



Institut of Child Health – Department of Mental Health and Social Welfare

The child institutional abuse: current knowledge and practices Greece Report

March 2017

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Suggested Citation: [APA style](#)

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This publication has been produced with the financial support of the Justice Programme of the European Commission. The contents of this publication are the sole responsibility of the authors and can in no way be taken to reflect the views of the European Commission.

ACKNOWLEDGEMENTS

The project “Support to Adult Survivors of Child Abuse in institutional settings - SASCA” (JUST/2015/JACC/AG/VICT/9292) is carried out in the framework the Justice Programme. The Project is funded by the European Commission (80%) and partner organizations (20%).

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1. The issue of institutionalization of children and child abuse in Greece

1.1 The dimension of the phenomenon of children removed from home at national level: brief history, statistics, characteristics of the children, causes for removal, average length of the time spent out of families.

To our knowledge, there is no unified source of data available that can be used for recording and monitoring purposes on the number and status of children in residential care in Greece. In the recent (2011) Non-Governmental organizations' report retrieved by the website of the Greek Deputy Ombudsman in charge of Children's rights in *Application of the United Nations Convention on the rights of the child*, it is stated that:

A specific reference should be made to the institutions accommodating children with disabilities in Greece. According to estimates, (E.P.S.Y.P.E.), within the country operate 34 public residential units, that in total treat about 3,000 people of all ages (except senior citizens) with mental, physical and social disabilities. The capacity of each unit is of 40-200 disabled people. Among them there are five Child Care Centers (KE.PE.P.), for children suffering from chronic (incurable) diseases, physical disabilities or severe mental retardation, of total accommodation capacity of 300 children. In addition, there are dozens of small private institutions (charities and religious institutions) for 3,000 cared people with disabilities. Altogether about 6,000 people with disabilities are accommodated in these institutions, most of them for many years and some for their whole life. 30% of these are children, adolescents and youth. These institutions do not have clear admission criteria for patients based on age, illness, type of disability and degree of functionality. They accept in undifferentiated way, people with many and various needs. This combined with the meager resources available for their operation - in terms of financial and human resources – has resulted in little or no provision of specialized services for people with disabilities (p.12-13).

It is difficult to estimate these figures since there are no data available to the public by the Hellenic Statistical Authority (EL.STAT.), plus church charities, for example, do not provide data about the children under their care, so it is even more difficult to estimate the exact numbers of children in institutions in Greece. According to estimations by the Roots Research Center, in 2005 there were approximately 3,200 children (200 of them with disabilities) placed in institutional care, but these data seem rather outdated.

A child may be placed in residential health and social care facilities for a wide range of reasons, such as:

- **Being biological orphan.** All over the world the vast majority of children in residential care are not double orphans (United Nations [UN], 2010). Depending on the region, 50-90% of children living in orphanages have at least one living parent (Williamson, Greenberg, 2010). For example, in Eastern Europe and Central Asia, a

2012 situation analysis found that about 95-98% of children below three years of age in formal care were not orphans (UNICEF, 2012). Instead, children in residential care most of the times have at least one living parent, often known to the authorities (see Browne et al., 2006; Carter, 2005; Tobis, 2000) who, however, cannot care for them.

- **Separation and neglect due to poverty, stigmatisation or being an unwanted child.** Poverty is often the main reason for placing children in orphanages (Bilson, Cox, 2007) since parents in vulnerable conditions perceive orphanages as solutions to urgent problems; it is quite common where poverty is prevalent for parents to turn to residential care to cover basic needs of their children as food, education and health care (Ministry of Gender and Family Promotion, Republic of Rwanda [MIGEPROF] and Hope and Homes for Children, 2012). For example, a paper based on case studies of Sri Lanka, Bulgaria and Moldova highlighted that poverty is a major underlying cause of children being received into institutional care and that such reception into care is a costly, inappropriate and often harmful response to adverse economic circumstances. Furthermore, these studies show that resources committed to institutions can be more effectively used to combat poverty if provided to alternative, community-based support organisations for children and families (Bilson, Cox, 2007).

It is common among poor families to believe that an orphanage is the best option for the fulfillment of their children's needs without fully realizing the effects it can have on their children's wellbeing.

- **Disability or illness.** In Central and Eastern Europe and the Commonwealth of Independent States, one-third of children in residential care are there because of disability (UNICEF, 2010). Often children with disabilities are placed in orphanages or hospitals for specialist care because their parents don't have access to appropriate support services (UNICEF, 2010).

- **Incapacity of parents to care** for their children due to illness, alcohol or drug misuse or imprisonment.

- **Family abuse, neglect or exploitation** especially due to alcohol and drug abuse or in cases of untreated mental illness (UNICEF, 2010).

- **Conduct disorder and behavioural difficulties** requiring a specialist school or a secure environment (Daphne Programme, Mulheir, 2007)

- **Conviction** of an offence requiring a correctional or detention facility (Browne, 2009).

- **Migration** leading to detention or transit centers.

The placement of children in residential care is a worldwide phenomenon. However, most data come from reports published for Europe where this practice is considered the best solution in order for children to be "saved" from any kind of inadequate parenting (Browne, 2009). Although sometimes children really cannot

be cared for in family settings this placing must be considered as an emergency measure (for example when the child needs short term therapeutic input (Madge, 1994) and all efforts must be so that it takes place in a foster family or a small family-type home, or at least at a high standard service. This placement should happen together with a parent and should never last for longer than 3 months. In cases of children with special needs, specialised residential care may be needed for longer periods of time, but this should happen only as an exception (Directorate-General Justice and Home Affairs, WHO, University of Birmingham, 2007).

1.2 Data on the phenomenon of child abuse in the country (prevalence, incidence, typology, ecc.), availability of specific data on child institutional abuse

A review of available information of the situation regarding Child Abuse and Neglect (CAN) in Greece concerning the magnitude of the problem, the national legal framework related to CAN and the child protection system in Greece indicated (1) the inaccurate estimation of the magnitude of the problem in Greece due to a great lack of primary data from epidemiological field studies and a lack of systematically collected data from organizations, (2) the insufficient legal framework concerning CAN, the lack of a law solely dedicated to CAN as well as the limited enforcement of the existing provisions, and (3) the non-existence of a structured Child Protection System in Greece, resulting in confusion regarding child care and child protection procedures in cases of CAN as well as focusing mainly on harm reduction and tertiary prevention practices instead of primary or secondary prevention practices.

