	Number	%	Number	%	Number	%	
Residential institution	3	37.5	6	75.0	4	50.0	5	62.5	9
Detention or correctional facility	1	33.3	2	66.7	0	0.0	0	0.0	3
Centre for victims of domestic violence or human trafficking	2	28.6	3	42.9	3	42.9	6	85.7	7
Day-care centre for children with disabilities or street children	7	46.7	5	33.3	2	13.3	6	40.0	15
<b>Total</b>	<b>13</b>		<b>16</b>		<b>9</b>		<b>17</b>		<b>34</b>

<b>Table 18. Educational structure of interviewees</b>		
	Number	%
Secondary	9	3.4
2-year college	23	8.6
4-year college	198	74.2
Specialization	28	10.4
Master's degree	6	2.3
Doctoral degree	3	1.1
<b>Total</b>	<b>267</b>	<b>100.0</b>

<b>Table 19. Professional background of interviewees</b>		
	Number	%
Social worker	32	11.5
Psychologist	56	20.2
Medical doctor	45	16.3
Police inspector	29	10.5
Defectologist	19	6.9
Pedagogue	38	13.7
Lawyer	15	5.4
Director	41	14.8
Other	2	0.7
<b>Total</b>	<b>277</b>	<b>100.0</b>

