



# VIOLENCE

## AGAINST CHILDREN IN GEORGIA

NATIONAL SURVEY  
OF KNOWLEDGE, ATTITUDE AND PRACTICES

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ANALYSIS OF CHILD PROTECTION REFERRAL PROCEDURES  
AND RECOMMENDATIONS TO THE GOVERNMENT

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July 2013



This report was drafted by UNICEF consultant Darejan Dvalishvili with technical assistance from UNICEF staff members Tina Baum, Natia Samsonishvili and UNICEF consultant Anastasia Mshvidobadze. Assistance with report writing and organization was provided by UNICEF staff members Ketevan Melikadze, Teona Aslanishvili and Aaron Greenberg.

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UNICEF  
9 Eristavi Str. UN House  
0179, Tbilisi, Georgia  
Tel: 995 32 2 23 23 88, 2 25 11 30  
e-mail: [tbilisi@unicef.org](mailto:tbilisi@unicef.org)  
[www.unicef.ge](http://www.unicef.ge)

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## INTRODUCTION

For the last 20 years, United Nations Children's Fund (UNICEF) in Georgia has been working closely with the Georgian government and other partners to solve significant problems facing children throughout the country. The right of the child to freedom from all forms of violence is one of the most important rights of the child.

It is my honor to present the findings of the UNICEF publication entitled **“Violence Against Children in Georgia”**. The publication consists of two independent, yet thematically interrelated studies, which analyze issues of violence against children (VAC) from different angles. In total, 3,345 persons participated in the field research as respondents.

The first study, entitled “Violence against Children in Georgia: National Survey on Knowledge, Attitude and Practices”, focuses on the following issues: a. the levels of knowledge found among adult Georgian population regarding VAC; b. the attitudes underlying child raising and discipline methods; and the practices of reporting and reacting to child abuse cases.

The second study, entitled “Violence against Children in Georgia: Analysis of the Child Protection Referral Procedures and Recommendations to the Government”, analyzes the implementation of Child Protection Referral Procedures, established in 2010.

The study revealed that current social attitudes are alarming as almost half of the Georgian population considers VAC to be acceptable. 60 per cent of the population believes that using violent disciplinary measures are more effective than nonviolent ones.

For the most part, society considers acts of domestic violence against children a family matter and as such is against direct involvement. The study also found that in the event a citizen decides to intervene, s/he often does not know to which agency to appeal. In addition, a large majority of professionals (60%) working with children, who are obligated by law to respond to VAC cases, are not aware of their responsibilities and deeply believe that the involving into family affairs is a sensitive issue, and prefer not becoming involved.

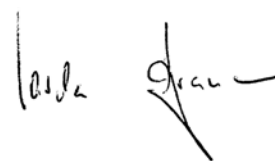
The empirical evidence demonstrates that using violent upbringing methods irreparably damages a child's further development. Instead of producing a successful, happy, healthy child, using violence almost guarantees that a child will become lonely, reserved and unhealthy. In addition, victims of child abuse often find it hard to cope with life difficulties and become successful.

It is the duty of teachers, caregivers, psychologists, policemen and social workers to notice violence perpetrated against children, and act in timely manner that is in accordance with the law. Only through proper care and diligence will children have the opportunity to reach their full potential, become active citizens and contribute to Georgia's future prosperity.

In addition, the research revealed that the system designed to protect children from violence needs to be advanced. The study clearly shows the flaws of the system and suggests the ways to fix them. We hope that the results and recommendations of these studies will be taken into account. UNICEF will continue to provide partnership and support in this area.

Finally, the attitudes of ordinary citizens are equally important. They need to understand that it is their civic responsibility not to ignore VAC cases in their neighborhoods, family and/or on the streets. It is difficult for children to defend their own rights. They need to have responsible adults standing by them who consider it to be their duty to protect children rights.

We hope that the study will be interesting for many, and its findings will serve as a basis for initiating further changes.



**Sascha Graumann**  
UNICEF Representative in Georgia

## GLOSSARY OF TERMS

**Beating** – Beating or another kind of violence that causes physical pain to the victim but does not result in intentional light damage to health. (*Criminal Code of Georgia, Article 125*)

**Child** – A person under 18

**Child Abandonment** - When a parent/parents abandons/abandon the child or submits/submit a statement on abandoning the child or/and he/she/they are avoiding fulfilment of their parental rights and obligations. (*Law of Georgia on Adoption and Foster Care*)

**Child Neglect** – The failure of parents or caregivers to meet a child’s physical and emotional needs when they have the means, knowledge and access to services to do so. (*UN World Report Violence Against Children*)

**Child Pornography** – Any visual or audio materials depicting sexually explicit activities involving juvenile images participating in real, simulated and/or computer-generated sexual scenes; when child genitals are exposed to satisfy the sexual desires of the consumers. (*Criminal Code of Georgia, Article 255*)

**Coercion** – To physically or psychologically force a child to do something or not do something against his/her will. (*Joint Order on Procedures for Child Protection Referral and adoption of forms*)

**Corporal Punishment** – Either “corporal” or “physical” punishment is any punishment in which physical force is used and intended to cause some degree of pain or discomfort. (*General Comment No. 8. The Right of the Child to Protection from Corporal Punishment and Other Cruel or Degrading Forms of Punishment*)

**Cursing** – An appeal or prayer for evil or misfortune to befall someone or something.

**Emergency case/condition** – A condition that imposes danger to the health and life of a child or might cause death or disability. (*Joint Order on Procedures for Child Protection Referral and adoption of forms*)

**Family Conflict** - Any conflicts that occur within a family and or between a husband and a wife, parents and children, between siblings, or with extended families (grandparents, aunts, uncles, etc.).

**Harsh parenting** - A restrictive, punitive parenting style in which parents make their children follow their directions to respect their work and effort.

**Member of a child’s family** – A child’s mother, father, grandmother, grandfather, spouse, son/daughter, stepchild, stepfather/stepmother, sister, brother, parents of spouse, brother-in-law, sister-in-law, ex-spouse, persons involved in non-registered marriage and members of their families, adoptive family, adoptive mother, adoptive father, spouse of adopting parent, adopted child and trustee. (*Joint Order on Procedures for Child Protection Referral and adoption of forms*)

**Perpetrator** – A family member who uses physical, psychological, economic, sexual violence or coercion against another family member. (*Law of Georgia on the Prevention of Domestic Violence, Protection of and Assistance to Victims of Domestic Violence*)

**Physical Violence** – This term includes battery, torture, bodily injury, illegal restriction of liberty or any other action that causes physical pain or suffering. It also includes failure to meet requirements concerning



the victim's state of health that may cause harm to the health of a family member or lead to his/her death. (*Joint Order on Procedures for Child Protection Referral and adoption of forms*)

**Protective Order** - An act issued by the first instance court judge based on administrative proceedings, which defines temporary protection measures of victims in cases of domestic violence, except cases where the grounds for instituting a criminal proceeding exists and the person is deprived of liberty based on the restrictive measure. (*Law of Georgia on the Prevention of Domestic Violence, Protection of and Assistance to Victims of Domestic Violence*)

**Psychological Violence** – This term includes abuse, blackmail, humiliation, threatening or any other action that hurts the pride and dignity of a child and that might impose danger to the health and life of a child. (*Joint Order on Procedures for Child Protection Referral and adoption of forms*)

**Reasonable Doubt of Violence Against a Child** – This includes the following: a) as the results of an inquiry into injuries on a child's body, the child declares that violence was committed against him/her; b) as a result of inquiry into injuries on child's body, a witness declares that violence was committed against the child; c) as a result of inquiry into injuries on child's body, the parent is shown to have inadequate responses, such as: the gravity of child's trauma does not correspond with the story told by parent; the details of the parent's story change all the time; the parent inadequately responds to the child's trauma and assesses it lighter than it is; and reasons of trauma are not explained; d) an additional factor is revealed as a result of inquiry into the child's suspicious behaviour and the child's declaration of violence committed against him/her; e) the child's declaration that violence was committed against him/her; f) a witness' declaration regarding he/she witnessing violence. (*Joint Order on Procedures for Child Protection Referral and adoption of forms*)

**Restrictive Order** - An act issued by the authorized employee of police, which defines temporary protection measures of victims in cases of domestic violence and which shall be submitted to the court for approval within 24 hours. (*Law of Georgia on the Prevention of Domestic Violence, Protection of and Assistance to Victims of Domestic Violence*)

**Sexual Violence** – Sexual relations with a child by force, threat or manipulation of a child's exposed condition; also any other sexual influence or lascivious actions involving a child. (*Joint Order on Procedures for Child Protection Referral and adoption of forms*)

**Torture** – Torture, or more precisely, creating conditions or treating a person, or his/her close relative, or a person materially or otherwise dependant on him/her in a way, which by its nature, intensity or length causes strong physical pain, or mental or moral suffering aimed at obtaining information, evidence or confession, also at intimidating or coercing, or punishing a person for an act committed, or presumably committed, by him or a third person. (*Criminal Code of Georgia, Article 144<sup>1</sup>*)

**Verbal Humiliation** – Humiliating a child intentionally, expressed in improper ways such as swearing.

**Victim** – A person who has experienced physical, psychological, sexual or economical violence or coercion. (*Law of Georgia on the Prevention of Domestic Violence, Protection of and Assistance to Victims of Domestic Violence*)

**Violence** – The violation of child's constitutional rights and freedoms by physical, psychological, economic, sexual violence or coercion. (*Joint Order on Procedures for Child Protection Referral and adoption of forms*)



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## EXECUTIVE SUMMARY

Children experience violence in all countries and across socio-economic, geographic or family unit boundaries. In addition, violence is cyclical. Breaking the cycle of violence against children is critical in order to reduce the inter-generational practice of violence and thereby reduce and prevent often-severe behavioral problems in adolescents who are affected by violence.<sup>1</sup>

This study is a stock-take of the Georgian general public's knowledge, attitude, behaviours and practices toward the issue of violence against children. The study is quantitative and was administered to 3345 people across 3284 households randomly selected across the country. The study includes 61 professionals, including statutory social workers, teachers and school resource officers<sup>2</sup>. (Throughout the rest of this report, this group is referred as "professionals"). In order to include the voices and opinions of young people, group discussions on violence against children were conducted in Tbilisi, Kutaisi (West Georgia) and Telavi (East Georgia). The groups' composition was selected in a way to equally represent youth of different social and economic background, ethnicities as well as young people with disabilities (for more detailed methodology see Annex 1). While these group discussions do not reflect young people's views across the entire country, they provide important insights around how young people perceive, respond, and react toward issues of violence against children.

The report begins with detailing the Georgian public's knowledge about different forms of violence, and then analyses the general public's experience, attitude and perceptions of physical violence. The report also examines attitudes and perceptions of sexual and psychological violence as well as neglect while studying issues related to tolerance of perpetrators. The analysis also considers whether people are likely to report a known case of violence, and under what circumstances.

This study finds that violence against children in Georgia is widely accepted. More than one in two Georgians believe that violent forms of punishment are more effective than non-violent parenting techniques. In terms of gender analysis, women are more likely than men to think that violence against children is appropriate as a tool of disciplining children. The study also reveals several important insights into the Georgian family structure. The vast majority of people, including professionals such as teachers, social workers and police, believe that a family's internal affairs are its own business, and should not be interfered with by others. This is a major obstacle to reporting and referring cases of violence against children.

The findings suggest that the cycle of violence, which has been left largely unchecked and unquestioned, is contributing to high levels of tolerance towards violence against children. The prevalence of violence against children is high while the acceptance of violence is higher. The social stigma against interfering in a family's internal affairs even when violence presents a powerful mixture of practice and tolerance that, if left unaddressed, will continue to hamper the development of children to reach their full potential. These affected children will not be fully contributing members of Georgian society and this trend will hamper the full development of the country.

By reflecting on Georgia's recent history, one may be able to understand the current situation. In the last decade, the Georgian Government (GoG) established multilateral systems of control to fight against the corruption and widespread criminality that had characterized the pre-Rose Revolution era. The zero tolerance policy on crime dramatically increased the number of adults in prison. At the height of the policy, Georgia had the 4th highest prisoner per-capita rate of incarceration in the world. In 2012, it was revealed that the prison system was a place where abuse and torture of inmates was widespread. In

<sup>1</sup> Reiss, Albert J.; Roth, Jeffrey A.; Miczek, Klaus A. (1993). *Understanding and Preventing Violence: Social influences*. Washington, D.C.: National Academy Press, pgs. 194-195.

<sup>2</sup> School resource officers, or mandatoris, are school guards who are charged with school safety and security. The MoES introduced the mandaturis into public schools in 2011 as a response to the growing trend of violence in schools.

addition, a system of uniformed school guards was introduced into all schools to 'control' the students and teachers. There is little doubt that these efforts helped to make the streets of Georgia safe. However, they also established state sanctioned systems of violence and control. Combined with the socio-economic distress brought on by the 2008 military conflict with Russia and the global financial crisis, there can be little doubt that these factors have contributed to the current situation in Georgia, particularly in regards to violence in the family.

However, with concerted efforts and investments, the attitudes of acceptance and tolerance towards violence against children can change. For example, 82 per cent of the Georgian general public agrees that violence is a pervasive problem that needs to be addressed. This figure contrasts with the perceived high tolerance towards violence against children as a tool for discipline (45%), but strongly suggests that there is the social will to change.

To reverse the tolerance and practice of violence against children in Georgia, a number of important steps must be taken. The public sector and civil society must partner to create legislative changes and public awareness raising campaigns protecting children from violence while changing the public's mindset. In addition, children and adults should be empowered to report cases of abuse whenever such cases are known. The state's child protection referral system needs to be strengthened and professionals need to be better trained in order to increase the public's confidence in child protection mechanisms. Finally, the lack of positive parenting methods constitutes a significant gap that needs to be changed with systematic awareness-raising campaigns and further training of parents.

The education of the general public is critical as the more educated a person is regarding positive parenting techniques, the less likely he/she will perceive violence against children as being acceptable. Government efforts to ensure every child completes secondary school, particularly girls, would make a large impact on the levels of violence in the country. In addition, both public and private school curricula should be reviewed to ensure that violence and its consequences is well understood by young people. Most importantly, a national movement and dialogue on violence is needed and should be supported by the GoG.

## Summary of Main Findings

**The Georgian public has a high understanding of what violence means, particularly physical and sexual violence.**

Overall, the general public can identify physical violence and sexual abuse better than psychological violence or child neglect.

### **1. Acceptance of violence against children is high in Georgia.**

The overall number of respondents who believe that the use of physical violence against children is acceptable (45 per cent) is higher than the number of respondents who report being exposed to physical violence as a child (30 per cent). If a person experienced violence as a child, he/she is more likely to believe that using physical violence against children is acceptable than a person who did not experience violence.

### **2. Higher education has a positive correlation on decreasing the tolerance towards violence.**

The level of a person's education is linked to a person's acceptance of physical violence as a form of punishment. Therefore, the higher an individual's education, the lower the likelihood that individual views physical violence as an acceptable form of punishment.

### **3. The majority of people in Georgia believe that using harsh parenting, as a tool for child discipline is more effective than non-violent parenting techniques.**

The majority of the population believes that physical violence against children is an issue in Georgia.

However, 60 per cent of the general public also thinks that harsh parenting is a more effective method of raising a child than using a non-violent method. However, the study found that many young people have a different opinion. Most believe that positive parenting would be better than violent parenting.

**4. Most people in Georgia are reluctant to accept the idea of the ‘authorities’ interfering with family affairs, even when there may be violence in the family.**

The study found that 94 per cent of those surveyed understand that children are hurt even when they observe violence at home. However, in most cases the public is against any outside interference in a family’s ‘personal issues’.

**5. Over 90 per cent of Georgians do not believe that parents and family members are responsible for sexual violence against children. Instead, most believe that acquaintances, family friends and strangers are to blame.**

The study found that 42 per cent of the Georgian public ranks strangers as the most likely “suspects” of possible sexual abuse of a child followed by family friends and acquaintances (35 per cent). Parents and other family members were considered as possible perpetrators by only 5 per cent and 10 per cent of general public respectively. This understanding contradicts global evidence that family members and acquaintances are the most frequent perpetrators of violence against children.<sup>3</sup> Unlike adults, young people in Georgia think that the most likely perpetrator of abuse against children is a parent.

**6. The Georgian public believes that persons who commit acts of sexual abuse against children should be prosecuted, while medical treatment/rehabilitation is recommended for those who perpetrate physical and psychological violence and neglect.**

The general public’s attitude towards perpetrators varies depending on the type of violence committed. For instance, 85 per cent of the public believes that perpetrators of sexual abuse should be prosecuted. However, in cases of violence including physical and psychological abuse and neglect the public’s prefers rehabilitation / medical treatment of the perpetrator (63-67 per cent).

**7. The public believes that police should intervene in cases of physical and sexual violence, and social workers should respond in cases of psychological violence or child neglect.**

The Georgian public prefers police intervention over interventions of schools or social services in cases of physical and sexual violence. However, those surveyed preferred the intervention of social services to the involvement of the police or school in cases of psychological violence or child neglect. Finally, school involvement in matters of child abuse seems to be the least preferable option and many young people supported this attitude.

**8. One in five Georgians do not know what to do or to whom to appeal to when they are exposed to or witness violence.**

According to the study, 38 per cent of the population are aware of what to do or to whom to report an offence should the need arise.

**9. When a person knows how to react and whom to appeal in cases of violence, he/she is 80 per cent more likely to report the issue.**

<sup>3</sup> “UN World Report on Violence Against Children”, 2006, p. 47; please see <http://www.unviolencestudy.org/> and <http://www.unicef.org/violencestudy/3.%20World%20Report%20on%20Violence%20against%20Children.pdf> for full report.

## BACKGROUND INFORMATION

The last *National Study of Violence against Children (NSVAC)* was conducted in 2007. The study looked at the prevalence of different forms of violence in Georgia and revealed that approximately 80% of boys and girls in Georgia suffered from some form of physical and psychological violence.<sup>4</sup>

In 2010, the GoG reacted to the findings by developing a child protection system in Georgia while also implementing legislation regarding child protection and an integrated referral system. The three Ministries<sup>5</sup> who signed the legislation included the Ministry of Labor, Health and Social Affairs (MoLHSA), the Ministry of Education and Science (MoES), and the Ministry of Internal Affairs (MoIA). The decree aimed at developing a coordinated mechanism to identify cases of violence against children, assess and address the needs of victims, and pursue justice.

Since the adoption of the decree two years ago, the number of referrals has increased from 40 per year to over 150 per year<sup>6</sup>. However, stakeholders (including relevant ministries, partner NGOs and civil society groups) have expressed concern regarding the effective and efficient functioning of the referral system and the overall need to evaluate the system. The perceived problems include the lack of knowledge of actual procedures, the lack of understanding of signs of violence, weak coordination among the involved parties, low outreach to victims and lack of relevant services for bio-psycho-social rehabilitation of child victim of violence. In addition to a study on the referral system, it was agreed that a study on knowledge, attitudes and practices concerning violence against children was also needed to better inform strategies, policies and communications on violence related activities in Georgia.

Within the framework of the USAID and UNICEF joint initiative, the strengthening child care services and systems project in Georgia, UNICEF agreed with the GoG to undertake two complementary studies: a. one qualitative study on the child care referral procedures; and b. another quantitative report on the general public's knowledge, attitude and practices regarding violence against children. Both studies were undertaken in the summer of 2012.

This report contains relevant information and analysis from the quantitative study. The quantitative study aimed to measure:

- A. Knowledge, attitude, practices and behaviors (KAPB) on issues related to violence against children;
- B. Familiarity of the general public and various childcare professionals with the existing child protection referral procedures;

The present report does not present all the data and analyses available from the quantitative study. It only includes data that was considered to be the most significant by the authors.

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<sup>4</sup> "National Study on Violence Against Children in Georgia", UNICEF, 2007-2008. [http://www.unicef.org/georgia/Violence\\_Study\\_ENG\\_final\(1\).pdf](http://www.unicef.org/georgia/Violence_Study_ENG_final(1).pdf) last accessed on 19 March 2013.

<sup>5</sup> Joint order N15/n-N496 – N45/n of the MoLHSA, the MoIA and the MoES of Georgia on "Procedures for Child Protection Referral and adoption of forms", 31 May 2010.

<sup>6</sup> See annex 3



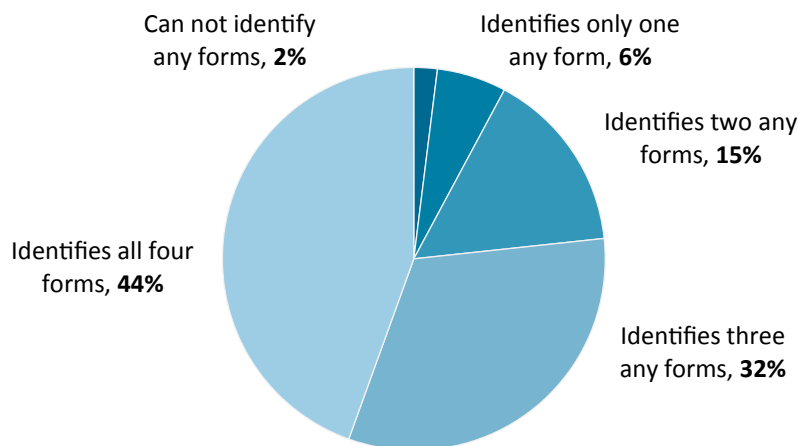
## Public Knowledge in Georgia of Different Forms of Violence

### MAIN FINDINGS:

- The majority of the general public in Georgia can correctly identify most forms of violence against children.
- Overall, the general public in Georgia can correctly identify physical violence and sexual abuse better than psychological violence or child neglect.
- Psychological violence is the least understood form of violence in Georgia.
- There were no significant differences between male and female perceptions towards different forms of violence.
- Shida Kartli, Kvemo Kartli, and Samtskhe-Javakheti regions displayed lower levels of knowledge than other parts of the country.
- The study found that 72 per cent of the general public believes that a girl becomes an adult before the age of 18 and 60 per cent believe that a boy becomes an adult before the age of 18.

In order to react effectively and do something about violence, one must understand what constitutes violence. Overall, the Georgian population is somewhat knowledgeable about various forms of violence against children. The study found that 44 per cent understand all forms of violence and could define them appropriately. However, only 32 per cent can identify three forms of violence while 8 per cent could only identify one form of violence or none at all. (The four areas of violence covered include: physical, psychological, sexual violence and neglect).

Figure 1. Knowledge of different forms of violence



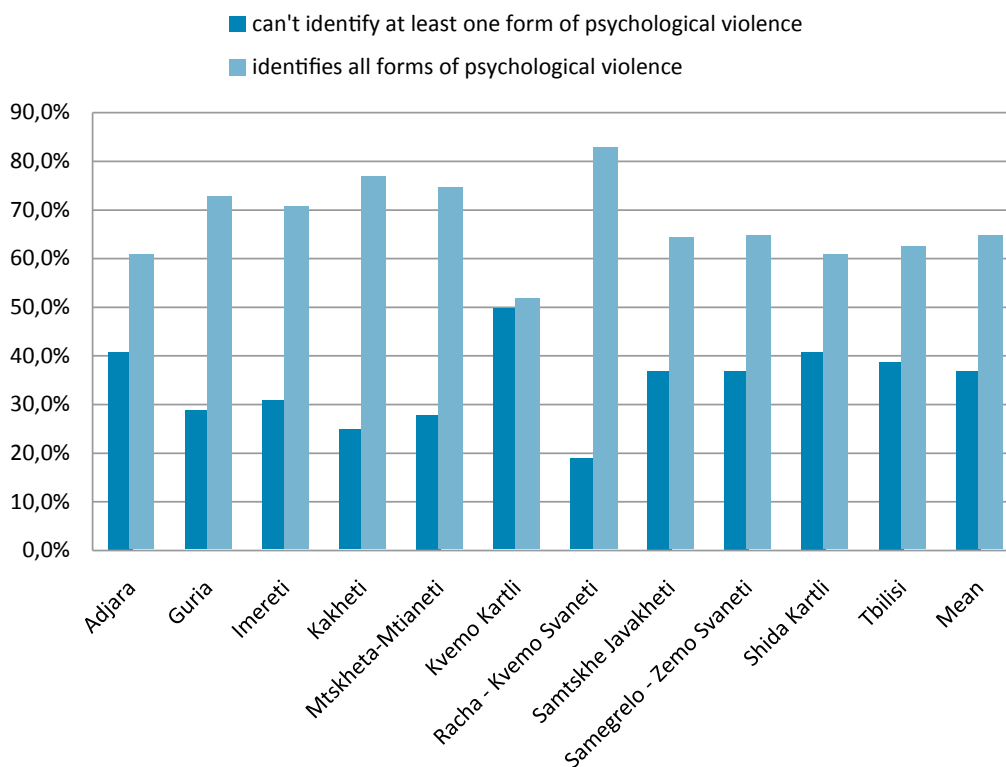
The ability to identify and report violence against children is tied in part to the Georgian public's ability to correctly identify all forms of violence as well as the public's understanding of who is a child and who is considered an adult. According to Georgian legislation, a child is defined as an individual under the age of 18 years old. However, 72 per cent of the general public believes that a girl becomes an adult before the age of 18 and 60 per cent believe that a boy becomes an adult before the age of 18. Only 18 per cent of them can identify the western and UN definitions of childhood age for both girls and boys.

More work is needed in Georgia to raise awareness about violence, particularly psychological violence, and that a child is anyone under 18 years of age.

**Psychological violence** is defined by the *Child Protection Referral Procedures* as “assault, blackmail, humiliation, threatening or any other action that hurt the pride and dignity of a child and might impose danger to the health and life of a child.”

According to the study, 64 per cent of the population can identify all forms of psychological violence. The lowest levels of knowledge were identified in Kvemo Kartli (51 per cent), Adjara (59 per cent) and Shida Kartli (60 per cent) regions. Of the four forms of violence, psychological violence appears least well understood by the general public.