On the other hand, we don't have formal information and data about child abuse and neglect in the institutions. There isn't any research in this issue and most of the times when an incident occurs the responsible of the institutions choose not to communicate this in the public. The responsible prefer to resolve the issue within the institution either by removing the child or children or by placing the professional to another position.

1.3 Characteristics of the residential facilities for children removed from home (typology, diffusion, nature of institution responsible for them, ecc.)

In Greece, due to lack of available resources, as a consequence of the current economic crisis, but also because, for many years, there has not been enough progress towards legislation improvement, introduction of quality standards, establishment of monitoring mechanisms, and other issues so that the rights of children in residential care are ensured, child protection is nowadays in a very critical situation (European Network of Ombudspersons for Children [ENO], 2011).

For many years after the end of World War II, the care of orphaned or abandoned children was the responsibility of various private institutions belonging to charity or to the church which undertook the children's raising until adulthood. Over the years, the orphans and abandoned children tended to be fewer

while there has been an increase of children who needed to be removed temporarily or permanently from their families, due, most often, to abuse or neglect, family crises, problems, illness / disability or inability of the parents. These children are usually placed in residential care, following an order of the juvenile prosecutor¹ or at the request of their parents, often with the mediation of social services.

In Greece, there are two main categories of childcare institutions, institutions for children with no health problems, and institutions for children with chronic illness or disabilities – mainly mental ones. Lately, the first category of units has started to accept children with mild health issues and disabilities as well (ENOC, 2011).

Sometimes, children are also placed in various units according to their age; there are however institutions where children remain until they reach adulthood; in the cases when adults are residents in the same institution with children, there is danger of physical and/or sexual abuse of the older towards the younger residents. For adolescents with behavioural or severe emotional problems, drug-related problems or juvenile offenders' special programs are not provided except for a program initiated by SOS Children's Villages, which due to lack of financial support has closed down (ENOC, 2011).

Finally, regarding refugee children, nowadays there are about nine detention centers – public and NGO-operated – accommodating up to 350 minors.

2. Child institutional abuse

2.1 Knowledge and awareness in relation to the problem of child institutional abuse at national and Community level

CURRENT SITUATION ON MONITORING CHILD ABUSE & NEGLECT in GREECE

According to the LUMOS report for Greece, currently in Greece neither central authorities where CAN cases can be reported nor unified databases of CAN cases exist; instead, cases are reported to a range of different agencies.

A study conducted in Greece in 2008, showed that many organizations and services collect CAN related data such as social services of municipalities, the National Center of Social Solidarity, the

Child Ombudsman, child health and mental health services, Justice and Public Order sectors' services and NGOs using different tools and methodologies.

Although abuse and neglect can be often found in families, research has shown that children are more likely to be abused in orphanages. A global study on violence in orphanages showed that the children living there

¹ In Greece the Prosecutor of Minors has a double role, dealing with penal offences of juveniles and taking any appropriate measures in order to protect children from violations of their rights by their parents or guardians.

are quite often victims of abuse and exploitation (Pinheiro, 2006). The degree of violence in institutional care cannot be easily known.

Institution level review (Attica, Western Greece)

The institution level fieldwork shows the situation of children in a sample of institutions and the movement of children through the residential care system. It also aims to provide details of human and material resources in the system. The sample of institutions included institutions run by the State, NGOs, Foundations and the Church. It also included institutions for all ages of children and children with disabilities.

Children must also be carefully protected from abuse when they are in care. Although abuse is generally more prevalent in institutions than foster care (Euser et al. 2013), it is very important that all types of placement are set up with careful screening, training and monitoring of carers.

Abuse or neglect (CAN) was given as a reason for admission for the majority of the children. However, economic reasons, lack of parental skills and parents with special needs or mental illness were also very common.

Behavior management:

A variety of methods are used to manage children's behavior in institutions in Greece, according to the national level survey. The following positive methods are most frequently used: rewards for good behavior, cognitive behavioral approaches to change behavior, building attachments to improve behavior, short periods of 'time out' (for younger children).

However, a number of methods of punishment are also sometimes used: corporal punishment/physical punishment (slapping), physical punishment using objects (e.g. a stick), physical restraint (tying children up): mostly for children with disabilities, psychiatric medication (such as sedatives): mostly for children with disabilities, food deprivation (child skips a meal). Sleep deprivation is never used.

Apart from the above evidences, no other data exist concerning in particular child institutional abuse in Greece. However, information is available about the situation regarding in general Child Abuse and Neglect (CAN) in Greece and it concerns the magnitude of the problem, the national legal framework related to CAN and the child protection system in Greece. This information indicates (1) the inaccurate estimation of the magnitude of the problem in Greece due to a great lack of primary data from epidemiological field studies and a lack of systematically collected data from organizations, (2) the insufficient legal framework concerning CAN, the lack of a law solely dedicated to CAN as well as the limited enforcement of the existing provisions, and (3) the non-existence of a structured Child Protection System in Greece, resulting in confusion regarding child care and child protection procedures in cases of CAN as well as focusing mainly on harm reduction and tertiary prevention practices instead of primary or secondary prevention practices. Apart from the achievements insofar, it is evident that the children's rights protection movements and International Conventions such as the CRC as well as the current structure of child protection systems at international level have not yet influenced as much as needed the Greek decision-making centers. There are no child protection services and no central agency designated to supervise the various state provided services. Contrary to that, several government agencies are responsible for providing psychosocial services to families and children and there are, in general, several child protection organizations and institutions, of various legal status types, character and orientation. There is no coordination and cooperation among all

institutions that are involved in child protection and, thus, the Judicial authorities, health services, police and social services, due to their inability to coordinate their interventions, often leads to the re-victimization of the already victimized children and their families who also run from organization to organization without receiving the necessary help.

It is a fact that, there is no discrete Child Protection System in Greece with specifically define regulations and services for both the beneficiaries and the staff; there are very few shelters for abused children, as well as few specialized therapeutic and support services for children victims and their families. A similar fragmentation equally applies to the NGO sector as well. Regarding the professionals that are in contact with children, the current legal framework is obscure, as they don't know which cases they should report to the authorities, which are these authorities and under which conditions they are obliged to report.

Furthermore, as there are no guidelines or a common protocol to be followed, professionals are very reluctant to report cases and they are also not mandated to report cases of CAN. Furthermore, due to this gap, often professionals have to try to find ad hoc resources (e.g. personal contacts) in order to "do their job", namely to protect children and offer them the necessary assistance. In other words, the problems of either policy making or policy implementation and the current situation regarding child protection in Greece is rather complex, contradictory and often difficult to be solved. The major problems in dealing with cases of CAN in Greece can be summarized as follows:

The magnitude of the problem of CAN in Greece is yet unknown due to the lack of primary data, epidemiological studies and systematic collection of data regarding detected/reported CAN cases.

