



PROFESIONAL GROUPS

Survey on Professional Groups' Knowledge, Attitudes, Practices and Social Norms Associated with Violence Against Children



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SURVEY ON PROFESSIONAL GROUPS' KNOWLEDGE, ATTITUDES, PRACTICES & SOCIAL NORMS ASSOCIATED WITH VIOLENCE AGAINST CHILDREN

2017

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1 Introduction and Survey Objective

Child abuse and neglect, including violent disciplining practices are widespread social and health problem. Research has shown that abuse and neglect most often begin at an early age of the child. Because the child's growth and development is the most intense in the first three years of life, the consequences of abuse and neglect at that age can be difficult and long-lasting, and the death of a child is also possible (UNICEF, 2010). Child discipline is an integral part of child nurturing in all cultures. It gives a foundation in children gaining self-esteem and acceptable behaviour. Child discipline has been defined as:

“...an integral part of child-rearing that teaches children self-control and acceptable behaviour. All too often, however, children are raised using methods that rely on physical force or verbal intimidation to punish unwanted behaviours and encourage desired ones. In many cases, rather than being a deliberate disciplinary choice, such violent methods are used as a result of parents’ anger and frustration, or lack of knowledge of non-violent responses. Violent discipline can take two forms: physical (or corporal) punishment and psychological aggression; both types are violations of children’s rights. Physical discipline and psychological aggression tend to overlap and frequently occur together, exacerbating the short- and long-term harm they inflict. The consequences of violent discipline range from immediate effects to long-term damage that children carry well into adulthood. Moreover, research findings suggest that even mild forms of physical discipline are harmful to children” (UNICEF, 2017).

Although the need for child discipline is broadly recognized, there is considerable debate regarding violent physical and psychological disciplinary practices. Research has found that these have negative impact on children’s mental and social development. The UNICEF global report on Child Disciplinary Practices at Home in 2010, addresses violent disciplinary practices as major global area of concern. According to the report findings, violent disciplinary practices, including physical punishment and psychological aggression, are socially accepted and often perceived as needed for children’s upbringing, although they seriously threaten children’s mental and social development and violate their fundamental rights (UNICEF, 2010).

In the last fifty years, numerous researches in the world have raised the need for clear definitions of abuse and neglect of children, as well as the need to establish objective criteria for measuring this complex phenomenon. Using different subjective and objective definitions of abuse and neglect leads to getting different prevalence data from children. Later the most common definition of child abuse and neglect (child maltreatment) has been adopted specified the following:

“Child abuse and neglect is defined as all forms of physical and/or emotional or sexual abuse, deprivation and neglect of children or commercial or other exploitation resulting in harm to the child’s health, survival, development or dignity in the context of a relationship of responsibility, trust or power” (Krug et al. 2002, p. 59).

The United Nations’ Sustainable Development Goals (SDGs) and Agenda 2030 also contributed to target child abuse and neglect. The following targets directly aimed at violence prevention and protection: Target 16.1: Significantly reduce all forms of violence and related deaths everywhere; Target 16.2: End abuse, exploitation, trafficking and all forms of violence and torture against children; Target 5.2: Eliminate all forms of violence against women and girls and Target 5.3: Eliminate all harmful practices, such as child, early and forced marriage, and female genital mutilation (United Nations, 2015).

Despite the growing awareness and development of knowledge in this area, studies conducted in many countries have revealed that professionals do not feel considerably educated and competent in recognizing, assessing and reporting suspected cases of abuse and neglect of children. They do not know how and to whom to report abuse and neglect of children, and in many cases they do not report it, because they do not recognize it (Offer-Shechter, Tirosh & Cohen, 2000; Markenson, Tunik, Cooper, Olson, Cook, Matza-Haugton, Treiber..., & Foltin, 2007).

In another research, findings suggest that professional fears and anxieties and lack of knowledge act as barriers to recognizing and reporting abuse and that more specific education and support for primary care professionals is required (Lazenbatt, & Freeman, 2006). Research among doctors has shown that even more experienced paediatricians feel unwell prepared to work with abused and neglected children in practice (Ward, Bennett, Plint, King, Jabbour & Gaboury, 2004). There is a need for educational programs for primary health care and other practitioners/experts working with children to increase their knowledge and skills for recognition, assessment, reporting, treatment and prevention of abuse and neglect of children. Even in countries with compulsory education in this area, there is a necessity for improved and more efficient programs (Narayan, Sokolar & St Claire, 2006). The study of teachers' respondents reveals that while the majority of them confront child abuse among their students, they are provided with insufficient education on how to address it. Although, only a small percentage of teachers reported failing to report abuse, when presented with legally reportable case vignettes, many failed to report. The majority of teachers reports receiving inadequate training in child abuse signs, symptoms, and reporting procedure. There is an obvious need for more education for teachers that addresses their perceived deterrents and aids them in feeling more confident in making reports of child abuse (Kenny, 2001). Another study findings highlight the need for ongoing evaluation and enhancement of teacher education in child abuse and neglect. The study underlines the importance of educating teachers about: the warning signs and indicators of different types of child abuse and neglect, responding to child victims including responses to direct disclosures; and accurate and timely reporting (Walsh, Bridgstock, Farrell, Rassafiani, & Schweitzer, 2008).

As there is a lack of information, data is needed to understand this phenomenon in the country, both among various professional groups regarding assessing and reporting the cases of child abuse and neglect, but also among parents and caregivers on their knowledge, attitudes and practices. Given the open questions, more data on cross-cutting factors that contribute to ongoing use of violent discipline methods and on reporting violence is needed. This comprehensive survey on knowledge, attitudes and practices related to violence against children is designed to provide insight to inform the need and design of communication interventions. The purpose of this survey is to generate information on target audiences (parents and caregivers and professional groups) of the knowledge, attitudes and practices. By understanding the level of knowledge, attitudes and practices of the professional groups about child abuse, child disciplining practices, resources can be better allocated and strategies developed to address it.

This knowledge, attitudes and practices (KAP) survey is a study among professional groups, including social workers, police staff, health workers, teachers and other school staff and kindergarten teachers and staff to collect information on what is known, believed and done in relation to the child disciplining practices and child abuse.

More specifically, the survey is designed to explore aspects related to:

- *Knowledge*: professional groups knowledge on violent and alternative positive child discipline methods;
- *Attitudes*: the extent to which professional groups approve of different child discipline practices, in what circumstances they find them acceptable;
- *Beliefs*: how professional groups understand the effects and consequences of violence and positive child discipline practices, in what circumstances they use the methods and why; what the relative advantage would be of adopting positive parenting practices vs. violent methods; how easy and compatible are positive practices with existing values and practices;
- *Practices*: the extent and types of practices used in relation to identifying, reporting, referral and response in cases of violence against children;
- *Empirical and normative expectations*: the extent to which social norms influence attitudes and practices towards child discipline; what respondents think their colleagues do in cases of violence against children; what respondents think other people (parents; family members; other community members etc.) expect them to do in certain circumstances;

- *Conditional preferences*: diagnosing whether preferences to conforming to the rule is conditional on empirical and normative expectations;
- *Reference networks and source of information*: who are the people in their everyday work they refer to for advice, they trust, they listen when it comes to identifying, reporting, referral and response in cases of violence against children.

1.1 Ethical Considerations

The research was conducted in compliance with UNICEF Procedure for Ethical Standards in Research, Evaluation, Data Collection and Analysis. In addition, ethical standards for research involving children, reflected in the following three principles, were also adhered to.

- No conflict of interest was expected and identified as a part of the research.
- As per the ToR, the research covered general population within the Component 1 and specific groups of professionals – social workers, teachers and school staff, health workers, police officers and kindergarten teachers and staff within Component 2.
- Informed consent – all participants were informed about the research, its objective and their part in the process. It was clearly stated that their participation would cause no harm, but also no immediate benefit for them. They were asked to express verbal consent to participate in the research and were explained that they could withdraw from the process at any time.
- Confidentiality and anonymity – all participants in the research were informed that their privacy would be protected, that data collected in the research would be published in aggregated form only, and that identity of children and adults would not be disclosed under any circumstances;
- Data collection was carried out using CAPI methodology. Collected data is securely stored on GfK servers. After the analysis is done, the data will be transferred to UNICEF for future storing.
- No payment or compensation was used in the research.

Bearing in mind that the research covers sensitive area, the data collection tools and procedures were reviewed and approved by UNICEF, in line with UNICEF Procedure for Ethical Standards in Research, Evaluation, Data Collection and Analysis¹.

¹ https://www.unicef.org/supply/files/ATTACHMENT_IV-UNICEF_Procedure_for_Ethical_Standards.PDF

2 Key Findings

The key findings of the survey on what is known, believed and done in relation to the child disciplining practices and child abuse by professional groups, including social workers, police staff, health workers, teachers and other school staff and kindergarten teachers and staff, are summarized based on the following aspects: knowledge, attitudes, beliefs, practices, empirical and normative expectations, and the conditional preferences

Knowledge

Generally, on spontaneous basis, surveyed professional groups primarily associate “violence” with both physical and psychological punishment, i.e. acts that can cause physical pain or injuries but also emotional harm. On the other hand, when prompted, the respondents are more likely to associate violence against children with situations that can cause physical injury, and less with the situations that can cause emotional harm. Around a quarter to third of professionals have a lower level of awareness of particularly psychological aggression (e.g. yelling and screaming at a child, calling a child stupid, lazy and similar, threatening to leave or abandon a child) and minor physical punishment (e.g. spanking a child’s rear, slapping a child on the arm or leg, pulling a child’s ear) as forms of violence.

According to the large majority (92%) of the respondents, a child that is/was a victim of violence can primarily be recognized by behavioural signs, like being withdrawn, scared, angry, traumatized, aggressive, depressed and similar. Physical signs like visible bruises, scars are mentioned by 52% of respondents.

Most respondents were able to identify at least one negative impact that physical violence and psychological aggression have on children’s physical and emotional wellbeing, like emotional health problems including anxiety, depression, aggression or even suicidal urges/impulses (65% and 73% respectively) and similar. Still, 14% in case of physical violence and 8% in case of psychological aggression, note they are effective ways to correct the child’s behaviour.

With almost all respondents (96%) confident that a law prohibiting corporal punishment exists and 85% confident that laws oblige people to report violence, the data suggests high level of awareness of the legislative framework established to protect children from violence among professional groups. Similarly, large majority of respondents (84%) are aware that a child can report violence as well.

Professionals working in centers for social work (80%) and police staff (78%) are more likely to be aware of legislation compared to health workers (53%) and teachers and school staff (60%). Also, respondents with 3-5 years (71%) and 11 and more years (69%) of working experience are more aware of related legislation compared to those with 6-10 years (52%).

The official definition of child abuse used for recording such cases is maltreating/abuse of children and their rights (31%), physical and /or psychological abuse/violence (28%) and sexual abuse/rape (20%).

Less than half of all cases of child abuse that actually occur in the country are reported to the official responsible agencies, with more than third of professionals (35%) stating that percentage is 11-30%, while 12% state that the percentage is 31-50%.

Attitudes

The attitudes of target respondents were evaluated through their agreement or disagreement with statements that can be grouped into several more general categories, including: 1) tradition-driven attitudes, 2) attitudes towards punishment in general and minor physical punishment methods, 3) attitudes towards positive parenting, 4) gender-related attitudes, 5) attitudes towards parents’ rights and 6) attitudes towards role of professionals.

The following are key attitudes stated by surveyed professionals:

- Large majority (74%) of respondents share a more traditional attitude that a child should not talk back to an adult, while 11% do not agree with that. Also, larger number of respondents (65%) believe (agree with the statement) that children were more disciplined when they themselves were children, while only 7% disagree with the statement.
- Majority (73%) of the surveyed respondents disagree that minor physical punishment methods like slapping and spanking are effective methods of disciplining a child, but, still, 13% agree that these two methods are effective in changing a child's behaviour. A large majority (91%) share an attitude that a child can learn to behave without being spanked and/or slapped. In addition, more than half of the respondents (60%) disagree that a parent who does not punish the child when it misbehaves is not a good parent. Nevertheless, 19% agree with this.
- Almost all respondents (96%) agree that positive parenting practices - like encouraging children to talk to their parents - help in developing stronger self-esteem in child.
- Raising children should be equal responsibility of men and women according to responses of 96%. Although 16% agree that hitting a girl is worse than slapping a boy, 69% do not discriminate children on gender basis and do not share this attitude. Similarly, 62% disagree that different parenting practices are required for boys and girls.
- Regarding parents' rights, professionals' attitude is generally divided to those who agree (32%) that parents have the right to discipline their child in any way they believe is right and to those, slightly more numerous (37%), who do not share this attitude. It is worth noting that 30% are neutral and neither agree nor disagree with this statement. On the other hand, while only 10% agree that no one has the right to tell a parent how to raise the child, large majority (60%) do not agree with this, whereas 29% are neutral.
- As for the roles of professionals, largest majority (94%) agree they should report any suspected case of violence against children and child abuse, and they should advise on positive parenting practices when they recognize use of slapping/spanking in their practice.
- The majority of both professionals and parents/caregivers (60% and 52% respectively) think the upbringing in the country is "lenient", and "inconsistent" (34%), and share the attitude that it should be "stricter" (45% and 41%), and "more consistent" (42% and 35%).

Beliefs

Data on beliefs related to physical punishment suggests that although larger proportion (62%) of the surveyed respondents believe that physical punishment of a child is not good, still 17% think that it is sometimes inevitable. As for reporting minor physical punishment like spanking, professionals are divided in their belief and while 34% are certain that most of their colleagues do not report it, 32% disagree with that and 26% are neutral.

A large majority of the respondents (75%) believe that most of their colleagues could recognize the signs of psychological abuse of a child. Nearly two thirds (65%) of the surveyed professionals disagree that psychological abuse practices, like shouting or screaming, should be used to make the child more obedient. Worth noting is that 12% believe that sometimes shouting or screaming should be used to make the child more obedient. More than one quarter (26%) of the surveyed professionals believe that their colleagues do not report psychological violence, as it is very difficult to be verified.

87% of the respondents believe that the majority of the professionals report child sexual abuse, while 4% do not share this belief and 7% neither agree, nor disagree with this statement. With regards to witnessing family violence, 82% disagree that it does not harm the child, but, 10% agree.

More than half of the respondents (57%) disagree that some of their colleagues do not report cases of child abuse in order not to be included in court procedures later. However, 17% agree and 20% are hesitant and neither agree nor disagree with that. It is worth noting that 75% of police staff compared to 50% health workers disagree with the same statement.

A larger proportion (41%) of professionals share the belief that most of their colleagues report the cases of child abuse, but the reports get lost in the system, and 62% disagree that most of their colleagues do not know how to proceed and whom to refer the case of violence against a child.

Almost all (90%) of the surveyed professionals agree that they have the main role in the domain of protection of the victimized child. Nevertheless, more than half (52%) believe that the major problem of their work is in the inter-sectorial collaboration.

The top three qualities that characterize a good parent mentioned by respondents include: caring (21%), able to listen carefully and talk with the child (21%), and patient (16%), while the top three characteristics of a good child mentioned, include: well-behaved (to listen to their parents) (47%), well brought up (32%), and respectful of parents and others (30%).

Practices

Top three measures majority of surveyed professionals apply in their everyday practice to protect children from abuse include: 1) talking to children/parents (50%); 2) counselling (children, parents) (25%) and 3) reporting/referral to other responsible person/institution (24%).

Existing legislation provides partial protection of children's rights according to more than half (52%) of the respondents, while 39% think they are well protected.

Two thirds of the respondents have not personally received any training related to violence against children and protection from abuse, while 31% confirm having received such training on the following topics: violence/violence against children (physical, psychological, domestic); protection of children (against violence, abuse, pedophiles, domestic violence, use of narcotic substances); sexual abuse of children and prevention and implementation of Law on Children's Justice/Child Protection Law.

Large majority (87%) of the respondents did not report having personal experience with identifying violence against child in their everyday work in the past month, while 12% confirmed having such experience. Two thirds of cases of violence against children surveyed professionals identified in the past month were cases of physical violence, 45% psychological aggression and 7% sexual abuse. Talking with child/parent, referring the case to other responsible person, institution (school psychologist, police, doctor...) and counselling of child/parent are three (3) ways that are used for handling/acting on identified cases of physical violence and psychological aggression, i.e. referring the case to other responsible person, institution (school psychologist, police, doctor...) and talking with child/parent in cases of identified sexual abuse.

Nearly two thirds (63%) of the respondents have not personally seen a child experiencing violent behaviour in the community, and 34% have. Only 1 in every 5 respondents (24%) confirming having witnessed violence against children in the community reported it, while a large majority of two thirds did not. The top three (3) reasons for not reporting such cases mentioned by majority of respondents include: "I told the parents", "Not my right/not my right to interfere or report" and "It was not serious violence". Worth noting is that for around 8% of the respondents, the reason for not reporting seeing a child experiencing violent behaviour in the community is that "reporting does not function here yet".

In addition, based on their experience, 57% of the respondents state that their colleagues (professionals working in the same sector) to some extent protect the rights of children in practice regarding the psychological abuse and 36% note it is done extremely well.

Empirical Expectations

The survey data shows that respondents believe that, on average, 5 out of 10 parents/caregivers in the country primarily use only positive child disciplinary methods/practices of disciplining the children; while, 5 out of 10 parents/caregivers on average in the country use psychological aggression i.e. yell or scream at a child, call the child insulting names, and physical punishment, i.e. spank the child's rear, hit or slap the child on the face or other body part). As for the number of parents/caregivers in the country who use severe physical punishment methods like beating the child over and over as hard as one can; beating the child with a belt, stick or hard object, the respondents think that on average 2 out of 10 of their peers in the country use these methods of child disciplining.

With regards to the response of the majority of adults to witnessing a parent physically punishing their child, respondents think that 3 out of 10 adults on average would intervene when witnessing another parent/adult physically disciplining the child, to stop them, whereas 2 out of 10 of their peers on average would call authorities (police, social assistant, etc.) to report a case of violent discipline, witnessed in their neighbourhood.

Based on their knowledge and/or experience, 75% of surveyed professionals share the opinion that their colleagues initiate a procedure in cases where a child is a suspected victim of violence, while 7% think they do not, primarily because they do not want to bother/interfere (37%), or they are afraid for themselves, initiating a procedure usually results in more violence and it is hard to prove or they do not have enough experience (25%).

In general, more education and knowledge would be useful to all professionals to help them improve their capacity related to all phases of acting on cases of violence against children. The following are examples of what would be useful for each phase, including:

- Early detection and recognition of children victims of violence: education, training, seminars (62%); regular monitoring of child behaviour and use of preventive measures (17%);
- Response: education, training, seminars (37%); talking/regular communication with child/parent (18%);
- Referral: education, training, seminars (37%); communication/cooperation with other relevant institutions (centers for social care, police...) (31%);
- Recording/reporting: education, training, seminars (31%); communication/cooperation with other relevant institutions (centers for social care, police) (26%); recording/running evidence and further monitoring (17%);
- Prevention of violence: education, training, seminars (57%), implementation of legal regulations/stricter laws (8%); communication/cooperation with other relevant institutions (centers for social care, police) (6%); public education through media (6%).

Normative Expectations

Immediate supervisors/chiefs of department are those who are consulted or asked for advice in everyday work according to 59% of the respondents, as well as colleagues in the office or institution and colleagues in the same position as the respondent (57%). Other institutions that 21% of respondents would consult with or ask for advice include Centres for Social Work/social workers, the police, the Ministry of Interior Affairs, schools and school staff, courts or Public Prosecutor Office.

In relation to what the majority of their colleagues in their institution would do if they receive a case of a child a suspected victim of violence, 61% of surveyed professionals state their colleagues would contact and refer the case to another institution; 54% note they would initiate a procedure immediately; 49% think majority of their colleagues would informally talk to the child and 23% state that the majority of their colleagues would conduct a formal interview with the child.

Similarly, 61% think that the majority of their colleagues would contact and refer the case to another institution if they get a confirmed case of a child victim of psychological violence; 56% note the majority would initiate a procedure immediately; 50% - informally talk with the child, i.e. 21% - conduct a formal interview with the child.

Almost half of the respondents (48%) state that their colleagues believe the justice system in the country which is responsible for making court decisions in case of children victims of violence is efficient, while 13% think the opposite – the system is inefficient.

Conditional Preferences

Survey results show the following top three reasons why physical punishment, such as spanking the child's rear or slapping a child, is so prevalent in the country:

- Norms (tradition/inherited behaviour/mentality; accepted as normal behaviour/way of upbringing/child disciplining; habit; showing authority/power; old-fashioned way of upbringing children) – 25%;
- Attitudes, Beliefs (effective/efficient method/child would not misbehave again; children are spoiled and sometimes deserve it/It's inevitable; when talking and explaining have no effects; right way; disciplining measure without consequences) – 20%;
- Information - Knowledge (lack of education, knowledge, information; not seen as physical violence, but warning, preventive measure; low awareness about other ways of disciplining children) – 19%.

In order to ensure more parents in the country use alternative positive disciplining practices, professionals agree that the following things are needed: 1) counselling/psychosocial support (32%), 2) more education (27%), and 3) courses/workshops on the topic (24%).

There are several reasons why, in respondents' views, the relevant institutions do not report and/or refer cases of children victims of violence. The main are: lack of sufficient training/knowledge of responsible staff, parents (13%), being afraid for themselves (11%), poor and/or inefficient inter-sectoral cooperation (8%) are the main reasons why in respondents' views the relevant institutions do not report and/or refer cases of child victims of violence. About 9% of surveyed professionals state the opposite - that all such cases are reported and/or referred further.

Reporting and/or referring cases of children victims of violence by the relevant institutions can be improved through better functioning of systems, responsible institutions and increased control (17%), but also with more education, training, seminars and public debates (14%) and with implementing rigorous sanctions (13%) for both parents and responsible staff in relevant institutions. However, a large portion of 34% could not specify how the situation can be improved.

3 Analysis and Results

The main target group for this survey were professional groups, including social workers, police staff, health workers, teachers and other school staff and kindergarten teachers and staff. A total of 240 interviews were completed. The data was collected during the period from 12 April – 5 May 2017. The survey instrument, i.e. questionnaire used for this survey was designed by GfK Skopje project team supported by an external expert engaged by GfK Skopje and in close cooperation with UNICEF team. It was divided in the following 8 (eight) thematic sections:

- 1) A Section – Demography
- 2) B Section – Knowledge
- 3) C Section – Attitudes
- 4) D Section – Beliefs
- 5) E Section – Practices
- 6) F Section – Empirical Expectations
- 7) G Section – Normative Expectations
- 8) H Section – Conditional Preferences

The sections from 3.1 to 3.7 consist of detailed analysis, including analysis of statistically significant differences, and graphic presentation of question-by-question results in each thematic section. Statistically significant differences were analysed by the following demographic characteristics of the respondents:

- professional group
- place of work (urban/rural)
- age
- gender
- ethnicity
- education
- years of working experience at a given position.

Additional comparative analysis is carried out with the results of *Survey on Parents' and Caregivers' Knowledge, Attitudes, Practices & Social Norms Associated with Violent Forms of Child Discipline*² for around 19 variables, i.e. questions that are the same with questions for this Survey.

Table 1 includes sample size, i.e. number of interviews completed by each targeted professional group:

	Urban	Rural	Total
Social workers	30		30
Police staff	30	30	60
Health workers	30	30	60
Teachers and school staff	30	30	60
Kindergarten teachers/staff	30		30
Total	150	90	240

Table 1

Demographic data from A Section - Demography of this survey are included at the end of the Report in *Section 4.1. Sample Structure*.

² This Survey was carried out in the period from 18 November – 7 December 2016.

3.1 Knowledge

The first section of the questionnaire was designed to obtain information about how professional groups understand and define violent and alternative positive child discipline methods.

3.1.1. Knowledge on different forms of violence and recognizing signs of a child being victim of violence – spontaneous

The survey results show a range of spontaneous, non-prompted associations of what constitutes violence against children. In general, surveyed professional groups primarily associate “violence” with both physical and psychological punishment, i.e. acts that can cause physical pain or injuries, but also emotional harm (see *Chart 1*). For example, the majority (55%) mentioned both physical and psychological punishment; while 27% mentioned sexual abuse; 22% - physical punishment and a general definition like abuse/maltreating/violence; 12% mentioned psychological aggression and just 5% mentioned “neglect” (making children beg/steal in streets, neglecting a child/lack of care).

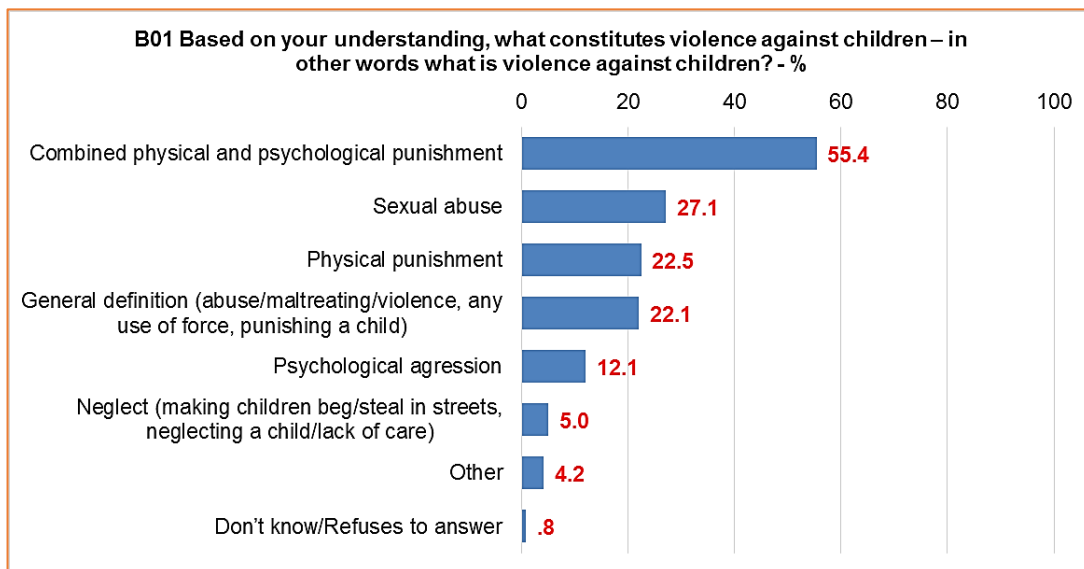


Chart 1

Disaggregated data on “what constitutes violence against children” does not show any statistically significant difference in the opinion of surveyed respondents regardless of their demographic characteristics.

