

# *Prevent and Combat Child Abuse and Neglect*

International Report of Workstream 2  
Experiences of Parents and Professionals: What Works?

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In collaboration with CESIS (Portugal), the Family Child Youth Association (Hungary); Orebro regional council (Sweden), the German Youth Institute and the Netherlands Youth Institute (Nji)

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# Inhoud

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Many thanks to the parents and professionals in the five countries that took part in the studies and made our research possible.

## *Introduction*

### *The Daphne project*

A partnership of six institutions from five European countries has been granted a two-year project (2011 - 2012) within the framework of the Daphne III programme: preventing and combating violence against children, young people and women and protecting victims and groups at risk. This project is called Prevent and Combat Child Abuse: What works? An overview of regional approaches, exchange and research. The aim of the project is to generate relevant knowledge on current strategies for the prevention of child abuse and neglect (CAN) in Europe. It will focus on interventions and strategies that target the prevention and treatment of child abuse and neglect. It will compare five European countries: Germany, Hungary, Portugal, Sweden and the Netherlands. The final output of the project will be a manual with data on what works in the prevention and treatment of child abuse. The project is coordinated by the Netherlands Youth Institute and has been carried out in collaboration with the Swedish Orebro regional council, the Hungarian Family Child Youth Association, the German Youth Institute, CESIS from Portugal and the Verwey-Jonker Institute from the Netherlands.

### *Workstream 1*

In this workstream, the focus was on collecting information and research in all the participating countries on the policy and practice regarding the full circle of combating child abuse, ranging from prevention to treatment. All five countries collected their own data and made a résumé and analysis on the basis of national data. Next, they wrote a national report on the strategies, measurements and management of tackling child abuse and neglect during the full circle, from prevention to treatment (the continuum of care). The five participating countries are very diverse, both in terms of their history, traditions, child welfare and protection system and the current policies and practises. It is visible, however, that all countries are aiming to implement the international conventions and recommendations based on human rights and child rights. The Netherlands Youth Institute made a summary report: Prevent and Combat Child Abuse: What works? An overview of regional approaches, exchange and research (Berg, 2012). The graph below gives an overview of the most striking differences and similarities concerning the child welfare system in Germany, Hungary, Portugal, Sweden and the Netherlands.

Graph: Combating child abuse and neglect in Germany, Hungary, Portugal, Sweden and the Netherlands (Berg, 2012)

|  | Germany   | Hungary   | Portugal   | Sweden  | The Netherlands  |
|--|---|---|--|---|--|
| Child welfare system   | By law, the child and youth welfare authority has to ensure a wide variety of services.   | There is excellent legislation, but no one knows or uses it.                                  | The responsibility of intervention is the successive responsibility of the ECMIJ <sup>1</sup> , the CPCJs <sup>2</sup> and, lastly, of the courts. | Strong emphasis on preventive and early interventions within the framework of universal services.   | Distinction between local, general and preventive youth policy and the provincial child and youth social care system.        |
| Universal and preventive services                            | A federal early prevention programme aims at improving cooperation, in particular between child & youth welfare services and the public health care system. | Lack of targeted and specialized services for the population at risk.                         | ECMIJ  | Interventions for families and children with special needs are undertaken within the framework of the same interventions of the universal services. | Integration of several universal services in the Centre for youth and families.  |
| Detecting, reporting and stopping of child abuse and neglect | Various rules for professionals in different fields of work in (suspected) cases of child endangerment.   | Reporting is mandatory for professionals, but the number of reports is very limited.          | Mandatory reporting for everyone, but separate legislation for different professionals is complex.   | Mandatory reporting for professionals.<br><br>Special legal representative for the child.   | No reporting duty; law on reporting code not yet in effect.  |
| Care services  | Child and youth welfare authority has to ensure a variety of services.  | Lack of services for perpetrators and hardly any for victims and witnesses, such as children. | Focus of services on perpetrators of domestic violence.<br><br>Care for victims laid down in legislation.  | Good practice:<br><br>Children's houses.  | Child protection is separate from youth care.  |
| The integration of services                                  | Cooperation between different systems is stressed in bill of the Federal Child Protection Act.  | The duty to cooperate is laid down in legislation.  | CPCJ   | Different integration initiatives: family centres, children's houses.   | Different integration initiatives: e.g. care and advice teams, safety houses.  |
| The education and training of professionals                  | Different developments, e.g. introduction of relevant legislation & university studies & development of products for training of professionals.             | Education as vocational training, only not in the curriculum.                                 | Detecting, reporting and treating child abuse and neglect part of initial education of social workers, but difficulties in training.               | Education and training of professionals is addressed in a governmental programme.   | Initially, hardly any attention paid to child abuse and neglect in initial education, nowadays several separate initiatives. |

## Workstream 2

The second part of the project was a comprised study in each of these countries among parents and professionals, coordinated by the Verwey-Jonker Institute from the Netherlands. The aim of the research was to generate information about the experiences of parents and professionals concerning

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- 1 The agencies competent in terms of childhood and youth (ECMIJ).
  - 2 The CPCJs are networks of professionals from non-judiciary official institutions with functional autonomy that aim at promoting the rights of children and youngsters and preventing or ending all situations that may affect their security, health, education and comprehensive development. In principle, they exercise their activities within the municipality they are based in. Currently, 300 CPCJs exist in the country.

the prevention and combating of child abuse and neglect: what are the successful elements of an effective approach? Knowledge about these elements gives the opportunity to improve both the policy and practice of combating child abuse and neglect. Therefore the research had to provide an answer to the following question:

*Do national prevention strategies and actions against child abuse and neglect correspond to what works in practice, as experienced by parents and professionals?*

We chose a combination of research methods, applied through two phases. The first phase involved a total of ten interviews with parents. The second phase consisted of (a) focus group meeting(s) with professionals. The goal of this mixed method was to obtain inside information about the subject matter, which is hard to achieve solely through in-depth interviews. Furthermore, by using this mixed methodology, we have a greater sense of validity when it comes to adequately portraying and representing each target group.

All five countries made a national report on the results. Based on these reports and the discussion about the results during the international meetings, the Verwey-Jonker Institute wrote this international report.

### *Set-up of the report*

In the first chapter we will describe the methodological background of the research and the interviewing process within the five participating countries, followed by a description of the process involved in the focus group meeting(s) with professionals. In the second chapter we will compare the countries on vignettes we made with all partners. In the third chapter we will describe differences and similarities in the perception of parents and professionals at five levels: the level of the professional, the level of the method/intervention, the setting/organization, the care system and the societal level. Consequently, in the final chapter we will draw conclusions about what the countries can learn from each other by answering the question: do prevention strategies and actions against child abuse and negligence correspond to what works in practice, as experienced by parents and professionals? We will conclude this report with the presentation of our recommendations.



## 1 *Background of the research*

In this chapter we will describe the methodological background of the research and the interviewing process within the five participating countries, followed by a description of the process involved in the focus group meeting(s) with professionals.

### 1.1 *The online questionnaire*

Originally, we intended to question professionals and parents in a treatment programme about their experiences by a validated, standardized, online questionnaire, developed in cooperation with the whole partnership. It was based on the online questionnaire 'Sater' of the Dutch Verwey Jonker Institute, designed to measure clients' experiences with social work interventions (Melief 2002). For this project the questionnaire was adapted to specifically cover child abuse and neglect. Additionally, the questions and answer categories were reformulated to take into account the different conditions of the child protection systems of the participating countries. This necessarily meant that not every question and answer category was equally applicable and relevant for every country. The questionnaire for parents was matched by a questionnaire for professionals, to allow comparisons of both perspectives and to obtain further information from the professionals. The questionnaire for professionals additionally contained specific questions, e.g. on the focus and content of the treatment and on its setting. The partner countries translated the questionnaires and subsequently held a trial to test them. However, due to the differences in the institutional systems, the laws and ethical approvals needed for this kind of research in some countries, it seemed impossible to reach a common denominator that satisfied everyone. Moreover, in some countries parents encountered problems with filling in the questionnaire electronically (in Hungary, for instance, many clients are not computer literate) and some professionals refused to fill it in based on privacy or other reasons.

Despite some negotiations with all partners, conducted for the purpose of eliminating methodological problems, we could not find a uniformly satisfying solution for everybody. The Verwey-Jonker Institute therefore developed a new research design involving a combination of in depth-interviews with parents and (a) focus group meeting(s) with professionals based on vignettes. Only Germany continued with the online questionnaires; they had already advanced into the process and part of their multi-method design of research; moreover, for them it seemed valuable to put the survey instrument into practice to gain methodological insight into child protection research especially aimed at parents. All participants were in favour of this methodological shift: the advantage being that it allowed in-depth insight, which is difficult or impossible to achieve through a more quantitative approach, especially considering the characteristics of many of the respondents.

#### *Germany*

'The questionnaires were translated from English into German. In a two-week trial period, the providers participating in the survey had the opportunity to report technical problems, suggestions and criticism to the researchers. As a result, the questions addressing abuse and neglect were rephrased, because they might be difficult to understand or answer for parents, or they might have negative effects on the relationship between professional and client. According to the survey design, parents filled in the questionnaire on their own, at the institution or at home. An employee of the institution other than the professional involved in the case was available to answer questions, if necessary. Fifteen providers of Child and Youth Services based in Munich as well as one provider in the city of Mannheim were invited to take part in the study; twelve decided to participate. The other two declared that they could not take part due to a lack of suitable cases or capacities. One provider used its own questionnaire for self-evaluation and therefore did not want to burden their clients with filling

in two questionnaires. The providers received written and oral information about the study, including a privacy statement and information sheets for parents and professionals. The parents were recruited by the providers. The providers were requested to address families that had received an assistance service to prevent or avert child abuse or neglect. Cases included could involve violence ranging from light forms to heavy forms of psychological, physical and/or sexual abuse, and neglect ranging from smaller shortcomings in the care for the child to serious neglect. Families whose assistance service ended within the three month data collection period or who were near the end were eligible for the study. On request of some providers, a few families were included whose assistance service had not ended but had been going on for such a long time, that an interim assessment seemed to make sense and would be possible as well as enlightening. At the end of the questionnaire, parents were asked if they were willing to address the same topics in-depth in an interview that would be financially rewarded. Six parents chose that option. The online questionnaire made relatively high demands on the parents concerning their reading skills, ability to concentrate and command of the German language, and was therefore not suited for all families meeting the sample criteria. To reduce such a sampling bias and to give parents the possibility to choose the form to share their experiences most appropriate for them, interviews were also conducted with parents that did not fill in a questionnaire. In addition, in these cases the professional was asked to fill in a questionnaire as well. In this way a broader sample regarding the level of education and migration background was reached. Finally, nineteen families were recruited by five providers. For sixteen families, the professional involved also filled in the questionnaire. Six parents were interviewed additionally. For two families who were only interviewed, the professional also filled in the questionnaire. In one case, only the family filled in the questionnaire and not the professional' (based on Derr and Galm, 2012).

## 1.2 *The interviews conducted with parents*

The other four countries started with a total of ten interviews with parents in a treatment programme: the assessment procedure and treatment had to have ended already or the treatment programme had to be completed shortly. In Germany, this followed after the online questionnaire had been put out. The perspectives of the clients were collected into an inventory of what works and what does not work when it comes to the prevention of child abuse and child neglect. Throughout this phase, the perspective of parents was the focal point. The study included in-depth interviews with a semi-structured questionnaire, developed by the Verwey-Jonker Institute, in which the majority of questions were open-ended. These questions encouraged parents to describe how they experienced the social assistance or a specific treatment provided to them. They were also asked to give their opinion on what worked and what did not work in practice. The subject matter of the parent interviews included: background information of the respondent; problems; treatment; the ending of treatment; factors which led to the success of the treatment programme; and the role of the professional. If both parents wished to be interviewed, this was possible (preferably each parent separately). The children themselves did not participate in this study: this was not anticipated in the proposal and it would be too complicated to realize within the research period. With the collected information the researchers documented what parents and professionals perceive to be effective in practice. In general, we can say that the recruitment of the parents by professionals constituted a very difficult process in almost every country. Per country, we will describe the most important facts of the interview process such as the recruitment (difficulties) and background of the respondents and the organization of the interviews.

### *Sweden*

For the recruitment of respondents in Sweden the researchers used the following criteria of inclusion:

- The parent/parents have been subject to assessment by the Social Services Act.
- The assessment must have been prompted by a suspicion of physical child abuse within the family.
- The assessment had to be completed.
- Possible interventions must have started at least three months prior to the interview.

The recruitment of families was done with the help of social service officers in three municipalities in Central Sweden. Furthermore, the recruitment took place at three treatment centres linked to social

services in the same part of Sweden. The project is anchored among senior officials within the social services aimed at individual and family care (IFO) in these municipalities. Staff at the units in question gave parents who fulfill the criteria oral and written information about the study. In those cases in which the parents agreed to take part in the study, the staff provided the researcher with contact details. In the next stage, the researcher contacted the families on the telephone and gave the parents the possibility to ask further questions about the study and what their possible participation might infer. During that conversation it was pointed out that participation was completely voluntary and that parents had the right at any moment and without any explanation to interrupt their participation. If the parent/parents decided to participate in the study, they were asked for their written consent. If there were two parents in the family and both wanted to participate in the study, they decided for themselves whether they wanted to be interviewed separately or together.

Finally, interviews were conducted with fifteen parents from nine families: eight mothers and seven fathers. The families came from various social contexts. Some of them had been in contact with social services previously, whereas others had never had such contacts before. Seven of the nine families had two parents, while two of the families were headed by single mothers. In two of the families there were stepchildren, but it was not against those that the suspected abuse had been directed. The children suspected of having been exposed to abuse were aged between a couple of weeks and twelve. With regard to the families' social situation, there was wide variation. Some of the parents were unemployed and had an otherwise tense social circumstances, but the majority of the families lived under well-ordered social conditions. About half of the parents had studied at universities/colleges. In four of the families the parents denied being guilty of what they were suspected of. In the other families the parents acknowledged the acts as such, but they were doubtful whether the acts committed should be classified as child abuse to various degrees. In spite of this hesitancy, they all distanced themselves from what they had done and stated that in the future, they would no longer use any form of violence against their child(ren), nor inflict corporal punishment on them. According to the criteria, the parents have been subject to assessment by the Social Security Act. The assessments had been prompted by a suspicion of child abuse within the family. All the families had also taken part in interventions/treatment organized by the social services or the social services in collaboration with child psychiatry.

It was difficult to recruit families. The greatest difficulty was to motivate the social workers involved in assessments to contact former clients, i.e. parents they had assessed. This explains why only few contacts were obtained in this way. It seems as though it is somewhat easier for social workers who work in treatment to contact the parents they have been working with. Their relation has had the chance to develop during the treatment period. An overall difficulty with conducting research within this field is probably connected to the fact that attitudes regarding child abuse are very "harsh"; to be suspected of child abuse is therefore associated with shame. It is worth noting, however, that the parents who were actually asked to take part in the study were willing to do so. The interviews went well and were very interesting and rich in content. The families have expressed satisfaction at being able to tell their story, although it also stirred up negative emotions. Several parents expressed the hope that their participation in the interviews would prove helpful to other families in a similar situation' (based on Neander and Angman, 2012).

### *The Netherlands*

'Two Regional Institutions for Youth Care were involved in conducting the research: De Waag in Haarlem and Fier Fryslân in Leeuwarden: institutions where perpetrators and victims of abuse and neglect can get treatment and care. These institutions are well-known for their system-oriented approach of the perpetrator and the victim, which means that family members living together as a system are involved in the treatment process. An example is the programme 'Veilig Samen Verder' ('Moving on Together Safely'), which De Waag developed in cooperation with the Child and Youth Trauma Centre. Within this programme social workers are operating by means of the so-called Signs of Safety model. Guided by this model, professionals not only focus on the problems within families but even more on the strong points and on making a safety plan with the whole family. In cooperation with these two Regional Institutions for Youth Care, ten parents were recruited for an in-depth interview about their experiences with the care and support. The interviewees were contacted through the institutions where they received treatment. Those eligible for an interview were parents who had completed a treatment programme or whose treatment programmes were about to be completed. If a father and

mother were in a treatment programme together, the parent who was most involved in care-giving tasks was interviewed. Although there was good communication between the Verwey-Jonker Institute and the two Regional Institutions for Youth care, it seemed hard to recruit parents wanting to participate in in-depth-interviews. The professionals working at the involved institutions were asked to approach the potential respondents. They received information about the research, by e-mail and face-to-face. The recruiting asked a lot of time from them, sometimes conflicting with their main tasks. The professionals said that recruiting was not always possible because of the confidential relationship with their clients. Moreover, a lot of potential respondents turned out to have been in treatment only too briefly, while others who did fulfil the requirements were unwilling to participate. Yet finally, ten parents were interviewed in October- December 2011 by researchers from the Verwey-Jonker Institute, including eight mothers and two fathers (only the fathers were perpetrators). Five of them lived in the province of North Holland, the other five in the province of Friesland. Four parents belonged to a migrant group. The educational level of the parents varied, but generally all were low educated. Only three families earned their income through labour. Partly caused by these circumstances, almost all respondents struggled with a variety of problems such as unemployment, poverty, incompetence in running a family, alcohol and drug addiction and incompetence in child raising and child education. On average, the family of the respondents consisted of 2.6 children. Their ages varied from one to seventeen. In some cases, the children temporarily lived in residential youth care institutions or with foster parents. When the respondent's family consisted of more than one child, often the abuse concerned only one of them. In all cases the father was the perpetrator of the child abuse. Furthermore, some of the cases showed an intergenerational transmission of child abuse and neglect. In those cases, the perpetrator had also been a victim of child abuse in his childhood. Except for two cases, the fathers always lived apart from the family, due to a divorce, detention or by judicial prohibition. The cases also showed a lack of management skills of the respondents in coping with social and financial problems. Unemployment and loss of income often gave rise to massive tensions in the relation between the parents and their family, not seldom building up into physical and psychological abuse of the partner and the children' (based on Lammerts, 2012).