- Lack of staff in the relevant institutions, as well as the unclear duties among the professionals and/or institutions
- Lack of professionals' training and supervision
- No monitoring systems for CAN cases; no surveillance center or registry for CAN cases
- There are no regulations regarding monitoring and evaluation of institutions and professionals who are involved in child protection
- Lack of uniform criteria for screening, diagnostic and classification criteria, and criteria regarding handling of cases; lack of a common protocol and guidelines; each institution or professional uses their own criteria
- Lack of legal immunity for professionals (professionals can be subjected to suits by offenders, and thus discouraged to report any alleged cases) which often leads to developing a defensive stance at their work and resulting to low morale, as they feel helpless in front of the complicated & bureaucratic "state system"
- Existence of very few shelters for abused children
- The insufficient legal framework; the lack of family courts and the underdeveloped institution of foster care.
- Principles of Child Friendly Justice have not yet been applied in investigation of CAN allegations.

A comparative consideration of the results of the BECAN epidemiological research and the case-based surveillance study suggests that although trends regarding incidence rates of each individual type of CAN are

similar in both studies, the magnitude of the problem as estimated on the basis of recorded cases is dramatically lower than the respective estimates resulting from the responses of the children in the epidemiological survey. For instance, in the case of Greece, an enormous discrepancy was found between incidence rates reported by children in field survey and rates estimated on the basis of records of authoritative agencies and organizations: according to the former children report exposure to physical violence in as much as 47,4% out of which one in ten reports more than 8 different types of exposure to physical violence; at the same time according to official records estimated incidence rates for the same ages are calculated roughly to just 0,34%. Similarly, 9,54% of children do report exposure to sexual violence over the last year and 4,45% contact sexual violence; at the same time rough estimation of recorded rates of sexual abuse is just 0,13%. Moreover, it is also observed that the overall trends in the incidence rates of various types of CAN are similar between the two studies per country; in general psychological abuse seem to be the more frequent type of abuse followed by physical abuse while sexual abuse is the less prevalent among the forms of maltreatment, providing, thus, an additional argument for the relation between data derived by the two studies, and consequently for their vague comparability under the appropriate respectful constraints and reservations. The BECAN study has shown that CAN incidence in Greece rates range 6,8 cases/1000 children.

2.2 Description of researches on the issues:

The Lumos project in Greece:

Lumos is an international non-profit organisation founded by J.K. Rowling, dedicated to ending the institutionalisation of children – a practice that decades of research have shown is harmful to child development. Working with many others and at all levels Lumos aim to ensure the right of every child to family life and transform the lives of the estimated eight million children currently living in institutions and orphanages. Lumos help countries transform education, health and social care systems for children and their families, and help move children from institutions to community-based care.

Lumos supports local civil society partners in Greece and the Greek Government to promote deinstitutionalisation of children's services, by providing international experience and assistance on this issue.

The situation of vulnerable children in Greece has been seriously exacerbated by the impact of the financial crisis and the austerity measures imposed as a result. From the beginning of 2015, Lumos has worked in partnership with the Athens-based Institute of Child Health, Department of Mental Health and Social Welfare (ICH-MHSW), to better understand the current situation and promote good practice in reform.

The Greece Strategic Review

The purpose of the Strategic Review in Greece is to provide the research base for promoting and planning reform of the child care system, away from institutions and towards community based services, in the Attica region and in Greece as a whole. The data collected highlights the current needs of communities and families in Greece, with the aim of assisting governmental and non-governmental stakeholders to plan this reform and end the institutionalisation of children.

The overall outcome of the review will be the development of a Regional Action Plan (RAP) for the transformation of child protection services in Attica. The action plan will include proposed actions for reform and details of services that need to be created, redesigned or reduced as part of this process.

BECAN RESEARCH COMPONENTS:

The BECAN (Balkan Epidemiological Study on Child Abuse and Neglect) project included the design and realization of an Epidemiological field survey and a Case-Based Surveillance study in 9 Balkan countries (Albania, Bosnia & Herzegovina, Bulgaria, Croatia, FYR of Macedonia, Greece, Romania, Serbia and Turkey). The 9 Epidemiological Surveys that were conducted aimed at investigating the prevalence and incidence of child abuse and neglect (CAN) in representative randomized samples of the general population of pupils attending three grades (the grades attended mainly by children 11, 13 and 16 year-olds). In addition, supplementary surveys were conducted to convenience samples of children that have dropped-out of school in countries where the drop-out rates are high for producing estimates of respectful CAN indicators at national level. Data were collected by two sources, namely by matched pairs of children and their parents, by using two of the ICAST Questionnaires (the ICAST-CH and the ICAST-P) modified for the purposes of the BECAN project. The Case-Based Surveillance Study (CBSS) aimed at identifying CAN incidence rates based on already existing data extracted from the archives of agencies involved in the handling of CAN cases (such as child protection, health, judicial and police-services and NGOs) in the same geographical areas and for the same time period as the epidemiological field survey. The collected data were related to the characteristics of individual cases such as child, incident, perpetrator(s), caregiver(s), and information concerning the family. At the same time, the CBSS targeted to map the existing surveillance mechanisms, where available, and to outline the characteristics of the surveillance practices in each participating country. Moreover, comparison at national level between inductance rates of CAN as found in field survey in one hand and in case based surveillance study on the other would produce evidence based estimates of the instantiation of the “iceberg” phenomenon regarding CAN, viz. that actual rates of the phenomenon are substantially higher than the number of cases actually known or provided for by services in the participant countries.

2.3 Events disclosed in the public opinion: reactions, lessons, learned

As shown by the above studies, the official and recorded knowledge about the current institutional child abuse in Greece is very poor and recent.

On December 2011, probably the biggest case ever of the child sexual abuse in Greece was revealed; a children and adolescents’ team basketball coach has been accused of abusing sexually 97 or more boys during the last decade. Such unfortunate event apart from contributing to vindicating research methodological validity, indicates also the potential use of CAN field research in order to locate sources of increased children’s victimization and take appropriate measures of further inquiry and intervention. The following two years an evidence based program for preventive and therapeutic intervention for victims at that particular Prefecture was designed and initiated, partially in virtue of the project’s implementation.