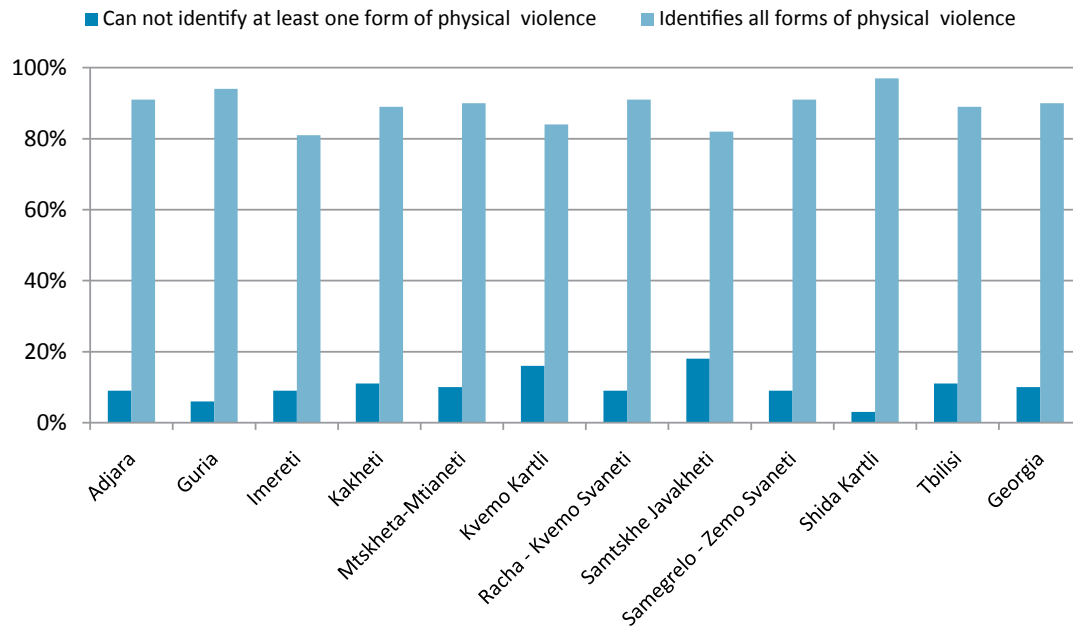
Figure 2. Knowledge of forms of psychological violence by regions



**Physical violence** against children is defined by the *Procedures for Child Protection Referral* as “beating/ battery, torturing and causing injuries” of a child.<sup>7</sup> Almost 90 per cent of the population correctly identified all given forms of physical violence. Among the four forms of violence, the general public best understands physical violence.

<sup>7</sup> Joint order N15/n-N496 – N45/n of the Minister of Health, Labor and Social Affairs of Georgia, the Minister of Interior of Georgia and the Minister of Education of Georgia on “Procedures for Child Protection Referral and adoption of forms”, 31 May, 2010.

Figure 3. Knowledge of forms of physical violence by regions



**Sexual violence** against children is defined for the purposes of this study as sexual touching, making a child expose his or her genitals and sexual intercourse of an adult with a minor with or without consent. A minor is defined as a child below the age of 16.<sup>8</sup> The study found that 78 per cent of general public correctly identified all given forms of sexual violence.

**Child neglect** is not defined in Georgian legislation at the time of writing of the current report. Hence, this study borrows the definition of child neglect from the *UN World Report on Violence Against Children* defined as “the failure of parents or caregivers to meet a child’s physical and emotional needs when they have the means, knowledge and access to services to do so.”<sup>9</sup>

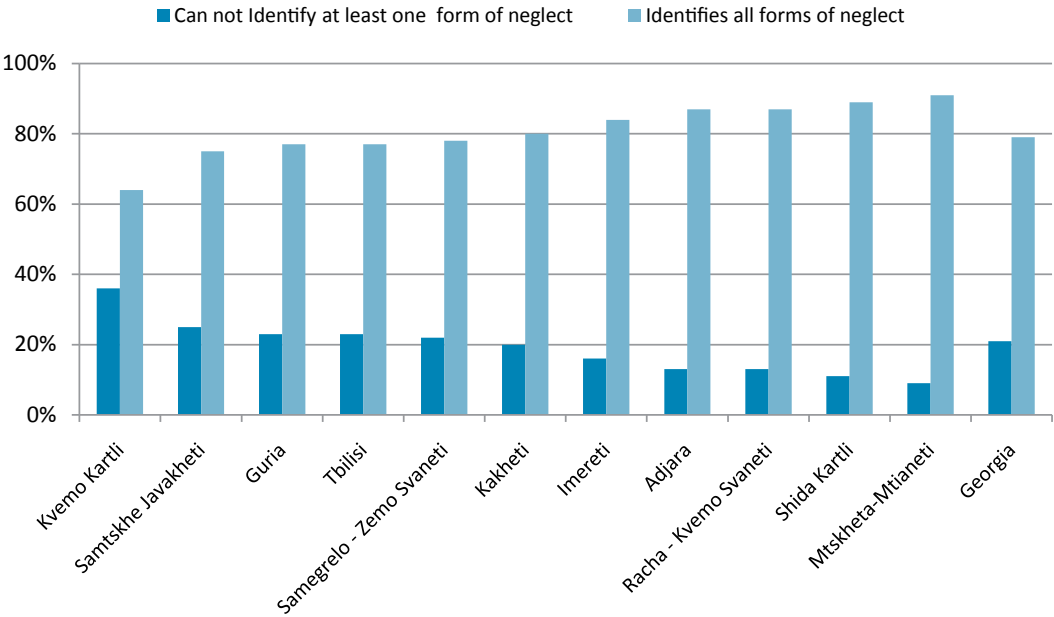
The study found that 79 per cent of the Georgian public believed that being careless towards the emotional and spiritual needs of a child and inattentive to possible risks of child safety were forms of child neglect. The lowest levels of knowledge about what constitutes child neglect are in the regions of Kvemo Kartli (65 per cent) and Samtskhe-Javakheti (75 per cent). In addition, Guria, Samegrelo and capital city Tbilisi (77 per cent) also displayed low levels of knowledge.

<sup>8</sup> This definition is based on the Georgian Child Protection Referral Procedures and the Criminal Code of Georgia.

<sup>9</sup> “UN World Report on Violence Against Children”, 2006

<http://www.unicef.org/violencestudy/3.%20World%20Report%20on%20Violence%20against%20Children.pdf>

Figure 4. Knowledge of forms of neglect by regions



## Public Experience, Attitudes and Perceptions of Physical Violence as a Tool for Disciplining Children

### MAIN FINDINGS:

- The study found that 30 per cent of the Georgian public report that their parents regularly used physical force intended to cause pain or discomfort against them when they were children.
- Currently, 45 per cent of the Georgian public believes that the use of physical violence against children is acceptable. Indeed, without some physical punishment, the child will be 'spoiled'.
- When asked directly if they are, would, or plan to use physical punishment as a form of punishment against their own children, 30 per cent of women answered in the affirmative, compared to 17 percent of men.
- Almost 60 per cent of the general public thinks that harsh parenting is more effective than non-violent methods.
- The level of education is linked to whether a person is more or less likely to accept physical violence as punishment tool.
- The study found that 82 per cent of the Georgian public believes that physical violence is an issue in Georgia, with nearly 40 per cent believing it is a serious issue. This contrasts with the perceived high tolerance towards violence against children as a tool for discipline.

A person's childhood experiences shapes who he/she becomes as adults. If a child is exposed to physical violence he or she is more likely to become a perpetrator of violence against others as an adult.<sup>10</sup> The findings of this study are striking. For example, 30 per cent of the Georgian public report that their parents used physical force intended to cause pain or discomfort against them when they were children. Indeed, the real number may be higher, as this is a question that some respondents may conceal that they were beaten as children. Males reported higher levels of physical violence used against them by their parents as children (34 per cent) compared with females (26 per cent).

Table 1. Exposure to corporal punishment by gender

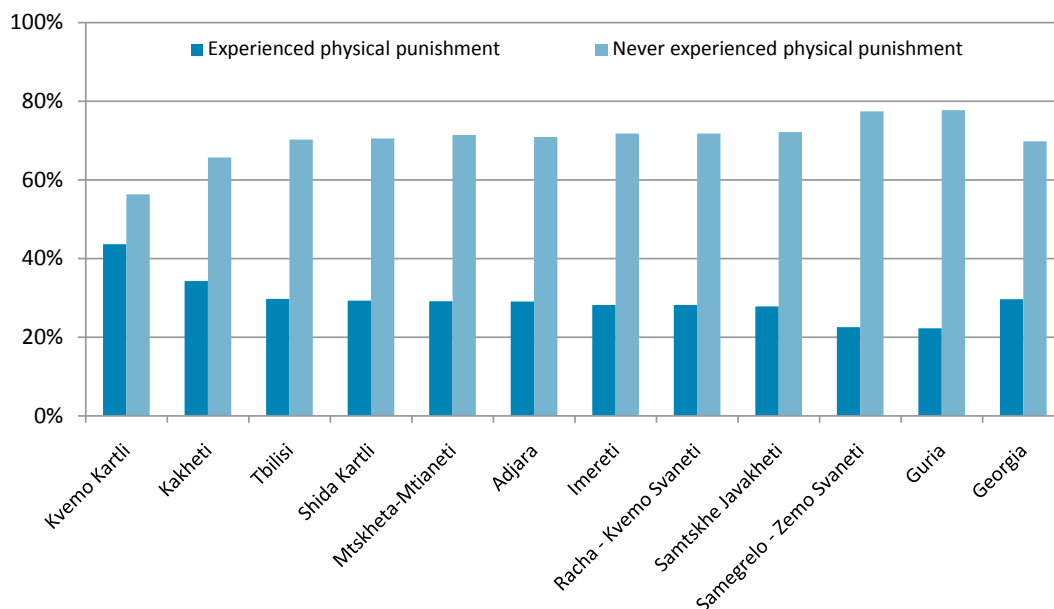
Gender	Frequently exposed to corporal punishment	Sometimes exposed to corporal punishment	Never exposed to corporal punishment
Female	0.6%	25.6%	73.8%
Male	0.4%	34.5%	65.1%
Total	0.5%	29.7%	69.8%

With an alpha level of .01, gender appeared as a significant factor  $F(2.00, 6596.98)=8.3032, P=0.0003$

<sup>10</sup> "UN World Report on Violence Against Children", 2006 p. 66  
<http://www.unicef.org/violencestudy/3.%20World%20Report%20on%20Violence%20against%20Children.pdf>

In addition, regional locations were significant as people living in Kvemo Kartli (43 per cent) and Kakheti (33 per cent) reported experiencing the highest levels of physical violence when they were children.

Figure 5. Experience of physical punishment as a child by regions



Currently, 45 per cent of the Georgian public believes that the use of physical violence against children is acceptable, and that without corporal punishment, the child will be ‘spoiled’. Those who experienced violence as a child are more likely to think that using violence, as a form of discipline is more acceptable than those who did not. Those who experienced physical violence as a child, almost 60 per cent state that this type of violence as a disciplinary tool is appropriate. Surprisingly, from the 66 per cent of the Georgian public who did not report being physically abused as a child, 40 per cent believe that physical violence is an acceptable disciplinary tool to use on children.

Table 2. Childhood experience of physical punishment and acceptance of corporal punishment as a proper disciplinary tool to use on children

	Corporal punishment is acceptable	Corporal punishment is not acceptable
Frequently exposed to physical punishment	67%	33%
Sometimes exposed to physical punishment	58%	42%
Never exposed to physical punishment	39%	61%
Total	45%	55%

With an alpha level of .01, the effect of previous experience of physical punishment was statistically significant  $F(1.87, 6190.68)=31.7537, P = 0.0000$

The findings reported in Table 2 suggest that physical violence is cyclical in Georgia. If a child is exposed to violence, she/he is almost twice as likely to believe that corporal punishment is acceptable.

The overall number of respondents who believe that the use of physical violence against children is acceptable is higher than the number of respondents who report being exposed to physical violence as

a child. These findings suggest that violence against children is a socially acceptable practice, regardless of a person's own childhood experience of abuse or lack thereof. The study found that women (47 per cent) are more likely to view physical violence as an acceptable punishment than men (42 per cent). When respondents were asked directly if they are, would, or plan to use physical violence as a form of punishment against their own children, 30 per cent of women answered yes, compared to 17 per cent of men. As childcare mainly falls within women's social roles in Georgia, this information strongly suggests that women are the primary perpetrators of physical violence against children throughout the country. In addition, women may be reporting that violence is used as a discipline tool due to the lack of knowledge of alternative methodologies when dealing with the challenges they face at home as primary caregivers. Moreover, violence against children may correlate with the occurrence of domestic violence against women and mothers. The 2010 *National Research on Domestic Violence against Women* report indicates that nearly one in ten Georgian women who have ever been married are victims of physical abuse and 34.7 per cent of these women have been injured repeatedly. The study concludes that cases of psychological and physical violence are more common than sexual and economic violence.<sup>11</sup> This cycle of abuse and violence impacts women and children living in those households and will continue to impair the abilities of future generations.

Table 3. Practice of corporal punishment by gender

Gender	Frequently practicing corporal punishment	Sometimes practicing corporal punishment	Never practicing corporal punishment
Female	0.2%	30%	70%
Male	0.0%	17%	83%
Total	0.1%	24%	76%

With an alpha level of .01, gender was a one of the statistically significant factors  $F(1.77, 5833.51)=22.8704 P=0.0000$

The study also demonstrated that the level of a person's education correlates to a person's acceptance of physical violence as a form of punishment. As shown in Table 4 below, the higher an individual's education, the lower the likelihood that person views physical violence as an acceptable form of punishment.

Table 4. Education attainment and attitude towards physical punishment

	The highest education level attained					
	Incomplete secondary	Secondary	Some higher edu.	Bachelor	Postgraduate	Total
Positive attitude towards physical punishment	66%	50%	44%	38%	36%	45%
Negative attitude towards physical punishment	34%	50%	56%	62%	64%	55%
Total	100%	100%	100%	100%	100%	100%

With an alpha level of .01, the effect of education was statistically significant,  $F(3.88, 12801.31)=9.3787P=0.0000$

<sup>11</sup> "National Research on Domestic Violence against Women in Georgia", Tbilisi, 2010.

<sup>h</sup><http://www2.ohchr.org/english/bodies/cedaw/docs/AdvanceVersions/GeorgiaAnnexX.pdf>



## Non-Violent Parenting Methods and Parental Authority

The study also included a set of questions to explore the public’s perception of non-violent parenting measures. The questions analyzed the following issues: a. is it acceptable for children to be afraid of their parents; b. do harsh methods of parenting strengthen and prepare children more effectively for life; and c. do the Georgian public view physical and psychological punishment as a more effective teaching mechanism than non-violent methods of discipline.

The findings are striking and worrying, as 60 per cent of the Georgian general public perceives harsh parenting as being more effective than non-violent methods. In addition, there were no statistically significant differences between male and female perceptions of parental discipline methods. As Figure 6 indicates, those living in Adjara (70 per cent) and Samtskhe-Javkheti (69 per cent) demonstrated the greatest support for harsh parenting methods over non-violent measures.

Figure 6. Attitude towards parenting methods based upon different regions

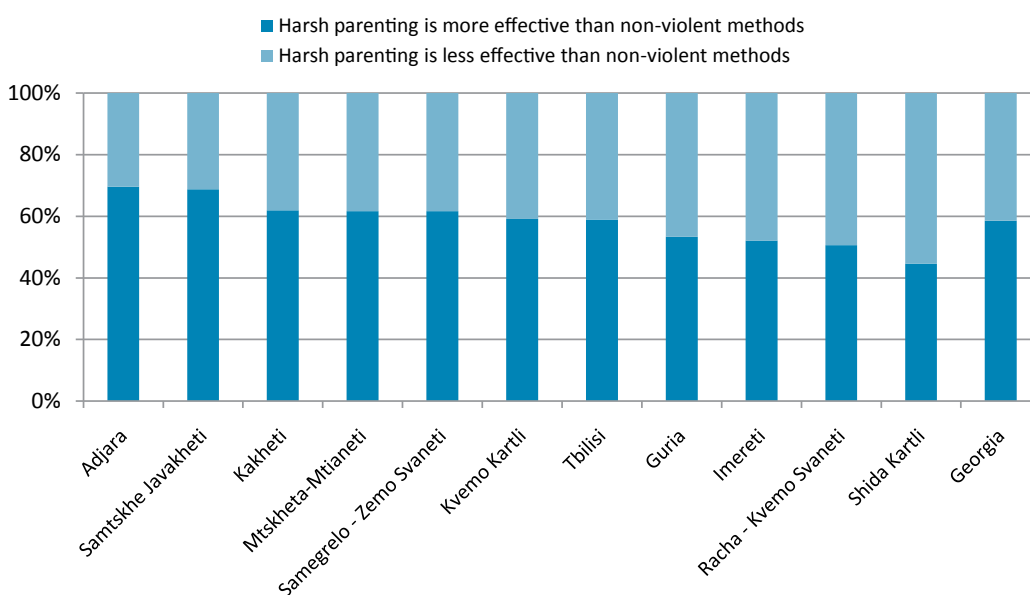
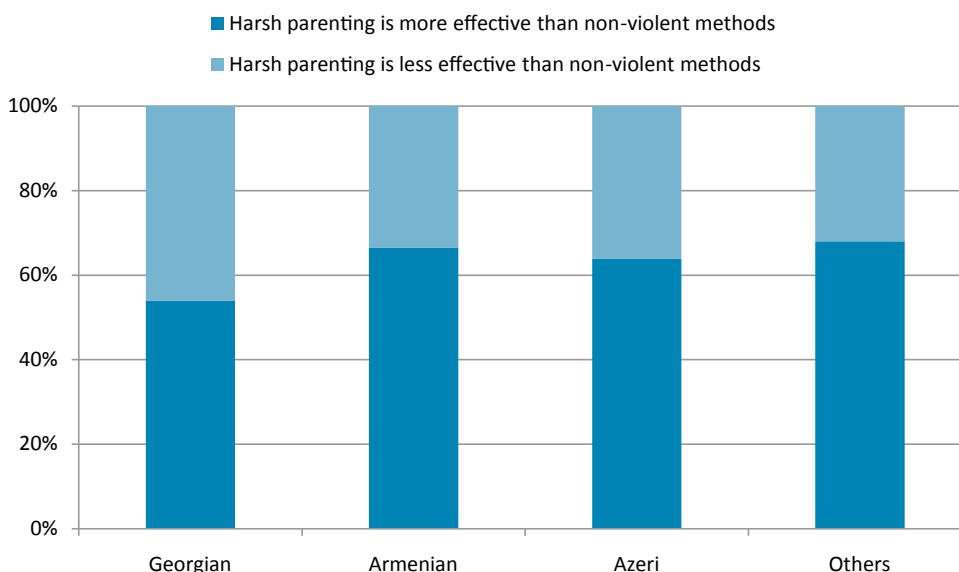
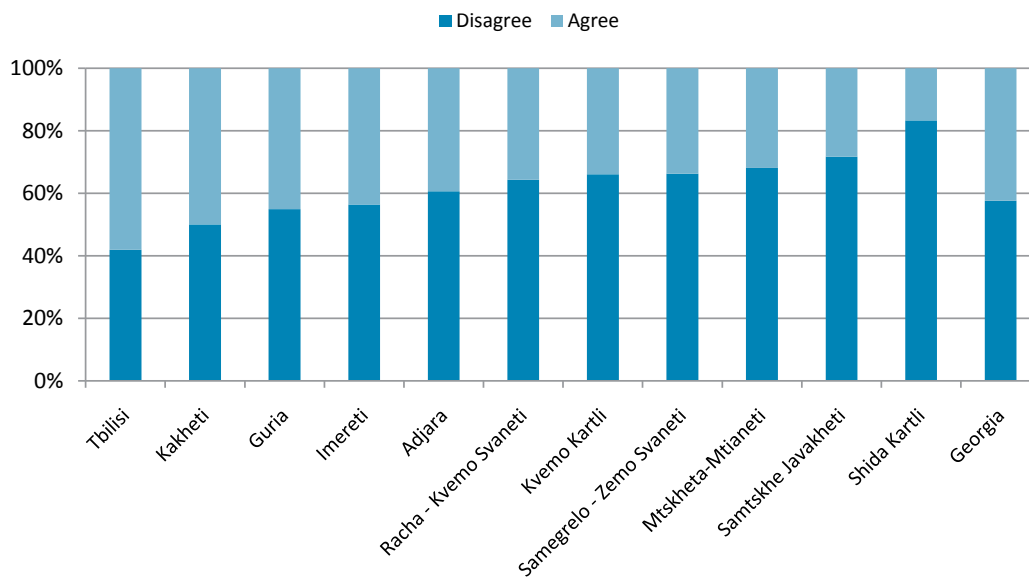


Figure 7. Attitude towards nonviolent parenting methods among different ethnic groups



In Georgia, respect for the privacy of the family, compounded with the belief that one does not interfere in another family’s affairs, prevents outside professionals from being able to help these children. The study revealed that 63 per cent of the general public believes that a child belongs to his/her parents and only parents are empowered to make key decision regarding their children. Among those respondents who agreed that only parents could make decisions regarding their children, half of them stated that a child should stay at home despite violence in the family. However, survey results varied greatly across regions. In Tbilisi, 69 per cent of respondents believe that only the parents can make decisions about their children, while in the Mtskheta-Mtianeti (44 per cent) and the Shida Kartli (37 per cent) regions the numbers are the lowest. As a general trend, respondents from the regions demonstrated a lower level of support for parents being the only decision-makers for the children as compared to Tbilisi. This trend may be explained in part by strong extended family network and close relations with neighbors throughout the regions in Georgia as compared with Tbilisi.

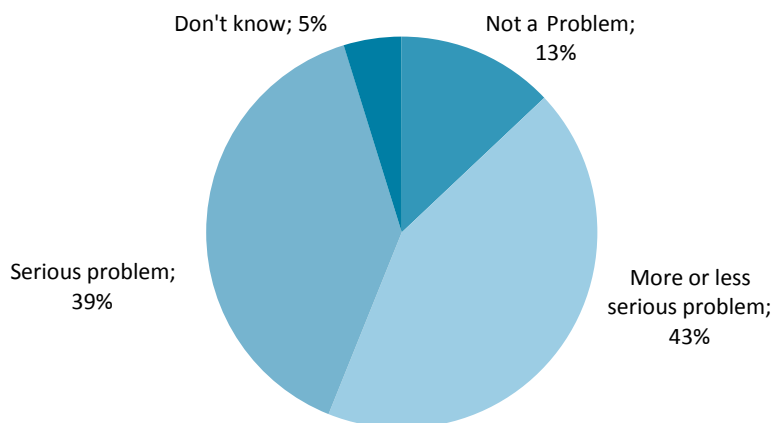
Figure 8. Perception of Population on that only parents should make decisions about children, by region



## Physical Violence against Children - Is It Perceived as a Problem?

Although many people believe that harsh parenting methods are acceptable and do not wish to interfere in a family’s affairs even when violence is present, there is also a sense among the Georgian public that physical violence is an issue that requires attention.

Figure 9. Public perception on physical violence as an issue in Georgia



The survey revealed that 82 per cent of the Georgian public believes that physical violence is an issue, with nearly 40 per cent believing it is a serious issue. This contrasts with the perceived high tolerance towards violence against children as a tool for discipline, but suggests that there is the will to change practices and a culture of tolerance.

In addition, 29 per cent of Georgians believe that violence against children has been a growing problem over the past ten years while perceptions of this problem vary considerably across regions. In the Shida Kartli region, 61 per cent of the population believes that violence has been growing problem over the past 10 years and is the highest percentage in the country. The next highest levels were found in the capital city Tbilisi (37 per cent) and the Racha-Kvemo Svaneti Region (35 per cent).

## Attitudes and Perceptions of Psychological Violence, Sexual Abuse and Neglect

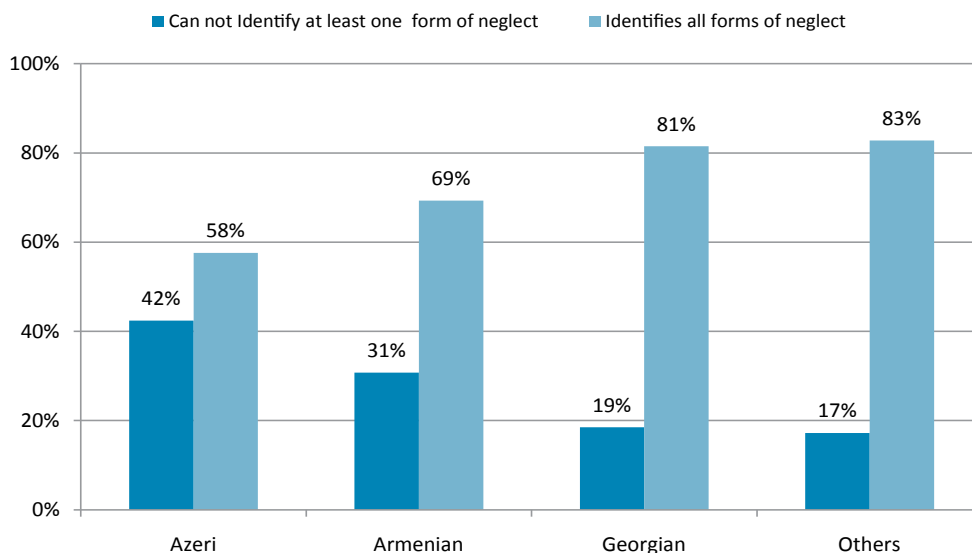
### MAIN FINDINGS:

- Despite the fact that the majority of the general public (94 per cent) understands that children are affected when they observe violence at home, 91 per cent does not think that outside intervention is warranted in cases of child abuse.
- 75 per cent of the Georgian public considers psychological violence against children to be a problem.
- Nearly 80 per cent of the Georgian public considers sexual abuse of children to be a problem, with one in three thinking it is a serious problem that requires immediate legislative action.
- 42 per cent of the Georgian public ranked strangers as the most likely “suspects” of sexually abusing a child followed by family friends and acquaintances (35 per cent).
- Nearly 30 per cent of respondents believe that women sometimes ignore situations in which their partners have sexual contact with children in their family.

The study demonstrated that the Georgian public understands physical violence but psychological violence, sexual abuse and neglect are considered either taboo subjects or are not as well understood. It is important to understand the attitudes and perceptions towards these forms of violence as these forms of abuse are often underestimated in terms of their prevalence and impact on children.

The survey results found that 76 per cent of the Georgian public considers child neglect to be a problem in Georgia, with women more likely to think neglect is a problem than men. Please note that in the questionnaire, child neglect was defined “as not bringing a child to the doctor for regular check-ups, disregarding hygiene, not being attentive to clothing needs and allowing children to miss school regularly due to family reasons”. During the interview and survey process, 79 per cent of the general population could identify all forms of neglect. While differences were not observed between men and women or among settlement types, it appeared that only 42 per cent of Azeri and 31 per cent of Armenian respondents could identify various forms of neglect. These results are much lower than those of other ethnic groups.

Figure 10. Knowledge of different forms of neglect by ethnicity



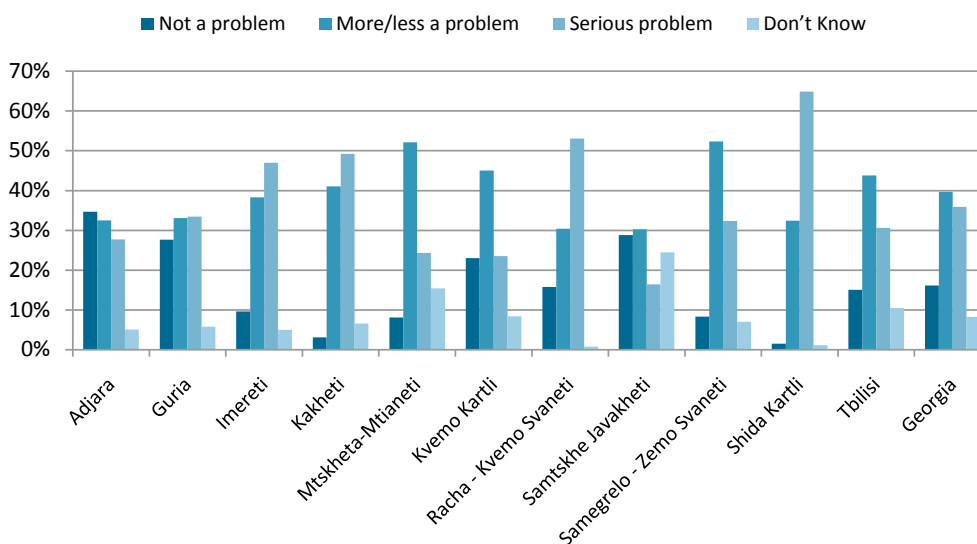
The survey found that 75 per cent of the Georgian public considers psychological violence against children as a problem. However, only 64 per cent of those surveyed could correctly identify all forms of psychological violence. Despite the fact that the majority of the general public (94 per cent) understands that children are affected emotionally when they observe violence at home, the majority of the respondents (91 per cent) believe that doing nothing is an acceptable option. This trend is due to the fact that Georgians do not believe in interfering in other family’s affairs. Moreover, professionals<sup>12</sup> do not always agree on the best course of action when confronted with psychological violence against children. The findings indicate that psychological violence is correctly identified by more than half of the respondents, and the general public acknowledges it to be a significant issue. However, both society and professionals in many cases fail to adequately respond to cases of psychological violence against children.