Comparative analysis of professional groups’ spontaneous associations with definitions provided by parents and caregivers shows that while the latter are more likely to associate “violence” with situations that can cause physical injury, rather than situations that can cause emotional harm, professional groups are more aware about both aspects (see *Chart 2*). In other words, majority of surveyed professionals (55%) defined “violence against children” as combined physical and psychological punishment, while 59% of parents and caregivers associated it with physical punishment. Worth noting is also that a larger percentage of professionals spontaneously mentioned sexual abuse as a violent act against children than parents and caregivers (27% and 9% respectively).

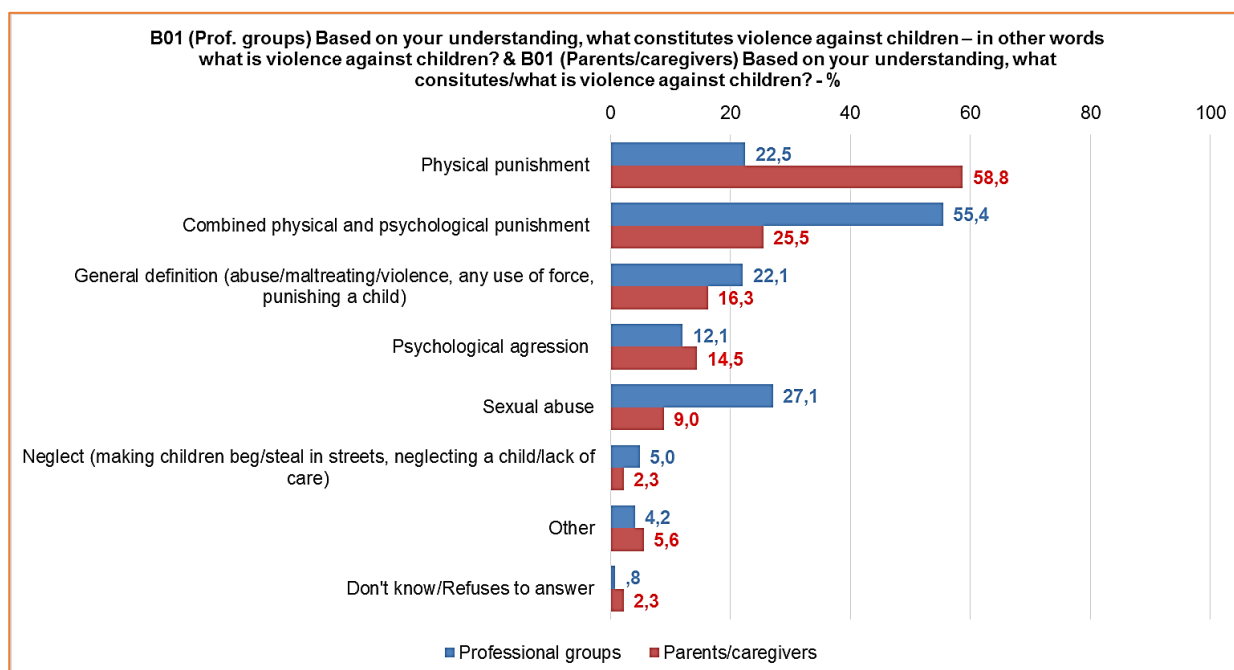


Chart 2

Recognizing signs that a child is/was a victim of violence is key to early identification and prevention. According to large majority (92%) those are primarily behavioural signs like a child being withdrawn, scared, angry, traumatized, aggressive, depressed and similar (see Chart 3). Physical signs like visible bruises, scars are mentioned by 52% of respondents.



Chart 3

Disaggregated data on “how one can recognize that a child is/was a victim of violence” (see Table 2) shows the following statistically significant differences in the opinion of:

Behavioural signs (withdrawn, scared, angry, traumatized, aggressive, changes in behaviour, depression)	Female respondents (95%) compared to male (87%)
Physical signs (bruises, scars, weakness)	Police staff (62%) and health workers (57%) compared to teachers and other school staff (38%)

Table 2

3.1.2. Knowledge on different forms of violence – prompted

When prompted, the majority (97%) of respondents agree that child sexual abuse; as well, as beating a child with hand, belt, stick or other hard object (75%) are forms of violence against children. Similarly, 73% agree that slapping a child's face, head or ear, and 69% agree that threatening to leave or abandon a child are also forms of violence (see Chart 4). The prompted data shows that surveyed professionals are likely to associate violence more with situations that can cause physical injury, and less with the situations that can cause emotional harm.

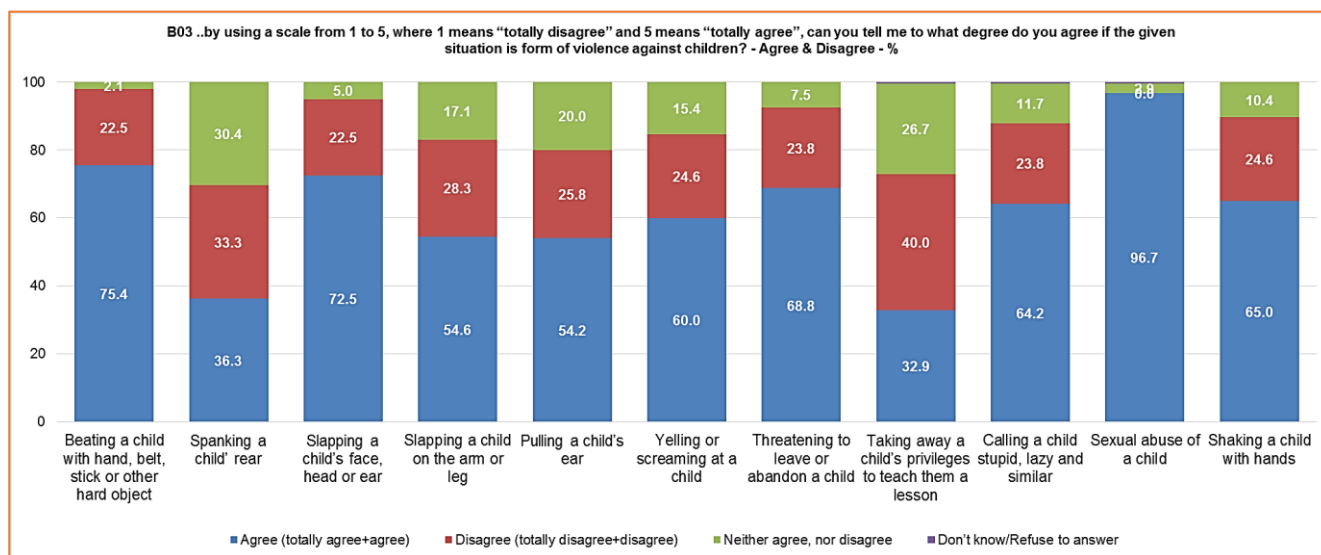


Chart 4

Worth noting is that a significant number do not agree that methods such as spanking a child's rear (33%); slapping a child on the arm or leg (28%); pulling a child's ear (26%); are forms of violence. Likewise, a significant number do not agree that methods such as yelling and screaming at a child (25%); calling a child stupid, lazy and similar (24%); threatening to leave or abandon a child (24%) are forms of violence. This highlights a significant number – around a quarter to third of professionals - have a lower level of awareness of particularly psychological aggression and minor physical punishment as forms of violence.

If ranked by using mean values shown in Chart 5, the top three situations that are considered as violence against children by the largest number of the respondents are:

- 1) Sexual abuse of a child;
- 2) Beating a child with hand, belt, stick or other hard object;
- 3) Slapping a child's face, head or ear.

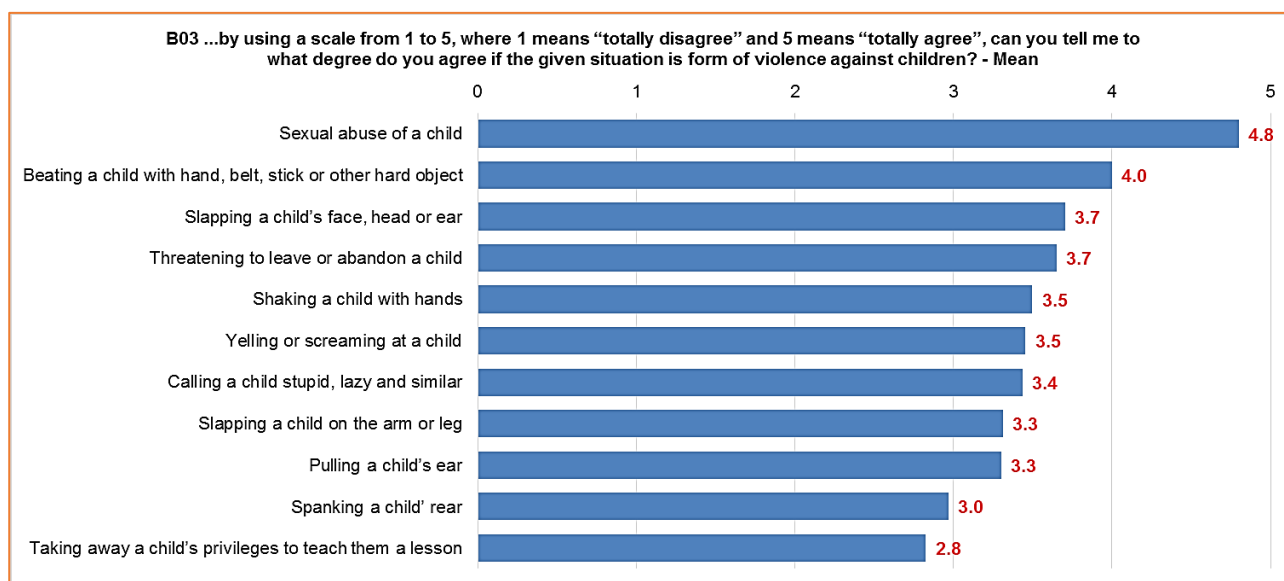


Chart 5

The bottom three situations that are considered as violence against children by the smallest number of surveyed professionals are:

- 1) Pulling a child's ear;
- 2) Spanking a child's rear;
- 3) Taking away child's privileges to teach them a lesson.

As outlined in *Table 3*, comparative analysis with the knowledge of parents/caregivers shows no differences in top three (3) situations that are considered as violence against children by the largest number of surveyed respondents from both target groups. The same goes for two (2) out of three (3) bottom situations for both target groups: spanking a child's rear and taking away a child's privileges to teach them a lesson.

Professional groups			Parents/caregivers		
No.		Mean	No.		Mean
1.	Sexual abuse of a child	4.8	1.	Sexual abuse of a child	4.1
2.	Beating a child with hand, belt, stick or other hard object	4.0	2.	Beating a child with hand, belt, stick or other hard object	4.1
3.	Slapping a child's face, head or ear	3.7	3.	Slapping a child's face, head or ear	3.7
4.	Threatening to leave or abandon a child	3.7	4.	Shaking a child with hands	3.5
5.	Shaking a child with hands	3.5	5.	Threatening to leave or abandon a child	3.5
6.	Yelling or screaming at a child	3.5	6.	Slapping a child on the arm or leg	3.3
7.	Calling a child stupid, lazy and similar	3.4	7.	Pulling a child's ear	3.3
8.	Slapping a child on the arm or leg	3.3	8.	Yelling or screaming at a child	3.3
9.	Pulling a child's ear	3.3	9.	Calling a child stupid, lazy and similar	3.1
10.	Spanking a child's rear	3.0	10.	Spanking a child's rear	3.0
11.	Taking away a child's privileges to teach them a lesson	2.8	11.	Taking away a child's privileges to teach them a lesson	2.8

Table 3

3.1.3. Knowledge of the impact and consequences of physical violent discipline methods

Most respondents were able to identify at least one negative impact that physical violence has on children's physical and emotional wellbeing, including: emotional health problems, such as anxiety, depression, aggression or even wanting to kill him or herself (65%); immediate physical health problems, injuries, bruises and fractures (61%); difficulties in dealing with other people (60%), as well as finding it hard to express feelings in a way that other people can understand (58%); and learning problems – worse results in performance at school (57%) (see *Chart 6*).

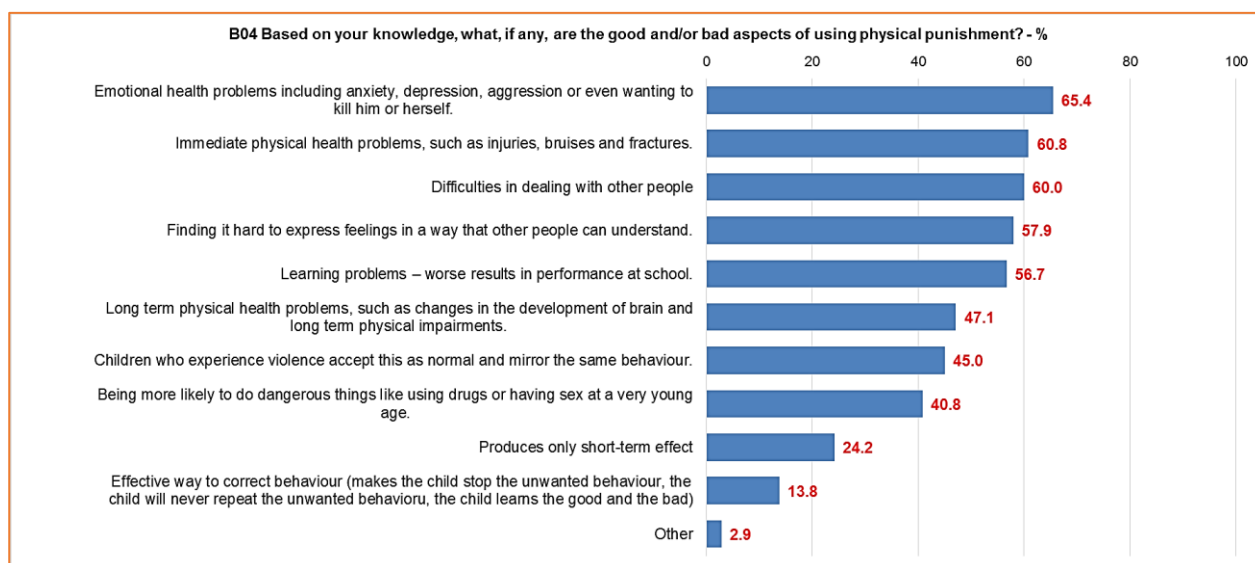


Chart 6

Compared to a large number of parents and caregivers (44%) stating that physical punishment is an effective way to correct the child's behaviour, considerably smaller number of professionals (14%) also state it as impact of physical violence.

There are no statistically significant differences when analysing disaggregated data on those who believe "physical punishment is an effective way to correct a child's behaviour".

3.1.4. Knowledge of the impact and consequences of psychological aggression

As for psychological aggression, 73% think it causes emotional health problems including anxiety, depression, aggression or even suicidal urges/impulses. Similarly, 65% noted "children who are constantly picked on, teased, bullied, ridiculed, and humiliated at home or at school, often feel rejected, persecuted, unworthy or lack of confidence" as an impact of using psychological punishment, while 62% note it can cause a child to find it hard to express feelings in a way that other people can understand and to accept violence as normal and mirror the same behaviour (see Chart 7).

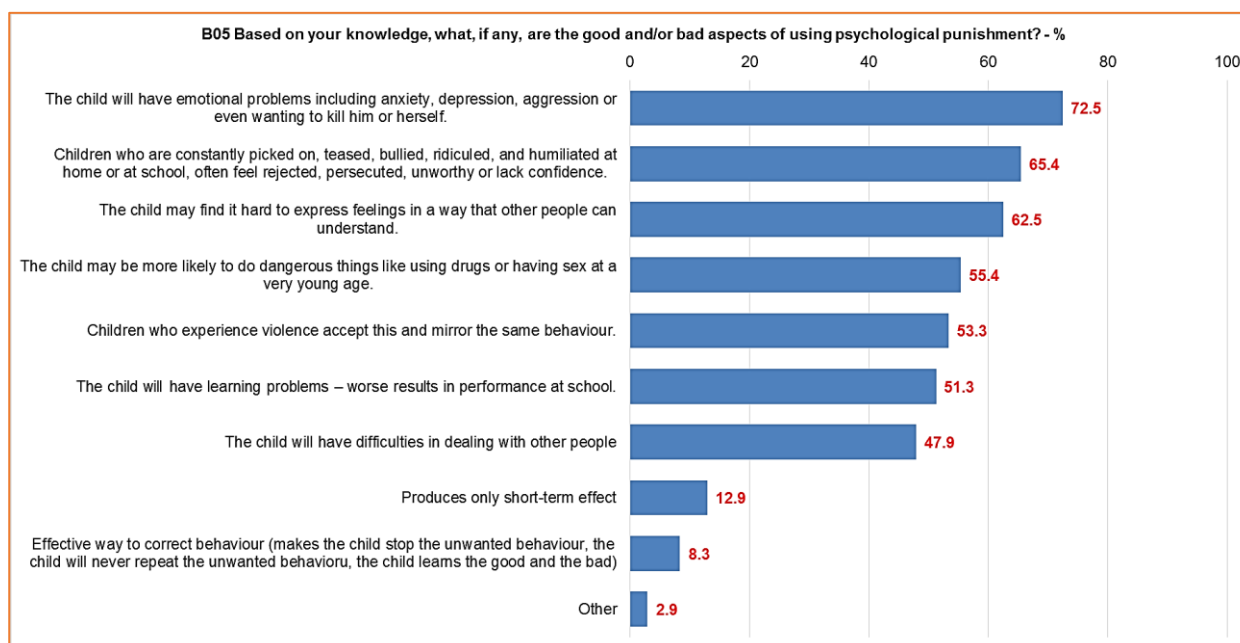


Chart 7

Similarly to the effects of physical punishment, while most respondents were able to identify at least one negative consequence that psychological punishment has on children's emotional wellbeing – 8% note it is an effective way to correct the child's behaviour compared to 37% of parents and caregivers.

No statistically significant differences were identified when analysing disaggregated data by respondents' demographic variables on those who believe "psychological punishment is an effective way to correct a child's behaviour".

3.1.5. Knowledge on positive parenting – spontaneous

Devoting love, care, time and attention to children (51%), constant talking with a child about what is good or bad, i.e. providing guidance (40%) is what constitutes positive parenting according to the opinion of the majority of respondents. In addition, 23% state it is encouraging, supporting, understanding and praising a child (*for other mentions, see Chart 8*).

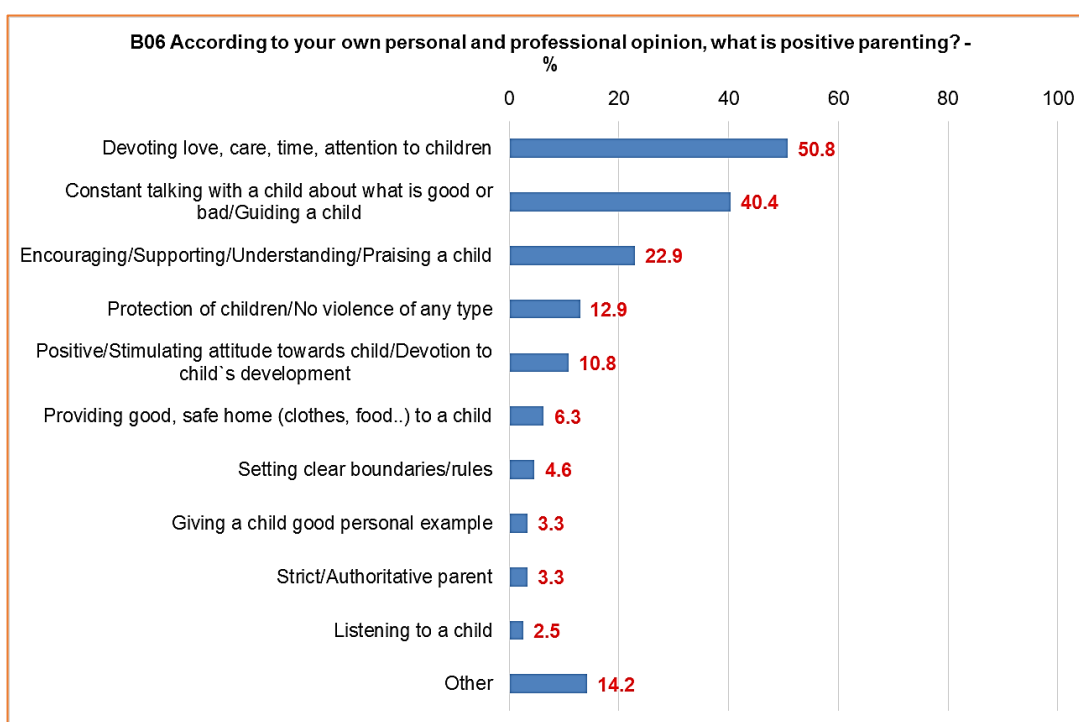


Chart 8

No statistically significant differences are identified when analysing disaggregated demographic data on definitions of what is positive parenting.

3.1.6. Knowledge of legislation, services and programmes available to protect children from violence

The country has many laws designed to protect and prevent violence against children. The Law on Child Protection specifically prohibits all forms of violence in all settings and obliges all citizens to report all forms of violence against children immediately upon the learning of such an act.

[UNICEF, 2014. Mapping of institutions and civil society organizations which provide services to children victims of violence and abuse](#)

The data suggests high level of awareness of the legislative framework established to protect children from violence among professional groups. Namely, larger number of the respondents (78%) confirmed knowing that there is a law prohibiting corporal punishment (see Chart 9) and 65% know that laws oblige people to report violence (see Chart 10).

Large majority (78%) of the respondents are confident that there is a law in the country that **prohibits physical punishment** of children of any age and in all settings, whereas 18% assume there is such a law and only 4% believe or assume there is no such law.

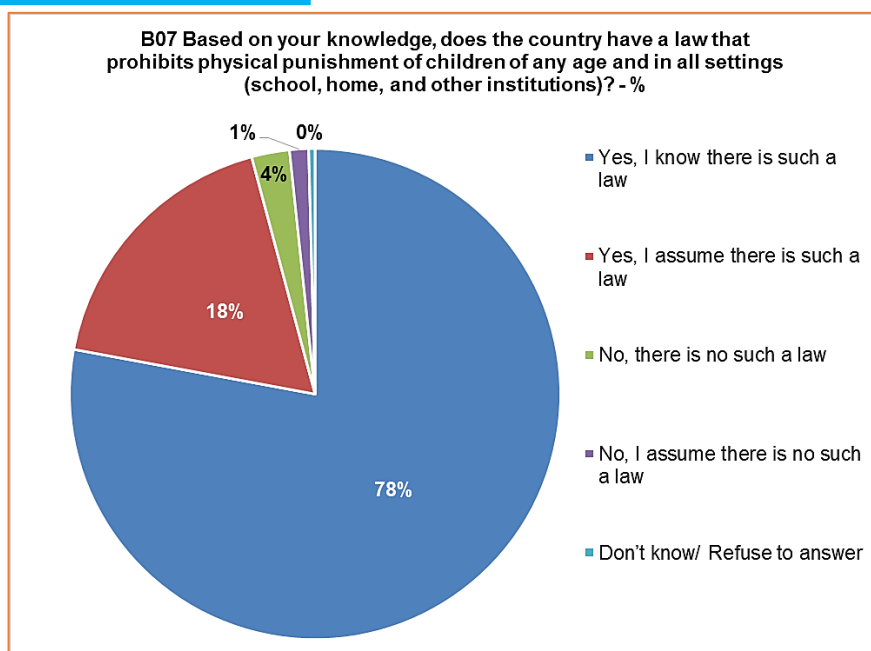


Chart 9

As shown in Chart 10, expectedly, professional groups have higher level of awareness about existence of legal framework that prohibits corporal punishment compared to general public, i.e. parents and caregivers of children aged 2-4 years.