In relation to institutional abuse, on November of 2014 a report of BBC “The disabled children locked up in cages” referring on a public institution for disabled people in Lechaina, attracted the attention of local and international authorities about the abuse and violation of human rights going on in the particular institution.

Some years earlier, in 2011 the Greek ombudsman for the rights of the child who visited the centre published a damning report in which he highlighted, "the degrading living conditions... the deprivation of care and support provided, the use of sedating medication, children being strapped to their beds, the use of wooden cage-beds for children with learning disabilities, the electronic surveillance, as well as the fact that such practices constitute violations of human rights." (The Greek Ombudsman Independent Authority, 2011, p.3). Currently, there is an interventional programme being implemented at the institution by LUMOS and ICH. The two organizations are also collaborating with the Greek government in order to expand it at a deinstitutionalization programme.

3. Legal framework

3.1. Brief description of legislation, policies, procedures and services involved in the removal of children from home (when services intervene, who does what, etc.)

The Greek child protection system is composed by a number of laws and services in various sectors involved. Noteworthy that in the Greek legal system there is a basic hierarchy of power among the legal documents in force. Specifically, the Greek Constitution takes precedence of domestic laws and ratified treaties and following, the international and European law take precedence over national norms. This also means that in instances of inconsistencies or controversies between national and international law, the last one prevails (Greek Const., Article 28, para 1) and that in instances of gaps or ambivalent interpretation of national rules, relevant international law shall be the one employed.

With regard to child protection the following guiding legal rules are to be identified:

Firstly, under the Greek Constitution childhood and the youth explicitly fall under the protection of the State as separate legal rights safeguarded (Greek Constitution, Article 21, paras 1 & 3). Moreover, Greece has ratified the United Nations Convention on the Rights of the Child by the enactment of law 2101/1992 and ever since all the included provisions, rights, obligations and guiding principles constitute national rules with a primacy effect.

Child protection system in Greece is being mobilized in cases of:

- children losing both of their parents
- children abandoned by their caregivers (here including infants)
- incapacity of parents to take care of their children
- unsuitability of parents for raising a child
- child abuse and/or neglect
- disability of children
- street children
- children presenting an antisocial or offending behaviour

Actions are commonly initiated when there is **a referral to the local social services or the District's Public Prosecutors Office or the police or the school or a child hospital**. The legal framework at this stage consists of the Civil Code, Penal Code, Penal Procedure Code, Civil Procedure Code, and Law 3500/2006 on combating domestic violence, along with laws or presidential decrees describing the role of the social

worker, the psychologist or the doctor. Noteworthy that Greece has ratified and thus incorporated into national legislation all significant international and European treaties related to the protection of children (i.e. Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography (Law 3625/2007); Convention of the Council of Europe on the protection of children against sexual exploitation and sexual abuse (Lanzarote Convention; Law 3727/2008); United Nations convention against Transnational Organised Crime (Palermo Convention) and the Protocols thereto (Law 3875/2010); Convention of the Council of Europe for the action against trafficking of human beings (Law 42/2013); EU Directive 2011/92/EU on combating the sexual abuse and sexual exploitation of children and child pornography (Law 4267/2014). This has brought concomitant amendments of existing national framework. In accordance with EU law Greece has enacted Law 4251/2014, Migration and Social Integration Code (as amended by Law 4332/2015), where together with Law 3064/2002 and the Presidential Decree 233/2003 contain more detailed provisions for victims of trafficking in human beings.

Measures for the protection of children

Measures can be taken in a temporary basis or in a permanent one. The penal procedure is initiated when the child has been a victim of abuse or serious neglect in accordance with crimes provided in penal laws. The civil procedure is evoked when the child has been abandoned; both parents of the child have passed away; the parents cannot fulfil their parental obligations due to sickness, drug abuse, incarceration or mental health issues; the family environment is considered unsafe for a child; a parent or both have been perpetrators of abuse or neglect of their children; the parents are unable to support the living of the child and they voluntarily ask for their child's placement to a child protection institution either because of their child's physical or mental health or lack of resources.

Regarding the temporary measures for the victim's protection during the penal procedure the following can be applied: when the perpetrator is a family member under the definition provided in article 1 para 2 Law 3500/2006, then, at any stage of the penal procedure for such a case, that it is necessary for the victim's protection, the perpetrator can be removed from the victim's home or be prohibited from approaching all settings related to the victim or the victim shall be taken to a protection institution (article 18 L. 3500/2006). Most commonly, the victim is the one to be placed to a protective environment, because often there is no certainty about the supportive role of the rest of the family. Moreover, for child victims of their personal or sexual freedom or sexual exploitation, if it is necessary for their protection at any stage of the penal procedure protection measures can be ordered such as prohibition of communication, removal of the perpetrator from the victim's environment or stay of the victim to a protective environment (article 352 A para 4 Penal Code).

Temporary measures can be employed during the civil procedure when the perpetrator is one or both of the parents or caregivers, even when the case has not yet be referred to the penal procedure. According to article 1532 para 3 of the Civil Code in case of emergency, where the child's physical or mental health is at risk, every appropriate action can take place. A social inquiry by the social service of the municipality the child is residing is initially carried out to investigate the circumstances at the child's home. The most common measure is the removal of the child from the perpetrator's home and his/her placement to a protection institution. Every such measure is typically in force for 30 days and after that the Public Prosecutor has to file a request to the court for the matter of custody to be decided permanently. In practice the measure can be active even for a year and a half, in cases where there is no certainty of the perpetrator's identity or actions. Often children are first referred to a child's hospital in order to be

examined and then are placed to a suitable protection institution according to the latter's availability and the child's age and gender. Their stay at the hospitals sometimes lasts up to a month or more. Moreover, an NGO "the Smile of the Child" is often notified to assist the child's transfer to the hospital or even spend time with him/her while being held there.

At the same time, there is the possibility for the court to order interim measures in cases of emergency or to avoid imminent risk in the context of domestic violence (Civil Procedure Code, article 735). Therein are included the removal of the perpetrator from the victim's home and the prohibition to approach all settings related to the victim. A temporary order can be issued from the same court while filing the request in cases where an immediate court action is needed (Civil Procedure Code, article 691 paras 2 and 4).

Permanent measures with regard to the civil procedures consist of termination of parental rights from one or both parents and the custody's assignment to another family member, or to an appropriate institution (articles 1532, 1533, 1537). A social inquiry takes place at an early stage to establish which the most suitable environment for the child to live in is and sometimes the judge him-/herself hears the child's views according to the latter's evolving capacities. Every court decision must reflect the best interests of the child (Civil Code, article 1511).