### *Germany*

'The providers the researchers approached for the study expressed great interest, also showing willingness to participate (twelve out of fifteen providers). Serious commitment was also noticeable in the communication with the providers. However, only five of the twelve providers delivered cases. Explanations for the low number of cases given by the providers were: few cases that they regarded as suitable actually ended within the data collection period, the long duration of the assistance; parents could not be contacted anymore; parents and also professionals refused to take part; the sensitive issue and high workload of the professionals. One provider that was particularly successful in recruiting parents used the questionnaire both as an evaluation tool and an occasion to talk to parents about the assistance process. A strong commitment of the providers' management to the study also seemed to be an important factor. Finally, nine interviews were conducted. Six mothers had consented to an interview in the online questionnaire, while two parents and one mother were directly recruited by the provider without filling in a questionnaire. The sample was heterogeneous regarding social, cultural and family background as well as level of education. In one case both parents were interviewed together, in another case the interview was mainly conducted with the mother but the father was present and partly joined in the conversation. In all other cases the mothers were interviewed. The participants could choose where they wanted the interview to take place. Seven of them invited the researchers into their homes, two mothers preferred to be interviewed at the German Youth Institute. The duration of the interviews was between 25 and 80 minutes (around 50 minutes on average). Most parents showed great interest in the interviews. Due to their different backgrounds, they individually focussed on different aspects and expressed different levels of differentiation and abstraction in their narratives.

The interviews were recorded and transcribed. The analysis was done using the software MAXQDA for qualitative text analysis and content analysis. The parents were interviewed about their experience with the aid of three legally mandated standard assistance forms. These are frequently offered if parents need parenting support in general, but also in cases of child neglect and abuse or partnership violence: *Education and Family Service Offices (Erziehungs- und Familienberatungsstellen)* offer counselling. They help children, juveniles, parents, and other guardians in overcoming their problems. One

of the institutions that participated in the research (questionnaires/interviews) specializes in child protection issues.

In the context of *socio-educational family assistance* (*Ambulante Erziehungshilfe* or *Sozialpädagogische Familienhilfe*), the social worker visits the family regularly at home and supports the parent(s) in raising and taking care of the children as well as in day-to-day practical matters, e.g. taking care of the household. Three of the institutions that have participated in the research offer socio-educational family assistance. *Orthopaedagogic daycare centres* (*Heilpädagogische Tagesstätten*, a type of partial in-patient assistance) provide care for children in small groups and individual attention to every child. In addition, the professionals work closely with the parents. One of the participating institutions specializes in remedial educationalist support. The parents interviewed had one to three children. The majority of families were headed by single mothers. In two cases the children lived with both parents. The ages of the children involved in support varied widely: the youngest child was three years old, the oldest was already grown-up when the respective assistance ended. Most parents had a low level of formal education; they had attended general secondary school or special school. The children visited all types of schools, from special school to grammar school, or did an apprenticeship. Most parents held a job. Not all of them could live on their wages, however; they received additional financial support from the state. The cultural background was heterogeneous: three families were of German origin, two had a migration background and one belonged to the Sinti community. At the time of the interviews, four families had completed the respective assistance. In two cases, the assistance was still ongoing but had been running for a long time. Moreover, all families had received or were receiving other forms of assistance. In two families children had been previously placed outside their families (full-time foster care or an institutional placement). All families received the respective assistance on a voluntary basis. Without their accepting of this assistance, for the majority of families more far-reaching interventions by the child and youth welfare authorities or the family court would have been likely. Regarding the focus of the study on child abuse and neglect, the main problems of the families were restrictions of parental care, physical and psychological child abuse and partner violence. Furthermore, all families experienced additional burdens' (based on Derr and Galm, 2012).

### *Portugal*

For the development of the interviews, it was decided to recruit interviewees among the parents involved with the Commissions for the Protection of Children and Young People (CPCJ). The CPCJs are non-judiciary official institutions with functional autonomy, aimed at promoting the rights of children and youngsters and the prevention or ending of all situations that may affect their security, health, education and comprehensive development. They exercise their activity within the municipality where they are based. Two specific CPCJs - based in the municipalities of Amadora and Cascais - were chosen for the purposes of the project, both of which are located in the Lisbon Metropolitan Area. Amadora has a population of 175,135 in an area of 23.77 km<sup>2</sup>. This makes Amadora one of the most densely populated municipalities in Portugal. Amadora has very relevant immigrant communities, mostly from Angola, Cape Verde and Brazil. According to the 2011 census, Cascais has 206,429 inhabitants living in 99.07 km<sup>2</sup>. It is one of the Portuguese municipalities with the highest income per capita, although it includes considerable pockets of poverty that give the municipality a dual character. Ten interviews were conducted, distributed among the two above-mentioned CPCJs. Two of the ten interviews were conducted with couples. The remainder were conducted with two fathers, five mothers and one grandmother (the legal guardian of the children).

The interviewees' ages ranged from 24 to 57. Most interviewees, however, were aged between 33 and 40. Very low educational levels characterized (almost) all interviewees. Three of the parents (or their functional equivalent) even were illiterate. The discourse of most interviewees was very poor and they were largely unable to problematize and give significant meaning to their experiences. Severe financial difficulties and social exclusion were an issue for most interviewees. Many of them earned the social insertion income (a minimum income scheme), often the only income for the household. As for the reasons behind the referral to the child protection system, the most frequently reported problem was school absenteeism. Even in cases where this did not immediately emerge, school absenteeism was an issue along with other problems. In some cases, school absenteeism seemed to derive from significantly deeper problems regarding the schooling system. However, throughout the interviews, it became clear that in most cases, other forms of neglect, violence and physical abuse were present to a greater or lesser extent. On the one hand, this abuse does not come to the surface more immedi-

ately out of shame, but also because, on the other hand, it is faced as a “natural” thing’ (based on Perista and Silva, 2012).

### *Hungary*

The interviews were conducted in three regions of the country: Central Hungary, Western Transdanubia and Southern Alföld (the southern part of the Great Hungarian Plain) in various types of primary child welfare and protection institutions: child welfare services, crisis centres, and temporary family homes. The child welfare services operate in different settlements, in principle covering the entire population. They provide services for people living in the area and are responsible for preventive programmes; they also co-ordinate the work of the other actors (health, social services, education), carry out interventions, refer to the authorities, and report to the police if needed. Temporary family homes and crisis centres are run in big cities but take in families that are at severe risk and need immediate help, regardless of the part of the country they are living in. To illustrate their role, a parallel from the health care system: child welfare services are the local GPs and out-patient care, while temporary family homes and crisis centres correspond to hospitals with a rehabilitation component. The involved families had been referred to the child welfare services or stayed in crisis centres due to the occurrence of abuse or neglect of their children. The professionals working in this area, including NGOs specializing in cases of abuse, were asked to help find families who suffered from the most typical and frequently appearing problems, to demonstrate the Hungarian practice.

The clients were approached by the professionals working with them and were asked whether they wanted to participate in the programme; they were provided with information on the aim of the project and its methods. Following their agreement, the interviewers contacted them by telephone and answered their further questions and offered written information as well. There were some very special cases that could give a good insight into the operation of the system, and that we found extremely important. The interviews were conducted by researchers and audiotaped and typed following the interview. Written notes were also made. According to official figures, the marital status of the fourteen interviewees differed from their actual life situation. Six of them were legally married, one was cohabiting, and seven of them were divorced. In fact, the number of cohabiting couples was three, including a foster parent couple. The majority of respondents were women (eleven), and three men. Eleven persons were between the ages of thirty to forty, while three persons were aged between twenty and thirty. Regarding their level of education, half of the respondents had finished primary education, two had a vocational certificate, three were high school graduates, and two had graduated in higher education. Regarding their place of residence, three people lived or had lived in Budapest, four lived in cities and seven lived in a village. Among the interviewees, eight people had some kind of income, five were unemployed/without any income, and one person lived on a child care allowance’ (based on Herczog, Komuves & Berta, 2012).

### *1.3 The focus group meeting(s)*

In order to draw a final conclusion about the merits of the treatments and care, focus group meetings with professionals were organized in each country. The focus group method was developed in 1956 by Merton et al and it is often used in market explorations and political polls. This method is a suitable choice when it comes to researching opinions, needs, preferences and perceptions (Barbour and Kitzinger, 1999). The aim of the focus group meeting was to evaluate the support and treatment that the families have received and to invent suggestions for improving this support and treatment. In the first part of the meeting, discussion was started off with the presentation of three vignettes or (fake) case studies elaborated by the partnership. They were used for a group case analysis and brainstorming about the care service/treatments or decisions. In the focus group discussion, participants confronted each other with their views and through consultation and discussion tried to find an answer to the following questions:

1. What should be done in an ideal situation?
2. What is the actual situation, what kind of service will they receive?
3. What should be done to improve the gap between reality and the ideal situation?

The results of the discussion of the vignettes will be described in Chapter 2. In the other part of the meeting, the results of the interviews with the parents were validated, based on a summary of the most important findings. To this end, the participants were asked to answer the following questions:

- Are these familiar cases?
- Is the picture of the situation described in the case study accurate?
- Does this picture correspond to their own experiences and knowledge of the field?

### *Sweden*

'Participants in the focus groups were recruited through a written invitation sent out to staff working with assessment and treatment interventions within social services. The researchers turned to the municipalities within the region and one municipality outside the region that took part in the interview study. In this way they recruited twelve participants: ten women and two men, aged 29 to 64. The median age was 58½. The median value for the amount of years of work experience with parents and children was 19 years (ranging from 3 to 36 years). Eight of them had experience both with assessment and treatment, whereas two of them had all their experiences solely with treatment and two others solely with assessments. Overall, they constituted a highly experienced group of social workers, who could together relate to more than twohundred years of professional work with parents and children in vulnerable situations.

The researchers split the participants into two groups; they met on the 17<sup>th</sup> and 22<sup>th</sup> of February. The two perspectives - the one of the investigators and the other of the therapists - were well represented in the two groups. Similar to what has happened in other countries, the social workers expressed their understanding of the experiences and opinions presented by the parents. They meant that even if they already knew, in a sense, based on their work within social services, that the assessment procedure might be perceived as very difficult for the parents, this was made much more obvious when presented in the interview studies. The social workers' reactions suggest that the interview studies with the parents had captured essential aspects of the studied processes. This could also be an expression of the fact that the interviews possess face validity. In one of the groups, the social workers strongly expressed that were touched by the parents' stories and one of them said that they had given her "a lump in the stomach". One of them said that the interviews showed that there is "an embarrassing number of areas of improvement". The stage of free reflections was equally lively in the two groups, but the focus of the discussions varied quite a lot. This was probably related to the context in which the groups' participants were actively engaged. After the free reflections - and partly already during them - the discussion was summarized in a number of themes which had clearly emerged. These themes concerned, among other things, the professional role of the social worker, the consequences of the strategies for combating child abuse in Sweden and the possibilities to develop the parents' participation. After this summary the participants had a short coffee break and then we presented the vignettes that were common to all countries. The vignettes, too, gave rise to lively and interesting discussions' (based on Neander and Angmann, 2012).

### *The Netherlands*

The focus group meeting took place on the 5<sup>th</sup> of March 2012, with the participation of sixteen expert practitioners from the fields of child care, education en health: psychological child physicians, medical practitioners, social workers, educationists, psychologists, et cetera, not linked to De Waag and Fier Fryslân. They worked at the AMK (AMK is the abbreviation of Advies- en Meldpunten Kindermishandeling (Advice and Reporting Centres on Child Abuse and Neglect), School Care and Advice Teams in the Netherlands, the Youth Care agencies and the Child Protection Board. Preventing and combating child abuse and neglect is a hot issue in Dutch society. A lot of conferences, workshops and so on are therefore organized around this topic; there is a lot to participate in. For the organization of the focus group meeting, this meant that it was quite challenging to get (enough) professionals involved in the meeting. An intensive approach in cooperation with the National Youth Institute yielded the intended amount of the right participants. The focus group meeting took three hours (based on Lammerts, 2012).

### *Germany*

Two focus group meetings were held with professionals experienced in case work. All were employees of the providers participating in the online survey, except for one professional representing a child and youth welfare authority. The duration of the meetings was 2.5 hours. The discussions were recorded, transcribed and analyzed using the software MAXQDA. Six case workers employed by eight providers participated in each meeting, some of them also being part of the management. In one meeting, a representative of the public child and youth welfare services took part as well' (based on Derr and Galm, 2012).

### *Portugal*

Two focus groups were held, each of which regarding a CPCJ where interviewees were recruited. The first focus group, regarding the CPCJ of Cascais, took place on 16 February 2012. The second, regarding the CPCJ of Amadora, took place approximately two weeks later, on 2 March. The professionals present reflected the diversity inherent to the restricted mode of the CPCJ (please see the report on WS1). The President was present, as well as representatives designated by the municipality, NGOs and education. Most were social workers, although some were psychologists or teachers, for instance. Twelve members of the CPCJ were present at the beginning of each discussion. However, time constraints in Cascais led the group to become smaller throughout the discussion. This was, in fact, the major problem regarding the development of the focus groups' (based on Perista and Silva, 2012).

### *Hungary*

In Hungary the researchers organized two different focus group meetings. In the first one the staff members of a shelter took part, who worked with family members escaping from abusive situations, mostly mothers with their children. In the other focus group professionals working in child welfare services in a Budapest district took part, who were responsible for all the referrals relating to child welfare and protection cases, in accordance with the Children's Act. They are the ones to whom anyone facing a risk situation for children has a mandatory reporting obligation, from the health, social and educational sectors to lay persons, like family members, neighbours and friends. Without exception, members of the focus group had post-secondary education as the statutory requirement of their position, a four-year college diploma or a university degree. In the two groups, seventeen people gave their opinion about their cases and treatment, with the help of the vignette cases. The gender distribution of participants was as follows: thirteen women and four men, the latter being the employees at the shelter. Fifteen people had years of experience and had been working at the same institution for a minimum of four years. Two workers were considered as career starters: they obtained their degree less than two years ago' (based on Herczog, Komuves & Berta, 2012).

The main conclusion of the process is that recruiting the parents and professions in every country, except for Portugal where they were recruited by their own CPCJs, took a lot of energy and time, caused by different obstacles:

- Recruiting the respondents conflicted with the main tasks of the professionals, who had a high workload and lot of 'extra' activities to participate in.
- Professionals hesitated to mediate the contact between client and researchers for reasons of confidentiality.
- Child abuse is a sensitive issue: it is associated with shame, which may lead to the refusal of parents to take part.
- The criteria for inclusion: the assessment procedure and treatment had to have ended or the treatment programme was required to be nearly completed.

Concerning the respondent group, in the Netherlands, Hungary and Portugal, most interviewed parents were low educated. In Germany, the respondent group was heterogenic and in Sweden half of the respondent group was highly educated.

The research does not guarantee generalization; it is not scientifically based; it is only meant to explore. The results can be used as an indication.

## 2 *The vignettes*

During one part of the focus group meeting(s) the discussion was started off with the presentation of vignettes or case studies that had been elaborated by the partnership during an international meeting. This approach was chosen because we already knew from workstream 1 that the child welfare systems and policies of the five countries would be very difficult to compare. By submitting the same vignettes in each country, similarities and differences were uncovered in the discussion about what would and should be done in each country in the particular situation the vignette described. The cases were used for a group case analysis and brainstorming about care services/treatments or decisions. Three typical vignettes concerning different types of child abuse and neglect were used for discussion, in which three questions had to be answered:

1. What should be done in an ideal situation?
2. What is the actual situation, what kinds of service will the clients receive?
3. What should be done to improve the gap between reality and the ideal situation?

In the next paragraphs we will summarize the results; we have to mention here that the results are based on the information given by a select group of practitioners in the focus group meetings. The results can therefore only be used as an indication. They sometimes overlap with the findings we will describe in Chapter 3.

### 2.1 *The physical abuse vignette*

In each country, this vignette concerning physical abuse was submitted to the focus group(s):

*Composition: middle class family: 2 parents with a 4-year-old daughter and an 8-year-old son. There is a lot of stress because the father has a high risk of losing his job as an engineer, caused by the current crisis. The mother (a nurse) is getting depressed by the situation. The sports coach sees injuries and observes that the 8-year-old son is withdrawn. The boy tells him for the second time that he is the subject of episodes of violence within the family. His sister is treated like a princess. His mother is the offender.*

#### *Detecting and reporting*

In all countries, the participants of the focus group meetings agreed that the sports coach should detect or report the abuse, but everywhere there is great hesitation to actually do so. There are two extremes: Sweden and Hungary. On the one hand, in Hungary the reporting (where this is mandatory for professionals) is not an issue at all; according to the participants of the Hungarian focus group meeting, the sports coach would not be sure whether the child is telling the truth, especially since it is a boy from a middle class family. In Sweden, on the other hand, (where reporting is also mandatory), there would be no doubt about the abuse; it should be reported. In Hungary, mandatory reporting was introduced in 1997 and the measure was modified later on; it has been reinforced. There is no accountability, however, which means there are no consequences of non-reporting. GPs report only very seldom, schools and health visitors report the most, but this reporting is done verbally, as they do not want to write anything down or serve as a witness. Many Hungarian social workers and professionals participating in the focus group meetings acknowledged that they are struggling with their reporting obligations, especially to the police. The experience of the professionals is that police interventions in Hungary are not child-friendly and that children are experiencing secondary traumatization during the procedure. The police is not taking into consideration the harm caused by insensitive assessments and investigations. The available 'child-friendly' hearing opportunities are hardly used as they are not

compulsory, neither by law nor in law enforcement bodies: judges and prosecutors have not been trained to use them. Most of the reported cases are closed or rejected and never reach the court. In principle, a restraining order can be imposed in cases of any form of family-based violence, but due to the complicated and not well-received administrative procedure, and the lack of services for victims and offenders, in practice it is not working in Hungary. For social workers and other helping professionals this is causing a lot of ethical dilemmas. When they report, children and non-offending parents can suffer from secondary victimization due to the insensitivity of the system, while non-reporting is itself an offence, according to the professionals participating in the Hungarian focus group meetings. In Portugal, reporting is mandatory as well, but the legislation is complex. In Germany, there are various rules for professionals in different professional fields in (suspected) cases of child endangerment. In the Netherlands, the law on the reporting code is not yet in effect. But in all countries a sports coach often is a voluntary worker and not a professional. As focus group participant from Sweden observed: *“The sports coach has no obligation to notify, a fact that reduces the probability of notification to the social services or to the police”*.

In the Netherlands, in June 2009, the former Ministry of Youth and Families, the Ministry of Justice and the Ministry of Health, Welfare and Sports jointly announced the Reporting Code Domestic Violence and Child Abuse Act. According to the Act, every organization (so also its voluntary workers) and professionals working with children or parents must have a reporting code and every professional should work according to the reporting code. The Act was expected to be adopted by the beginning of 2012. This Act also obliges frontline workers like sports coaches to act according to the reporting code. Besides that, in the Netherlands the professionals participating in the focus group meeting did express the wish that voluntary workers like sports coaches would get trained in how to detect and report child abuse, since they might experience problems with reporting. In case of a confidential relationship with their pupils they might be afraid of harming this relationship. Furthermore, in the other countries the participating professionals mentioned their concern that reporting (especially to the police) might put further strain on the child. In Germany, Portugal and Sweden already a lot of training and education is available. In Germany the professionals participating in the focus group meetings also said that the sports coach might not know how to act; that is why these participants supported the possibility to get advice and report anonymously. The professionals in the Dutch focus group meeting nowadays experience a lack of feedback when they report child abuse at the AMK (Advice and Reporting Centre on Child Abuse and Neglect); they do not always get informed what has happened with their report, yet they really want to know about the subsequent actions taken. Therefore, they think that feedback should be part of the whole reporting process.

