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THE 6th REGIONAL EUROPEAN SAFE COMMUNITY CONFERENCE
ACHIEVING SUSTAINABLE DEVELOPMENT
GOALS – TOWARDS VIOLENCE FREE COMMUNITY

BOOK OF ABSTRACTS

3-5th October 2018
Skopje, Republic of Macedonia

MINISTRY OF HEALTH
REPUBLIC OF MACEDONIA

МАКЕДОНСКО ЛЕКАРСКО ДРУШТВО

ЛЕКАРСКА КОМОРА НА МАКЕДОНИЈА

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Editors

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WELCOME ADDRESS





Dear friends, dear colleagues,

It is our pleasure to greet you in Skopje at the 6th Regional European Safe Community Conference.

The 6th Regional European Safe Community Conference is hosted by the Institute of Public Health of Republic of Macedonia, Safe Community Affiliate Support Center in Skopje in collaboration with European Safe Community Network - ESCON and Faculty of Medicine, Sts Cyril and Methodius Skopje and several national and international partners: Ministry of Health of Republic of Macedonia, Ministry of Labor and Social Policy, UNFPA, UNICEF, WHO Collaborating Center - Institute of Occupational Health of Republic Macedonia, Doctor`s Chamber of Macedonia, Macedonian Medical Association, Macedonian Association of doctors-specialists in social medicine with organization of health care, South-Eastern Europe Health Network – SEEHN, University Clinic of Psychiatry Skopje, HERA – Health, Education and Research Association, Association of doctors with interdisciplinary approach for children with disabilities (ADICD), Council for prevention of juvenile delinquency – CPJD, MMSA – Macedonian Medical Student Association, EMSA – European Medical Student Association.

The main theme for the 6th Regional European Safe Community Conference, Achieving Sustainable Development Goals – Towards Violence Free Community, seeks to find new ideas good practices and experiences to solve this actual problem and to make safer world.

Participants will primarily include researchers, practitioners, advocates and policy-makers in the field of violence prevention and safety promotion from Europe, Asia, Africa, America and Australia.

European Safe Community Network (ESCON) aims at strengthening existing International Safe Communities in Europe and promotion of the formation of new communities to be accepted into the Safecom movement towards Violence Free Community achieving Sustainable Development Goals. Our board has representatives from Skopje and Novi Sad in South Eastern Europe through the Baltics and as far north in Scandinavia as 200 kilometers north of the Arctic Circle in Norway.

Injuries and violence are a major public health burden across the globe. The Global Burden of Disease Studies has documented unfair distribution of violence and injury by socioeconomic strata in Europe. This gradient, existing within and between countries, must be addressed. Experts in injury prevention and safety promotion recognize the need for action and practice and consistently applying to policies and programs in the field.

Together we are working against public indifference towards the burden of violence and injury and trying to promote safe community and community based interventions against violence and injury.

We do hope that everyone will leave Skopje with new ideas for achieving SDGs towards violence fee community.

Prof. Fimka Tozija MD PhD
National Organizing Committee Chair

Prof. Mirjana Milankov MD PhD
ESCON Chair
International Organizing Committee Chair

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ABSTRACTS



SAFE COMMUNITY

KEY SUCCESS ON PARTICIPATION IN NATIONAL AND INTERNATIONAL SAFE COMMUNITIES NETWORKS

Mirjana Milankov, Mila Radovanovic

National center for injury prevention and safety promotion,
Novi sad, Serbia

More than 5 million people die each year as a result of: injuries, resulting from acts of violence against oneself or others, road traffic crashes, burns, drowning, falls, poisonings, among other causes. That is the reason for Safe Community program in every part of the world. Because Safe Communities are an Essential Need for a Modern-Day Society. Key success on participation in National and International Safe Communities Networks are: Statistics, Research, Strategy, Motivation, Education, Training and Collaboration.

Key words: success, safe community, network

THE SAFE COMMUNITY MOVEMNENT

Guldbrand Skjönberg

International Safe Community Certifying Centre, Stockholm, Sweden

The Safe community movement The International Safe Community concept was originally launched at the First World Conference on Accident and Injury Prevention held in Stockholm. In the Manifesto for Safe Communities, the resolution of the conference 1989 are the ground pillars documented. Behind was a new way of thinking: ¥ "WHO Health for all" as a vision - a new more holistic role for health sector ¥ The need to involve all sectors and NGO:s in prevention and promotion ¥ Citizens are active participants not passive inhabitants – "The democratic dimension" ¥ Injuries occurs not randomly – all accidents are possible to prevent All International Safe Communities serve as models for other communities. The work must be based on knowledge about risks for injuries (environment, behaviour, products, situations) Injuries is the main killer up to 45 years of age all over the world. It means that many injuries occur in a person's active life. The communities have an important role because it is in the community that ¥ The public sector meets the citizens ¥ The citizens need a seamless public service ¥ The different sectors must collaborate to provide such service ¥ The public sector must collaborate with the citizens and their organisations The development since 1989 ¥ We know that injuries and death decrease by 25-30 % ¥ More attention to domestic violence, suicide etc. and sport injuries ¥ Environmental design more important ¥ The community as a model for the own citizens and for other communities ¥ Involvement of other sectors ¥ Inter-sectorial and cross-sectorial collaboration is important ¥ The democratic dimension Early started a quality management programme with a peer review system where the communities became International Safe Communities. Up to 2015 In the leading unit was connected to the Karolinska Instutut the WHO Collaborating Centre on Community Safety. Now we instead are an NGO, International Safe Community Certifying Centre.

SAFE COMMUNITIES, A LONG WAY TO GO?

Ulrich Laaser

MPH Section of International Public Health, Faculty of Health Sciences, University of Bielefeld,
Bielefeld, Germany

The safe community network ISCCC, a global and much needed initiative, started in the nineties and peaked around the first decade of the 21st century. Later other pressing problems occupied the political minds. Many of the enthusiastically begun programmes have never been seriously evaluated. Delmenhorst near Bremen is the only designated safe community so far in Germany. The initial programme of 2011 listed various measures of violence prevention, especially for youth aged 15-24 years. However 5 years later a press release reports accident prevention as the heart of activities in Delmenhorst. Seemingly the mitigation of social tension and violence is not any more in the focus, true also for many other programmes. The Skopje Declaration of 2001 takes a clear position defining mitigation and dissolution of social tension and exclusion a predominant task of public health. A recent study related hate posts in facebook to the number of violent attacks against refugees in Germany. Therefore changes of language in terms of increasing hate speech should be monitored as an early warning sign and magnifier of social tension.

DEVELOPING PUBLIC HEALTH WORKFORCE TO SUPPORT SDGS ACHIEVEMENTS RELATED TO SAFE AND RESILIENT COMMUNITIES

Vesna Bjegovic-Mikanovic

Belgrade University, Faculty of Medicine, Centre School of Public Health and Management, Institute of Social Medicine, Belgrade, Serbia

Background: Today, the international community strives towards the achievement of sustainable development. Though the approach is not new, by the adoption of Sustainable Development Goals, significant attention is going to the concept of communities capable of securing equity, health, and well-being. The objective of this presentation is to highlight the challenges of public health workforce development related to safe and resilient communities, free of violence and injuries. The method used in the analysis is a narrative review based on published papers and public health policy documents. Besides UN documents connected to sustainable development, WHO policy documents were in focus to highlight public health workforce development. Analysis refers to the complementarities of recommendations in those documents with a sustainable development approach and resilient communities. The review is not limited to the third SDG directly related to health but also includes specific targets of the fifth, eight and sixteenth SDGs dedicated to the prevention of injury and violence. Results and discussion cover the history of developing public health workforce striving to align with the core challenges of public health and SDGs. The new philosophy of competence-based professional development is in focus supported by WHO. Starting from the WHO model of health workforce development, the contemporary approach assumes that performance varies and as well attempts for success in achieving long-term objectives of implementing safe communities. There is a request for multidisciplinary teams of workforce fitting composition and skill mix. The Association of Schools of Public Health in the European Region (ASPHER) in cooperation with WHO/Europe is going ahead this process. When analysing the status quo and giving recommendations, these organizations consider education, training, and research to be core fundamentals. The review also highlights examples of success stories in developing public health workforce for violence prevention in Macedonia and Serbia. Conclusion: Preparing public health workforce to deal with SDGs related to prevention of violence and implementation of safe communities requires strong attention. Analysing the existing situation, it is clear that education and research embracing safe and resilient communities should be among the core elements in advancing a robust public health profession. Partnership with governments and communities are composite parts of new developments. The mainstream progresses along real public health challenges and multidisciplinary competences necessary to meet the complex needs of safe communities.

Keywords: Public Health Workforce, Sustainable Development Goals, Safe Communities

SEEHN SUPPORTS 6TH EUROPEAN SAFE COMMUNITIES CONFERENCE IN ITS AIM TO ACHIEVE SUSTAINABLE DEVELOPMENT GOALS THROUGH ENSURING VIOLENCE-FREE COMMUNITY

Mira Jovanovski-Dasic

SEEHN
Skopje, Republic of Macedonia

SEEHN is a partner of the 6th European Safe Communities Conference in its aim to achieve Sustainable Development Goals through ensuring Violence-Free Community. A complex and a huge variety of factors impact violence and the paths to achieve Safety Communities are crossed within the inter-sectoral frame. Health Systems are core contributors towards achieving Violence Free Community implementing activities to ensure safe water supply, violence free families, prevention of violence among young people, children abuse, injury prevention, suicide prevention, safety of elderly, safety at work, in the transport, at school, public spaces and our homes. The mentioned aspects of safe communities and violence prevention prerequisites make us aware that there are no universal and unique recipes and approaches but that we need adjusted solutions, more efficient and integrated approaches. Health systems play a crucial role and have direct involvement in many aspects and we shall reflect on providing services more efficiently and less costly to ensure health services are of high quality, with patient safety at their core.

Key words: SEEHN, SDG and Agenda 2030, health system, violence and abuse prevention, safe children, safe schools, safe homes, safe transport, safe elderly, safe work place

BURDEN OF INJURY AND VIOLENCE: SOUTH EAST EUROPE NEEDS MORE & SAFE COMMUNITIES

Koustuv Dalal

International Safe Community Certifying Centre (ISCCC), Stockholm, Sweden

World Health Organization (WHO), European Union and other United Nations (UN) agencies are emphasizing injury and violence prevention through policy advocacies in the South East European (SEE) countries. My estimation indicates that SEE countries Albania, Bosnia and Herzegovina, Croatia, Macedonia, Moldova, Montenegro, Serbia, Slovenia and Turkey are losing 57 billion international dollars annually. Injury and violence prevention need Education/awareness, Environment, Enforcement and Evaluation. For injury prevention we need different actors. Safe Community approach is an evidenced based program. It advocates top-down approach from international-national authorities to the community - individuals and/or bottom-up approach from individuals – community to national –international authorities. Safe Community has strongly focused on environment modification and awareness through community based participatory approach. Safe Community is cost-effective and efficient in controlling injuries and violence. Earlier evidences demonstrate that Safe Community can provide up to 1:10 cost benefits. A recent estimation in a re-designated Safe Community in Japan indicates that cost of injury was 15 million USD. Introducing the Safe Community program has provided a savings of 137 million USD in the same community. The estimation was based on designation and re-designation events of the safe community and its surveillance data. Social and politico-economic issues are evident in SEE countries. Disease burden is very high. Injury and violence burdens are also significantly high as the countries are losing 2.5 to 4.7 per cent of their GDPs. Introducing Safe Community can provide a great economic saving by controlling injury and violence in the SEE countries, which eventually could be beneficial for developmental issues.

A MUNICIPALITY FREE FROM VIOLENCE, THE CITY OF BORAS

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Our project is a five year social investment project and aims to build a municipality free from violence. With allocation from a nationwide organisation and from the municipality we are working with violence prevention and safety promotion in the city. The project is resting on three keystones, which are 1) raising awareness about violence and the connection between mild and severe violence 2) changing gender norms and 3) give every citizen instruments to be an active bystander. Within the city there are several youth centres and meeting places in collaboration with the project and several administration units such as public health, individual and family care, working life administration and the civil society. In the project there is extra focus on three youth centres and we are tutoring these units in how they can work with and understanding violence prevention in their function. We are using methods as the violence pyramid and the Stoplight, a method that we are currently trying out. The results are not yet submitted but a change in the unit's way of speaking about their work is evident. A change in people's recognition about what should be considered violence is also noticeable. A broader definition about what should be identified as violence is fundamental to make a real change. In the project there's also a focus on young people and their participation and leadership in the question of violence prevention. We believe that they have the tools to make a change, for the future but also for the contemporary. The rights of young people and everyone's rights to a life free from violence is the machinery that keeps us running and young leadership is our way to create a sustainable and systematic work with violence prevention and safety promotion.

Key words: violence prevention, systematic work, young leadership, active bystander, changing norms

TEAMING UP FOR SAFETY – USING RISK ASSESSEMENT TOOLS

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Public health work in Norway is mainly focused on lifestyle diseases, diabetes and cardiovascular diseases and the prevention of these. Much less interest is put into injury prevention and safety promotion, although life lost due to injuries is a major cause of death up to 45 years of age and caring for injuries is a costly part of the national health service. We need to increase awareness about the scope of injuries, causes of injuries and the potential for injury prevention and safety promotion. We want to put safety and injury prevention on the radar of communities, organizations, NGOs, institutions, families, neighbors and individuals. By increasing knowledge and awareness we hope to change attitude and practice. By sharing facts, information and best practice - easily accessible on a website - we want to increase knowledge and give insight about injuries and safety promotion. We supply tools, checklists and suggestion on how to carry out safety checks in private homes, playgrounds, outdoor areas around elderly centers etc. We have also launched a digital tool to register places, points of interests and risks used on “Safety walks” in the neighborhood, this gives us important background knowledge for acting. The project can be used by Safe Communities to invite new groups to take part in the local safety scheme. Organizations in all parts of Norway are invited to take part and get involved in local risk assessment. We hope that the project can be a way to promote interest in injury prevention and safety promotion on a community level. The project gives us possibilities to increase awareness and involve new groups in community safety. It also gives plenty of opportunities to communicate safety messages, in different media and on Facebook.

Key words: awareness, local activities, risk assessment tools, new groups involved

TRAFFIC SAFETY PROGRAM - WITH FOCUS ON DISTRACTIONS

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Background: More than 40% of fatal pediatric accidents in Austria occur in traffic. Distractions, like talking on the phone, texting, listening to music with earplugs and, for children, playing and roughhousing on the sidewalk, play an increasingly important role. Objective: The aim of this traffic safety project is to increase the awareness of all participants (children, teachers, parents, other road users) regarding road traffic hazards. Methods: Safe Kids Austria developed a traffic safety project for 3rd- to 6th-grade pupils. In a workshop, the following topics are addressed: Are accidents coincidences? Distractions, safety equipment (cycling helmet, roadworthy bicycle, protective equipment), child car seats, seat belts, traffic signs and rules. On another project day, the pupils "take-to-the-streets" along with the police to observe road users and determine whether they behave correctly (avoiding distractions, wearing seat belts, obeying speed limits, wearing helmets while cycling). In addition, people using transportation are stopped and, if they have displayed incorrect behaviour, the children and police inform them of the potential dangers and ask them to change their behaviour. Results: Pre and post tests were used to evaluate how much knowledge the children gained, but also how their awareness of road traffic hazards improved. A significant increase in knowledge was observed, especially regarding the sources of distraction, when children are allowed to ride a bicycle alone in Austria (i.e. the age limit), the equipment needed on a roadworthy bicycle, and the use of protective equipment. Discussion: To sustain this level of knowledge about appropriate behaviour in traffic, the topic should be repeatedly addressed and discussed. Conclusion: By taking part in the workshop, observing the traffic, and making traffic stops together with the police, the children can see how important it is to observe the rules and behave correctly in traffic to assure the safety of the whole population.