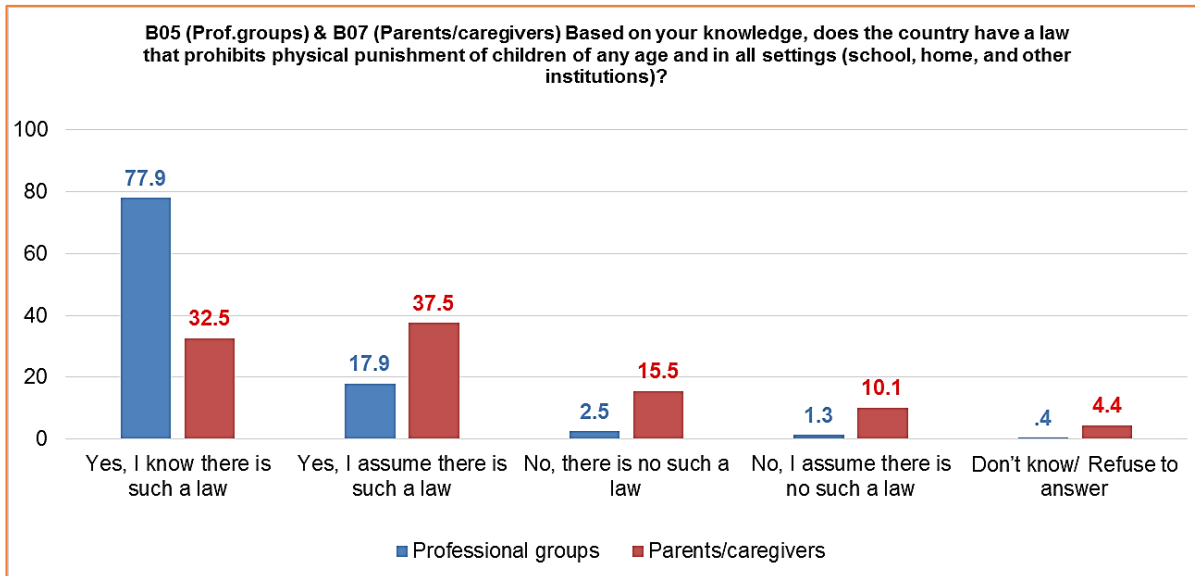


Chart 10

On the other hand, fewer respondents (65%) are confident that the law obliges people to report a case of violence against children, and 20% assume there is such a law, while 5% believe there is no such a law and 3% assume so (see Chart 11).

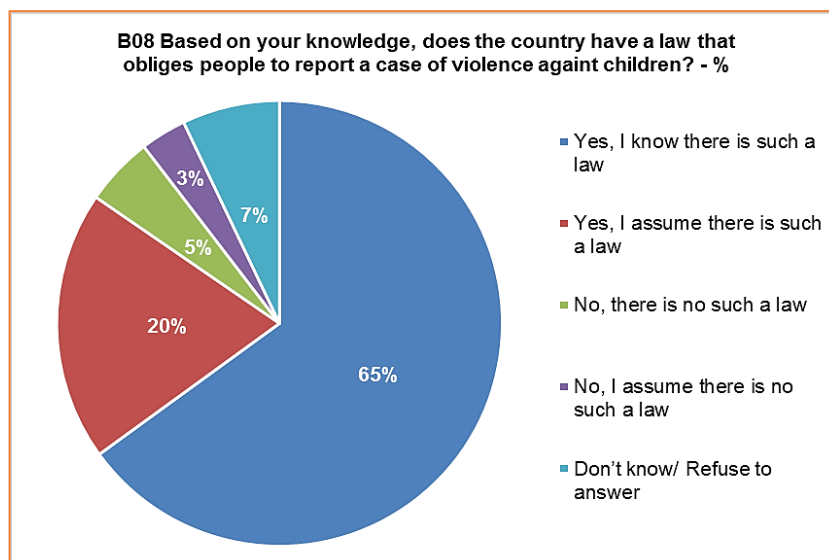


Chart 11

Again, professional groups are considerably more aware about legal framework that obliges people to report any case of violence against children compared to parents and caregivers (see Chart 12).

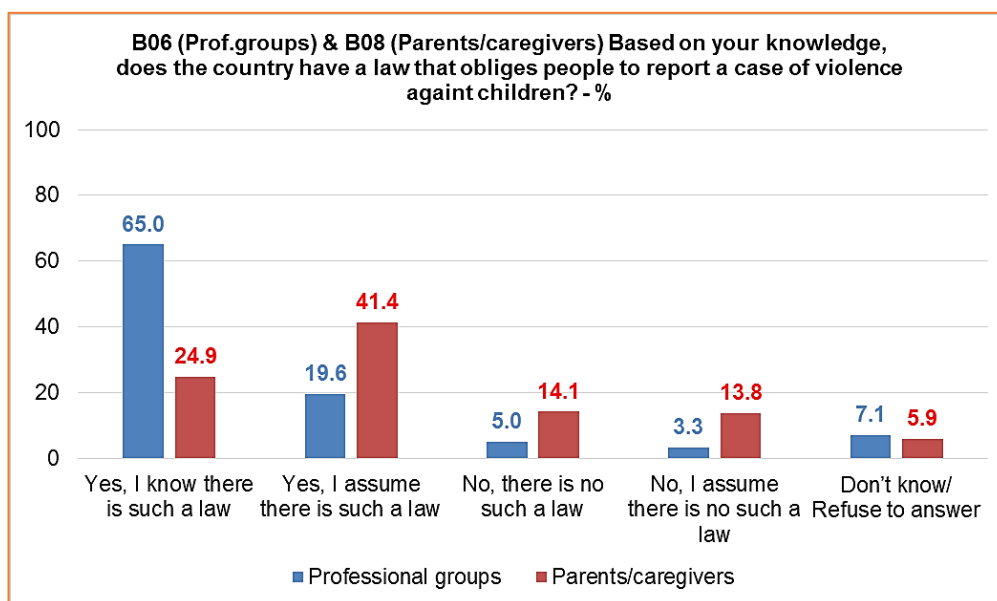


Chart 12

Survey results note statistically significant differences related to the awareness of the professional groups' respondents of legal framework protecting children from violence and law obliging people to report any case of violence against children (see Table 4):

Legal framework prohibits corporal punishment of children	Professionals working in centers for social work (87%) and police staff (85%) are more likely to be aware of legislation compared to health workers (67%)
Legal framework obliging reporting cases of violence against children	- Professionals working in centers for social work (80%) and police staff (78%) are more likely to be aware of legislation compared to health workers (53%) and teachers and school staff (60%) - Respondents with 3-5 years (71%) and 11 and more years (69%) of working experience compared to those with 6-10 years (52%)

Table 4

The large majority of respondents (84%) are **aware that a child can report violence** (see Chart 13), primarily to the police (57%), school/kindergarten teachers or other staff (51.7%), centers for social care/social care workers (30.5%), doctors (13.8%), free SOS telephone (11.3%), parents/family members (6.4%), First Children's Embassy Megjasi (3.9%), NGOs (1.5%), Responsible institutions (1.0%) and to free SOS telephone (11%) (for other specific mentions, see Table 5).

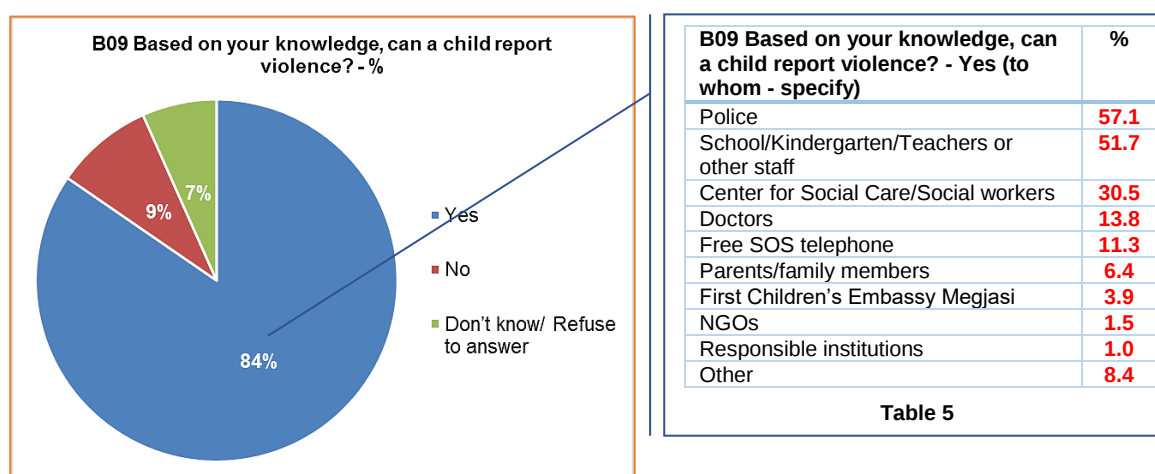


Chart 13

Table 5

Still, 9% are not aware that children can report violence which, compared to parents and caregivers (24%), is considerably lower percentage (for comparative data see Chart 14).

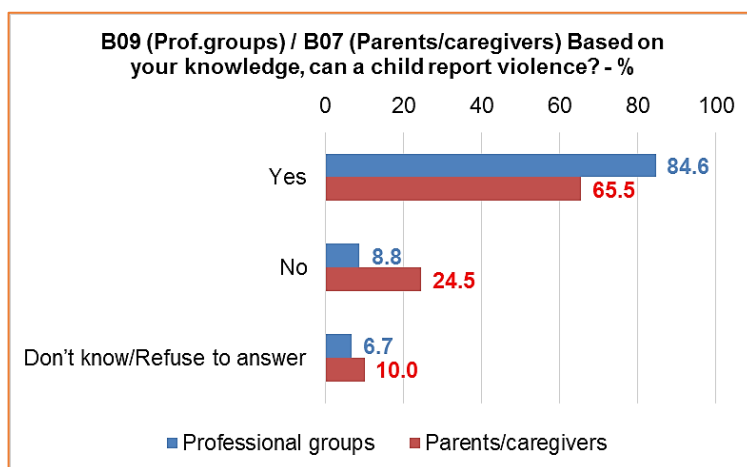


Chart 14

Higher level of awareness of programmes or materials available related to child discipline and parenting methods is noted with professional groups' respondents compared to parents and caregivers (20% and 5% respectively) (for comparative percentages, see Chart 15).

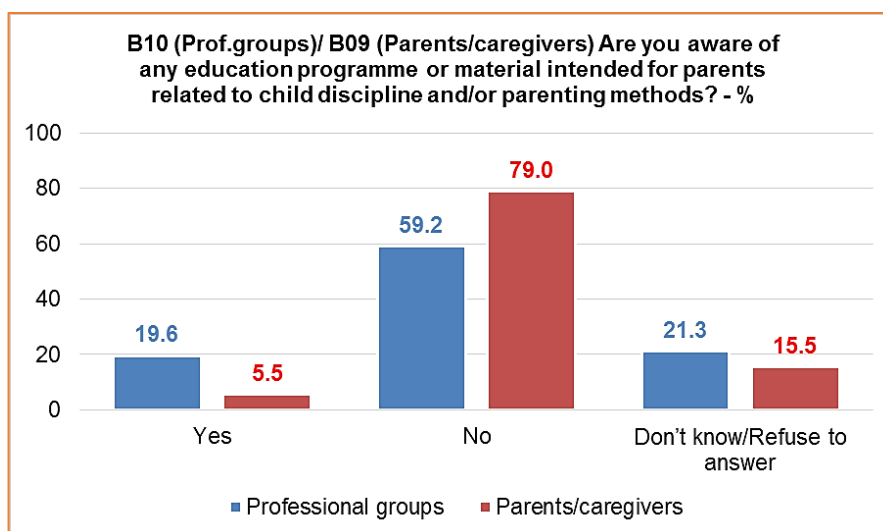
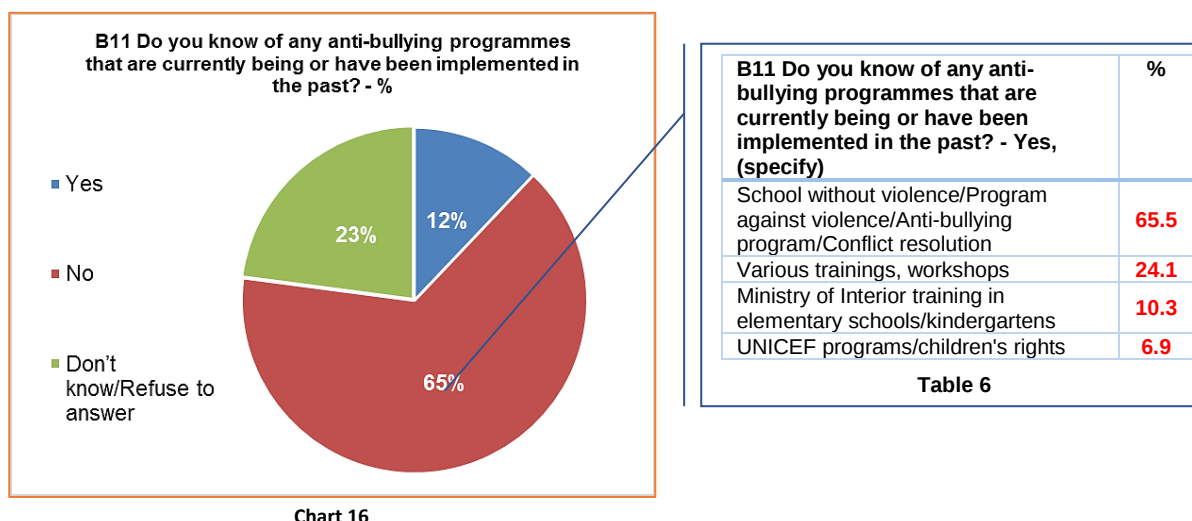


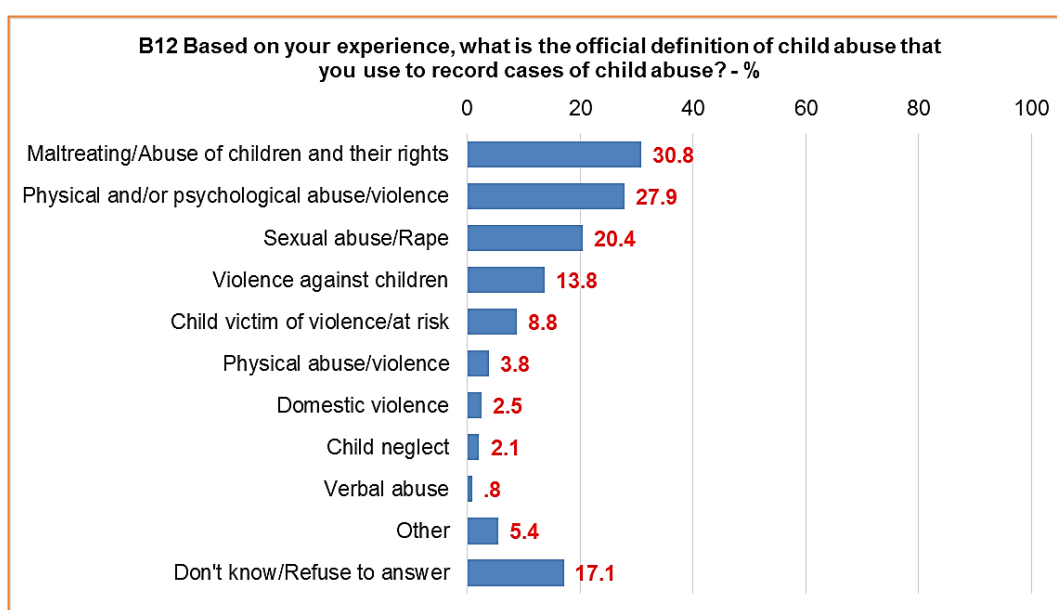
Chart 15

Specifics provided by these respondents include rather general information on the sources of programmes and materials, like school/kindergarten counselling programmes for parents (43%), programme against violence/protection against violence (21%), books for parents (13%), NGO materials (11%) similar. Still, larger percentage of professionals (59%) are not aware of such programs. As in the case of parents and caregivers, this may also be due to low level to which the programmes exist in the country.

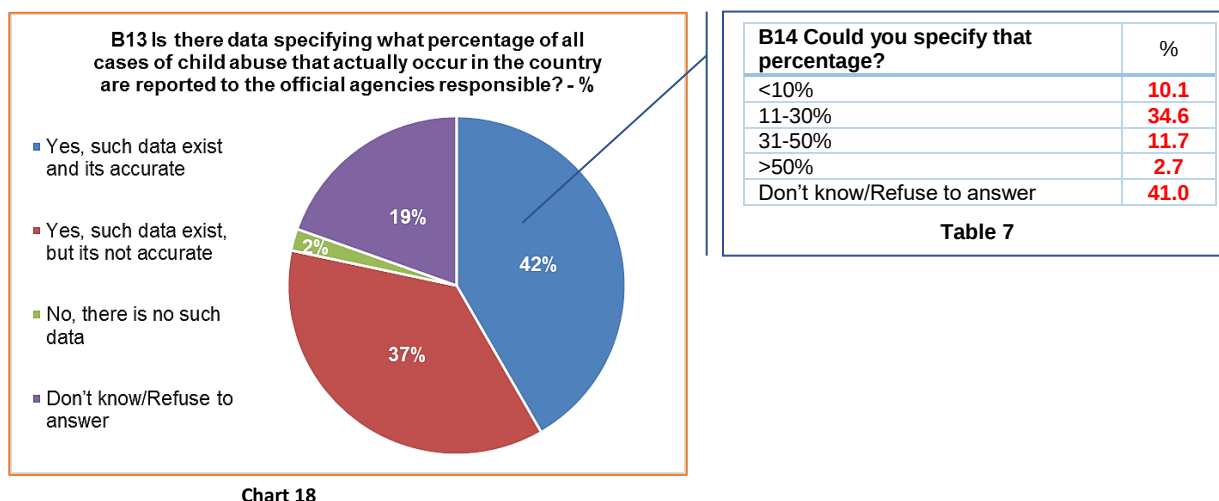
There is a lower level of awareness of anti-bullying programmes that are currently being or have been implemented in the past (12%) (see Chart 16). This again may be due to the scarcity of such programmes in the country or as a result of not being personally involved in such programmes. Specific mentions of such programmes include School without violence/Program against violence/Anti-bullying program/Conflict resolution (65%), Ministry of Interior training in elementary schools/kindergartens (10%), UNICEF programs/children's rights (7%), but also a very general "various trainings, workshops" (24%) (see Table 6).



With regards to the official definition of child abuse used for recording such cases, 31% of the respondents state it is maltreating/abuse of children and their rights, physical and /or psychological abuse/violence (28%) and sexual abuse/rape (20%) (*for other specifics mentions, see Chart 17*).



Majority of 42% of surveyed respondents are confident that there is data specifying what percentage of all cases of child abuse that actually occur in the country are reported to the official responsible agencies and it is accurate, and 37% state that while the data exists, they do not believe it is accurate (*see Chart 18*). More than a third (35%) of those who confirmed that there is data on cases of child abuse in the country that are reported to the official responsible agencies state that percentage is 11-30%, 12% say it is between 31-50% and 10% believe it is 10% (*see Table 7*).



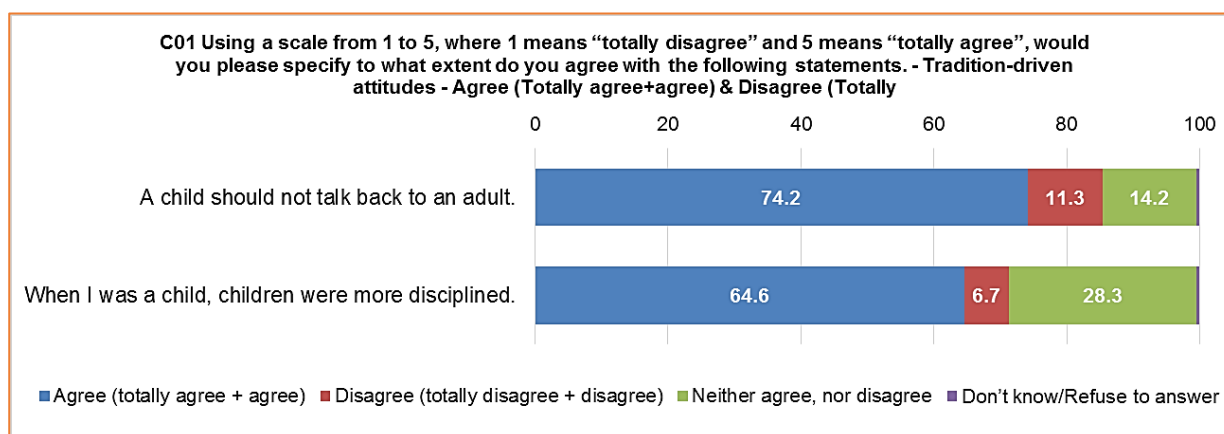
3.2 Attitudes

This thematic section of the questionnaire aimed to gather information about the extent to which professional groups approve different child discipline practices and in what circumstances they find them acceptable.

The attitudes of target respondents were evaluated through their agreement or disagreement with statements that can be grouped into several more general categories, including: 1) tradition-driven attitudes, 2) attitudes towards punishment in general and minor physical punishment methods, 3) attitudes towards positive parenting, 4) gender-related attitudes, 5) attitudes towards parents' rights and 6) attitudes towards role of professionals.

3.2.1. Respondents' tradition-driven attitudes

Large majority (74%) of respondents share a more traditional attitude that a child should not talk back to an adult (see Chart 19), while 11% do not agree with that. Also, larger number of respondents (65%) believe (agree with the statement) that children were more disciplined when they were children, while only 7% disagree with the statement.



Statistically significant differences related to the respondents' agreement, i.e. disagreement about these two (2) tradition-based attitudes (*see Table 8*) are noted in the responses of:

Statement	Agree	Disagree
A child should not talk back to an adult	Respondents with 6-10 years of working experience (83%) compared to those with 3-5 years (65%)	No statistically significant differences
When I was a child, children were more disciplined	Respondents aged over 55 years (86%) compared to those up to 34 (62%), 34-44 (58%) and 45-54 (60%)	No statistically significant differences

Table 8

Comparative data shows that professionals are likely to agree more with the traditional attitude that a child should not talk back to adults than parents and caregivers (74% and 67% agree with this statement respectively) (*for other comparative data, see Table 9*). On the other hand, the same number (64%) of both target groups agree that when they were young, children were more disciplined.

	A child should not talk back to an adult - %		When I was a child, children were more disciplined - %	
	Professional groups	Parents/caregivers	Professional groups	Parents/caregivers
Agree	74.2	67.0	64.6	64.3
Disagree	11.3	12.0	6.7	16.8
Neither agree, nor disagree	14.2	20.6	28.3	18.6
DK/Refuse to answer	0.4	0.4	0.4	0.4

Table 9

3.2.2. Respondents' attitudes towards punishment in general and minor physical punishment methods

Majority (73%) of the surveyed respondents disagree that minor physical punishment methods like slapping and spanking are effective methods of disciplining a child (*see Chart 20*). Still, 13% agree that these two methods are effective in changing a child's behaviour.

A large majority (91%) share an attitude that a child can learn to behave without being spanked and/or slapped. In addition, more than half of the respondents (60%) disagree that a parent who does not punish their child when it misbehaves is not a good parent. Nevertheless, 19% agree with this.

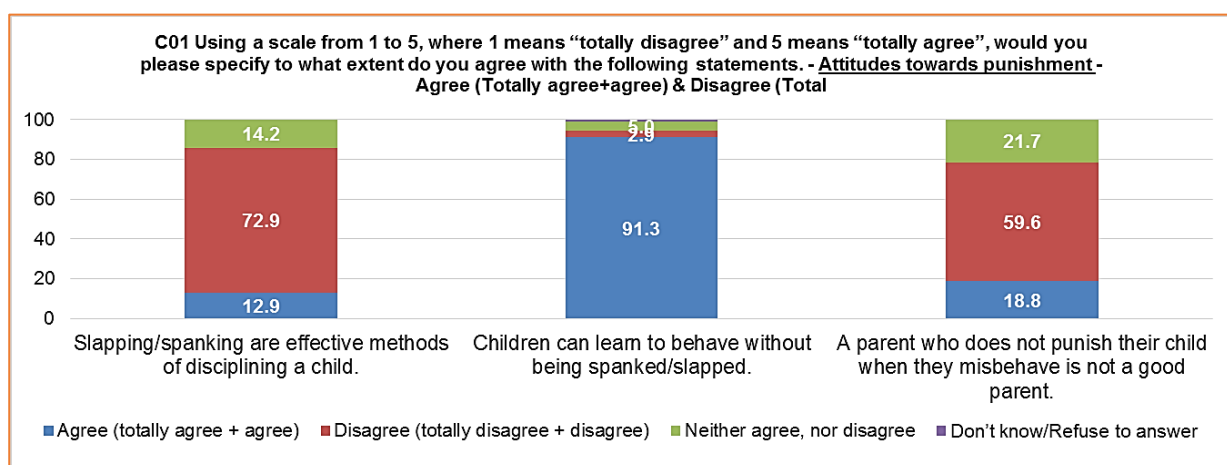


Chart 20

Additional demographic data analysis shows the following statistically significant different attitudes related to the respondents' agreement or disagreement about these 3 (three) attitudes related to punishment (*see Table 10*):

Statement	Agree	Disagree
Slapping/spanking are effective methods of disciplining a child	No statistically significant differences	Health workers (80%) compared to police staff (62%)
Children can learn to behave without being spanked/slapped	- Respondents working in rural areas (97%) compared to those working in urban ones (88%) - Respondents aged over 55 years (98%) compared to those at the age 35 – 44 (86%)	No statistically significant differences
A parent who does not punish their child when they misbehave is not a good parent	No statistically significant differences	No statistically significant differences

Table 10

Comparative analysis with the results of survey carried out among parents and caregivers shows certain differences in the attitudes of two target groups. For example, a larger number (91%) of professionals share an attitude that a child can learn to behave without being spanked and/or slapped as compared to 78% of parents/caregivers; 19% of parents/caregivers agree that slapping and spanking are effective methods of disciplining a child compared to 13% of professionals (*for other comparative data, see Table 11*).