### *Actions after reporting/detecting*

#### **Medical examination**

In Portugal, after detecting and reporting, the child will be examined medically.

In Sweden, a medical examination takes place in cases of physical and sexual abuse if there is any chance of ‘traces’. When a report is submitted to the social services, immediately a security assessment will follow. The social services contact the reporter and possibly the parent. The pros and cons of a police report will be considered and a child protection assessment will be launched. The injuries will be documented by the forensic pathologist. In Portugal, after confirmation of the situation, the child will be examined in the hospital and the parents will get summoned to the CPCJ.

#### **Assessment**

In all countries there are certain steps to undertake after detecting and/or reporting. In Hungary, this only applies to some instances, but not consistently; steps are undertaken accidentally and independent of the severity of the problem.

At a certain moment, in all five countries the judicial system will get involved in the process. In all countries most participating professionals in the focus group meetings agreed that in the ideal situation the whole family should be included in the assessment procedure and, if possible, in the treatment. This does not happen everywhere. Below, we will describe the situations as sketched by the focus group participants in the different countries, related to the vignette.

In Sweden the matter is taken to the “Barnahus” (Children’s House) for consultations in which the police, the prosecutor, the social services and possibly the health care services take part. In these

consultations, any further investigation by the police and assessment by the social services are planned. Conditions improve if the social worker manages to create a collaborative relationship with the parents while the assessment leads to a situation in which interventions will also be undertaken. Letting the children describe their experiences and their situation in the presence of their parents during the assessment may contribute to enhancing the parents' motivation for change. Whether this is appropriate must be carefully considered, however. The parents are interested in treatment and support in their situation. They receive that in combination with psychiatric treatment for the mother and labour market initiatives for the father. Together with their children they take part in psychosocial treatment in which they receive interaction therapy. The children will continue living with their parents. This development is not unrealistic and perfectly possible, according to the Swedish focus group meeting participants. What is decisive is the attitude of the parents vis-à-vis getting support and help.

In the Netherlands, if people have suspicions of child abuse they can report these to the Advice and Reporting Centre on Child Abuse and Neglect (AMK) or receive advice from the Centre about their possible (active) role and options. If an Advice and Reporting Centre on Child Abuse and Neglect (AMK) determines that this is indeed a case of child abuse, the centre will attempt to ensure that appropriate action is taken. In case those involved are willing to accept help on a voluntary basis, the centre can refer a case to a social worker from the youth care agency. Different treatments are possible, such as family system therapy. If those involved are not willing to accept help on a voluntary basis, the Advice and Reporting Centre on Child Abuse and Neglect (AMK) informs the Child Protection Board (Raad voor de Kinderbescherming) to investigate whether legal measures are required.

In Portugal, the first step would be confirmation of the situation. As stated above, the boy would be examined in hospital and the coach and parents would be summoned to the CPCJ. The mother would be asked to confirm the abuse and the degree of knowledge and the attitude of the father regarding the situation would be established. If the mother acknowledges the abuse and the need for support, then the case would also be referred to psychological support. If she denies the abuse or refuses intervention, then the situation will be referred to court, where removal of the child will be considered, along with compulsory family therapy. Judging from the description, however, the professionals considered that the situation seemed workable. Presumably, there appeared to be some stability within the family and a network of kin that could be activated. Moreover, the interference of external factors such as the threat of unemployment might also be included within the scope of the support. As such, support to the family would be preferred, not the removal of the children from the home.

In Germany, the focus group participants described different scenarios that seemed likely from their experience:

1. The sports coach contacts a counselling service that specializes in child protection. The counsellor discusses with the coach whether he will be able to encourage the parents to contact the counselling service. In this case, he is guided by the counsellor on how to address the topic with the parents. Possibly the coach has ambivalent feelings at first: *"I am worried about the boy."* versus *"Will I offend the family by addressing the topic?"* It is also likely that the coach refuses to talk to the parents himself and only wants to report the case to the counselling service. In this instance, the counsellor writes a letter to the parents inviting them to a counselling session/confidential talk. If the parents accept this offer, it is important to address their burdens and build on their capabilities to convince them to accept assistance. If the parents do not accept the invitation of the counselling service, which is a voluntary offer, the counsellor will continue to observe and assess the situation. If the parents are unwilling to cooperate despite the signs of child endangerment, the counsellor informs the child and youth welfare authorities, who can ultimately also intervene against the parents' will.
2. The sports coach immediately reports to the child and youth welfare authorities. They contact the parents, assess the endangerment of the child and offer an appropriate assistance service, if necessary.
3. Alternatively, the coach could contact special youth police officers. They are present in the social environment of youngsters, e.g. at school, in sports clubs and discos, and can also be consulted anonymously. Such a youth police officer could talk to the boy and cautiously ask him whether he needs help.
4. The coach recommends the boy to turn to the social worker at school.

5. The mother contacts a counselling service herself because the situation troubles her and she feels terrible about hitting her son.

In Hungary, there is a totally different situation. In most instances nothing will happen. There are some shelters, mostly crowded, and few have access to them. In general, when the parents deny the accusation and help nothing will happen; children are often not asked for their experiences or believed. There is no good system for detection and assessment. When families do get assessed, the opportunities to help are very limited; it is hard to find a place for them in the shelters or any other suitable accommodation afterwards. Most families own their house or flat and it is hard or impossible to sell, while there is no money for renting. For these reasons, even in very dangerous cases families are staying together and no help is offered. During the focus group meetings discussion, professionals raised the issue of disappointment, as they cannot help in any way. They are very frustrated and scared that something bad might happen. The Hungarian professionals pleaded for a better cooperation between agencies and professionals, a smaller workload and more treatment programmes for families.

### **Obstacles**

Thus, there are differences in detecting and reporting physical abuse between the five countries. In the Netherlands, the government is busy setting up a reporting system for professionals and voluntary workers like sports coaches. According to the Dutch professionals who participated in the focus group meeting, in addition it is necessary that training is offered in how to detect and report, as is already the case in Portugal, Sweden and Germany. In the other countries, the participating professionals expressed the concern that reporting (especially to the police) might put further strain on the child; this makes it necessary to know how to act. After reporting, in Sweden and Portugal a medical examination often follows. Each country differs in the steps taken after reporting and detecting with regard to the assessment and the role of social services. Besides this, all countries share particular obstacles during the whole process.

The professionals in the focus group meetings from all countries experienced a slow process between the reporting/detecting and the assessment as well as between the assessment and treatment. In Sweden, if a police investigation is started up, the social services risk being delayed in their assessment because the police demand that the social services do not take any steps that may complicate the police investigation. In the Netherlands, the procedures also take a long time. In Germany, in some districts there is a lack of staff in the social institutions, causing a standstill. Professionals from Portugal stressed that it is very hard to get psychological or psychiatric counselling for the families because of the capacity shortage in the public sector and that it is often necessary to resort to private services because the public sector does not operate swift enough. In Hungary, it may take three months until the social services can meet the family. Above all, there is a lack of programmes and tools, especially in comparison with the other five countries. In addition, there has never been any consequence of non-reporting in Hungary. The Hungarian procedures take a very long time; sometimes there is no information for months even in severe situations. During the interviews, a Hungarian client illustrated this with the next quote, underlining the vignette: *"I feel that the system is not working at all. They have no obligation to respond or there are many excuses for the delays. I understand this, but we have been suffering now for more than three years, I feel I cannot manage, we can lose everything. Despite the expert opinion of the Ministry, the court is still hesitant; they keep asking newer and newer expert opinions. In my children's lives this is a very long time and I cannot do anything"*. The average length of a court procedure is 2-3 years following the long exploration, assessment and preparation. According to the Hungarian researchers, most of the cases never get to the courts, as abuse cases are hard to be proven.

A last obstacle arose in Germany, Portugal and Hungary: the fact that the boy in the vignette is from a middle-class family might hinder the process, according to the participants of the focus group meetings. With respect to Germany, the professionals stated this made it more likely that this case would not reach the child protection system at all: the coach might be afraid that the parents would hire a lawyer and sue him for false allegations. In Portugal, there is a greater need for confirmation of the situation. According to the focus group meetings participants, in Hungary the middle class families always seem to be ok; many parents do not recognize their behaviour as abusive, as they have never experienced anything else. In Hungary, becoming a client of the child welfare service is stigmatizing

for a middle class family: 'Middle class families, or highly educated families, are masking their problems much better and they are seeking private help if needed. They are hardly ever reported to authorities or if they do get investigated, the outcome depends on their "connections"'. In Sweden and the Netherlands, being from a middle class family did not seem to constitute an obstacle; the argument was not mentioned by the professionals in the focus group meetings.

## 2.2 *The neglect vignette*

In each country, this vignette concerning psychological abuse was discussed in the focus group(s):

*Composition: a single-parent family. The mother is divorced. She has two girls aged 8 and 4 and there is also a dog. The mother has a low IQ, a low income and lacks a social network. The neighbour has detected that the mother leaves the two children unsupervised for longer periods on long working days. She observed that the 8-year-old girl takes a lot of responsibility: she cooks dinner at home and brings her younger sister to school.*

### *Detection and/or reporting*

In all focus group meetings in all countries except for Hungary, this case was seen as risky. In Hungary the situation might be approved solely because the mother is working; if she was going to the pub or gambling, it would be considered as neglect and abuse. According to the Hungarian focus group participants, children are often moved out of the home in such cases. In Hungary this kind of emotional abuse or milder forms of neglect are so common, that it is not seen as a case in most instances. The mothers do not see it as an issue either, and in most instances it is not even acknowledged as abuse by the service providers, according to the Hungarian focus group participants.

In Portugal, this case was seen by the professionals participating in the focus group meeting as a very common situation and a 'tricky one' at that. They immediately connected this situation with the very frequently occurring situation of a lot of Portuguese mothers working in the office cleaning sector, who have to adjust to office schedules. They work very early in the morning before offices open and in the late afternoon or evening, after the offices close. It would be very difficult to change these working conditions. That would only be possible if the mother would reduce her working hours or change her schedule. The latter was deemed manifestly impossible by the focus group meetings participants, because these mothers need the money. As the participant focus group Cascais stated: "*Indeed, we cannot tell this woman not to work!*" In all countries except for the Netherlands, all focus group participants assumed that the neighbour might detect or report what was going on. In the Netherlands, the focus group meetings participants discussed the nowadays limited role of the school in detecting and reporting child abuse and neglect. The reporting in general in the Netherlands more often involves physical abuse. It is easier to report physical abuse because neglect is much harder to determine, although it is growing as a problem in the Netherlands. The school might play an important role in detecting and reporting both child abuse and neglect, according to the Dutch focus group participants.

In Germany, the focus group meeting participants described the neighbour contacting the child and youth welfare authority as a possible reaction. The latter would then get in touch with the mother and assess the need for support, possibly also by paying a home visit. In one German focus group meeting, the assumption was made that in the family context described in the vignette the child and youth welfare authorities would treat the mother with a lot more suspicion and scepticism than the middle class family of vignette A. At the extreme, this could mean that professionals of the child and youth welfare authorities would hurriedly think it best to take the children out of the family. Participants also assumed that this could be a family already known to the child and youth welfare authorities. One German professional joining the focus group meeting pointed out that such a case might not attract any attention at all in a socially deprived neighbourhood.

### *Actions after reporting/detection*

Based on information submitted by the neighbour to the social services, in Sweden a child protection assessment would be launched. In this assessment various contacts would be made with the family and

their environment. The school and preschool would be asked to submit information. If the older girl attends after-school care, this institution would also be requested to submit information. It is of importance to make a comprehensive and accurate assessment, and home visits constitute an important part of this. The situation would raise a number of significant concerns in relation to the children's situation. The vignette describes many serious risk factors. A possible result of an assessment would be placement in foster care for the girls. As an alternative, supportive and compensatory measures might be considered; e.g. social educational support at home, the assessment and activation of networks, involving the absent father, appointing a contact family, after-school care for the older girl, changed work conditions for the mother, et cetera. The measures would need to last for a long period of time, according to the Swedish focus group participants.

In Germany, the Netherlands and Portugal, the alternatives mentioned by the professionals were almost the same as the Swedish professionals described in the focus group meeting. In the Netherlands, the professionals said during the focus group meeting that social institutions or a social network (such as the church) might help the mother in what would be needed. They might offer 'quite simple' solutions like help in getting financing for day-care. Preventive interventions might play a role in preventing and combating child abuse and neglect in families at risk. In Portugal, the focus group meeting participants saw as the best solution that the children would be sent to day-care, but in reality this would not be an option because the mother would be unable to pay the costs. Activating the support of some institutions - in terms of the provision of food, for instance, but also financially, would be possible but only for a few months. Thus, this would not solve the problem and would just grant the CPCJ some additional time to try and determine the most appropriate intervention. For many professionals, searching for support within the family's local community would be the ideal situation. That would require an effort to identify secondary kin, friends or neighbours who could commit to babysitting the children for some, even short, periods of time. In Germany: provided that the neighbour would know any assistance services, probably from her own experience, she would bring the mother into contact with a service provider. The staff of this provider would evaluate the need for support and would offer suitable assistance. Examples of assistance services mentioned were counselling, checking whether the neighbour would be able to help, finding sports and leisure activities for the girls, offering a volunteer family helper, and providing socio-educational family assistance. The participants of the German focus group meetings thought that the school's reaction depended on how well the staff would be in touch with the mother, and whether she would have informed them that the girl would be brought in by her older sister. Normally the school would be obliged to talk to the mother to assess whether the situation was problematic for the children. How well teachers are trained in talking to parents and assessing child endangerment varies. It is important that schools have a child protection concept and the teachers work in close collaboration with a child protection expert. They need assurance on how to react to signs of child endangerment and how to address these with parents. If this is not the case, experience shows that they rather leave the assessment of the situation to the child and youth welfare authority.

In Hungary, the ideal situation would be that the mother could find a part-time job or any other place where she could go home early, while she would get help from other programmes for the children or volunteers. Home Start, extracurricular activities and other types of programmes could be of help, but also assistance from grandparents or social work students with the supervision of the children, according to the Hungarian focus group participants.

In Germany and the Netherlands, nothing was said about the absent father. In Sweden, the group participants wanted him to be involved. In Portugal this was a major issue. There, the first effort would be trying to identify the father and forcing him to take responsibility, after which parental responsibilities might be regulated. However, the Portuguese professionals agreed that this often does not work well in legal terms. If the father does not pay, the claiming process is very lengthy. Also, in many situations, parents do not declare all their income, which makes it more difficult to obtain payment. According to the professionals, there should be more supervision and more legal sanctions. As the participant focus group meeting Cascais argued: *"It should be like in the United States, where there is a fund assuring payment, which deducts it from the father's salary once he starts receiving it."* In Hungary the practitioners thought fathers should be obliged to pay more allowance, so mothers would be able to work part-time.

### *Obstacles*

Neglect is less often seen as harmful than physical abuse is. Everywhere the detection and reporting of neglect should get more attention, for example at schools. In Hungary the case of the vignette was not seen as risky by the professionals of the focus group meeting; in Portugal the respondents considered it a very common situation. After detection and reporting, social institutions and networks from the local community might be activated to help the mother, but nowadays there often is a lack of appropriate support. Preventive interventions might play a (bigger) role in preventing and combating child abuse and neglect in families at risk.

## 2.3 *The sexual abuse vignette*

The last vignette was about sexual abuse:

*Composition: a middle class mother and stepfather with one daughter (fifteen years old) and one son out of a former relationship; together they have another daughter (eleven years old). The teacher of the oldest daughter suspects sexual abuse by the stepfather. The girl told this to a friend and the friend then told the teacher. It maybe explains her low school achievement and the changing of her behaviour.*

### *Detection and/or reporting*

Regarding sexual abuse, there are different ways to operate in the participating countries, Hungary excluded. There, sexual abuse is only taken seriously if there are clear physical symptoms of the violence. Many forms of sexual abuse are not considered to be harmful or provable. And if proven, it is considered a crime. In Hungary, most children do not tell anyone about the abuse, even if they talk to their friends; they would deny it when a grown-up (e.g. a teacher) is asking. In the district where the professionals of the focus group meeting work there has been no referral on any sexual abuse case in the last two years. The police does not like to investigate; they rather try to convince the non-abusive parent not to report it, as it is impossible to proof, as the Hungarian focus group meeting participants stated.

In Sweden, when considering the launching of an assessment by the social services or an investigation by the police, a talk directly with the girl is required to try to find out the actual facts. According to the Swedish focus group participants, this talk should be held by the social services. During this conversation, it is essential to explain to the girl the context in which it is being held. For ethical reasons, it is important not to mislead the girl but to be very open concerning the terms that apply.

In the Netherlands, it is remarkable that there still seems to be a big taboo on reporting sexual abuse, notwithstanding the big efforts on this topic in the last decades. The participants of the focus group meeting emphasized how important it is that the teacher should report to the Reporting Centre on Child Abuse and Neglect (AMK). This Centre might check the story with the friend of the girl. The participants of the focus group meeting all agreed on having this check: "you must always check the story of the friend". It is a huge taboo to let the teacher himself check the abuse with the girl. In the ideal situation, according to protocol the parents should be involved when there are suspects of abuse, but this is often not the case.

In Portugal, the professionals joining the focus group meetings felt this vignette to be very similar to situations they often have to address. The first step would be to summon the girl, the mother and the teacher. If there is a father, he would also be summoned (not the stepfather because of the absence of kinship). Then consent would be asked for the CPCJ to intervene and, if granted, all the actors involved would be heard in order to establish the whole picture. If the school attended by the girl had a school psychology service, this professional would also be heard for further enlightenment.

In Germany, the focus group participants agreed that due to the information he has, the teacher is definitely obliged to act. As a first step, he might turn to the school social worker/psychologist or the headmaster. He could also ask an external counselling service that specializes in the topic of sexual abuse for advice. Another option would be to talk to the friend of the abused girl, to find out whether she could persuade the girl to go to the school psychologist or a shelter. The teacher could also speak

to the girl himself. It is also likely that the teacher or the headmaster would immediately inform the child and youth welfare authority. In the experience of the German focus group meeting participants, especially teenage girls tend to look for assistance services themselves. They search the Internet, use online chat counselling, call a telephone hotline for children and adolescents, go to a shelter or confide in a doctor. A likely reaction would also be that the friend takes the abused girl home with her, tells her mother about her distress, who then calls a counselling service.