Key words: traffic safety, child safety, injury prevention, educational program, school children

CREATING HEALTH AND SAFER CITIES: IT'S MORE THAN JUST SAFETY MEASURES

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Background: Personal safety is dependent on social and environmental as well as security measures for potential victims and perpetrators. A healthy urban setting requires public health of a high order to prevent infectious and non communicable diseases, along with a systematic approach to environmental protection including gardens, playgrounds and factors contributing to social privation. But where there is excess morbidity and mortality from preventable diseases, the effects on marginalized populations are too often severe in breakdown of family structures with increased poverty, isolation and tendencies to radicalization, criminalization, drug trafficking and violence among vulnerable population groups. Methods: Local authorities have the responsibilities and potential to change conditions which foster isolation and depression, promoting community health with socially oriented health promotion for many groups in a community including youth activities. Objectives: Programs of recreation and social support for youth groups, the elderly help to reduce risk factors for illness and self help groups for those with health conditions including drug addiction, alcoholism, hypertension, diabetes and other where people can help each other, in addition to their regular medical or nursing care of the formal health system. Discussion: Physical aspects of urban life are important for reducing accidents, suicide, violence, criminality, radicalization and drug abuse are amenable to environmental improvements, the basis for healthy and safe cities. At the same time, reducing risk factors for physical and mental illness or social dysfunction are important in creating a healthy urban society.

Key words: health, safe cities, safety measyres

ADOLESCENTS EXPOSURE TO COMMUNITY VIOLENCE AND ITS ASSOCIATION WITH VIOLENCE PERPETRATION IN SÃO PAULO, BRAZIL: SÃO PAULO PROJECT FOR THE SOCIAL DEVELOPMENT OF CHILDREN AND ADOLESCENTES -2017 (SP-PROSO)

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Background: According to INSPIRE strategy, the promotion of safe community environments is a promissing strategy for reducing violence in childhood and adolescence. Children and adolescentes raised in neighborhoods with high levels of commuAnity violence are at greater risk to develop violent behavior patterns once it can desensitize them to violence, and encourage their response to provocations in an agressive way. Objective: to investigate the association between exposure to community violence and violence perpetration among adolescentes. Method: A cross-sectional study was conducted with a sample of 2,610 9th grade students from public and private schools in the city of São Paulo, Brazil. The sample was stratified by type of school (public and private) and the classes were the primary sample units. A structured survey with questions about violence perpetration and exposure to community violence in the year prior to the survey, sex and age was given to students for self-completion. Prevalence of violence perpetration, exposure to community violence and odds ratio were calculated considering the sample structure. Results: The prevalence of violence perpetration was higher among adolescents highly exposed to community violence (low: 12,1% middle: 19.3% high: 27.6%). After adjustment, adolescents who lives in neighborhood with high (OR = 2.85 CI 2.16-3.77) and middle (OR = 1.70 CI 1.24-2.32) levels of violence had a higher chance of violence perpetration compared with adolescents who lives in neighborhood with low level of violence. Conclusion: Neighborhood violence act as a risk of factor for violence perpetration among adolescents. Target policying strategies, enforcement of gun control strategies and changing community norms regarding violence are some of the recommended strategies to promote safe environments with promissing impact in youth violence prevention.

Key words: violence; exposure to violence; adolescent

INJURY PREVENTION AND ROLE OF SAFETY PROFESSIONALS: A SAFE WORK BY 2020

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Background: Accidents, Injury and the Post effect of injury calls for any professional to look at the damage that is caused. The Post-trauma burden, stress, strain, difficulties faced by victim & family members are too severe and damaging. A total family disorganization prevails which has an adverse Psychosocial adjustmental influence on daily functioning of the victim and the family members, thus, there is an need for Post Trauma Management and Safe Community Interventions. With everyone joining hands, Injury Prevention and the role of Safety Professionals by 2020 should provide safe work. Methods: A Survey was undertaken with population of more than 200 employees (Major Disabled Victims) from five Major organizations involving all the MDI was the focus group. Why MDI,? Damage is Severe; Post Trauma is more; Adjustment problems are grave Found lack of Social Support programs 2. The stress, strain, and the burden undergone by accident victims in total disarray and cases of suicidal attempts also were observed Conclusions: An exclusive person needs to be given the responsibility of taking care of Burden and trauma victims. His/her should be trained in counseling; rehabilitation; and trauma care areas; Community efforts have to be streamlined. Community rehabilitation centers to be established; Safe living through safe community intervention should be worked out on macro level; and establishment of Health Programs and after-care services, thus, The study strongly supports the importance of psycho-social help in building healthy workplace and workforce and establishment of Safe Community Group/ team

Key words: Safety Professionals; Occupational Safety; Safety Community; Safety Culture

ESTIMATING THE COST OF INJURIES IN SAFE COMMUNITY SETTING; DISTRICT 22-TEHRAN-2014

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A cross sectional study on 10 percent of population at the district 22 of Tehran municipality was performed on spring and summer of 2014 at the house hold level. The aim was to evaluate activities outcome and output of safe community in the past 5 years (since designation time), in the other hand to calculate the burden of injury on families and society within district 22. Methodology: Multi stage sampling method was used on 9 neighborhoods. The standard questioner based on the GBD table was developed. The questioner was validated by the pilot study in Cronbach's alpha coefficient ? = 0.86. DALY and direct and indirect costs were calculated. Findings: Out of 2336 individual (3.7% of the total district's population), 86 of them were victims of injuries, 42% of injuries occurred in traffic crashes, followed by a residential environment of 34%, then in public places about 12%. Medical and transferring cost were included more than 50% of the total cost.After that, the cost of damage to equipment and the cost of death, as well as the cost of lost production, were 18.47%, 17.8% and 7.9%, respectively. The cost of productivity loss is determined by the type of activity of the injured person at the time of the incident, respectively, at home 32.2%, pedestrians 27.25%, motorcyclists being 17.27%, and motorists with 11.41% had the largest share of the cost of lost production.Disability adjusted life years was 73/1000 equal to 170 years. cost of these amount of DALY is equal to 7400 million Rls(2000000 Euros). Discussion:The calculation of the economic burden of injuries provides objective evidence for the number of basic information for policy decisions, design and management of the program for appropriate interventions. This is the first time economic calculation is performed in safe community setting in Iran. it needs further investigation to calculate the cost effectiveness of safe community settings.

Key words: Safe Community, Tehran district 22



SAFETY CULTURE AND RISK MANAGEMENT

ANTHROPOLOGICAL APPROACH TO RISK MANAGEMENT IN SAFE COMMUNITY NETWORK

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Among all the factors that pose a threat to human life and health, anthropogenic factors take a special place. In their study, the methods used in anthropology and ethnology are useful. Researchers use included observation, techniques of visual anthropology, video-computer psycho-diagnostics, ethno psychological studies, etc. Particular attention has recently been paid to the possibility of predicting victimization and risk behavior based on anthropometry data. This issue is studied by visual psycho diagnostics or anthropological psycho typing. It is the area of objective psychology giving the chance of obtaining information about the person based on his or her external signs analysis. In the framework of research programs for individuals prone to deviant, antisocial, dependent and self-destructive behavior, we examined 1603 people. There were suicide visual codes detected, such as dolichocephalic type of skull, narrow straight chin, wide nostrils, divergent visual axis, and sluggish lips. Further research has shown that these same signs are characteristic for many other types of dependent and self-destructive behavior. The interest of researchers is attracted by the predictive possibilities of determining psychological types and accentuations of a human character. It is noted that the epileptic and paranoiac radical of character are associated with an increased predisposition to domestic violence, ill-treatment in closed collectives, gender based violence, bulling and mobbing. Due to human ethology point of view, persons with low rank potential have increased victimization. People with a high degree of primativeness are largely susceptible to self-destructive and aggressive behavior too. Thus, signs that are valuable for violence prevention and safety promotion can be determined by the mean of anthropological psycho typing. In our work, one of the results of this approach was the reduction in the number of child and adolescent suicides in the region Novosibirsk (Siberia).

Key words: anthropology of safety; risk management; self-inflicted violence

RISK MANAGEMENT IN HEALTH CARE - SUCCESS FOR VIOLENCE FREE COMMUNITY

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Generally, Risk Management is the process of measuring, or assessing risks and then developing strategies to manage the risk. The strategies employed include transferring the risk to another party, avoiding the risk, reducing the negative effect of the risk, and accepting some or all of the consequences of a particular risk. The healthcare industry and healthcare practitioners, however, must use a different set of strategies and priorities for risk assessment and liability. In healthcare organization, risk management include three main types of risks; one that is associated with structural elements like credentialing of clinical staff, training and education on safety and clinical skills as well as preventive management of equipment and surveys of building structure. Another type of risks includes process risks; which involve the implementation of evidence based clinical practice guidelines and pathways and monitoring their compliance. The third type of risk is an important part of risk management as it involves cost and economics. This is the part of risk management dealing with outcome risks and that may include medical errors or the consequences thereof and medical malpractice liability and related issues. In this presentation, Prof. Akgun will discuss the Risk Factors in Health Services with Multiple Care Providers and will attempt to stimulate the participants' interest and apatite of the subject towards scientific and collaborative discussions. This presentation will also provide an overview of the risk identification, risk assessment and analysis and occupational health and safety programs as well as up-to-date information on the current and emerging issues and practice in health care risk management in a big Hospitals Network in Turkey.

Key words: risk types, risk management, risk identification, risk analysis in health care

PSYCHOLOGICAL PORTRAIT OF THE CRIMINAL

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The purpose of the study: analysis of psychological characteristics of persons who omitted serious crimes against the person (murderers and rapists). Methods: psychological questioning, observation, anamnesis. Results: Some of the qualities of the sadistic offender and rapist appear only at the time of the crime, and before that he is - more often than not - an ordinary person. The qualities characteristic of a criminal, a rapist: first of all, this is a lower moral threshold. This is the internal permissibility of committing a crime. These are perverted emotions: an ordinary person experiences unpleasant experiences when he sees the pain and horror of his neighbor, and these emotions are justified, since such behavior is evolutionarily formed and is aimed at the survival of the species. This impulsivity, a lower threshold of critical attitude, lack of empathy, regret, remorse. A criminal, a rapist feels pleasure at the sight of the victim's torment. His pleasure comes to orgasmic. The physiological meaning of this state lies in the inversion of emotional reflection. In this case, often rapists have a high intellect, correctly assess the situation, their thinking is logical. In the background of the sadist and rapist there is always fear, sadness, uncertainty. Sadism is a kind of protection against horror, which prevents one from enjoying life. The stronger the horror, the more sophisticated the crime. A child who mocks the weaker, above the animals, laughs at helpless old people, is likely inclined to antisocial personality disorder. And not necessarily such a child grows in an antisocial family. The family can be prosperous, but in its study, elements of emotional deprivation that have laid the foundation for future crime have been discovered.

Key words: criminal, psychological type.

MOTIVATION OF LIES AND SAFETY OF THE PERSON

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The phenomenon of lies is of interest to psychologists, philosophers, sociologists, educators, but this concept has not been fully operationalized yet. Purpose: to investigate the motivation of lies in persons who do not deny that they are lying. Methods: psychological questioning, observation. Results: We describe groups of motives that make one resort to lying: • generalized stable motives, expressed in individual-personal characteristics, to which, above all, the motive of the pursuit of success as an abstract goal relates; • specific situational motives that are characterized by systematic repeatability in a similar situation; • general unstable motives, which have a substantive content, without differentiation; • Specific unstable motives, which are characterized by a narrow time perspective. Describes the psychological qualities of an individual who is prone to a certain motivation for lying, in the context of personal adaptation. Conclusion. Lying and lying as a property of a personality are undoubtedly adaptive in nature and have great adaptive potential, and also ensure the safety of the individual.

Key words: lie, lying, lying motivation, personal security.

RESILIENCE IN ADOLESCENTS WITH CHILD ABUSE EXPERIENCES

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Background: Epidemiological body of literature and evidence link child maltreatment with resilience. Recognizing the resilient elements and why some children do well despite adverse early experiences is crucial, because it can advise for more evidence based programs and interventions to support children to reach their full potential. Objective: The objective of the study is to explore the relationships between the experiences of child maltreatment (abuse and neglect) and resilience. Method: Cross- sectional study including representative retrospective two stage quota sample of university students was applied in the research. The sample include adolescents at first- and second-year university from the 12 faculties from the main public university in the country "Ss Cyril and Methodius, Skopje" enrolled in the academic year 2016/2017 in total 622 of students. Self-administrated questionnaires and signed informed consent of participants were applied: *Questionnaire measuring sociodemograpfhic variables, International Adverse Childhood Experiences Questionnaire* was used for collecting information on different forms of abuse and other adverse experiences in childhood. Resilient factors were measured using *The Child and Youth Resilience Measure - Youth version*. Results: The findings showed statistical significance between lower resilience in children and exposure to physical abuse (X^2=8, 64, df=1; p=0,01), exposure to psychological abuse (X^2=7,10, df=1 p=0,0) and exposure to sexual abuse (X^2=7,99; df=1; p=0,01) in childhood. Discussion: The lower levels of resilience were related to higher exposure to physical, psychological and sexual abuse. Reviling the resilience factors of children will enable development of effective and evidence based preventive programmes. Conclusion: Resilience factors in childhood are critical for prevention of child maltreatment. Evidence based interventions to reduce child maltreatment are available with nurturing environments by supporting children develop resilience starting from prenatal period and parenting, through childhood and early adolescence.

Keywords: child, maltreatment, resilience, adolescents

SAFETY CULTURE IN DISASTERS AND ACCIDENTS AND HUMAN HEALTH RISK MANAGEMENT

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Background: The climate change lately and different disasters are big challenges, with consequences very difficult to overcome. Happened a variety of industrial and transport accidents, forest fires and other man-made accidents. In the both groups of extreme events the conditions are very heavy, there are demolition of buildings and facilities, human sacrifices. The right people's behavior in such conditions has extremely importance. Equally important is the safety culture, especially of those involved in emergency and rescue work in the disaster area and the personnel in plants with accidents. The risk management has a key role to play in addressing the challenges and ensuring people' protection in extreme situations. • Objective The objectives of the report are to analyze the hazards of disasters, forest fires, industrial, transport and other man-made accidents, and to show the importance of the safety culture and human health risk management, with examples for measures for impacts' mitigation and for human protection. • Methods and results These are: i. Analysis of hazards in disasters, forest fires, industrial, transport accidents and other man-made accidents for safety and human health risk; ii. Selection of disasters and accidents and brief analysis of sequences during the last decade in Bulgaria, with examples for people's behavior and safety culture assessment; iii. Approach for improvement of knowledge and training of people and possible measures for impacts' mitigation of the hazards and human health protection. • Conclusion for the conditions of disasters, forest fires, industrial, transport accidents and other man-made accidents the pre-analysis of the hazards has priority on highest rank. Very important are the effective measures, the safety culture and human health risk management, with aim prevention of accidents, mitigation of the impacts of hazards and for human health protection. This report contribute to knowledge' increasing and to approach' improvement for overcoming of such challenges.