Table 5. Public attitudes towards who should intervene in case of psychological violence

	No intervention		Intervention in some cases only		Intervention in all situations	
	General public	Professionals	General public	Professionals	General public	Professionals
School	77%	66%	17%	19%	6%	15%
Social Services	72%	52%	18%	26%	10%	22%
Police	90%	79%	9%	16%	1%	5%

The survey found that 84 per cent of the Georgian general public could identify all forms of sexual violence. In addition, nearly 80 per cent of the Georgian public considered sexual abuse of children to be a problem in Georgia, with one in three thinking it is a serious problem.

Figure 11. Public attitude towards the prevalence of sexual abuse in Georgia by region



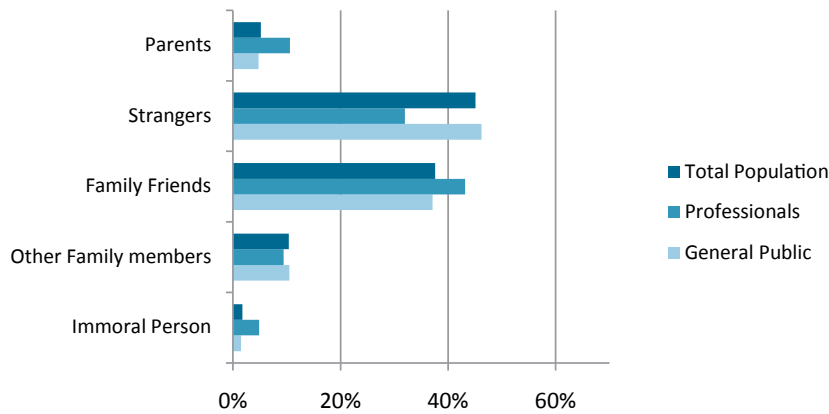
In addition, 42 per cent of the Georgian public ranked strangers as the most likely “suspects/sexual offenders” while family friends and acquaintances (35 per cent) are identified as second most likely group to be sexual predators. The study’s respondents also consider parents (5 per cent) and other family members (10 per cent) to be possible perpetrators.

These results partially fit with international evidence regarding the behaviours of sexual predators as most sexual abuse offenders are acquainted with their victims. According to international studies,

<sup>12</sup> As mentioned above, for the purposes of this study the term “professionals” refers to school teachers, resource officers (mandaturies) and social workers.

approximately 30 per cent of perpetrators are relatives of the victim, such as brothers, fathers, uncles or cousins. In addition, an estimated 60 per cent are other acquaintances such as ‘friends’ of the family, babysitters, or neighbors while strangers are the offenders in approximately 10 per cent of child sexual abuse cases.<sup>13</sup> While the Georgian general public believes that family friends and acquaintances are often the perpetrators, very few respondents acknowledged that sexual violence could be occurring at the hands of family members and a disproportionate overestimate the involvement of ‘strangers.’

Figure 12. Public perception of possible perpetrators in Georgia



In addition, almost 30 per cent of the respondents (both male and female) thought that sometimes women might ignore the fact that their partners had sexual contact with children in their family. The *National Research on Domestic Violence against Women in Georgia* report found that 78.3 per cent of women in Georgia perceive the family as a sacred and secret place. Therefore, and information regarding family relationships or events should never be shared in a public forum or space. According to the research, this social trend is one of the main factors enabling the perpetrators of domestic violence and child sexual abuse to continue their actions unhindered.<sup>14</sup>

### Public Tolerance towards Perpetrators

The Georgian general public’s attitude towards perpetrators of violence varies depending on the form of violence in question. For example, 85 per cent of the general population believes that in case of child sexual abuse the perpetrator should be prosecuted. However, the majority of respondents felt that in cases of physical and psychological violence as well as neglect the perpetrator should be given medical/rehabilitation treatment. The responses are in line with other findings of the study indicating that the general public considers not all forms of violence as equally serious. It is evident that in cases of sexual abuse, the criminal nature of the perpetrator’s behavior is perceived as more prominent than in other cases of violence against children.

Table 6. Public attitudes on sanctions against possible perpetrators according to different forms of violence

	Physical violence	Psychological violence	Sexual abuse	Child neglect
Be judged by court	36%	17%	85%	17%
Be taken for treatment rehabilitation	63%	67%	44%	64%
Deprived of Parental rights	53%	51%	59%	53%

<sup>13</sup> Julia Whealin, Ph.D. (2007-05-22). Child Sexual Abuse., National Center for Post Traumatic Stress Disorder, US Department of Veterans Affairs, 22 May, 2007.

<sup>14</sup> “National Research on Domestic Violence against Women in Georgia”, Tbilisi, 2010. <http://www2.ohchr.org/english/bodies/cedaw/docs/AdvanceVersions/GeorgiaAnnexX.pdf>

## Intervention: Who Should Intervene in Cases of Violence against Children, and When?

### MAIN FINDINGS:

- In cases of physical and sexual violence, 70 per cent and 78 percent of the public (respectively) believe police should intervene.
- In cases of child neglect, nearly 60 per cent of the public believes social services should intervene.
- When asked ‘what would you do when confronted with violence against a child?’ 70 per cent indicated that they would go directly to the parents of the child.
- A significant number of respondents said they would not get involved in another family’s affair; regionally the results are Samtskhe-Javakheti (45 per cent) Shida Kartli (34 percent), Tbilisi (33 per cent) and Kvemo Kartli (30 per cent).
- Despite the fact that almost 97 per cent of the population thinks that an authority figure should take actions in cases of child abuse, almost half of respondents, even professionals, believe that schools and social services should not intervene.
- The study results show that a person is more likely (80 per cent) to appeal to an authority figure to report a potential child abuse case if she/he knows to whom to appeal. A person’s knowledge of what to do in the event of violence is the single most important factor for increasing the likelihood that a case is reported to the police and or social services.
- A person’s knowledge of the roles of the police, social services and or schools as well as trust in their ability to effectively intervene increases the likelihood of reporting abuse cases to these respective agencies.
- Negative attitudes towards harsh parenting methods increase the likelihood that people will report abuse cases to the police and social services.

The survey found that 97 per cent of respondents would take action if they knew a child was a victim of violence/neglect. The study also explored the respondents’ knowledge of who should react when the signs of child abuse are present.

**In cases of physical violence<sup>15</sup>** 70 per cent of the general public indicated that the police should react in some or all cases and 65 per cent of respondents believe that cases should also be referred to the courts for legal action. Despite the fact that almost 97 per cent of the population thinks that someone should definitely take action, almost half of respondents, even professionals, believe that schools and social services should not be involved.

Table 7. Public attitudes towards who should intervene in case of physical violence

	No intervention		Intervention in some cases only		Intervention in all situation	
	General public	Professionals	General public	Professionals	General public	Professionals
<b>School</b>	50%	28%	45%	61%	5%	11%
<b>Social Services</b>	48%	32%	46%	47%	6%	21%
<b>Police</b>	30%	19%	66%	73%	4%	18%

<sup>15</sup> In this case, a child appears tied, beaten and/or with bruises.



**In cases of sexual violence<sup>16</sup>** 78 per cent of the general public believes that the police should become actively involved, and 85 per cent believe that the law should prosecute abusers. However, the public does not think that other professionals, who are often critical for identifying, and providing referral and follow-up services in of sexual abuse cases, should be involved. In fact, 59 per cent of respondents believe that social services should not become actively involved while nearly 80 per cent of the general public believes that schools should not take action.

**Table 8. Public attitudes towards who should intervene in case of sexual violence**

	No intervention		Intervention in all situation	
	General public	Professionals	General public	Professionals
<b>School</b>	76%	63%	24%	37%
<b>Social Services</b>	59%	44%	41%	56%
<b>Police</b>	22%	20%	78%	80%

**In cases of child neglect<sup>17</sup>,** nearly 60 per cent of the general public believes that social services should become involved in either some cases or in all situations. Almost 70 per cent of the population believes that police should not react and over 50 per cent believes schools should not take action. The study found that ethnic Armenians appeared to be the most resistant to any professional intervention, as 63 per cent believe that social services should not intervene while 61 per cent felt schools should not be involved in cases of child neglect. However, neglect seems to be the form of violence where involvement of social services is seen as most needed when compared with other services. As only some of the respondents perceived need of involving social services, police and schools, neglect may often remain unreported, especially in ethnic minority communities.

**Table 9. Public attitudes towards who should intervene in case of child neglect**

	No intervention		Intervention in some cases only		Intervention in all situation	
	General public	Professionals	General public	Professionals	General public	Professionals
<b>School</b>	51%	36%	46%	55%	3%	9%
<b>Social Services</b>	41%	23%	55%	64%	4%	13%
<b>Police</b>	69%	51%	31%	48%	0%	1%

The study found that many respondents exhibited significant knowledge gaps in understanding about what to do in the event of child abuse. For example, 20 per cent of the general population does not know what to do or whom to appeal to if they are aware of a case of violence committed against a child. In addition, 38 per cent of the population is more or less aware of what to do while 3 per cent of the general population reported that they will do nothing.

The majority (70 per cent) of those respondents who indicated knowledge of actions to take in the event of child abuse stated that they would go directly to the parents rather than a professional such as a teacher or a police officer. When disaggregated by urban and rural settings, far more people from villages and small towns would approach the parents about violence (74 per cent) than in the cities (55 per cent). Less than 20 per cent of general population stated they would approach school professionals in the event of child abuse and only 30 per cent stated that they would approach social services. This trend indicates that people living in the rural areas and in small regional towns prefer to address abusive parents, rather than

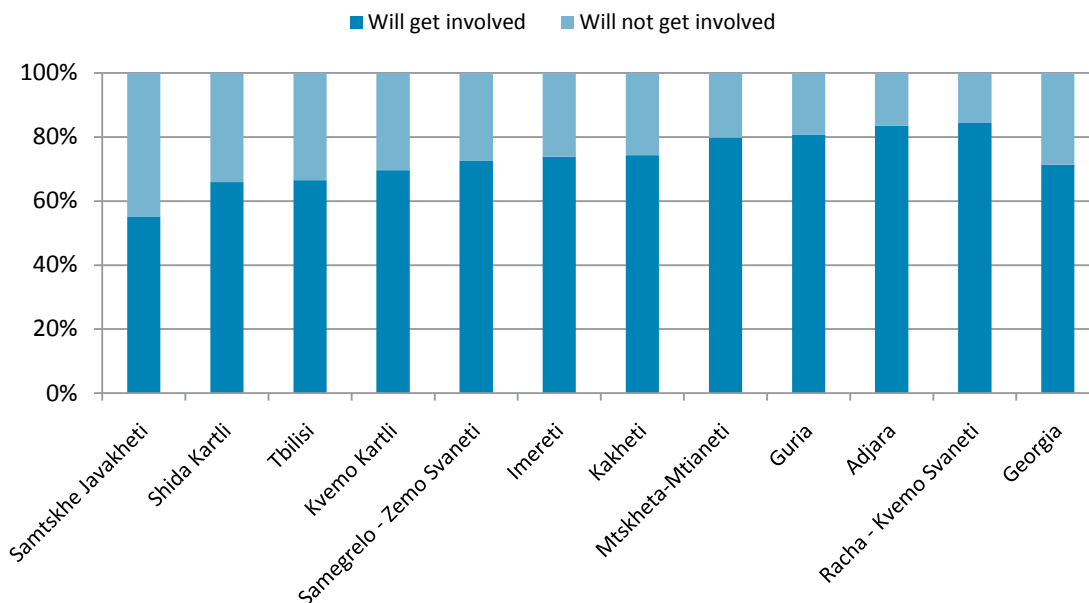
<sup>16</sup> Sexual touching, forcing a child to expose his/her genitals and sexual intercourse between an adult and a minor, defined as someone below the age of 16, despite the consent of the minor.

<sup>17</sup> A child is usually hungry and dirty. A child may also be forced to spend all day outside, begging and/or forced to take care of his/her siblings (watch them, prepare food and feed them, wash clothes, etc.).

involving professionals. However, in the capital and large cities cases of violence may often go unreported as people avoid discussing these issues with potentially abusive parents or reporting cases of child abuse to professionals.

A significant number of respondents indicated that they would not feel comfortable becoming involved in another family’s affairs, even in cases of child abuse. In Samtskhe-Javakheti, 45 per cent of respondents would not intervene in a private family matter, followed by Shida Kartli (34 per cent), Tbilisi (33 per cent) and Kvemo Kartli (30 per cent).

Figure 13. Public perception about getting involved in another family’s business, by region



In addition, nearly half of residents living in Tbilisi and 64 per cent in the region of Shida Kartli indicated that they would require additional information detailing both the frequency and gravity of the abuse in order to report the case.

Ethnic disaggregation showed that Armenian respondents were least likely to talk to parents and twice less likely to approach social services and school than other ethnicities.

The study indicated that an education and awareness raising campaign regarding forms of child abuse and proper response to these situations is necessary. Respondents were two and a half times more likely to report child abuse if they knew what to do or to which agency to report the abuse. In addition, 47 per cent the respondents, who would use non-violent parenting techniques, would report a case of child abuse to the police.

If respondents believed that the police force could be trusted to effectively protect children being abused, they were 40 per cent more likely to report an abuse to the police. In contrast, those who have more faith in the church or other religious institutions are 30 per cent less likely to report an abuse as compared to other respondents. People living in rural areas are 20 per cent less likely to involve the police in suspected child abuse cases. Regression analysis showed that people with higher education, such as a postgraduate degree, are less likely (20 per cent) to report child abuse to the police in comparison to other lower educated groups (40 per cent). In addition, people with higher educations are 30 per cent less likely to involve social workers in cases of violence against children.

These findings indicate that although acceptance of violence is negatively correlated with higher levels of education, the attitude of non-acceptance does not always translate into proactive responses to potential cases of violence. Additional measures need to be undertaken to target this group. For more details see Annex 4, Table 10: **Likelihood of involving police in response to child abuse cases.**

The survey revealed similar results when analyzing who is more likely to report abuse cases to social workers and knowledge of the proper process increases the likelihood that an individual will report an abuse. If a person believes that social workers should be involved in cases of child abuse, this increases their likelihood (30 per cent) of engaging a social worker in the potential case. Those who consider physical punishment as an unacceptable disciplinary tool are also 35 per cent more likely to report to social workers.

Interestingly, the likelihood of reporting is 12 per cent higher if people believe that the police should be taking action to solve or prevent physical abuse cases, and is 32 per cent higher if they believe that hospitals play a role in assisting child victims of abuse and neglect. These findings may suggest that the general public understands that an effective partnership is needed between social works, police and health care professionals to ensure the effective response to child abuse cases. However, the public's understanding and the actual partnerships need to be further strengthened.

As in case of police, belief that church should be assisting victims of abuse and neglect considerably decreases the likelihood that people will report potential abuses to social workers. For more details see Annex 4, Table 11: **Likelihood of involving social workers/social services in response to child abuse cases.**

The likelihood of reporting abuses to a school or academic institution increases if a person does not consider physical punishment as an acceptable disciplinary tool. These results are similar to the models observed in cases of reporting to social services and the police. Similar to other results, the public's acknowledgement of the role of a school in response to psychological and sexual violence increases the likelihood of that people will report an abuse to an academic institution.

Surprisingly, respondents reported that knowledge of signs of neglect and awareness of what to do in event of abuse or neglect decreases the likelihood that someone will involve a school. In addition, if a person believes that a child victim should be receiving assistance from a church, religious institution or a court, the likelihood that person will report a potential abuse to a school is decreased by an estimated 30 per cent. These findings may be attributed to the evolving and ambiguous social role of schools in Georgia. It may also be argued that the Georgian public views religious institutions as being able to more effectively protect and assist a child abuse victim than a school. However, in severe cases of child abuse the Georgian public would prefer that the court systems handle extreme these situation and not involve and schools. The findings indicate the need to strengthen the Georgian schools' resources and abilities to handle child abuse cases and raise public awareness about the specific ways in which a school's staff members can contribute in responding to child abuse cases. For more details, see Annex 4, Table 12: **Likelihood of involving school in response to child abuse cases.**

## The Views of Young People (age 14-18)

### MAIN FINDINGS OF THREE REGIONAL GROUP DISCUSSIONS WITH YOUTH:

- Young people have some understanding of the signs and forms of violence. Young people believe that girls are more likely to be victims.
- Unlike adults, young people think that the most likely perpetrator of abuse against a child is a parent. Both young people and adults expressed similar attitude towards perpetrators: medical and psychosocial support measures were considered necessary in addition to punitive measures.
- When asked how they would intervene in response to an identified or suspected child abuse case, young people reported that they would help each other or involve relatives. No one mentioned the option “doing nothing” in response to witnessing violence.
- Young people believe that trust towards respective state services is a prerequisite to addressing that agency when assistance is needed.
- Young people, as well as adults, do not clearly see the role of school or social services, but recognize the role of the police.

In previous chapters, this report analyzes the knowledge, attitude and practices of the adult population in Georgia. In order to gain better insights into the knowledge, attitude and practices of Georgian youth (ranging from 14 to 18 years old), group discussions with young people were conducted in Tbilisi, Kutaisi (West Georgia) and Telavi (East Georgia). The researchers ensured that the group composition represented girls and boys from diverse social and economic background, ethnicities, as well as including young people with disabilities. For more details regarding the methodology, see Annex 1. While these group discussions do not reflect young people’s views across the country, these findings provides important insights into how young people perceive the issue of violence against children.

### Knowledge of Various Forms of Violence

When asked what constitutes violence against children, the majority of young people immediately identified physical and psychological violence. All groups recognized different forms of physical violence, ranging from mild forms such as “violent touch” to extreme forms such as “severe beating”. In the three discussion groups, the youth interpreted psychological violence as a deprivation of their rights as well as restrictions of their liberty and self-expression. Several young people mentioned forced work as a form of violence, including seasonal labor, exploitation and forcing children to beg on the streets. However, the discussion group from Telavi was the only one to identify sexual abuse of children as a form of violence.

### Victims and Perpetrators

In all three groups, girls aged from 10 to 16 years of age were identified as the more likely victims as they are weaker than boys and are less able to protect themselves. The youth also described a victim of domestic violence as a “weak person” and all the group members defined domestic violence as abuse perpetrated by a stronger family member against a weaker one. All the groups indicated that the most probable abuser would be a man, often the father, as all group members perceived men as being stronger than women. Mothers as possible perpetrators were mentioned in the context of psychological violence as a 16-year-old boy from Tbilisi stated, “mothers abuse psychologically, while fathers [abuse] physically.” A 15-year-old boy from Telavi also identified peers as abuser and he mentioned, “...children often make fun of classmates who are not well dressed, or belong to lower social class...”.

Young people were also asked what measures should be undertaken against perpetrators. The answers varied from medical treatment and psychological support to restriction of parental rights and imprisonment. As an 18-year-old girl from Kutaisi stated, “We cannot stop abuse by abusing perpetrators. Often perpetrators have been abused in childhood.”

## Where does violence take place?

All the group members pointed to the home as the most probable setting for violence against children, followed by the street. However, a 17 year old boy from Tbilisi pointed out that, “...unlike violence at home, on the streets a child can defend himself and protect his rights. At home a child cannot contradict his parent.” When asked if violence occurs at in a school context, only a members few responded positively. The youth explained that resource officers (*mandaturis*) monitor schools, and teachers very rarely use physical violence but rather use verbal humiliation or cursing.

## Physical Punishment as a Method of Child Upbringing: Harsh Parenting vs. Positive Parenting

“Violence gives birth to violence.” This statement by a 17-year-old boy from Kutaisi fully describes the position of all children involved in the group discussions. Young people from the three locations talked about the cyclical nature of violence. Most of the participants describe violence as damaging to both the psychical and mental health of a child, who in turn will start to practice violence against his or her children in adulthood. As a 16-year-old girl from Tbilisi stated, “A person raised in violent environment will become murderer and tyrant”. The youth made a clear distinction between harsh methods of parenting and physical punishment. Acceptable parenting measures include temporary restrictions on things that are valuable to children in order to discipline them such as computers, or mobile phones. All the group members perceived this parenting method as being not only acceptable but also desirable within certain “limits” and as long as they do not damage a child.

Some young people talked about the positive impact of physical punishment. One 17-year-old boy from Kutaisi stated, “I am as good as I am because my mom beat me in childhood. Now I have grown up, and I understand everything and do not need to be punished. I am not angry with my mother. On the contrary, I think that you cannot make a small child understand unless you physically punish him.” Another participant stated that, “Harsh parenting helps a child define the right priorities”. In addition, four girls out of 11 from the Telavi group indicated that they would use physical forms of punishment to discipline their children.

Young people described what they believe constitutes positive methods of parenting:

- Allowing children to take part in decision-making processes that affect their lives;
- Giving children small pocket money to buy the things they like;
- Giving children freedom to the extent that it does not damage anyone’s safety;
- Acknowledging their children’s achievements;
- Spending time with their children;

## Reporting Cases of Violence

During the course of the group discussions, the young people were asked whom a child could tell if he/she becomes victim of violence and the majority stated that children could not tell anyone. While a few mentioned that an abused child could seek assistance from “the closest person” to him/her, none of young people mentioned teachers as potential confidantes. In the Tbilisi discussion group, young people were asked specifically, “why do you not consider telling the school”, and the youth stated that in order to address someone for assistance, one must be fully trusted.

When children were asked “how would you act if you witnessed or suspected violence against a child”, the majority of focus group participants mentioned helping each other. Only a few young people mentioned

talking to relatives, referring to specialized non-governmental organizations or, in critical cases, calling police.

When asked what elements should be involved in a well-functioning state system to protect children from violence, young people mentioned a variety of new institutions. These included the need to create more non-governmental organizations working on the rights of children, creating a more punitive system for perpetrators, and informing and educating the public on the forms and consequences of violence against children.

## CONCLUSIONS

The adult population in Georgia is somewhat aware of various forms of violence and what constitutes violence against children. The survey results demonstrated that 44 per cent of the population, with no significant differences between men and women, correctly identified all forms of violence against children. However, while the majority of people were able to identify physical violence (90 per cent), child neglect (79 per cent) and sexual abuse (78 per cent), they are less aware of signs/forms of psychological violence (64 per cent). The regions of Shida Kartli, Kvemo Kartli, and Samtskhe-Javakheti displayed overall lower levels of knowledge than other regions.

Despite the fact that 82 per cent of the Georgian public believes that physical violence is an issue in Georgia, 60% still believes that that harsh parenting is more effective than non-violent methods. The study revealed that 30 per cent of women and 17 per cent of men admit to practicing using physical violence against children in the household. This figure is high and indicates that women as the main perpetrators of violence. In addition, married women are more likely than others to resort to violence against children. However, it is particularly alarming that nearly one in two Georgians believe that without physical punishment a child will be spoiled. These high numbers indicate that violence against children may be a common practice for many more people than those who admit to using violence in the household.

The 2010 study<sup>18</sup> on domestic violence in Georgia revealed that 36 per cent of Georgian women are affected by domestic violence. The high acceptance of harsh parenting methods compounded with the relatively high number of women who admit to using violence against their own children, indicate that a cycle of violence is present in Georgia. This cycle appears to be reinforced and tolerated across generations.

As regards child sexual abuse, nearly one in three Georgians considers this a serious problem, but the same percentage indicate that women often ignore the fact that their partners have sexual contact with children in their family.

Despite the fact that the majority of the general public (94 per cent) understands that children are negatively affected by violence in the home, even when it is not directed toward them, most respondents do not consider outside intervention to be positive or necessary. While 75 per cent believe that the police should intervene in cases of sexual and physical violence, very few people see the need to involve social workers unless psychological violence or neglect is present.

When respondents were asked 'what would you do when confronted with violence against a child' 70 per cent indicated that they would prefer going directly to the parents of the child than seeking professional interventions. This is a worrying trend and the Georgian public should feel more comfortable reporting any cases of violence to the authorities.

Although 80 per cent of the public indicated that they are familiar with the procedures and agencies that help children experiencing violence, such as the police, schools, social services, many people prefer to speak to the parents directly themselves or do nothing. The privacy of the family is more important to many people in Georgia than the safety of children. A significant number of respondents said they

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<sup>18</sup> <http://www2.ohchr.org/english/bodies/cedaw/docs/AdvanceVersions/GeorgiaAnnexX.pdf>

would not get involved in another family's affairs. The study showed that one in two people in Tbilisi and Samtskhe-Javakheti and over 50 per cent of people in Shida Kartli say that they would need additional specific information about both the frequency and severity of an abuse in order to report the case to officials.

However, if the GoG and civil society sector were make concerted efforts, the social attitude of acceptance and tolerance of violence against children would change. For instance, 82 per cent of the Georgian general public state that violence is a problem that needs to be addressed. In order to catalyze systemic change, the GoG and civil society should focus their efforts on the following issues: a. providing more information about non-violent parenting practices; b. awareness raising campaigns to increase knowledge about where to report cases of violence against children; and c. build the capacity building of service providers so that they can effectively respond to child abuse cases.

## RECOMMENDATIONS

Based on the study's findings, several interrelated recommendations have been identified. These recommendations address issues of prevention of violence against children as well as strengthening violence identification and response mechanisms.

### Changes to the legal and normative frameworks relevant to violence against children

In order to effectively tackle the issue of violence against children in Georgia, it is necessary that the government and public stakeholders work together to abolish the social attitude that varying degrees of arbitrary violence against children can be legal and socially acceptable. In order to implement effective mechanisms to protect child victims of any and all form of violence, the state should accordingly adjust its legislative and normative framework. All forms of violence against children must be explicitly prohibited in legislation. The prohibition should also cover the use of violence and corporal punishment as disciplining methods in all settings, including families. As the current study indicates, the latter constitutes a significant problem in Georgia.