### *Actions after reporting/detection*

In the Netherlands, there was no discussion in the focus group meeting about the actions after reporting and detection. In Sweden, the focus group meeting participants found it difficult to assess what might happen on the basis of the vignette. One difficult thing to consider was whether the mother should be contacted directly at the beginning of the case, before talks are held with the girl. It was also difficult to assess whether, in the initial stage, contact should be made with the biological father. After a police notification, it is possible to appoint a special representative for the child who may decide what assessment or investigative measures should be taken. If facts appear to prove that the girl has been exposed to sexual abuse, it is possible that she may need protection from the authorities through foster care outside her home. The parents' attitude (both the mother's and the father's) is decisive here. Ideally, the mother separates from the perpetrator and sides with her daughter. What might speak against this solution is the fact that they have a daughter together, something which may put the mother in a difficult dilemma. If the information about sexual abuse is confirmed, a child protection assessment is launched. The continued assessment and investigation are planned at the "Barnahus" in consultation with the police, the prosecutor, the social services and the health care services.

In Portugal, the participants of the focus group meetings stated that if abuse was confirmed, the girl would be referred to the hospital (to the NHACJR - Hospital Unit for Support to Children and Youngsters at Risk) and to the Forensic Medicine Institute, after which the situation would be filed at the Department for Investigation and Penal Action. However, the professionals pointed out the fact that, given the operational autonomy of the CPCJs and different territorial contexts (e.g. the absence of the NHACJR), procedures might be different. Some CPCJs would refer directly to the Criminal Police, for instance. The girl would probably be removed from her family, thus being "*penalized twice*" (focus group Amadora). Ideally, the offender would be outplaced but, according to the professionals, this seldom happens. Thus, it would be highly beneficial if criminal proceedings would closely follow the process of promotion and protection. The Portuguese professionals stressed that if the offender was the father, then there would be kinship and he would have to give his consent for the intervention. This constitutes a major legal constraint that makes the intervention of the CPCJs more difficult.

In Hungary, the police investigation causes a secondary victimization, as it is insensitive and police forces do not get any proper training. There is a lack of services available for the victims and there are no programmes for offenders.

Although sexual abuse is a criminal offence in Germany, the focus group participants did not mention the involvement of the police. This may have been due to a concern that criminal procedure might re-victimize the child. The participants stressed that the professional should slowly build up a relationship of trust with the girl, asking her about her wishes and developing a further course of action that seems promising. It is important that, during this process, the professional respects the girl's space without making false promises. This means that the professional might have to pass on information against the girl's will to ensure her protection.

### *Obstacles*

Regarding the results of the focus group meetings: in Sweden the social services of the police will talk with the girl, while in the Netherlands, the Reporting Centre on Child Abuse and Neglect (AMK) will also speak the girl but first to girl's friend. In Portugal, the girl, her teacher and family will be summoned by the CPCJ (because of the lack of kinship, the stepfather will not be included). In Germany, there are a lot of options, among which is also the one in which the teacher speaks with the girl (which is a huge taboo in the Netherlands). Finally, in Sweden and Portugal, most often the girl will be moved out of the house (instead of the perpetrator).

There are obstacles for the professionals to exercise their capability. In Portugal, according to the focus group meeting participants a problem is that in some situations, it is clear that the entities

competent in terms of childhood and youth (ECMIJs) are not sufficiently acquainted with the Law on the Protection of Children and Youngsters in Peril - or even with the CPCJs - and do not have any training regarding the problematic. Although the CPCJs make some effort to promote joint reflection, it is insufficient, as schools, for instance, change a good part of their teachers every year. Additionally, it was mentioned that some schools stopped having a school psychology service. The participating professionals thought that training for ECMIJs would be very beneficial.

In Hungary, in the ideal situation the victimized child would be talking about the abuse to an adult. A restraining order would be imposed on the stepfather based on the police report, and individual therapy would be provided to the girl. The entire family would need help, as the abuse influences all members.

In Germany, the participants agreed that the problem of child sexual abuse causes much fear and uncertainty; each professional has a different personal relation to this topic. This is one reason why the child and youth welfare authorities' handling of child sexual abuse cases strongly differs between their employees, even though there is a specialized sexual abuse unit. The participants described a range of reactions, from a very cautious proceeding up to an immediate, massive intervention. One German participant had the impression that suspicions of sexual abuse are taken less seriously in rural areas and that they are played down in general if the victim is a boy. The consequences of the professionals' actions can be extreme for the people involved. In this context, it was discussed that solely by expressing a false suspicion of sexual abuse a family can be destroyed. On the other hand, it happens that the abused child is taken out of the family while the rest of the family goes on living as before. One participant described a case illustrating that some schools are not fully aware of their legal obligations to protect children. Furthermore, there is a great fear of being sued for libel.

To improve the handling of such cases, the participants suggested more training and more easily accessible counselling services for school teachers. In the wake of the new federal child protection law, the participants hoped for an increased willingness of schools to cooperate with child and youth welfare services beyond collaboration in individual cases.

### *Conclusions about the vignettes*

Concerning physical and sexual abuse and neglect, there are differences in detection and reporting between the five countries, according to the results of the focus group meetings with professionals in all countries. Everywhere (more) training is necessary for professionals, schools and voluntary workers in the detection, reporting and combating of child abuse and neglect. In Germany, Portugal and Hungary, the fact that a victim belongs to a middle-class family might hinder the social care process. The role of the (step)father is a different one everywhere as well.

Each country differs in the steps to take after reporting and detection with regard to the assessment and social services. The process between detection and assessment and assessment and intervention is very slow everywhere. When there is physical abuse, after reporting in Sweden and Portugal there often is a medical examination. In Sweden, there is a medical examination in those cases of physical and sexual abuse in which there might be any 'traces'. In all countries, neglect is less often seen as harmful than physical abuse is. Therefore, according to the focus group participants this should get more attention, for example at schools. Preventive interventions might play a (bigger) role in preventing and combating child abuse and neglect in families at risk.

In all countries, it is obvious that there are obstacles in the capability of the professionals to handle sexual abuse.



### 3 *Comparing the countries on different topics from the perspective of professionals and clients*

In Chapter 2, we have described the similarities and differences in the discussion within the focus group meetings in the five countries with respect to what would and should be done in the particular situation described by a typical vignette. In this Chapter we will describe the differences and similarities between the five countries from the perspective of the interviewed parents and the professionals who participated in the focus group meetings with regard to five different topics: the professional, the method/intervention, the setting/organization, the care system and the societal level. The results have been distilled from the interviews with the parents and the focus group meetings with professionals. Because of the fact that we discussed the results of the interviews with the parents during the focus group meeting(s), often more has been said about a certain topic by the practitioners than by the interviewed clients. We will mention on which the differences in opinion between clients and professionals were striking. We hereby explicitly note that the research has been done among just a select group of respondents, with the objective to explore the topic. The results can therefore only be used as an indication.

#### 3.1 *The professional*

In this paragraph, we will compare the countries on what has been said by the interviewed clients and professionals who participated in the focus group meetings, about the status of the professional in each country, the attitude of the professional towards clients and the matching of the professional with the clients, and about what has been said about training and education in each country.

##### *Status*

In all countries except Sweden, the professionals participating in the focus group meetings emphasized that the status of the professional in the assessment and treatment process in their country is too low. In Sweden, there is a big difference between professionals working in the assessment procedure and professionals working in the treatment procedure. The Swedish professionals pleaded for a higher status for the social workers in the assessment process, but they did not see the same need for social workers in treatment process. In the other countries, there is no difference between these two. The professionals everywhere mentioned the need for a special license for child and family social workers with a special education, higher salaries, and enough time for building trusting relationships with families to make sound assessments. Everywhere this acknowledgement and approval of their work is a very crucial factor in preventing and combating child abuse and neglect.

In Germany, Sweden and Hungary, the respondents were most outspoken about this subject. In Germany, the participants of the focus group meeting explained the paradoxical situation that especially professionals who hold a particularly demanding and responsible job receive relatively little financial and societal recognition. As a German participant explained: *"I believe that if more money could be earned then more people would be truly happy to work in this profession for a long time. And it would not be just a transitional position. For example, the Social Pedagogic Family Help, which is really very demanding, with you going to the people who no-one wants to have, with whom no-one wants to talk. Yet we build a relationship with them and I really would like to be paid for it adequately, for doing what no other person in society will do. And this is what makes me mad"*. With this subject, the participant not only touched upon a bigger German societal problem, she also illustrated that even within her own professional group and the hierarchy of the practical field, those who work with extremely burdened families in particular cannot acquire respect and earn especially little. The

result is that many professionals in Germany (but this is often the fact in the other countries as well) quickly look for less stressful jobs with a better pay, according to the other German participants of the focus group meetings. The situation is similar in Sweden: the focus group meeting participants there stated that the high throughput of social workers results in a low proportion of experienced, highly skilled social workers. In order to overcome these problems, the social workers believe that a substantial increase in both status and wages is needed. In Hungary, most of the professionals participating in the focus group meeting felt humiliated by the fact that their salary is low, just as their prestige is. But in Hungary, talking about the status of the professional is not comparable to the other four countries because here, there are no professional standards and protocols on how to handle any type of abuse and neglect, as we saw in workstream 1: many problems are rooted in the lack of resources and services. Therefore, the individual social worker seems to be without any of the tools needed: in many cases, professionals are as helpless as the clients when looking for other services. Parent education does not exist, some religious organizations and a very limited number of NGOs and child welfare services are offering training and self-help groups. According to the professionals who took part in the focus group meetings, most of the parents (including professionals working with families and children) have very limited knowledge about child development, the techniques to be used and the skills to utilize them.

### *Attitude and matching*

In all countries, the interviewed clients had different opinions about their practitioners. Logically everywhere some respondents have negative experiences, while others have positive ones. But striking is that in all countries, the interviewed clients and professionals participating in the focus group meeting(s) all underwrote the importance of a particular attitude for professionals in the assessment and treatment process. They said, for example, that one aspect of this attitude is the professional's trust in the client and the client's trust in the professional, because this leads to the best possible success of the treatment. A relation of trust is a precondition for the acceptance and success of the assistance service. As a client from Germany stated: "but only it was this woman. (...) yes, with her it was just perfectly right. And I believe it is really important whether you have one with whom you are on the same page or not".

In Sweden, the clients specifically stated about the attitude of their practitioner in the treatment process that it is important not being 'lectured'. They pleaded for a listening ear and respect. In addition, several interviewed Swedish parents also thought it important whether they perceived the social workers as being judgmental in their approach or not: whether or not it seemed as though already in the initial contacts, the social workers had 'made up their minds' that the parents had committed the acts they were suspected of. As an interviewed client said: "*They were not judgmental but kept a neutral profile, leaving it to the assessment to prove what really happened....*" "*And one kind of felt this: they had not taken a stand. And that gave us a feeling of security in a way*". This is comparable with what the Portuguese clients told interviewers about the importance of the initial contacts. During that first contact, a relationship of trust has to be built with the professionals because when the acquaintance and trust still have to be developed, the professionals can only rely on the information they have. The Portuguese clients felt it is very important that a professional makes no previous judgement, but gives clients the benefit of the doubt, making his/her judgement according to the information gathered in the interviews with the parent(s). Unfortunately, most professionals seemed to be perceived by the interviewed Portuguese clients as being 'part of the machine'. This is the opposite of the experiences of the clients in Sweden, when they told interviewers about their experiences with interventions after the assessment procedures. Here, all interviewed clients experienced that they have developed a very good relationship with their therapist. They stated that they had been listened to, had been respected and that they had been met without being lectured. According to the Swedish professionals who joined the focus group meetings, the relationship between parents and children can be affected in several ways. But what the Swedish social workers working in an assessment context described as ethically the most complicated and burdensome part, is the assessment of a family being in great need of help in order to give the children good opportunities for development, while the parents refuse to accept that help. Most interventions are based on the parents' willingness to participate. It is only in the most serious cases that coercion is applied.

In the Netherlands and Germany, the interviewed clients told the interviewers something more about the importance of the relationship with the social worker; they were very outspoken. The Dutch

clients emphasized that a relationship of trust between professional and client has to be built on confidence and safety. This means that the parent as a client has to be taken seriously by the practitioner, get the space to express his or her feelings and story. Furthermore, the practitioner should not only focus on the problems within families but also focus on the strong points. The professional has to approach the parent and his or her situation with an open mind. This also means that the practitioner has to be equipped with emphatic abilities. As a Dutch client said: *“In advance, I was rather sceptical about what de care institution could do for me. There was also a lot of distrust. But after a while, I learned to trust the practitioner; that I could accept what she advised. Due to my confidence in her I dared to open my mind more and more. So it is my experience that trust and an open mind toward each other are of great importance for a successful treatment.”* The participants of the focus group meeting in the Netherlands totally agreed with the observation of the interviewed parents: they see it as the professional’s responsibility to create a safe environment in which the parent can speak freely and without hesitation. In Germany, the results were comparable to those from the Netherlands. There, the interviewed German parents overall pleaded for professionals who are especially emphatic, dedicated, trustworthy and supportive. Whenever parents largely missed these characteristics, they did not describe a harmonious relationship of closeness and distance. With regard to the personal fit between clients and professionals, the parents mentioned as an important aspect the freedom to choose in terms of the professionals with whom they work. Furthermore, the German clients thought the professional should be able to mediate between different social and cultural backgrounds. New in comparison with the opinion of the professionals of the Dutch focus group meeting, was the perseverance of professionals, which was said to be crucial both by the professionals themselves and the clients: it constitutes a significant criterion for the success of the support. Apart from perseverance, the German clients also suggested that age, gender and specific additional support criteria play a significant role as well. All German professionals in the focus group meetings agreed with the parents’ statements. In addition, they pointed out how demanding a helpful cooperation is, especially with extremely burdened families, affected by difficult relationship dynamics. In this regard, the German professionals described the model of co-work, during which two professionals are responsible for one family; this is experienced as a relief and also ensures support continuity. This significance of a continuous cooperation was emphasized by both clients and practitioners in the Netherlands and in Germany. They all thought that when a change of practitioner is inevitable, this has to be carefully discussed with the client. Frequent changes of the practitioner who provides the treatment might disrupt the confidence needed in the treatment process. A German father was critical of the fact that the educators in one of the day-care centres where his son was taken care of frequently changed: *“Because five, six educators have changed.”* As a Dutch client commented: *“At the former institute, it often happened that I got another practitioner. Once I was a little bit familiar with her she was replaced by another. This happened three or four times. So I lost my confidence in the organization as a safe and supporting place. I got the feeling that every time the practitioner was replaced by another, I was set back to the beginning of the treatment.”* And a German client said: *“In two years, I was introduced to the fifth district social worker. I am an open book. Everyone can read it and I have had it”.* In Portugal, however, this change of professionals did not seem to be considered as a negative thing. The clients seemed to face it as something ‘beyond their reach’.

In Hungary, the interviewed clients also all underwrote the importance of a certain attitude for practitioners in the assessment and treatment process, but they did have a more negative opinion of their practitioners than the clients in the other countries had. In Hungary, many of the interviewed clients did not view professionals as their allies, rather they looked upon them as an authority or someone who controlled and threatened them in all kinds of ways. The researchers underline that the attitude of Hungarian professionals towards their clients nowadays is judgmental and humiliating; a developmental view on children is lacking. The Hungarian professionals of the focus group meeting emphasized this and wanted change, but they lacked the needed time, techniques, skills, knowledge and background support (services and supervision). According to the professionals participating in the focus group meeting, however, the new generations of social workers are more open and ready for partnership; their education is different from those who mostly started out as teachers and were then re-trained. As a professional from Hungary stated: *“It was hard, when I started to work as a social worker, to realize that it was not my task to teach parents. It took a long while to accept that they are competent and in many instances know better than I do. I was afraid that they would not take me*

*seriously, since I am not more informed, do not know more and cannot tell them what to do. It is very different from what I was taught 35 years ago."*

### *Training and education*

From workstream 1 we now know that in Germany, there are different developments concerning the education and training of professionals, such as the introduction of relevant legislation and university studies, and the development of products for the training of professionals. In Hungary, educational efforts have not been made at the national level, but were initiated and implemented by some professionals. In Portugal, training is part of the initial education of social workers, but there are difficulties in recruiting and retaining them. In Sweden, education and training is assessed in a governmental programme. In the Netherlands, hardly any attention is paid to child abuse and neglect in the initial stages of education.

What was the opinion of the participants of the focus group meetings about training and education?

In the Swedish focus group, there was a discussion about the need for special further education and perhaps even a special license for social workers involved in the assessment procedure.

In Hungary, where there is a lack of all sources, there is also a lack of education.

In Germany, the participants of the focus group meeting explained that it depends on the respective working conditions in the institutions to what extent well-educated and experienced professionals can be hired and retained in the long run: it is easier in the out-patient field than it is in the in-patient field, with its unattractive weekend and shift work. But the participants felt that the greatest need is for competent professionals, because the children and parents are often especially burdened. One participant called it paradoxical *"that in principle, the most difficult cases are coupled to working conditions that, in turn, are less attractive for professionals"*. In addition, the participants believed that more financial resources are necessary for continuing education and supervision. Qualifying personnel would contribute to promoting flexibility and multiplicity. As a German participant said: *"An ideal team is a mixture of young people, older people, men, women, and also people with a varied extent of advanced training and yes, as I said, people who have been longer at one place should be a part of it, too. There should always be new ideas"*. The German participants also suggested more training and more easily accessible counselling services for school teachers. In the wake of the new federal child protection law, the participants hoped for an increased willingness of schools to cooperate with child and youth welfare services beyond the existing collaboration in individual cases.

As already stated above (Chapter 2), in the Netherlands, the focus group meeting participants pleaded for a structural education and training for all professionals and voluntary workers who work with children at the local level. Specifically when the prevention of child abuse and neglect is involved, the participants of the focus group meeting emphasized that all professionals and volunteers working with children should be trained in how to act. Often, their confidential relationships with parents make it difficult to ask them about the abuse, especially when people working in the 'frontline' are unfamiliar with it. They have difficulty reporting it, especially when sexual abuse is involved. According to the participants of the Dutch focus group meeting, these frontline workers should be trained in this, e.g. by specialized professionals: in becoming aware of child abuse, where and how to ask advice, et cetera.