Key words: disasters, accidents, hazards, safety culture, risk management, human protection

HUMAN FACTOR OF TRAFFIC SAFETY

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Ensuring safety in transport is an activity aimed at preventing the causes of accidents, reducing the degree of their consequences. According to the global report of the WHO, 1.25 million people die every year in transport accidents around the world. 49% of those killed on the roads are not motorists. Death in a car accident is the cause of death number one for people aged 15 to 29 years. Striving for zero deaths on transport should be seen as a strategic goal for safe communities. In addition to technical reasons, a significant part of the accidents is caused by the human factor. There are several such reasons that lead to disasters in transport: driving vehicles in an altered state of consciousness (use of alcohol and drugs, fatigue driver, mental agitation for other reasons); aggressive and irresponsible driving; autocides - conscious withdrawal from life by creating deadly traffic situations; inattention and carelessness of pedestrians; terrorism. All above-mentioned factors can be controlled under the condition of possession of anthropological psycho typing the technologies such as visual psycho diagnostics, visual anthropology, video-computer psycho-diagnostics, ethno psychology, human ethology, etc. These methods relate to the field of objective psychological diagnosis and allow to determine the probability of the following states on the basis of the analysis of appearance and behavior: aggression, ability to concentrate, anxiety, depression, narcissism, willpower, propensity to self-destructive and dependent behavior, degree of responsibility, reaction speed, riskiness, etc. Methods based on assessment of the human factor and open up special opportunities for preventing terrorist acts in transport. Our result is a decrease in the number of suicides in the subway. A qualitative improvement in the aviation security service (profiling) was also noted. Now, methodical recommendations for traffic police officers to assess the human factor of accidents are being developed.

Key words: traffic safety; anthropology of safety; risk management

HOW TO IMPROVE THE SITUATION, RECOGNIZE AND IMPLEMENT AN EFFECTIVE MEASURES TO PREVENT INJURIES AND INCREASE ROAD TRAFFIC SAFETY CURRENTLY

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How to improve the situation, recognize and implement an effective measures to prevent injuries and increase road traffic safety currently Background: Unmodified speed and human factor are causing the largest number of road traffic accidents. Repressive police measures do not give the desired results. How to respond, how to define an effective measure, implement, monitor and evaluate using evidence base approach, it is a questions that need to be answered as soon as possible. Objective: The main objective of the preventive measures is decreasing of road traffic injuries and achieving a safe environment for road traffic. Methods: Despite the measures taken to increase a road traffic safety, the road traffic injury is still high compared to other countries. Analyzing the taken measures and legislative there are recommendation to strength the preventive measures through the health system, referral to control medical examinations. By law defines persons and institutions has obligation to refer to a control medical examination. Results: Selected doctors are obliged to inform the Ministry of the Interior about a new condition or disease requiring a temporary or permanent ban on the use of a motor vehicle. Selected physicians have option to be informed on risk behavior in the road traffic, by notification from the Police Directorate. Strengthening preventative activities in the health sector will lead to nationwide awareness, real self-assessment of drivers, strengthening of road traffic culture and respect of the law. Discussion: It is necessary to raise awareness by campaigns related to the importance of the stable health of drivers in order to timely and effectively respond to road traffic challenges as well as to promote a preventive mechanism, control health examination for drivers, in the case of doubt in their competence to operate a motor vehicle. Conclusion: The preventive mechanism referral to control medical examination and notification of risk behavior will contribute to decrease the road traffic injuries. Key words: safety, road traffic, prevention, control medical examination.

Key words: safety, road traffic, prevention, control medical examination

SECURE ATTACHMENT RELATIONSHIP THE KEY OF PERSONAL DEVELOPMENT

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Every human being has basic physiological needs for food, water, sleep. Without them none of us could survive, they are the basis of our survival, our growth. In addition, every human being has the need for a sense of security, the need to know that we are loved, accepted, respected. They are the basis of the development of our personality, our psychological development. In this paper will be discussed the role of family support and other important subjects in one's personal development.

Key words: attachment security, family, personal development

SAFE COMMUNITY AND PROMOTION OF SAFETY EDUCATION AND TRAUMA CARE

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When accidents occur, the Post-trauma burden, stress, strain, difficulties faced by victim & family members are too severe and damaging. Infact, effects of occupational accidents at the workplace and post burden faced are a mainstream workplace problems that rarely receives community attention and they create severe damage to everyone. Purpose: To study the effect of Accidents on the victim and what are the difficulties face, and workplace safety and issues of trauma care. To also know the role of Safe community and safe community Professional can play in Safety Promotion and Health promotion. Sample: All the major disabled accident victims, numbering around 500, were taken as sample to study the post effects and difficulties faced. Method: The intervention was done at 3 stages: (a) knowing how victims felt immediate after the incidence (post-responses), (b) after few days of hospitalisation, and (c) presently after the incidence, i.e. after long span of time and before joining back to work. Results: 1. The results showed that, due to accidents and injury, 90% of victims faced lots of difficulties at workplace; 2. The family members of victims faced lots of financial and Social adjustments and faced Post Psychological trauma; 3. Since there was no Safe community interventions, the study felt the need for trauma care through Safe community. Conclusion: The results showed a high level of significant relation between accident, resultant injury and post-trauma psychosocial burden undergone. here was high level of significant co-relation between injury, burden and difficulties undergone, especially for those families with lack of better economic standing. Psychological disturbance was experienced much during hospitalisation & at home, with high symptoms of irritability, depression, nightmare, worry and anxiety provoking behaviour. The study propose establishment of Safe Community and Health Workers interventions.

Key words: Safe Community, Trauma Care, Accident, Safety Promotion

EXPOSURE TO FIREARM: IMPACT ON PSYCHOLOGICAL HEALTH IN CENTRAL INDIA

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The issue of firearm exposure is one of the widespread prevailing problems in today's world but at the same time it is least talked about. Its psychological effects vary from person to person and the degree of consequences has many variables to measure. The firearm exposure not only implies to an individual but also the whole gambit of social structures around him. Methods: A cross-section study on 505 subjects of the age group 20-45 years from central India was done, where routine social order depends upon massive armament of the citizen. We studied the relationship between socio-demographic variables and firearm exposure with variables of psychological domain of the WHOQOL-BREF. Multivariate logistic regression model was constructed to find the correlates among them. The objectives of the study were to study the attributes of socio demographic variables, which affects psychological health and exposure to firearms in the study population and to see the impact of exposure to firearms on psychological health. Results: Higher education is associated positively with psychological health. The desire to have a gun (OR=1.988, CI 1.306-3.024, p-value).



EVIDENCE BASED POLICIES FOR VIOLENCE PREVENTION AND SAFETY PROMOTION

WHO SUPPORT TO THE PREVENTION OF INTERPERSONAL VIOLENCE IN THE EUROPEAN REGION

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With almost half a million deaths each year, violence and Injury are a leading cause of death and disability in the WHO European Region. With a particular impact on the young and economically active segments of the population, violence and injuries kill more people than any other cause for those aged 5-29 years of age. Road traffic injuries, drowning, interpersonal and self-directed violence are major causes. Interpersonal violence is the third leading cause of death in Europe among those aged 10-29 years, accounting for 15 000 homicides yearly. Violence is unequally distributed in the Region with 9 of 10 homicide deaths occurring in low- and middle-income countries where rates are nearly 7 times higher than in high-income countries. Deaths are however just the tip of the iceberg, with a very high prevalence of child maltreatment and intimate partner violence against women. Nearly 1 in 10 children in the Region are sexually abused and 1 in 4 physically abused. Nearly 1 in 4 women are affected by intimate partner violence, with a higher prevalence in the Central and Easter parts of Europe. The UN Sustainable Development Goals (SDGs) offer an unprecedented opportunity for different sectors to work together. The SDGs have specific targets for road safety (3.6, 11.2) violence prevention (16.1), specifically violence against children (16.2) including girls and women (5.2). The World Health OrganizationRegional Office for Europe has championed a public health approach to the prevention of violence and injuries through a series of resolutions, strategies and technical packages. Member States in the Region have supported *Investing in children: the European child maltreatment prevention action plan 2015-2020*. The European status report on preventing child maltreatment highlights the problem, advocates for action and provides progress and challenges made in the Region. The *European report on preventing violence and knife crime among young people* offers a way forward with prevention programmes. Strong progress has been made in the last decade in the Region where there has been a decline of 45% in deaths (385,343 injury deaths in 2004 to 210,556 in 2014). However, the rates of decline differ greatly across the Region. The SDGs and the Global action plans on violence prevention provide important platform to preventing and responding to violence.

Keywords: Europe, violence, injury, child maltreatment, prevention, policy

DISABILITY-ADJUSTED LIFE YEARS (DALYS) TRENDS FOR INJURIES IN TURKEY, TURKISH GLOBAL BURDEN OF DISEASE STUDY, 2003-2018

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Mortality and fertility rates are decreasing across the globe, resulting in ageing populations and higher life expectancies. So this trend with the developments in science and technology are both leading to a growing demand for health services and, in some cases, to higher costs in provision of these services. Thus, while taking into account both optimum health for health expenses and just and equal access to health services in the world, there needs to be attention to balance and a graduated set of health priorities of a subset of conditions. In addition to this, there is increasing public and political concern to ensure that non-fatal conditions are appropriately reflected in health planning and priority setting. Within this context, Global Burden of Disease was first introduced in the early 1990's and has since played important roles in health care and public health planning for international communities as well as NGO's (Non-governmental Organizations). The Global Burden of Diseases and Injuries Study provide disability-adjusted life years (DALYs), healthy life expectancy (HALE) as main summary measure of population health. This presentation attempts to provide, a conceptual framework of the GBD analysis as well as the trends of injuries in Turkey by using these summary measures. We used the results of 2003 and 2015 Turkish GBD to present the levels and trends of DALYS for injuries in Turkey. For each period, we assessed the ratio of observed levels of DALYs and HALE for injuries then we projected the trends of injuries up to year 2030.

Key words: Disability adjusted life years (DALYs), self injuries, violence, injuries

INCREASED SUICIDE RATES AMONG CROATIAN WAR VETERANS

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Background: Suicide is a complex phenomenon of self-inflicted violence or auto-aggression associated with many social, biological and psychological factors. Before aggression against Croatia and defence war 1991-1995, there were about 1000 suicides yearly giving mortality rates 22-24 per 100000 population and rates are decreasing since then being now 14/100000. Opposing to the overall trend, increased rates are observed among Croatian war veterans who committed over 3000 suicides since 1991 (method is often firearm or explosive unlike in former times). Objective of this study is qualitative analysis of media reports on committed suicides of war veterans with an aim to find out motives and specific psychosocial circumstances, i.e. psychosocial autopsies based on media reports. Methods. Media reports about suicides committed by war veterans during last ten years were searched, analysed by qualitative methods and compared with quantitative data from previously completed surveys and official statistics including data from the Registry of committed suicides run by the Croatian Institute of Public Health. Results. Specific psychosocial profiles of war veterans committing suicide are recognized. Beyond known risk factors like mental disorders and alcohol dependence, specific psychosocial circumstances like unemployment, lack of material and social support, administrative obstacles or family situation in combination with loneliness and depression are recognized as possible causes. However, possession or opportunity to get weapon, war experience that make them not afraid of it and increased pain threshold due to previous war injuries make them more likely to commit suicide. Discussion. Suicide rates differ not only between countries but also within countries by regions and population groups. Among Croatian war veterans suicide rates are elevated due to several factors including lack of long-term systematic psychosocial support. Conclusion. Croatian war veterans are particularly vulnerable group under increased risk for suicide due to several psychosocial factors and more preventive efforts are needed.

Key words: suicide; Croatia; war veterans

PREVENTION OF VIOLENCE AGAINST CHILDREN AND SUSTAINABLE DEVELOPMENT GOALS (SDGS) – DEVELOPING STRATEGIES THAT WORK

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Annual global burden of child abuse is estimated to 1 billion children aged 2-17 years victims of physical, sexual or emotional violence. Adverse child experience can lead to risk behaviors such as smoking, alcohol and drug abuse, unsafe sex, suicide attempt and severe, health and mental consequences later in life, including anxiety, depression, heart and lung disease and HIV. The objective is to analyze strategies for prevention of violence against children. Violence prevention was reflected in the Agenda 2030 and the following SDGs specific targets: 5.2 Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation; 5.3 Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation; 16.1 Significantly reduce all forms of violence and related death rates everywhere and especially 16.2 End abuse, exploitation, trafficking and all forms of violence against and torture of children. SDGs specific targets linked to violence prevention are key in the World Health Organization (WHO) 13th General Programme of Work 2019-2023. Additionally, resolution on Global plan of action to strengthen the role of the health sector within a multisectoral response to address interpersonal violence, in particular against women and girls, and against children, was adopted by World Health Assembly (2016). In 2018 WHO and partners released the INSPIRE handbook: action for implementing the seven evidence based strategies for ending violence against children, a guide to putting in place a select group of measures to prevent violence against children and to achieve SDG target 16.2. In 2018 UNICEF and partners launched the INSPIRE indicator guidance and results framework, a companion document designed to help monitor progress and track changes over time as the INSPIRE strategies are implemented in all sectors, in particular the education, criminal justice, health and social welfare sectors. There are many actions and strategic documents in Republic of Macedonia related to prevention of violence against children, National Coordination Body was established and a set of core indicators has been developed by multisectoral and multidisciplinary group. Implementation of these cost-effective violence prevention strategies can save millions of children and billions of US dollars spent each year in health care, law enforcement and lost productivity.

Key words: violence, children, SDGs, prevention, strategies

EVALUATION OF IMPLEMENTATION OF EVIDENCE BASED POLICY INTERVENTION FOR DOMESTIC VIOLENCE PREVENTION

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Background: Domestic violence (DV) has increasing trend globally and nationally. DV has prevalence of 37,7% in Republic of Macedonia and is higher among women. The main objective is to evaluate the system response to DV i.e. implementation of evidence based policy intervention and legislation in practice and knowledge translation into practice. Methods: Public health approach and ecologic model have been applied. Knowledge, attitudes and practice (KAP) survey was conducted on a sample of 16 general physicians (GPs) on specialization of family medicine in 2015 and 2018 year. Same specially designed questionnaire was applied as survey instrument in the survey before and after the intervention, to evaluate it's implementation. Results: Half of the interviewed GPs considered information for legislation and protocols for DV as very important for their patients. Only 6,2 % GPs in 2018 had complete knowledge about regulations for DV documentation and protocol for medical intervention. 25% of interviewees in both years think that police has the main role for DV victim protection, and have incomplete knowledge about the role of the health system and Centar for social work. GPs in both years emphasized the need for more education about DV legislation and protocol, multisectoral cooperation and coordination within the DV system, legislation enforcement etc. Encouraging is that in 2018 there is knowledge translation into practice and there are more GPs that had education during their specialization about DV, documentation of DV and protocol for DV, and had implemented that knowledge into practice using ICD 10 for DV evidence and documentation, applied protocol for DV with their patients victims of DV. All participants in the survey stressed the need to start with the online e-registration form for violence as soon as possible. WHO TEACHVIP training has been evaluated as very useful for their practice. Conclusion: Continuous medical education and professional development are crucial for implementation of the policies for DV and coordinated response of the health care system.