Institutionalisation of children

If there are no other viable solutions for the protection and well-being of the child, such as the support and supervision of the biological family by the public social services (mainly municipalities), the child is placed in a child protection institution. These can be either state-administered or non-profit private-run. State funding can often apply in both cases. The legal framework for the operation of such private-law entities in the context of a national system of social care is described in Law 2646/1998. Therein the supervision, funding, operation and evaluation of the work of non-profit NGOs is described. A provision for the registration of all NGOs providing social care is included. Not in all cases, where a child is placed in an institution, the biological family continues to be supported or supervised.

Each institution has its own statute and operates accordingly. Specifically regarding the age range or gender of the child they accept, this is defined in their internal regulations. However, exceptions can take place, especially in cases of brothers and sisters. In addition, the reasons for intake are also included therein. Some institutions have very outdated statutes and the foreseen reasons do not apply in today's reality. Of course, in practice there are not followed as such. The current tendency is for institutions to accept primarily child victims of abuse and neglect, except for the ones specific for children with disabilities or with mental health issues. For children reaching majority some institutions provide services for supported semi-/autonomous living until they are able to find a job and support themselves. The maximum foreseen duration of stay in each institution varies accordingly.

In both governmental and non-governmental institutions, placement of children apart from Prosecutor's order can also be conducted by application of the child's parents. According to article 1535 of the Civil Code this can only take place when serious reasons are propounded. After an inquiry for parents' unsuitability and motives is conducted a court decision is issued removing custody from the parents and placing it to a suggested family/person/ institution. For emergency situations the Public Prosecutor issues an order for the temporary placement of the child to an appropriate institution until the case is complemented. It is not clear, however, if all institutions follow this way. This, as a matter of fact, is the most frequent way of placement in institutions for children with disabilities. In addition, this is also the case for families living in extreme poverty especially as a means for safeguarding their child's formal education and other provisions.

The legal basis for conducting such placements is primarily article 1535 of the Civil Code in conjunction with articles 1532 and 1533.

Correctional institutions for juveniles

For children, especially teenagers, presenting an anti-social or offending behaviour or else are “at risk”, there are currently no institutions for a temporary placement as an alternative measure. Though certain public institutions were established initially for this specific group according to their statutes, in the long run they accepted only abused children. Juvenile reformatories have all closed down throughout the country, as it was evident after decades of operation that no reform could take place in such closed facilities. Yet, an in-between facility operates in Volos, which serves both as a prison and a reformatory institution for boys (article 17 paras 4 & 5 Law 2298/1995 as amended by Law 3860/2010). Its operation, purpose and services are defined in article 23 elements A, B, C Presidential Decree 36/2000. Other alternative measures are provided in articles 122 and 123 of the Penal Code. These may be either imposed by the Public Prosecutor without a penal prosecution taking place or may be imposed with court order after prosecution, court hearing and conviction. Commonly implemented alternative measure is supervision by the Probation Office for Juveniles.

According to the Greek Penal Code the age of criminal responsibility is 15 years of age, though children over 8 years old may be subjected to alternative reformatory or therapeutic measures for any crimes that they may have committed (article 126, as amended by L. 4322/2015). Teenagers over 15 years old are imprisoned in special correctional facilities for youth (until 18 or in some cases 21 years old) only if they have committed a crime, which would be a felony punished by life imprisonment, if committed by an adult person or specifically if they have committed rape against a person younger than 15 years old (article 127 Penal Code). Nevertheless, specifically in the case of the juvenile correctional facility for males in Volos, juveniles are frequently imprisoned even as a temporary measure before their court hearing. Moreover, boys incarcerated there all together may have committed from petty crimes to very violent and serious ones or are drug abusers. Girls, on the other hand, are imprisoned in a separate wing in a female prison facility.

3.2. Brief description of legislation, policies, procedures and mandates for reporting CAN cases in different professional fields. The roles of the victims in the judicial procedures.

Professionals working with children are often bound by confidentiality rules. These are usually doctors, psychologists, social workers, psychiatrists and others working in the health sector. Under Law 3727/2008 any professional bounded by confidentiality rules, who has reasonable grounds to believe that a child is a victim of sexual abuse or exploitation, is allowed to report it and waive confidentiality. In the Code of Criminal Procedure it is stated that any person who realises that a crime has been committed, then he/she has to report it to the District Attorney or the Police (art. 40). The crime has to fall into the category of the ones being reported by all people, and not merely the victim. All crimes related to any type of child abuse belong to this category. General provisions for reporting, in the sense that concern all serious punishable crimes and not merely child abuse, apply for public servants, in case they are informed about a crime during their duty (art. 27 §2 Code of Criminal Procedure), as well as for doctors (Law 3418/2005), social workers (P.D. 23/1992) and psychologists (Law 991/1979), where they shall waive confidentiality, in order to report a crime. Moreover, it is a crime itself to intentionally omit to report a felony if there was reliable information that this is planned to happen or has started to happen (Penal Code, art. 232 §1).

Under Law 3500/2006 on combating domestic violence, all school and kindergarten teachers are obligated to report any incident of domestic violence against a pupil that they have been informed about or have found out about (art. 23). They inform the Headmaster, and then he/she must report the incident to the District Attorney or the Police. Furthermore, it is provided that any person, who threatens or uses force against or bribes a witness or member of the family in order to hinder the criminal or judicial proceedings, is punished (art. 10).

The child victim in the judicial proceedings

At an early stage of the procedure and only in cases where the minor has been a victim of a crime against his/her personal and sexual freedom, a psychologist or child psychiatrist is appointed in order to assist the child before and during his/her affidavit before a police officer or judge (code of Criminal Procedure art. 226 A). Under the same legal provision the child's statement shall be recorded in order for him/her not to appear before a court or the prosecutor again. Yet, at the same time the right of the defendant to a fair trial should not be violated as to not have the right to cross-examine witnesses. In practice, judges try to minimise the natural presence of the victim.

More specifically, under article 226A of Code of Criminal Procedure a child psychologist or child psychiatrist meets with the child victim before he/she testifies and prepares him/her for the meeting with the investigator. At the same time, the expert has to estimate the child victim's mental and psychological state including its capacity for understanding and participating in the inquiry as well as distinguishing truth from lie and other relevant concepts, in order to inform the investigator and consult with him/her on how to better approach the child. The expert is present during the child's testimony. The child may be accompanied by his/her legal guardian unless that is contrary to his/her best interests. The interview takes place as soon as possible without unjustified delay and on suitable premises for this purpose. The number of interviews must be as limited as possible. Under the same article there is the provision to videotape the interview with the child for use as evidence during the criminal proceedings, but the Presidential Decree defining all the details is still pending. Therefore, it has not yet been possible to substitute the physical presence of the child in court, rather it lies at the discretion of the judge.