As we have mentioned earlier (Chapter 2), in Portugal, a major problem is that in some situations, it is clear that the entities competent in terms of childhood and youth (ECMIJs) are not sufficiently acquainted with the Law on the Protection of Children and Youngsters in Peril - or even with the CPCJs - and have never received training regarding these problems. Although the CPCJs make some effort to promote joint reflection, it is insufficient, for instance because schools change a good part of their teachers every year. Additionally, it was mentioned that some schools stopped having a school psychology service. The interviewed professionals thought that training for ECMIJs would be very beneficial.

## **3.2 *The method/intervention***

In this paragraph, we will describe what was said in the five countries in relation to the method/intervention used by professionals to involve the family in the process and work with empowerment, practical help, transparency and adaptability.

### *Involvement of the family*

Of the five countries, Sweden and the Netherlands are the only two countries using a lot of assessment and treatment programmes based on the system approach, which means that the family members living together as a system are involved in the assessment and treatment process. In Sweden, issues about participation have been given high priority, both by Swedish Parliament and by the Swedish Association of Local Authorities and Regions. As Swedish researchers quoted in their national report from official documents: 'The policy adopted by Parliament in December 2010 is based on the Convention of the Rights of the Child. The strategy highlights the view of children as full citizens and competent individuals to be treated with respect at all times. In all decisions in relation to the child's education, their health care and measures within social services concerning the child, the child must be given the opportunity to express its view. These views should be given due weight in accordance with their age and maturity. At the different organizations and authorities there must be knowledge about the children's rights. These bodies must have an approach which is adapted to the child's conditions in order to be able to obtain the child's views. The Swedish Association of Local Authorities and Regions points to the need of a systematic and determined effort in order to increase the participation of the patients and the clients within health care and social services. The comprehension of the client's role in interventions needs to be changed from being seen as a recipient of a treatment to a participator and co-creator of the whole process, also concerning the children'.

In Sweden and the Netherlands, the system approach is not used in all organizations/institutions, but the participants in the focus group meetings were so enthusiastic about it that they were in favour of using it in more assessment and treatment programmes. They saw it as a 'working element' in the combat against child abuse and neglect. They said that it is important to treat not only the perpetrator but the whole family living together as a system, and that the system approach treatment should be embedded in a well-developed institutional view on care. Although a lot of organizations already work with the approach, for most institutions and professionals in the Netherlands and Sweden this approach means a cultural switch of the organization, its treatments and the attitude of its professionals.

The Dutch interviewed clients were very content with the fact that not only the perpetrator received treatment but also the partner and even the child(ren). Parallel to the perpetrator's treatment, some parents received relation therapy, the goal of which was to come to a better understanding of each other and to improve their communication skills. As a Dutch client said: "Besides the aggression training, my wife and I also received relation therapy. At first there were sessions every two weeks, but now one every month. This treatment is very helpful in getting a better understanding of each other and to learn how to communicate more effectively.

In Portugal, professionals also wished for involving the whole family in the process, but a system approach is not (yet) in use. Here, the professionals participating in the focus group meetings thought this is a good idea, but in the mind of the Portuguese interviewed clients, involving the whole family in the assessment and treatment process was a bridge too far. In the interviews, the respondents mentioned that the practitioners themselves, of all people, should know what they are doing and what the best way is to proceed, even if this opinion sometimes seemed to be aired with some bitterness. A Portuguese client said: "*I do not have any advice to give them because they know better than me. I am the mother of four, but they have studied and they know better than us*". For this reason, the Portuguese researchers concluded that clients' tolerance of the intervention may be part of a coping strategy.

In Germany, family participation in decisions made in the assistance process plays an important role, not only in the expert debate but also in the law. It was seen as positive by the professionals to involve families especially in the goal agreements. Yet, the professionals in the focus group meetings were critical of the trend they observed in practice to involve clients insufficiently. One professional said that "*if clients have a limited intellect then the trend among professionals goes toward retaining information a bit because (they think): 'They do not understand it anyway'*". In addition, they criticized that within the framework of planning the assistance, there are often unrealistic goals which are rather desired by society than appropriate under the actual conditions and clients' desires.

In Hungary, the environment is not involved at all. There, the intake of case meetings that should be organized by the child welfare services in cases of abuse and neglect are visited by few professionals, despite their obligation to do so. In most cases, parents and children are not present, either: the assessment and decision is made without them. A Hungarian client related: "*We were not invited, they*

should have asked my children, they could tell the truth. We were told that it is easy to manipulate children and that it is harmful to them to participate. The law says they should be listened to; if only they had been present, who else could tell what happened? It is absurd.” However with the adaptation of the Looking After Children assessment and documentation tool, which was introduced in 1998, in principle the exploration, investigation and assessment is now based on the five dimensional needs of children; professionals have to gather relevant information, involving other stakeholders (in health, education) and involving parents and children in the process as well. According to the Hungarian researchers, there is strong resistance on behalf of the service providers to use this documentation tool properly: it takes a long time; it needs interagency cooperation; it makes the activities, plans and results visible; and it requires partnership with children, their parents and other family members. This is working formally in most instances, but no evaluation has ever been made of the outcomes. A Hungarian client related: “I was asking the social worker what they were going to do but never got any reply; she wanted us to sign the papers without reading and understanding them. We were asked many questions about the family, but she did not seem to believe me. I know the school and I also asked the health visitor, but I never got any information. It is not fair, how can I protect myself?” The Hungarian researchers stated: ‘Child protection is still not viewed as a complex issue that needs a comprehensive, holistic approach, but rather as an individual or family failure. The involvement and empowerment of children, listening to them and taking into consideration their views is not an issue. Children and their rights are not taken very seriously; the general opinion is that there are many others things in need of improvement first and this is not given priority. According to some cynical statements, in Hungary adults have never had the chance to exercise their rights, so why would they provide it for children? On the other hand, there is still a strong belief that children should first know their responsibilities and obligations and only by fulfilling these do they deserve their rights’.

### *Empowerment*

In Germany, Sweden and the Netherlands, the focus on the strong points in the families seems to be a successful working element in combating child abuse and neglect, as stated by both clients and professionals during the study. That focus is about the positive powers of the clients, essential aspects like the development of children and the intrinsic wish to be a good parent. In Germany, the interviewed clients talked about the importance of strengthening cultural identity, self-esteem, self-efficacy, self-sufficiency and developing future perspectives. In the Netherlands, during the focus group meeting, the professionals talked about a ‘new professional attitude’: ‘not judging clients but working from a relational point of view, especially in the treatment of perpetrators, thereby focusing on the strong forces within families: empowerment’. In Portugal and Hungary, the clients are not used to being active in resolving their own problems. There, empowerment is not (yet) an issue.

### *Practical help*

In all countries except Hungary, the clients explicitly mentioned in the interviews the practical help as being a success factor of the treatment to prevent and combat child abuse and neglect: it might help in solving problems and developing skills of the clients. In Sweden and Portugal, the interviewed clients and practitioners underwrote this but were not outspoken about it. In Germany, nearly all interviewed parents stated explicitly that it was helpful and a relief to receive practical support in every day requirements and precise instructions for raising the children. One German mother, whose professional visits her regularly at home, found it helpful, for example, “*that she helps me with paperwork and such things. (...) We also went to yard sales and (...) papers and also to kindergarten. (...) Or she advised me on what she should eat and what she should not eat. (...) We then bought these chairs for the old kitchen, so we could all eat together in one room. (...) Or we have such a list (...) that mother plays with the child daily for at least ten, yes ten minutes.*” In many ways, the interviews in Germany demonstrated that, for parents, it is of great importance to experience the help as being effective for their self-reliance: whether it pertains to dealing with institutions, running a household, taking care and parenting children or in the development of interests and the implementation of future perspectives and participation in society. In summary, parents described help as successful when it was need-oriented, when the families were able to deal with their problems accordingly, and when they experienced the support as empowerment: as help to become self-reliant.

In the Netherlands, a methodological characteristic of the received treatment that was often by mentioned as successful by the perpetrators were the exercises included in the programme they had

to carry out at home. This aspect of the programme, e.g. aggression training, leads to more insight in where it has gone wrong and what to do to avoid an escalation of the situation in the future, thus preventing abuse of the children. A Dutch client said: *“For me, it was very helpful to get assignments and guidelines for practice at home and the feedback on the experiences with it from the practitioner. Throughout these assignments I learned to recognize where it goes wrong and things get out of hand.”*

### *Transparency*

In all countries, the assessment and/or treatment process can be more transparent according to the interviewed clients and professionals; information is lacking everywhere, while every assessment and every treatment should be comprehensive. It is quite clear that information about what is going to happen appeared to have a positive impact on the parents, according to both the involved clients and many professionals in the research. In all countries, the interviewed clients talked about communication problems and the lack of information that often feed the fear of having the children moved out of the house. The professionals in the focus group meetings, on the other hand, talked about the difficulties they experience in translating the information to the level of the client.

In Portugal, an often mentioned issue in the interviews with clients was the absence of information from the CPCJs regarding the intervention. A Portuguese mother expressed her fear when she went to the CPCJ and did not know what was happening: *“It was very important that they explained everything to me exactly”*. Another Portuguese client stated: *“I just wanted to know what they had done that to me and what it was for. I was so scared! When you receive a letter from the CPCJ you do not think that everything is ok and that you are going to keep your child. What you think is ‘what is this? What is going on?’”* The professionals of the Portuguese focus group meeting could understand the wish for more information, but they sometimes experience obstacles to being transparent. As participant focus group meeting Cascais stated: *“Most of the time, families have difficulties in understanding what we are telling them. We try to be careful with that. We use simple, straightforward language, even regarding legal aspects. Meetings are long, sometimes with two professionals... But there are cognitive and intellectual limitations transcending this... This is a very important issue.”* And participant focus group meeting Amadora related: *“Good communication also depends on the effort of the professional. One must adapt the speech to the person being intervened and be able to empathize. Success or failure may depend on the attitude of professionals. There is indeed a difficulty in explaining, even more so when we are dealing with the immigrant population. A translation service would be important to enhance communication.”*

Furthermore, in the Netherlands, Germany and Sweden, the clients sometimes felt powerless during the assessment (Sweden) and treatment (Germany and the Netherlands) process: they had difficulties understanding the context, letters and information. In Sweden, the feelings of powerlessness were accentuated by difficulties the interviewed clients experienced in understanding letters from the social services, the police or the prosecutor. The interviewed parents described how they tried to understand the information, how they tried hard to “do the right thing”, but how they hesitated to ask questions. A Swedish client said: *“No, we have not understood it ourselves, the text is so complicated so we do not know, we have not been able to interpret it ourselves, it is all written in such a strange language. It is like that. P. did not understand either. He read, there were words like interim and stuff like that, and then you understand that it is kind of temporary, but what is temporary, and he read it over and over again. I just looked at the letter, and then I passed it on to him. It was almost like I did not even want to open the letters, know what was written in them.”* One factor which also contributed to the feeling of powerlessness was the fact that the interviewed Swedish parents very often did not know what was going to happen next, that reports were incorrect and that parents could not make the assessor correct these errors. In Sweden, when the professionals in the focus group meeting were informed of these parents’ experiences in the assessment procedure, they expressed that they could understand and recognize what the parents described, and that they were touched by the stories. The professionals understood the parents’ fear of losing their child as a consequence of the suspected child abuse. They stated that social workers are in a situation in which, very often, they cannot give any calming reassurances during the assessment procedure, as they need to gather information from several sources before they can make a judgment. As to the question of information, the professionals understood that the parents have a desperate need to know what will happen. The professionals endeavour to provide as much information as possible, but they expect to find that the information is not really “assimilated”, similar to the already mentioned opinion of the

Portuguese professionals in the research. It is hard for the professionals to know how to act in order to be able to respond to the parents' need for information. It may take various lengths of time from the first report of suspected child abuse to the completion of the whole assessment procedure, when parents finally know what will happen.

In Germany, the clients and professionals in the research not only spoke about the information concerning the assessment and treatment process, but also about information in general about the support and social system in their country. They did miss comprehensible information about the support and social system. The interviewed clients often found dealing with social services to be complex and partially counterproductive, as though the road to employment was connected with bureaucratic hurdles and disadvantages. With regard to a constructive approach to opportunities, challenges and conflicts, professionals deemed more personnel resources necessary in various governmental departments, because they saw the workload of employees as one reason for the difficult communication between clients and government offices. In addition, the German professionals would like to have good interpreters who accompany clients to offices and help them in completing forms. An example of good practice: an office in an underprivileged part of a city was described where volunteers of various nationalities provide support in completing forms. One German mother believes a mediating professional is necessary because of the disinterest of government offices in clarifying uncertainties and misunderstandings and described the following situation: *"If you have to go to a government office. Or these officials, for example, you get letters and you just do not know what to call this word or what is the meaning of this word? Yes, there are many things which we (...) do not know! Or we feel misunderstood when talking with the authorities or so. (...) Yes, we do not really know what they mean. And sometimes they talk their officialese and sometimes they really do not care whether you understood what they said or not. (...) Mr. X (...) has helped many families and also helped me a lot personally, by coming with me to appointments or he made the phone call to explain the conversation, to inform me because (...) I did not understand it properly."* Moreover, according to the German interviewed clients it would be helpful to offer workshops that teach government employees to deal with customers who are dissatisfied and who complain. Also continuing education should be offered that explain problems of clients and their effects. This could improve the relationship between government offices and clients, and the role of the professional as mediator between clients and government offices or schools.

In Hungary, most interviewed clients found the assessment frightening and lacking all the basic information they needed. They did not know who was responsible for the assessment and investigation and what kind of rights they had. They felt alone and isolated, and were frightened to speak about it. Some were trying to get informal information, from the Internet, remembering articles or TV programmes, but in most cases there was no proper source of information. The language used by the authorities and by social workers was very far removed from their everyday usage of words. Even well-educated parents had difficulties understanding the procedure and their opportunities in it. Often, they had not been told about their rights and opportunities.

#### *Adaptability: tailored services*

In Hungary, talking about tailored services with regard to different needs with the clients and professionals seemed to be a bridge too far. In the other countries, it constituted quite an important subject in the discussion of how to prevent and combat child abuse and neglect. In Sweden, the professionals claimed during the focus group meeting that 'one size does not fit all'. With this they meant that there is a need for a more flexible system, in which suspicions with different degrees of severity may be handled in different ways. According to the Swedish professionals, this in part is already the case today, but there is room for improvement. The professionals participating in the focus group meeting in the Netherlands underwrote the fact that provided treatment programmes must fit and match with the needs, competences and possibilities of the parents involved. This meant that the practitioner not only offers the programme matching best, but also that both the duration of the programme and the frequency of sessions may vary with the needs and possibilities of the parents. In that way, the programme can be made optimally client-based. A Dutch client related: *"I received a group training in avoiding domestic abuse. Due to my psychotic condition, it made clear that a group therapy was not effective for me. So the practitioner suggested an individual treatment. This switch was very good, because from then on I could open up better to the practitioner."* Related to this, the participants of the Dutch focus group meeting also stated that it is important to be aware of the specific needs of the clients, instead of only focusing on appeals for help. For example, young people often complain that

practitioners do not ask them about their needs. A simple question like “how are you doing?” is often experienced by young people as a demand to show accountability for the situation at home and betrayal of the parents.

Successful elements in tailoring services according to the German clients were: an individual fit with regard to the person providing assistance and the possibility to choose the person providing assistance. Also the gender of the practitioner plays a role. Sometimes, the setting has to be tailored to individual needs as well (e.g. child care during counselling sessions). Other elements mentioned were: long-term assistance if needed, intensive assistance, no rapid succession of practitioners, good cooperation with other institutions and creating smooth transitions from one service to another. In terms of organization, variety and intensity, the interviewed German parents focused on the perfect fit and a better orientation on the need generated by their family situation, living environment and their individual needs. It is particularly important for them to have professionals that are suitable for them or their family and with whom they can work continuously.

In Portugal, a tailored services approach is strongly advocated, according to the professionals who participated in the focus group meetings. On the one hand, it is difficult to obtain answers from clients regarding changes/improvements in the direct actions of the CPCJ, on the other hand, interviewees were able to express something like a ‘wish list’ through the involvement of other agencies.

### 3.3 *The setting/organization*

In this paragraph, we will describe what the clients and professionals during the interviews and focus group meeting (s) in the five countries related about the access and availability of services, the workload of the organizations and what is done about their accountability.

#### *Access and availability of services*

Especially the German, Swedish and Hungarian respondents had an opinion about the access and availability of services. The Portuguese and Dutch respondents did not say anything about this subject. This does not mean that it was not important to them. The German interviewed clients saw a lack of relevant information and long waiting lists as hindrances throughout the whole process. In addition, working parents complained that the institutions can barely be reached outside office hours. Criteria which were important to the interviewed German parents when getting support were the reputation of the institution and the professionals, the spatial proximity and the friendliness of employees. Parents and professionals valued the broad, differentiated offer of support and the basic security in Germany. However, professionals participating in the focus group meetings were critical of the fact that adequate support measures for burdened families are rare and funding is frequently lacking. In this context, one German mother also generalized the problem of waiting times and finally the tedious process of getting access to suitable support: “Yes, it is a difficult road you take until you find the right one. The right place. Then to be lucky not to have such long waiting times.” To make an organization optimally accessible, successful elements mentioned by the interviewed clients in Germany were: clear responsibilities of institutions, well established institutions and staff with a good reputation, immediate assistance/no long waiting times, proximity, friendly staff especially at first contact, suitable premises and help by telephone at all hours.

In Sweden, the professionals at the focus group meeting highlighted the long processing times as being a great problem. This is especially important in relation to matters involving the police and even more so when a case proceeds to the prosecutor. With respect to organizational problems, the social workers highlighted the fact that the waiting time is very long for the family before they get to know what the consequences of a suspected case of abuse will be; this can be very stressful for them.

For Hungary, it is now quite clear that according to the professionals participating in the focus group meetings, there is a big shortage of all kind of services for those not living in big cities. Moreover, accessibility is very poor both in terms of information or awareness, but also in a physical sense: distance, transportation, and money often are a serious problem. There are long waiting lists, especially at psychologists and psychiatrist, while other types of services do not exist at all.

### *Workload*

In all countries except for Portugal, the practitioners in the focus group meetings talked about a heavy workload and the overburdening of professional workers. It is a common problem in the five European countries that hinders the effective prevention of and combat against child abuse and neglect.