Key words: domestic violence, physicians, legislation, evaluation, policy intervention

ROLE OF PRIMARY CARE TEAM IN RESPONDING TO CHILD MALTREATMENT IN MACEDONIA: TIME FOR A RETHINK? AN OVERVIEW OF POLICY, PRACTICE AND RESEARCH

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The problem of violence against children is a global one. There are increasing calls for a public health approach to child maltreatment. A public health approach prioritizes prevention and early intervention. Our overview of policy and relevant research support the argument that GP practices are a first and on-going point of contact for families. GPs have a view of family health needs over the life course, opportunities for building therapeutic relationships with families and are holders of the primary healthcare records which can act as an information repository about a family. Because general practice is a universal service which can take a longitudinal view of families, GPs are well-placed to enact direct responses to the children and families they see as well as participate in existing systems to safeguard and protect children. As part of the family and Patient-centered universal care that they offer, GPs see multiple family members which can put them in a good position to identify parental risk factors for child abuse and neglect. Policy makers should recognize that some GPs use their core skills to respond directly to families who prompt professional concerns about child maltreatment. Direct responses use skills such as monitoring, coaching, advocating and providing opportune healthcare. But according to a new study, the knowledge of workers in the health sector needs to be improved, with respect to the identification of different forms of violence against children; the appropriate reporting and referral procedures; and, familiarity with institutions that provide services for the protection and treatment of child victims of violence. There is a urgent need for remodeling the way GPs and Patronage nurse collaborate in order to increase prevention and early detection of child maltreatment.

Key words: primary care; GP's; child maltreatment; health policies

PROGRAMS TO STRENGTHEN FAMILY RELATIONS TO PREVENT VIOLENCE AGAINST CHILDREN: A INTERSECTORAL BRAZILIAN STRATEGY

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Background: Violence against children (VAC) is a huge concern in countries with high vulnerability rates, such as Brazil. According to INSPIRE recommendations strategies to face VAC should be articulated in an intersectoral network, involving different sectors working together to reinforce intervention and prevention programs. Objective: to explore possibilities for the intersectoral system in Sao Paulo, Brazil, directing prevention policies against VAC to a shared objective. Methods: It was conducted a qualitative research with discursive analysis of documents and guidelines to professionals from different areas (education, human rights, social assistance, public security and judicial system) as well as in-depht interviews with professionals from the same areas. Results: Documents recognize the phenomena "violence" as when there is an abusive power relationship that can result, intentionally, damage to the victim. As VAC occurs mostly in families, interventions can be articulated to strengthen Family relations. Each sector can contribute in different ways to it, as observed on documents and interviews: Primary Health Care services could work to strengthen links with families through prenatal counseling; human rights services could stimulate parenting skills programs focusing on reducing the use of harsh and violent discipline; Non-Governmental Organizations and educational institutions could establish local projects that stimulate the building of positive social and family relationships. Other services such as the ones of justice, public safety, social assistance services and the tertiary health sector can act swiftly and in collaboration with other sectors to prevent the recurrence of violence. The main goal would be working together to develop positive parental skills breaking the cycle of violence. Conclusion: A common understanding of VAC as build in power imbalance in Family relations is an important step to establish a collaborative effort between distinct sectors around the objective of to strengthening Family relations and parental skills.

Key words: prevention programs, intersectoral network, family relations

ADVANCING THE HUMAN RIGHTS IN PATIENT CARE IN REPUBLIC OF MACEDONIA

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Background: Human rights in patient care are very important in the Republic of Macedonia. The objective of this paper is to analyse the national and international legistlation for human rights in patient care and to evaluate their implementation in practice. Methods: The study was designed as a descriptive-analytical. Eevidence synthesis of relevant international, regional and national legistlation has been applied. A patient survey was conducted in Polog Region in October-November 2017, on a representatve sample of 200 patients (10% of all patients in this period in these hospitals), 130 patients in the Clinical Hospital in Tetovo and 70 patients in the General Hospital in Gostivar, stratified by departments in each hospital. Specially designed instrument for patients has been applied. Results: Analyzis of the legislation in Macedonia and 6 countries in transition, shows essential legislation reforms for human rights improvement with adoption of new constitutions in early 1990-s in all countries, and several times from then in some countries. Evaluation of implementation of two patient rights in practice is presented. Majority (85.2%) of interviewed patients had information for the right on information for recommended medical intervention while. 72.1% had personal experience with implementation of this right in practice, which is three times more than 27.9% patients that didn't have. 77% of patients had information about the right on acceptance and rejection of a certain medical intervention but much less only 32.8% had personal experience with implemtnation of this right in practice. Discussion: Human rights in patient care in the Republic of Macedonia are reflected in the national legistlation which is harmonized with European legistlation as well as in the ratified and signed international instruments. However, the implementation of this legislation in practice should be improved. Conclusion: Human rights in patient care must be advanced by legislation enforsement, increasing the public awareness about patient rights and encouragement of medical personal to respect the patient rights and obligatory implement them in practice.

Key words: human rights, patient care, legislation, implementation, practice

MORTALITY DUE SUICIDE AND COMMUNITY MENTAL SERVICES COVERAGE IN STATE OF SÃO PAULO, BRAZIL 2015

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Background: Suicide is an indicator of population health conditions and is related to individual and community factors. There are important efforts in Brazil in order to decrease suicide mortality and improve epidemiological surveillance of this condition, but there is little information about effects of mental health program on suicide. Objective: To investigate association between suicide mortality and socioeconomic, violence and health systems characteristics. Method: An ecological study was conducted, including data from 63 regional Psychosocial Care Networks (RAPS) of the state of São Paulo. We included data about suicide and homicide deaths, socioeconomic characteristics (Gross Domestic Product per capita, proportion of population in conditions of high social vulnerability, illiteracy rate) and health system characteristics (public spending on health per capita, public primary care coverage, private care coverage and public community mental health services coverage). Linear regression was used to examine association between variables. Results: From the 2,300 suicide deaths, 79.0% were male and the main mechanism of death was hanging (63.2%). The standardized rate of suicide mortality among RAPS ranged from 1.90 to 15.65 deaths/100,000 inhabitants. Suicide mortality rate was higher in RAPS with higher community mental services coverage (coefficient = 1.36; CI95%: 0.19 to 2.53) and lower in RAPS with higher homicide mortality rate (-0.17; CI95%: -0.04 to -0.30) and higher private care coverage (-0.05; CI95%: -0.01 to -0.10). Conclusion: Mortality due to suicide had no relation with the socioeconomic characteristics of RAPS. Higher suicide mortality in areas with higher community services coverage could reflect the increased implantation of these services in places with a higher prevalence of mental disorders (where more suicide deaths may occur). Investments are needed in training professionals involved in care and reporting of suicide cases (mainly in primary care settings) are recommended strategies to decrease suicide mortality and improve epidemiological surveillance of this condition.

Key words: suicide; community mental health services; epidemiological surveillance

BURDEN OF VIOLENCE AND INJURIES IN REPUBLIC OF MACEDONIA

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Background: Violence and injuries are a major cause of death and disability worldwide. Each year, 1.4 million people globally lose their lives due to violence. For every person who dies as a result of violence, many more are injured and suffer from a range of physical, sexual, reproductive, and mental health problems. Estimation of the burden of violent deaths, as well as identifying the risks of violence and injuries occurring in Macedonia, is the main objective this survey. Methods: The survey is designed as a cross-sectional study which analyzes data from Ministry of Internal Affairs, State Statistical Office, Institute for health measures and evaluation, and Health for all data base for 2016. World Health Organization's method to estimate the burden of deaths from violence and injuries has been used and WHO standard software application to calculate Years of life lost caused by violence and injuries in Macedonia in 2016. In 2016 in Macedonia 497 deaths from external causes have been registered, 354 of them as a result of unintentional (77.22%), and 143 of intentional injuries (22.78%). Most of the unintentional deaths were due to road traffic injuries, i.e. 165 (33.19%) of the cases. The burden of violence and injuries expressed in Years of life lost on national level is 8 777 YLL (4,3/1000). There is a significant difference between genders, males have more than three times higher burden than females. There are differences by age and sex, with most affected males at age 45-59 years (YLL 9,8/1000) and females at age 30-44 years (YLL 1,6/1000). Conclusion: Violence and injuries are predictable and preventable with public health approach, multi-sectoral collaboration involving the public and private sectors (health, education, police, justice, social services and business) and civil society.

Key words: violence, injury, burden, YLL, prevention

HOMICIDES AND SUICIDES IN THE REPUBLIC OF MACEDONIA IN THE PERIOD 2007-2017 – MAGNITUDE, CAUSES AND PREVENTION

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Background: Violence is the most common form of human rights violations. Violent deaths are caused by risk factors at different levels: individual, relationship, community and society. Objective: The purpose of this paper is to analyze the magnitude, trends and causes of homicides and suicides in the Republic of Macedonia in the period from 2007 to 2017. Methods: Public health approach and ecological model have been applied to analyze the available data and documents from the State Statistical Office of the Republic of Macedonia and World Health Organization, as well as literature review. Results: External causes of death participate with 2,1% in the total mortality in Macedonia, out of which most dominant are accidents with 70%, followed by suicides with 20% and homicides with 10%. Homicides and suicides have descending trend with oscillatory curve in the analyzed period. The most common are homicides caused by firearms, secondly those with a sharp object, followed by drowning, suppression etc. Homicides are most common among males. Republic of Macedonia has the lowest mortality rates from homicides in the Region with a trend of constant decline from 2000 to date. Suicides by "hanging, strangulation and suffocation" are the most common with 15.7%, and are more frequent among males. Discussion: Exposure to violence can increase the risk of smoking, alcohol and drug abuse; mental illness and suicide; chronic diseases like heart disease, diabetes and cancer; infectious diseases, such as HIV, and social problems such as crime and violence. Conclusion: There is slight descendent trend of violent deaths since 2007 with three times higher rates among male population in Republic of Macedonia. Violence dramatically affects health, welfare, increasing costs; reduces productivity and economy of society. Thus, evidence based prevention interventions at all levels are needed.

Key words: violence, homicide, suicide, magnitude, prevention



OCCUPATIONAL VIOLENCE AND SAFETY

THE SECRETS OF HIGH PERFORMING HEALTH CARE ORGANIZATIONS- THE DEVELOPMENT OF A PATIENT AND EMPLOYEE SAFETY SYSTEM AT A HOSPITAL NETWORK, TURKEY

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Health care organizations are at a critical crossroad in the challenge to provide safe and high quality care for their patients. Many patients suffer increased pain, disability and psychological trauma or staff may experience shame, guilt and depression after making a mistake, with litigation and complaints imposing an additional burden. Safety is the basic principle and a critical component of quality management. Patient and employee safety have become a major preoccupation in health care systems; it is often measured through rates of adverse events. Despite the magnitude of the problem, understanding and knowledge of the epidemiology of adverse events, frequency, causes, determinants and impact on patient outcomes, employee health and effective methods for preventing them are limited or the existed best practices are changed from country to country, from culture to culture. For this purpose we developed a Patient and Employee Safety Program (PSP) based on AHRQ quality indicators, OHSAS and Joint Commission 2015 National Patient Safety Goals. Baєkent University was founded in Ankara, Turkey in 1993. The initial organization started in 1985, with a 50-bed hospital. Since then, our organization has rapidly expanded its medical activities, and today it encompasses eight satellite hospitals located in various provinces with 2600 beds across the country. The mission of the Baєkent University Hospital network (BUH) is to provide high-quality patient care and support the research and educational programs of the university's Faculty of Medicine. We believe that errors in hospital processes occur due to built-in problems with the system. It follows that achievement of real improvement in quality depends on understanding and revising the processes based on relevant data. In line with these patient and employee safety and inpatient quality guidelines, we adopted our programs and developed our guidelines including all indicators, definitions and data sources. Some figures between the years 2008-2018 were 14, 2 /10.000 for decubitus ulcer at intensive care units and wards while these figures were 6, 35 /10.000 for patient fall and 5 % for needle stick injuries.

NATIONAL SURVEY ON WORKPLACE VIOLENCE AMONG HEALTHCARE WORKERS – DOCTORS IN REPUBLIC OF MACEDONIA

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Introduction: Nowadays, violence at the workplace, physical or verbal, is identified as a global problem crossing borders, work settings and occupational groups. The health care sector with the specific working conditions and working environment is especially "sensible" and challenging place for workplace violence, and healthcare workers present vulnerable target groups. Workplace violence towards health care workers threatens their health and safety, provoking decreased productivity and quality of patients' care as well as stress and burnout among the healthcare workers.Aim of the study: The main goal of this study was to document the magnitude of the problem of workplace violence among medical doctors in R.Macedonia.The national institute of occupational health in collaboration with the Macedonian Medical Chamber, for the first time, organized a national survey on workplace violence among doctors, using self-reporting.The doctors completed two standardized questionnaires :one for demographic data and other on their experience of various forms of violence. Two types of workplace violence were analyzed: from patient / accompanying person and from coworkers within 5 dimensions- physical aggression, threats, intimidation, insults or complaint. Results: Of the 4401 questionnaires distributed among registered doctors in Macedonia, 2959 responses were received and 2683 questionnaires were used (response rate 67,2%).The results showed that the majority of the examined doctors were exposed to threats (64,4%) or insult (70,8%)during their working age,47,7% experienced complaint and 32,3% physical aggression from patients and more than 30% were exposed to different types of violence from their coworkers. In general, the incidence of violence from patients and coworkers was higher in male doctors, in hospital settings and significantly higher in psychiatric, surgical and emergency units compared to other medical settings (preventive, laboratory etc.). Conclusions: The actual research confirmed the importance of workplace violence among healthcare workers-doctors in the country as a public health problem and the necessity for implementation of preventive measures and interventions at all levels (national, local and individual) in the society.