#### Specific recommendations:

- Explicitly define all forms of violence against children in legislation in order to provide a legal framework to support the view that all forms violence against children is equally unacceptable. In particular, define child neglect in relevant laws and other normative acts.
- Introduce legal changes to the *Civil Code of Georgia* to prohibit the use of physical violence (corporal punishment) in the family.
- Amend the legislation to clarify the reporting/referral obligations of professionals working with children (particularly of those involved with the existing child protection referral system). In addition, introduce enforcement mechanisms and penalties for failures to report and refer known cases.
- All concerned ministries shall ensure that the role of every actor in the child protection referral mechanism is clearly articulated in supplemental or addendum job descriptions, work related procedures and guidelines for all professionals.

### Public awareness

The study indicates that the general public does not sufficiently understand what constitutes violence against children with psychological abuse being the least well understood. There is also a widespread belief that reporting a child abuse occurring incident in a family is inappropriate interference in that family's affairs. In addition, the study results also indicate that the knowledge about existing mechanisms



of response for child abuse cases is quite low. The analysis indicate that knowing what to do if child abuse case is identified increases the likelihood of reporting the case to relevant services within the state child protection system. Based on these findings, the GoG and other national partners should partner for coordinated awareness raising efforts in order to prevent further violence against children. These awareness campaigns should also focus on the role and availability of the child protection referral system in the event of a verified or potential child abuse case.

A national awareness raising campaign should target the entire Georgian population. Such a campaign should leverage multiple national and regional media outlets and include messages addressing the following issues:

- The negative short- and long-term consequences of violence against children for children themselves, their immediate environment (family, community) and society;
- Definitions of all forms of violence, with a particular emphasis on psychological violence and child neglect;
- Unacceptability of all forms of violence against children;
- Recognition of corporal punishment as a form of violence and its harmful effect;
- Promotion of the idea that a child is a person under 18 years of age and violence against any persons of that age should be reported and reacted upon with equal diligence.

Campaigns targeting the entire population should also address additional issues in order to remove barriers to reporting and change the public's reporting behavior:

- Informing the public about the existing child protection referral system, its resources and characteristics, specific roles of each of the agents of the referral system (police, social workers, school, child care service providers and medical staff, etc.);
- Informing the public about the responsibility of citizens to report known cases of violence against children, and raising awareness about specific ways of reporting such cases;
- Raising awareness about the ways that the child protection referral system can react to reported cases, with particular attention on the fact that reporting does not necessarily result in family separation and removal of a child from the family;
- Raising awareness among the general public about the role of schools, childcare service providers and the Social Service Agency (SSA) in identification of and follow-up to the cases of violence against children.

As the MoLHSA leads all initiatives related to violence against children, it is recommended that the ministry mobilizes state and non-state resources, such as financial and organizational, to lead a comprehensive public awareness campaign. The MoES, MoIA and other concerned civil society and private sector stakeholders must be involved to ensure the initiative's success.

### Targeted positive parenting programmes

The study indicates that 45 per cent of the Georgian public believes that the use of physical violence against children is acceptable, and that 60 per cent of respondents, both male and female, believe that harsh parenting is more effective than non-violent parenting methods.

Based upon these findings, please find below specific recommendations to the GoG, NGOs and international donors:

- Parents should receive information about the problem and impact of violence against children, including ways to protect their children from violence from others in the family and community, and to recognize the signs of potential violence or if violence has already occurred.



- Specific programmes and campaigns for parents to promote non-violent disciplinary methods and positive parenting need to be introduced. Alternatives to physical discipline should be encouraged.
- In order to maximize the reach of information campaigns on parenting methods, maternity wards should be targeted so that expecting mothers get all the information they need about positive parenting techniques and the harm that violence can do to a child. In addition, regular parent awareness raising campaigns can be linked with vaccination schedules and other regular physical check-ups.
- School curriculum should be reviewed to ensure that information on violence, including its effect on young people, the need for non-violent parenting and child protection referral mechanisms is reflected in a language and form accessible to children. In addition, schools should be used as entry points for disseminating information to parents about positive parenting.
- The MoES should initiate the development and institutionalization of curricula for children and school personnel, as well as informational brochures for parents, which contain information on the forms of violence. These strategic communications pieces should emphasize corporal punishment and its negative effects on children and society. Other issues to be addressed in these materials are methods of positive parenting and the legal aspects of the VAC including issues of reporting and reacting.
- Special attention should be given to ethnic minority families in order to ensure that they have access to relevant culturally sensitive information on positive parenting methods. Special efforts should be taken to reach representatives of ethnic minorities taking into account potential language barriers and cultural factors that may assist in promoting these messages.

### Empowerment of children

In many cases, a child's safety depends on adults reporting of cases of violence and abuse. While parents and other adults should take their reporting responsibilities seriously, children should also be empowered to recognize when their rights are being violated. Young people should also be empowered to confidentially report instances of suspected or actual violence.

The recommendations regarding increasing the role of children in reporting include the following:

- Information campaigns should be planned and implemented for children to strengthen them as reporters.
- Children should be consulted in the process of designing campaigns targeting parents and the general population. Older children and youth should be engaged in discussions on the barriers they face for reporting, and during identification of strategies to facilitate children and youth finding information and help.
- A broad-based effort within schools is recommended as an entry point for the above recommendations. Civic education programmes at secondary school level should integrate issues around child abuse and neglect, including definition of abuse, issues of identification of signs of abuse, reporting and dealing with such cases.

The MoES is in the best position to lead the work in this direction. The above described child empowerment campaign should be linked with awareness raising activities in the general population. These efforts should also be supported by the MoLHSA, and should be tailored to children's of understanding and role as a reporter.

### Capacity building of professionals

The existing child protection referral system needs to be strengthened so that the public has confidence in child protection professionals. In addition, these professionals should be more adequately equipped to respond and follow-up with suspected or identified child abuse cases. The study's findings indicate that the likelihood of reporting would increase if the public had more confidence that the referral system professionals can react in an effective and sustainable manner to child abuse situations. The GoG should

invest in the quality education and training given to present and future professionals on issues related to violence against children.

**Specific recommendations:**

- The role of all components of the state child protection referral system needs to be clearly defined to professionals and the public.
- The MoES should consider designating at least one of the professionals at schools who shall be trained and able to identify children at-risk. The MoES should further develop the capacity of schools and their staff members to respond to child abuse cases. These developments should be regularly communicated to the general public.
- Some professionals have already undergone training on the bio-psycho-social and legal aspects of violence against children, but it is clear this is not enough. More intensive and regular training (pre-service and in-service) is necessary for current and future social workers as well as education and law enforcement professionals. All involved agencies (MoLHSA, MoES, MoIA) should institutionalize relevant workshops through in-house training institutes.
- The recently hired full time psychologists at the SSA regional offices should undergo intensive trainings around how to identify and address VAC. In general, capacity building should not be a one-time activity but rather a continuous process with the SSA initiating these activities;
- More attention should be devoted to working with the Georgian police academy and the national centre for teachers to strengthen both law enforcement and academic institutions. These professionals should be able to deliver regular trainings and educational workshops in this field. Teachers and police have a strong role to play, but a clear vision and strategy, which is paid for and resourced by the GoG, must be in place in order to realize their potential.
- The curricula of higher education institutions that cater to social work, education, and legal students should be reviewed and updated to include information about violence against children, legal frameworks, and reporting, referral and response mechanisms. Moreover, child protection mechanisms should be incorporated in the required training/certification materials for teachers, resource officers, social workers, and patrol/district police staff. Emphasis should be placed on a multi-faceted educational system discussing all relevant issues related to violence against children. This educational program should emphasize that child abuse is a public health and human rights issue, and should aim to contradict the established social norms, promote prevention and remove all barriers to reporting and referral of identified cases of violence against children.

## ANNEX 1: RESEARCH METHODOLOGY

The quantitative study on knowledge, attitudes and practices of the Georgian general public regarding violence against children took place in summer 2012. The research organization ACT Research was selected as a partner to undertake the preparation, fieldwork and provide UNICEF with a cleaned and weighted data set.

### Questionnaire

A questionnaire was designed by UNICEF Georgia based on instruments used in various studies on violence against children. Please see Questionnaire in Annex 2. The instrument was piloted and administrated by ACT Research in multiple settings and covered Tbilisi and all 10 regions under control of GoG. The target segment of the survey was a Georgian citizen of 18 years and above.

### Sample Design

The survey was designed as a two-stage cluster sampling with preliminary stratification by region, ethnicity and type of settlement. A two-stage cluster analysis was applied in sample design. The primary sampling unit (PSU) was a census unit and the secondary sampling unit (SSU) was a household. In total, ten respondents were interviewed in each PSU and one respondent was interviewed in each SSU. The selection of households was conducted according to a random walk principle. The respondent within each household was chosen according to the last birthday principle.

Both the sampling and the fieldwork were conducted in two stages. During the first stage, the sample size was set at 2950 respondents, stratified by regions and settlement type. There were 295 clusters sampled, with ten interviews in each cluster on average. The original sampling frame included the quotas for ethnicity as indicated below:

Ethnicity	Number
Georgian	2500
Armenian	280
Azeri	280
Other	140

After the first stage, the number of respondents was counted according to ethnicity: Georgian, Armenian, Azeri and Other. During the second stage, an additional sampling was conducted taking into account the shortage of respondents in each ethnic group. During the second stage, several of the interviews were conducted in regions with dense ethnic minority populations with random cluster sampling. The respondents from the clusters were chosen by ethnicity. In the regions with low density of ethnic minority populations, the interviews were conducted using the “snowball” method.

In addition to these two stages, the dataset includes interviews with the focus group participants. The questionnaire used for this group is identical to the field questionnaire. This group is stratified and weighted using the same methodology as the general sample, although the focus groups’ analysis did not include a cluster variable. The sampling weights were calculated according to region, sex and ethnicity. In total, 3345 questionnaires were completed: 3284 from the general public and 61 focus group participants.

Both the sample size and sampling error (SE) in each region are presented in the table below:

Region	N (Sample size)	SE
Kakheti	319	5.5% - 6.5%
Tbilisi	418	5.0% - 6.0%
Shida Kartli	259	6.0% - 7.0%
Kvemo Kartli	382	5.0% - 6.0%
Samtskhe-Javakheti	274	6.0% - 7.0%
Adjara	314	5.5% - 6.5%
Guria	260	6.0% - 7.0%
Samegrelo-Zemo Svaneti	300	5.5% - 6.5%
Imereti	300	5.5% - 6.5%
Racha-Lechkhumi and Kvemo Svaneti	260	6.0% - 7.0%
Mtskheta-Mtianeti	259	6.0% - 7.0%

The confidence level was defined as 95 per cent.

The sample size provided the opportunity to analyze the data according to settlement type:

Urban/Rural	N (Sample size)	SE
Capital	418	5.0% - 6.0%
Urban	1025	3.0% - 3.5%
Rural	1902	2.5% - 3.0%

In the regions that are densely populated with ethnic minorities, the quotas for respondent selections were distributed proportionally in order to guarantee the sufficient representation of ethnic minorities in sample.

The sample size provided the opportunity to analyze the data according to ethnicity:

Ethnicity	N (Sample size)	SE
Georgian	2634	2.0% - 2.5%
Arm.	284	6.0% - 7.0%
Az.	283	6.0% - 7.0%
Other	144	8.5% - 10.0%

### Survey Documents and Preparation for the Fieldwork

At the preparatory stage of the survey, the following documents were prepared: training manual, instructions for field personnel, instructions for completing the questionnaire, questionnaires (in Georgian, Russian, Armenian and Azeri languages) and show cards in four languages. UNICEF Georgia approved these documents in advance.

### Selection and Training of Field Staff

Each interviewer participated in two types of training. Research specialists, the fieldwork department and trainers developed the ACT general training module. It covers the following subjects:

- General communication skills;

- Techniques of interviewing;
- Techniques for working with different vulnerable segments and sensitive issues;
- Main methods and techniques of the research.

After the general training was completed, ACT gave the interviewers a training manual, which was developed for the purposes of fieldwork, to better acquaint them with fieldwork techniques.

The project and field managers used the training manual to conduct a training for the interviewers. The training process mainly focused on the following issues:

- Subject of the survey;
- Study tools;
- Sampling design;
- Questionnaires and show cards;
- Detailed instructions to ensure the respondents understand the importance of participation in the study and ensuring the confidentiality.

It should be also noted that the team of interviewers was comprised of Georgian, Russian, Azeri and Armenian speaking interviewers. Questionnaire coding, revision specialists and control group members also attended the trainings.

The training of the interviews was conducted in two days on the 6th and 9th of July, 2012. The first day of the training was devoted to the regional supervisors and the second day to Tbilisi interviewers. After the training process was over, all interviewers were equipped with all documents necessary for fieldwork including the following:

- Training manual;
- Questionnaire;
- Show cards;
- List of sampling points.

The regional fieldwork was conducted from 7 -23 of July while activities in Tbilisi were conducted from 10-25 of July.

### Primary Control of Questionnaires

Before sending the questionnaires to the head office in Tbilisi, primary control specialists in each region were responsible for checking the quality of each completed questionnaire. In the event of any inconsistencies, the control specialists gave the questionnaires back to the interviewer for correction. The control specialists followed previously defined procedures when checking the questionnaires including the following:

- a. Identify omitted or incomplete sections;
- b. Check accuracy of completed questionnaires and identify errors.

During the fieldwork stage, the primary control specialists also ensured that the interviewers were obeying questionnaire completion rules.

### Quality Control

All quality control team members conducted field quality control processes in accordance with ACT quality assurance procedures. The quality control process ran simultaneously with the fieldwork activities to

ensure the data obtained was of high quality. The quality control process was conducted from 15-30 of July, 2012.

The fieldwork control procedures and techniques were conducted in the following way:

- Attendance at the interview: 3-4 per cent of the sample size;
- Telephone control: 15 per cent of conducted interviews were checked by using a special mini questionnaire through telephone to re-interview the respondent;
- Visit the respondent: 10 per cent of submitted questionnaires were verified by visiting the respondent.

In addition, all the questionnaires were revised and edited by the field coordinators and revision specialists before being submitted to the ACT head office for coding and data entry.

Once the fieldwork activities were completed, the results of the quality control process were summarized and given to the head of the field department.

In conclusion, no significant inaccuracies were discovered during the quality control process. In the event information was missing from a questionnaire and could not be retrieved by the interviewer, the head office called the respondent to accurately complete the form.

### Logical Control

The field manager organized the questionnaire's logical control and editing processes. The revision specialist controlled all questionnaires in order to identify any missing information or inaccuracies in the questionnaire.

### Coding

The coding specialists and coding group coordinators conducted coding of open-ended questions after the questionnaires had undergone all quality assurance procedures including primary control, quality control and logical control.

### Data Entry

For data entry and archiving of the corresponding documentation, the following procedures were performed:

- Receiving the revised and coded (open-ended questions) questionnaires from the field department;
- Distributing the questionnaires to the data-entry operators;
- Collecting the entered questionnaires;
- Merging the databases.

In addition, four data entry operators entered the data in SPSS 16.0.

### Data Cleaning

The ACT database manager and database specialist applied the following macros in order to exclude inconsistencies from the data:

- Data (sort cases, transpose, restructure, aggregate, split file, select cases);
- Transformation (compute variable, count values within cases, recode into same variables, recode into different variables)
- Analysis (descriptive statistics, frequencies, descriptive, explore, crosstabs)

- Reports (case summaries)
- Tables (general tables, table of frequencies)
- Compare Means (means)

#### Macros designed by ACT:

1. Filter – these macros are the key cleaning macros. For proofing, any type of image can be indicated. Where valid, macros provide visual selection of the respective questionnaires.
2. Equals – these macros provides identification and visual selection of similar values in the set of variables.
3. Delsys - these macros provides identification of omitted values and their placement in the right side.
4. Include - these macros links two sets of variables and identifies cases where values of one set are repeated in the values of other set.
5. New - these macros provides right side variables to be replaced into positive variables.

In the case an inconsistency was identified, the respective data was verified with the questionnaire.

#### Data weighting

In order to generalize the data to a general population and provide statistically significant conclusions, statistical weighting of data was conducted. Region, gender and ethnicity were taken into account in data weighting to ensure final weights provided correct data interpretation.

#### Data analysis

The statistical software “StataSE 12” was used to analyze the data. The “SVY” procedure used in the analysis adjusts for the impact of the weights on the standard errors, as well as point statistics. “SVY” computes the standard errors of the estimates taking the survey design into account. It is then used for computing variances based on the first-order Taylor series approximation also known as linearization. It also contains the stratum identifier variable to take into account the multistage structure of the survey.

The “svy: tabulate” procedure was used for one and two-way tabulations for complex survey data, with confidence level set to 95 per cent.

To analyze what affects the likelihoods of involving the police, a school, school staff or social workers/social services in response to child abuse cases, “stepwise, pr (.05)” procedure was used. This procedure allows for choosing the variables that have coefficients significantly different from zero in the model out of a set of independent variables.

After analyzing the quantitative research data, the discussion meetings with youth ranging in ages from 14 to 18 were conducted to evaluate Georgian youth’s knowledge and attitudes regarding child abuse and neglect. During the course of the youth group activities, the findings from the study were also shared. Three meetings were held in April 2013 in Tbilisi, Kutaisi and Telavi, which are three major cities in Georgia. In sum, 76 children were involved with an average age 15.6, 60 per cent were girls and 40 per cent were boys. The young people came from public as well as private schools, disadvantaged communities, ethnic minorities. In addition, youth with disabilities as well as those from internally displaced families were involved. The regional centers of the Georgian Ministry of Education and Science the Anti-Violence Network of Georgia<sup>1</sup>, a local NGO, to host these group discussions.

<sup>1</sup> The Anti-violence Network of Georgia is a leading Georgian NGO working with victims of domestic violence. For more information see [http://avng.ge/index.php?lang\\_id=2](http://avng.ge/index.php?lang_id=2)

The aim of these meetings was to gain insights into the way Georgian youth view child abuse issues. The youth in attendance were requested to express their positions and discuss the following issues:

- Knowledge of different forms of domestic violence and violence against children;
- Profiles of victims and perpetrators;
- Where does violence take place;
- Physical punishment as a method of child rearing; harsh versus positive parenting;
- Reporting cases of child abuse;

The youth members in each focus group were randomly grouped into 4 sub-groups. The subgroups were given different questions to discuss in and then later present their findings to the entire group. These four presentations were followed by discussions guided by professional moderator.

For a detailed guide, see Appendix 3.

Although it is not possible to directly compare the quantitative data from the adult population with the data findings from the youth focus group discussions, the findings provide an opportunity to observe general age-related trends regarding child abuse in Georgia. Findings of the discussion groups are presented in the chapter “Knowledge, Attitude and Practices of Youth (aged from 14 to 18)”.



## ANNEX 2: QUESTIONNAIRE

№ \_\_\_\_\_ Questionnaire number

Questionnaire coded: Questionnaire is filled: 

## DOMESTIC VIOLENCE AGAINST CHILDREN

June, 2012

**READ THE TEXT BELOW TO EACH RESPONDENT!**

Hello, my name is ----- and I represent ACT Research. Our company conducts a study which aims at finding out knowledge, attitudes, practice and behavior of society towards domestic violence against children. The study is supported by UNICEF. Participants for the study are selected randomly –we are interviewing you today. I assure you that, all your answers will be kept confidential. Answers given by you will be generalized so that your individual opinion will not be presented anywhere. Your sincere answers will help us to construct a real picture regarding the study questions.

Participation in this survey is based on your free will. Even if you agree to participate in the study, you are free not to answer any question. Interview will last only about 40-50 minutes.

Can we start the interview? (**IF RESPONDENT AGREES THANK HIM (HER)**) - Thank you very much for agreeing on the interview.

**TO INTERVIEWER: FILL THE TABLE BELOW WHEN THE INTERVIEW IS OVER. BEFORE DOING SO EXPLAIN TO RESPONDENT WHY YOU NEED HIS (HER) PERSONAL INFORMATION:** for the next days, representative of our company may contact you to make sure that the survey went well. This is why I am asking your permission to take your contact information.

Respondent's name:	
Phone number:	
Address	

**NAME AND SURNAME OF INTERVIEWER:** \_\_\_\_\_ **CODE:**

**SAMPLE POINT:** \_\_\_\_\_ **CODE:**

**DATE OF THE INTERVIEW:** \_\_\_\_\_ / \_\_\_\_\_  
Day month

**INTERVIEW START TIME:** \_\_\_\_\_ / \_\_\_\_\_  
hr. min.

**INTERVIEW END TIME:** \_\_\_\_\_ / \_\_\_\_\_  
hr. min.

**TO INTERVIEWER: USE FOLLOWING CODES IN QUESTIONNAIRE:**

No answer	77
Not relevant	88
I do not know/hard to answer	99

June, 2012. ACT Research

1

Let's talk about different forms of domestic violence against children. I will ask you several questions about different forms of violence, please express your opinion freely regarding the given questions or statements.

PASS CARD X TO THE RESPONDENT AND LEAVE IT TO HIM/HER FOR THE ENTIRE INTERVIEW  
**SECTION A: PSYCHOLOGICAL VIOLENCE**

Please tell me, how much do you agree or disagree with the following statements:

**A1. Threat** towards a child is a form of psychological violence *(ONE ANSWER ONLY)*

Totally disagree	Disagree	Neither agree nor disagree	Agree	Totally agree
1	2	3	4	5

**A2. Verbal humiliation** of a child is a form of psychological violence *(ONE ANSWER ONLY)*

Totally disagree	Disagree	Neither agree nor disagree	Agree	Totally agree
1	2	3	4	5

**A3. Cursing** a child is a form of psychological violence *(ONE ANSWER ONLY)*

Totally disagree	Disagree	Neither agree nor disagree	Agree	Totally agree
1	2	3	4	5

**A4.** In your opinion, how problematic is the issue of **psychological violence** against children in Georgia?  
*(ONE ANSWER ONLY)*

It is not problematic	1
It is insignificant problem	2
More or less problematic	3
It is a serious problem	4
Don't know	99

**SECTION B: PHYSICAL VIOLENCE**

Please tell me, how much do you agree or disagree with the following statements:

**B1. Beating** a child even without using any item, like belt, stick, etc. is a form of physical violence. *(ONE ANSWER ONLY)*

Totally disagree	Disagree	Neither agree nor disagree	Agree	Totally agree
1	2	3	4	5

**B2. Torturing** a child is a form of physical violence. *(ONE ANSWER ONLY)*

Totally disagree	Disagree	Neither agree nor disagree	Agree	Totally agree
1	2	3	4	5

**B3. Causing physical injuries** to a child is a form of physical violence. *(ONE ANSWER ONLY)*

Totally disagree	Disagree	Neither agree nor disagree	Agree	Totally agree
1	2	3	4	5

**B4.** In your opinion, how problematic is the issue of **physical violence** against children in Georgia? *(ONE ANSWER ONLY)*

It is not problematic	1
It is insignificant problem	2
More or less problematic	3
It is a serious problem	4
Don't know	99

**SECTION C: NEGLECT**

Please tell me, how much do you agree or disagree with the following statements:

**C1.** Being careless towards emotional and spiritual needs of a child is neglect *(ONE ANSWER ONLY)*

Totally disagree	Disagree	Neither agree nor disagree	Agree	Totally agree
1	2	3	4	5

**C2.** Being inattentive to possible risks of child safety is a form of child neglect. *(ONE ANSWER ONLY)*

Totally disagree	Disagree	Neither agree nor disagree	Agree	Totally agree
1	2	3	4	5

**C3.** In your opinion, how problematic is the issue of child neglect in Georgia? *(ONE ANSWER ONLY)*

It is not problematic	1
It is insignificant problem	2
More or less problematic	3
It is a serious problem	4
Don't know	99

**SECTION D: SEXUAL ABUSE**

Please tell me, how much do you agree or disagree with the following statements:

**D1.** Sexual touching of a child is a form of sexual abuse. *(ONE ANSWER ONLY)*

Totally disagree	Disagree	Neither agree nor disagree	Agree	Totally agree
1	2	3	4	5

**D2.** Making a child to expose his/her genitals is a form of sexual abuse *(ONE ANSWER ONLY)*

Totally disagree	Disagree	Neither agree nor disagree	Agree	Totally agree
1	2	3	4	5

**D3.** Sexual relationship of adult with minor up to 16 years despite the consent of the latter one is a form of sexual abuse. *(ONE ANSWER ONLY)*

Totally disagree	Disagree	Neither agree nor disagree	Agree	Totally agree
1	2	3	4	5

**D4.** In your opinion, how problematic is the issue of **child sexual abuse** in Georgia? *(ONE ANSWER ONLY)*

It is not problematic	1
It is insignificant problem	2
More or less problematic	3

It is a serious problem	4
Don't know	99

**D5.** In your opinion, mainly who are the people who carry out sexual abuse on children? *(SEVERAL ANSWERS ARE ALLOWED)*

Parents	1
Other members of a family	2
Family acquaintances and/or friends	3
Strangers	4
Other <i>(PLEASE INDICATE)</i>	

**SECTION E: ATTITUDES TOWARDS CHILD RAISING AND DISCIPLINE ISSUES**

**E1.** In your opinion, till what age is a girl considered to be a child?

\_\_\_\_\_ *(PLEASE SPECIFY AGE)*

**E2.** In your opinion, till what age is a boy considered to be a child?

\_\_\_\_\_ *(PLEASE SPECIFY AGE)*

**E3.** In your opinion, what is a minimum age for a girl to get married?

\_\_\_\_\_ *(PLEASE SPECIFY AGE)*

**E4.** In your opinion, what is a minimum age for a boy to get married?

\_\_\_\_\_ *(PLEASE SPECIFY AGE)*

**E5.** Was the family environment where you were brought up free from domestic violence? *(ONE ANSWER ONLY)*

Yes	1
No	2

**E6.** Did your parents use method of physical punishment while raising you? *(ONE ANSWER ONLY)*

Yes, permanently	1
Yes, sometimes	2
Yes, but I can recall only 1 or 2 cases	3
No, never	4

**E7.** Do you, did you or will you use method of physical punishment while raising your child? *(ONE ANSWER ONLY)*

Yes, I will use/I use/I used permanently	1
Yes, I will use/I use/I used sometimes	2

Yes, I will use/I use/I used one or two times	3
No, I will not use/I don't use/I have never used	4

**Please tell me, how much do you agree or disagree with the following statements:**

**E8.** It is all right when children are afraid of their parents, as in this case they become more obedient and have more respect to adults. *(ONE ANSWER ONLY)*

Totally disagree	Disagree	Neither agree nor disagree	Agree	Totally agree
1	2	3	4	5

**E9.** Harsh method of parenting strengthens and prepares him/her to solve future difficulties in life more effectively. *(ONE ANSWER ONLY)*

Totally disagree	Disagree	Neither agree nor disagree	Agree	Totally agree
1	2	3	4	5

**E10.** Children are hurt when parents shout and argue in their presence. *(ONE ANSWER ONLY)*

Totally disagree	Disagree	Neither agree nor disagree	Agree	Totally agree
1	2	3	4	5

**E11.** Using physical punishment is acceptable every time, when a parent thinks that this will have a positive outcome. *(ONE ANSWER ONLY)*

Totally disagree	Disagree	Neither agree nor disagree	Agree	Totally agree
1	2	3	4	5