In Sweden, the professionals understood the interviewed parents' need for the assessment to be carried out as quickly as possible, but they described how they are often suffering from time pressure themselves. For the social workers, the heavy workload is most tangible. The Swedish social workers in the focus group meetings stated that they do not have the possibility to devote the amount of time they would have wanted to each assessment. With a more reasonable workload, they would have time to see the parents and the children on more occasions, both together and separately. It would then also be possible to work more with information and participation. Then, they would be able to share their preliminary assessment with the parents in a more understandable way in the course of the assessment. And it would be possible to create more space for the parents' own comments during the process. During the focus group meetings, the Swedish social workers expressed a strong desire to get the opportunity to make really well founded and well thought-out assessments.

In Germany, the participants of the focus group meeting observed that there are "*many young colleagues who are totally overburdened*". In this context as well, they pointed out the paradoxical situation that young professionals at the entry level often take on such a "*demanding job*". One German participant said: "*And such a responsibility for this kind of pay, yes?*" For this reason, the work is not attractive for experienced, older professionals. In this context, the participants emphasized the problem with overexertion due to sick leaves; vacant positions and vacation substitutes finally lead to burnout syndrome and to a frequent change in personnel.

In Hungary, the situation is the most extreme. Even in case conferences there is no clear division of labour, planning and evaluation, neither at the individual case level, nor concerning the work done by the helping professional or the service/institution. In most instances, it is accidental who is doing what and how, as there are too many cases to be dealt with. Hungarian researchers observed: 'The fluctuation of staff is regular at some points of the system, it takes time, especially at the courts or when forensic evidence is needed. Therefore, in many instances the cases last for years without any proper protection and support provided in the meantime. Hiring young, inexperienced social workers, often without any proper qualification, is cheaper and more safe for many municipalities. Due to the heavy caseloads, many administrative obligations and the lack of structure, there are limited opportunities for young social workers to observe and learn from the more experienced ones. They have to act as soon as they are employed with any case that occurs'. The Hungarian professionals in the focus group meeting agreed that one of the most striking issues is the lack of highly skilled professionals: lawyers, psychologists and psychiatrist are lacking. On the other hand, courts are also overloaded with cases. Because of the procedural controversies and the lack of awareness of the judges about child abuse and domestic violence, it takes a very long time to get through the procedure. The professionals' caseloads are extremely high - often over 50-100 families, depending on the location of the service. For this reasons, they themselves are not in a position to carefully assess every case; they rather concentrate on the most dangerous, urgent problems.

### *Accountability/importance of evaluation*

Only in Germany and Hungary, something has been said in this study about accountability and the importance of evaluation. The Hungarian researchers stated: 'There are no data, evaluation- and outcome-oriented analyses or cost-benefit measurements or success rates. There is no accountability, there are no consequences present in the system. If there is no reporting, no intervention, no help provided, nothing happens. Social workers are lacking systematic supervision. As neither individuals nor the institutions or service providers are accountable and their work is not evaluated or measured in any way, burnout and staff fluctuation numbers are high'.

In Germany, the participants of the focus group meeting talked about accountability in another way, namely about the evaluation of the treatment process. The participants believed that it generally makes sense to evaluate the support programmes and they described the positive response of their clients, who feel they have been taken seriously because of it. All agreed that their institutions use instruments to guarantee quality, yet not all of these instruments are considered useful in terms of their practicability and expressiveness. This mostly involves an internal evaluation at the end or sometimes also during the support process, to assess everything that has been accomplished by the support

programme and to specify any further goals. The professionals sometimes did miss an evaluation after the completion of the support, but it is impossible because of insufficient resources.

### 3.4 *The care system*

In Workstream 1, the conclusion was that there are big differences in the care systems of the five countries, with various current focal points. In Germany, there is a federal early prevention programme, aimed especially at improving the cooperation between child & youth welfare services and the public health care system. The child and youth welfare authority has to ensure a variety of services. The help is often unrelated to problems like psychological violence. In addition, many forms of help are available for child endangerment and for less severe problem situations. In Hungary, there is a lack of services for population groups at risk; neither is there a service for perpetrators and hardly any help is available for victims and witnesses, such as children. In Portugal, there is the ECMIJ and a strong focus of services on perpetrators of domestic violence in general: there are no programmes especially targeting abusive parents. The care for victims is laid down in legislation. In Sweden, interventions for families and children are undertaken within the framework of the same interventions at the universal level. They work with Children's Houses. In the Netherlands, several universal services are integrated in the Centres for youth and families, while child protection has been separated from youth care. In this paragraph, we will describe what has been said by the professionals and clients about their care system, especially (when present) about the integrated services, the role of the school in the system, the match with the judicial system, the fear and shame factor and the reporting of professionals within the care system.

#### *Integrated services*

In each country, the integration of services has taken another form. In Germany, in the new Federal Child Protection Act the emphasis is on cooperation between different systems. In Hungary and Sweden, the obligation of integration of services is laid down in legislation. In Portugal, Sweden and the Netherlands, the integration at the local level has been put into practice the most: organizations work together in spotting, preventing and combating child abuse and neglect. In Portugal this happens through the CPCJs, in Sweden through the family houses and children's houses (different initiatives) and in the Netherlands through the care and advice teams, safety houses, et cetera.

In Portugal, this integrated support was valued very much by the interviewed clients. An element evaluated positively was the integrated support deriving from the intervention of the CPCJ, working in connection with schools, NGOs, health centres and hospitals, housing, et cetera. The integrated support was also positively valued by the Portuguese professionals. Yet, they had the feeling that the integration cannot always be achieved or, at least, not in the best possible way. Better integrated service care can be attained by the designation of a key worker for each case, according to the professionals. The so-called 'integrated approach' was also highly valued by the professionals, yet they felt that this cannot always be achieved in the best possible way, either. As a participant of the focus group meeting of Cascais said: *"The response capacity of the mental health area could be much better. It is very hard to get psychological or psychiatric counselling. It is often necessary to resort to private services because the public sector is not swift enough. We use some private organizations we know because official services do not work properly"*. Professional focus group meeting Amadora stated: *"In cases of alcoholism or drug addiction, the answers are not effective within a useful timespan. Often we anticipate a negative outcome but we have no capacity to act differently."*

In the Netherlands, there is the RAAK approach. The various youth care organizations in the region made a joint plan of action to combat child abuse, which targets the entire process of prevention, detection, intervention and assistance. To achieve this in the different regions, partnerships were formed with organizations that work with parents or children, training activities are organized to identify child abuse, and regional action protocols are established. The evaluation of the Raak approach shows that they have invested a lot in identifying and reporting child abuse, but prevention and cure received less attention. The respondents in the Dutch study mentioned a number of problems especially with regard to the effective cooperation of the various institutions. The first problem is that many agencies are involved in the care for these families. The central coordination for this assistance,

according to the participants of the focus groups, should be the responsibility of the Youth and Family Centres (CJGs). The municipalities are free, however, to decide how they want to realize the prevention of domestic violence, with the consequence that there is no uniform policy. This means that it is not obvious that in all communities, practitioners of the CJG play a coordinating role in the prevention of child abuse. As a result, every institute is only partly responsible for the support or help offered to a family, but none of them is responsible for the whole process, which means that the care remains fragmented. Another problem is that information about these families is not shared with other institutions because of privacy legislation. More investments in the Youth and Family Centres are necessary to get a better climate for reporting, preventing and combating the abuse and neglect, according to the professionals who participated in the Dutch focus group meeting. Such investments are especially necessary with an eye to the transition of care from the Dutch youth care system to the municipalities. In 2010, the national Government initiated a phased transition of all child and youth social care tasks to the municipalities. This means that municipalities can develop their own policy on children and youth, independent from the national government under the condition of duty for care. This transition is part of the decentralization of social policy from the national government to the local governments, based on the new Social Support Act. By 2010, every municipality was to have opened a Youth and Family Centre which has to be easily accessible for everyone with questions or in need of advice or help concerning children and young people. But it also means that citizens become more responsible for solving their limitations and problems in obtaining a liveable situation and a meaningful life. Concerning this condition and the reality that there always will be people who need help and support on a continuous basis, the participants of the focus group meeting noted that the Dutch government should develop a more sophisticated view on preventive interventions within families who are at great risk of child abuse. They also stated that more finances and support are needed for families who will never get out of the youth care system: there is no policy, no view on and no finances for this group. It is remarkable that only the Salvation Army might structurally help these families.

Besides an integrated approach, in general the interviewed German parents would like to have a good, constructive and transparent cooperation. For example, one mother answered the interviewer's question about the cooperation of the participating facilities thus: *"There was a help conference once a month. All professionals met and discussed for example the situation in the families. Which I thought was OK. This is the only way to exchange information, the only way to learn."* If at the end of the requested support a transition to a new support programme takes place, on the one hand a smooth transition plays a role and on the other, the orientation of the follow-up measure, based on the actual need and conditions of the family. In this context, one German mother complained that the suggested subsequent assistance did not meet her family's needs, neither in terms of time nor in terms of content.

In Hungary, there is no integration at all. Exemplary is this quote from a Hungarian client: *"The shelter staff was very caring and nice but the authorities and doctors refused to help. I could see the social worker trying on several occasions; they even accompanied us to the hospital and could not get through."* As a researcher said: 'In Hungary, compared to the legislation on child protection, the other related areas are not in harmony. While mandatory reporting and intersectoral cooperation have been a primary aim of former government policies, in practice not many steps have been taken'.

### *Role of the school*

In the Netherlands, the professionals in the focus group meeting pleaded for a bigger role of the school in detecting and preventing especially psychological abuse and neglect. They thought this should get more attention when speaking about the prevention of and combat against child abuse and neglect. Contrary to the Netherlands, in Portugal the role of the school is very strong. Here, the professionals in the focus group meeting agreed that most referrals come from schools. They pointed out that a reason may be that schools are obliged to refer when a pupil fails to attend a certain number of classes. The most reported reason behind the referral to the child protection system is therefore school absenteeism, but in some cases school absenteeism seems to derive from significantly deeper problems regarding the school system. However, they also pointed out that school absenteeism is just the tip of the iceberg and that when there are more problems, families tend not to take responsibility for them and to 'normalize' them. As participant focus group meeting Cascais related: *"Schools are top referers but not only because of absenteeism. In fact, if it is just a matter of absenteeism, intervention is re-directed again to school. Schools refer for maltreatment, neglect and risk behaviour. It is easier for*

parents to identify only absenteeism and to perceive and accept this as the problem". Participant focus group meeting Amadora observed: "Parents tend to retain what gave cause to the process and it is easier for them to assume that the situation is related to school, absenteeism, possibly dropping out. Because in that way it turns into a problem of the child and not a problem of the parents. They assume they are referred because of the child and not because of them."

In Germany, the school may play an important role in the whole process as well. Clients emphasized the positive, transparent cooperation of professionals with the school. Professionals in the focus group meetings called for an increased willingness of schools to cooperate with child and youth welfare services beyond the existing collaboration in individual cases.

Unfortunately, in Hungary the schools do not want to be part of the referral process. The Hungarian researchers conclude: 'Schools are often a problem, as they do not want to take into consideration the effects of trauma on children; they expect them to behave well and study, or else want to get rid of those "problem" children. They do not provide services to children or families even in bullying cases'. As a Hungarian client related: *"My sons are attending a Catholic school where they do not believe sexual abuse can happen; they think it is my imagination only. Despite all the facts and documents they wanted me to send my children to another school, as this case can have a bad influence on their reputation and my children may "poison" other kids by telling them what happened. I do not feel this is professional behaviour; I feel sorry for my children, they have gone through enough and on the top of it all they should change school as well."* A Hungarian professional said: *"The school does not want to face the bullying taking place on its premises; it rather blames the parents whose children are involved, either as offenders or as victims. They do not want any programme to teach children how to prevent or handle these cases. It is their responsibility, I am not there, and they should help to protect the children during the day. Now they want school guards instead of a social worker or a psychologist in the school. I cannot believe it"*. In the Swedish study, nothing was said about the role of the school.

### *Fear and shame factor*

In all countries there is fear and shame among clients in the assessment and treatment process.

In Sweden, the assessment procedure is a considerable strain on the families, resulting from the interviews conducted with clients. The experience of powerlessness, fear and lack of participation in the assessment procedure was a major theme during the research. An interviewed mother described a transformation, from having been an active person with the experience of being in control of her own life, to a situation in which she did not know what would happen from one day to another, but found herself waiting. The assessment procedure provoked a strong fear in several families of maybe losing their child. As an interviewed Swedish family related: *"It is like an earthquake...try to understand that very powerful emotions are involved. It is terrible. It turns everything upside down. It is like an earthquake. And an earthquake is a traumatic experience. This is traumatic"*. During the assessment procedure, everywhere the overriding fear is that the child will be taken away from the parents. But also before the assessment and treatment process, Swedish parents are reluctant to seek help themselves for their difficulty in controlling their emotions in relation to their child, or to bring up such difficulties in already ongoing contacts. The Swedish mandatory reporting system implies that every disclosure about any form of corporal punishment or other abuse leads to the launching of a course of events where the social services and in certain cases the police are involved. This fear of seeking help may infer that many children and families in need of help do not receive it. This is exactly the same in the Netherlands. During the interviews, like the Swedish clients, the Dutch clients not only talked about that fear in the assessment and treatment process but also in the preceding process, when they were looking for help. In the Netherlands, there are a lot of social institutions that provide care, help and support with regard to child raising and child abuse. These institutions are mostly positioned in communities at the local level. Their existence and imago, however, are not always known to parents who are looking for help. Most of the respondents expressed unfamiliarity with and have questions about what they do and what they might mean to them. It is often the case that parents experience a strong reluctance to seek help because of their fear that the institution will take away the children, like in Sweden.

In Portugal, the fear of getting entangled in the judicial system or having their child(ren) taken away improves parents' acceptance of the intervention. The Portuguese clients merely had no motivation to start the intervention process. Regarding their attitude towards the institutions, the interviewees could be split into two groups. The first group looked upon the intervention very critically and

negatively; the second group was rather critical and seemed to accept intervention more or less passively, without much reasoning. As a Portuguese client said: *“I had the idea that getting into this would be complicated, because those who do not have problems are not intervened. I had no idea about the intervention they could do. Only what you see on television, that they take the kids away from their families”*.

Except for their fear while looking for help, during the assessment and treatment process and while accepting the intervention, the interviewed clients in all countries also talked about their shame of having committed or being suspected of child abuse. This of course also has to do with how the person looks upon him/herself. As a German client related: *“Because this (support) has something to do with socially disadvantaged families and the children did not want to be seen as such”*. In Hungary, non-offending parents were often struggling with the prejudice and judgmental approach of the professionals and public opinion. There is a notion that they have failed to protect their children (themselves), or it is not believed they were unable to stop it. In most cases, there is no exploration of the root causes, no deeper understanding of the circumstances or other factors; only the symptoms are tackled. In the light of the lack of awareness-raising campaigns, media attention paid to prevention, protection of the victims, information provided to parents and children, it is hard for clients to not blame themselves in the first place, or to believe the victimized child in cases of sexual abuse. According to the Hungarian researchers, the traditionally very paternalistic and autocratic attitude towards clients in Hungary has to be changed.

### *Reporting professionals*

What has been said by the clients and professionals about the reporting of professionals?

In Germany, the participants of the focus group meetings approved that, compared to some other countries, Germany does not have an “excessive reporting system”. There, it is seen as positive that, on the one hand, there is ‘government supervision’ and control; on the other hand, there is sufficient time for tailored cooperation with the clients and, in general, there is “still discretion and mindfulness and such a variety”. The professionals primarily discussed § 8a of the German Social Code (SGB) Book VIII, which was implemented in 2005 to substantiate the protective mandate of child and youth welfare and to regulate procedural steps in the event of suspected child endangerment. They judged the legal innovations as positive because these lay down a clear framework that can be realized in practice. In the implementation, however, on the one hand they see the increasing fear of professionals to make procedural mistakes which might hamper the supportive relationship with clients. On the other hand, they also see the risk of losing sight of the primary goal, which is to help people as best one can, through an overrating of the procedural logic. This fear also constituted an outspoken issue in the other countries. In the Netherlands, despite the Advice and Reporting Centres on Child Abuse and Neglect (AMK’s) and the recent presence of the Youth and Family Centre, the participants of the focus group meeting emphasized that it still seems difficult to spot and report child abuse and neglect, especially when sexual abuse is involved. The participants of the focus group meeting stated that they sometimes experience a lack of feedback caused by the duty of professional confidentiality: they might be afraid of harming an existing confidential relationship with their clients. They do want feedback to become a part of the process. On the other hand, according to the participants of the focus group meeting, the institutions involved are easily accessible and there even is a hotline where one can report suspicion of child abuse and neglect. A lot of people are reserved when it comes to reporting because of the private character of the topic. This is especially the case when there is a suspicion of sexual abuse. Furthermore, the reporting is often about physical abuse, not psychological abuse, although this is increasingly becoming a problem in the Netherlands, according to the participants of the focus group meeting.

In Sweden, the threshold for reporting is low, but when it comes to interventions a lot depends on whether the parents themselves agree to collaborate. Yet, the threshold for coercive measures is much higher than that for starting an assessment. In the focus group meeting, the Swedish social workers stated that, in their experience, it could also be a taboo to reflect on the issue whether or not to proceed with a police report when a child has told about being abused. The question the social workers ask themselves in this situation is what the legal procedure may imply for the child, what processes they actually trigger by filing the report. These concerns must be understood in light of the fact that the ensuing processes often will be going on for a long time, seldom leading to any legal consequences for the suspect. The professionals pleaded for a flexible system, in which suspicions of different

degrees of severity could be dealt with in different ways. This is partly the case already today, but there is room for improvement.

In Hungary, many social workers and professionals are struggling with their reporting obligations, especially to the police. As researchers stated: “Despite the clear mandatory reporting obligation in the legislation, a very limited number of cases are reported; even in cases of referral most of them ‘cannot be proven’ or there is no evidence. Assessments are often not made systematically, despite the availability of the LACH (Looking After Children) assessment and a data gathering system that should be used and forwarded to the authorities in each and every case. Child welfare services often do not know any technique or method to help the child and the family, since specialized training is available only to a very limited extent and such services are missing as well. Both in the shelters and at the child welfare service, the roles of the professionals are mixed due to the lack of adequate resources. At both places, however, there are psychologists who provide therapy. The assessment and other forms of interventions are not based on local or national protocols; standards therefore seems to be quite accidental”.