Key words: workplace violence, medical doctors, R.Macedonia

OCCUPATIONAL RADIATION EXPOSURE FOR NUCLEAR MEDICINE PROFESSIONALS AT THE INSTITUTE OF PATHOPHYSIOLOGY AND NUCLEAR MEDICINE "ACAD. ISAK S. TADZER"

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Background: An improved and advanced imaging technology has increased the use of radiopharmaceuticals for diagnostic and therapeutic procedures in Nuclear medicine (NM). Engagement in NM department carries the risk of long-term radiation exposure and associated biological effects; therefore, it is important to investigate the radiation doses of workers exposed to occupational ionizing radiation. Objective: The aim of this study was to evaluate the radiation exposure among medical staff at the Institute of Path physiology and Nuclear Medicine "Acad. Isak S. Tadzer", for 2016 and 2017, and to compare the received doses with the recommended limit of the International Commission of Radiological Protection (ICRP). Methods: A total of 28 individuals were routinely monitored for radiation exposure using thermoluminescent dosimeter (TLD) badges, measuring Hp(10) – equivalent dose received by tissue at a 10mm depth from the skin surface (considered as the whole body dose). According to professional duties, staff was divided in five groups: Physicians, Physicists, Biologists, Technologists and Technicians. Mean annual occupational doses were compared among each group, and also compared with the dose limits set by the ICRP. Results: During the evaluated period all exposure levels were lower than ICRP dose limits. The highest mean dose was received by the Technologists. The maximal individual annual registered dose in the whole study group was 2,84mSv. Discussion: Literature data report different results of occupational radiation doses in NM, all of them lower than the ICRP limits. The United Nations Scientific Committee on the Effects of Atomic Radiations has reported that the worldwide mean annual occupational dose in NM is below 2mSv, findings which are in agreement with our results. Several factors, especially protective measures, could affect the annual radiation exposure. 6. Conclusion Our study showed that the occupational radiation exposure of the medical staff was below the recommended dose limits of 20mSv.

Key words: occupational radiation dose, radiation exposure, ionizing radiation

ASSOCIATION BETWEEN WORKPLACE VIOLENCE AND BURNOUT IN MACEDONIAN PHYSICIANS

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Background Healthcare system is characterized by a risk for exposure to workplace violence and WHO data show that 1 in 2 health professionals is a victim of a certain type of violence at work. Exposure to chronic emotional and interpersonal workplace stressors can lead to burnout. Within the Job Demands/Resources Model, workplace violence can be analyzed as a specific type of workplace stressor or job demand. Objective To examine the associations between different types of workplace violence and burnout in Macedonian physicians. Methods The Institute of Occupational Health of RM in collaboration with the Macedonian Medical Chamber conducted a national survey on workplace violence among physicians. A standardized questionnaire was used for the assessment of physicians' experience with various forms of workplace violence. Two types of workplace violence were analyzed: from patients / accompanying persons and coworkers. Maslach Burnout Inventory was used for the assessment of burnout. Bivariate analyses were conducted to examine the associations between workplace violence and burnout dimensions. Results The data obtained from 2683 questionnaires (out of 4401 distributed among all registered physicians in Macedonia) demonstrated that mean emotional exhaustion and depersonalization levels were: 19.4±13.8 and 3.8±5.2, respectively. The average score of workplace violence from patients was 6.7±5.4 and from coworkers - 3.3±4.3. Emotional exhaustion positively correlated with the scores of violence from patients (r=.407, p<0,001) and coworkers (r=.336, p<0.001). Additionally, depersonalization positively correlated with both scores of workplace violence (patients r=.395, p<0.001; coworkers r=.315, p<0.001). Conclusions These national data can be used in implementation of healthcare reforms in the country. Providing reduction of violence at the physicians' workplace can lead to prevention of burnout and contribute positively to higher quality of patients care.

Key words: workplace violence, burnout, physicians, Republic of Macedonia, Macedonia

VIOLENCE AT WORK AGAINST SPECIALIST DOCTORS FROM VARIOUS MEDICAL FIELDS IN THE REPUBLIC OF MACEDONIA

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Introduction: Workplace-based violence constitutes the most topical and most serious professional harm faced by specialist doctors at their workplace. Goal of the survey: Determine the incidence of type II violence (by patient/companion) and type III violence (by health worker/associate) against specialist doctors from various medical fields in the Republic of Macedonia. Material and methods: 437 specialist doctors from various medical fields were covered by the survey, which was descriptive/analytical and cross-sectional. For the needs of the survey, the specialist doctors were divided into 3 groups: group 1 (145 specialists of EMS, emergency medicine, anesthesiology and oncology); group 2 (144 specialists of preventive medicine); and group 3 (148 specialists of laboratory and x-ray diagnostics medical fields). The method of the survey consisted in completion of a "Questionnaire on the impact of the working/workplace conditions on the health of the health workers – violence and stress at work". Findings were statistically processed with descriptive and analytical methods. Findings: Type II violence (*by patient/companion*) – the majority of the surveyed specialists were victims of insult (59.7%), followed by threat (52.8%); complaint (40.0%); objection (37.3%); and assault (25.1%). *Type III violence (by health worker/associate)* – almost half (47.3%) were victims of an insult by colleagues of theirs; slightly more than one third were victims of threat (36.4%), followed by complaint (31.1%); objection (28.0%); and assault (11.9%). Surveyed doctors experienced more harm at their workplace by a patient/companion than by a health worker/associate, and this difference is statistically significant: assault (x^2=24.106; p<0.001); insult (x^2=13.073; p<0.001); threat (x^2=22.748; p<0.001); objection (x^2=8.168; p<0.004); and complaint (x^2=7.199; p<0.007). Conclusion: The majority of the surveyed doctors were victims at their workplace of verbal violence by a patient/companion, with every second doctor being a victim of insult and threat by a patient/companion.

Key words: specialist doctors, assault, insult, threat, objection, complaint

EMPLOYEE SAFETY AND WORK INJURIES AT HEALTH CARE FACILITIES IN TURKEY

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Patient and employee safety concepts have been becoming widespread and more important than before in health care facilities last years. The reasons of this importance are because of the increasing number of work injuries and accidents at healthcare facilities. According to OSHA workplace accident is an "unplanned event that results in personal injury or property damage." . However we didn't pay attention to employee safety and workplace injuries for many years in Turkey. Indeed, health care sector is one of the high-risk sectors and employees in this sector are exposed to many physical, chemical, biological, psychosocial risk factors. Although there are some improvements on the legislation and regulations of Occupational Health and Safety in Turkey since 2013 and leaders are introducing the risk assessment and occupational health and safety management systems, which are effective tools to eliminate the problems and improve of working conditions to their staff and institutes, still there is a need to increase our efforts. Risk assessment with a widely usage and occupational health and safety management systems, are both proved effective in improvement of healthcare conditions for healthcare professionals, patients, their relatives, temporary workers, subcontractor workers, and other people in the same environment. Within these improvements, the assessment of risk factors and concept of protection and improvement for their own health and safety should be provided to the employees in their basic educations. Preventing workplace accidents means developing a solid grasp on the differences between hazards and risks. Therefore, the legislation , the current situation, the main risk factors, which cause occupational injuries at health care facilities in Turkey and how to protect their health from these risk factors will be discussed in this presentation.

Key words: work injuries, employee safety

CONDITIONS FOR OCCUPATIONAL SAFETY IN MICROBIOLOGICAL LABORATORIES IN MACEDONIA

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Background: Microbiological laboratories are special, often unique work environments in which you can clearly recognize the risk of infectious disease to people who work in those labs or in their vicinity. WHO recommends that all medical and diagnostic laboratories must be designed for level 2 or higher level of biological safety and security. Objective: To determine the condition of microbiological laboratories in R. of Macedonia, in terms of implementation of measures to protect against biological risks. Methods: A specially designed questionnaire was applied among 187 employees in public health microbiology laboratories. It was a cross-sectional study conducted in 2 month period and questions were related to equipment and working conditions, work practices; issues relating to occupational diseases and training. Results and discussion: 36.89% of respondents believe they work in the laboratories having first level of biosafety and 30.48% that have a second level. There is no third and fourth level of equipment in any of the microbiological laboratory in R. of Macedonia. Biological safety cabinets (BSC), have 6 institutions out of 19 (30%). According to 72.80% of the respondents in their laboratories there is no specific manual for biological safety and no procedures for removal of infectious material (52.94%). The working practices of the staff are satisfactory but vaccine status of the available vaccines is not (eg. about 50% against HBV). Conclusion: A series of measures to protect people against harmful biological agents, are applied in the microbiological laboratories in R. of Macedonia, but not all, not everywhere and not completely. There is a clear need for continuous education of the personnel, raising levels of biosafety and biosecurity.

Key words: microbiological laboratories, biosafety, occupational safety, Republic of Macedonia



GENDER BASED VIOLENCE

COMPREHENSIVE MODEL FOR GENDER-BASED VIOLENCE PREVENTION AND RESPONSE

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Gender equality is a prerequisite for the health and development of families and societies, and a driver of social and economic growth. Progress toward women's rights in the region is uneven. Gender-based violence (GBV) increases in the areas of the region affected by armed conflict (for example, three times higher among internally displaced women in Ukraine, compared to community residents). 26 % of women in Eastern Europe and 23 % in Central Asia experienced physical and/or sexual violence by an intimate partner or sexual violence by a non-partner. Women living with HIV experience high levels of sexual and/or physical violence. UNFPA ensures that GBV response and prevention: are coordinated by relevant institutions, address needs of survivors and avoid re-victimization. UNFPA Regional Office's models of multi-sectoral response to GBV were successfully rolled out across the region. In Ukraine, multi-sectorial response to GBV was established in 5 Easter regions, during transition from humanitarian response and expanded into 7 more across the country. The model includes: 46 PSS Mobile Teams, 8 shelters/crisis centers for survivors, 10 health SDP, support to national hotline, and intensive capacity development programme for local service providers. UNFPA supports the Ministry of Social Policy and other stakeholders in development of national GBV policies and awareness raising campaign "Break the circle". In the Former Yugoslav Republic of Macedonia, UNFPA supported: establishment of Standard Operating Procedures for prevention and response to GBV in humanitarian settings, within the Health system preparedness plan; accreditation and training of over 80 medical professionals; and, establishment of the first sexual assault referral centers in the country, with UNDP. The development program is interrelated with the one in humanitarian settings, proving linkages between these two contexts. It recognizes that work on GBV in humanitarian or development setting is based on principles of safe and ethical GBV programming.

Key words: gender equality, gender-based violence, the multi-sectorial response to GBV

THE LEGAL AND INSTITUTIONAL RESPONSE TO GENDER-BASED VIOLENCE IN MACEDONIA

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Background: The role of the women and gender equality are important issues in Macedonia, both the Constitution and the national laws guarantee equality between men and women. Additionally, Macedonia has ratified both the Convention on the elimination of all form of discrimination against women (CEDAW) and the Istanbul Convention. However, widespread violence against women and girls persists. Objective This study examines the legal and institutional state response to gender-based violence, the potential and shortcomings of legislative and policy action. Methods An extensive desk research was conducted of policy documents, national strategies, reports and specific legislation, enriched with public policy framework analysis and system approach. Results Legal protection in Republic of Macedonia, in case of gender-based violence is realized through a positive legal framework, addressing domestic violence, rape, sexual violence as well as sexual harassment at the workplace and trafficking in women. Over the past decade, one national strategy was implemented for protection against domestic violence, and one action plan for the fight against human trafficking and illegal migration. Institutional response and support services include: six women's shelters for survivors of domestic violence, one for victims of trafficking, complemented with free legal aid, three counseling centers and three women's help lines. Discussion Despite this progress in the adoption of national violence laws, major challenges persist related to the application of legislation, procedural challenges in providing evidence and access to legal, healthcare and other services for survivors. Furthermore, laws are not enforced due to the culture of patriarchy and social norms. In addition, there is not specific provision that criminalizes rape or sexual assault within marriage, nor a shelter for survivors of sexual violence. Conclusion This study concludes that a comprehensive approach and overarching strategy is needed, to include: violence prevention, strengthening legal and policy frameworks and co-operation between all involved actors.

Key words: gender-based violence, response, legislation, policy, violence prevention

ESTABLISHMENT OF SEXUAL ASSAULT REFERRAL CENTERS IN THE REPUBLIC OF MACEDONIA

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Abstract: According to WHO, any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed against a person's sexuality, using coercion, by any person, regardless of their relationship to the victim, in any setting, including, but not limited to home and work is sexual violence. The traditional model for response to sexual and gender based violence (SGBV) comprise isolated service providers (several, uncoordinated entry points for survivors), non-comprehensive services that cannot meet the complex needs of the survivors, and the absence of an integrated, wide-spectrum approach of problems that burden the intervention. In the context of the recent ratification of the European Council Istanbul Convention, the Republic of Macedonia, needs to fulfil the objectives for better response to SGBV. The Government opened multi-sectoral centers - Sexual Assault Referral Center (SARC), where an integrated response to the survivors can be provided. The centers are opened in hospitals in Tetovo, Kumanovo and Skopje.The SARC is a place where survivors of sexual violence can receive the necessary health; psychosocial and legal-support as well as safety and security. Forensic evidence is collected in the same place, in a safe and a confidential environment and in accordance with international standards. It is in the best interests of the survivors that the overall care of sexual violence is provided at one place within the healthcare facility so that the person does not have Standard operating procedure for a comprehensive multi-sectoral response is adopted by the Government, and Standard operating procedure for the use of health services in the SARC are prepared to move from one place to another.. In the next five years, the Government would open seven more SARCs, thus completing the need per thousands of citizens as defined in the European Council Convention.

Key words: Sexual and gender-based violence, multi-sectoral response to GBV, SARC, quality of health care, Istanbul Convention

TRAINING FOR HEALTH CARE PROFESSIONALS IN GBV PREVENTION AND RESPONSE

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Gender-based violence (GBV) against women and girls is a human rights violation and both, a cause and a consequence of unequal power relationships between men and women. It is a public health issue with serious consequences on women's physical, sexual, reproductive and mental health. In order to be able to effectively identify and respond to GBV, health care professionals need to have a sound understanding of the concept of GBV, its causes and consequences. Health care professionals play a key role in the multi-sectoral response to GBV. Health care professionals are often the first point of contact for women who have experienced violence. Virtually every woman uses the health care system at some point in her life - whether for routine health care, pregnancy and childbirth, illness, injury, or for caring for children or older people. Therefore, health care professionals are in a strategic position to identify women who have experienced and/or are at risk of experiencing further violence, to provide them with medical care and to make referrals to other services. Responding to GBV can improve the overall quality of health care. Since 2016, the Ministry of Health in cooperation with NGO HERA, Cathedra for Family medicine and Institute for Public Health, accredited a training package consisting of nine modules for a two -day training. The topics include: understanding GBV; the role of health systems; principles and standards for service provision; identification, medical examination and care; documentation; risk assessment and safety planning, and, referrals to other service providers. In total over the years, over 200 medical professionals were trained, thus offering high quality service of the health system across the country.