Assistance is provided to child victims of sexual abuse or sexual exploitation under Law 3064/2002 (as amended) and Presidential Decree 233/2003. Such assistance concerns the protection of the child victim in cases where his/her life or well-being is being threatened. There is a place for child victims to stay and be taken care of. Moreover, access to education, free medical treatment and free legal advice during that time is granted. Under article 352 A Penal Code para. 3 the victims of sexual abuse or sexual exploitation shall be examined at any stage of the criminal procedure so as to identify if there is a need of treatment and a relevant order will be issued.

All crimes related to sexual abuse or sexual exploitation against children are prosecuted even if the victim does not report the incident or withdraws his/her statement. Though it is provided by the Penal Code that in general a victim of rape (also applied in minors as well) may ask for the prosecution to stop claiming that such a procedure will cause him/her immense psychological trauma (Penal Code, art. 344), the Public Prosecutor is the one who decides. It is recorded that with regard to children victims, no Public Prosecutor has stopped the prosecution, due to the crime's severity. Moreover, the statute of limitation for initiating proceedings with regard to sexual abuse or exploitation of children offences commences after the victim reaches the age of majority (Penal Code, art. 113 par. 6). Especially for felonies, the time begins after the child reaches the age of twenty one, and for the rest, after the child reaches the age of nineteen.

3.3. Characteristics of the crimes connected to different form of child abuse in institutional settings (type for reporting prescription), role of restorative justice, specific measure related to the context of the crime

Crimes within the Penal Code that may be relevant to child victims of abuse residing in institutional care:

- Exposure (to danger): art. 306
- Simple physical harm: art. 308
- Dangerous physical harm: art. 309
- Serious physical harm: art. 310
- Causing harm by continuous cruel behaviour: art. 312 (here results may be physical injury as well as mental harm, and the act may include also bullying; aggravating circumstances are among others the victim to be under 18 years old and the perpetrator to be any kind of caregiver in relation to the victim, e.g. staff of institution)
- Trafficking in human beings: art. 323 A (here not including sexual exploitation, which is punished in a separate article)
- Unlawful restraint: art. 325 (when the perpetrator keeps locked up a person against his/her will)
- Unlawful use of force: art. 330 (when the perpetrator uses force or threat for harm in order for the victim to do something, for which he/she has no legal obligation to do so)
- Threatening: art. 333
- Rape: art. 336
- Insult of sexual dignity: art. 337 (with the use of gestures or proposals, aggravating circumstances are among others when the perpetrator is an adult and victim under 18 and he/she uses the internet as a means for his/her actions)
- Indecent assault: art. 338 (when the perpetrator takes advantage of the victim's incapacity to resist; aggravating circumstances: when the victim is under 18 and when perpetrators were more than one)
- Child seduction: art. 339 (when the victim is under 15; aggravating circumstance is the younger the child is; when a child is forced to witness sexual activities, the perpetrator is punished)
- Indecent assault against minors: art. 342 (perpetrator is a caregiver of any kind with relation to the victim –even temporary; aggravating circumstances are the younger the child is and the position that the perpetrator hold, e.g. doctor, psychologist, nurse or other professional providing services to the child; other proposals, gestures, pictures or narration of sexual activity that insults the child's dignity, when committed by electronic means, is also punishable)
- Lewdness by abuse of power: art. 343 (perpetrator is a public servant or an employee in any type of institutional setting)
- Child pornography: art. 348 A
- Pornographic performances of minors: art. 348 C
- Pimping: art. 349
- Sex trafficking: art. 351
- Lewdness with child under payment: art. 351 A

More crimes regarding sexual exploitation are provided. Certain acts from the aforementioned are punished more severely, if the perpetrator is a member of the family, according to Law 3500/2006 for combating domestic violence. Therein the caregiver of a child even within institution is considered member of family, in

order to highlight the moral demerit of such actions committed by a person of supposedly trust. Measures of punishment are: imprisonment, fines and exclusion from work (the last two often complementary).

Restorative justice has not been developed in Greece thus far. Mediation is provided in the law for combating domestic violence (art. 11-14 Law 3500/2006). Specifically, it is foreseen that for mild crimes (not felonies) committed by one family member against another, the Public Prosecutor may abstain from persecution if: a) the perpetrator swear in his/her honour that he/she will not commit an act of domestic violence again, b) he/she will attend a special therapeutic programme under strict terms and this will be certified by the public agency providing it, c) immediately restores the damages that he/she has caused or compensates the victim. If the perpetrator does not fulfil his/her obligations then legal consequences are retrospective and he/she is directly prosecuted. In practice, this procedure is never followed when the victim is a child and hardly applies even in intimate partner violence.

3.4. Which kind of compensation for children victims of child abuse, what type of compensation for adults who suffered child abuse when they were children. The restorative justice.

In civil court procedures the victim may seek for compensation primarily according to article 932 of the Civil Code on the grounds of the moral damage caused by the unlawful act committed against him/her, especially if his/her health, honour, integrity or personal freedom was infringed. In penal court procedure the victim may act as "civil plaintiff" and demand a compensation and restoration of the damage caused by the crime, as well as "financial satisfaction" on the grounds of moral damage or mental anguish (art. 63 Code of Criminal Procedure). Finally, the Greek Authority for Compensation of victims of intentional crimes of violence, department of the Ministry of Justice, provides compensation to victims of criminal acts committed in Greece, who live in Greece or any other Member-State or of acts committed in another member state and the victim lives in Greece, on three occasions: a) the perpetrator cannot afford to compensate him/herself the victim; b) the perpetrator is unknown; c) perpetrator is no longer prosecuted. In practice, this Authority is almost inactive and kept unknown from anyone that could benefit from it, while it is required to pay a fee for filing the request and that before all other legal ways of compensation have been exhausted (Law 3011/2009 as amended by Law 4267/2014, EU Directive 2004/80/EC relating to compensation to crime victims.). All the aforementioned apply equally for children and adult survivors, as long as they are within the provided deadlines.