**E12.** In your opinion, till what age is it reasonable to use physical punishment towards girls?

\_\_\_\_\_ *(PLEASE INDICATE)*

*(IF THE RESPONDENT THINKS THAT PHYSICAL PUNISHMENT IS NOT REASONABLE, WRITE 0)*

**E13.** In your opinion, till what age is it reasonable to use physical punishment towards boys?

\_\_\_\_\_ *(PLEASE INDICATE)*

*(IF THE RESPONDENT THINKS THAT PHYSICAL PUNISHMENT IS NOT REASONABLE, WRITE 0)*

**E14.** Using physical punishment towards boys is more acceptable than towards girls. *(ONE ANSWER ONLY)*

Totally disagree	Disagree	Neither agree nor disagree	Agree	Totally agree
1	2	3	4	5

**E15.** The parents, who do not use physical punishment, spoil their children. *(ONE ANSWER ONLY)*

Totally disagree	Disagree	Neither agree nor disagree	Agree	Totally agree
1	2	3	4	5

**E16.** Each child belongs to his/her parents and only they are capable of making any kind of decision regarding their children. *(ONE ANSWER ONLY)*

Totally disagree	Disagree	Neither agree nor disagree	Agree	Totally agree
1	2	3	4	5

**E17.** Children study better by means of examples, rather than punishment method. *(ONE ANSWER ONLY)*

Totally disagree	Disagree	Neither agree nor disagree	Agree	Totally agree
1	2	3	4	5

**E18.** Children need regular medical supervision. *(ONE ANSWER ONLY)*

Totally disagree	Disagree	Neither agree nor disagree	Agree	Totally agree
1	2	3	4	5

**E19.** Children’s hygiene issues should always be under supervision. *(ONE ANSWER ONLY)*

Totally disagree	Disagree	Neither agree nor disagree	Agree	Totally agree
1	2	3	4	5

**E20.** Child’s clothes should always be proper to season. *(ONE ANSWER ONLY)*

Totally disagree	Disagree	Neither agree nor disagree	Agree	Totally agree
1	2	3	4	5

**E21.** Girls should regularly go and should not miss school due to family issues. *(ONE ANSWER ONLY)*

Totally disagree	Disagree	Neither agree nor disagree	Agree	Totally agree
1	2	3	4	5

**E22.** Boys should regularly go and should not miss school due to family issues. *(ONE ANSWER ONLY)*

Totally disagree	Disagree	Neither agree nor disagree	Agree	Totally agree
1	2	3	4	5

**E23.** Children should go to kindergarten. *(ONE ANSWER ONLY)*

Totally disagree	Disagree	Neither agree nor disagree	Agree	Totally agree
1	2	3	4	5

**E24.** Education obtained in kindergarten may have a positive influence on child’s future success at school. *(ONE ANSWER ONLY)*

Totally disagree	Disagree	Neither agree nor disagree	Agree	Totally agree
1	2	3	4	5

**E25.** High quality education obtained in kindergarten should be affordable for every child aged 3 -5. *(ONE ANSWER ONLY)*

Totally disagree	Disagree	Neither agree nor disagree	Agree	Totally agree
1	2	3	4	5

**E26.** Children with disabilities need more support from society. *(ONE ANSWER ONLY)*

Totally disagree	Disagree	Neither agree nor disagree	Agree	Totally agree
1	2	3	4	5

**E27.** Children with disabilities should be brought up far from their families in order to protect their families from negative attitudes of society. *(ONE ANSWER ONLY)*

Totally disagree	Disagree	Neither agree nor disagree	Agree	Totally agree
1	2	3	4	5

**E28.** Sexual contact between adult and child is unacceptable in any case. *(ONE ANSWER ONLY)*

Totally disagree	Disagree	Neither agree nor disagree	Agree	Totally agree
1	2	3	4	5

**E29.** 16 year old minors should have information about reproductive/woman’s health. *(ONE ANSWER ONLY)*

Totally disagree	Disagree	Neither agree nor disagree	Agree	Totally agree
1	2	3	4	5

**E30.** Sometimes women ignore the fact that their partners have sexual contact with children in their family. *(ONE ANSWER ONLY)*

Totally disagree	Disagree	Neither agree nor disagree	Agree	Totally agree
1	2	3	4	5

**SECTION F: SUPPORTIVE ORGANIZATIONS/INSTITUTES**

**F1.** In your opinion, facts of violence and neglect against children for the last 10 years has: *(READ ANSWERS, ONE ANSWER ONLY)*

Decreased significantly	Decreased	Has not changed	Increased	Increased significantly
1	2	3	4	5

**F2.** The children, who suffer from neglect/violence from their families, can count on assistance from ... *(READ EACH ANSWER, ASK THE RESPONDENT TO EXPRESS OPINION REGARDING EACH OF THEM BY MEANS ON 5 GRADE SCALE, ASK THE RESPONDENT TO USE CARD X; ONE ANSWER ONLY)*

		Totally disagree	Disagree	Neither disagree nor agree	I agree	Totally agree
F2.1	School	1	2	3	4	5
F2.2	Kindergarten	1	2	3	4	5
F2.3	Neighbors	1	2	3	4	5
F2.4	Social services, social workers	1	2	3	4	5
F2.5	Police	1	2	3	4	5
F2.6	Court	1	2	3	4	5
F2.7	Hospitals, other healthcare institutions and/or professionals	1	2	3	4	5
F2.8	Church/other religious institutions	1	2	3	4	5
F2.9	Public Defender’s Office/ombudsman	1	2	3	4	5
F2.10	Organizations working specifically with children	1	2	3	4	5

**F3.** Children with disabilities can count on assistance from society. *(ONE ANSWER ONLY)*

Totally disagree	Disagree	I don’t have opinion	I agree	Totally agree
1	2	3	4	5

**F4.** Now, I am going to read list of organizations/institutions, please evaluate them according to their capability or desire to help the children which suffer from neglect/violence from their parents. *(PASS THE CARD F4, ASK TO NAME THE INSTITUTION WHICH CAN BE FULLY TRUSTED BY A CHILD. WHICH INSTITUTION IS NUMBER TWO? NUMBER THREE? EVALUATE THE INSTITUTIONS ON 7 GRADE SCALE, WHERE THEY WILL BE LISTED BY PRIORITY)*

School, kindergarten	
Social service, social worker	
Police	
Hospitals, other healthcare institutions and/or professionals	
Church/religious organizations	
Society	
Public Defender	

**F5.** In your opinion, at what age do girls become victims of the above-mentioned domestic violence *(UP TO THREE ANSWERS, SEPARATE THE ANSWERS WITH COMMAS, ASK THE RESPONDENT TO NAME CONCRETE, THE MOST CRITICAL AGE FOR HIM/HER)*

\_\_\_\_\_ *(PLEASE SPECIFY)*

**F6.** In your opinion, at what age do boys become victims of the above-mentioned domestic violence *(NOT MORE THAN THREE ANSWERS, WRITE DOWN ANSWERS WITH COMMAS, ASK THE RESPONDENT TO NAME CONCRETE, THE MOST CRITICAL AGE FOR HIM/HER)*

\_\_\_\_\_ *(PLEASE SPECIFY)*

**F7.** Children with disabilities become victims of the above-mentioned domestic violence more frequently. *(ONE ANSWER ONLY)*

Totally disagree	Disagree	Neither agree nor disagree	Agree	Totally agree
1	2	3	4	5

**SECTION G: INTERVENTION/INTERFERENCE**

Now, I will ask you about intervention of different individuals and organizations regarding the facts of domestic violence against children, all the individuals and organizations which can possibly help victims of child abuse are listed on the card.

**PASS THE CARD: CARD G1-19**

**G1.** In your opinion, who should react when a parent is beating a child? *(SEVERAL ANSWERS ARE ALLOWED)*

No one	0
Neighbors/society members	1
Parent or other family members/friends of family	2
School, kindergarten staff member	3
Social services, social workers	4
Police	5
Healthcare specialists	6
Church/religious organizations	7



Public Defender/ombudsman	8
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**G2.** In your opinion, who should react **when a parent is beating a child with a belt or other thing?** *(SEVERAL ANSWERS ARE ALLOWED)*

No one	0
Neighbors/society members	1
Parent or other family members/friends of family	2
School, kindergarten staff member	3
Social services, social workers	4
Police	5
Healthcare specialists	6
Church/religious organizations	7
Public Defender/ombudsman	8

**G3.** In your opinion, who should react when a child is usually **hungry?** *(SEVERAL ANSWERS ARE ALLOWED)*

No one	0
Neighbors/society members	1
Parent or other family members/friends of family	2
School, kindergarten staff member	3
Social services, social workers	4
Police	5
Healthcare specialists	6
Church/religious organizations	7
Public Defender/ombudsman	8

**G4.** In your opinion, who should react when a child is usually **dirty?** *(SEVERAL ANSWERS ARE ALLOWED)*

No one	0
Neighbors/society members	1
Parent or other family members/friends of family	2
School, kindergarten staff member	3
Social services, social workers	4
Police	5
Healthcare specialists	6
Church/religious organizations	7
Public Defender/ombudsman	8

**G5.** In your opinion, who should react when a child **usually spends whole day outside?** *(SEVERAL ANSWERS ARE ALLOWED)*

No one	0
Neighbors/society members	1
Parent or other family members/friends of family	2
School, kindergarten staff member	3
Social services, social workers	4
Police	5

Healthcare specialists	6
Church/religious organizations	7
Public Defender/ombudsman	8

**G6. In your opinion, who should react when a child is begging? (SEVERAL ANSWERS ARE ALLOWED)**

No one	0
Neighbors/society members	1
Parent or other family members/friends of family	2
School, kindergarten staff member	3
Social services, social workers	4
Police	5
Healthcare specialists	6
Church/religious organizations	7
Public Defender/ombudsman	8

**G7. In your opinion, who should react when a child is verbally humiliated by a parent? (SEVERAL ANSWERS ARE ALLOWED)**

No one	0
Neighbors/society members	1
Parent or other family members/friends of family	2
School, kindergarten staff member	3
Social services, social workers	4
Police	5
Healthcare specialists	6
Church/religious organizations	7
Public Defender/ombudsman	8

**G8. In your opinion, who should react when a child is forced to take care of his/her siblings (watch them, prepare food and feed them, wash clothes, etc.) (SEVERAL ANSWERS ARE ALLOWED)**

No one	0
Neighbors/society members	1
Parent or other family members/friends of family	2
School, kindergarten staff member	3
Social services, social workers	4
Police	5
Healthcare specialists	6
Church/religious organizations	7
Public Defender/ombudsman	8

**G9. In your opinion, who should react when a child is a victim of sexual abuse from family member? (SEVERAL ANSWERS ARE ALLOWED)**

No one	0
Neighbors/society members	1
Parent or other family members/friends of family	2
School, kindergarten staff member	3
Social services, social workers	4

Police	5
Healthcare specialists	6
Church/religious organizations	7
Public Defender/ombudsman	8

**G10.** In your opinion, who should react when a child is **tied**? *(SEVERAL ANSWERS ARE ALLOWED)*

No one	0
Neighbors/society members	1
Parent or other family members/friends of family	2
School, kindergarten staff member	3
Social services, social workers	4
Police	5
Healthcare specialists	6
Church/religious organizations	7
Public Defender/ombudsman	8

**G11.** In your opinion, who should react when a child is usually **depressed**? *(SEVERAL ANSWERS ARE ALLOWED)*

No one	0
Neighbors/society members	1
Parent or other family members/friends of family	2
School, kindergarten staff member	3
Social services, social workers	4
Police	5
Healthcare specialists	6
Church/religious organizations	7
Public Defender/ombudsman	8

**G12.** In your opinion, who should react when a child is usually **anxious**? *(SEVERAL ANSWERS ARE ALLOWED)*

No one	0
Neighbors/society members	1
Parent or other family members/friends of family	2
School, kindergarten staff member	3
Social services, social workers	4
Police	5
Healthcare specialists	6
Church/religious organizations	7
Public Defender/ombudsman	8

**G13.** In your opinion, who should react when a child is **acting out at school**? *(SEVERAL ANSWERS ARE ALLOWED)*

No one	0
Neighbors/society members	1
Parent or other family members/friends of family	2
School, kindergarten staff member	3

Social services, social workers	4
Police	5
Healthcare specialists	6
Church/religious organizations	7
Public Defender/ombudsman	8

**G14.** In your opinion, who should react when a child has **bruises/scratches/fractures/swellings** on a body? *(SEVERAL ANSWERS ARE ALLOWED)*

No one	0
Neighbors/society members	1
Parent or other family members/friends of family	2
School, kindergarten staff member	3
Social services, social workers	4
Police	5
Healthcare specialists	6
Church/religious organizations	7
Public Defender/ombudsman	8

**G15.** In your opinion, who should react when a child **does not want to return home?** *(SEVERAL ANSWERS ARE ALLOWED)*

No one	0
Neighbors/society members	1
Parent or other family members/friends of family	2
School, kindergarten staff member	3
Social services, social workers	4
Police	5
Healthcare specialists	6
Church/religious organizations	7
Public Defender/ombudsman	8

**G16.** In your opinion, who should react when a child's **academic report/marks have declined?** *(SEVERAL ANSWERS ARE ALLOWED)*

No one	0
Neighbors/society members	1
Parent or other family members/friends of family	2
School, kindergarten staff member	3
Social services, social workers	4
Police	5
Healthcare specialists	6
Church/religious organizations	7
Public Defender/ombudsman	8

**G17.** A child should always live at home despite the violent actions implemented by his/her parents in household. *(ONE ANSWER ONLY)*

Totally disagree	Disagree	Neither agree nor disagree	Agree	Totally agree
1	2	3	4	5

**G18.** In your opinion, the person conducting sexual abuse on a child should: *(SEVERAL ANSWERS ARE ALLOWED)*

Be judged by court	1
Take medical care course	2
Be deprived or have limited parental rights	3
Other <i>(PLEASE SPECIFY)</i>	

**G19.** In your opinion, the parent who used to beat or beats a child to an extent to cause body damage should: *(SEVERAL ANSWERS ARE ALLOWED)*

Be judged by court	1
Take medical care course	2
Be deprived or have limited parental rights	3
Other <i>(PLEASE SPECIFY)</i>	

**G20.** In your opinion, the parent conducting physical violence to other family member or person in the presence of a child should: *(SEVERAL ANSWERS ARE ALLOWED)*

Be judged by court	1
Take medical care course	2
Be deprived or have limited parental rights	3
Other <i>(PLEASE SPECIFY)</i>	

**G21.** In your opinion, the parent neglecting his/her child in a way to cause damage to child's development and growth should: *(SEVERAL ANSWERS ARE ALLOWED)*

Be judged by court	1
Take medical care course	2
Be deprived or have limited parental rights	3
Other <i>(PLEASE SPECIFY)</i>	

**G22.** In your opinion, the parent conducting psychological violence on his/her child in a way to cause damage to child's development and growth should: *(SEVERAL ANSWERS ARE ALLOWED)*

Be judged by court	1
Take medical care course	2
Be deprived or have limited parental rights	3
Other <i>(PLEASE SPECIFY)</i>	

**G23.** Have you ever heard at least one case when a child has become a victim of at least one form of above listed domestic violence? *(SEVERAL ANSWERS ARE ALLOWED)*

Yes	1	<i>CONTINUE</i>
No	2	<i>SKIP TO G28</i>

**G24.** Can you tell me form of domestic violence of which the child has suffered? *(SEVERAL ANSWERS ARE ALLOWED)*

Neglect from family	1
Psychological violence from family	2
Physical violence from family	3

Sexual abuse from family	4
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**G25.** Do you know what to do or to whom to appeal if you hear about violence or neglect against child? *(ONE ANSWER ONLY)*

Yes, I know	1
Yes, more or less	2
No, I don't know	3

**G26.** If you are sure that child is suffering from violence or neglect from family, what would you do in this case? *(SEVERAL ANSWERS ARE ALLOWED)*

I will not do anything	1
I will talk to child's parents	2
I will inform school teacher/administration about the concrete occasion	3
I will inform church society about the concrete occasion	4
I will inform social services/social workers about the concrete occasion	5
I will inform doctor about the concrete occasion	6
I will inform police about the concrete occasion	7
I will inform Public Defender/ombudsman about the concrete occasion	8
I will inform court about the concrete occasion	9
Other <i>(PLEASE SPECIFY)</i>	

**If your friend/neighbor/relative has witnessed or is informed about the fact of violence or neglect against child and abstains from reporting this fact, what do you think would be a reason of hesitation from the statements listed below?**

**I will read out some statements and please tell me whether you agree or disagree with them**

**G27.** Presumably, he/she would feel uncomfortable by getting involved. *(ONE ANSWER ONLY)*

Totally disagree	Disagree	Neither agree nor disagree	Agree	Totally agree
1	2	3	4	5

**G28.** Presumably, he/she would not be sure that the concrete action was repeated regularly *(ONE ANSWER ONLY)*

Totally disagree	Disagree	Neither agree nor disagree	Agree	Totally agree
1	2	3	4	5

**G29.** Presumably, the fact of violence was not severe enough to be reported. *(ONE ANSWER ONLY)*

Totally disagree	Disagree	Neither agree nor disagree	Agree	Totally agree
1	2	3	4	5

**G30.** Presumably, he/she did not think that information he/she had was enough to be reported to the respective institutions. *(ONE ANSWER ONLY)*

Totally disagree	Disagree	Neither agree nor disagree	Agree	Totally agree
1	2	3	4	5

**G31.** Presumably, he/she thinks that he/she should not interfere in other family's business. *(ONE ANSWER ONLY)*

Totally disagree	Disagree	Neither agree nor disagree	Agree	Totally agree
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1	2	3	4	5
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**G32.** Presumably, he/she is nervous that after reporting the case, aggression/beatings/threat or blackmailing will be addressed to him/her or his/her family members. **(ONE ANSWER ONLY)**

Totally disagree	Disagree	Neither agree nor disagree	Agree	Totally agree
1	2	3	4	5

**G33.** By what sources would you prefer to obtain information about what to do in case of witnessing facts of violence against child? Please list the most preferable sources. **(PASS CARD G37, SEVERAL ANSWERS ARE ALLOWED, UP TO 3 ANSWERS)**

Television	1
Radio	2
Newspapers/magazines	3
Telephone (hot line)	4
Short text message	5
Informative leaflets (handed at home)	6
Informative posters at hospitals and schools	7
By means of Public Defender/ombudsman's office	8
Informative posters in public transport	9
Family doctor/polyclinic doctor	10
Police/district inspector	11
Teachers	12
Resource officers, other school staff	13
Personnel of social services	14
Representatives of local municipalities	15
Church where I go frequently	16
Special meetings organized by qualified officials at our working or living place	17
Other <b>(PLEASE SPECIFY)</b>	

#### **SECTION H: CHILDREN WITH DISABILITIES**

Now, let's talk about children with disabilities, which may have some types of problems like, walking, dressing, speaking, listening, seeing, problems regarding studying and communicating with other people, etc.

**H1.** Is there any child with disabilities around you?

Yes	1
No	2

**H2.** Do you have a child with disabilities in your family?

Yes	1	<b>CONTINUE</b>
No	2	<b>SKIP TO H4</b>

**H3.** Please tell me gender and age of your family member with disabilities: **(FOR INSTANCE, IF FAMILY MEMBER WITH DISABILITIES IS FEMALE, WRITE HIS/HER AGE NEXT TO GENDER)**

**COLUMN, IF NUMBER OF SUCH FAMILY MEMBERS IS MORE THAN ONE, WRITE THEIR AGES NEXT TO THE RESPECTIVE GENDER IN THE FOLLOWING COLUMNS)**

Gender	Age of member I	Age of member II	Age of member III
Female			
Male			

**H4.** What do you think, is it hard for people with disabilities to find a job? *(ONE ANSWER ONLY)*

Yes	1
Maybe	2
No	3
I don't know	99

**H5.** What do you think, is it hard for people with disabilities to get married? *(ONE ANSWER ONLY)*

Yes	1
Maybe	2
No	3
I don't know	99

**H6.** If you have or had a child with disabilities, would your family members have negative attitude towards you because of this child? *(ONE ANSWER ONLY)*

Yes	1
Maybe	2
No	3
I don't know	99

**H7.** In your opinion, do other family members have negative attitude towards the child with disabilities? *(ONE ANSWER ONLY)*

Yes	1
Maybe	2
No	3
I don't know	99

**H8.** What do you think, does a child with disabilities cause problems to his/her family not only in terms of financial aspect? *(ONE ANSWER ONLY)*

Yes	1
Maybe	2
No	3
I don't know	99

**H9.** What do you think, is it a problem for a family to declare about having a child with disabilities? *(ONE ANSWER ONLY)*

Yes	1
Maybe	2
No	3
I don't know	99



**H10.** What do you think will people who have a family member with disabilities have problems to get married? *(ONE ANSWER ONLY)*

Yes	1
Maybe	2
No	3
I don't know	99

**H11.** What do you think, if it was possible, would the parent try to hide the fact, that he/she has a child with disabilities? *(ONE ANSWER ONLY)*

Yes	1
Maybe	2
No	3
I don't know	99

**H12.** What do you think, would/does society have negative attitude towards the family who has a child with disabilities? *(ONE ANSWER ONLY)*

Yes	1
Maybe	2
No	3
I don't know	99

**H13.** What do you think, does society think that the family, where disabled child is born should leave/pass such child to the respective institution/organization? *(ONE ANSWER ONLY)*

Yes	1
Maybe	2
No	3
I don't know	99

**H14.** In your society, does having a child with disabilities cause feeling of shame or awkwardness? *ONE ANSWER ONLY)*

Yes	1
Maybe	2
No	3
I don't know	99

**H15.** Do you think that people does not like to buy food from person with disabilities? *ONE ANSWER ONLY)*

Yes	1
Maybe	2
No	3
I don't know	99

**H16.** Do you think that people around you avoid having contact with child with disabilities? *(ONE ANSWER ONLY)*

Yes	1
Maybe	2
No	3
I don't know	99

**H17.** Do you think that people try to avoid visiting the families which have children with disabilities at home? *(ONE ANSWER ONLY)*

Yes	1
Maybe	2
No	3
I don't know	99

**SECTION I: RESPONDENT'S SOCIO-DEMOGRAPHIC PROFILE**

**11.** Respondent's gender

Female	1
Male	2

**12.** Respondent's age

----- *(WRITE DOWN EXACT AGE AND CIRCLE THE RESPECTIVE CODE BELOW)*

18-24	1
25-34	2
35-44	3
45-54	4
55-64	5
65 and above	6

**13.** Respondent's marital status:

Married	1
Living with spouse, but is not lawfully married	2
Single	3
Divorced	4
Divorced, but still married officially	5
Widowed	6

**14.** Please tell me, how many people are living in your family?

----- *(SPECIFY EXACT QUANTITY)*

*(FAMILY, THE SAME AS HOUSEHOLD – UNITY OF PEOPLE OBEYING COMMON RULES OF SINGLE DWELLING AND CONNECTED WITH COMMON BUDGET (PART OF IT), RELATIVE AND/OR NON-RELATIVE RELATIONSHIPS (HOUSEHOLD MAY CONSIST OF ONE PERSON).*

15. Please tell me, how many children are living in your household (people below 18)?  
 \_\_\_\_\_ (SPECIFY EXACT QUANTITY)

**IF NONE OF THE FAMILY MEMBERS ARE BELOW 18, SKIP TO QUESTION I13**

16. Please tell me gender of children living in your household  
 17. Please tell me years and month of birth of children living in your household

**QUESTION FROM I8 TO I11 REFER ONLY TO CHILDREN BORN FROM AUGUST 2005 TO 2009**

18. Please tell me, have children living in your household attended kindergarten?  
 19. Please tell me, have children living in your household attended public or private kindergarten, any educational course, etc. in 2011-2012 academic year (September-June)?  
 110. What was/is the reason, that child living in your household has attended/attends kindergarten? (PASS CARD I10, ASK THE RESPONDENT TO CHOOSE ONE FROM THE GIVEN ANSWERS, IN CASE REPONDET CAN NOT FIND THE APPROPRIATE ANSWER FROM CARD, PLEASE WRITE DOWN BELOW)  
 111. What was/is the reason, that child living in your household did not attend kindergarten? (PASS CARD I11, ASK THE RESPONDENT TO CHOOSE ONE FROM THE GIVEN ANSWERS IN CASE REPONDET CAN NOT FIND THE APPROPRIATE ANSWER FROM CARD, PLEASE WRITE DOWN BELOW)

		Only for children born from August, 2005 till August 2009										
16. Gender		17. Date of birth		18. Has (name) attended kindergarten in general			19. Has (name) attended kindergarten/primary school for the last academic year			110. Reason of attending	111. Reason of not attending	
Female	Male	Year	Month	Yes	No	I don't know	Yes, kindergarten	Yes, primary school	No	I don't know	Write code from card	Write code from card
1	1	2		1	2	99	1	3	2	99		
2	1	2		1	2	99	1	3	2	99		
3	1	2		1	2	99	1	3	2	99		
4	1	2		1	2	99	1	3	2	99		
5	1	2		1	2	99	1	3	2	99		
6	1	2		1	2	99	1	3	2	99		
7	1	2		1	2	99	1	3	2	99		
8	1	2		1	2	99	1	3	2	99		
9	1	2		1	2	99	1	3	2	99		

**(IN CASE THE RESPONDENT CAN NOT FIND THE APPROPRIATE ANSWER FROM I10 or I11 CARD, WRITE DOWN)**

110. \_\_\_\_\_ (PLEASE SPECIFY)

I11. \_\_\_\_\_ *(PLEASE SPECIFY)*

**I12.** Are you direct guardian of any child living in your household?

Yes	1
No	2

**I13.** Do you have your own child up to 18? *(ONE ANSWER ONLY)*

Yes	1
No	2

**I14.** Choose the category that best describes your education? *(PASS CARD I14, ONE ANSWER ONLY)*

I have not got any education	1
Incomplete secondary (1-5)	2
Incomplete secondary (6-9)	3
Secondary school	4
Incomplete higher education	5
Professional/technical training	6
Professional/technical degree	7
Bachelor's degree	8
Master's degree	9
Scientific degree	10

**I15.** Respondent's working status *(ONE ANSWER ONLY)*

Employed worker	1	CONTINUE
Employer (job provider)	2	
Self-employed (entrepreneur, person without employed people or person occupied with professional activities)	3	
Pensioner	4	SKIP TO I18
Housewife	6	
Student	7	
Unemployed	8	

**I16.** Respondent's profession/occupation *(ONE ANSWER ONLY)*

Working on private or public (budget) or non profitable institution/organization salary or on earn	1
Working on agricultural or timber industry	2
Working in construction, telecommunications or transport sector	3
Working in culture, science and sports sector	4
Working in industry	5
Working in trading and service sector	6
Other occupation, please specify: _____	

**I17.** Please specify your field of occupation: *(ONE ANSWER ONLY)*

Social worker	1
Social agent	2
Policeman, district inspector	3
Healthcare sector (doctor, nurse, etc.)	4
School teacher	5

Mandaturis	6
Teacher in kindergarten	7
Other school personnel, please specify: _____	
Other kindergarten personnel, please specify: _____	
Other occupation, please specify: _____	

118. What ethnic group do you belong yourself to?

Georgian	1
Russian	2
Azeri	3
Armenian	4
Ossetian	5
Other ( <i>SPECIFY</i> ) _____	

119. Which religion/confession do you affiliate yourself to?

None	0
Orthodox	1
Gregorian	2
Islam	3
Judaism	4
Jehovah	5
Other ( <i>SPECIFY</i> ) _____	

120. How often do you attend religious gatherings/service? (*ONE ANSWER ONLY*)

At least once a week	1
At least once a month, but more rarely than once a week	2
More rarely than once a week	3
Only on holidays	4
Never	5

121. How important is the religion to your life? (*ONE ANSWER ONLY*)

Very important	1
Important	2
More or less important	3
Not very important	4
Totally unimportant	5

122. What is your **family's monthly** income including all monetary income, like pension or other social benefits? (*ONE ANSWER ONLY*)

Less than 140 GEL	1
141-250 GEL	2
251-500 GEL	3
501-1000 GEL	4
1001 GEL and more	5

123. Does any member of your family receive any kind of social benefit? (*SEVERAL ANSWERS ARE ALLOWED*)

No	1
Age pension	2
Disability Pension	3
Survivor pension	4
Pension for war veterans	5
IDP Allowance	6
State medical insurance (<70000 points)	7
Social benefit for families with many children	8
Social benefit for orphans, having lost both parents	9
Social benefit for children with disabilities	10
Social benefit for single pensioners	11
Social benefit for vulnerable families(AKA- subsidiary benefit) (<57000 points)	12
Vouchers for social services (for instance: voucher for medical aid center, voucher for early intervention, voucher for food, etc.)	13
Utilities Subsidies	14
Municipal social benefit	15
Benefit for prevention/reintegration	16
Other, please specify: _____	

**124.** Do you have a cell phone?

Yes	1
No	2

**125.** Please tell me, which of the statements best describes your family's current economic condition?  
**(PASS CARD 125, ONE ANSWER ONLY)**

We can hardly buy food	1
We have enough money for food, but we have to save or take money on loan to buy apparel and shoes	2
We have enough money for food, for everyday apparel and shoes, but in order to buy good clothes, mobile phone, vacuum-cleaner and other domestic appliances, we have to save or take money on loan	3
We have enough money for food, for everyday apparel and shoes, but in order to buy a car or apartment, we have to save or take money on loan	4
We can afford to buy whatever we want anytime	5

**THANK YOUR VERY MUCH FOR COOPERATION!!!**

## ANNEX 3: YOUTH DISCUSSION GROUP MODERATOR GUIDE

### Focus Groups of Youth Ranging in Ages from 14 to 18 years old Discussing Issues of Violence against Children

**Where:** Tbilisi, Batumi and Telavi

**Who:** Male and female youth ranging in ages from 14 to 18 years of age representing different social and ethnic groups as well as youth with disabilities

**Sample Size:** 20-25 children per group

**Purpose of the Meeting:** To take a representative study of young people's knowledge and attitudes on the issues of violence against children.