	Slapping/spanking are effective methods of disciplining a child - %		Children can learn to behave without being spanked/slapped - %		A parent who does not punish their child when they misbehave is not a good parent - %	
	Professional groups	Parents/caregivers	Professional groups	Parents/caregivers	Professional groups	Parents/caregivers
Agree	12.9	18.9	91.3	78.1	18.8	26.1
Disagree	72.9	56.8	2.9	9.9	59.6	51.0
Neither agree, nor disagree	14.2	24.0	5.0	11.9	21.7	22.0
DK/Refuse to answer	0.0	0.4	0.8	0.1	0.0	0.9

Table 11

3.2.3. Respondents' attitudes towards positive parenting

Almost all respondents (96%) agree that positive parenting practices - like encouraging children to talk to their parents - helps in developing stronger self-esteem in child (*see Chart 21*).

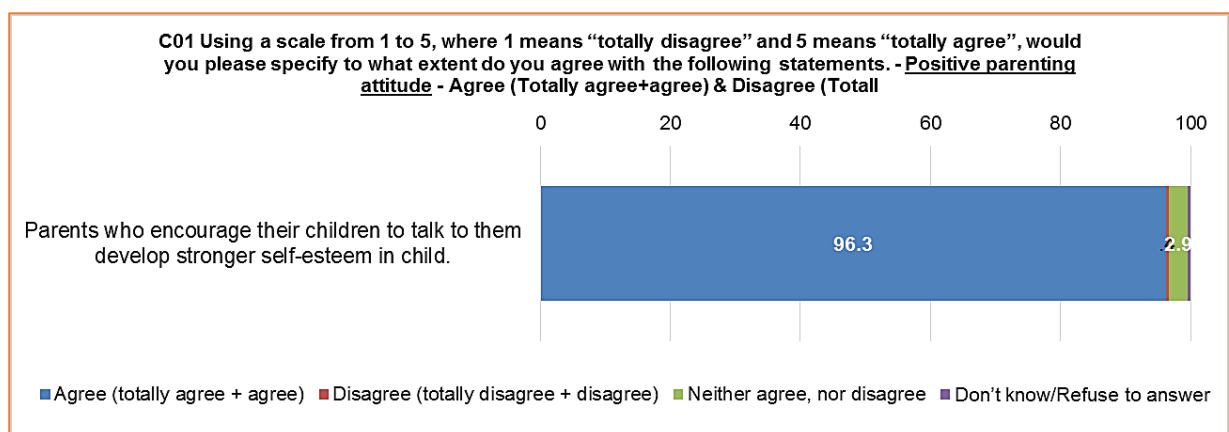


Chart 21

No statistically significant differences related to surveyed respondents' agreement, i.e. disagreement related to this positive parenting practice are noted.

Comparative data shows larger number (96%) of professionals than parents and caregivers (85%) who agree that parents' encouragement of their children to talk to them can result in stronger self-esteem in a child (see Table 12).

	Parents who encourage their children to talk to them develop stronger self-esteem in child - %	
	Professional groups	Parents/ caregivers
Agree	96.3	85.1
Disagree	0.4	4.8
Neither agree, nor disagree	2.9	9.8
DK/Refuse to answer	0.4	0.4

Table 12

3.2.4. Respondents' gender-related attitudes

Raising children should be an equal responsibility of men and women according to responses of 96% (see Chart 22). Although 16% agree that hitting a girl is worse than slapping a boy, majority of 69% of the respondents do not discriminate children on gender basis and do not share this attitude. Similarly, 62% disagree that different parenting practices are required for boys and girls.

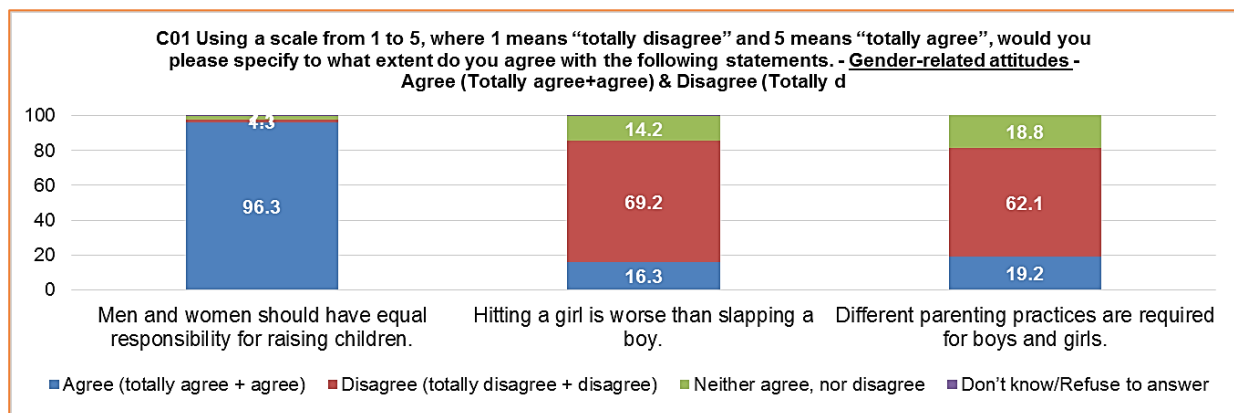


Chart 22

Analysis of statistically significant differences by respondents' demographic characteristics related to their agreement, i.e. disagreement with regard to these 3 (three) gender-based attitudes (see Table 13) are noted in the responses of:

Attitude	Agree	Disagree
Men and women should have equal responsibility for raising children	No statistically significant differences	No statistically significant differences
Hitting a girl is worse than slapping a boy	No statistically significant differences	Female (74%) respondents compared to male (61%)
Different parenting practices are required for boys and girls	No statistically significant differences	Respondents with 11 and over (69%) years of working experience compared to those with 6-10 years (52%)

Table 13

As data in *Table 14* shows, both target groups share the same gender-related attitudes. Large majority of both professionals and parents/caregivers agree (96% and 85% respectively) that men and women should have equal responsibility for raising children. Also, majority of both target groups (69% - professionals, 62% - parents/caregivers) disagree that hitting a girl is worse than slapping a boy. With regard to whether different parenting practices are required for boys and girls, majority of 62% of professionals disagree.

	Men and women should have equal responsibility for raising children - %		Hitting a girl is worse than slapping a boy - %		Different parenting practices are required for boys and girls ³ - %
	Professional groups	Parents/caregivers	Professional groups	Parents/caregivers	Professional groups
Agree	96.3	85.4	16.3	14.8	19.2
Disagree	1.3	5.6	69.2	61.5	62.1
Neither agree, nor disagree	2.1	8.9	14.2	20.9	18.8
DK/Refuse to answer	0.4	0.1	0.4	2.9	0.0

Table 14

3.2.5. Respondents' attitudes towards parents' rights

Professionals' attitude is generally divided to those who agree (32%) that parents have the right to discipline their child in any way they believe is right and to those who do not share this attitude, slightly more numerous (37%), while 30% are neutral and neither agree nor disagree with this statement (*see Chart 23*). On the other hand, only 10% agree that no one has the right to tell a parent how to raise the child, large majority (60%) do not agree with this, while 29% are neutral.

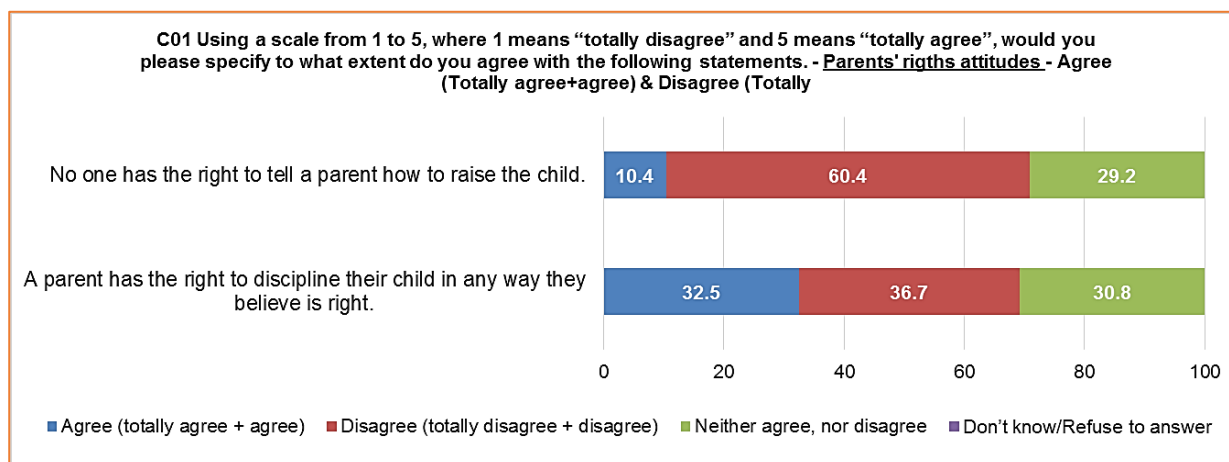


Chart 23

Statistically significant differences, by disaggregated demographic data, related to respondents' agreement or disagreement regarding these 2 (two) parents' rights attitudes are not identified.

Larger number (63%) of parents and caregivers than 32% of professionals agree that a parent has the right to discipline their child in any way they believe is right (*see Table 15*). On the other hand, 45% of parents and caregivers agree that no one has the right to tell a parent how to raise the child compared to a mere 10% of professionals.

³ This statement was not a part of a related question in the questionnaire for parents and caregivers.

	A parent has the right to discipline their child in any way they believe is right - %		No one has the right to tell a parent how to raise the child - %	
	Professional groups	Parents/ caregivers	Professional groups	Parents/ caregivers
Agree	32.5	62.6	10.4	44.6
Disagree	36.7	12.8	60.4	22.3
Neither agree, nor disagree	30.8	24.3	29.2	32.9
DK/Refuse to answer	0.0	0.4	0.0	0.3

Table 15

3.2.6. Respondents' attitudes towards professionals' roles

Largest majority of professionals agree that they should report any suspected case of violence against children and child abuse (94%) and that they should advise on positive parenting practices when they recognize use of slapping/spanking in their practice (*see Chart 24*).

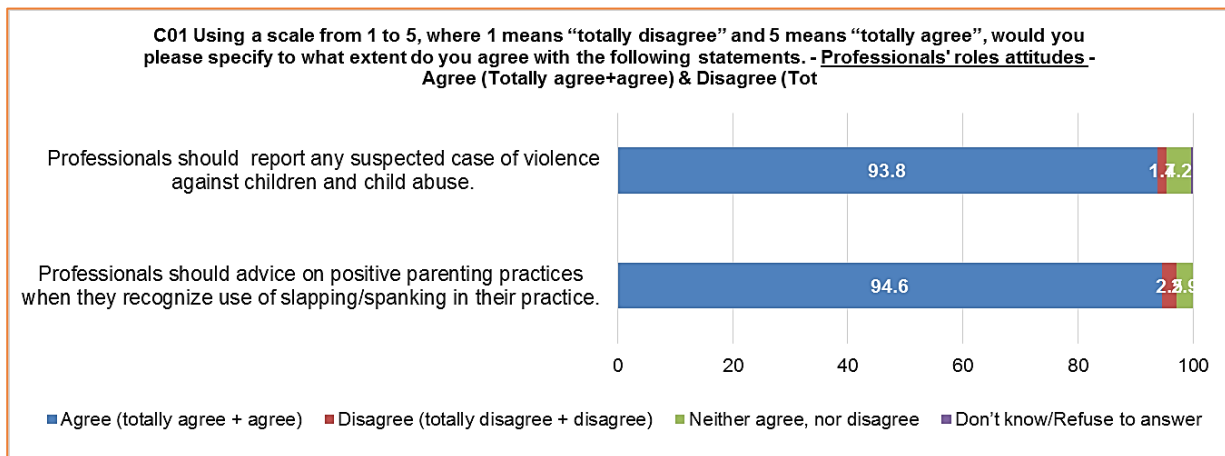


Chart 24

3.2.7. Upbringing of children in the country – current and what it should be like

A majority (60%) of the respondents consider the upbringing in the country to be “lenient” and a significant number (34%) consider “it should be stricter” (see Chart 25).

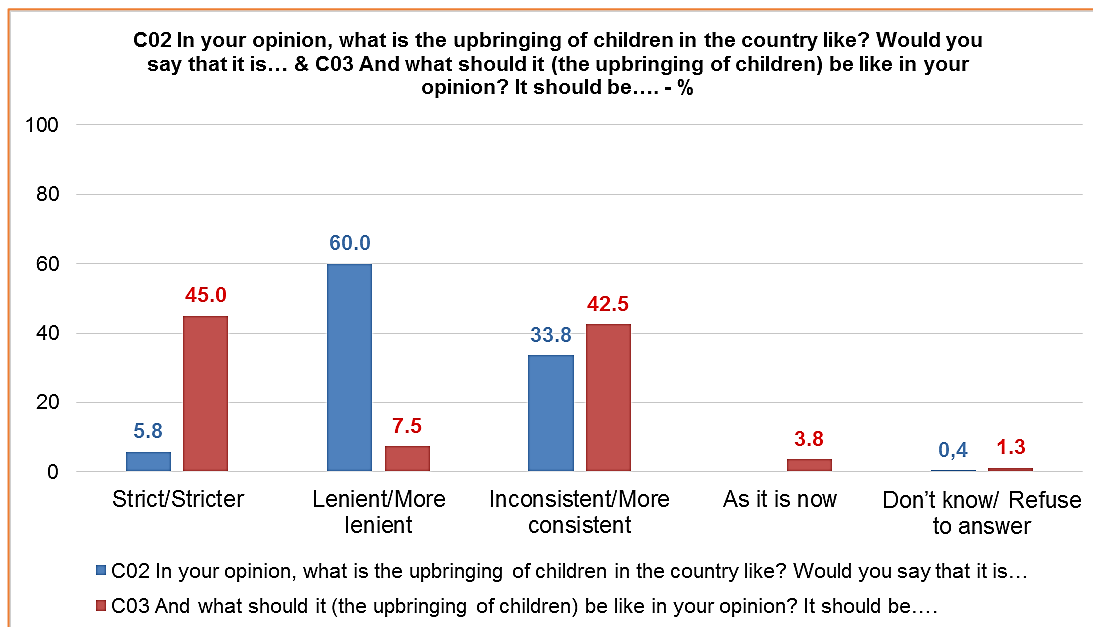


Chart 25

Looking by demographic characteristics of the respondents related to what is the upbringing of children currently like in the country, i.e. what it should be like, no statistically significant differences are noted.

While the majority of both professionals and parents/caregivers (60% and 52% respectively) think the upbringing in the country is “lenient”, larger percentage of parents (13%) than professionals (6%) think it is “strict” (see Table 16). Similarly, the majority of both target groups (45% and 41%) share the attitude that it should be “stricter”, larger percentage (42%) of professionals think the upbringing of children should be “more consistent” compared to 36% of parents and caregivers.

	C02 In your opinion, what is the upbringing of children in the country like? Would you say that it is... - %			C03 And what should it (the upbringing of children) be like in your opinion? It should be.... - %	
	Professional groups	Parents/ caregivers		Professional groups	Parents/ caregivers
Strict	5.8	12.8	Stricter	45.0	41.5
Lenient	60.0	51.9	More lenient	7.5	16.1
Inconsistent	33.8	34.5	More consistent	42.5	35.6
			As it is now	3.8	5.5
DK/Refuse to answer	0.4	0.9	DK/Refuse to answer	1.3	1.3

Table 16

A quarter of respondents think that the existing reporting system does not work well in relation to psychological violence and sexual abuse, whereas 19% are of the same opinion with regards to the reporting system of physical violence. Worth noting is that a larger number considers it works well in relation to all three types of violence against children (49% in case of sexual abuse, 48% - physical violence and 37% - psychological violence) (see Chart 26). There is a significant number of those who are neutral in their opinion and state that the existing reporting system works neither well, nor poorly (33% in case of psychological violence sexual abuse, 30% physical violence and 21% sexual abuse).

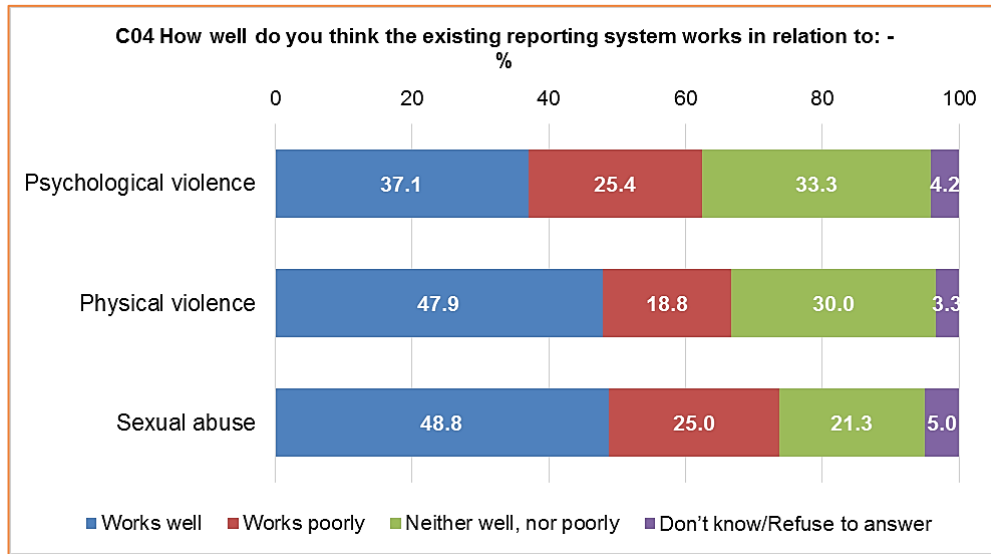


Chart 26

Respondents' demography has no influence and no statistically significant differences are identified regarding their attitude about the functioning of the existing reporting system in relation to these three (3) types of violence against children. The only exception are respondents with 3-5 years of working experience (60%) who are more likely to think that the existing reporting system in relation to sexual abuse works well compared to those with 6-10 years (52%).

3.3 Beliefs

The third part of the survey questionnaire aimed to gather information about how professional groups understand the effects and consequences of violence and positive child discipline practices, in what circumstances they use the methods and why; what the relative advantage would be of adopting positive parenting practices vs. violent methods; how easy to apply and compatible are positive practices with existing values and practices.

3.3.1. Respondents' beliefs related to physical punishment and reporting it

Data suggests that although larger proportion (62%) of the surveyed respondents believe that physical punishment of a child is not good, still 17% think that it is sometimes inevitable (*see Chart 27*) and 21% are neutral. As for reporting minor physical punishment like spanking, data suggests that professionals are divided in their belief and while 34% are certain that most of their colleagues do not report it, 32% disagree with that and 26% are neutral.

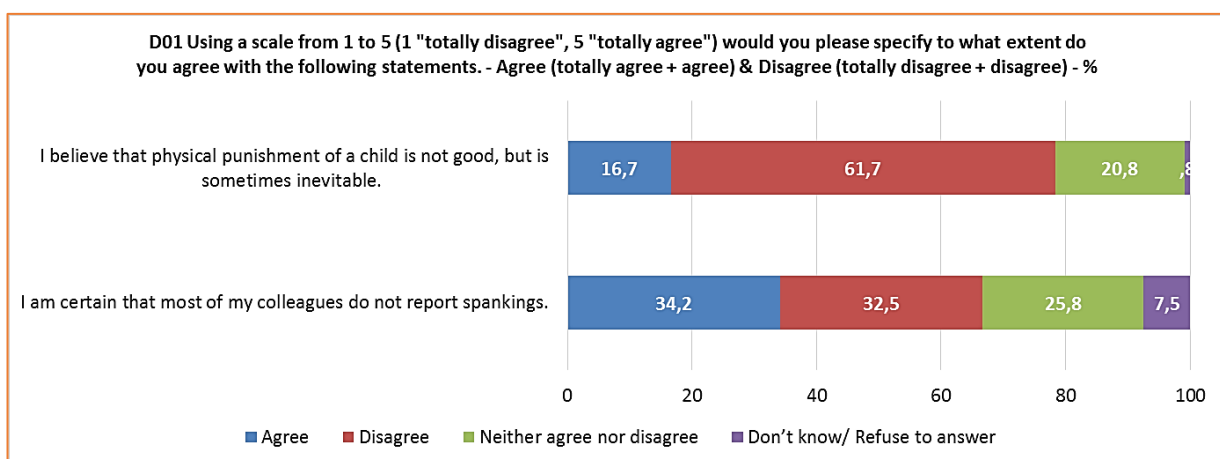


Chart 27

Analysis by respondents' demographic characteristics shows a statistically significant difference only in their disagreement related to physical punishment reporting (*see Table 17*):

Statement	Agree	Disagree
I believe that physical punishment of a child is not good, but is sometimes inevitable	No statistically significant differences	No statistically significant differences
I am certain that most of my colleagues do not report spankings	No statistically significant differences	Male respondents (42%) compared to female (27%)

Table 17

3.3.2. Respondents' beliefs related to psychological abuse and reporting it

A large majority of the respondents (75%) believe that most of their colleagues could recognize the signs of psychological abuse of a child (*see Chart 28*). Nearly two thirds (65%) of the surveyed professionals disagree that shouting/screaming should be used to make the child more obedient. Furthermore, 41% do not believe – disagree, whereas 26% believe – agree, that their colleagues do not report psychological violence, as this type of violence is very difficult to be verified.

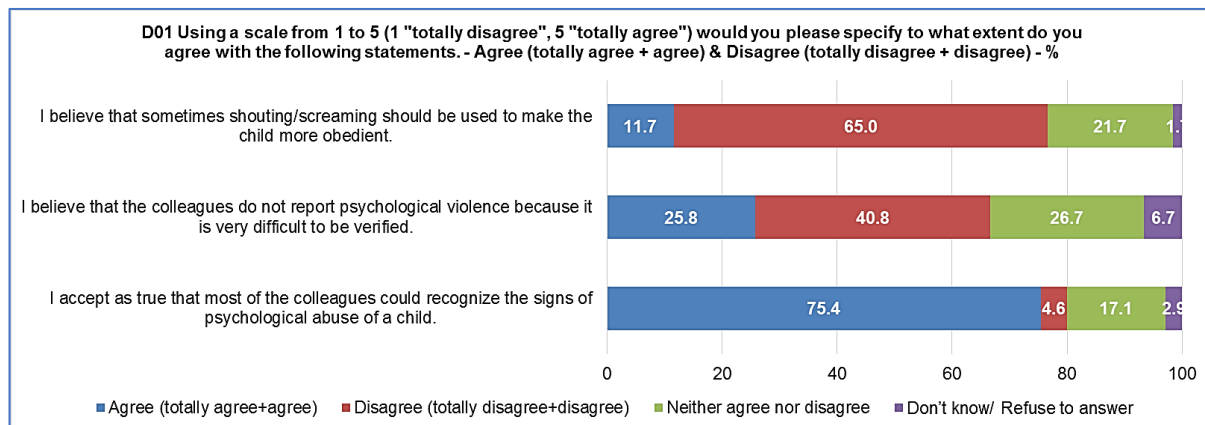


Chart 28

Looking at demographic characteristics, only one statistically significant difference is noted with regards to respondents' agreement of the respondents that most of the professionals could recognize the signs of psychological abuse of a child (*see Table 18*):

Statement	Agree	Disagree
I believe that sometimes shouting/screaming should be used to make the child more obedient	No statistically significant differences	No statistically significant differences
I believe that the colleagues do not report psychological violence because it is very difficult to be verified	No statistically significant differences	No statistically significant differences
I accept as true that most of the colleagues could recognize the signs of psychological abuse of a child.	Respondents with 3-5 years (85%) of working experience compared to those with 6-9 years (69%)	No statistically significant differences

Table 18

3.3.3. Respondents' beliefs towards reporting child sexual abuse

A large percentage (86%) of the respondents believe that the majority of the professionals report child sexual abuse, while 4% do not share this belief and 7% neither agree, nor disagree with this statement (*see Chart 29*).

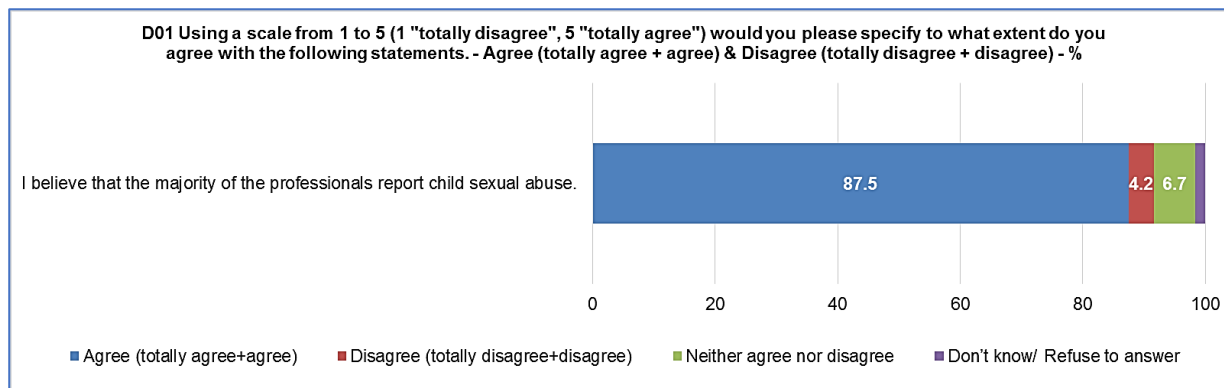


Chart 29

No statistically significant differences are noted related to respondents' agreement, i.e. disagreement with this statement based on their demographic characteristics.