Key words: Gender-based violence, health care response to GBV, training, accreditation, quality of health care

PREVENTION OF SEXUAL VIOLENCE AMONG INTIMATE PARTNERS IN ADOLESCENTS

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Most research points out that as many as two thirds of young people are exposed to a form of violence in an intimate relationship, and this is often a mutual violence. Within the project "Prevention of sexual partner violence among adolescents", which was first conducted in Novi Sad in 2017/18 workshops and a survey were conducted among 956 students. The results of the survey showed that three-quarters of the respondents (75.8%) were 15-year-olds (60.5% females: 39.5% males), with majority (87.7%) living with their parents; in 79.8% of respondents, parents were married and almost a fifth (18.0%) were divorced; 61.2% of respondents considered their parents' marriage to be harmonic; in the third, marriage was with occasional quarrels, and in 5% there was aggression. Respondents considered as the most violent in intimate relationships to be sexual (67.4%), physical (60.6%), psychological (35.0%) and economic violence (9.3%). The most common reasons why adolescents stayed with their violent partners were that they thought a partner would change and because of fear a partner's revenge. Adolescents considered unwanted pregnancy and fear as the most common consequence of sexual abuse in intimate relationships. Adolescents saw drinking alcohol and being prone to aggression as factors that increase risk of sexual violence. Half of the respondents considered jealousy a way to show love, and for 22% rape in a partnership was not possible. Majority respondents (79.2%) believed that sexual violence in a partner relationship could happen to anyone, regardless of their material status, ethnicity or religion, place of residence, etc. Sexual violence in adolescent intimate relationships significantly affects the physical, mental and emotional health and well-being of those who have experienced violence. The consequences of violence are numerous, and people who have experienced violence in the adolescent relationship often experience violence in adulthood. Therefore, prevention in adolescents is crucial.

Key words: sexual violence, adolescents, prevention

GENDER DIFFERENCES IN EXPOSURE TO DOMESTIC VIOLENCE AND MENTAL HEALTH SYMPTOMS

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Introduction: Domestic violence (DV) is public health concern. Recent research suggests that there is strong association between physical and emotional abuse and mental health consequences such as anxiety, depression, insomnia, tiredness and poor self image. There were only a few studies that examined the consequences of exposure to DV among adult males. Aim of this study was to examine gender differences in exposure to DV and presence of mental health symptoms. Methods: This was secondary analysis of the data from Serbian National Health Survey 2013. The study included 13,765 adults over age of 20. The instrument used was a questionnaire with questions regarding socio-demographic characteristics and mental health symptoms. DV was self-reported with question: Are you exposed to DV? (Yes/ no). We preformed multivariate logistic regression analysis with DV as an outcome variable with aim to determine its association with different mental health symptoms. Results: Prevalence of exposure to domestic violence was 446/12379 (3.6%), 127/5726 (2.2%) among males and 319/6653 (4.8%) among females. Multivariate logistic regression analysis showed that males who were exposed to DV had higher odds to report depression (OR: 2.03; 95% CI: 1.13-3.67) and insomnia (OR: 1.67; 95% CI: 1.02-2.75) compared to males who were not exposed to DV. Females who were exposed to domestic violence had higher odds to report being uninterested for daily activities (OR: 1.44; 95% CI: 1.02-2.02), depression (OR: 1.61; 95% CI: 1.13-2.28) and having poor self image (OR: 2.04; 95% CI: 1.4-2.98). Discussion: This was a cross-sectional study, on a National level, with self-reported exposure to violence, so the prevalence of DV can be underestimated. We did not have the data on the relationship with perpetrator so this is not intimate partner violence. Conclusion: Our study showed significant association between exposure to the DV and mental health symptoms in both males and females. There is a strong need for organization of mental health support for victims of DV of both genders.

Key words: domestic violence; violence; gender differences; mental health



CHILD MALTREATMENT AND VIOLENCE

PARENTING MATTERS

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Policy makers around the world have recognised that early childhood development is a major driver of social, economic and democratic development. This is because recent evidence and science has demonstrated the first years of life are the most important for human development and creating populations with better health and more education, and societies with less crime and better-equipped workforces. It also stems from the evidence that human development is largely determined by the strength of relationships between parents and a child, particularly in the early years. What and how parents teach children, shapes their relationship and ability to learn, connect& grow for life. When strong, healthy emotional bonds are mindfully created with children, they last a lifetime. Children take those bonds with them into their adult lives and share them with their own children. It all sounds simple, but manystill believe that teaching children starts when they get older. And even then, some believe that to raise children they need to teach them a lesson. Countries that understand why parenting matters, break the taboo on violence, neglect and abuse in the family, that invest in parenting programmes and support nurturing child care,are those leading in human development. They are doing it by recognising that when societies support parents to raise securely attached and stimulated children, who believe in themselves, are persistent, show empathy, know how to deal with disappointments and can learn and discover new things – they create a life cycle of personal connection and flourishment, and thriving, stronger and safer societies.

PREVENTION OF DOMESTIC VIOLENCE: THE IMPORTANCE OF TALKING OPENLY ABOUT DOMESTIC VIOLENCE WITH PARENTS, CHILDREN AND YOUTH

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Background: Topics related to domestic violence and sexual abuse is often connected with taboo, shame and uncertainty both among both professionals and residents, this need to be addressed systematically to prevent effectively. Objective: To be able to prevent domestic violence in an effective way we have to build competence among the professionals and safe arenas for parents, children and youth where different aspects of domestic violence is being openly spoken about. Methods: Safe arenas are made already in pre-natal care. From then on parents and children should regularly meet professionals, at the health care station, in kindergarten and in schools, who talk about domestic violence and enable parents, children and youth to identify domestic violence, talk about it and give them knowledge about where to seek help if exposed to it. Results: Better knowledge and awareness of domestic violence and sexual abuse among professionals, families, children and youth that are aware of their rights, have developed a vocabulary they can use and have knowledge about where to seek help and confidence that they will be helped. Discussion: This session will explain how this is implemented in a municipality in Norway. Conclusion: Systematic work throughout childhood is needed to prevent domestic violence in families with children. Child maltreatment, safe communities, policies for violence prevention and safety promotion, child and adolescent safety, domestic violence

ADVERSE CHILDHOOD EXPERIENCES: RISK FACTORS FOR DEPRESSION IN ADOLESCENTS

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Background: Epidemiological evidence suggests that children exposed to adverse childhood experiences will suffer mental health problems later in life. Several study findings are confirming relationship between adverse childhood experiences are related with depression in adolescents and in adulthood. Objective: The objective of the study is to explore the influence of different adverse childhood experiences on mental health in adolescents such as depression. Methods: A representative two stage quota sample has been applied including adolescents at first- and second-year university from the 12 faculties from the main public university in the country "Ss Cyril and Methodius, Skopje" enrolled in the academic year 2016/2017 in total 622 of students. Self-administrated questionnaires and signed informed consent of participants were applied: *Questionnaire measuring sociodemograpfhic variables, International Adverse Childhood Experiences Questionnaire* was used for collecting information on different forms of abuse and neglect and other adverse experiences in childhood, and for measuring depression, *Depression Inventory* was used. Results showed significant positive correlation between depression and the total score of the adverse experiences in childhood (r=0,224; p<0, 0001). Univariate logistic regression has confirmed 11 out of 12 adverse childhood experiences as important factors for depression such as: physical abuse; psychological abuse; neglect, sexual abuse; living with household member - substance abuser; living with household member imprisoned; living with household member who is mentally ill or suicidal ; domestic violence in the family; bullying, violence in the home; community violence. Discussion: Reviling the predictors influencing health and mental health of children enable to ensure that effective and evidence based preventive programmes targeting these adverse childhood experiences are in place. Conclusion: Prevention of consequences on adolescents' health is needed by investing in preventing programmes for several vulnerable groups starting from prenatal period and parenting, through childhood and early adolescence.

Key words: adverse childhood experiences, depression, adolescents

TECHNOLOGY FOR BLIND PEOPLE TO ORIENT AND MOVE IN THE ENVIRONMENT

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Orientation and mobility is the process of movement in space in the most effective and safe way in case of visual impairment. In the orientation blind people use reference points picked out such as intermediate, permanent and temporary, mobile and fixed, tested and checkpoints. Activity can be distinguished as spatial, everyday, subject-cognitive and other types of orientation. By the features of space, the orientation of the blind is divided into two types: micro-orientation and macro-orientation. The object of this technology is to form a behavior strategy in space for the blind, which enables to orientate in cities, megacities, go to mountains, forests, and dive without vision. Any way consists of 3 steps: target detection, direction selection, direction retention or holding. The choice of direction for movement includes the following units: 1.The detection of your location which required spatial representations. 2.The location of the body in space, it takes to localize yourselves and surrounding objects at a certain point to determine the shape and size of the space and its fullness. 3. Combination of the previous two. This technology applies the following tactics methods based on preserved sensory organs: 1.Bimanualny reception (using both hands). 2. Take the cane - the hand (using in an enclosed space). 3. Take the cane - a hearing (using in the open space) 4. Combining the 2 previous ones. 5. Take the movement-control (to control movement). 6. Take the hearing-feet-hands. In addition, tactics of orientation and mobility should use communication skills, namely, the ability to seek help from passers-by. Application of the above methods will facilitate the adaptation of the blind person in space and will allow to solve in the learning process both general and private goals and tasks.

Key words: safe orientation, blind, impaired vision, safe mobility

EXAMINING NATIONAL MECHANISMS IN IDENTIFYING, INTERVENING IN AND PREVENTING CASES OF VIOLENCE AGAINST CHILDREN IN MACEDONIA

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Whilst the problem of violence against children (VAC) is a global one (WHO 2002), it is significant that about 28,000 of Macedonia's children are 'at-risk' (i.e., provided with social / protection services), as well as there being 1,000 'children on the street', and 400 children who are still cared for in institutions (UNICEF, 2007). A number of legislative and policy frameworks exist regarding violence against children in Macedonia, although the extent, to which the provisions of these laws are being actualized, is often questioned. The overall purpose of this study was to examine national mechanisms in identifying, intervening in and preventing cases of violence against children in Macedonia, and to make recommendations. In realizing this, the self-reported experiences of 551 individual practitioners working in the child protection system (health, social welfare, education, law and law enforcement sectors), were collected by a network of 18 researchers who were recruited and trained for this project, according to strategic sampling frames over the country as a whole. Similar interviews were conducted by the national consultants with 18 practitioners working in institutions for children, and by the international consultant with 12 key stakeholders (identified as being such by UNICEF and the national consultants). On the basis of the findings, which are presented in this paper, it was possible to recommend that specifically defined systems of case management be applied across all responsible institutions, with internal protocols being implemented in accordance with a national joint protocol on VAC; improvements should be made in the mechanisms of referral, inter-sectoral cooperation, and the sharing of good and best practice, in cases of VAC; sector-specific pre-service and CPD training programs on VAC should be developed and implemented as a matter of urgency; and, a specialized service regarding VAC should be established.

Key words: violence against children

NEW STRATEGIES TO PROTECT CHILD SOLDIER REINTEGRATION AFTER CRISIS CIVIL WAR 1999-2004 IN WEST AFRICA CÔTE D'IVOIRE

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Objectives: the goals of our study are to light out sustainable solutions after crisis in côte d'ivoire from 1999-2005 above all in west part of the country where more than 25000 children from 07-15 years old were enrolled in civil war. Methods: Côte d ivoire was facing one of the disastrous and alarming crisis and internally displaced persons in Africa from 1999-2005 and the country was divided in two, the rebels control half country from Bouake up to Mali and Burkina Faso 's borders, more than 25000 children were enrolled by the rebels groups, above all in Bouake central area 400kms from Abidjan and dovecote west part, period of post crises from 2005 they become drug addicted, street children, homeless and stolen and killed all day and night and most orphans, our program „hope messengers „. Results: April 2011 to June 2017 to create 100 familial center of 50 places each and start reeducation program to them according their socio environmental 'languages, ethnic, and research from their parents 's origin, and readapted to their original cell family, thus 142 from 7 to 14 have start to integrate schools and professional training like painters, carpenters, and even 12 from them recreated families and start new life and were married and found family. Conclusions: our approach and closer socio environment strategy allowed us to figure out what best sustainable reintegration is valid from child ex combatants to avoid after crisis bad habits and go on in violence. it will be important to evaluate this program and with more means as resource and financial ones readapted to each socio cultural environment situation through all areas affected by this severe crisis.

Key words: ex combatants, soldier, child, reintegration program, hope messengers

CHILD ABUSE IN PAKISTAN: A QUALITATIVE STUDY OF EXPERIENCE, ATTITUDES AND PRACTICE AMONGST HEALTH PROFESSIONALS IN THE EMERGENCY AND PAEDIATRIC DEPARTMENTS

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Introduction: Child abuse is a global problem and pervades all cultures and socio-economic strata. The effects of abuse can be profound and life altering for both victims and their own children. Objectives: To study experiences of health care providers (HCPs) and challenges they face when managing cases of child abuse. Methods: This was a qualitative research design using standard methodology and analysis. Convenience sampling ensuring representation was used to conduct 11 in-depth, semi-structured tape-recorded interviews. These interviews were conducted in Urdu with doctors, nurses and security staff in the Emergency and Paediatric Departments of Aga Khan University Hospital. Interviews were transcribed and translated into English. Thematic analysis was conducted by 2 researchers using AtlasTi software. Results: Nineteen themes were generated from the interviews. Common themes were: 1) Case study examples: A wide variety of case study examples from HCPs, predominantly of sexual and physical abuse; 2) Challenges: A number of challenges were identified at the level of the HCP, child, family, institution and wider societal and legal challenges. These included reluctance of family to report abuse to police, ability of parents to self-discharge, lack of social institution to protect children; 3) Strategies developed by HCP: Education of the parents regarding suitable parenting methods and how to minimize physical punishment. Conclusion: HCPs within Pakistan face a large number of barriers when it comes to both recognising and acting upon suspicion of child abuse. These challenges are derived largely from social stigma and minimal support from legal and social systems.



YOUTH VIOLENCE AND SCHOOL SAFETY

EXPERIENCE WITH VIOLENCE IN THE POPULATION OF MONTENEGRIN STUDENTS

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Violence is defined in a several ways and different types of this widespread occurrence are recorded. By itself, violence is a very complex phenomenon and it can be seen as a state that is expressed in an emotional, actional or motivational sense in the first place, and as an urge, then as anger, hostility, anger, and attack on a person. The aim of survey: to determine widespread of violence among student population in Montenegro. Method: The survey included sample of first year students of the University of Montenegro, where about 30% of t first year of all faculties were included. Results: Survey has shown that more than one third of students have suffered emotional abuse in childhood, and percentage of students who had this problem was 27.5 %. After emotional, physical assault was reported with 24.8 % of male and 23.8 % of female respondents. The percentage of students claiming that have suffered sexual abuse was 1.5%, and it is important to emphasize that talking about sexual violence in conservative Montenegro is very limited. As one of the forms of abuse, the respondents also mentioned emotional neglect, 37.7 % of men and 18.1 % of female have indicated this. Physical neglect as a form of abuse stated by 23.9 % of male and 14.4 % female. The most frequent risk factor, according to the student responses, was abuse of mother in marriage, alcohol use, early sexual intercourse and jealousy. Conclusion: The survey showed a high level of violence in students' experiences, as well as the presence of risk factors for violence among Montenegrin students. That is why is very important to create policies for promotion of nonviolence and violence prevention.