**Process:** Each group will be divided into 4 sub-groups. Various small objects can be used for dividing the group, for example four types of candies. These objects will be placed in a solid, non-transparent bag, and children will be asked to pick one object out of it. Children with similar objects will form one group.

**Questions:** Youth members will work in sub-groups to prepare answers and presentations. Sub-group will decide who (one or more) will be presenting for the group. Part of the questions are similar for all four groups, part of the questions differ.

The youth members will have 30 minutes to work in sub-groups.

#### Task for Group I:

##### Common/main questions for all groups:

How do you understand the term "violence in family?"

What do you think is violence against children?

Who is more often a victim of violence:

- Boy or girl?
- How old?
- Is it more often children with regular needs or children with disabilities?

Who is more often the perpetrator?

Where does violence against children occur more often: at home, school, street, other.

#### Additional task for Group I:

- How often is violence committed against children? (Do you think that there is more violence committed against children now, than during your parents' generation?)
- Physical punishment as a form of education/upbringing of a child
- Early marriage and its consequences

**Additional task for Group II:**

- The necessity of strict upbringing
- In what cases should children be encouraged and how?
- In what cases should children be punished and how?

**Additional task for Group III:**

- If child is a victim of violence, whom do you think he/she will appeal to for help?
- What would you do if you witness, or if you suspect that violence was committed against a child?
- In your opinion, how a system of protecting children from violence should work?

**Additional task for Group IV:**

- Effects of violence against child:
  - On child
  - On perpetrator
  - On family and society
- How should we treat the perpetrator?

Completion of work in sub-groups will be followed by a break for 20 minutes. The break will be followed by group presentations of 7-10 minutes for each, followed by 10-minute discussions with the entire group regarding the issues presented. Maximum duration time is 80 minutes and the presentations of the two sub-groups will be followed by a short, five-minute break.

Finally, the moderator will sum up the results from the discussions and presentations of each sub-group and will ask the group, once again, their opinion about the summation/conclusion. Conclusions of the main themes will be corrected according to group members' comments.



## ANNEX 4: LIKELIHOOD OF INVOLVING PROFESSIONALS IN RESPONSE TO CHILD ABUSE

Table 10. Likelihood of involving police in response to child abuse cases

	Odds Ratio	Robust Std. Err.	z	P> z	[95% Conf. Interval]	
Believes that children, who suffer from neglect/violence from their families, can count on assistance from social services.	.580081	.0869924	-3.63	0.000	.4323519	.7782872
Lives in a village	.7848874	.0824906	-2.30	0.021	.638774	.964423
Postgraduate education	.6029373	.1078914	-2.83	0.005	.4245761	.8562265
Higher education	.7287957	.1076685	-2.14	0.032	.545574	.9735492
Believes that children, who suffer from neglect/violence from their families, can count on assistance from the police.	1.319157	.1628924	2.24	0.025	1.035591	1.680369
Believes that in response to general signs of abuse, the police should become involved.	1.489902	.1318651	4.50	0.000	1.252626	1.772124
Believes that in response to sexual violence signs, the police should become involved.	1.471526	.2120685	2.68	0.007	1.109423	1.951815
Believes that in case of physical abuse, the police should become involved.	1.281986	.0623399	5.11	0.000	1.165444	1.410182
Believes that children, who suffer from neglect/violence from their families, can count on assistance from a church or religious institutions.	.7039561	.0791893	3.12	0.002	.5646669	.8776045
Knows what to do/whom to appeal in response to child abuse/neglect cases.	2.529629	.2789863	8.42	0.000	2.037886	3.140029
Is against harsh parenting methods.	1.475044	.1936249	2.96	0.003	1.140434	1.907831

Number of obs. = 3283; Wald chi2 (11) = 376.76; Log pseudo likelihood = -1827659.5; Prob > chi2 = 0.0000.

Table 11. Likelihood of involving social workers/social services in response to child abuse cases

	Odds Ratio	Robust std. Err.	z	P> z	[95% Conf. Interval]	
Does not consider physical punishment as an acceptable disciplinary tool.	1.251248	.1393387	2.01	0.044	1.005898	1.556442
Higher education	.7028032	.1018068	-2.43	0.015	.5290909	.9335491
Believes that in response to neglect, nobody should react.	.3717419	.0952925	-3.86	0.000	.2249283	.6143827
Believes that in response to sexual abuse signs, social workers should become involved.	1.73827	.2238477	4.29	0.000	1.350525	2.237338
Believes that in response to physical abuse signs, the police should become involved.	1.123427	.0544167	2.40	0.016	1.021679	1.235309
Believes that children who suffer from neglect/violence from their families, can count on assistance from a school.	.5765994	.0636588	-4.99	0.000	.4644065	.7158963
Believes that children who suffer from neglect/violence from their families, can count on assistance from the church or religious institutions.	.6535173	.071248	-3.90	0.000	.527785	.8092023
Believes that in response to general signs of abuse, social worker should become involved.	1.20965	.0647547	3.56	0.000	1.089164	1.343464
Believes that in case of physical abuse, social worker should become involved.	1.313078	.0773064	4.63	0.000	1.169975	1.473684
Knows what to do/whom to appeal in response to child abuse/neglect cases.	2.056951	.2310182	6.42	0.000	1.650535	2.563441
Believes that children who suffer from neglect/violence from their families, can count on assistance from hospitals.	1.321453	.1440796	2.56	0.011	1.067196	1.636286

Number of obs. = 328; Wald chi2 (11) = 436.61; Log pseudo likelihood = -1737453.5; Prob > chi2 = 0.0000.

Table 12. Likelihood of involving a school or school staff in response to child abuse cases

	Odds Ratio	Robust std. Err.	z	P> z	[95% Conf. Interval]	
Does not consider physical punishment as an acceptable disciplinary tool.	1.381564	.1781823	2.51	0.012	1.072977	1.778901
Believes that children who suffer from neglect/violence from their families, can count on assistance from a church.	.676809	.0668245	-3.95	0.000	.5577287	.8213141
Believes that in response to signs of sexual abuse a school should react.	1.670087	.2707573	3.16	0.002	1.215461	2.29476
Believes that children who suffer from neglect/violence from their families, can count on assistance from the court	.7387297	.067379	-3.32	0.001	.6178003	.88333
Age 55 and above	1.358351	.1790407	2.32	0.020	1.049101	1.75876
Knows signs of neglect	.582483	.0859022	3.66	0.000	.4362662	.7777051
Believes that in case of psychological violence, a school should become involved.	1.703555	.1838911	4.94	0.000	1.378709	2.104939
Believes that in case of physical abuse a school should become involved.	1.330152	.0833055	4.56	0.000	1.176499	1.503872
Knows what to do/whom to appeal in response to child abuse/neglect cases	.698319	.0923997	-2.71	0.007	.5387969	.9050709

Number of obs = 330; Wald chi2 (9) = 681.26; Log pseudo likelihood = -1349321.1; Prob > chi2 = 0.0000



**ANALYSIS  
OF CHILD PROTECTION  
REFERRAL PROCEDURES AND  
RECOMMENDATIONS  
TO THE GOVERNMENT**

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## ACRONYMS

<b>CoG</b>	– Children of Georgia
<b>DV</b>	– Domestic Violence
<b>(D)VAC</b>	– (Domestic) Violence against Children
<b>GASW</b>	– Georgian Association of Social Workers
<b>GoG</b>	– Georgian Government
<b>MoES</b>	– Ministry of Education and Science
<b>MoHLSA</b>	– Ministry of Health, Labor and Social Affairs
<b>MoIA</b>	– Ministry of Internal Affairs
<b>PDO</b>	– Public Defender’s Office
<b>PHF</b>	– Public Health Foundation
<b>SSA</b>	– Social Service Agency



## EXECUTIVE SUMMARY

Georgia is developing its child protection system. Over the past five years, a number of significant changes have taken place including the adoption of a joint ministerial decree in 2010 (signed by the Ministry of Internal Affairs, Ministry of Education and Science and the Ministry of Labor Health and Social Affairs) concerning identification of violence against children as well as appropriate referral, response and coordination efforts. This qualitative study aims to provide specific information about the functioning of the referral system, identify strengths and weaknesses, and provide concrete recommendations to all three ministries involved.

### Key Findings:

- Official referrals to social workers in the Social Service Agency (SSA) (defined as the key coordinating body in the referral procedures) over two years' time totals 368 (by September 2012), and the frequency is rising. This is a good indicator that the referral system is being used more frequently and by more actors.
- 44 per cent of all cases referred were confirmed as cases of violence against children (VAC).
- Police and social workers demonstrated the highest degree of understanding regarding what constitutes violence.
- 22 per cent of social workers do not think it is their job to respond to physical violence, and 26 per cent of social workers do not think it is their responsibility to respond to neglect.
- School resource officers have an understanding of what constitutes violence, especially in Tbilisi where there has been some initial training.
- 46 per cent of all school professionals (teachers and school resource officers) stated that the violence would have to be severe and repeated several times in order for it to be reported.
- Police representatives are aware of their roles and the working procedures for VAC cases, including involvement of social workers. However, the police tend not to be involved in monitoring and follow-up activities after an intervention has been taken.
- Overall, the police are working with social workers and involve them frequently in the process where restrictive orders affect both mothers and children. However, personal relationships between social workers and police are the determining factors in successful cooperation.
- There are no clear guidelines or systematic trainings on identification and referral of violence related issues adopted and disseminated by the Ministry of Education and Science (MoES).
- The Ministry of the Interior Affairs (MoIA) and the Ministry of Labor Health and Social Affairs (MoLHSA) have developed and approved their internal guidelines according to the child protection referral procedures for patrol police and social workers.
- The follow-up process for referred cases needs to be strengthened, especially for school professionals and police.
- There is a strong belief among all professionals that interfering in a family's affairs is a sensitive issue, and many suggest that it should be avoided.
- All professionals believe that more awareness-raising activities are needed to combat the cultural norms around 'non-interference', which restricts community members from reporting violence cases.

### Key Recommendations to Ministry of Education and Science:

1. Develop detailed guidelines and system-wide compulsory trainings on identification and referral of violence, as required by the referral procedures.
2. Clearly define the role of teachers and resource officers during case identification and referral in adherence with internal procedures and guidelines. In order to increase the efficiency of a school reporting a case of child abuse to SSA or police, it may be useful to designate one professional from a school whose primary role is to ensure adequate understanding of violence detection in the school, assist with family contact and assessment and facilitate contact with outside agencies

3. Adjust the job descriptions of teachers and resource officers to include the effective response to potential cases of VAC. Moreover, it is strongly recommended to incorporate VAC related topics into teachers' certification exams and resource officers' mandatory training curricula. Accountability for non-reporting/non-referral has to be clearly articulated in school and or MoES regulations.
4. Revise the concept of a safe school to include comprehensive response to child abuse cases. Develop a new set of mechanisms for school staff to improve the rate of response to VAC cases and the follow-up referral process.

### **Key Recommendations to Ministry of Internal Affairs:**

1. Continue to provide regular trainings and informational sessions on the referral procedures to all police representatives.
2. Strengthen regular coordination efforts with social workers through necessary revision of procedures, as well as provision of joint trainings. Establish regular coordination meetings at local levels with social workers to review cases and plan actions.
3. Prepare and update instructions for professionals to give more precise guidelines on how to identify and react properly when children are presented in a doubtful situation.
4. In cases when children are present in a domestic violence abuse case (DVAC), ensure restrictive orders identify both the adult and the child as victims.

### **Key Recommendations to Ministry of Labor, Health and Social Affairs and Social Service Agency:**

1. Ensure that mechanisms are put in place for the mandatory participation of all medical and child care service providers, including private and commercial services providers, NGOs and faith-based organisations, in the child protection referral system. For those services not financed by MoHLSA, the referral functions can be tied with licensing requirements for the medical professionals and services.
2. Develop specific guidelines on how to identify and what steps need to be taken within the health sector and child care services when VAC is suspected.
3. Reflect the requirement of responding to VAC cases in job descriptions of health and childcare service providers, and clearly define accountability for not reporting and or non-referral.
4. Ensure that systematic trainings of all childcare service providers, including private and church-run services, are delivered regularly to strengthen the monitoring skills of service providers.
5. In order to increase the capacity of the state to identify cases of child abuse: (a) SSA guidelines for social workers shall also include the role of SSA social workers as responsible for identification of violence in addition to their current functions of responding to received referrals; (b) MoHLSA/SSA should extend responsibilities for VAC case identification and referral to SSA social agents when performing household poverty assessments. The MoHLSA/SSA should also provide necessary guidelines and trainings.
6. Develop specific services for victims and perpetrators of violence.

### **Crosscutting Recommendations for the Three Ministries:**

1. Revise the legal framework and referral procedures to clarify the definitions of various forms of violence and acceptable forms of disciplinary measures.
2. Provide more clarified procedures (e.g. when restrictive orders have to be issued or when the removal of victims or perpetrators from a home is necessary) in response to VAC cases, and align the procedures for police and social workers. Clarify mandatory communication channels between the police and SSA. Social workers need to be involved in all cases when a child is concerned in order to make sure that all child protection risks are duly assessed, even if child is not identified as a primary victim of violence.
3. Increase professionals' awareness of the functions of other actors within the child protection referral system.

4. Invest in additional capacity building activities for professionals to provide them with more guidance on how to effectively work with children and families. These capacity building measures should supplement existing referral procedures with rich methodological guidelines. When developing materials or trainings for this purpose, particular attention should be paid to strengthening cooperation between different agencies. The following elements should be emphasized in all future trainings: a. revisit the issue of professionals not using referral forms; b. simplify the forms further if possible and necessary; and c. make documentation of identified abuse cases an obligatory responsibility of concerned professionals.
5. Develop joint guidelines on individual case follow-up to clearly define the roles and responsibilities of each actor.
6. Increase the resources to ensure that regular and quality follow-up takes place. This is especially important for social workers that need to be knowledgeable and mobile. In addition, the number of active and trained social workers needs to be increased.

### Key Recommendations to Donors:

1. Support the Georgian Government (GoG) to strengthen its referral system, using the recommendations outlined in this document.
2. Support the development of violence prevention and response services, including social work, at the community level to ensure that violence is detected and referred. Once violence is detected, the system should also deliver timely and holistic support to victims and perpetrators.
3. Support national awareness raising campaigns about VAC cases, its consequences, and the importance of collective responsibility and action.

## BACKGROUND INFORMATION

Since 2005, Georgia has been reforming its child care system. The focus of these reforms has been on deinstitutionalization and the development of alternative care services for children leaving large scale institutions. However, gradually the focus of these reforms broadened and such issues as prevention of family separation, responses to VAC, addressing the needs of children living and working on the streets and ensuring the wellbeing of youth leaving formal care have become priorities.

In order to develop mechanisms to address child victims of abuse and neglect, an order was signed by three ministries<sup>1</sup>, the MoHLSA, MoES and MoIA, in May 2010 to develop a state system to identify cases of VAC, assess possible victims and address their needs. The decree envisaged that these three ministries would develop detailed procedures for their respective staff in line with the newly established referral system.<sup>2</sup> At this stage, the internal guidelines and instructions have been imposed only to social workers working with MoHLSA and the police while the guidelines for health and school professionals as well as other potential actors<sup>3</sup> have not yet been introduced.

Two years have passed since the adoption of the decree. The number of referrals has increased from 40 per year to over 150 per year. However, stakeholders have expressed concern regarding the efficient functioning of the referral system. External stakeholders have identified the following problems: a. lack of professionals' knowledge of actual procedures; b. lack of understanding of signs of violence; c. weak coordination among the involved parties; d. low outreach to victims; and e. lack of relevant services for bio-psycho-social rehabilitation of child victims of violence.

Therefore, the referral system requires further enhancement. As a result, MoLHSA requested the UNICEF to analyze the existing child care referral procedures, also termed to as "referral document" or "referral procedures" in this report, and develop recommendations for their improvement.

Through its consultants, technical staff and a contracted research organization (ACT Research<sup>4</sup>), UNICEF Georgia undertook a qualitative study of the referral system. At the same time, a nationally representative survey entitled "Domestic Violence against Children" was carried out to look specifically at knowledge, attitude, beliefs and practices of the general population and youth member focus groups. The focus group participants completed the same questionnaires as those used in the national survey. For a detailed description of the research methodology.

### Purpose and Objectives of the Research

The purpose of the research was to scrutinize the Georgian child care referral system from different angles. The research aimed to study:

- A. The strengths and weakness of the existing normative regulations and institutional mechanisms that make up Georgian child care referral system;
- B. The knowledge and attitudes of key stakeholders (including government policy makers, practicing social workers, teachers, and the police) about the existing referral procedures and their experience with putting the procedures into practice;
- C. The capacity of stakeholders (social workers, teachers, school resource officers and the police among others) to identify, report, refer and manage the VAC cases.

<sup>1</sup> Joint order N15/n-N496 – N45/n of the MoHISA, the MoIA and the MoES on "Procedures for Child Protection Referral and adoption of forms"; May 31, 2010.

<sup>2</sup> Ibid, Article 6.7

<sup>3</sup> These would include social agents and service providers among others.

<sup>4</sup> www.ACT.ge

The research also aimed at producing recommendations for improving the normative operational capacity and functioning of the child care referral system and support its improvement.

A critical weakness of the study is that no information was gathered during the follow-up process for the referred cases, such as outcomes for children and services delivered. More work is needed in this area to determine the results-based outcomes and overall effectiveness of the system.

As identified in the referral document, the analysis of the child care referral procedures is divided into the following stages:

- Identification of VAC;
- Child assessment and response;
- Follow-up and further case management activities.

## SCHOOLS - CASE IDENTIFICATION

### MAIN FINDINGS:

- School professionals do not clearly comprehend the responsibilities that are imposed by the referral procedures.
- There are no clear guidelines or systematic trainings for identification and referral of violence related issues across and within the school system.
- While the majority of resource officers and teachers saw the need to respond to sexual abuse (including involvement of social workers and police), there is a very low understanding of how to react to other forms of violence.
- 46 per cent of all school professionals stated that the violence would have to be severe and repeated several times in order for it to be reported.
- There is a strong belief that getting involved in private family affairs is not appropriate.
- Only Tbilisi resource officers had taken the specific training on how to identify and work on VAC cases, partially explaining their higher degree of understanding.

### PRIMARY RECOMMENDATIONS TO THE MOES:

1. Develop detailed guidelines and/or system-wide compulsory trainings for identification and referral of violence related issues, as required by the child protection referral procedures.
2. The internal procedures and guidelines should clearly define the role of teachers and resource officers in case identification and referral. In order to increase the efficiency of a school reporting to SSA or the police, it may be useful to designate one professional from each school whose primary role is to ensure all staff members have an adequate understanding of the following issues: a. detecting signs of violence in the school; b. assisting with family contact and assessment; and c. facilitating contact with outside agencies.
3. Response to potential cases of VAC according to referral procedures should be clearly reflected in the job descriptions of teachers and resource officers. VAC related materials should be part of the mandatory training curricula for resource officers and teachers' certification exams. Accountability for non-reporting/non-referral has to be clearly articulated in school and or MoES regulations.

4. Revise its current concept of a safe school's role to include responding to cases of abuse against children that are perpetrated in their homes. MoES should develop a new set of regulations for school staff members to improve adequate responsiveness to VAC cases and referral whenever necessary.

Based on the referral document,<sup>5</sup> the following institutions that work with children are obligated to identify incidences of violence or possible violence: agency (SSA), schools, healthcare facilities, village doctors, specialized child care institutions (orphanages, day centers, small group homes) as well as district or patrol police.

In addition, the referral document explains "In the event of [or suspicion of] violence against [a] child, administrations of schools, healthcare and specialized child care institutions and village doctors are responsible to identify 'emergency [case]' or 'reasonable doubt' and act within the frame of procedures for child protection referral".<sup>6</sup>

According to referral procedures, "...schools and special institutions [are responsible to] analyze the case, and in the event of any [suspicion] of violence [are obliged] to inform police or the social service agency".<sup>7</sup> In addition, school staff members are required to contact the police in emergency cases and SSA in non-emergency cases.

Within the school system, a school's administration is responsible for the identification and further referral of VAC cases. As the position of a school resource officer did not exist when the referral procedures were developed, its normative framework does not reference them. The primary responsibility of school resource officers (of which there are three in each school) is to monitor children's behavior in order to prevent violence among children and ensure school safety. However, school resource officers are not mandated to work with the families of children outside the school setting. In addition, the referral document provides no guidelines for school staff members to guide their involvement in the general child protection referral procedures.

The focus group discussions revealed that all professionals, including teachers and school resource officers, considered the involvement of schools in the referral process as quite important for identifying signs of abuse. For example, resource officers based in Tbilisi schools indicated that schools provide the main sources of information while teachers working in Kvemo Kartli based schools stated:

*"... first of all, a teacher notices the signs of violence. There is no way that teacher might miss any signs of violence, s/he sees any changes: sadness, anxiety, injuries. I think the teacher is the first one who identifies signs of violence after parents do....~"*

The majority of school-based respondents also understand the signs of different forms of violence.

*"... truancies, depressed, not prepared, dressed innappropriately, hungry, sad expression... also bad hygiene, anxious, behavior disorders, aggression, or very obedient, in case of bruises or injuries – that means a serious case (teacher, Kvemo Kartli)"*

*"... being scared, aggressive, behavior disorders, injuries, sadness, hungry, inappropriate dressed, truancies..." (Resource officer, Tbilisi)"*

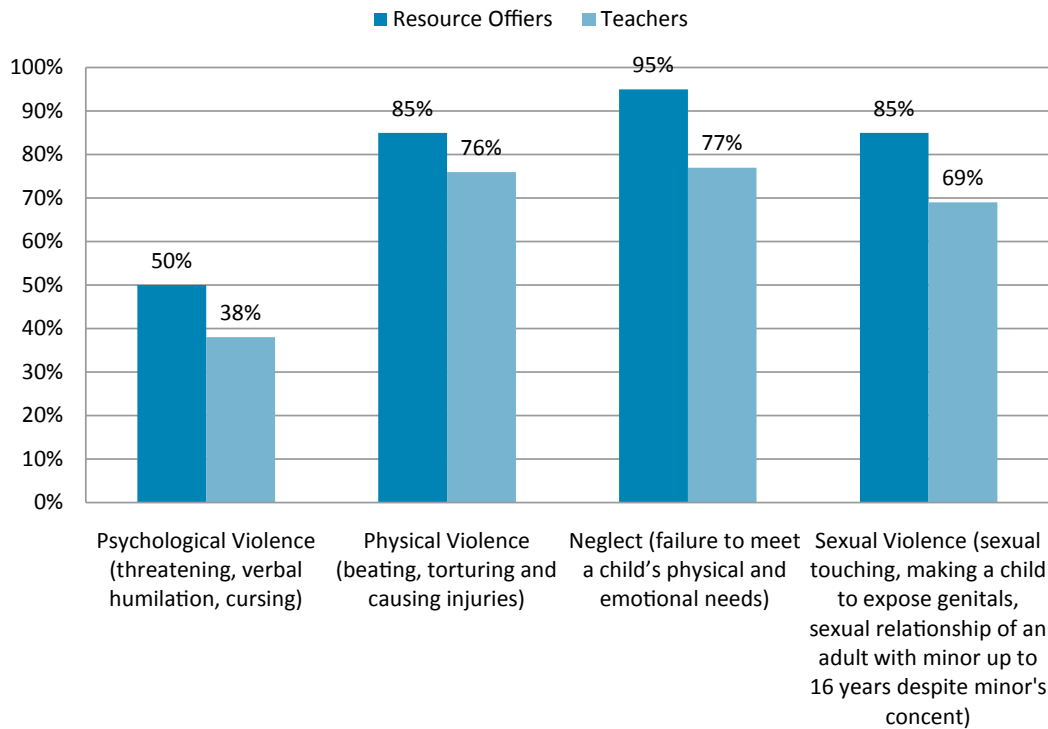
<sup>5</sup> Articles 6.1; 4.1

<sup>6</sup> Article 6.2

<sup>7</sup> Further, the procedures specify that "in the event of emergency case, subjects define in the paragraph 2 of this article are responsible for notifying police and if necessary call in an ambulance, while in the event of having reasonable suspicion they are responsible for filling child protection referral card, which shall be sent to appropriate unit by post or fax"; please see Article 6.6 and Article 4.4.