### 3.5 *Society*

#### *Public opinion*

In Hungary, the researchers stated that public opinion is very divided when it comes to child abuse. Emotional abuse, verbal abuse and a lack of affection are often not seen as a form of abuse. The wide acceptance of corporal punishment, the lack of awareness of the need to believe children and take their opinion into consideration when they come from ‘good families’ are all signs of the extent of the problem. While sexual abuse is mostly taken seriously, there is still a strong public view that it only happens in “bad” families or in Roma families ‘where this is a cultural tradition’. Child abuse is not a taboo; rather it is not believed to occur as frequently as the professionals estimate. Parents complained during the interviews that they are blamed for being unable to protect themselves and their children in cases of abuse. As a Hungarian client said: “I feel often as if I were the one committing the abuse. I am not valued as a competent parent; they tell me I should have done much more”. It also depends on where one lives in Hungary. In smaller towns or villages in the countryside, where people know each other and the value system is more rigid, denial and rejection are the most frequent reaction, especially if the family is a well-settled, ‘good family’. The researchers from Hungary further stated: ‘Following a very promising development in the last fifteen years, there has been a decrease in interest and investment in tackling child abuse. Recently, important steps have been taken, like a new methodology outline published by the National Institute of Child Health, following widespread consultation with all the stakeholders and the launch of their website on child abuse’.

How different the situation is in the other four countries, where a lot happened in the last decades on this subject; yet, each country still has its own problems with public opinion. The biggest difference with Hungary is Sweden, where there is a strong public opinion against child abuse. Child protection is deeply rooted in Swedish legislation. This is a clear part of the culture. The Swedish model, with its legislation providing an unambiguous statement that child abuse in all its forms is forbidden, contributes significantly to the protection of children. Public opinion to a large extent corresponds to what is expressed in the law. Its strong opinion is associated with the great shame attached to the suspicion of having been guilty of such a crime. The most important advantage of the Swedish model is that it seems to lead to low rates of child abuse, which implies that children in Sweden are well protected: everybody, even small children, knows that child abuse is forbidden. The system is very clear; there is no ambiguity. The disadvantage is the social isolation of families because of shame about what happened, which makes it difficult to communicate about it: the families try to hide their problems.

In the Netherlands, there is still a taboo concerning the suspicion of child abuse and neglect, especially when it involves sexual abuse. Thanks to the government’s intensive publicity campaigns, everyone in our country at this moment knows that child abuse exists. Yet even though everyone agrees that child abuse is terrible, the subject still often is a taboo. The public campaigns by the government involve bystanders to some extent in dealing with child abuse, by informing them about

signs of child abuse and encouraging them to report (suspected) child abuse. Nevertheless, neighbours, football coaches, but also doctors and teachers do not know how they should raise this issue with the parents. They are often afraid of how people will respond to the accusation of (suspected) child abuse.

Besides an active public campaign by the national government, there are various initiatives to lower the threshold for reporting (suspected) child abuse. Although more cases of child abuse have been reported, still the reports filed at the Advice and Reporting Centres on Child Abuse and Neglect (AMK's) constitute only the tip of the iceberg. The number of reported cases of child abuse is much smaller than the number of cases of child abuse. Many researchers argue that the number of children abused is probably about ten times higher than the number of officially registered cases. The professionals in the focus group indicated that it is important that people in the direct environment of children learn to identify child abuse and know what the consequences of this abuse are. A bottleneck is that there is still much uncertainty about 'what child abuse is'. People are easily scared of falsely accusing parents, damaging the relationship with the parents as neighbours, football coach or teacher. This especially applies when it comes to serious allegations, such as sexual abuse. In particular professional groups and volunteers who deal with children should be more able to distinguish between mild forms of parental neglect, parental problems or more serious forms of child abuse. For milder forms of child abuse, the support and involvement of relatives and fellow rearing adults, like teachers and neighbours, can be crucial to stop and to prevent worse from happening. These stakeholders need to be aware about what they can do, and when outside intervention is required (and therefore one should report). The parents and professionals participating in this study emphasized the necessity of training all practitioners and volunteers in reporting and acting. It is therefore necessary that knowledge in the form of tools and good examples will become available to all stakeholders, professionals and non-professionals, to enable them to identify (the severity of) child abuse and learn how to talk with parent when children are faced with such security issues. Professionals in the Youth and Family Centre can play a key role in this strategy. They can strengthen the informal social support around families and encourage parents to raise their voices to take responsibility in tackling child abuse.

In Portugal, a low educational level and early school-leaving still characterize large proportions of the Portuguese population, despite clear improvements in the last decades. This characteristic seems to be largely reflected in the results. School absenteeism represents the main reason behind referral, but simultaneously this is only the tip of the iceberg regarding child abuse and neglect, as this is concomitant with other problems. This situation is fostered by the prevalent naturalization of particular dimensions of neglect and abuse, connected to the detected generational reproduction of violence. Parents often regard intervention after abuse and neglect solely as a matter of the child and not of the household as a whole! In addition, it became clear throughout the interviews, that in most cases, other forms of neglect, violence and physical abuse are/were present to a greater or lesser extent. This abuse does not come to the surface more immediately because of shame, on the one hand, but also because it is considered a "natural" thing, on the other hand. As a Portuguese client said: "*She was skipping school too much. I had to beat her because she was behaving badly, very badly indeed!*" Another Portuguese client told the interviewers: "*I had to beat her so that she would learn! She was in third grade and she could not tell the letters apart. It was irritating and I had to beat her!*" It was relatively common for the respondents to express the feeling that action was taken against them because they still cared about their children, while the system fails to take a good look at the 'really' negligent parents. This seems to largely reflect a disclaiming of responsibility that, most probably, comes along with the naturalization of abuse and neglect. Regarding these results from the interviews with clients, professionals agreed that mainly physical abuse is seen as a natural thing. The participants of one focus group meeting debated more specifically about the situation among the population of African origin. Practitioners shared the opinion that it is not just a matter of naturalization but a cultural issue as well. The participants in the focus group also shared the concern that there is a higher probability of a child with a lower socio-economic status being referred than a child with a higher socio-economic status.

In Germany, in the focus group meeting the participants discussed discrimination and the societal causes of problems. There, the low societal valuation becomes manifest in the experiences of the clients. Several parents reported discrimination and stigmatization in schools and government offices due to their familial, social and cultural background. The professionals confirmed the problem and wished for more personnel resources, e.g. in the form of interpreters. But they also wished for a more

respectful attitude of all involved and a better cooperation between professions. The professionals also pointed out that an individualized viewpoint focused on the clients alone is insufficient. Fundamental problems of families such as bad living conditions, poverty, precarious working conditions or unemployment are also caused by society.



## 4 *Conclusions and recommendations*

*Do national prevention strategies and actions against child abuse and neglect correspond to what works in practice, as experienced by parents and professionals?*

The aim of the research was to generate information about the experiences of parents and professionals concerning the prevention of child abuse and neglect (CAN). In this chapter, we will draw conclusions from the results of the research and give recommendations. The research was meant to explore. The results can be used as an indication.

### *The research process*

The first phase of this study involved a total of fifty interviews with parents (ten per country). The second phase consisted of (a) focus group meeting(s) with professionals. The goal of this mixed method was to obtain insight information about the subject matter, which is hard to achieve solely through in-depth interviews. Furthermore, by using this mixed methodology we have obtained a greater sense of validity when it comes to adequately portraying and representing each target group. All five countries made a national report on the results. Bases on the reports and the discussion about the results during the international meetings, the Verwey-Jonker Institute wrote the international report. The main conclusion of the research process is that recruiting parents and professionals in almost every country took a lot of energy and time, caused by different obstacles:

- Recruiting the respondents conflicted with the main tasks of the professionals, who have a high workload and lot of 'extra' activities to participate in.
- Professionals hesitated to mediate the contact between client and researchers for confidentiality reasons.
- Child abuse is a sensitive issue: it is associated with shame, which may lead to the refusal of parents to take part.
- The criteria for inclusion: e.g. the assessment procedure and treatment had to have ended or the treatment programme had to be completed in the near future.

### *The vignettes: how to handle child abuse and neglect in the different countries*

In one part of the focus group meeting (s), the discussion was initiated by presenting vignettes or case studies that were elaborated by the partnership during an international meeting. This approach was chosen because knew already from workstream 1 that the child welfare systems and policies of the five countries are very difficult to compare. By submitting the same vignettes in each country, similarities and differences were uncovered in the discussion about what would and should be done in each country in the particular situation described by the vignette. Concerning physical and sexual abuse and neglect, there are big differences between the five countries in detecting and reporting it, according to the results of the focus group meetings with professionals in all countries. Each country differs in the steps to take after reporting and detecting with respect to the assessment and the social services. In some countries, the fact that a victim comes from a middle-class family might hinder the process. The role of the (step-)father is a different one everywhere as well. When physical abuse has occurred, after reporting in Portugal the child will be examined medically. In Sweden, a medical examination will take place in the cases of physical and sexual abuse if there is a chance of finding 'traces'. But there are more similarities than differences, according to the participating professionals: similar for all countries is that the process between detection and assessment and assessment and intervention can be a long process everywhere. Another similarity we found in the research concerning the vignettes is that in all countries (more) training for professionals and voluntary workers is necessary in detecting, reporting and combating child abuse and neglect. Professionals participating in the focus group meetings in all five countries also emphasized the need to pay more attention to child abuse and neglect at

schools. Furthermore, in every country the focus group participants emphasized that preventive interventions might play a (bigger) role in preventing and combating child abuse and neglect in families at risk.

### *Comparing the countries on different topics from the perspective of professionals and clients*

In this report we described the differences and similarities between the five countries from the perspective of the interviewed parents and the practitioners who participated in the focus group meetings. We compared them on five different topics: the professional, the method/intervention, the setting/organization, the care system and the societal level. Because of the fact that, during the focus group meeting(s), we discussed the results of the interviews with the parents, sometimes more has been said about a certain topic by the practitioners than by the interviewed clients. We hereby again explicitly note that the research has been done among just a select group of respondents, to explore the topic; therefore, the results can only be used as an indication. In workstream 1, the conclusion was that there are big differences in the care systems of the five countries, with various current focal points. Notwithstanding these big differences, it is remarkable that in workstream 2, we found more similarities than differences in the experiences of the parents and professionals in the different countries concerning the prevention of and combat against child abuse and neglect.

#### *A. The professional/practitioner*

Remarkable is that in all five countries except for Sweden, the status of the professional involved in the assessment and treatment process is very low according to the interviewed professionals. In Sweden, there is a big difference between the professionals working in the assessment procedure and the professionals involved in the treatment procedure; the Swedish practitioners urged the necessity of a higher status for the social workers in the assessment process. This need does not apply to the social workers in the treatment process. In the other countries, there is no difference between these two: there is a lack of appreciation and acknowledgement. The professionals participating in the focus group meetings mentioned the need for a special license for child and family social workers, with education, higher salaries and enough time allocated to create trusting relationships with families. The acknowledgement and appreciation for their work is a very crucial factor everywhere in preventing and combating child abuse and neglect. In Hungary, however, the status of the professional is not comparable to the other four countries since this is the only country where there are no professional standards and protocols on how to handle any type of abuse and neglect.

Another similarity between the five countries is that all clients and most professionals involved in the research underwrote a certain attitude to be adopted by practitioners in the assessment and treatment process. In particular, they should not be judgmental and create a relationship of trust, according to the interviewed Portuguese and Swedish clients. The Dutch and German clients noticed that a social worker must have a lot of capacities, such as emphatic abilities, being trustworthy and supportive and focusing on the strong points within families. The participants of the focus group meetings in the Netherlands and Germany agree with this observation of the interviewed parents. In Hungary, the interviewed clients also all underwrote the importance of a certain attitude to be adopted by practitioners in the assessment and treatment process, but they did have a more negative opinion of their practitioners than the clients in the other countries had. In Hungary, not many of the interviewed clients viewed professionals as their allies; they rather looked upon them as an authority or someone who controls and threatens them in all kinds of ways. The Hungarian professionals participating in the focus group meeting emphasized this view of the clients and wanted change, but they lack the needed time, techniques, skills, knowledge and background support (services and supervision).

#### *B. The method/intervention*

Of the five countries, Sweden and the Netherlands are the only two countries that use a lot of assessment and treatment programmes based on the system approach, which means that all family members living together as a system are involved in the assessment and treatment process. The Dutch interviewed clients were very enthusiastic about it. In Germany, family participation in decisions made in the assistance process plays an important role, not only in the expert debate but also in the law. It is seen as positive by the practitioners who involve families especially in the goal agreements but the professionals in the focus group meetings were critical because they saw a trend in practice to involve

clients insufficiently. In Portugal, the professionals participating in the focus group meetings wished for more involvement of the family system in the process, but the interviewed Portuguese clients thought this is a bridge too far. In the interviews, the respondents mentioned that the practitioners themselves, of all people, must know what they are doing and what the best way to proceed really is. In Hungary, the environment is not involved at all, according to the participants of the focus group meetings. In Germany, Sweden and the Netherlands, the focus on the strong points in the families seems to be a successful working element in combating child abuse and neglect, as both clients and practitioners reported during the research. This focus relates to the positive powers of the clients, essential aspects like the development of children and the intrinsic wish to be a good parent. In Portugal and Hungary, empowerment is not (yet) an issue. In Germany and the Netherlands, the interviewed clients also mentioned the practical help in the treatment as a success factor in preventing and combating child abuse and neglect: it can help solving problems and developing the clients' skills. In Sweden and Portugal, the interviewed clients and professionals underwrote this but they were not outspoken about it. In Hungary, the clients did not mention it in the interviews. Similar in all countries is also the lack of transparency concerning the assessment and/or treatment process, according to the clients and often also the professionals involved in the national studies: everywhere the respondents mentioned the absence of information and communication problems, leading to the fear of parents that the children would be moved out of the house. The involved professionals in all five countries spoke often about difficulties in translating the information to the level of the client: it is often hard for the professionals to know how to act in order to be able to respond to the parents' need for information. In addition, the German professionals wished for good interpreters who would accompany clients to offices and help them in completing forms. An example of a good practice from Germany: an office in an underprivileged part of a city is described where volunteers of various nationalities provide support in completing forms. In almost every country, all professionals emphasized that the provided intervention programmes should fit and match the needs, competences and possibilities of the parents involved. Dutch and German interviewed clients emphasized this as well. According to the German clients, successful elements in tailoring services are: an individual fit regarding the person providing assistance and the possibility to choose the person providing assistance.

### *C. The setting/organization*

Especially the German, Swedish and Hungarian clients told their interviewers a lot about the importance of accessibility and availability of services. Criteria important to the interviewed German parents when getting support were the reputation of the institution and the professionals, the spatial proximity and the friendliness of employees. Both parents and professionals valued the broad, differentiated offer of support and the basic security in Germany. However, a criticism of the professionals participating in the focus group meetings was that the adequate support measures for burdened families are rare while funding is often lacking. To make an organization optimally accessible, successful elements mentioned by the interviewed clients in Germany were: clear responsibilities of institutions, a well established institution and staff with a good reputation, immediate assistance/no long waiting times, proximity, friendly staff especially at first contact, suitable premises and help via the telephone at all hours. In Sweden, at the focus group meeting the professionals highlighted the long processing times as a great problem. This especially applies to matters in which the police is involved and even more when a case proceeds to the prosecutor. For Hungary, it already is quite clear that the professionals participating in the focus group meetings sketched a great shortage of all kinds of services for those not living in big cities. Accessibility is very bad, both in terms of information and awareness but also in a physical sense: distance, transportation, and money often are a serious problem. There are long waiting lists, especially at psychologists and psychiatrist, while other types of services do not exist at all.

Striking is that in all countries except for Portugal, the practitioners who participated in the focus group meetings said to experience a heavy workload and overburdening of professional workers. It is a common problem in the five European countries, which hinders the effective prevention of and combat against child abuse and neglect.

### *D. The care System*

In Workstream 1 the conclusion was that there are big differences in the care systems of the five countries with various current focal points. In each country there are other forms of the integration of

services. In Germany the cooperation between different systems is stressed in the new Federal Child Protection Act. In Hungary and Sweden, the duty of integration of services is laid down in legislation. In Portugal, Sweden and the Netherlands, the integration at the local level has been put into practice the most: organizations work together in spotting, preventing and combating child abuse and neglect. Portugal has the CPCJs, Sweden the family houses and children's houses (different initiatives), and in the Netherlands there is the RAAK approach: three different youth care organizations within the region made a joint plan of action to combat child abuse, aimed at the entire process of prevention, detection, intervention and assistance. To achieve this in the different regions, partnerships have been formed with organizations that work with parents or children, training activities are organized to identify child abuse, and regional action protocols are established. In Portugal, this 'integrated approach' was also highly valued by the professionals involved in the focus group meetings. There is the feeling, however, that this cannot always be achieved in the best possible way because of a lack of capacity. In the Netherlands there also seemed to be doubts about the efficacy of the actual system during the focus group meeting. There are many projects targeting child abuse and neglect, but they are not well embedded and there is no cooperation. More investments in the Youth and Family Centres are necessary to get a better climate for reporting, preventing and combating the abuse and neglect, according to the professionals who participated in the focus group meeting.

In the Netherlands, the professionals in the focus group meeting also pleaded for a bigger role of the school in detecting and preventing especially psychological abuse and neglect. They thought more attention should be paid to this when speaking about the prevention of and combat against child abuse and neglect, as is already done in Germany and Portugal. The reason is that, contrary to the Netherlands, the role of the school is very strong in Portugal. Here, the professionals in the focus group meeting agreed that most referrals come from schools. They pointed out that this may happen because schools are obliged to refer when a pupil fails to attend a certain number of classes. Therefore, the most reported reason behind the referral to the child protection system is school absenteeism, but in some cases, school absenteeism seems to derive from significantly deeper problems regarding the school system. However, they also pointed out that school absenteeism is just the tip of the iceberg and that there are more problems. In Germany, the school may play an important role in the whole process, too. Clients emphasized the positive, transparent cooperation between the professionals and the school. Professionals in the focus group meetings called for an increased willingness of schools to cooperate with child and youth welfare services, beyond the existing collaboration in individual cases. Unfortunately, in Hungary, the schools do not want to be part of the referral process. Schools there often pose a problem as they do not want to take into consideration the effects of trauma on children. They expect them to behave well and study, otherwise they want to get rid of those "problem" children.

Similar to interviewed clients in all countries is the fear and shame of the assessment and treatment process, which is an obstacle to looking for help. Except for fear of looking for help, during the assessment and treatment process and for having to accept the intervention, the interviewed clients in all countries also talked about the shame of having committed or being suspected of committing child abuse.

Another similarity concerning the care system is that the reporting of abuse by professionals seems a problem in all countries, according to the results of the focus group meetings. It is difficult to report when you are in a confidential relationship with a client: professionals in the Netherlands said that they are afraid of harming it, especially sexual abuse was involved. In other countries the participating professionals mentioned the concern that reporting (especially to the police) might put further strain on the child. In the Netherlands, the government is busy setting up a reporting system which is also aimed at 'frontline workers', such as volunteers.