Key words: violence, students, risk factors for development of violence

CREATION OF SAFE EDUCATIONAL ENVIRONMENT FOR ADOLESCENTS BASING ON THERAPEUTIC DIDACTICS

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Background: Problems of psychological security are very relevant in the modern world. This is especially true for adolescents, who due to their age are very painfully experiencing their failures, family problems, relationships with peers and problems in school. This is particularly important for Russia where the political system, the social security system and value orientation have changed over the last 40 years. Objective. The purpose of research is to deepen the conception and methodology of author's therapeutic didactics with regard to creating a safe developing educational environment in school while teaching language, literature, rhetoric, during interdisciplinary and extra-subject classes. Methods. Observation, modeling of educational process and pedagogical experiment. Results. Introduction of therapeutic didactics improves psychological climate in student collective, adolescents learn to interact safely and become more successful in their studies. Discussion. Therapeutic didactics includes three directions. Psychological and methodological direction ensures children education considering the peculiarities of their memory, thinking, temperament, asymmetry of the hemispheres and perception type, so it becomes easier for pupils to learn and their self-esteem increases. Content-pedagogical direction suggests that texts offered for analysis contain important questions for teenagers: loneliness, love, protection from violence, behavior in a new team and problems in relations with parents. Communicative direction is aimed at positive interaction of teacher and pupils: replicas of teachers are aimed at increasing self-esteem of adolescents, positive pedagogical programming, and creating an atmosphere of psychological safety in discussing issues that are topical for adolescents. All these directions have been tested in pedagogical work while teaching the Russian language and related academic disciplines. Conclusion. The introduction of therapeutic didactics in pedagogical theory and school practice creates a safe school psychological environment and teaches teenagers to solve their significant problems.

Key words: safe environment, teenagers, therapeutic didactics, educational environment

UNDERSTANDING VIOLENT BEHAVIOR AMONG SCHOOL-AGE ADOLESCENTS IN SÃO PAULO-BRAZIL: THE ROLE OF MORAL NEUTRALIZATION

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Background: Moral neutralization (MN) is an individual mechanism strongly associated to violence among adolescents and is well recognized as one of the most important predictors. Even though its importance, little is known about the role of MN in violent behaviors among adolescents in Low and middle income countries with high levels of violence, such as Brazil. Objective: To investigate the association between MN and Violent behavior (VB) after adjusting for sex, school type and socioeconomic status among Brazilian adolescents. Methods: Cross-sectional study with a sample of adolescents (n= 2,610) in the ninth year of secondary education in the Municipality of São Paulo, Brazil. Data collection was carried out in classrooms and consisted of a self-completed survey using the scale of MN developed by Ribeaud and Eisner. MN was divided in terciles according levels of approval; VB was measured by the report of at least one serious offense in the last year. Results: Prevalence of VB in the total sample was 18%, and 32% presented higher levels of approval of MN mechanisms. A significant association between MN e VB was found, with higher levels of approval related to higher levels of VB. Adjusted OR comparing high and low levels were 3,68 (IC95%: 2,78-4,38) and comparing intermediate with low levels were 1,92 (IC95%: 1,40-2,63). Discussion: Our findings are similar to international literature sustaining the hypothesis that MN is a relevant predictors of VB, even in with Low-and middle income countries with high levels of violence, such as Brazil. Conclusion: Youth violence imposes high social and economic costs to developing countries in Latin America, and Brazil figures as one of the most violent countries in the world. Our results help us to better understand youth violence, a crucial step to design evidence-based prevention strategies.

Key words: moral neutralization; youth violence; violent behavior

ATTITUDES ABOUT VIOLENCE AGAINST WOMEN AND MASCULINITY VALUES AMONG SCHOOL-AGE ADOLESCENTS IN SÃO PAULO-BRAZIL AND ITS ASSOCIATIONS WITH VIOLENCE VICTIMIZATION/ PERPETRATION

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Background: Attitudes about violence against women (VAW) and masculinity (MV) are recognized risk factors for violence perpetration and victimization. Objective: Describe attitudes about violence against women and masculinity values among adolescents, and its association with violence victimization and perpetration. Methods: Cross-sectional study with a sample of adolescents (n= 2,610) in the ninth year of secondary education in São Paulo, Brazil. Data collection was in classrooms using a self-completed survey with two scales of VAW and MV. Victimization and perpetration were measured by at least one serious event in the last year. Association between VAW and MV with violence perpetration/victimization were tested using Logistic regression. Interaction between MV and VAW with sex was included and when appropriate the analysis were stratified by sex. Results: Approval of VAW and MV were high in the total sample (26,2% and 25%), among boys (28,5% and 31,9%) and girls (23,5% and 15,7%). Higher prevalence were found in public schools (32,4% and 28,7%). Girls form public schools supported more VAW (30,9%), when compared to private schools (8%). VAW were associated with violence perpetration, independent of sex (OR=1,26; IC95%(0,97-1,65)); and with victimization only among girls (OR=1,71, IC95%(1,22-2,37)). MV were associated with violence perpetration (OR=1,65 IC95%(1,25-2,18)) and victimization (OR=1,25,IC95%(0,99-1,58)) independent of sex. Discussion: It was surprisingly the high proportion of girls that approve attitudes of VAW and MV, mainly in public schools. The effect of VAW in violence victimization is modified by sex and is present only among girls. Conclusion: Programs to change attitudes and norms about gender roles, including values about masculinity and violence against women are of crucial importance to reduce violence levels. Developing countries in Latin America, and Brazil requires a multicomponent response to gender inequality and violence.

Key words: youth violence; violence agaisnt women; masculinity values; violence victimization/perpetration

SCHOOL VIOLENCE PREVENTION MODELS AND PROGRAMS

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The feeling of security at the schools affects children's learning and development process. Taking into account the possible consequences that may result from violent behavior, often raises the question of preventing violence in schools and developing a positive climate and environment in which children live and study (The Devine & Cohen, 2007, p.2) In this sense, because of the significance of the prevention of violence as a significant topic in the society, the subject of this paper is the types of models and programs on which the prevention of violence in schools are based. Based on comparative experiences in the field of prevention of violence in schools, using comparative method, in this paper will be analyzed the advantages and disadvantages of the programs of primary, secondary and tertiary prevention focused on children who manifest violence and those who are victims (potential victims or victims recidivists). In addition, will be analyzed the model of learning socio-emotional skills as a model of early intervention and the model of restorative discipline as models that on the basis of certain evaluations have showed successful results regarding dealing with violence among children. (Durlak et al., 2011) (Meyer & Evans, 2012) Finally, the purpose of this paper arise from the question "Which model or approach is most effective for preventing school violence?". We can conclude that schools need a range of approaches, ranging from routines used by students daily, to the broad efforts of the school to promote a supportive and positive climate, from programs for learning socio-emotional skills for all students, to intensive services for students most in need for that. In that sense, Volokh & Snell rightly suggest that the ideal policy for the prevention of violence should be adapted to the needs of each school (Volokh & Snell, 1998), in order to ensure a positive behavioral pattern in children, a positive school climate and a safe environment for the child's upbringing and education process.

Key words: prevention, violence, children, model

PREVENTION OF PEER VIOLENCE

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Peer violence is the most common form of violence among young people, which can escalate into extreme forms of antisocial behavior. Peer violence that has elements of traumatic events to which children and adolescents are exposed can pose serious consequences on their mental and physical health. Why do children and teens become violent, is a question with which number of psychological theories and different theoretical models deal with, including various aspects, as well as with the development and existence of aggression among children and adolescents. This paper discusses psychological and social factors that contribute to the development and manifestation of bullying, such as gender, personality traits, emotional intelligence, dysfunctional family patterns (punishment and violent emotional outbursts by parents, witnessing domestic violence, conflicts between parents, etc). Identifying these risk factors is very important because it can help us to recognize children and adolescents at risk, before behavioral problems appear, and in this way to work on the prevention of aggressive (violent) behavior among children and adolescents, and their families. This paper presents violence prevention programs which are applied in the schools around the world and which should be an example and stimulation to systematically approach and handle this problem in our country.

Key words: peer violence, risk factors, psychosocial difficulties, prevention of peer violence, preventive programs

BULLYING AND PARENTAL PRACTICES OF ADOLESCENTS IN SÃO PAULO, BRAZIL: SP-PROSO STUDY, 2017

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Background: Bullying is a dynamic condition involving adolescents as victim, perpetrator or victim-perpetrator. Little is known about effects of parenting on bullying, considering the three possible positions adolescents play on it (victim only, perpetrator only or victim-perpetrator) in Low-and-middle income countries with high levels of violence, such as Brazil. Objectives: To investigate the association between parenting practices and bullying among adolescents. Methods: A cross-sectional study was conducted in São Paulo, including adolescents (n=2,610) attending the last year of fundamental education in 2017. Adolescents answered standardized questionnaires and we assessed occurrence of bullying (victimization/perpetration) and parenting practices (positive parenting, parental monitoring, parental involvement, parental conflict, physical punishment and erratic parenting). We adjusted multinomial logistic regression models using sex, type of school, divorce of parents and family socioeconomic status. Results: 18.3% reported only bullying victimization, 4.8% only bullying perpetration and 10.4% reported bullying perpetration and victimization. Male gender (IRR = 0.69; CI95%: 0.53 – 0.91) and parental involvement decreased risk of bullying victimization (IRR = 0.63; CI95%: 0.45 – 0.89). In other hand, male gender (RRR = 2.42; CI95%: 1.48 – 3.95) and parental conflict (RRR = 2.31; CI95%: 1.41 – 3.78) increased risk of bullying perpetration. Higher risk of concomitant bullying victimization and perpetration was associated with male gender (RRR = 1.73; CI95%: 1.21 – 2.50), physical punishment (RRR = 2.24; CI95%: 1.62 – 3.08) and erratic parenting (RRR = 1.57; CI95%: 1.09 – 2.25). Discussion and conclusions: Different parental practices are associated with bullying. While frequent involvement has a protective effect against bullying victimization, frequent parental conflict is associated with bullying perpetration. Frequent physical punishment and erratic parenting are associated with concomitant bullying victimization and perpetration.

Key words: bullying; parental practices; adolescents

VIOLENCE AMONG ADOLESCENTS AND PARENTING PRACTICES IN SÃO PAULO, BRAZIL: SP-PROSO STUDY, 2017

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Background: Parenting practices are recognized as important risk/protective factor for violence among children and adolescents. Objectives: To investigate the association between parenting practices and violence victimization and perpetration among adolescents in Brazil. Methods: A cross-sectional study was conducted in São Paulo/Brazil, including adolescents (n= 2,610) attending the last year of fundamental education in 2017. Adolescents answered standardized questionnaire that assessed violence (victimization or perpetration) during last 12 months and parenting practices (positive parenting, parental monitoring, parental involvement, parental conflict, physical punishment and erratic parenting). Logistic regression was carried out adjusted by sex, type of school, divorce of parents and family socioeconomic status. Results: Prevalence of victimization and perpetration were 22.7% and 19.4%. Higher chance of victimization were associated with parental conflict (OR = 1.52; CI95%: 1.12 – 2.09), physical punishment (OR = 1.76; CI95%: 1.31 – 2.37) and erratic parenting (OR = 1.29; CI95%: 0.99 – 1.69). In other hand, a lower chance of perpetration were found with parental monitoring (OR = 0.68; CI95%: 0.52 – 0.89) and parental involvement (OR = 0.78; CI95%: 0.61 – 1.00) while higher chances of perpetration were associated with parental conflict (OR = 1.34; CI95%: 1.00 – 1.81), physical punishment (OR = 1.40; CI95%: 1.02 – 1.92), erratic parenting (OR = 1.60; CI95%: 1.22 – 2.11). Discussion: Negative parenting practices (conflict, physical punishment and inconsequence) increase chance of violence victimization and perpetration; positive parenting practices (monitoring and involvement) decrease chance of violence perpetration. Conclusion: According to WHO and the global partnership to end violence against children, as stated in INSPIRE, parenting programs are crucial component of a multisector response to violence among children and adolescent. The enforcement of law prohibiting the use of physical punishment is of utmost importance. Communication media, education and health services should promote debates and programs with parents to stimulate and capacitate them in the use alternative methods to educate children and adolescents.

Key words: violence; parenting practices; adolescents

PERCEPTIONS ABOUT VIOLENCE AND DISORDER AT SCHOOL AND BULLYING IN BRAZIL. THE SÃO PAULO PROJECT FOR THE SOCIAL DEVELOPMENT OF CHILDREN AND ADOLESCENTS (SP-PROSO)

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Background: According to the World Health Organization and the Global partnership to end violence against children, as stated at INSPIRE, the implementation of strategies to build safe and enabling school environment is a crucial component of a multisectorial approach to prevent violence among children. Even though the association between school disorder and bullying is well established, little is know about this in Low-middle income countries, with high levels of violence, such as Brazil. Objective: To investigate student's perceptions about disorder and violence in school and its association with bullying. Methods: Cross-sectional study with a sample of adolescents (n=2,610) in the ninth year of secondary education in São Paulo, Brazil. Data collection was carried out in classrooms with a self-completed survey. Perceptions about school violence (among students and among teachers), disorder (drug use and commercialization, robbery and students carrying guns) and bullying perpetration and victimization were measured. Associations were investigated using multinomial logistic regression models adjusted for sex and school type (public and private). Results: 30,9% of the respondents perceived the levels of violence among students and 24,4% the levels of disorder as high. More that 53% perceived violence involving teacher as present at school. The perception about high levels of violence among students is associated with bullying victimization (OR=2,94), Victimization-perpetration (OR=5,15) and perpetration (OR=4,02). Similar results were found for school disorder (vict: OR=2,9; Vict-Perp: OR=4,2; Perp: OR=4,17) and for violence among teachers (vict: OR=1,9; Vict-Perp: OR=2,27; Perp: OR=2,67). Discussion: The perception school violence and disorder is high, as is the magnitude of the association with bullying in Brazil. This result is in accordance with international literature and gives support to WHO and INSPIRE recommendations. Conclusion: We identify the levels of school disorder and violence as a flaw to be addresses in Brazil, aiming to prevent and respond to school bullying.

Key words: school disorder, school violence, bullying



DOMESTIC VIOLENCE

DOMESTIC VIOLENCE IN THE WORLD, TURKEY AND AMONG TURKISH MIGRANT WOMEN IN GERMANY

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Partner/Domestic violence against women continues its existence worldwide as a violation of human rights cutting across any cultural, geographic, religious, social or economic boundaries. Domestic/ Partner violence can be described as physical, sexual or emotional abuse with coercive control of a woman by a man (or a woman partner), who is or was, in an intimate relationship with the woman. As a crucial social problem, domestic violence against women not only affects physical and mental health of women, but also impedes the advance of their legal, social, economic and political status. It does not only result in adverse health consequences in the short-term, but also in the long-term. Recently violence against women been internationally acknowledged as a serious public health problem and human rights abuse against women, however, it still remains a huge burden affecting many women. According to the World Bank Report, women lose approximately five per cent of their healthy lives due to partner violence. Even though partner violence has elicited studies world-wide, few have examined domestic/partner violence among Turkish and Turkish migrant women and its risk factors. As some limited studies revealed that four out of 10 women in Turkey are beaten by their husbands and almost 90 percent of abused women, do not seek help from any organization. In this presentation, we will discuss the domestic violence against women, its prevalence and its impact on physical and mental health, and the health care sector as well as the risk factors, which make domestic violence more likely among Turkish and Turkish migrant women in order to develop appropriate intervention and prevention programmes tailored to the specific needs of Turkish and Turkish migrant women.