3.3.4. Respondents' beliefs towards family violence and its effects

Although a large majority (82%) of respondents disagree that witnessing family violence does not harm the child, still, 10% share this belief and 7% are neutral and neither agree nor disagree with this statement (*see Chart 30*).

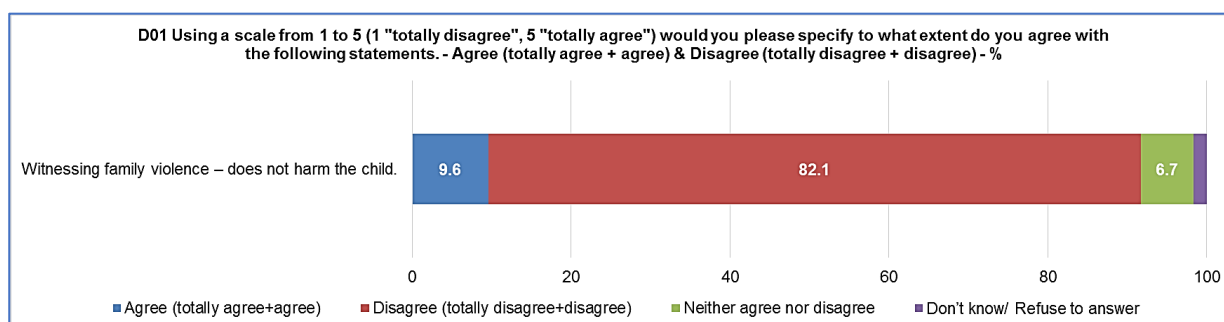


Chart 30

Some statistically significant differences are noted related to respondents' agreement, i.e. disagreement with this statement based on their demographic characteristics (*see Table 19*).

Statement	Agree	Disagree
Witnessing family violence – does not harm the child.	No statistically significant differences	Respondents with 3-5 years (91%) of working experience compared to those with 6-9 years (73%)

Table 19

3.3.5. Respondents' beliefs towards child abuse reporting and referral

Around 17% of the respondents believe that some of their colleagues do not report cases of child abuse to avoid being part of court procedures. However, a larger percentage (57%) disagree with this statement, while 20% are hesitant and neither agree nor disagree with it. Larger proportion (41%) of professionals share the belief that most of their colleagues report the cases of child abuse but they get lost in the system, and 62% disagree that most of their colleagues do not know how to proceed and whom to refer the case of violence against a child (*see Chart 31*).

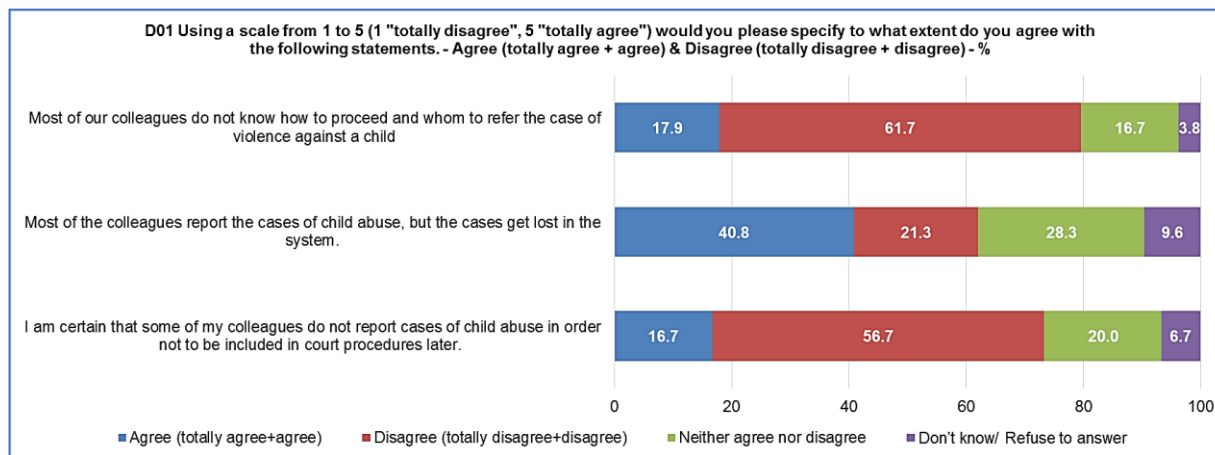


Chart 31

Some statistically significant differences are noted related to respondents' disagreement with these three (3) statements based on their demographic characteristics (*see Table 20*).

Statement	Agree	Disagree
Most of our colleagues do not know how to proceed and whom to refer the case of violence against a child	No statistically significant differences	No statistically significant differences
Most of the colleagues report the cases of child abuse, but the cases get lost in the system.	No statistically significant differences	No statistically significant differences
I am certain that some of my colleagues do not report cases of child abuse in order not to be included in court procedures later.	No statistically significant differences	- Police staff (75%) compared to health workers (50%) - Respondents with 3-6 years (69%) of working experience compared to those with 11 and more years (51%) - Male respondents (68%) compared to female (50%)

Table 20

3.3.6. Respondents' beliefs towards role of professionals

Almost all (90%) of the surveyed professionals agree that they have the main role in the domain of protection of the victimized child. Nevertheless, more than half (52%) believe that the major problem of their work is in the inter-sectorial collaboration (*see Chart 32*).

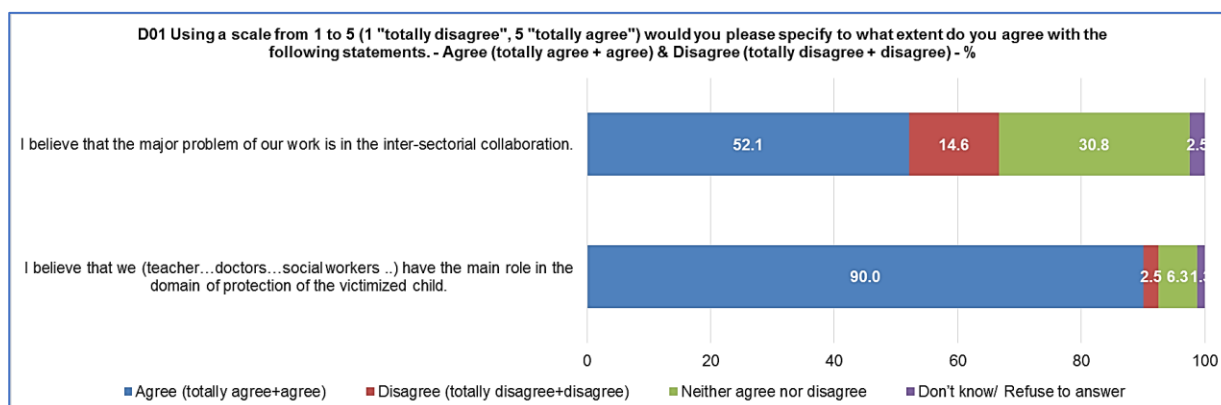


Chart 32

Demographic characteristics of the respondents do not have influence over their attitudes with regards to agreement or disagreement with these two (2) statements and thus no statistically significant differences are noted.

3.3.7. Qualities of a good parent and good child

Respondents were asked to describe a good parent and a good child. A good parent is characterized by a wide range of qualities mentioned spontaneously by surveyed respondents. The top three (3) qualities mentioned are the same as the qualities mentioned by parents and caregivers and include:

- 1) Caring (21%)
- 2) Able to listen carefully and talk with a child (21%)
- 3) Patient (16%).

Top twenty (20) qualities of a good parent specified by the respondents (*see Table 21*) suggest that surveyed respondents understand meaning of positive parenting and importance of dedicating time, patience and care in raising a child and associate that with qualities of a good parent.

No.	D02 In your opinion, what are the qualities of a good parent?	%
1.	Caring	21.3
2.	Able to listen carefully and talk with a child	21.3
3.	Patient	16.3
4.	Intelligible	15.4
5.	Dedicated	13.3
6.	Giving love to a child	12.5
7.	Lenient	11.7
8.	Responsible	10.8
9.	Authoritative	10.4
10.	Educating a child	10.4
11.	Spending time with a child	10.0
12.	Supportive	10.0
13.	Attentive	10.0
14.	Tolerant	9.2
15.	Good with a child	7.5
16.	Honest	6.7
17.	Friendly	5.8
18.	Rigorous/strict/persistent	5.4
19.	Devoted to child upbringing	4.6
20.	Speaking calmly to a child	4.2

Table 21

As for what makes a good child, the respondents specified also an extensive list of qualities. The top three characteristics of a good child mentioned by respondents are also the same qualities mentioned by parents and caregivers and include:

- 1) Well-behaved (to listen their parents) (47%)
- 2) Well brought up (32%)
- 3) Respectful of parents and others (30%)

The top twenty (20) qualities of a good child shared spontaneously by the respondents are shown in *Table 22* that follows.

No.	D03 What about qualities of a good child? What makes a child a good child?	%
1.	Well-behaved (to listen their parents)	46.7
2.	Well brought up	32.1
3.	Respectful of parents and others	30.4
4.	Responsible	15.8
5.	Good student	15.0
6.	Good behaviour in society	12.5
7.	Polite	12.1
8.	Honest	11.3
9.	Sociable, communicative	10.8
10.	Diligent, helping parents	9.6
11.	Open for communication with the parents	8.3
12.	Calm	6.3
13.	Ambitious	5.8
14.	Happy, satisfied	5.8
15.	Fulfilling	5.4
16.	Patient	5.0
17.	Independent	5.0
18.	Attentive	3.3
19.	Positive, cheerful	2.9
20.	Reasonable	2.5

Table 22

Similarly to parents and caregivers, worth noting is the extremely low number of professionals who mentioned that qualities of a good child also include being curious, unselfish, self-confident (2%), persistent and creative (1%). This suggests limited understanding of the need to nurture self-confident, unselfish and creative adult.

3.3.8. Circumstances in which child disciplining is justified

While larger number of the parents and caregivers (57%) are of the opinion that it is justified for a parent to hit a child in at least one of the offered situations, i.e. circumstances compared to 35% who think it is not justified no matter what the situation is (*see Chart 33*), professionals hold the opposite opinion. Namely, larger percentage of them (60%) think that it is not justified to hit a child in any situation, while 35% agree that it is justified for a parent to hit a child in at least one of the offered situations, i.e. circumstances.

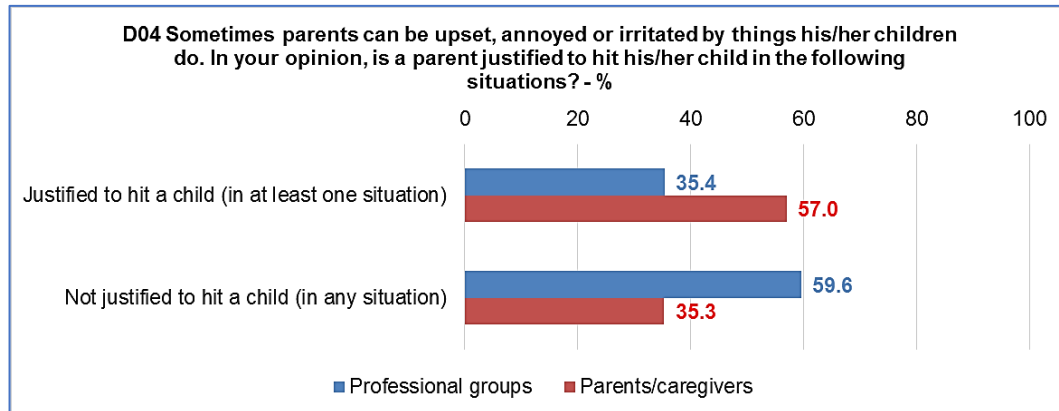


Chart 33

Analysed by demographic characteristics of the respondents, no statistically significant differences related to whether it is justified for a parent to hit a child in given situations or not are noted.

Coinciding with the same situations parents and caregivers stated a parent is justified to hit his/her child, the top three (3) circumstances, i.e. situations (see Chart 34) according to the opinion of the larger number of the professionals, include:

- 1) The child smokes, drinks alcohol or take drugs (32%)
- 2) The child steals property (28%)
- 3) The child is engaging in sexual activity at a young age (25%)

whereas the bottom three (3) (also the same situations stated by parents/caregivers) are:

- 1) The child has bad grades at school (7%)
- 2) The child has a girlfriend/boyfriend (6%)
- 3) The child breaks something (glass/plate) (2%).

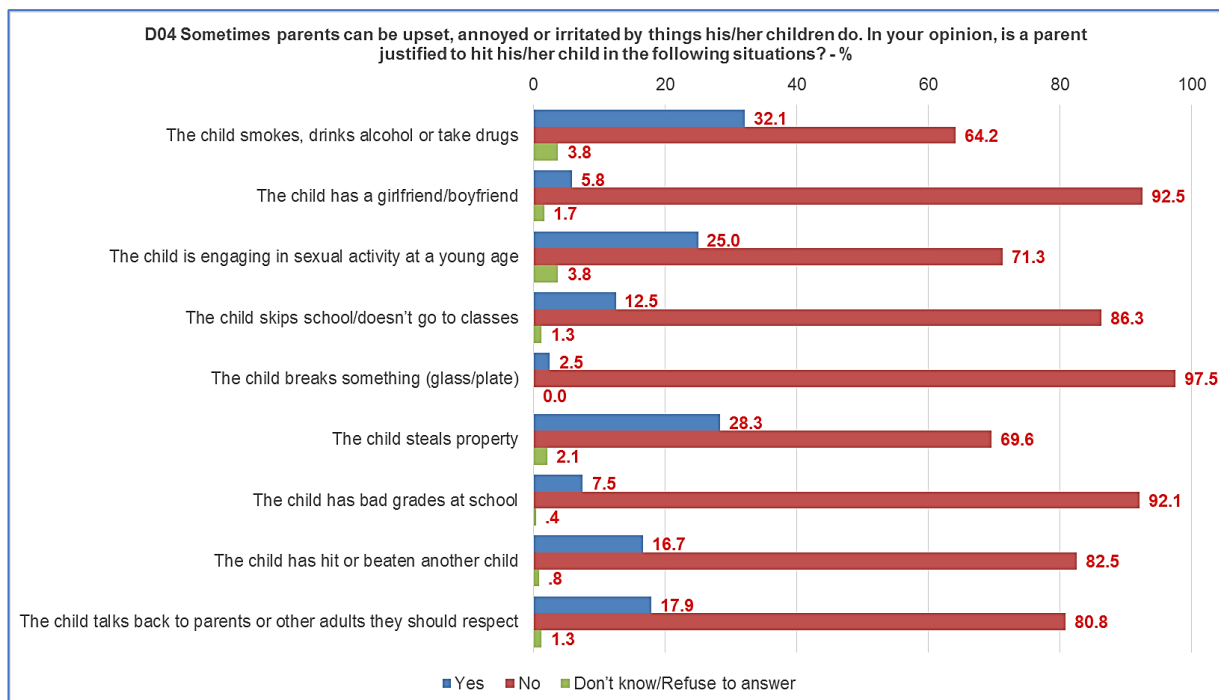


Chart 34

Looking at demographic characteristics of the respondents, there are no statistically significant differences related to agreeing it is justified for a parent to hit a child in each of the top three (3) situations.

3.4 Practices

This fourth thematic section of the questionnaire was focused on obtaining information about the extent and types of practices used in relation to identifying, reporting, referral and response in cases of violence against children.

3.4.1. Types of measures applied in everyday practice to protect from child abuse

As outlined in *Chart 35*, three measures that majority of surveyed professionals apply in their everyday practice to protect from child abuse include:

- 1) Talking with children/parents (53%)
- 2) Counselling (children, parents) (26%)
- 3) Reporting/Referral to other responsible person/institution (24%).

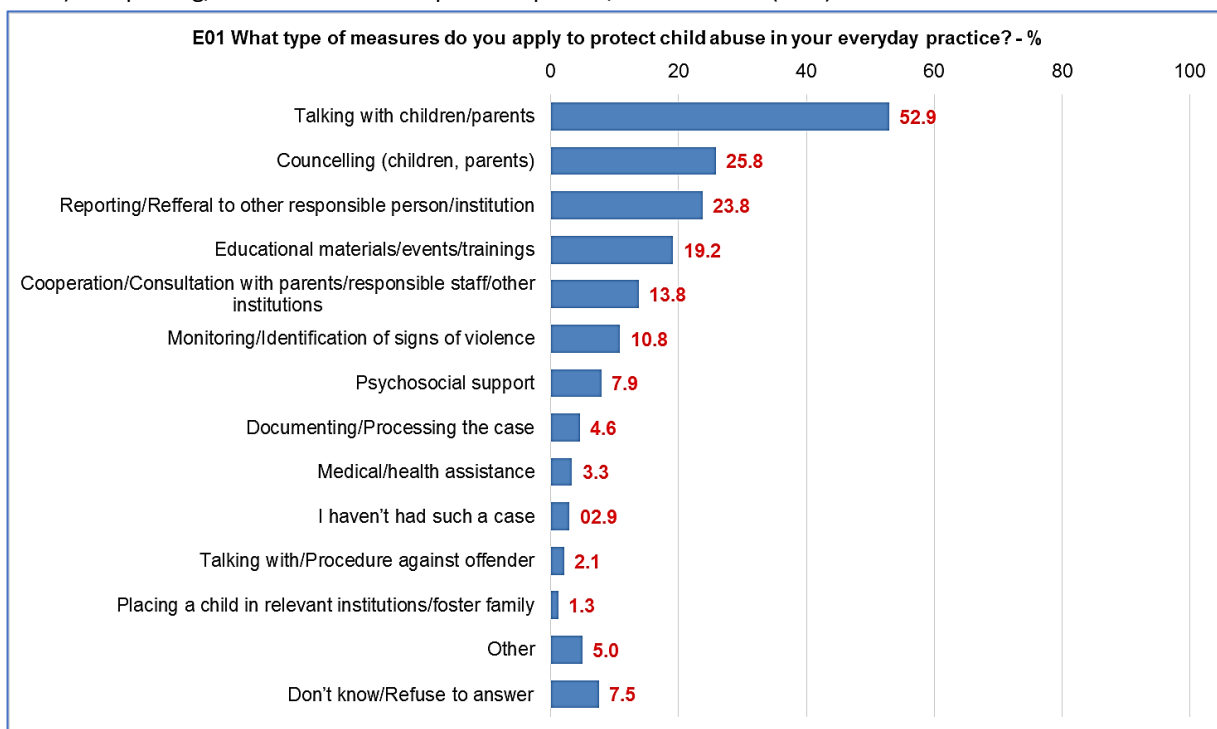


Chart 35

3.4.2. Children's rights protection by legislation

Children's rights are partially protected in terms of legislation according to more than half (52%) of the respondents, while 39% think they are well protected (see Chart 36). Only 6% think that the existing legislation provides poor protection of children against abuse.

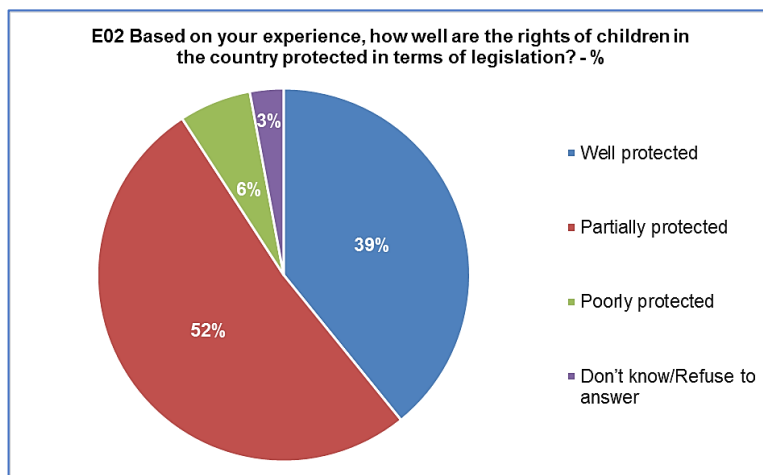


Chart 36

3.4.3. Children's rights protection against psychological abuse by professionals

Based on their experience, 57% of the respondents state that their colleagues (professionals working in the same sector) to some extent protect the rights of children in practice regarding the psychological abuse and 36% note it is done extremely well (see Chart 37).

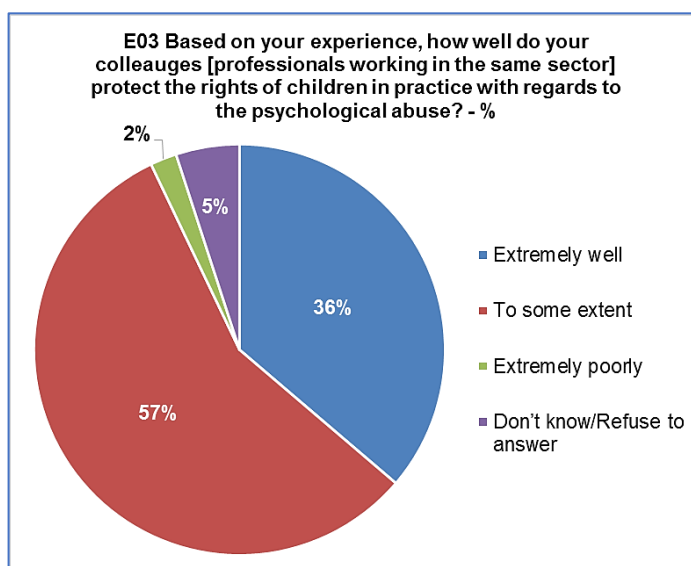


Chart 37

3.4.4. Manual/guideline aimed at identifying the most common signs of child abuse in practice, and its quality

Less than half (41%) of the respondents reply there is a manual/guideline aimed at identifying the most common signs of child abuse in their practice and its quality is good, followed by 27% who note there is no such manual/guidelines and 9% who confirm its existence but state the quality is poor (see Chart 38). Significant number (23%) do not know or refuse to answer whether there is such a manual/guideline.

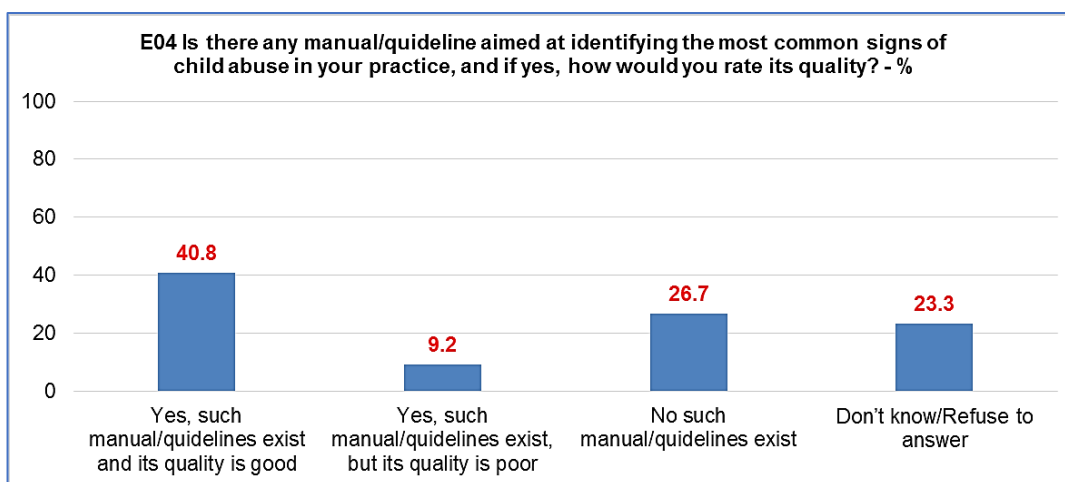


Chart 38

3.4.5. Existence of procedures for compiling data in institutions

There are procedures in place for compiling data in the institutions (for instance bringing it all together so it can be published as reports on a monthly or annual basis) and compiled data quality is good based on the opinion of 43% of surveyed target group, followed by 12% who confirm existence of procedures but note that data they produce is of poor or fair quality and 10% who could not assess the quality of data (see Chart 39). Significant number (19%) state there are no such procedures.

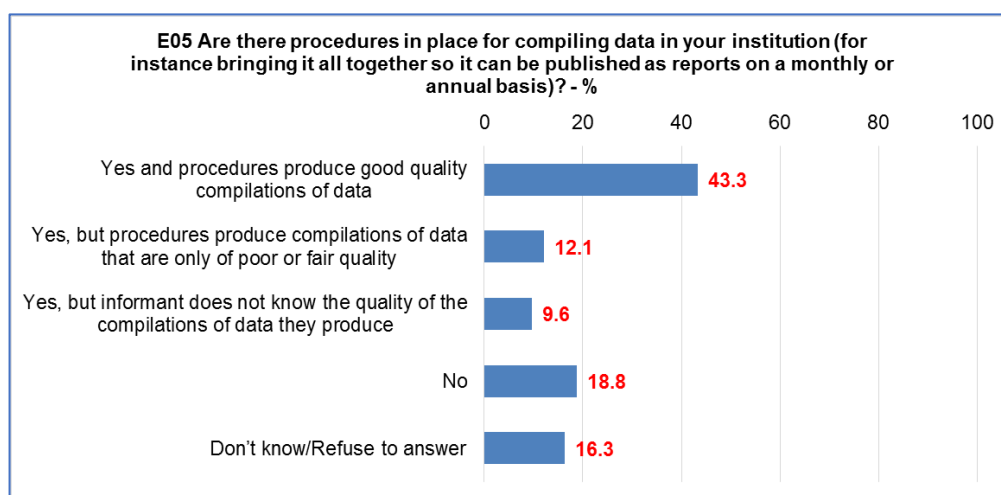


Chart 39

The only statistically significant differences noted, related to different professional groups' awareness, are about procedures in place for compiling data in their institutions that at the same time produce good quality compilations of data (see Table 23).