### *E. Society*

In Hungary, the researchers stated that there public opinion is very divided when it comes to child abuse. Emotional abuse, verbal abuse and lack of affection are often not seen as a form of abuse. Signs of the extent of the problem are the wide acceptance of corporal punishment, and the lack of awareness of the need to believe children and take their opinion into consideration when they come from 'good families'. While sexual abuse is mostly taken seriously, there is still a strong public view that it only happens in "bad" families, or in Roma families, 'where this is a cultural tradition'.

How different the situation is in the other four countries, where a lot happened in the last decades regarding this subject. Yet, each country still has its own problems with public opinion. The biggest difference with Hungary is Sweden, where there is a strong public opinion against child abuse. Child protection is deeply rooted in Swedish legislation. This is clearly part of the culture. The Swedish model, with its legislation providing an unambiguous statement that child abuse in all its forms is forbidden, contributes significantly to the protection of children. Public opinion to a large extent corresponds to what is expressed in the law. This strong opinion is associated with the great shame of being suspected of being guilty of such a crime. The most important advantage of the Swedish model is that it seems to lead to low rates of child abuse, which implies that children in Sweden are well protected: everybody, even small children, knows that child abuse is forbidden. The system is very clear; there is no ambiguity. The disadvantage is the social isolation of families because of their feelings of shame about what happened. This makes it difficult to communicate about the abuse: families try to hide the problems.

In the Netherlands, there still is a taboo concerning the suspicion of child abuse and neglect, especially with regard to sexual abuse. In such cases, nowadays it is also difficult to say something about the behaviour of other people. Moreover, despite the recent presence of the Youth and Family Centre, it still seems difficult for the Dutch to detect and report child abuse and neglect, especially sexual abuse. The reporting often concerns physical abuse, not psychological abuse, although the latter is becoming a bigger and bigger problem in the Netherlands. In particular professional groups and volunteers who deal with children should be more able to distinguish between mild forms of parental neglect, parental problems, or more serious forms of child abuse. For milder forms of child abuse, support and involvement of family and fellow child-rearing adults such as teachers and neighbours can be crucial to stop and to prevent worse from happening. These stakeholders need to be aware about what they can do and when outside intervention is required (meaning that one should report). The parents and professionals within this research emphasized the necessity of training all professionals and volunteers in reporting and acting. It is therefore necessary that knowledge in the form of tools and good examples will be available for all stakeholders, professionals and non-professionals, to enable them to identify (the severity of) child abuse and learn how to talk with parents when children are faced with such security issues. Professionals in the Youth and Family Centre can play a key role in this strategy. They can strengthen the informal social support around families and encourage parents to raise their voice and take responsibility in tackling child abuse.

In Portugal, a low educational level and early school-leaving still characterize large proportions of the Portuguese population, despite clear improvements in the last decades. This characteristic seems to be largely reflected in the results. School absenteeism constitutes the main reason behind referral, but simultaneously this is only the tip of the iceberg of child abuse and neglect, since it is concomitant with other problems. This situation is fostered by the prevalent naturalization of dimensions of neglect and abuse, linked to the detected generational reproduction of violence. Parents often regard intervention after abuse and neglect as a matter of the child and not of the household as a whole! In addition, And, it became clear throughout the interviews that, in most cases, other forms of neglect, violence and physical abuse are/were also present to a higher or lesser extent. This abuse does not come to the surface, out of shame on the one hand, but also because, on the other hand, it is seen as a “natural” thing.

In Germany, the low societal valuation is shown in particular with respect to the clients. Several parents reported discrimination and stigmatization in schools and government offices due to their family, social and cultural background. The professionals confirmed the problem and wished for more personnel resources, e.g. in form of interpreters, but they also wished for a more respectful attitude of all involved and a better cooperation between professions. The professionals also pointed out that an individualized viewpoint of the clients alone is insufficient. Fundamental problems of families such as bad living conditions, poverty, precarious working conditions or unemployment are also caused by society.

## 4.1 *Recommendations for the treatment of child abuse and neglect*

In the interviews with the clients and the focus groups with the professionals, a lot of recommendations were proposed and discussed. In this paragraph, we will describe these recommendations on the different levels of the professional, the treatment, the organization, the care system and the societal level. Although not all of the reported recommendations were explicitly mentioned in each country by clients or discussed in the focus groups, the research team of each country involved in this study agreed that these recommendations do apply also to their country.

## 4.2 *Recommendations on the professional level*

### *Matching of the parents with professionals*

On the professional level a lot of recommendations were made regarding the process itself as well as regarding the attitude and the professional. The first important issue concerns the encounter between the family and the professional. Involvement and respect of the social worker are important competences in this matching of parents with professionals. In particular, they should not be judgmental; instead, they should be trustworthy and supportive. The families are likely to distrust the professionals and treatment they receive, because they are afraid of the consequences and actions the (judicial) institution will undertake because of the child abuse. For this reason, it is really important that the relationship between the client and the practitioner is of a good quality.

### *Respectful attitude of the professional (sensitivity to shame and fear)*

It is also important that the counsellor behaves respectfully towards the family. Parents find it very important that the professional takes the parents seriously and is not only focused on the problems within the family, but also pays attention to the strong points: to what is going well. In addition, the counselor should recognize what parents are doing for the well-being of their children, despite all the problems they are struggling with. Professionals should have an open mind towards all members of the family system on the one hand, but on the other hand, they should make it very clear that they will intervene if necessary.

### *Empowerment (active participation, strength and resources of the family)*

Help and support should not only focus on the problems but also on the strengths of the families. Parents and the professional should work together to find solutions that work for that specific family. The premise is that all parents want the best for their child, but that this group of parents needs more help than other parents do to develop the parenting skills they need. Empowerment also means that the treatment must be based on what families can do and what they do well, and ensures that these qualities will be strengthened.

The child care system should be based on the assumption that children and young people belong at home and not in an institution. Therefore, the treatment should be aimed at strengthening the parental skills and restore a safe and secure environment for children at home, even when these children are temporarily placed in a residential facility.

### *Clear structure and goals of the intervention*

Parents say that clarity about the process is important: what are the goals and structure of the intervention? The practitioner should be transparent about the goals of the intervention, both with respect to its planning and phasing. This can best be achieved by working on specific goals on which both the family and the professional have agreed. These families express that they feel more helped by a professional who offers practical help or support. An individual, flexible approach is also important. Not achieving the targeted goals may be due to various problems, which may require another approach. The provision of care should therefore be based on an individual, flexible approach and not a predetermined sequence of intervention strategies.

### *Social network (attention paid to causes)*

Effective assistance provided to these families will benefit from attention paid to the broader social environment of these families. This means that treatment or support should not only be targeting the risk factors within the family itself, but also the underlying causes of inequality, marginalization and intergenerational problems. Such a cause may be, for instance, the unequal access of these families to forms of support and facilities such as health care.

### *Supervision/peer supervision (creative and protective)*

All of these recommendations can only be achieved, however, if the professionals have sufficient professionalism. A good education and training of the practitioner is an important prerequisite. It is also important that the practitioners' working conditions are good (such as an appropriate caseload, good support, security). The family caseload per worker should be kept within adequate parameters. A practitioner needs time per family. This is necessary to build a relationship with the family and gain their trust. It is important that, when needed, they are available and accessible to the family.

### **Upgrade the status of the professional**

Upgrade the status of the practitioner to that of a high-quality, specialized professional who works with these children and families. Reward that higher status by offering education, training and supervision, and by granting better working conditions and enough time to create trusting relationships with families.

#### **Summary of the most important recommendations on the professional level**

*The problem of child abuse and neglect requires good professional workers who are able to be committed, respectful and sensitive, and who simultaneously are able to adopt a directive and guiding approach toward the parents and children when needed. The key principles of the treatment must be based on empowerment of the family.*

*The workers should be supported by training or supervision, while attention should be paid to their caseload.*

## **4.3 Recommendations on the treatment level**

### *System approach*

A good practice will be effective when all family members living together as a system are involved in the assessment and treatment process. The programme or intervention should be selected based on the analysis of the problems: what are the risk and protective factors within the family system? Next, a combination of interventions should be offered, with a sound coordination of the content of the different treatment programmes. An example of good practice is a parallel treatment for parents and children (Berger et al, 2004). This parallel treatment often consists of a number of meetings for parents, individually or in groups, and a number of meetings for the child. Parents receive information about what their children learn during treatment, learn parenting skills and learn to deal with inappropriate thoughts and emotions. These parallel interventions can be used in case of both physical abuse and sexual abuse.

### *Client-based, needs-based, right-based (fitting the competences of families)*

An important element of effective interventions are tailored programmes. The interventions should match the needs, competence and possibilities of the parents, instead of parents being forced to fit within the right intervention, as is the practice in most of the countries. Child abuse occurs in gradations: not every family situation is equally problematic and thus in need of equally intensive treatment.

Parents need a tailored treatment; sometimes a mild form of treatment is enough - for example, a parent training -, and sometimes and intensive, family-centered programme is necessary.

### *Continuity of professionals*

A lot of families are confronted with several different professionals, which has a negative impact on their confidence. Because of the low status of the social workers and the high workload, the turnover of professionals working with these families is high. For this reason these families are sometimes confronted with several professionals, which is precisely what should be avoided as much as possible.

### *Continuity of services*

The problems of these families are often complex and diverse, like psychological problems, poverty, their own experience with abuse, or inadequate parental skills. For all these problems there are different institutions that are specialized in these topics. It should be avoided that the family is treated by several institution at the same time. Yet, if the family needs different support services simultaneously, this should be well coordinated.

### *Treatment should be accessible and if necessary provide practical help*

The access to help and support should be improved as well. The process of intake and diagnosing takes too long, as these families need immediate help and support. The care provider should be involved with the family as long as necessary. In most cases, it takes time to address the issues in the family. When there is enough time, this will also give the professional the opportunity to first solve practical problems, and once these are solved it will be possible to pay attention to the underlying problems.

### *Treatment planning should be clear.*

The treatment should be specific, measurable, attainable, relevant and time-bound (SMART). The term 'specific' stresses the need for a specific goal over and against a more general one. This means that the goal should be clear and unambiguous; without vagaries and platitudes. The second term, 'measurable', stresses the need for concrete criteria for measuring progress toward the attainment of the goal. The thought behind this is that if a goal is not measurable, it is not possible to know whether a team is making progress toward successful completion. The third term, 'attainable', stresses the importance of goals that are realistic and attainable. The fourth term, 'relevant', stresses the importance of choosing goals that matter. The fifth term, 'time-bound', stresses the importance of grounding goals within a time frame, providing a target date. A commitment to a deadline helps a team focus their efforts on completion of the goal on or before the due date.

#### **Summary of the most important recommendations on the treatment level**

*A good treatment practice consists of a systematic approach, in which the whole family is involved in the assessment and treatment process. It is important to help both children and parents, alone or jointly.*

*Treatment should be client-based; this means a tailored approach that fits the needs, competence and possibilities of the families.*

*The treatment process should be accessible, transparent and smartly defined: with a clear objective, planning and phasing. Changes in professionals should be avoided.*

#### 4.4 *Recommendation on the setting/organization level*

##### *Multidisciplinary and integrated system*

A multidisciplinary and integrated system is needed to tackle the different problems within the family. To achieve a more efficient and effective child care system, institutions should work with multidisciplinary teams. As we described before, a lot of these families have complex problems in different areas. Most of these families have several caretakers who provide help and support. When several different institutions are involved in the treatment, this process should be more tightly coordinated by one process manager who is responsible for the whole process.

##### *One stop shop*

Some practitioners plea for an one stop shopping system, where all institutions involved in tackling domestic violence are actually situated in one building: judicial assistance and social services both. This combined approach prevents clients from going from one location to another. It is very customer-friendly, because it is much easier for clients to seek help. The experience of most parents is that they have been to a lot of different institutions and had to tell their story again and again. One front office would lower the threshold for seeking help. If possible, it would be preferred that this centre would be open 24 hours, all days of the year. Specialist professionals are present to support the children and parents and provide help for them.

##### *Workload of professionals and professionalism*

The organization where the professional works should provide enough support by offering sufficient professionalism (good education, training and supervision) to the practitioner.

##### *Monitoring and evaluation (outcome measure)*

And last but not least, organizations should monitor the outcomes of the treatment process. If they want to know whether the interventions have been successful, they will have to monitor and evaluate the outcomes.

#### **Summary of the most important recommendations on the institutional level**

*Diagnoses and treatment of (suspected) child abuse should be integral and multidisciplinary, organized for families with complex and severe forms of child abuse. Assisting and judicial institutions should work together with regional or local centres to investigate the child abuse and provide support and help. Specialist expertise should be available to all families. The institutions should work according to the principles of wraparound care: all necessary assistance should be organized in and around the family.*

#### 4.5 *Recommendations on the care system level*

##### *The right intervention at the right time (light solutions for light problems & specific trauma treatment)*

According to the principles of “positive parenting”, all municipalities should develop a step by step prevention strategy to prevent child abuse. This starts with parenting courses for all new parents and extends to interventions in families at risk for child abuse (see box: Hermanns, 20011). This concept is based on the principle that child abuse should not only be tackled when it is detected but that some families need support to prevent abuse and neglect. These different steps of prevention are a continuum of care, instead of separated steps. It illustrates that certain problems of parents and children need specific interventions.

The various steps can be considered as choices to intervene at a certain moment in the history of a problem. For example, in step 1 action takes place when there is no problem yet and one does not know where it might occur. Everybody might be the target. In the last step, there is a clearly indicated problem. In fact, it is too late for prevention, but perhaps the effects are still limited.

1. **Universal prevention:** Prevention aimed at the entire population of (young) children.
2. **Selective prevention interventions,** focused on demographically or geographically defined groups in which there is increased prevalence of the problem.
3. **Indicated preventive interventions,** aimed at individuals at risk on the basis of individual characteristics selected by means of a screening.
4. **Early intervention aimed at individual families at risk;** i.e. individuals who show the first signs of early problems that might be related to child abuse, and who may suffer from psychological disorders, being overworked, or a feeling of powerlessness. These families can be considered as 'high risk'.
5. **Clinical intervention:** Early diagnosis and intervention at the first full manifestation of the problem.

### *Continuum of care*

It should be guaranteed that (evidence-based) programmes and interventions are available at these different levels. In some countries, like Hungary, there is a lack of interventions at every level, while for other countries there should be more treatment programmes for children and young people who are traumatized. Specialized diagnostics and trauma treatment are hardly available in youth and youth mental health for this specific target group. Typical of these families is that there are often several different kinds of problems such as psychological problems, difficult economic conditions, personal experience with abuse, inadequate parenting skills, addiction et cetera. For this reason, these families often need more types of intervention at the same time. This asks for coordination of the treatment.

### *Ongoing training and education on this subject of child abuse and neglect*

Another issue is the education of stakeholders, professionals and non-professionals, on how to identify child abuse. Yet besides that, they should also be trained in communication with the parents about child abuse. In particular professional groups and volunteers who work with children should be better trained to distinguish between mild forms of parental neglect, parental problems or more serious forms of child abuse. For milder forms of child abuse, support and the involvement of family and other adults in the vicinity of the child, like teachers and neighbours, can be crucial to stop and to prevent worse. These stakeholders need to be aware of what they can do themselves, or when outside intervention is required (and therefore one should report). Also with respect to the training of specialist professionals, such as psychologists or pedagogues, knowledge about child abuse should be a part of the educational curricula. Knowledge is necessary to diagnose the effects of the abuse for the child; furthermore, a safety and risk assessment must be made to ensure the safety of the child. It is also necessary to ensure that all professionals who work with children, like teachers but also midwives and paediatricians, have effective risk assessment and signalling instruments focused on the physical safety of babies and young children.

#### **Summary of the most important recommendations on the care system level**

*A wide range of different treatment modules and interventions that address both prevention and treatment of mild to severe problems should be available.*

*More investment in training and professional development is necessary. Knowledge in the form of tools and good practices should be available to all stakeholders, professionals and non-professionals, to enable them to identify (the severity of) child abuse and learn how to talk to parents when children are faced with such security issues. Make binding agreements with the education system for teachers, child care and medical doctors on (mandatory) attention to child abuse in the educational curricula.*

#### **4.6 Recommendations on the societal level**

One of the discussions in the focus group meetings was that awareness of child abuse and neglect and the consequences of the abuse on the health and well-being of children is really important. Early detection of child abuse can avoid problems in the development of children. People working with children should know what the consequences of child abuse are. Even if children are not victims themselves, but are only witnessing relational violence at home, they can suffer negative effects. Moreover, the combination of domestic violence with child abuse significantly increases the risk of serious emotional and behavioural problems in children (Wolfe et al., 2003; Corvo, 2006; Lamers-Winkelmann et al., 2007).

Thus, it is really important that people know how to identify child abuse and neglect. One of the instruments on the societal level is national campaigning. National campaigning should start with the national government's view on what child abuse is and how it should be dealt with. In countries like the Netherlands or Sweden, where they have experience with campaigning on this issue, a greater number of people are able to recognize child abuse and are willing to report it to the authorities. The experience is, however, that although these campaigns make people aware of the problem of child abuse, they are not designed to teach people how to talk with parents about child abuse. Citizens could have a more active role in tackling child abuse in their immediate vicinity. We know that social support may prevent parenting problems from escalating into child abuse. People in the close vicinity of children like neighbours, sports coaches but also doctors and teachers, do not know how they should raise this issue with the parents. They are often afraid of how people will respond to the accusation of (suspected) child abuse. But especially for children in these kinds of situations, support from adults is important. Those abused children who have received support from people in their environment perform better than children who experienced no support (Ten Berge, 1998; McGloin & Widom, 2001).



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## Colophon

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This international report is based on a five country study in Europe within the framework of the Daphne III programme *Prevent and Combat Child Abuse: What works?* An overview of regional approaches, exchange and research. The aim of the overall project was to generate relevant knowledge about current strategies that prevent Child Abuse and Neglect (CAN) in Europe. It compared five European countries: Germany, Hungary, Portugal, Sweden and the Netherlands.

The authors describe differences and similarities of the perceptions of parents and professionals at five levels: the level of the professional, the level of the method/intervention, the setting/organization, the care system and the societal level. Finally, the authors draw conclusions about what the participating countries can learn from one another by answering the following question: do prevention strategies and actions against child abuse and negligence correspond to what works in practice, as experienced by parents and professionals?

*The overall project was coordinated by the Netherlands Youth Institute and was carried out in collaboration with the Swedish Orebro regional council, the Hungarian Family Child Youth Association, the German Youth Institute, CESIS from Portugal and the Verwey-Jonker Institute from the Netherlands.*