It is noteworthy that in all instances, school resource officers demonstrated a better ability to identify various forms of abuse than the teachers.

Graph 1. Resource officers' and teachers' awareness of different forms of violence



Although it is obvious that the majority of school representatives have an understanding of what violence means, when it comes to responding to potential abuse cases, as prescribed by the referral procedures, the majority do not want to or do not know how to intervene. The following factors often prevent schools from being an efficient part of the referral system: a. fear of harming reputation of the school in the community; b. lack of security for the staff on both the personal and professional levels; c. lack of on-the-job training; and d. the absence of internal procedures and guidelines for comprehensive child protection referral. The following are comments from several school-based focus group participants:

*"...school representatives are not aware what is the role of school in identification of cases... the roles of various professionals (administration, teachers and resource officer) is not defined as there is no guidelines how to act..." (GASW).*

*"...it appeared that some professionals at schools think that if they could identify domestic violence, it might decrease their branding ratings and irritate parents and force them to take their children from school..." (PDO)*

*"... The teachers do not feel that they are obliged to report, in severe cases they are contacting us, but preferring to contact anonymously as a private person to avoid misunderstandings/miscommunications and to ensure his/her security..." (PHF).*

The MoES has not yet developed detailed procedures and guidelines, from the referral documents, for teachers and resource officers. Teachers have also not received any instruction regarding child protection referral related issues, although school resource officers have had some relevant training, particularly in Tbilisi. In addition, responding and referring VAC cases to the appropriate agency is not reflected in teachers' job descriptions. In general, the response of school staff members to potential VAC cases is based on their general awareness of the referral procedures document, and their own interpretation of its concepts and procedures.



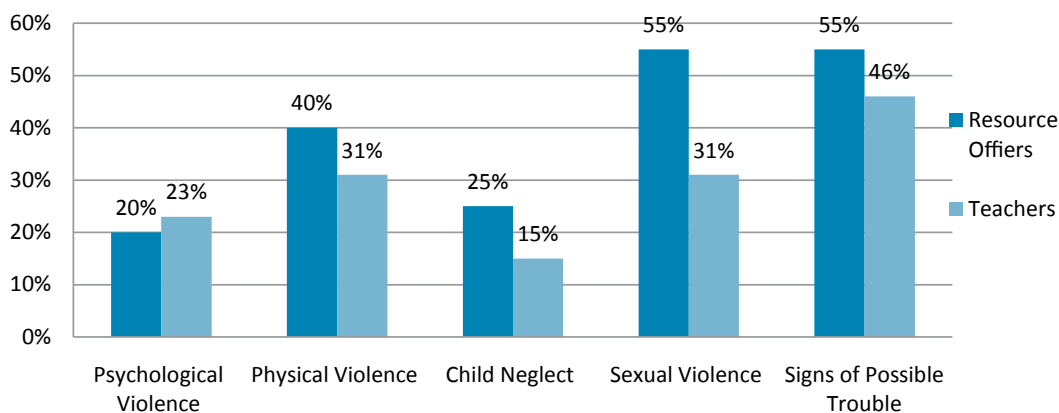
The study revealed that in many cases school professionals assumed that VAC case would need to be severe for them to respond and become involved. Both the severity and the frequency of violence were cited as determining factors in reporting cases for some professionals: 40 per cent of resource officers and 69 per cent of teachers witnessed cases of violence that were not severe enough to be reported. Furthermore, 46 per cent of all professionals mentioned that frequency of violence would also determine whether or not they reported a VAC case. Some professionals believed that only severe cases, such as those associated with life threatening results, were unacceptable violence cases. Many respondents viewed smacking and scolding as just disciplinary measures:

*“... when you are scolding a child that’s normal and is not an act of violence... sometimes it is necessary to smack a child as well... we had a case in Batumi when a parent killed a child by beating. That was a cruel beating, however only heavy cases of beating is violence as sometimes it is necessary to smack a child as well...” (teacher, Adjara).*

*“... It is very important to inform parents about the problems of their children, to get their explanation and attitudes,... According to my experience, in most cases behavioral disorders are related to family issues. Thus it is necessary to explore a situation at home...” (resource officers, Tbilisi)*

In addition, the perceived necessity of a school or its staff to respond to a VAC case varied depending on the form of violence. In the majority of cases, school resource officers seemed more willing to react in comparison to the teachers:

Graph 2: Beliefs of resource officers and teachers about their role in responding to violence



The majority of both teachers and resource officers try to respond to alleged violence or neglect cases through discussions with family members. When asked what they would do if they were sure that child is suffering from violence or neglect from a family member, the data showed that 69 per cent of teachers and 65 per cent of resource officers would first speak with the parents and explore/discuss the situation with them. As per referral procedures, such discussions with parents may be necessary for the initial assessment of the case by the identifying professional in order to ascertain that the case requires further attention and referral. However, as only 48 per cent of professionals mentioned making referrals to social services, it can be assumed that discussions with family members, as a school staff’s first choice of action, does in only some cases intend to further explore a situation and substantiate and justify “reasonable doubt” and further referral.

The study found that while school personnel rarely identify social workers as a key actor to involve in VAC cases, resource officers were more willing to include social services and social workers. School base professionals identified the role and involvement of social workers as follows:



- By 15 per cent of resource officers and 0 per cent of the teachers in cases where a child ‘might’ be in trouble;
- By 65 per cent of resource officers and 0 per cent the teachers in case of physical violence;
- By 45 per cent of resource officers and only 15 per cent of teachers in cases of psychological violence;
- By 35 per cent of resource officers and 0 per cent of the teachers in cases of neglect;
- By 90 per cent of resource officers and 31 per cent of teachers in cases of child sexual abuse.

When signs of physical violence are detected, 35 per cent of resource officers and 15 per cent of teachers identified the need to involve police. In addition, 80 per cent of resource officers and 77 per cent of teachers acknowledged the particular role of police in cases of child sexual abuse.

However, 30 per cent of all school professionals thought that a child should always live at home even if family members are subjecting him/her to violence. In general, the results demonstrate that teachers and resource officers have different understandings of their role for including other professionals in cases of identified child abuse.

## POLICE – CASE IDENTIFICATION

### MAIN FINDINGS:

- Police are aware of different forms of violence, and can generally identify visible signs of violence against children.
- Police understand that domestic violence between adult family members impacts a child and is considered violence against children.
- Police identified a general lack of understanding of violence in the community and a lack of willingness on the part of community members to report suspected violence as barriers to more cases being revealed.
- As the MoIA has developed and approved their internal guidelines according to child protection referral procedures, police representatives were aware of their roles and the working procedures for cases of VAC. This includes involving social workers, although this referral practice varies significantly depending upon the setting.

### PRIMARY RECOMMENDATIONS TO MOIA:

1. Continue to provide regular trainings and informational sessions on the referral procedures to all involved police professionals.
2. Strengthen regular coordination with social workers through necessary revision of procedures, as well as provision of joint trainings.
3. In cases when children are present in a DVAC, ensure restrictive orders identify both the adult and the child as victims. Introduce community based awareness sessions discussing VAC to encourage the prevention of violence as well as the reporting of all forms of violence to police.

Police are often the first entry point and referral when VAC occurs and they become involved based on calls from private individuals such as neighbours or family members. According to the referral procedures, school staff members, such as resource officers, and health care professionals notify police in emergency cases.

According to Article 8 of the referral procedures, the role of the police when identifying VAC cases is as follows:

*“Police patrol shall appear as soon as being notified about the fact of violence. Upon appearing police patrol shall:*

*a) Assess the situation, talk with possible victim, violator, members of family, witnesses and if necessary neighbors;*

*b) Make decision regarding child... Action of police patrol shall be related to child’s security and healthcare and reflect his/her interests<sup>8</sup>;*

*c) Immediately inform SSA about mentioned fact, via telephone;*

*d) Report the fact of violence against child and measures taken with that regard”.*

During the focus group discussions, the police representatives demonstrated a general ability to recognize signs of violence, especially visible marks<sup>9</sup>:

*“... first of all, we check physical signs: if there are injuries, bruises, might be also signs of oppression... forcing a child to work or begging...” (police, Tbilisi)*

*“...there was a case when grandparents did not look after the children properly: they were not allowed to go to school, not fed accordingly and 8-9 year old girl barely wore any clothes...” (police, Kakheti)*

However, policemen tend to question whether some forms of violence can be considered disciplinary measures. Some policemen believe that more explicit definitions/explanations about what constitutes VAC should be given in the legislation to avoid confusion.

*“... in general we think that (a)<sup>10</sup> bad attitude, even beating children by their parents - is not our business; community and family thinks that punishment is (an)<sup>11</sup> indivisible part of child’s upbringing process...” (police, Batumi)*

*“... they can shout at (a) child and say that it’s their child and they can do whatever they can. We can intervene if people could come for help, despite the fact that we have some power by law, but still it is really difficult to explain to parents why they shouldn’t beat their children.” (police, Kvemo Kartli)*

The police involved in the discussion groups mentioned the difficulties in identifying violence due to general lack of awareness among citizens or fear to discussing violence-related problems in neighbouring families. The group participants also identified the Georgian public’s lack of awareness regarding the various forms

<sup>8</sup> Actions might include (Article 8.1.b.) the following: a. calling an ambulance or taking a child to a healthcare facility for medical care (if a child’s life and health are under risk); or b. taking a child to a safe place together with a parent, a family member or alone and issuing a restrictive order as provided by legislation.

<sup>9</sup> This analysis relies only on one source of information - focus group discussions with policemen. Policemen did not undergo the structured interviews. In most cases of focus group some senior officials accompanied discussions policemen either from MoIA or from the local department.

<sup>10</sup> Inserts added by editor.

<sup>11</sup> Ibid

of violence as a challenge in mentioned/reported VAC cases. This situation makes it difficult for the police to properly investigate a case and identify violence as indicated by the following statements:

*“... the main reason why people do not report is due to our mentality: it’s shameful to take family issues out...” (police, Tbilisi)*

*“... Everyone is obliged to report about violence; however, it is not the case, because everybody is avoiding conflict with their neighbors. It’s all about public mentality. It is necessary to raise awareness that it is all about us and our responsibilities and not the matter of the particular school, social service agency or hospital...” (police, Adjara)*

In addition, the police representatives demonstrated understanding that domestic violence between family members indirectly victimizes a child. For example, a policeman from Adjara stated, “...if there is a child in a family where conflicts are general practice, a child is a victim of violence even if s/he is not direct victim of actions...”.

However, the study found that police usually issue restrictive orders to protect adult victims of domestic violence and often disregard protecting any children that are indirect or direct victims. This behavioral tendency is most likely due to the lack of awareness of the need to further support any concerned children.

## CASE IDENTIFICATION - HEALTH SECTOR AND CHILD CARE SERVICES

### MAIN FINDINGS:

- Although health facilities and village doctors are listed as being responsible for detecting and referring cases of violence, SSA has never received a case from either of these sources. Only in rare cases, such as when a crime is suspected to have been committed, will health professionals contact the police.
- There are no regulations or guidelines for health care professionals regarding their responsibility to identify and refer cases of violence.
- SSA statistics show an increase in the number of referrals received from childcare facilities.
- Systematic trainings of all child care service providers is not yet in place to ensure that staff of these services can identify signs of violence and respond according to referral procedures.
- Guidelines on the referral process are not yet in place in all childcare services.
- SSA guidelines do not recognize the SSA itself as responsible for the identification of potential violence cases. Rather, the guidelines only emphasize the role of SSA social workers in responding to referrals received from other agencies.

### PRIMARY RECOMMENDATIONS TO MOHLSA:

1. The MoHLSA should ensure that mechanisms are put in place for mandatory participation of all medical and child care service providers, including private/commercial services providers, NGOs and faith-based organisations, in the child protection referral system. In case of services not funded by MoHLSA, referral functions can be tied with licensing requirement for professionals and services.

2. MoHLSA shall develop specific guidelines on what steps need to be taken within the health sector and child care services when violence is suspected.
3. Requirement of responding to VAC cases shall be reflected in job descriptions of health and childcare service providers, and accountability for non-reporting/non-referral shall be clearly defined.
4. MoHLSA shall ensure that systematic trainings of all childcare service providers, including private and church-run services, are delivered regularly.
5. SSA guidelines for social workers shall also include these role of SSA social workers as responsible for identification of violence in addition to their current function of responding to received referrals; Moreover, MoHLSA/SSA shall extend responsibilities of VAC case identification and referral to SSA social agents when performing household poverty assessments, and provide necessary guidelines and trainings to them.

The referral document clearly states that health facilities as well as village doctors<sup>12</sup> are among the parties involved in the childcare referral procedures. According to the referral procedures, “Authority of healthcare institutions and village doctors within the frame of these procedures and in the event of any [suspicion] of violence [are obliged] to inform police or the social service agency.”<sup>13</sup>

The MoHLSA has not still developed detailed procedures and guidelines for health professionals as per referral procedures and no trainings on this issue have taken place.

Based on the statistics of referrals provided by the SSA in September 2012, none of the referrals have come from health professionals. During focus group discussions with police, only two referrals from health professionals were mentioned with both coming from the same city.

The study found that health care professionals are slow to intervene in VAC cases due to the lack of professional regulations and or specific reporting guidelines. In most cases, medical professionals do not feel obliged to report violence and or neglect if there are no visible signs of abuse. However, prior legislation requires health care professionals to report any clear signs of violence, regardless of whether the victim is a child or an adult, to the police. According to regulations, health professionals are not required to report a VAC case to SSA unless there is a need to place the child in 24-hour formal care. When a child is left at a healthcare facility, health care professionals must inform the corresponding regional branch of SSA, fill out a notification form and deliver it to a social worker during his/her visit at the facility. Considering the fact that health care professionals might be approached by victims and/or perpetrators of violence for support, it is critical to further educate these professionals about the importance of their participation in identifying and responding to various cases of violence. The MoHLSA needs to develop clear procedures for medical personnel in order to improve their understanding of the various forms of VAC to guide their behaviour when they encounter any and all signs of potential violence.

<sup>12</sup> Majority of health facilities in Georgia are privately owned and run. Village doctors are direct employees of MoHLSA.

<sup>13</sup> Article 4.5.

## Childcare Facilities

The SSA statistics demonstrate it has received an increasing number<sup>14</sup> of referrals from NGO service providers and or state care agencies working with children. However, no disaggregated data to identify individual reporting organizations exists. In addition, guidelines for all childcare providers have yet to be developed. In 2011, UNICEF, in partnership with First Step Georgia and Children of Georgia, conducted a training for all service providers at daycare centers for children with disabilities, which included a module on violence and the referral process. This workshop provided some basis of hope that the participating organizations will establish better reporting mechanisms. However, currently no regular trainings for all childcare service providers exist, including state agencies, private groups and faith-based organizations.

The in-depth interviews indicated the following improvements are needed within the referral system: a. the need to ensure that violence taking place in formal care facilities, such as large-scale institutions, small group homes or foster care, is identified; and b. any violence must be properly reported and addressed by SSA social workers during their regular monitoring of the state-funded services. According to one of the PDO respondents:

*“... Violence in residential care (institutions and small family type homes) is a huge problem. We prepared an entire report on the issue... referral is not working there and social workers should be more proactive to recognize the cases of violence against children ...” (PDO)*

According to Article 4.1 of the referral document, “...(the)<sup>15</sup> detection of facts of violence against children is (the)<sup>16</sup> responsibility of any institution that works with children, including: school, healthcare facility, village doctor, special children, agency (SSA), and district or patrol police”.

However, both Article 4.1 and SSA guidelines specify that social workers are responsible for responding to VAC cases referred to them by other professionals such as the police, school staff and healthcare service staff. However, these procedures do not explicitly state that social workers are required to identify and respond to VAC cases when monitoring childcare services.

## CHILD ASSESSMENT AND RESPONSE

### MAIN FINDINGS:

- Professionals often tend to consider some types of behaviour, such as corporal punishment, as disciplinary measures rather than a form of VAC. Some professionals believed that only severe punishment constitutes unacceptable violence and should be reported and assessed as a VAC case. Therefore, many consider smacking and scolding to be just disciplinary measures.
- Sometimes a disagreement between social workers and police representatives arises due to the gravity of the violence, when restrictive orders are not issued and or when moving victims or perpetrators out of homes where violence has happened is being considered.
- In certain cases, linkages between the police and SSA are strong due to established personal relationships between professionals rather than clear mandated guidelines.

<sup>14</sup> See Appendix 3

<sup>15</sup> Insert added by editor.

<sup>16</sup> Ibid.

- In certain cases, there is a risk that potential child victims may not receive necessary assistance from a social worker. Such potential weaknesses in the referral system are evident in the following cases: a. when police have no mandatory obligation to inform SSA if only mothers, without children, are identified as victims in restrictive orders in response to domestic violence cases; and b. when the mother and child leave their home and move into a local community member's residence (neighbours and relatives among others.)
- Social workers report most professional do not complete the official referral forms during the identification process of a case. In most cases, referrals were made over the phone and were not supported by supplemental completed referral forms.

#### PRIMARY RECOMMENDATIONS FOR THE THREE MINISTRIES:

1. Revise the legal framework and referral procedures document in order to clarify the definitions of various forms of violence and acceptable forms of disciplinary measures.
2. Provide more clarification to procedures (e.g. when restrictive orders have to be issued and when removal of victims or perpetrators from home is necessary) in response to violence cases. In addition, integrate these processes into the police and social workers' normative internal guidelines
3. Increase professionals' awareness of the functions of other/various actors within the system.
4. Invest in further capacity building for professionals in order to equip social workers with more guidance when working with children and families. For example, supplement existing referral procedures with rich methodological guidelines.
5. Clarify mandatory reporting channels between the police and SSA. Social workers need to be involved in all cases when child is concerned to ensure that all risks to a child's protection and safety are duly assessed, even if child is not identified as the primary victim of violence.
6. Revisit the pervasive following issues: a. professionals not using referral forms; b. the need to simplify the forms; and c. require all concerned professionals to fully document identified VAC cases.

Once a case is referred, the assessment of a child is the responsibility of statutory social workers.<sup>17</sup> Article 4.3 of the referral procedures states that, "...the agency (SSA) within the framework of these procedures is entitled to assess victims and/or potential victims of violence, provide case management and consulting, make referrals to necessary services and monitor the child's situation".

According to the referral procedures, both district and patrol police may intervene by issuing restrictive orders whenever necessary. They may also participate in any necessary follow-up procedures along with school staff members. In addition, judges make decisions regarding restrictive and protective orders while regional boards are mandated to make decisions regarding the placement of children in formal care.

#### Sources of Referrals to Social Workers

In the focus groups, social workers were asked which agency, in general, referred cases of violence. The answers were diverse and included neighbours, school representatives, police and medical professionals

<sup>17</sup> According to their internal guidelines, social workers are involved only after a referral is made to the Social Service Agency. However, according to the child protection referral procedures, medical, school, childcare, health professionals and police representatives should also be able to make an initial assessment to investigate whether violence against the child is indeed taking place.

in some isolated cases.<sup>18</sup> Family members and mass media were also mentioned. In Tbilisi, the main sources of information were neighbours, school representatives (principals, resource officers) and police calling SSA directly and/or through SSA and emergency hotlines. In Kvemo Kartli, respondents mentioned neighbours, family members, school representatives and occasionally medical professionals as those referring cases to SSA. In Kakheti and in Tbilisi, the Ombudsman's Office and various news broadcasting channels were also mentioned as sources of information.

However, all the social workers surveyed mentioned that in most calls were anonymous and/or the respondents requested that their names be kept confidential.

*"...We are getting information, but all of them are anonymous. One should be very brave while introducing the name... they are afraid of being isolated from the society, especially when it comes to the cases from the neighborhood..." (social worker, Kvemo Kartli).*

*"... Neighbors usually avoid intervening as they think that it is not their business... or often there is a case when a person says a different name and contact details to keep the identity a secret..." (social worker, Tbilisi)*

*"...sometimes there are cases when they are aware of violence, but they do not think that they should intervene.... (social worker, Tbilisi)*

According to the study results, members of the general public as well as professionals requested remaining anonymous when reporting VAC cases. In addition, none of the professionals mentioned completing and using referral forms that are mandated for usage by the referral procedures as a necessary instrument for case identification and referral. Social workers participating in the study provided some insights on potential reasons why professionals may refrain from disclosing their identity during reporting:

*"... they [school teachers] are afraid of being stigmatized from the community. They are scared of not being only victims of revenge, but also feel shy from their own family members/husbands as it is perceived as intervention in other's family affairs..." (social worker, Kvemo Kartli)*

*"... teachers are referring, but in most cases they try to avoid further involvement, try not to reveal their identity in order to avoid revenge from parents..." (social worker, Adjara)*

### Social Workers' Assessment Capacity

The ability to identify and report VAC cases is, in part, due to the public's ability to correctly identify all forms of violence. In addition, problems arise due to the Georgian public's lack of correct understanding regarding the age differentiation between a child and an adult. According to Georgian legislation, a child is defined as anyone under the age of 18 years old. In response to a question about the age until which girls and boys are considered children, social workers gave somewhat alarming answers: only 39 per cent of social workers indicated the right age for girls and only 46 per cent accurately cite the correct age for boys.

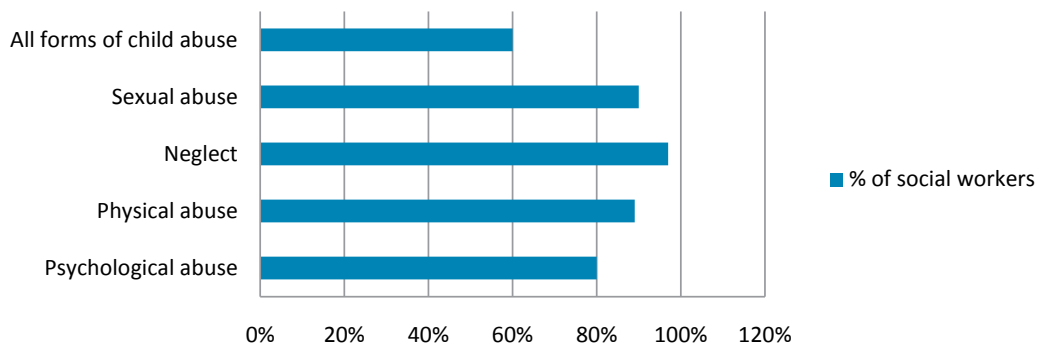
These results indicate that the Georgian state should conduct comprehensive educational trainings for social workers regarding the legal age difference between adults and children. The ability to determine the right course of action comes in large part from the social workers' understanding of what constitutes VAC, rather than violence against an adult.

The survey data showed that only 60 per cent of surveyed social workers could recognize and properly define all dimensions of all forms of violence against children, such as neglect, physical, psychological and sexual abuse.

<sup>18</sup> Although official statistics of SSA did not show any referrals from health facilities or medical professionals



Graph 3: Percentage of social workers understanding different forms of violence



As shown in graph 3, more than 60 per cent of social workers were able to identify and properly define all forms of violence against children. However, various participants expressed the concern that social workers and other professionals lack sufficient capacity to assess suspected VAC cases. Several other concerns were related to professionals' ability to identify signs of violence other than physical abuse. Several NGO representatives identified the need to further develop the capacity of social workers and other key actors:

*"...in most cases, signs of violence are not very specific and might be messed with other somatic symptoms... the professionals should know how to interview a child..." (PHF)*

*"... in case of children with disabilities, only physical abuse is recognized as the professionals have no competencies and proper knowledge (of) how to recognize other forms of violence signs in most cases, especially when it comes to neglect... they have gaps in skills how to make assessment and reveal specific information regarding violence" (CoG)*

*"...to assess the violence, they [social workers] need skills and knowledge they do not have... so they need psychologists, but there are no psychologists working directly within SSA to assess children, they rely on services provided by NGOs that might be not always sustainable as they depend on their donors as well..." (PDO)*

The judges participating in the survey reported that, in most cases, they are satisfied with the efforts of social workers. However, in certain cases assessments performed by social workers seemed to be unsatisfactory or insufficient for the judges participating in the study. For examples, judges commented on receiving cases in which social workers did not provide the following documentation or functions: a. required additional work with a child; b. information from school or neighbours; and c. an extensive assessment of a family situation. Several judges stated the following:

*"... Some are really good, sometimes not so good and we request to identify new facts to make final decisions... (Tbilisi)*

*"... I think just one or two visits in a family is not enough; it takes at least one to two months to assess the situation before approaching the court..." (Kakheti)*

*"...Sometimes I had cases when social workers provided very superficial assessment as they mostly worked with parents and not with children... I think they should work with a child more closely..." (Rustavi)*

Several police representatives also mentioned that some social workers demonstrate incompetence when working with children:



*“... in my opinion, the majority of them do not know how to work with children. They know how to deal with adults, but they lack experience in working with children... they need to be more specialized...” (police, Tbilisi)*

The concerns expressed regarding social workers’ insufficient work with children and families may indicate that either: a. judges, police and others are not sufficiently aware of what social workers should do as per procedures; and/ or b. social workers do not sufficiently comply with the procedures and do not work enough with children due to the lack of methodological guidance or lack of capacity to identify abuse cases; and/ or (c) social workers are not taught clear procedures to properly guide their work with children and families.

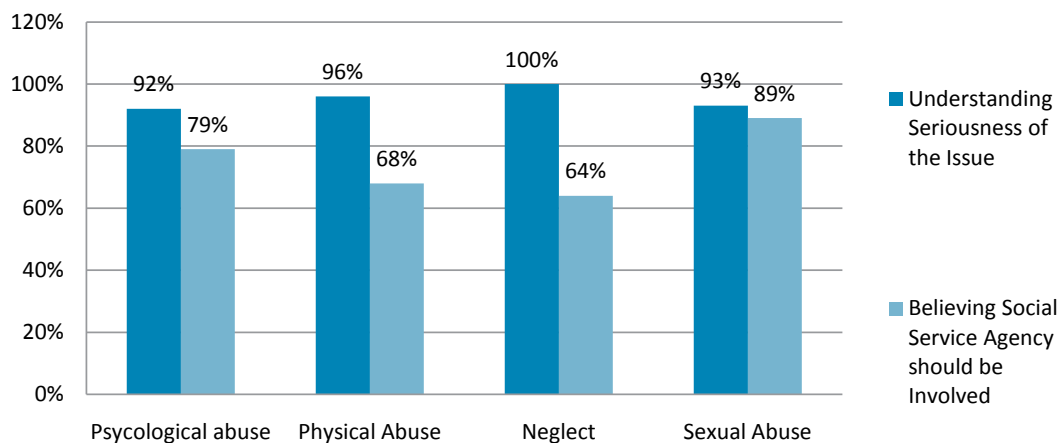
Therefore, the following measures need to be taken: a. increase all professionals’ awareness of the functions of other actors in the system; b. develop and implement further capacity building efforts to provide social workers with more guidance on how to effectively work with children and families; and c. existing referral procedures and corresponding procedural guidelines need to be supplemented with rich methodological guidelines for relevant professionals, particularly for social workers. Trainings should be conducted on-the-job to be practical and useful.