Answer	
Yes and procedures produce good quality compilations of data	Professionals working in Centers for Social Work (80%) are more likely to be aware about these procedures compared to other professionals (police staff – 58%; teachers and school staff 33%; health workers 23% and kindergarten teachers 40%)

Table 23

3.4.6. Received training related to violence against children and child abuse protection

Two thirds of the respondents have not personally received any training related to violence against children and child abuse protection, while 31% confirm having received such training (*see Chart 40*). Training topics include: violence/violence against children (physical, psychological, domestic) (38%); protection of children (against violence, abuse, pedophiles, domestic violence, use of narcotic substances) (30%); sexual abuse of children and prevention (15%) and implementation of Law on Children's Justice/Child Protection Law (12%) (*see Table 24*).

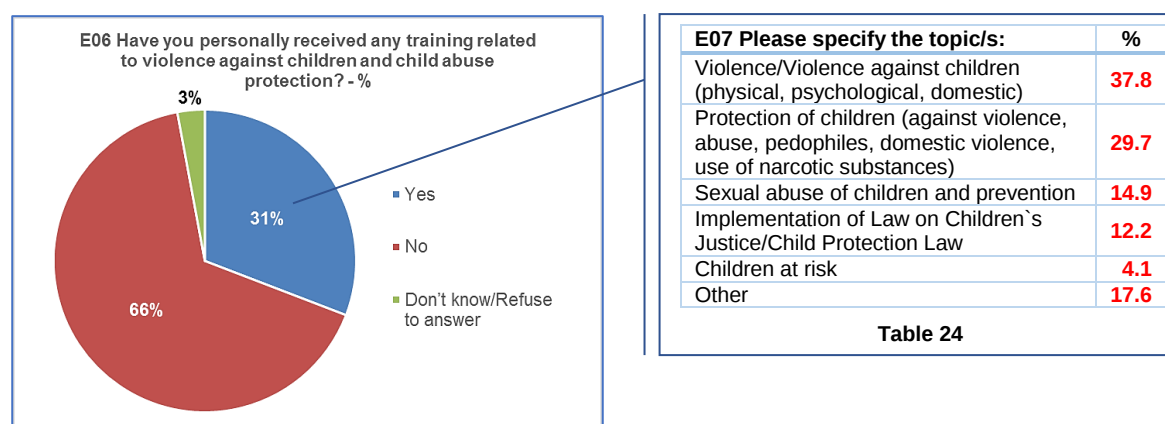


Chart 40

Table 24

Analysed by different professional groups, *Table 25* includes noted statistically significant differences with regards to having personally received training related to violence against children and child abuse protection.

	Yes
Have you personally received any training related to violence against children and child abuse protection?	- Professionals working in Centers for Social Work (67%) compared to other professionals (police staff – 43%; teachers and school staff and kindergarten teachers 23% and health workers 18%) - Professionals working in urban areas (38%) compared to those working in rural (19%).

Table 25

3.4.7. Respondents' personal experience with identifying violence against child in everyday work

Large majority (87%) of the respondents did not have personal experience with identifying violence against child in their everyday work in the past month, while 12% confirmed having such experience (*see Chart 41*). The majority (45%) had one (1) case, 31% - two (2) cases, 21% - three (3) cases and 3% - identified four (4) cases of violence against child in the past month (*see Table 26*). Police staff (10 respondents), professionals working in centers for social work (8 respondents) and teachers and school staff (8 respondents) are those who reported having personally identified cases of violence in the past month.

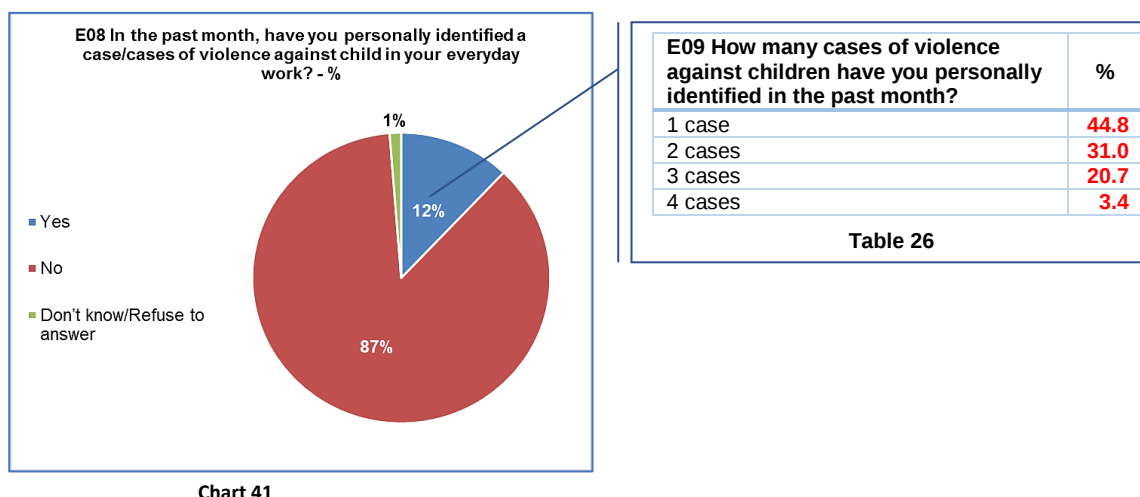


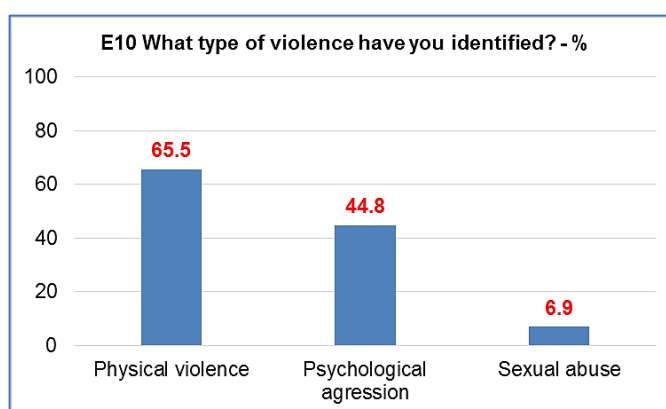
Table 27 includes data on noted statistically significant differences in relation to professionals having personally identified a case/cases of violence against child in their everyday work.

Answer	
Yes (Note: since numbers of respondents here are too small, these percentages should be taken only indicatively)	Professionals working in Centers for Social Work (27%) are more likely to having personally identified a case/cases of violence compared to other professionals (police staff – 17%; teachers and school staff – 13%; kindergarten teachers and health workers 3%)
No	Health workers (97%) and kindergarten teachers (97%) compared to teachers and school staff (85%), police staff (80%) and professionals working in Centers for Social Work (73%)

Table 27

3.4.8. Types of identified violence against children and way they were handled/acted on

Two thirds of the cases of violence against children that surveyed professionals identified in the past month, were cases of physical violence, 45% psychological aggression and 7% sexual abuse (see Chart 42).



Survey data show that police staff, professionals working in centers for social work and teachers and school staff are those who have identified the most cases of child abuse. While police staff and teachers and school staff reported having identified more cases of physical and less of psychological violence, social workers confirmed

having identified more cases of psychological than physical violence. Cases of sexual abuse were identified by police staff and health workers.

Talking with child/parent, referring the case to other responsible person, institution (school psychologist, police, doctor...) and counselling of child/parent are three (3) ways that are used for handling/acting on identified cases of physical violence and psychological aggression, i.e. referring the case to other responsible person, institution (school psychologist, police, doctor...) and talking with child/parent in cases of identified sexual abuse (*for specific percentages and other mentions, see Table 28*).

Physical violence	%	Psychological aggression	%	Sexual abuse	%
Talked with child/parent	63.2	Talked with child/parent	38.5	Referred the case to other responsible person, institution (school psychologist, police, doctor...)	50.0
Referred the case to other responsible person, institution (school psychologist, police, doctor...)	36.8	Counselling of child/parent	30.8	Talked with child/parent	50.0
Counselling of child/parent	21.1	Referred the case to other responsible person, institution (school psychologist, police, doctor...)	15.4		
Sanctions/Measures against parent/child	10.5	Provided care to a child (food, warm clothes...)	15.4		
Undertook mediation among pupils	5.3	Undertook mediation among pupils	7.7		
Psychosocial support	5.3	Psychosocial support	7.7		
Child taken away/placed in foster family	5.3				
Other	10.5				

Table 28

3.4.9. Respondents' personal experience seeing a child experiencing violent behaviour in the community and reporting it

Nearly two thirds (63%) of the respondents have not personally seen a child experiencing violent behaviour in the community, while 34% have (*see Chart 43*).

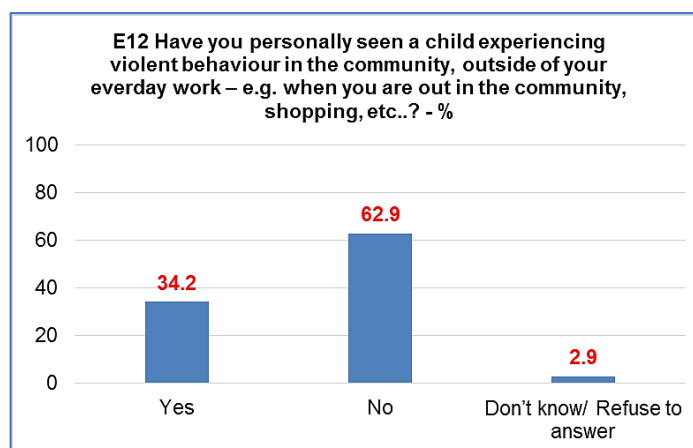


Chart 43

One in every 5 respondents (24%) who confirmed having witnessed violence against children in the community reported it. On the other hand, two thirds of the surveyed professionals who have confirmed witnessing violence

against children, did not report it (see Chart 44). Data shows that witnessed violence against children in the community is more likely to be reported by social workers and police staff than by other professionals.

The top three reasons for not reporting such cases mentioned by majority of respondents include: I told the parents – 30%, not my right/not my right to interfere or report – 20% and it was not serious violence – 20% (for other specifics, see Table 29).

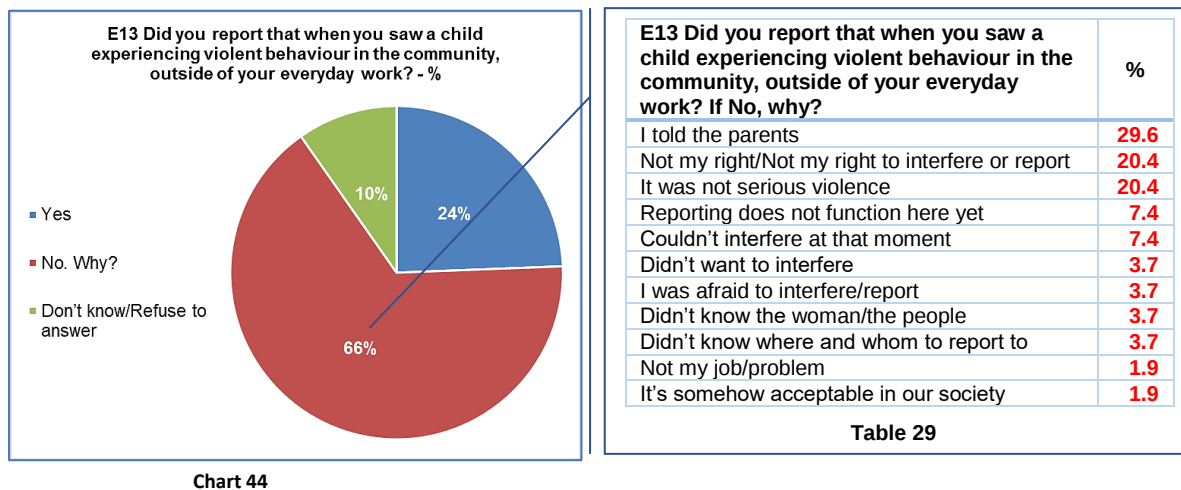


Chart 44

3.5 Empirical Expectations

This part of the questionnaire was designed to obtain information about the extent to which social norms influence attitudes and practices towards child discipline; what respondents think their colleagues do in cases of violence against children.

3.5.1. Respondents' views on how parents/caregivers in the country discipline their children

The survey data shows that respondents believe that, on average 5 out of 10 parents/caregivers in the country primarily use only positive child disciplinary methods/practices of disciplining the children; while, 5 out of 10 parents/caregivers on average in the country use psychological aggression i.e. yell or scream at a child, call the child insulting names, and physical punishment, i.e. spank the child's rear, hit or slap the child on the face or other body part) (see Chart 45).

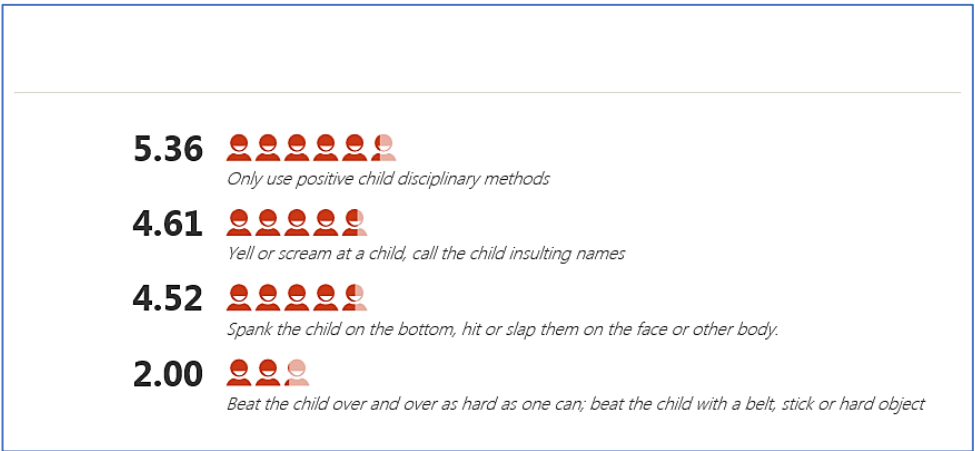


Chart 45: F01 Based on your knowledge and/or experience, roughly how many parents/caregivers in the country use the following practices in disciplining their children, i.e. how many out of 10 parents/caregivers would you say use the following practices in disciplining their children? - Average # of people

As for the number of parents/caregivers in the country who use severe physical punishment methods like beating the child over and over as hard as one can; beating the child with a belt, stick or hard object, the respondents think that on average 2 out of 10 of their peers in the country use these methods of child disciplining.

Additional analysis of what professionals think how other parents/caregivers discipline their children (see Table 30) compared to parents and caregivers, shows that they (*) are statistically more likely to think that a larger average number of parents/caregivers in the country uses only positive child disciplinary methods.

	Professional groups	Parents/caregivers
Only use positive child disciplinary methods	*5.36	4.98
Yell or scream at a child, call the child insulting names	4.61	4.59
Spank the child's rear, hit or slap them on the face or other body.	4.52	4.76
Beat the child over and over as hard as one can; beat the child with a belt, stick or hard object	2.00	1.86

Table 30

As for other methods, no statistically significant differences are noted, which suggests that both target groups have similar opinion related to psychological aggression, physical punishment and severe physical punishment as child disciplining methods used by parents/caregivers in the country.

3.5.2. Respondents' views on how other parents/caregivers in the country respond if/when they witness the use of physical punishment of a child

With regards to the response of the majority of adults to witnessing a parent physically punishing their child, respondents think that 3 out of 10 adults on average would intervene when witnessing another parent/adult physically disciplining the child, to stop them, whereas 2 out of 10 of their peers on average would call authorities (police, social assistant, etc.) to report a case of violent discipline, witnessed in their neighbourhood (see Chart 46).

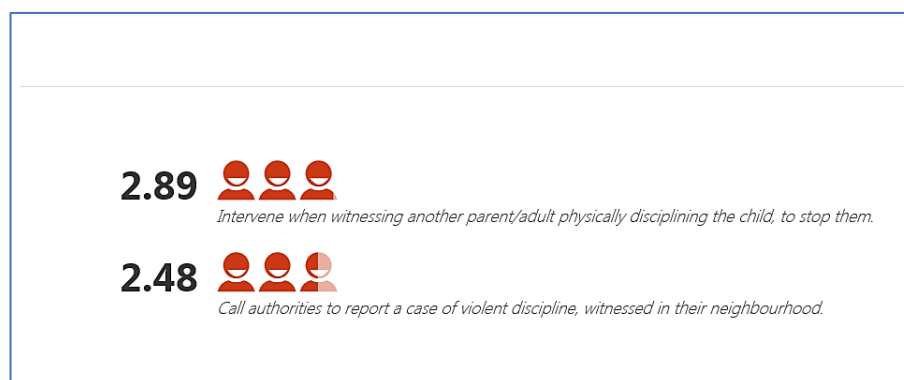


Chart 46: F02 Based on your knowledge, does the majority of adults in the country respond to witnessing a parent physically punishing their child in the following ways, i.e. how many out of 10 adults would you say do the following? - Average # of people

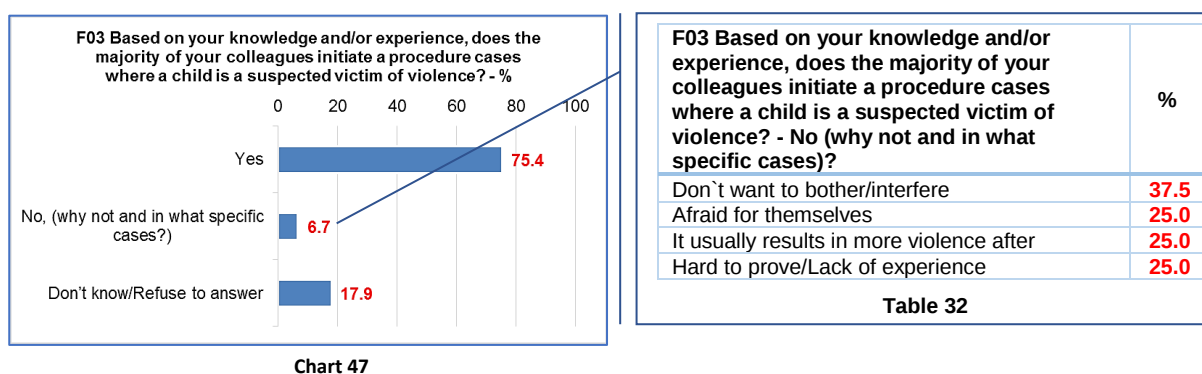
Additional analysis shows statistically significant difference in the opinion of professionals (*) who are more likely to think that a larger average number of parents/caregivers would call authorities to report a case of violent discipline, witnessed in their neighbourhood than parents and caregivers (see Table 31).

	Professional groups	Parents/caregivers
Intervene when witnessing another parent/adult physically disciplining the child, to stop them.	2.89	2.62
Call authorities to report a case of violent discipline, witnessed in their neighbourhood.	*2.48	1.85

Table 31

3.5.3. Respondents' views on whether their colleagues initiate a procedure in cases where a child is a suspected victim of violence

Based on their knowledge and/or experience, 75% of surveyed professionals share the opinion that their colleagues initiate a procedure in cases where a child is a suspected victim of violence, while 7% think they don't (see Chart 47). The main reasons the majority of their colleagues do not initiate a procedure in cases of violence against children are primarily because they don't want to bother/interfere (37%), or they are afraid for themselves, initiating a procedure usually results in more violence after it and it is hard to prove or they do not have enough experience (25%) (see Table 32). None of these respondents could state in what specific cases where a child is a suspected victim of violence they think their colleagues do not initiate a procedure.



Professionals working in centers for social work (93%) more than other professionals (police staff – 77%; health workers and teachers and school staff – 72% and kindergarten staff – 70%) share the opinion that the majority of their colleagues initiate a procedure in cases a child is a suspected victim of violence. Those who do not think that is the case are more likely to be teachers and school staff than other professionals.

3.5.4. Respondents' views on what would be useful to their colleagues to help them improve their knowledge related to phases of dealing with cases of violence against children

Education, training and seminars is what would be useful to all professionals in general to help them improve their knowledge related to all phases of acting on cases of violence against children, including early detection and recognition of child victims of violence, response, referral, recording/reporting and prevention of violence based on the responses of the largest number of respondents.

As outlined in Table 33, while the large majority of respondents (62%) note that education, training, seminars would be useful to their colleagues to help them improve their knowledge related to early detection and recognition of child victims of violence, 17% point out the need for regular monitoring of child behaviour and use preventive measures. Other mentions specified by smaller number of respondents include: talking/regular communication with child/parent, communication/cooperation with other relevant institutions (centers for social care, police).

Early detection and recognition of child victims of violence	%
Education, training, seminars	61.7
Regular monitoring of child behaviour and preventive measures	16.7
Defined procedures/measures for early detection and identification	5.4
Talking/regular communication with child/parent	4.2
Communication/Cooperation with other relevant institutions (centers for social care, police)	3.3
Implementation of legal regulations/stricter laws	0.8
Health/Psychological support	0.8
Other	2.1
Don't know/Refuse to answer	5.4

Table 33

Education, training, seminars is again mentioned by largest proportion (37%) of respondents as something that would be useful to their colleagues to help them improve their knowledge related to response in cases of child abuse (*see Table 34*). Other things mentioned include: talking/regular communication with child/parent (18%), implementation of legal regulations/stricter laws (10%), communication/cooperation with other relevant institutions (centers for social care, police) (7%), but also defined procedures and/or measures for early detection and identification (4%).

Response	%
Education, training, seminars	37.1
Talking/regular communication with child/parent	18.3
Implementation of legal regulations/stricter laws	9.6
Communication/Cooperation with other relevant institutions (centers for social care, police)	7.1
Defined procedures/measures for early detection and identification	4.2
Health/Psychological support	2.9
Regular monitoring of child behavior and preventive measures	1.7
Recording/running evidence and further monitoring	0.4
Other	7.1
Don't know/Refuse to answer	11.7

Table 34

In order for their colleagues to improve their knowledge related to referrals, besides education, training and seminars mentioned by 37% of the respondents, 31% also mention communication/cooperation with other relevant institutions (centers for social care, police and similar) (*see Table 35*).

Referral	%
Education, training, seminars	36.7
Communication/Cooperation with other relevant institutions (centers for social care, police ...)	31.3
Health/Psychological support	8.3
Implementation of legal regulations/stricter laws	4.2
Defined procedures/measures for early detection and identification	3.8
Talking/regular communication with child/parent	3.3
Regular monitoring of child behavior and preventive measures	0.4
Other	1.7
Don't know/Refuse to answer	13.3

Table 35

In addition to education, training and seminars (31%), what can help the professionals improve their knowledge related to recording/reporting cases of violence against children respondents also mentioned communication/cooperation with other relevant institutions (centers for social care, police) - 26% and recording/running evidence and further monitoring – 17% (*for other specifics see Table 36*).

Recording/reporting	%
Education, training, seminars	30.8
Communication/Cooperation with other relevant institutions (centers for social care, police)	25.8
Recording/running evidence and further monitoring	16.7
Implementation of legal regulations/stricter laws	2.1
Defined procedures/measures for early detection and identification	1.7
Regular monitoring of child behavior and preventive measures	1.7
Health/Psychological support	1.7
Talking/regular communication with child/parent	1.3
Other	2.9
Don't know/Refuse to answer	17.5

Table 36

Similarly to all the previously mentioned phases of acting on cases of violence against children, majority of the respondents (57%) think that education, training and seminars are needed to help the professional groups improve their knowledge related to prevention of violence, followed by 8% who mention implementation of legal regulations/stricter laws and communication/cooperation with other relevant institutions (centers for social care, police) and public education through media (6%) (see Table 37).

Prevention of violence	%
Education, training, seminars	57.1
Implementation of legal regulations/stricter laws	7.9
Communication/Cooperation with other relevant institutions (centers for social care, police)	5.8
Public education through media	5.8
Talking/regular communication with child/parent	5.4
Regular monitoring of child behavior and preventive measures	2.5
Defined procedures/measures for early detection and identification	1.3
Health/Psychological support	1.3
Other	3.3
Don't know/Refuse to answer	14.6

Table 37

3.6 Normative Expectations

This section of the survey was aimed at getting information about who are the people in their everyday work they refer to for advice, they trust, they listen when it comes to identifying, reporting, referral and response in cases of violence against children and what respondents think other people (parents; family members; other community members etc.) expect them to do in certain circumstances.

3.6.1. Reference groups – who the respondents consult with in relation to their everyday work

Immediate supervisors/chiefs of department are those who are consulted with or asked for advice in everyday work according to 59%, as well as colleagues in the office or institution and colleagues in the same position as the respondent (57%) (see Chart 48). As outlined in Table 38, other institutions 21% of respondents would consult with or ask for advice include centres for social care/social workers, police, the Ministry of Interior Affairs, schools and school staff, courts or Public Prosecutor Office.