Key words: domestic violence

LEGISLATIVE FRAMEWORK FOR DOMESTIC VIOLENCE PREVENTION

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Background Domestic violence (DV) is a serious public health problem that seeks coordinated intersectoral response. Objective: The main objective is to present the legislative framework for DV protection and prevention in Republic of Macedonia (RM). Methods: A desk review of the legislative framework for the system for protection from DV in RM was done, with which data was collected and synthesized from the international and national legislation and documents. Results: The international documents are analyzed at three levels: the United Nations (UN), the Council of Europe (CoE) and the European Union (EU). The most important document from the series of adopted UN documents, following the Universal Declaration of Human Rights, is the Convention on the Elimination of All Forms of Discrimination Against Women. One of the most important document of CoE which specifically refer to violence against women and DV, is the Istanbul Convention Action against violence against women and domestic violence. DV has been put on the political agenda of the European Union. DV has been identified as a public health problem in RM. The national legislation is based on the Family Law 2004, the Law for evidence in health, the National Strategy for Protection against DV, the Law on Prevention and Protection from DV, By-laws and Protocols for DV action and intersectoral collaboration. Conclusion The legislative framework for DV in the Republic of Macedonia provides legal solutions in the criminal and civil legislation that are adapted and synchronized with international law, documents and standards for DV protection.

Key words: domestic violence, legislation, international. national, convention

COMMUNITY VALUES AS A PROXY OF DOMESTIC VIOLENCE AGAINST WOMEN: DATA FROM MULTIPLE INDICATOR CLUSTER SURVEY IN SERBIA

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Background Community values are very important for domestic violence against women (VAW), according to the well-known ecological framework that explains multilevel factors that influence VAW. Zero tolerance to VAW means that no reason can explain or justify it. However, this attitude might not be equally accepted in all communities, particularly in those deprived and less educated. Objective The aim of this study was to find out at what extent the judgmental attitudes toward VAW are present among youth (men and women 15-24 years old) living in Roma and non-Roma communities in Serbia. Methods We used the data from the 2010 Multiple Indicator Cluster Survey (MICS) conducted in Serbia which is nationally representative, stratified, two-stage random sample. Sample size covered 3,257 respondents: 1,361 in Roma sample (549 men and 812 women) and 1,896 in non-Roma sample (790 men and 1,106 women). Regression analyses were used to examine the association between the presence of judgmental attitudes, socio-demographic factors and life satisfaction in two distinctive communities. Results Youth in Roma communities appeared to be far more judgmental than their peers in non-Roma communities: 34.8% of men and 23.6% of women believed that under certain circumstances men are justified to be violent toward their wifes, versus 5,6% and 4,0%, respectively. These negative attitudes were significantly associated with the lower educational level and socio-economic status, and being married. In multivariate model, in both types of community, women who were not married were least judgmental, and the wealthiest men in Roma communities (AOR 0.40, 95%CI 0.18-0.87). Discussion There is a huge gap in the lack of zero tolerance to VAW between individuals in Roma and non-Roma communities. It certainly might be the proxy of experiencing VAW and there is a window of opportunities to change these attitudes toward achieving gender equality and sustainable development goals. Conclusion Violence prevention activities have to be focused on promoting gender equality among youth in deprived population groups, especially through strengthening social support, their education and employment.

Key words: community, Roma, attitudes, violence against women, domestic violence, prevention, Serbia, gender equality

DEVELOPMENT OF GUIDELINES FOR HEALTH PROFESSIONALS FOR EARLY IDENTIFICATION AND RESPONSE TO DOMESTIC VIOLENCE

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Background: In the Balkans, domestic violence is widespread and, in certain circumstances, even socially acceptable behavior. Discussing domestic violence is highly stigmatized area as traditional environment places women and children in a subordinate position in family, thus justifying and supporting violent behavior towards them. Consequences of domestic violence influencing mental, psychosocial and physical health and wellbeing as well as the economical wealth of the individual, family and society as a whole. Therefore, early detection and response to the cases of domestic violence is process of utmost need in which health system is the key link. Objective: In order to improve knowledge and skills of health professionals on early detection and response to the domestic violence we developed guidelines as evidence-based statements that are to assist health providers and other stake-holders in making appropriate decisions about detecting and reporting to the domestic violence. Methods: Guidelines were rigorously developed using a transparent process that combined scientific evidence, clinician experiential knowledge, patient values and various national and international legal and strategic documents. Results: Guidelines developed can be used in different ways and, thus, have multiple pathways in influencing and improving early detection of violence, facilitating decision making process and enhancing healthcare system performance and outcomes. Discussion: Guidelines developed for early detection of domestic violence as a key national operational document. Guidelines have been conceived in a way that will secure their presence at the table of each health care worker in the country, helping them in identifying even the discrete signs of violence, and based on the algorithm and defined parameters, enabling health professionals in proper and timely reaction. Conclusion: We believe that debate around developing and applying guidelines will further contribute to health professionals' continued medical education and knowledge build-up while reaching towards the ultimate aim of preventing cases of domestic violence.

Key words: domestic violence, guidelines, health professionals

THE OBJECTIFYING OF THE NON-VERBAL ASPECTS OF SPEECH

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The voice and the speech are an integral part of our lives. They provide one of the most important needs in human life — the need for communication, which accompanying all aspects of human life from family relationships to building a career. At the same time, the information component is meaningless without the accompanying non-verbal side of speech. The nonverbal component means such speech characteristics as voice timbre, speech melody, energy and tempo-rhythmic characteristics, as well as so-called atypical individual speech characteristics (stuttering, coughing, laughter, etc.). All this set of characteristics mainly sets the character, mood, and, as a result, fully reveals the meaning of the words we said. It is the nonverbal component of speech that is the most informative for understanding the speaker's intentions. By determining and evaluating the above-mentioned characteristics, it is possible to understand not only the mood of a person and the mean of his information message, but even to determine some features of his physical condition. This will help to prevent conflicts, to identify the emergence of a threat in time or Vice versa to assess the degree of its extinction. Of course, the evaluation of non-verbal component mainly depends on the emotional perception of the person. However, both modern science and systems of analysis of the voice signal allow objectifying the degree of expression of certain non-verbal characteristics, and as a consequence, to introduce it into various systems of voice recognition. We have conducted a number of studies aimed at studying the acoustic characteristics of the nonverbal component of speech, including in terms of the severity of aggression. Acoustic voice analysis of the speech signal used in this paper includes the study of both spectral and dynamic components of speech. It is based on a unique patented technique of harmonic voice analysis, as well as fundamental methods for assessing the nonverbal component of speech, developed by the famous Russian scientist V. P. Morozov. These methods include the analysis of the voice signal inverted in time, and also the tempo-rhythmic analysis of the speech based on consideration of characteristics of the front and recession of a speech signal, and also the speech speed. The result of the study is to identify the most important acoustic parameters relating to tempo-rhythmic and melodic-intonation characteristics that can give a true idea of the nonverbal side of human speech.

Key words: the non-verbal aspects of speech, objectification, acoustic analysis

REACTIONS IN THE ELDERLY, AFTER EXPERIENCING VIOLENCE / NEGLECT

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The field research on prevalence and identification of possible risk factors on elderly violence/neglect took place in all regions of Macedonia during the end of 2011. The research was conducted on representative sample of people aged 65 and over, without dementia through face to face interviewers in private households. Mini Mental State Examination (MMSE) test was used as screening tool for evaluation of cognitive impairment. Total number of respondents were 960 (530 females and 430 males). The questionnaire used in this survey mainly followed the ABUEL survey (Elderly abuse: a multinational prevalence survey) questionnaire and some question from AVOW survey questionnaire (Prevalence study of Abuse and Violence against older woman). Elderly victims were asked about their reactions/ responses after experiencing violence/neglect. Different reactions have been identified concerning different type of abuse. Verbal reactions were predominately reported after all types of abuse but not in case of financial abuse. Financial abuse, physical injuries and physical abuse were followed by physical reactions. Emotional reactions are reported in every type of violence (psychological, physical, financial, and sexual) and neglect, except after physical injuries. Abused elderly did not feel cut off from family after psychological abuse, they still feel accepted, but they feel anger (40,3%) and were upset (49,0%). Cut off from family felt 40,0% of respondents after being physically abused. After being financially abused, respondents were upset (59,3%) and angry (48,7%). After sexual abuse feel shame (69,2%) anger (53,9%), upset (61,5%) and fear (38,5%). Neglected people felt anger (25.0%), upset (38,5%) and cut off from family (21,9%).

Key words: elderly, psychological violence, physical violence, financial violence, sexual abuse. neglect, emotional reactions

FIRST FAMILY CENTER IN THE CITY OF SKOPJE

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The model of the establishment of First Family Center as specialized counseling center for support and prevention in case of domestic violence is an example of good cooperation between the civil sector, local governance and business sector. Throughout specialized working programs based on psychotherapy, from the services in the counseling center benefit survivors, perpetrators and children living in families with domestic violence, as well as other family members who assist in the process of counseling. In addition to individual, group and family counseling with psychotherapists, the Center also provides support referral and escort to appropriate institutions and organizations from social worker, as well as free legal aid. Since the establishment of the center in October 2013 until the end of 2014, 181 clients were provided with services, and by December 2018 this number reached 764. The number of clients in each category increases gradually every year although survivors of domestic violence are the most numerous beneficiaries of the services. Within the category of survivors we record increased diversity in terms of their socio-demographic characteristics, but also requests for support and protection from other forms of gender based violence. The family center in Skopje is the only one of this kind in the whole country. Institutions of the system and civil society organizations from diverse sectors strongly recognize First Family Center as a key partner in cases of domestic violence and refer clients where they can be provided with free, confidential and high quality counseling and psychotherapy services. However throughout the years there has been also rapid growth of the request of clients for services without any institutional or CSOs referral, including perpetrators of domestic violence.

Key words: domestic violence, gender based violence, psychotherapy, counseling

A STUDY ON ELDERLY MISTREATMENT: REASON FOR LIVING AT OLD AGE HOME

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Background: Ageing is a universal process associated with several physiological and sociological problems. In Nepalese society, joint family systems have been followed for decades and have remained legacy for our culture. However, with modernization, industrialization and urbanization, the elders are facing problems due to reduce support from their family members. Objective: To explore the types of abuse and reasons for occurrence of abuse among elderly individuals residing at an Old Age Home of Nepal. Method An explorative as well as descriptive study was done among 112 elderly individual residing at Old Age Home- "The Pashupati Briddhashram", the only government owned home under Ministry of Women, Children and Social Welfare Council, established in 1882 AD, at the Pashupatinath Temple premises an world Heritage site. Result: The study showed financial exploitation, family Neglect, psychological abuse and lack of care giver were the most common types of abuse reported by the elderly individuals. Poverty-37%, financial issues-33%, family ignorance and helpless-22% and health problems-8% were the reasons for occurrence abuse among the elderly individuals residing at the Old Age Home. Discussion: In our study elderly population age ranged from 60 to 102 years and above 38% of our study individuals were above 80 years. Female to male's percentage was 53.5% and 46.4% respectively. Above 50 % of individuals residing at the home suffered from chronic diseases. In an underdeveloped country like Nepal poverty and financial issues cause can lead to important factor for family abuse including elderly population. Conclusion: Elder abuse is an unrecognized problem in our community and lack of strong laws within the country against the abusers lead to continuity of the problem. Increasing awareness program on elder abuse and formulating stronger policies can lead to respectable life for the elderly people in family and community.

Key words: old age home, elderly abuse/mistreatment, Nepal

CONCEPT OF PUBLIC MENTAL HEALTH

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Background: There is no public health without mental public health. Despite the proven impact of mental illnesses, an overwhelming array of functional, economic and social outcomes, although all health indicators indicate that good mental health is an indicator and a prerequisite for overall health, mental health is often not considered a priority in public health policies. Objective: To clarify the role of the public mental health in the health systemsMethods: Review of the literature Discussion: Public mental health is a relatively new concept in public health. It is more than the absence of a mental illness, that is, more than the opposite end of a mental disease continuum or disorder as defined by a psychiatric diagnosis. Mental well-being is an important and indefinable aspect of health. Public health strategies concentrate on somatic health and overlook the importance of mental illness and mental health and well-being. Creating national mental health strategies and programs for different age groups or risk populations are essential for the health of the population and for improving the quality of life of people with long-term mental illness. Therefore, the inclusion of mental health in national and local public health policies is of vital importance to the health and well-being of the nation. Planning and organizing activities for the promotion and prevention of mental health is essential from the earliest age of the population and the individual. Conclusion: Mental well-being provides many positive health and social benefits. Because healthy lifestyles and social equity are supported by positive psychological functioning, the advancement of mental well-being should be a high priority area of health authorities. Because it is a relatively new concept, the evidence base with respect to determinants, risk factors and solutions lag behind other areas of public health in global terms. However, a more relevant database of data should be created that demonstrates effective approaches to improving mental health and preventing mental illness.

Key words:Public mental health, health promotion and prevention, mental well-being

"ARIADNE: DEVELOPING AND SUPPORTING MULTI-SECTORAL POLICE REPORTING PROCEDURES TO PREVENT AND RESPOND TO DOMESTIC VIOLENCE AGAINST WOMEN"

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The Ariadne Project addresses the issue of gender-based domestic violence and the phenomenon of underreporting of such incidents in Greece. The main goal of the project is to challenge existing attitudes hindering reporting of incidents of domestic violence and enhance support to women victims of domestic violence through the development of a multi-sectoral approach on police reporting procedure and supporting mechanisms. Through the tools developed and the training, it is expected that police officers will have improved knowledge on gender-based violence as well as on mechanisms to prevent and respond to domestic violence incidents. Overall, the project is expected to have positive impact on police officers' attitudes and behavior towards victims of domestic violence, thus women at risk, victims of domestic violence, and potential or actual bystanders or witnesses are expected to be encouraged to report incidents with increased trust for Greek institutions and especially for the Greek police. The ARIADNE project is co-funded by the Rights, Equality and Citizenship Programme of the European Union (2014-2020).

Key words: domestic violence, police reporting, behavioral change

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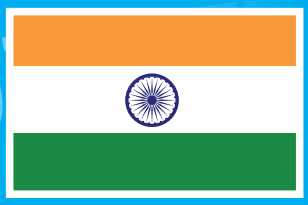

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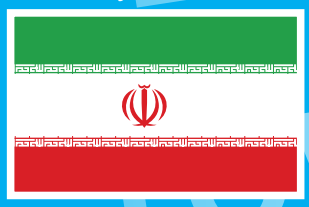

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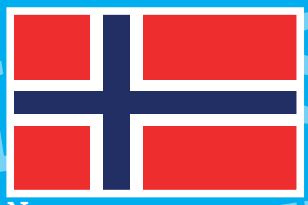

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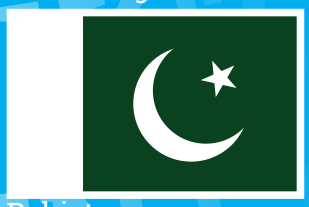

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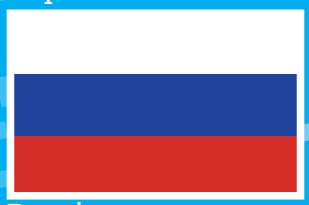

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