3.5. Critical issues concerning the legal support to survivors of child abuse in residential settings. Potential gaps and opportunities

Child victims of crimes against their personal and sexual freedom are entitled to free legal aid (Law 3875/2010 (Palermo Convention & Protocols) amending articles 1 and 3 of Law 3226/2006). In addition, child victim of abuse living currently with a low income parent is also entitled to free legal aid. Then, most of the legal bars in Greece offer free legal aid to children and young people. There are also provisions for covering the litigation expenses in certain cases (interim measures in domestic violence cases or civil lawsuit

by child victims of sexual abuse or exploitation or of violation of their personal freedom²). Furthermore, NGOs may assist a victim all through the legal procedures.

It is foreseen that Police and Public Prosecution Office should inform the victim for all his/her options and services available for him/her. However, given that this hardly ever takes place, it would be more appropriate to directly refer the person to a social worker/social service, where they could provide the victim with all the necessary information. An appointment with a lawyer should be arranged in every case, regardless if the victim has expressed or not the desire to file a suit.

4. Brief overview of child protection system and the local network for supporting the project

4.1 Organization of the system: actors, roles and responsibilities

In Greece, instead of a central authority, there are a number of state agencies responsible for providing to the citizens social welfare and health services, as well as free education and child care at national level (Library of Congress, 2007).

The main authorities are the Ministry of Health (responsible for health services), the Ministry of Labour, Social Security and Welfare (responsible for assistance to vulnerable children such as orphans, children with disabilities or serious illnesses, etc) and the Ministry of Interior, which, among others, have joint responsibility for early childhood care. Ministry of Justice is also responsible for providing care to imprisoned parents' children if any other alternative is not available. Local authorities are responsible for preschools and child care services; the Ministry of Education and Religious Affairs supervises the early childhood programs at the national level. The Ministry of Labour, Social Security and Welfare handles the social insurance benefits and the family allowances for each child.

In Greece, there are also the following institutions which are responsible for children related issues:

- The National Observatory on the Rights of Children, to ensure the effective implementation of the Convention on the Rights of the Children (although inactive for the most of the years since its foundation and currently);
- The Department of Children's Rights which was established within the office of the Greek Ombudsman in 2003. Its scope is to examine actions, omissions, or any complaints regarding individuals and legal entities that violate the rights of children or endanger their welfare.
- The Institute of Child Health, in the area of child abuse and neglect;

² Law 3625/2007 (Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography) and Law 3500/2006, art. 22 (combating domestic violence).

- The National Human Rights Committee. Its jurisdiction includes anyone whose human rights are offended.

There is also a proviso for the institution of foster parents, established in 1992 which however never was enacted (Law 2082/1992 on Reorganisation of Social Welfare and Introduction of New Methods of Social Welfare.). According to the law, children under the age of eighteen with no home or with unhealthy family living conditions theoretically can be placed with foster families until they reach eighteen, while children with special needs can stay with foster families for an indefinite time. However, according to the Greek Ombudsman's report, this law has not been put into operation (Greek Ombudsman annual report, 2006).

Since 1973, the former public orphanages have been converted into child care centers, hosting abandoned or homeless children, from the age of five to fifteen. The social worker responsible for the case prepares a report verifying the child's situation and its impossibility to live elsewhere and then follows the placement of the child in a care center. In most cases, orphans are preferred followed by children whose single parent has a physical or mental disability or is in jail (Royal Decree 273/1973 on Reorganisation of National Orphanages to Centers of Child Care).

Since 1960, Law 4051 on Supporting Unprotected Children has offered financial support to children up to fourteen (or sixteen) who may live with their own families but are orphans, children whose families cannot support them for reasons of health and children born outside marriage (Library of Congress, 2007). This financial support is not given to children who live in public care units. Some institutions, however, provide a small payment to children of single parents, children close to the poverty threshold, or children with families having serious medical or social problems (Save the children, 2003).

Public residential institutions for children are under the responsibility of the Ministry of Labour, Social Security and Welfare; the same equally applies for private ones which also are under the supervision of the local authorities. The construction and operation of these units must comply with the minimum national standards regarding infrastructure, hygiene, safety, etc., but each institution, may have its own regulations and standards.

4.2 Description of the local steering Committee: members, rational for the inclusion of each of them, points of strengthen in relation to the project, foreseen difficulties and solution for handling them

We intend to create a Steering Committee consisting of the following members:

1. INSTITUT CHILD OF HEALTH
2. Greek Deputy Ombudsman in charge of Children's rights
3. The NGO "Roots – Research Center" and other NGOs who are engaged in the deinstitutionalization,

child protection and the rights of vulnerable children and children at risk

4. Other child protection NGOs that whether or not they have closed care centers.
5. Social protection centers and other government agencies that have closed care centers.
6. Other relevant factors in the child protection system (E.g. prosecutors, minors, etc)
7. Scientists, experts, academics etc in the fields of child protection, etc
8. Any associations of victims-survivors if they exist.

5. Advocating towards the national and an European recognition of institutional abuse

5.1. Recent and on-going developments in Greece

After the BECAN research ICH with the cooperation of the government launched some priorities and suggested some initiatives to determine and detect CAN:

Priorities:

- ◊ Prioritization of CAN prevention in the health and social welfare agenda
- ◊ Implementation of a national health education campaign for raising awareness of general public on issues related to CAN recognition and reporting
- ◊ Sensitization & continuous updating of knowledge of professionals working in the fields of social welfare, health and mental health, education as well as in related services in the fields of justice and public order ◊ Establishment of institutions of permanent and systematic review of related literature and continuous updating of related agencies
- ◊ Identification, adaptation & adoption of good practices applied in other countries with emphasis on vulnerable population groups ◊ Usage of new technologies in the everyday practice related to CAN cases administration such as the maintenance of a central CAN database
- ◊ Adoption of a policy for systematic effectiveness and efficacy evaluation for applied CAN-related practices

Suggested initiatives:

- ◊ Design & implementation of activities that are feasible in terms of required resources
- ◊ Drafting, piloting and using of an Integrated National Protocol for Diagnosis and Administration of CAN cases on the basis of culturally adapted international good practices and guidelines in order also for the

services provided to children victims of violence to correspond to standards of Children Friendly Justice

◊ Establishment and operation of specialized multidisciplinary units for diagnosis and documentation of child maltreatment, especially sexual abuse, in the context of judicial investigation of CAN incidents

◊ Establishment and operation of a national center for referrals of child maltreatment

◊ Development and operation of a system for quality evaluation of agencies in the field of child protection

Activities towards legislative harmonization

◊ Establishment of Family Court

◊ Adoption of provision for “legal immunity” for professionals involved in the referrals and documentation of child maltreatment