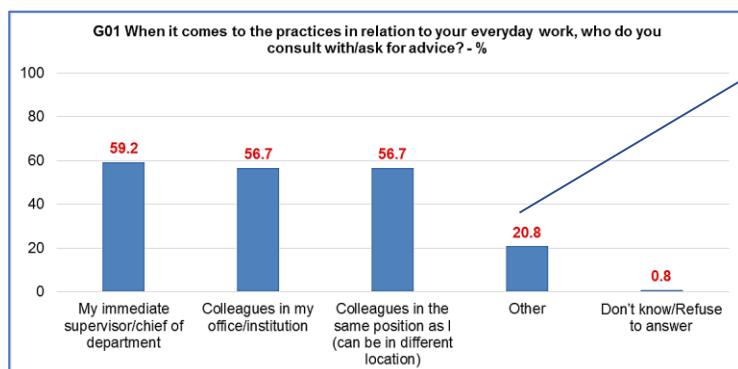


Chart 48

G01 When it comes to the practices in relation to your everyday work, who do you consult with/ask for advice? - Other	%
Center for Social Care/Social workers	66.0
Police/Ministry of Interior Affairs	34.0
Schools/School pedagogue or psychologist	28.0
Courts/Public Prosecutor Office	8.0

Table 38

3.6.2. Respondents' views on what the majority of their colleagues would do if they receive a case of a child a suspected victim of violence

In relation to what the majority of their colleagues in their institution would do if they receive a case of a child a suspected victim of violence, 61% of surveyed professionals state their colleagues would contact and refer the case to another institution; 54% note they would initiate a procedure immediately; 49% think majority of their colleagues would informally talk with the child and 23% state that the majority of their colleagues in their institution would conduct a formal interview with the child (see Chart 49).

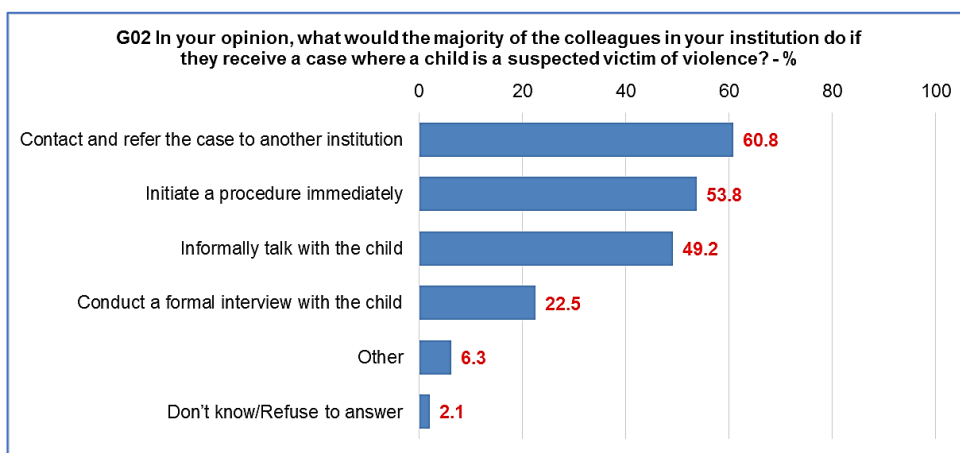


Chart 49

3.6.3. Respondents' views on what the majority of their colleagues would do if they get confirmed case of a child victim of psychological violence

Similarly to the opinion of the respondents related to what majority of their colleagues in their institution would do if they receive a case of a child a suspected victim of violence, 61% think that the majority of their colleagues would contact and refer the case to another institution if they get confirmed case of a child victim of psychological violence; 56% note the majority would initiate a procedure immediately; 50% - informally talk with the child, i.e. 21% - conduct a formal interview with the child (see Chart 50).

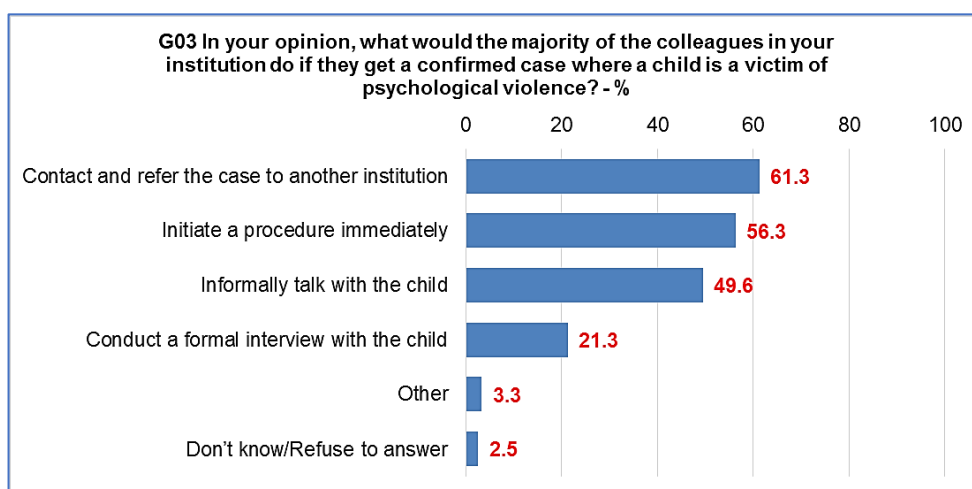


Chart 50

3.6.4. Respondents' views on efficiency of justice system in the country responsible for court decisions in cases of children victims of violence

Almost half of the respondents (48%) state that their colleagues believe the justice system in the country which is responsible for making court decisions in case of children victims of violence is efficient, while 13% are of the opinion that their colleagues think the opposite – the system is inefficient (*see Chart 51*). Considerable number of professionals (34%) are neutral and neither confirm nor deny whether their colleagues believe the justice system is efficient.

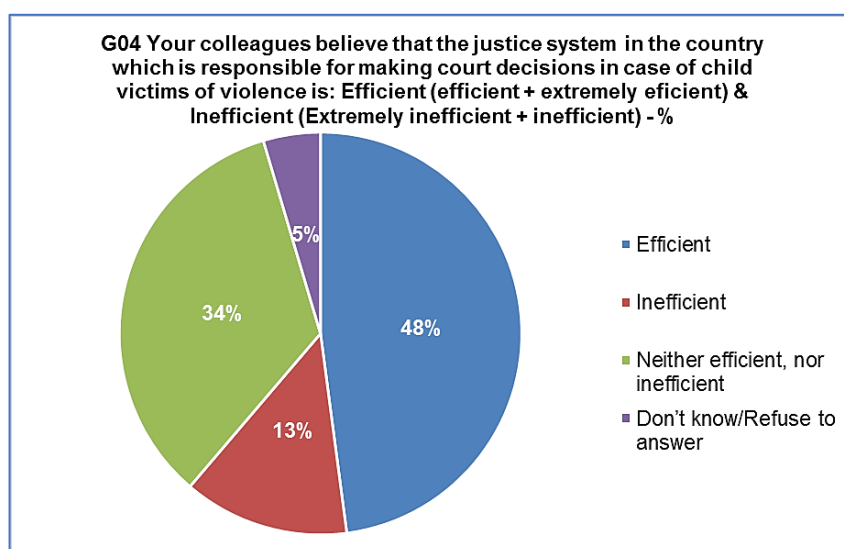


Chart 51

Analysis by respondents' demography does not show any statistically significant differences.

3.7 Conditional Preferences

The last section of the survey questionnaire was designed for the purpose of diagnosing whether preferences to conforming to the rule is conditional on empirical and normative expectations.

3.7.1. Respondents' views on why violent discipline practices are prevalent in the country

Survey's results outlined in *Chart 52* show that the top three (3) main reasons why physical punishment, such as spanking the child's rear or slapping a child is so prevalent in the country are the following:

- 1) Norms (tradition/inherited behaviour/mentality; accepted as normal behaviour/way of upbringing/child disciplining; habit; showing authority/power; old-fashioned way of upbringing children) – 25%;
- 2) Motivation - Attitudes, Beliefs (effective/efficient method/child would not misbehave again; children are spoiled and sometimes deserve it/It's inevitable; when talking and explaining have no effects; right way; disciplining measure without consequences) – 20%;
- 3) Information - Knowledge (lack of education, knowledge, information; not seen as physical violence, but warning, preventive measure; low awareness about other ways of disciplining children) – 19%.

A smaller percentage (15%) of the respondents see the reason for physical violence in ability to act (parents are nervous and tired; stressful life; lack of time/patience for children; reflex/easiest reaction/response to child's misbehaviour; lack of law/law enforcement; bad living conditions/poverty/unemployment).

The first two (2) out of three (3) top reasons for violent discipline practices being prevalent in the country coincide with the opinion of parents and caregivers (*for comparative data, see Chart 52*).

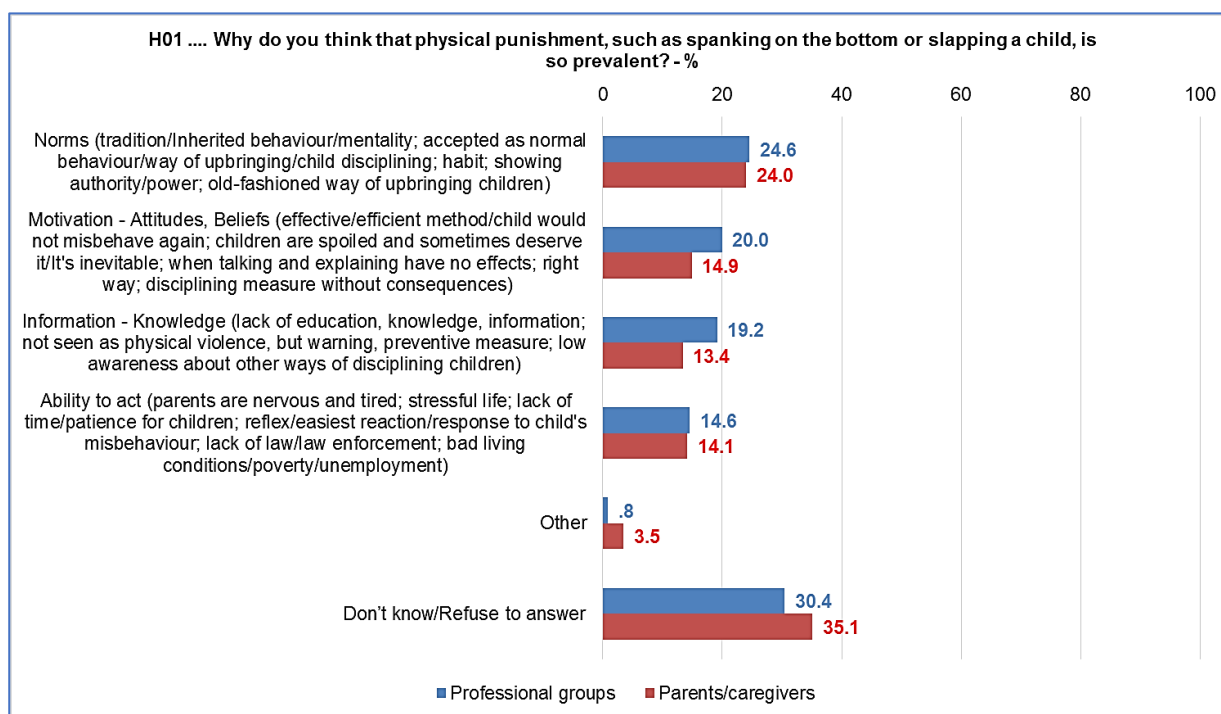


Chart 52

The largest number of the respondents of both target groups (30% - professionals and 35% - parents/caregivers) did not specify a reason why in their opinion physical punishment is still a prevalent practice in the country.

3.7.2. Respondents' views on what is required to ensure more parents use positive discipline practices

As for what is needed to ensure more parents in the country use alternative positive disciplining practices, professionals, as parents and caregivers, agree that those include the following:

- Counselling/psychosocial support (32% professionals, 16% parents/caregivers)
- More education (27% professionals, 15% parents/caregivers),
- Courses/workshops on the topic (24% - professionals, 6% - parents/caregivers) (*for other mentions, see Chart 53*).

As opposed to 7% of parents and caregivers who think that most parents have skills and don't need any help, professionals did not specify that. On the other hand, 6% of professionals mentioned raising awareness on positive parenting and the bad effects of violence against children as one of the things needed to ensure more parents use alternative positive disciplining practices, whereas parents and caregivers did not.

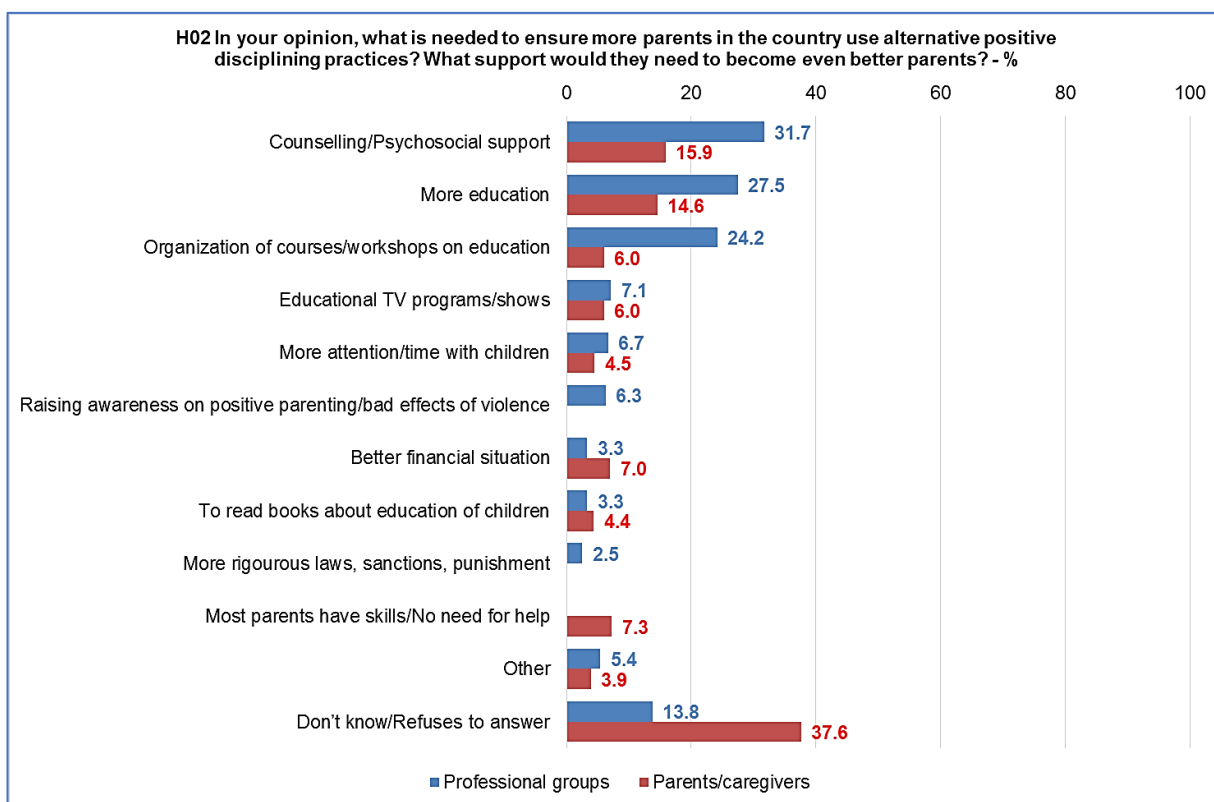


Chart 53

3.7.3. Respondents' views on reasons why relevant institutions do not report and/or refer cases of child victims of violence

Lack of sufficient training/knowledge of responsible staff, parents (13%), being afraid for themselves (11%), poor and/or inefficient inter-sectoral cooperation (8%) are the main reasons why in respondents' views the relevant institutions do not report and/or refer cases of child victims of violence (*see Chart 54 for other specific mentions*). Around 9% of surveyed professionals state that all such cases are reported and/or referred further.

Still, the largest percentage 41% of the respondents could not specify the reason why, as stated in some reports, relevant institutions do not report and/or refer cases of child victims of violence.

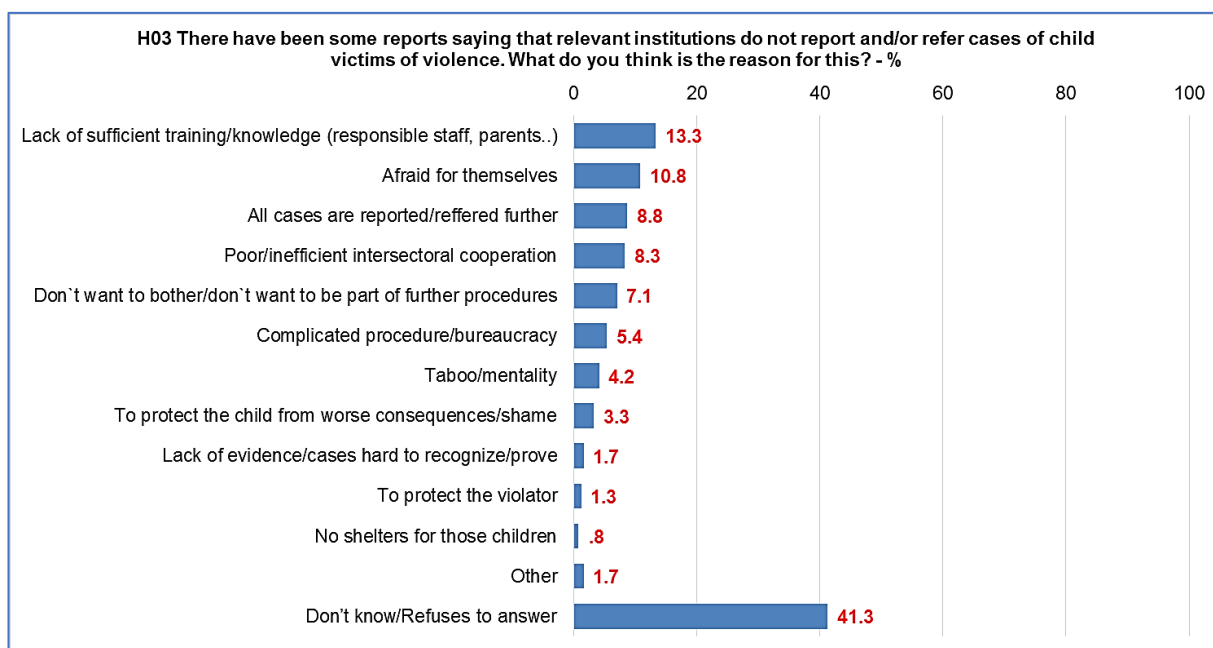


Chart 54

To improve the situation and have more relevant institutions report and/or refer cases of child victims the following is suggested: better functioning of systems, responsible institutions and increased control (17%), more education, training, seminars and public debates (14%) and implementing rigorous sanctions (13%) for both parents and responsible staff in relevant institutions (*for other answers, see Chart 55*). Again, the majority of 34% could not specify the way how the situation can be improved.

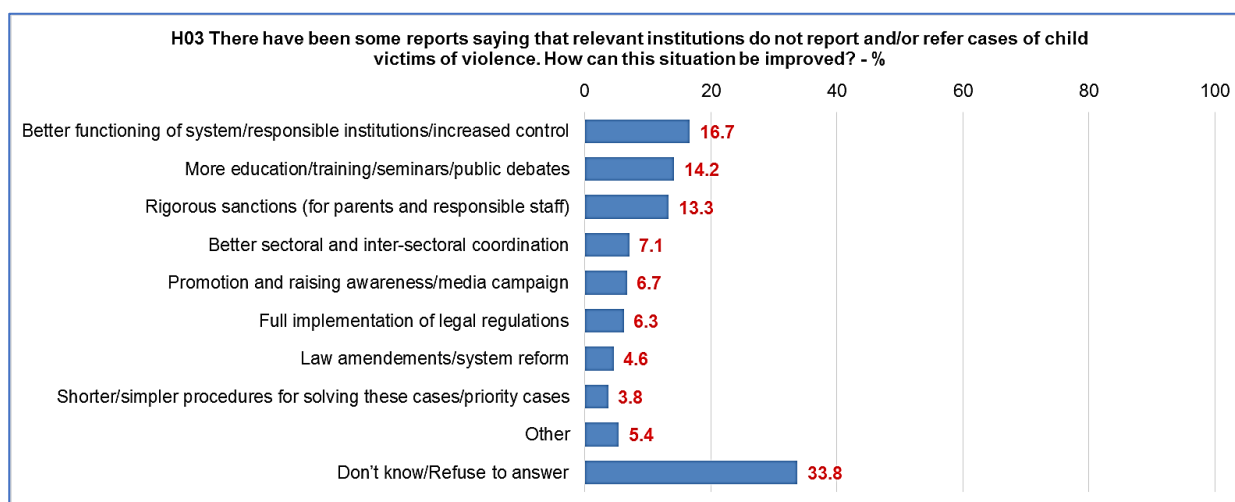


Chart 55

4 Methodology

The methodology that was used for administering the questionnaire were face-to-face interviews, by CAPI (Computer Assisted Personal Interview) technique of data collection.

The following are the key aspects of face-to-face methodology of interviewing and data collection:

- It enables longer and more complex interviewing process as well as the use of supporting materials (e.g. photos, product samples, and similar) and additional explanations/clarifications, if necessary.
- It minimizes possibility of misunderstanding or wrong interpretation of questions/needed answers.
- It is conducted by already experienced interviewers who have all the characteristics, both personal and professional, to collect highly accurate data.
- Interviewers' work is constantly monitored and controlled at several levels, which results in high data collection quality.
- A whole team of people working on the project, such as fieldwork supervisors, programmers, logical, telephone and field control, also guarantee high quality of data.
- It can be conducted in households, respondent's place of work, on the street, at the central location, and at other locations.

As part of the quantitative research, GfK Skopje undertook the following activities:

- Questionnaires design and translation
- Sample design
- Programming of questionnaire into CAPI software
- Questionnaire pre-testing
- Training of interviewers
- Ensuring good response rate
- Data collection and fieldwork supervision
- Logical control of data, analysis and reporting.

4.1 Demography - Sample Structure

The following is a sample structure of the respondents interviewed during this survey, shown in percentages.

		Percent
Professional group	Professionals working in Centers for Social Work	12,5
	Police staff	25,0
	Health workers	25,0
	Teachers and school staff	25,0
	Kindergarten teacher	12,5
		Percent
Place of work	Urban	62,5
	Rural	37,5
		Percent
Years of working experience	Up to 2 years	6,3
	3-5 years	20,0
	6-10 years	24,2
	11 and more years	49,2
	Refuse to answer	0,4
		Percent
Gender	Male	36,3
	Female	63,8
		Percent
Ethnicity	Macedonian	92,1
	Albanian	6,7
	Other	1,3
		Percent
Age	Up to 34 years	19,6
	35-44 years	35,0
	45-54 years	27,1
	Over 55 years	17,9
	I prefer not to answer	0,4
		Percent
Education	Secondary/High school completed	13,8
	College/University completed	75,4
	Post graduate degree	10,4
	Refuse to answer	0,4

4.2 Questionnaire

Master Questionnaire – Final

KAP Survey towards Use of Violent Forms of Child Discipline
(Component 2 – Professional groups)

2016.070

(Basic survey information): This Survey is aimed at obtaining information on knowledge, attitudes and practices towards violence against children among professional groups, including social workers, police staff, health workers, teachers and other school staff and kindergarten teachers and staff. More specifically, the survey is designed to explore aspects related to:

- *Knowledge: professional groups knowledge on violent and alternative positive child discipline methods;*
- *Attitudes: the extent to which professional groups approve of different child discipline practices, in what circumstances they find them acceptable;*
- *Beliefs: how professional groups understand the effects and consequences of violence and positive child discipline practices, in what circumstances they use the methods and why; what the relative advantage would be of adopting positive parenting practices vs violent methods; how easy and compatible are positive practices with existing values and practices;*
- *Practices: the extent and types of practices used in relation to identifying, reporting, referral and response in cases of violence against children;*
- *Empirical and normative expectations: the extent to which social norms influence attitudes and practices towards child discipline; what respondents think their colleagues do in cases of violence against children; what respondents think other people (parents; family members; other community members etc.) expect them to do in certain circumstances;*
- *Conditional preferences: diagnosing whether preferences to conforming to the rule is conditional on empirical and normative expectations;*
- *Reference networks and source of information: who are the people in their everyday work they refer to for advice, they trust, they listen when it comes to identifying, reporting, referral and response in cases of violence against children.*

The findings of the survey will be used to inform communication for development initiatives to address barriers that prevent parents from using alternative positive child discipline practices.

Length of interview: around 40 minutes

Start fieldwork: 12 April 2017

End fieldwork: 5 May 2017

I. SAMPLE VARIABLES

- *Respondent number (unique) (label RESPID) [Q]*
- *Professional group (label S01) [S]*
- *Place of living (urban/rural) (label A01) [S]*
- *Age (label A02) [S]*
- *Gender (label A03) [S]*
- *Ethnicity (label A04) [S]*

II. QUOTA CHECK BASED ON SAMPLE VARIABLES

Total net: n=240

III. INTRODUCTION

Good morning/Good afternoon/Good evening. My name is..... and I work for GfK Skopje, an independent market research and public opinion polling agency. At the moment we are conducting a research about knowledge, attitudes and practices towards use of different forms of children upbringing among households with children aged 2-14 years old in the country as well as among different professional groups, including social workers, police staff, health workers, teachers and other school staff and kindergarten teachers. Please have in mind that this survey is not about your institution, but about your and your colleagues' knowledge, attitudes and

practices related to violence against children. Do you have about around 40 minutes to spare to answer several questions? Your answers are very important to us. All the answers are anonymous and the data will be used for statistical analysis only. Can we begin with the questions?