### Professionals’ Role in the Response after Case Identification and Referral

Although social workers accurately demonstrated understanding the various forms of VAC, several indicated confusion regarding their roles during the response and follow-up stages. For example, although 100 per cent of social workers believe that neglect is a serious issue in Georgia, only 64 per cent reported feeling that the SSA should be involved. These findings, taken in conjunction with the perspective of school staff members that SSA involvement is not necessary, indicate that the system is not able to adequately respond to VAC cases.

However, social workers reported that they feel the need to always intervene in cases of sexual abuse and psychological abuse. The study revealed the following:

**Graph 4: Percentage of social workers understanding the seriousness of the issue and believing the SSA should be involved**



Those professionals who do not feel required to respond in VAC cases indicated that the severity and frequency of the violence were determining factors to justify professional involvement. According to the study, 36 per cent of social workers thought that some VAC cases are not severe enough to justify their involvement. As indicated in the graph, 40 per cent of resource officers and 69 per cent of teachers responded the same way. Furthermore, 46 per cent of all professionals, such as social workers and school

representatives, mentioned that the frequency of the violence also made a difference in their decisions to respond or not.

In addition, professionals tended to consider some types of behavior, such as corporal punishment, as a disciplinary measure rather than a form of violence against a child. Some professionals believed that only severe VAC cases justified their involvement while smacking and scolding were just disciplinary measures.

Some professionals, in most cases policemen, believed that the relevant legislation should provide more explicit definitions/explanations of what constitutes violence against children to avoid confusion. One participant stated:

*„... instructions are clear, however implementation in practice is difficult: it is difficult to draw the line between violence and discipline measures. It would be helpful to have more clarity in legislation...” (police, Kakheti)*

Focus group discussions showed that the police were more confident in performing functions mandated by prior legislation, such as taking action in response to likely criminal cases. The police also demonstrated comfort in responding to VAC cases in which social workers were less involved. However, the study’s participants noted that when VAC cases mandated the involvement of both social workers and the police, communication and coordination challenges often developed.

For example, the police often act based on their personal understanding of what type of violence was present in the case.

*“...in case I have some doubt and inner conviction, I conduct interrogation according to the decree...”(police, Tbilisi)*

*“... we issue restrictive orders only in an extremely case... till then you have to talk to him/her and explore the situation....”(police, Adjara)*

The police representatives were also more specific in describing their processes for issuing restrictive orders:

*“...when we are entering the family we are assessing the situation, how important is to separate a child from their family... what is the evidence of violent act and how serious is that and only then we issue the restrictive orders” (police, Adjara)*

*“... In case of emergency, we are making decision and issuing restrictive orders, however sometimes it takes more 6-month monitoring to make final decision...” (police, Kvemo Kartli)*

*“...when it is regular, when I have already warned them several times, then I am issuing restrictive orders...” (police, Kakheti)*

The study found that police and social workers often disagree over the need to issue restrictive orders when considering the severity of a VAC case and/or debating the need to remove either victims or perpetrators from a home in which violence occurred. Often when the police do not issue restrictive orders, although the social workers may consider it to be necessary, social workers often become more proactive and remove children from families by using only police reports.

*“in case of emergency, we have to take actions and sometimes we are taking children away from families despite the fact police have not issued restrictive orders.... Especially when it comes to neglect... To place a child in emergency care, we need just police [reports] and not necessary restrictive order...”(SSA)*

According to the referral procedures, police have to inform SSA when they identify a child as a victim when issuing restrictive orders. However, communication channels between the police and SSA are not consistently smooth, and most often depend on established personal relationships between professionals.

*“... I heard that some of my colleagues have problems, but in my regional office, we managed to develop very good [professional] relationships with police... we cooperate a lot: we help them with their cases, and they are very supportive too...” (social worker, Tbilisi)*

If a restrictive order is issued and a child is left with his/her family, social workers start intervening by monitoring the family through visits, communicating with doctors as well as cooperating with teachers and district police officers. In addition, social workers work with perpetrators to improve their parenting skills and often involve a psychologist in the process:

*“... we teach (a parent)<sup>19</sup> how to feed a child, how to take care of them properly... in some cases, mother might give us wrong testimonies, so to check her, I might call doctor if the mother visited medical facility, I visit school to talk with principal teacher, check with psychologist the progress etc...” (social worker, Tbilisi)*

When a restrictive order is issued and a child is removed from his/her family, a social worker prepares the case to be presented to the regional guardianship and care council<sup>20</sup> to place the child in 24-hour alternative care. In most cases, members of the councils, such as a psychologist, especially in regions, also participate in the process of creating an individual child’s development plan and working further with a child. Several statements from social works regarding this process are as follows:

*“... we prepare materials, do analysis and elaborate individual development plans to present to be approved by the council.... They [members] are informed in advance...” (social worker, Adjara)*

*“... we do not have a psychologist in our office, so the psychologist, the member of the regional council visits our office once a week to work with us on our cases...” (social worker, Kakheti)*

*“the members [of the council] are with different professional background.... We work together...” (social worker, Tbilisi)*

In most cases, the regional guardianship and care council was considered to be an effective collaborative partner. During the survey, several social workers also mentioned the council’s flexibility as sometimes it’s members are required to make urgent decisions when a child immediate placement in a 24-hour formal care. Several statements regarding this issue are as follows:

*“... in emergency situations, when a child should be placed in a formal care facility immediately, the head of the council makes a decision. We are getting 3 months to work on the case...” (social worker, Kvemo Kartli)*

The study found that the referral system was effective in the following cases: a. when a mother and child are moved to a shelter; b. when a mother and child remain in the family where the risk was detected; and/ or c. if a child is considered to be at risk and needs to be placed in alternative care. However, there are important cases in which mothers and children did not receive the attention of social workers even though the risks for continued violence were high.

In addition, the referral system does not account for cases when only mothers, without any accompanying children, are identified as victims by restrictive orders issued in response to domestic violence cases. In such situations, the police have no obligation to inform SSA about any potential or increased risks to children present in the family situation.

<sup>19</sup> Insert added by editor.

<sup>20</sup> Guardianship and care councils exist in each region and meet monthly, or as needed, to review and ultimately approve placement recommendations made by statutory social workers. Regional councils consist of deputy head of SSA regional coordination centers (who act as chairs of the panel), lawyer, psychologist, medical doctor, also representatives of the education resource centers of the MoES, local authorities and non-governmental organizations.

If a mother and her child are moved to a shelter, the shelter informs the SSA and invites their social workers to assist the family. However, when a mother and a child leave home and move in with a local community member, such as a neighbour or relative, the information about the relevant child is not communicated to SSA. In such situations, these children do not come to the attention of SSA, and thus their needs are not properly assessed and addressed.

The study findings suggest that links between police and SSA social workers need to be strengthened in all cases concerning domestic violence where children may be involved as victims or witnesses. These cases include when a child and a mother leave their home and move to a safe space in the local community. The police should also be mandated to notify the SSA regardless of where a child is placed.

## FOLLOW-UP OF CHILD'S SITUATION AFTER REFERRAL AND RESPONSE

According to the child protection referral procedures, SSA, schools/child care facilities and police should coordinate to supervise an identified VAC case.<sup>21</sup> However, given that a social worker is defined as a case manager by Article 4.3, the SSA is responsible for collecting information from other counterparts and leading the follow-up process.

### FOLLOW-UP

#### MAIN FINDINGS:

- Social workers understand their follow-up responsibilities including the frequency of needed visits and ensuring contact with schools and police. However, other professionals think they could be more proactive.
- In most cases, schools seem to cooperating well with social workers in monitoring functions. However, there is a tendency to think that monitoring falls solely under the SSA's bandwidth.
- District police are involved after receiving restrictive orders from patrol police to ensure compliance with these orders. In some cases, police are also involved with monitoring of both a child and his/her family situation when needed.
- Coordination between various agencies during follow-up is not always as smooth as it should be due to lack of clarity around the roles and responsibilities of the various professionals involved in the process.
- Professionals expressed concern about each other's quality of work during the follow-up process.

#### PRIMARY RECOMMENDATIONS TO ALL THREE MINISTRIES:

1. Develop joint guidelines on case amangement follow-up to clearly define the roles and responsibilities of each actor.
2. Increase the resources to ensure that regular and quality follow-up takes place. This is especially important for social workers that need to be sufficient in number, knowledgeable and have adequate mobility.

<sup>21</sup> Articles 4.2, 4.3,4.4, Child Protection Referral Procedures

3. Develop clear methodological guidance on working with children and families. The materials and trainings should emphasize the importance for deeper cooperation between all relevant actors in VAC case management issues.

During the follow-up stage of case management, social workers should visit children regularly. In cases when children have been moved out of their families in response to violence, visits are conducted at least once a week.

*“...we conduct regular visits... if we take a child from the family and place them in foster care; we visit them 4 times a month.... Then once a month... however when is a necessity, we may visit them on a daily basis. Sometimes we have to visit schools, kindergartens, health facilities...” (social worker, Tbilisi)*

*“... we are checking what is going in their life: whether or not they go to school, visit a psychologist etc. according to their individual development plan.... On the other hand we try to improve a situation at home... we work with perpetrators intensively and engage psychologist in this process very successfully...” (social worker, Adjara)*

In most cases school representatives are involved in the follow-up process and they provide social workers with information on a child’s performance and behavior at school.

*“... since we approach a school and inform them about a case, we have the right to get all available information from them: academic records, observation notes, monthly references etc. we communicate regularly as they have possibilities to observe children daily... we are working as a team...” (social worker, Adjara)*

The study also identified that district police officers will collaborate with other professionals for the monitoring of some cases. District police become involved when restrictive orders have been issued in response to a VAC case as well as when a child and his/her family require police monitoring. After issuing restrictive orders, patrol police inform the respective district police officer who, in turn, is then responsible for ensuring the perpetrator’s compliance with these orders. Several police and social workers gave the following statements regarding this partnership:

*“... if we are issuing restrictive orders, the information goes to district police officers and they are obliged to register those families, elaborate particular approaches to and monitor those families more closely...” (Police, Tbilisi)*

*“... every district police officer gets a copy of restrictive orders issued in their area... they conduct monitoring regularly to check the situation at the family...” (police, Kakheti)*

*“... we are inviting police to participate... then they are visiting the families and talking with child and abusive parents... they also try to prevent further violence in the families... The principal teachers are also obliged to visit and work with family on a regular basis” (social worker, Kvemo Kartli)*

*“... District police officers are involved in the process as well as they also have some obligations to monitor the situation only in case when the child is at home and the violence act has been confirmed...” (social worker, Kakheti)*

However, social workers emphasized the need to strengthen the involvement of district police officers in the monitoring process. Several social workers commented on the need for a regular and systematic police presence:

*“... they [police] might accompany you, but they are not aware of their responsibilities and importance of their participation in monitoring process” (social worker, Adjara)*

*„... we had a case when police not only refused to conduct monitoring, but also did not respond to our official written request to provide information about the family...” (social worker, Kvemo Kartli)*

*„...we had a case when district police officer had been entitled to monitor the situation in the family for 2 years before we got information from school at the moment when the conditions got even worse and terrible things happened...” (social worker, Tbilisi)*

Moreover, it appeared that coordination between the various agencies was not always as smooth as it should be due to the lack of clearly delineated roles and responsibilities of the various professionals involved in the process. Several professionals stated that they were not always happy with the need to cooperate.

*“... as soon as the social worker comes into process, we are not involved any more... in case they need our assistance or we get some new information, we provide them with it as we are obliged to cooperate with them according to the referral...” (resource officer, Tbilisi)*

*“...they [school professionals] should strengthen their monitoring system... they should be interested in situations when a child misses classes a lot... when parents take them from school and check whether they are transferred to another school or not...” (police, Kvemo Kartli)*

In addition, the study found that police often consider social workers to be inefficient.

*“... social workers should lead the process, however we think they lack well-timed action... they should be more proactive and less bureaucratic... they think that completing the forms, checking some points and sending them would be enough from their side...” (police, Tbilisi)*

*“... they have to visit families and their neighbors once a week/twice a month depending on the situation and before they close the case they have to check the situation at least twice...” (police, Tbilisi)*

The survey found that while some professionals are relatively knowledgeable about the follow-up process, some reported experiencing a certain lack of clarity regarding procedures. However, the most relevant reported challenges seems to be social workers lack of competence and efficiency when working with children and families. However, it is clear that other professionals could also benefit from an improved methodology that clearly details how to work with children and families. The concerned ministries should focus their efforts on developing better methodological guidance materials for working with children and families. When developing these materials or trainings, the ministries should pay particular attention to strengthening the cooperation between different agencies.



## RECOMMENDATIONS

The child protection referral system in Georgia has significant strengths. Professionals across the three ministries have started collaborating to effectively respond to VAC cases. In addition, these professionals have acquired a certain level of understanding of the system and their respective roles. The SSA has also reported an increase in the number of referred identified cases of violence. Professionals are able to critically observe their counterparts' quality of work based on the past two years of collaboration and in many cases, identify areas requiring further improvement. However, the remaining challenges need to be addressed through complex interventions:

***Further elaboration of the normative base of a referral – refinement of primary and secondary legislation and the development of detailed procedures/guidelines for professionals on how to address the cases of child abuse and neglect***

The 2010 decree signed by the MoES, MoIA and MoHLSA establishes the general framework of the child protection referral system in Georgia. Some of the ministries have further developed internal procedures for their staff in line with the decree. The general legal framework in Georgia has been improving in recent years to provide better guarantees for protection of child rights. However, further advancement of the normative base is required in order to support the effective implementation of the referral procedures into practice.

The lack of clarity in response to the cases of VAC was often attributed to the lack of clear definitions of various forms of violence in legislation and referral procedures. The inability to differentiate between child abuse and disciplinary measures was also a reported problem. In order to provide a clear normative frame of reference for practitioners, it is necessary that relevant laws, secondary legislation, referral procedures and guidelines for professionals include clear definition of all forms of violence and corporal punishment.

The role of social workers needs to be further strengthened. Social workers must be further empowered to lead the coordination and case management process, through establishing and strengthening the mandatory links between other professionals and social workers in referral procedures.

Study findings demonstrated the need for further clarification and elaboration of referral procedures and guidelines for professionals (whenever they exist). In addition, MoES still needs to develop guidelines for school-based professionals and other educational institutions. MoHLSA shall develop similar guidelines for healthcare professionals as well as for daycare, foster care and other childcare service providers. The refinement of referral procedures and guidelines, as well as development of internal guidelines for referral professionals in MoES and MoHLSA systems should be carried out through collaboration of all concerned ministries/agencies. The aim should be harmonization of referral procedures and guidelines across ministries with the view of establishing a common understanding of violence issues, and a uniform approach to intervention.

Moreover, guidance documents for all professionals should provide the following information: a. clear directions for identifying VAC cases; b. practical procedures and techniques; c. specific roles at various stages in the referral process (identification, assessment, intervention, and follow-up); and d. regulations for discharging their official duties.

In order to improve professionals' accountability when reporting, referring and following-up in violence cases, their functions should be reflected in the relevant legislative framework and explicitly expressed in their job descriptions. Accountability for non-reporting/non-referral has to be clearly articulated in regulations of concerned agencies or ministries. Compliance with referral guidelines can be linked with existing service standards and licensing schemes for child care services.

### ***Further capacity building of professionals involved in the referral process***

Both the MoIA and the MoLHSA have respective specific guidelines on referral for police and social workers.

However, the further development/advancement of internal guidelines by ministries should be accompanied by trainings of staff members who are involved in referral procedures. The study's findings demonstrated that the trainings should cover the following topics: a. identifying signs of VAC; b. understanding various forms of violence vs. acceptable disciplinary measures; and c. collaborating with other professionals at various stages in the intervention process. In addition, all professionals identified the need for capacity building trainings on methods for working with children and families. Moreover, these trainings should be tailored to the specific needs of particular professionals according to their roles (identification, assessment, follow-up and coordination with other actors) in the process.

In addition to internal procedural guidelines, with the aim of improving cooperation among different professionals, joint trainings for police, social workers, healthcare professionals, school and other educational institutions, child care service provider practitioners should be conducted.

In order to ensure their sustainability, trainings on violence identification, referral procedures and methods of interviewing children and families should become a part integrated into the mandatory curricula of existing training institutions, such as the police academy. In addition, concerned ministers should have a strategy and the resources for outsourcing such trainings whenever necessary.

### ***Introduction of additional actors to child protection referral for increased sensitivity and efficiency of the system***

Both participants of focus group discussions and interviewed stakeholders stated that institutions mandated and obliged to identify and refer VAC cases should not be limited only to professionals indicated in the joint ministerial decree. The list of such institutions should be broader to cover all facilities and services working with children as mandatory reporters of VAC cases.

These new institutions should include all kindergartens, specialized sport and art schools, day-care facilities and professionals despite their funding sources (state, non-governmental, church-run); and any services providing psycho-social and other support to children and their families.

In order to support the SSA in becoming a more effective and proactive actor in identifying, responding and referring VAC cases, social workers' job descriptions should be augmented to include the identification of cases when conducting their monitoring visits to childcare services and foster families. In addition, social agents employed by SSA to assess families for eligibility of targeted social assistance, such as cash, medical insurance, vouchers for social services, are a useful resource due to their extensive coverage of families across Georgia, and thus should also be involved in identifying potential VAC cases.

In order to improve the efficiency of schools in identifying and reporting VAC cases, a group of school-based professionals should be selected and re-trained as guidance counsellors. These counsellors will ensure all school staff members have an adequate understanding of violence detection in the school, assist with family contact and assessment and facilitate contact with outside agencies.

### ***Increased focus on awareness raising on (D)VAC issues among general public and groups of professionals***

The study results demonstrated that the general public considers responding to VAC cases perpetrated in family scenarios as interference in a family's affairs. This cultural norm impacts the ability of professionals to become involved in these cases. In response, awareness-raising activities are crucial for both the general public and professionals. In addition, concerned ministries should include responding to VAC cases as an important part of their functions, and increase the awareness of their staff and the general public about this function.



Ensuring that the child protection referral mechanism is strengthened will require political will and resources. Primarily, the political will must come from the three key ministries. These ministries must commit to further strengthening of the system and should adopt the key recommendations outlined in this report. The legislative branch should also further refine its framework. Similarly, resources must be made available to support training, especially to the MoES, coordination, and further technical development of guidelines. As the number of referrals increase, the working methods and systems must be further developed in order to meet the increasing demand in an efficient and effective manner. The children affected by violence in Georgia depend on these actions.

## ANNEX 1: RESEARCH METHODOLOGY

### Research population:

The research population of the qualitative component of the research covers the institutional actors responsible for implementing the childcare referral policy, as well as non-governmental organizations engaged in the field.

### Sampling:

The purposive sampling widely used in qualitative research was employed for recruiting the respondents for this component of the study.

The sample was drawn from representatives of three ministries involved in identifying, reporting, referring and managing the cases of violence against children: MoLHSA, MoES and the MoIA as defined by the referral procedures.

**MoES** was represented by resource officers responsible for identifying possible cases of violence and referring these cases to the police and/or to SSA as well as school teachers.

**MoIA** was represented by the patrol police and district inspectors. These participants were responsible for identifying, investigating and referring the cases of violence to SSA social workers.

**MoLHSA** was represented by mid-level managers and social workers of the LEPL SSA. The SSA is responsible for assessing, managing and monitoring the referred cases of violence against children as well as providing consultations and safe placement to a child according to his/her needs.

In addition, one additional institutional actor, High Council of Justice (HCJ) was also represented in the research. HCJ is composed of judges who are responsible for issuing protective and approving restrictive orders in response to the cases of violence against children.

Four regions were chosen as locations for recruiting respondents:

- Tbilisi, the capital and largest and most densely populated city of the country;
- Kvemo Kartli, a region densely populated with ethnic minorities;
- Adjara, to represent the Western Georgia (highest rate of family conflicts according to MoIA)
- Kakheti, to represent East Georgia (the largest region of the East Georgia)

In order to recruit respondents for focus groups and interviews, which are reviewed in detail in the next section, UNICEF sent letters to the respective ministries/councils (MoLHSA, MoES, and HCJ) with the request to provide the contracted research company ACT Research (ACT) with the primary list of potential respondents in all four regions. ACT contacted all of the potential respondents nominated by respective agencies. Focus groups and interviews were then conducted with the respondents who agreed to participate in the study.

**Timeframe:** Focus groups and interviews were conducted in July-September 2012 by ACT interviewers and moderators.

**Data collection tools:**

Both qualitative and quantitative research tools were used for collecting the data.

**Desk review:** Review of the existing normative base of the referral procedures was conducted to identify its limitations. Additionally, statistics, covering the period from the introduction of the procedures in 2010 up to September 2012, on the referrals of the cases of all forms of violence desegregated by regions were collected from SSA and analyzed by the researcher.

**Focus Groups:** Focus groups discussed three thematic groups: a. SSA social workers, b. school representatives (teachers and schools resource officers), and c. the police (patrol police/district inspectors). The rationale behind constructing these thematic groups, rather than mixed ones, was: a) to collect as much information from each actor within the referral system as possible regarding their practices related to all stages of the child care referral procedures; and b) to identify challenges they faced in their day-to day activities within their agencies as well as in coordinating work with other agencies.

The group discussions were held in Tbilisi, Batumi, Telavi and Marneuli. ACT moderators used separate guide to facilitate the focus groups. These guides highlighted each thematic group and were prepared by UNICEF and agreed upon with the ACT team.

In total, 90 people took part in focus group discussions. Around 4-10 respondents participated in each group. Overall, 12 focus group discussions were held, three in each region:

Four focus groups with the school representatives (two groups with teachers and two groups with resource officers).

Four focus groups with statutory (SSA) social workers – one in Tbilisi and three in the regions;

Four focus groups with policemen - one in Tbilisi and three in the regions;

**TBILISI**

- **Social workers** (by districts): Didube-Chughureti (two), Old Tbilisi (two), Vake-Saburtalo (one), Isani-Samgori (two), Gldani-Nadzaladevi (one)
- **Resource officers** (by school): public school (seven), private school (three)
- **Police:** Seven

**ADJARA**

- **Social workers** (by cities): Batumi (four), Kobuleti (two), Shuakhevi (one)
- **Teachers:** Batumi Public schools (five)
- **Police** (by cities): Batumi (four), Shuakhevi (one), Kobuleti (two), Keda (one)

**KAKHETI**

- **Social workers** (by cities): Telavi (six), Akhmeta (one), Gurjaani (one)
- **Resource officers:** Telavi public school (eight), College (one)
- **Police** (by cities): Akhmeta (two), Telavi (three), Gurjaani (one), Dedoplistskaro (one), Kvareli (one)

KVEMO KARTLI

- **Social workers** (by cities): Marneuli (two), Bolnisi (one), Rustavi (one)
- **Teachers:** Marneuli Public schools (four), Villages (four)
- **Police** (by cities): Rustavi (five), Gardabani (one)

The group discussions were held in the Tbilisi ACT offices as well as in regional municipality and administrative centers. Focus group discussions were video recorded and transcribed by ACT while a UNICEF consultant conducted the data analysis.

Structured Interviews: Before starting the focus group discussions, all participants (except for policemen<sup>1</sup>) filled out the same questionnaires that were used in the nationally representative public survey <sup>2</sup> component of the research. This questionnaire was designed to measure an individual's knowledge and attitudes towards violence. Overall, the following professionals completed 61 questionnaires: 28 by social workers, 20 - by school resource officers, 13 by teachers. ACT entered the collected data into SPSS and STATA software, which was later analyzed by UNICEF.

In-depth semi-structured interviews: Six in-depth interviews were conducted with judges from civil and administrative departments of courts representing all four regions: Tbilisi (three), Rustavi (one), Batumi (one), and Signaghi (one). Two other interviews were conducted with SSA<sup>3</sup> lawyers. The interviews were carried out by ACT interviewers and were audio-recorded. UNICEF prepared an interview guide that was used by the interviewers. ACT prepared the transcripts and UNICEF conducted the analysis.

UNICEF conducted seven in-depth interviews with mid-level managers of SSA, the Public Defender's Office (PDO) and NGO representatives working in the child welfare field. Please see Annex 2 for a list of involved NGOs.

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<sup>1</sup> Representatives of MoIA refused to participate in the survey.

<sup>2</sup> "Violence against Children in Georgia – National Survey on Knowledge, Attitude and Practices" - nationally representative survey carried out by UNICEF during the same period as the focus group discussions. You can request questionnaire at the UNICEF Georgia office or find as an Annex 2 of the mentioned Survey.

<sup>3</sup> [www.SSA.gov.ge](http://www.SSA.gov.ge)

## ANNEX 2: LIST EXPERT INTERVIEWS, BY AGENCY

- **Jaba Nachkebia** - Children of Georgia (CoG)
- **Salome Namicheishvili** - Georgian Association of Social Workers (GASW)
- **Anna Arganashvili** - Public Defender Office (PDO)
- **Lia Saralidze, Ketevan Margalitadze** - Public Health Fund of Georgia (PHF)
- **Eka Saneblidze, Nino Tvildiani** – Social Service Agency (SSA) (Central Office)
- **Manana Kobakhidze** - SSA Isani-Samgori District department

## ANNEX 3: SOCIAL SERVICE AGENCY STATISTICS ON THE REFERRAL OF VIOLENCE AGAINST CHILDREN CASES IN GEORGIA

Category	Referral of Child victims of Violence	2009	2010	2011	2012			Total
					Jan-March	Apr-June	July-Sep	
<b>N of Cases</b>	Total referral cases	40	90	141	57	44	36	137
	Confirmed violence cases			92	31	24	18	73
<b>Gender</b>	Male		42	49	26	21	19	66
	Female		48	60	31	23	17	71
<b>Referred by</b>	Police		11		5	12	13	30
	School/resource center		13		8	3		11
	PDO		4		3	1		4
	Citizens		25		9	3	12	24
	State Care Agency					16		16
	Social service center						3	3
	Anonymous					3		3
	Parent					3		3
	Info obtained though social network						2	2
	Victim						1	1
	NGOs/ other state agencies			37		19	3	5
<b>Type of violence</b>	Physical		33	61	9	14	8	31
	Psychological		53	40	5	12	11	28
	Neglect		29	23	14	11	4	29
	Sexual		3	3	2	1	9	12
	Coercion		6					
	Abandonment			2				
	Family conflict					3	3	6
<b>Perpetrator</b>	Parent/family member		83	106	29	35	28	92
	Neighbor				1	1	3	5
	Teacher					1		1
	Classmate/peer			2		1		1
	Unknown				1	1		2
	Resident of the same village						5	5
	Personnel of residential institution					5		5

Category	Referral of Child victims of Violence	2009	2010	2011	2012		
Region	Kvemo Kartli			11	1	5	17
	Shida Kartli				3	1	4
	Samtskhe-Javakheti			1		4	5
	Samegrelo-Zemo Svaneti			1			1
	Adjara			1	2	1	4
	Imereti			4	3	2	9
	Racha Lechkhumi-Qvemo Svaneti						0
	Guria						0
	Kakheti			13	3	3	19
	Mtskheta-Mtianeti			3	7	4	14
	Tbilisi			19	25	16	60
Measure	Children taken out of families			54			
	Restriction of parental rights			15			
	Deprivation of parental right			5			
	Police involved in the cases			71			