◊ Expansion of the Article 23 of Law 3500/2007 concerning teachers’ obligations for mandatory referral of child abuse in order to cover other categories of professionals who contact children in the context of their everyday work and clear provisions for both, the procedure of referrals and the penalties in cases of non-compliance

◊ Adoption of practices for avoiding re-victimization of children-victims of CAN by

◊ mass media

◊ services involved in the administration of CAN cases and

◊ during the judicial investigation of CAN cases (such as the adoption of forensic interview by certified professionals)

◊ Legislative harmonization with the priorities defined by the Council of Europe’s Guidelines CM/AS(2009)Rec1864final/06.11.2009 (that was adopted by the Commission of Permanent Representatives in 06/11/2009 and ratified in 18/11/2009)

In 2015 the Department of Mental Health and Social Welfare of the ICH started the program “National Protocol for assessment and National Registry of CAN cases”. The project’s deliverables were:

1. National protocol for assessment of CAN allegations structured for each type of CAN and for different provided for professionals
2. National Registry for CAN cases with operation manuals and guide for its implementation by various agencies and professionals

Simultaneously:

1. National Registry of CAN-related agencies and organizations (governmental or NGO) of all involved sectors throughout the country
2. Guide for existing legal framework for managing suspected CAN cases by professionals outside the juridical sector in electronic and paper format
3. Multiple reproduction and dissemination of tools developed (Protocol, Operating manual, Informative leaflet, Step by step guide for recommendations for registering CAN cases) in all involved professionals
4. Agencies'and professionals' networking, newsletters, conferences, training of 400 professionals in all Hellenic regions

Until then there wasn't a common language for professionals dealing with children to determine CAN cases. It depends on professional's education or the guidelines of the institution.

Bibliography

Bilson, A. & Cox, P. (2007). Caring about Poverty. *Journal of Children and Poverty*, 13(1), pp. 37-49.

Browne, K.D., Hamilton-Giachritsis, C.E., Johnson, R., Ostergren, M. (2006). Overuse of institutional care for children in Europe. *British Medical Journal*. 332, 485–487.

Carter R. (2005). *Family Matters: A study of institutional childcare in Central and Eastern Europe and the Former Soviet Union*. London: Everychild.

Civil Code

Civil Procedure Code

Daphne Programme, & Mulheir, G. (2007). *De-institutionalising and transforming children's services: A guide to good practice*. University of Birmingham.

European Community's 7th Framework Programme (FP7/2007-2013), Institute of Child's Health Department of Mental Health and Social Welfare (2013). Balkan Epidemiological Study on Child Abuse and Neglect. Collaborative Project. Grant agreement no.: 223478

European Network of Ombudspersons for Children, (2011) *The rights of children living in institutions*. Greece.

Euser, S., Alink, L.R., Tharner, A., Van IJzendoorn, M.H., Bakermans-Kranenburg, M.J. (2013). The prevalence of child sexual abuse in out-of-home care: A comparison between abuse in residential and in foster care. *Child Maltreatment* 18(4), 221-31.

Greek Constitution

Greek Penal Code

Madge, N. (1994) *Children and Residential Care in Europe*. London: National Children's Bureau.

Tobis, D. (2000). *Moving from Residential Institutions to Community Based Social Services in Central and Eastern Europe and the Former Soviet Union*. New York: World Bank.

Online resources

Browne, K. (2009). The Risk of Harm to Young Children in Institutional Care. Retrieved from:
http://www.savethechildren.org.uk/sites/default/files/docs/The_Risk_of_Harm_1.pdf

Greek NGO's Network for children Rights Convention, (2011). Non-Governmental organisation's report in application of the United Nations Convention on the rights of the child. Greece. Retrieved from:
http://www.0-18.gr/downloads/NGOs%20Report%20GR_final%20-3.doc

Hadjimatheou, C, (2014). The disabled children locked up in cages. BBC World Service. Retrieved from: <http://www.bbc.com/news/magazine-30038753>

Information from Roots Research Center. Retrieved from: <http://www.roots-research-center.gr/index.php?display=aboutus&lang=en>

Library of Congress, (2007): Children' s Rights Law in Greece. Retrieved from: <http://www.loc.gov/law/help/child-rights/greece.php#executive>

Lumos (2016). The institutionalisation of children in Greece: Lumos Findings and Recommendations for Reform. Retrieved from: https://wearelumos.org/sites/default/files/Policy_Recommendations_Greece%20split.pdf

Ministry of Gender and Family Promotion, Republic of Rwanda (MIGEPROF) and Hope and Homes for Children (2012). National Survey of Institutions for Children in Rwanda. Retrieved from: http://www.crin.org/docs/NATIONAL%20SURVEY%20OF%20INSTITUTIONS%20FOR%20CHILDREN%20IN%20RWANDA_FINAL.pdf

Pinheiro, P. (2006). World Report on Violence Against Children. United Nations. Retrieved from: [https://www.unicef.org/lac/full_text\(3\).pdf](https://www.unicef.org/lac/full_text(3).pdf)

Save the children, (2003). Information based on a questionnaire on separated Children prepared by Greek authorities in 2003. *Greece*. Retrieved from: http://www.separated-children-europe-programme.org/separated_children/publications/assessments/greece_engg.htm

The Greek Ombudsman Independent Authority, (2011). Functioning Conditions of the Social Care Center for children with disabilities "Children's Care Center of Lechaina". Retrieved from: <https://www.synigoros.gr/resources/docs/kepeplechaina2011.pdf>

The Greek Ombudsman, (2006). Annual Report 2006 Summary. Retrieved from: <https://www.synigoros.gr/resources/docs/en2006.pdf>

UNICEF (2012). Fact Sheet. Retrieved from: http://www.unicef.org/ceecis/FACTSHEET-SofiaConference_20112012final.pdf

UNICEF Regional Office for CEE/CIS (2010). At Home or In a Home? Formal Care and Adoption of Children in Eastern Europe and Central Asia. Retrieved from: <http://www.bettercarenetwork.org/BCN/etails.asp?id=25427&themeID=1002&topicID=1017>

United Nations General Assembly, (2010). Guidelines for the Alternative Care of Children, A/Res/64/142. Retrieved from: https://www.unicef.org/protection/alternative_care_Guidelines-English.pdf

Williamson, J. & Greenberg A, (2010). Families, Not Orphanages, Better Care Network Working Paper.
Retrieved from: <http://bettercarenetwork.org/BCN/details.asp?id=23328&themeID=1003&topicID=1023>

<http://www.esa-kapa-p.gr/>