IV. SCREENER

S01 [S]

Which of the following professional groups do you belong to?

- 1) Professionals working in Centers for Social Work (*INT. Ask to interview a professional of the Center for Social Work, social worker, pedagogue or psychologist, who specifically works with children victims of violence*)
- 2) Police staffs (*INT. Ask to interview a police officer or domestic violence or juvenile delinquency prevention inspector*)
- 3) Health workers (*INT. Ask to interview a doctor or pediatrician working in school physical examination departments of health centers*)
- 4) Teachers and school staff (*INT. Ask to interview a primary school teacher and school pedagogue or psychologist*)
- 5) Kindergarten teacher (*INT. Ask to interview a kindergarten teacher or caregiver*)

Base: all respondents with answer 1) at S01

S01a [S]

Are you a:

- 1) Social worker
- 2) Pedagogue
- 3) Psychologist

There is only one answer possible.

Base: all respondents with answer 2) at S01

S01b [S]

Are you a:

- 1) Police officer
- 2) Domestic violence prevention inspector
- 3) Juvenile delinquency prevention inspector

There is only one answer possible.

Base: all respondents with answer 3) at S01

S01c [S]

Are you a:

- 1) General practitioner
- 2) Pediatrician

There is only one answer possible.

Base: all respondents with answer 4) at S01

S01d [S]

Are you a:

- 1) Grade teacher
- 2) Subject teacher
- 3) School pedagogue
- 4) School psychologist

There is only one answer possible.

Base: all respondents with answer 5) at S01

S01e [S]

Are you a:

- 1) Teacher
- 2) Caregiver

There is only one answer possible.

V. MAIN QUESTIONNAIRE

A SECTION– SOCIO-DEMOGRAPHY – Part 1

Base: all respondents

A01 [S]

Place of work (urban/rural)

- 1) Urban
- 2) Rural

There is only one answer possible.

B SECTION - KNOWLEDGE

Base: all respondents

B01 [O]

Based on your understanding, what constitutes violence against children – in other words what is violence against children?

(specify) _____
_____.

INT. Write down the respondent's answer in full

Base: all respondents

B02 [O]

Based on your knowledge and work experience, how can one recognize that a child is/was a victim of violence? What are the signs that a child is a victim of violence?

(specify) _____
_____.

INT. Write down the respondent's answer in full

Base: all respondents

B03 [S per row]

I am going to read you a list of different situations; by using a scale from 1 to 5, where 1 means “totally disagree” and 5 means “totally agree”, can you tell me to what degree do you agree if the given situation is form of violence against children?

SCRIPTER: Rotate statements

Situations	1) Totally disagree	2) Disagree	3) Neither agree, nor disagree	4) Agree	5) Totally agree	6) Don't know/ Refuse to answer
1) Beating a child with hand, belt, stick or other hard object	1	2	3	4	5	6

2) Spanking a child's rear	1	2	3	4	5	6
3) Slapping a child's face, head or ear	1	2	3	4	5	6
4) Slapping a child on the arm or leg	1	2	3	4	5	6
5) Pulling a child's ear	1	2	3	4	5	6
6) Yelling or screaming at a child	1	2	3	4	5	6
7) Threatening to leave or abandon a child	1	2	3	4	5	6
8) Taking away a child's privileges to teach them a lesson	1	2	3	4	5	6
9) Calling a child stupid, lazy and similar	1	2	3	4	5	6
10) Praising a child for good behavior	1	2	3	4	5	6
11) Sexual abuse of a child	1	2	3	4	5	6
12) Shaking a child with hands	1	2	3	4	5	6

INT. Read each statement separately together with possible answers/scale

There is only one answer per row possible.

Base: all respondents

B04 [M]

Based on your knowledge, what, if any, are the good and/or bad aspects of using physical punishment?

- 1) Makes the child stop the unwanted behavior
- 2) The child will never repeat the unwanted behavior
- 3) The child learns the good and the bad
- 4) Produces only short-term effect
- 5) Immediate physical health problems, such as injuries, bruises and fractures.
- 6) Long term physical health problems, such as changes in the development of brain and long term physical impairments.
- 7) Difficulties in dealing with other people
- 8) Learning problems – worse results in performance at school.
- 9) Finding it hard to express feelings in a way that other people can understand.
- 10) Emotional health problems including anxiety, depression, aggression or even wanting to kill him or herself.
- 11) Being more likely to do dangerous things like using drugs or having sex at a very young age.
- 12) Children who experience violence accept this as normal and mirror the same behaviour.
- 13) Other (specify) [O] _____
- 14) Don't know/Refuse to answer

INT. Do not read the answers

Multiple answers are possible.

Base: all respondents

B05 [M]

Based on your knowledge, what, if any, are the good and/or bad aspects of using psychological punishment?

- 1) Makes the child stop the unwanted behavior
- 2) The child will never repeat the unwanted behavior
- 3) The child learns the good and the bad
- 4) Produces only short-term effect
- 5) The child will have difficulties in dealing with other people
- 6) The child will have learning problems – worse results in performance at school.
- 7) The child may find it hard to express feelings in a way that other people can understand.
- 8) The child will have emotional problems including anxiety, depression, aggression or even wanting to kill him or herself.
- 9) The child may be more likely to do dangerous things like using drugs or having sex at a very young age.
- 10) Children who experience violence accept this and mirror the same behaviour.

- 11) Children who are constantly picked on, teased, bullied, ridiculed, and humiliated at home or at school, often feel rejected, persecuted, unworthy or lack confidence.
- 12) Other (specify) [O] _____
- 13) Don't know/Refuse to answer

INT. Do not read the answers

Multiple answers are possible.

Base: all respondents

B06 [O]

According to your own personal and professional opinion, what is positive parenting?

(specify) _____

INT. Write down the respondent's answer in full

Base: all respondents

B07 [S]

Based on your knowledge, does the country have a law that prohibits physical punishment of children of any age and in all settings (school, home, and other institutions)?

- 1) Yes, I know there is such a law
- 2) Yes, I assume there is such a law
- 3) No, there is no such a law
- 4) No, I assume there is no such a law
- 5) Don't know/ Refuse to answer

INT. Don't read the answers

There is only one answer possible.

Base: all respondents

B08 [S]

Based on your knowledge, does the country have a law that obliges people to report a case of violence against children?

- 1) Yes, I know there is such a law
- 2) Yes, I assume there is such a law
- 3) No, there is no such a law
- 4) No, I assume there is no such a law
- 5) Don't know/ Refuse to answer

INT. Don't read the answers

There is only one answer possible.

Base: all respondents

B09 [S]

Based on your knowledge, can a child in the country report violence?

- 1) Yes (to whom - specify) [O] _____
- 2) No
- 3) Don't know/ Refuse to answer

There is only one answer possible.

Base: all respondents

B10 [O]

Are you aware of any education programme or material in the country intended for parents related to child discipline and/or parenting methods?

- 1) Yes, (specify) [O] _____
- 2) No
- 3) Don't know/Refuse to answer

There is only one answer possible.

Base: all respondents

B11 [S]

Do you know of any anti-bullying programmes that are currently being or have been implemented in the past?

- 1) Yes, (specify) [O] _____

- 2) No
- 3) Don't know/Refuse to answer

There is only one answer possible.

Base: all respondents

B12 [S]

Based on your experience, what is the official definition of child abuse that you use to record cases of child abuse?

- 1) [O] (specify) _____

- 2) Don't know/Refuse to answer

There is only one answer possible.

Base: all respondents

B13 [S]

Is there data specifying what percentage of all cases of child abuse that actually occur in the country are reported to the official agencies responsible?

- 1) Yes, such data exist and its accurate
- 2) Yes, such data exist, but its not accurate
- 3) No, there is no such data
- 4) Don't know/Refuse to answer

INT. Read the answers

There is only one answer possible.

Base: all respondents with answer 1 or 2 at B13

B14 [S]

Could you specify that percentage? (Specify the percentage of all cases of child abuse that actually occur the country that are reported to the official agencies responsible):

- 1) <10%
- 2) 11-30%
- 3) 31-50%
- 4) >50%

5) Don't know/Refuse to answer

INT. Read the answers

There is only one answer possible.

C SECTION – ATTITUDES

Base: all respondents

C01 [S per statement]

Using a scale from 1 to 5, where 1 means “totally disagree” and 5 means “totally agree”, would you please specify to what extent do you agree with the following statements.

SCRIPTER: Rotate statements

Statement	1) Totally disagree	2) Disagree	3) Neither agree, nor disagree	4) Agree	5) Totally agree	6) Don't know/ Refuse to answer
1) A child should not talk back to an adult.	1	2	3	4	5	6
2) When I was a child, children were more disciplined.	1	2	3	4	5	6
3) Slapping/spanking are effective methods of disciplining a child.	1	2	3	4	5	6
4) Children can learn to behave without being spanked/slapped.	1	2	3	4	5	6
5) Parents who encourage their children to talk to them develop stronger self-esteem in child.	1	2	3	4	5	6
6) Men and women should have equal responsibility for raising children.	1	2	3	4	5	6
7) Hitting a girl is worse than slapping a boy.	1	2	3	4	5	6
8) A parent has the right to discipline their child in any way they believe is right.	1	2	3	4	5	6
9) No one has the right to tell a parent how to raise the child.	1	2	3	4	5	6
10) A parent who does not punish their child when they misbehave is not a good parent.	1	2	3	4	5	6
11) Professionals should advice on positive parenting practices when they recognize use of slapping/spanking in their practice.	1	2	3	4	5	6
12) Different parenting practices are required for boys and girls.	1	2	3	4	5	6
13) Professionals should report any suspected case of violence against children and child abuse.	1	2	3	4	5	6

INT. Read each statement separately together with scale

There is only one answer per row possible.

Base: all respondents

C02 [S]

In your opinion, what is the upbringing of children in the country like? Would you say that it is ...

- 1) Strict
- 2) Lenient
- 3) Inconsistent
- 4) Don't know/ Refuse to answer

INT. Read the answers

There is only one answer possible.

Base: all respondents

C03 [S]

And what should it (the upbringing of children) be like in your opinion? It should be....

- 1) More strict
- 2) More lenient
- 3) More consistent
- 4) As it is now
- 5) Don't know/ Refuse to answer

INT. Read the answers

There is only one answer possible.

Base: all respondents

C04 [S]

How well do you think the existing reporting system works in relation to:

SCRIPTER: Rotate situations

	1) Extremely well	2) Well	3) Neither well, nor poorly	4) Poorly	5) Does not function	6) Don't know/ Refuse to answer
1) Psychological violence	1	2	3	4	5	6
2) Physical violence	1	2	3	4	5	6
3) Sexual abuse	1	2	3	4	5	6

INT. Read each type of violence separately together with possible answers

There is only one answer per row possible

D SECTION – BELIEFS

Base: all respondents

D01 [S per statement]

Using a scale from 1 to 5, where 1 means “totally disagree” and 5 means “totally agree”, would you please specify to what extent do you agree with the following statements.

SCRIPTER: Rotate statements

Statements	1) Totally disagree	2) Disagree	3) Neither agree nor disagree	4) Agree	5) Totally agree	6) Don't know/ Refuse to answer
1) I believe that the majority of the professionals report child sexual abuse.	1	2	3	4	5	6

Statements	1) Totally disagree	2) Disagree	3) Neither agree nor disagree	4) Agree	5) Totally agree	6) Don't know/ Refuse to answer
2) I am certain that most of my colleagues do not report spankings.	1	2	3	4	5	6
3) I accept as true that most of the colleagues could recognize the signs of psychological abuse of a child.	1	2	3	4	5	6
4) I believe that the colleagues do not report psychological violence because it is very difficult to be verified.	1	2	3	4	5	6
5) I believe that physical punishment of a child is not good, but is sometimes inevitable	1	2	3	4	5	6
6) Witnessing family violence – does not harm the child.	1	2	3	4	5	6
7) I believe that sometimes shouting/screaming should be used to make the child more obedient.	1	2	3	4	5	6
8) I am certain that some of my colleagues do not report cases of child abuse in order not to be included in court procedures later.	1	2	3	4	5	6
9) I believe that we (teacher...doctors...social workers ...) have the main role in the domain of protection of the victimized child.	1	2	3	4	5	6
10) Most of the colleagues report the cases of child abuse, but the cases get lost in the system.	1	2	3	4	5	6
11) I believe that the major problem of our work is in the inter-sectorial collaboration.	1	2	3	4	5	6
12) Most of our colleagues do not know how to proceed and whom to refer the case of violence against a child	1	2	3	4	5	6

INT. Read each statement separately together with scale

There is only one answer per row possible.

Base: all respondents

D02 [O]

In your opinion, what are the qualities of a good parent? Please specify up to 3 (three).

- 1) 1st quality (specify) _____
- 2) 2nd quality (specify) _____
- 3) 3rd quality (specify) _____
- 4) Don't know/Refuse to answer

INT. Write down respondent's answer in full

Up to 3 answers are possible.

Base: all respondents

D03 [O]

What about qualities of a good child? What makes a child a good child? Please specify up to 3 (three) such qualities.

- 1) 1st quality (specify) _____
- 2) 2nd quality (specify) _____
- 3) 3rd quality (specify) _____
- 4) Don't know/Refuse to answer

INT. Write down respondent's answer in full

Up to 3 answers are possible.

Base: all respondents

D04 [S per situation]

Sometimes parents can be upset, annoyed or irritated by things that his/her children do. In your opinion, is a parent justified to hit his/her child in the following situations:

SCRIPTER: Rotate situations

Situations	1) Yes	2) No	3) Don't know/ Refuse to answer
1) The child smokes, drinks alcohol or take drugs	1	2	3
2) The child has a girlfriend/boyfriend	1	2	3
3) The child is engaging in sexual activity at a young age	1	2	3
4) The child skips school/doesn't go to classes	1	2	3
5) The child breaks something (glass/plate)	1	2	3
6) The child steals property	1	2	3
7) The child has bad grades at school	1	2	3
8) The child has hit or beaten another child	1	2	3
9) The child talks back to parents or other adults they should respect	1	2	3

INT. Read each situation separately together with possible answers

There is only one answer per row possible

E SECTION – PRACTICES

Base: all respondents

E01 [O]

What type of measures do you apply to protect child abuse in your everyday practice? Please specify at least three (3) such measures.

-

INT. Write down respondent's answer in full

Base: all respondents

E02 [S]

Based on your experience, how well are the rights of children in the country protected in terms of legislation?

- 1) Well protected
- 2) Partially protected
- 3) Poorly protected
- 4) Don't know/Refuse to answer

INT. Read the answers

There is only one answer possible.

Base: all respondents

E03 [S]

Based on your experience, how well do your colleagues [professionals working in the same sector] protect the rights of children in practice with regards to the psychological abuse?

- 1) Extremely well
- 2) To some extent
- 3) Extremely poorly
- 4) Don't know/Refuse to answer

INT. Read the answers

There is only one answer possible.

Base: all respondents

E04 [S]

Is there any manual/guideline aimed at identifying the most common signs of child abuse in your practice, and if yes, how would you rate its quality?

- 1) Yes, such manual/guidelines exist and its quality is good
- 2) Yes, such manual/guidelines exist, but its quality is poor
- 3) No such manual/guidelines exist
- 4) Don't know/Refuse to answer

INT. Read the answers

There is only one answer possible.

Base: all respondents

E05 [S]

Are there procedures in place for compiling data in your institution (for instance bringing it all together so it can be published as reports on a monthly or annual basis)?

- 1) Yes and procedures produce good quality compilations of data
- 2) Yes, but procedures produce compilations of data that are only of poor or fair quality
- 3) Yes, but informant does not know the quality of the compilations of data they produce
- 4) No
- 5) Don't know/Refuse to answer

INT. Read the answers

There is only one answer possible.

Base: all respondents

E06 [S]

Have you personally received any training related to violence against children and child abuse protection?

- 1) Yes
- 2) No
- 3) Don't know/Refuse to answer

INT. Read the answers

There is only one answer possible.

Base: all respondents with answer 1 at E06

E07 [O]

Please specify the topic/s:

INT. Write down respondent's answer in full

Base: all respondents

E08 [S]

In the past month, have you personally identified a case/cases of violence against child in your everyday work?

- 1) Yes
- 2) No
- 3) Don't know/Refuse to answer

INT. Read the answers

There is only one answer possible.

Base: all respondents with answer 1) at E08

E09 [S]

How many cases of violence against children have you personally identified in the past month?

- 1) 1
- 2) 2
- 3) 3
- 4) 4
- 5) 5
- 6) Don't know/Refuse to answer

INT. Read the answers

There is only one answer possible.

Base: all respondents with answer 1), 2), 3), 4), 5) at E09

E10 [S per row]

What type of violence have you identified?

	No. of cases	Type of violence
1)	1 st case	1) Physical violence 2) Psychological aggression 3) Sexual abuse
2)	2 nd case	1) Physical violence 2) Psychological aggression 3) Sexual abuse
3)	3 rd case	1) Physical violence 2) Psychological aggression 3) Sexual abuse
4)	4 th case	1) Physical violence 2) Psychological aggression 3) Sexual abuse
5)	5 th case	1) Physical violence 2) Psychological aggression

	No. of cases	Type of violence
		3) Sexual abuse

INT. Read the answers

There is only one answer possible.

Base: all respondents with answer 1), 2), 3), 4), 5) at E10

E11 [O]

How have you handled/acted on the case/-s of violence against children that you have identified?

	Case	Type of violence
1)	1 st case	1) [O] (specify) _____ _____
2)	2 nd case	1) [O] (specify) _____ _____
3)	3 rd case	1) [O] (specify) _____ _____
4)	4 th case	1) [O] (specify) _____ _____
5)	5 th case	1) [O] (specify) _____ _____

INT. Write down respondent's answers in full

Base: all respondents

E12 [S]

Have you personally seen a child experiencing violent behaviour in the community, outside of your everyday work – e.g. when you are out in the community, shopping, etc..?

- 1) Yes
- 2) No
- 3) Don't know/ Refuse to answer

There is only one answer possible.

Base: all respondents with answer 1) at E12

E13 [S]

Did you report that when you saw a child experiencing violent behaviour in the community, outside of your everyday work?

- 1) Yes
- 2) No. Why? (specify) [O] _____
- 3) Don't know/Refuse to answer

There is only one answer possible.

F SECTION – EMPIRICAL EXPECTATIONS

Base: all respondents

F01 [S per row]

Based on your knowledge and/or experience, roughly how many parents/caregivers in the country use the following practices in disciplining their children, i.e. how many out of 10 parents/caregivers would you say use the following practices in disciplining their children?

SCRIPTER: Rotate practices

Practice	1) Number of parents/caregivers out of 10	2) Don't know/ Refuse to answer
1) Spank the child's rear, hit or slap them on the face or other body.	0 1 2 3 4 5 6 7 8 9 10	2
2) Beat the child over and over as hard as one can; beat the child with a belt, stick or hard object	0 1 2 3 4 5 6 7 8 9 10	2
3) Yell or scream at a child, call the child insulting names	0 1 2 3 4 5 6 7 8 9 10	2
4) Only use positive child disciplinary methods (i.e. always talk to their child to explain what they have done wrong, give the child something else to do when they sense he/she will be misbehaving etc.).	0 1 2 3 4 5 6 7 8 9 10	2

INT. Read each practice separately

There is only one answer possible per practice.

Base: all respondents

F02 [S per row]

Based on your knowledge and/or experience, roughly how many adults in the country respond to witnessing a parent physically punishing their child in the following ways, i.e. how many out of 10 adults would you say do the following?

SCRIPTER: Rotate practices

Practice	1) Number of adults out of 10	2) Don't know/ Refuse to answer
1) Intervene when witnessing another parent/adult physically disciplining the child, to stop them.	0 1 2 3 4 5 6 7 8 9 10	2
2) Call authorities (police, social assistant etc.) to report a case of violent discipline, witnessed in their neighbourhood.	0 1 2 3 4 5 6 7 8 9 10	2

INT. Read each practice separately

There is only one answer possible per practice.

Base: all respondents

F03 [S]

Based on your knowledge and/or experience, does the majority of your colleagues initiate a procedure cases where a child is a suspected victim of violence?

- 1) Yes

- 2) No, (*why not and in what specific cases?*) [O]

- 3) Don't know/Refuse to answer

There is only one answer possible

Base: all respondents

F04 [O]

In your opinion, what would be useful to your colleagues to help them improve their knowledge related to:

- 1) Early detection and recognition of child victims of violence? [O] (*specify*)

- 2) Response [O] (*specify*)

- 3) Referral [O] (*specify*)

- 4) Recording/reporting [O] (*specify*)

- 5) Prevention of violence [O] (*specify*)

- 6) Don't know/Refuse to answer

INT. Write down respondent's answers in full

G SECTION – NORMATIVE EXPECTATIONS

Base: all respondents

G01 [M]

When it comes to the practices in relation to your everyday work, who do you consult with/ask for advice?

- 1) Colleagues in my office/institution
- 2) Colleagues in the same position as I (can be in different location)
- 3) My immediate supervisor/chief of department
- 4) Other institution [O] (*Please specify which one*) _____
- 5) Other [O] (*Please specify*) _____
- 6) Don't know/Refuse to answer

INT. Don't read the answers

Multiple answers are possible

Base: all respondents

G02 [M]

In your opinion, what would the majority of the colleagues in your institution do if they receive a case where a child is a suspected victim of violence?

- 1) Initiate a procedure immediately
- 2) Contact and refer the case to another institution.
- 3) Informally talk with the child

- 4) Conduct a formal interview the child
- 5) Other (specify) _____
- 6) Don't know/Refuse to answer

INT. Don't read the answers

Multiple answers are possible

Base: all respondents

G03 [M]

In your opinion, what would the majority of the colleagues in your institution do if they get a confirmed case where a child is a victim of psychological violence?

- 1) Initiate a procedure immediately
- 2) Contact and refer the case to another institution.
- 3) Informally talk with the child
- 4) Conduct a formal interview the child
- 5) Other (specify) _____
- 6) Don't know/Refuse to answer

INT. Don't read the answers

Multiple answers are possible

Base: all respondents

G04 [S]

Your colleagues believe that the justice system in the country which is responsible for making court decisions in case of child victims of violence is:

- 1) Extremely efficient
- 2) Efficient
- 3) Neither efficient, nor inefficient
- 4) Inefficient
- 5) Extremely inefficient
- 6) Don't know/Refuse to answer

INT. Read the answers

There is only one answer possible

H SECTION – CONDITIONAL PREFERENCES

Base: all respondents

HO1 [O]

There have been some studies in the country on child disciplining practices which show that the majority of parents (between 69.3% - 82%)⁴ in the country use physical punishment, such as spanking child's rear or slapping a child, despite believing it is not necessary to raise a child effectively. Why do you think that this practice is so prevalent?

- 1) (specify) [O] _____
- 2) Don't know/Refuse to answer

There is only one answer possible

⁴ UNICEF. MULTIPLE Indicator Cluster Survey 2011. Skopje: Government of Republic of Macedonia; 2012.

INT. Write down the respondent's answer in full

Base: all respondents

H02 [O]

In your opinion, what is needed to ensure more parents in the country use alternative positive disciplining practices? What support would they need to become even better parents?

- 1) (specify) [O] _____
- 2) Don't know/Refuse to answer

There is only one answer possible

INT. Write down the respondent's answer in full

Base: all respondents

H03 [O]

There have been some reports saying that relevant institutions do not report and/or refer cases of child victims of violence.

- 1) What do you think is the reason for this? [O]

- 2) How can this situation be improved?

- 3) Don't know/Refuse to answer

INT. Write down the respondent's answers in full

Base: all respondents

H04 [O]

The country is a country that has a law that prohibits corporal punishment in all settings, however, the studies show that between 69.3% - 82% of parents use corporal punishment. In your opinion what can be done in order to enable more strict law reinforcement and decrease of this percentage?

- 1) [O] _____
- 2) Don't know/Refuse to answer

There is only one answer possible

INT. Write down the respondent's answer in full

I SECTION – SOCIO-DEMOGRAPHY – Part 2

Base: all respondents

A02 [S]

How old are you?

- 1) Less than 24 years
- 2) 25-34 years
- 3) 35-44 years
- 4) 45-54 years
- 5) Over 55 years
- 6) I prefer not to answer

There is only one answer possible.

Base: all respondents

A03 [S]

Respondents' gender

- 1) Male
- 2) Female

There is only one answer possible.

Base: all respondents

A04 [S]

What is your ethnicity?

- 1) Macedonian
- 2) Albanian
- 3) Roma
- 4) Other, please specify [O] _____
- 5) Refuse to answer

There is only one answer possible.

Base: all respondents

A05 [O]

Municipality _____

INT. Write down the municipality.

Base: all respondents

A06 [S]

What is the highest level of education you have completed?

- 1) Primary school completed
- 2) Secondary/High school completed
- 3) College/University completed
- 4) Post graduate degree
- 5) Refuse to answer

There is only one answer possible.

Base: all respondents

A07 [S]

How long have you been working at this position?

- 1) Up to 2 years
- 2) 3-5 years
- 3) 6-10 years
- 4) 11 and more years
- 5) Refuse to answer

There is only one answer possible.

END OF QUESTIONNAIRE

Thank you very much for participating in the survey

4.3 Introduction References

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