



**PROCHILD**

PROTECTION AND SUPPORT OF ABUSED  
CHILDREN THROUGH MULTIDISCIPLINARY INTERVENTION



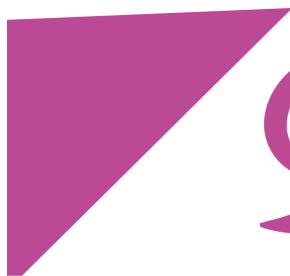
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810109 - PROCHILD -  
REC-AG-2017/REC-RDAP-GBV-AG-2017

# COUNTRY REPORTS



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## The United Kingdom

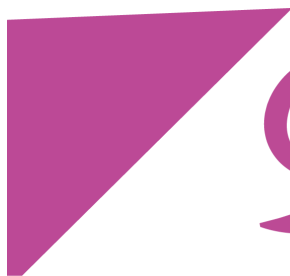
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### Introduction

This report is one of the outputs of the PROCHILD project's work package three (WP3). The purpose of this research is to analyse and map training needs of child protection professionals in the UK in order to enable them to identify early signs of child maltreatment as well as risk factors in families. Moreover, the PROCHILD project aims to ensure signalling, communication, treatment and support in a coordinated manner. In order to determine needs and gain feedback from professionals working with youth, we distributed a survey to relevant professionals, asking them to analyse their strengths and weaknesses concerning the identification of potential cases of child maltreatment and to address any training needs based on the analysis of the survey. Our hope is to identify areas in which training for professionals can be refined in order to better identify and address children in situations of maltreatment and to better integrate communication and cooperation among professionals who work together in supporting these children.

### Description of Respondents

We primarily distributed our survey via social media networking, email and in various events and meetings, asking that any professional who works as an educator, administrator, healthcare provider, social service professional, law enforcement agent, or interacts with youth in a different professional capacity complete the survey. We received thirty responses. The mean age of respondents was twenty-nine years old, and the average years of experience was four. It is likely that because our primary means of distributing the survey was via social media, the majority of our respondents were unsurprisingly generally younger professionals.



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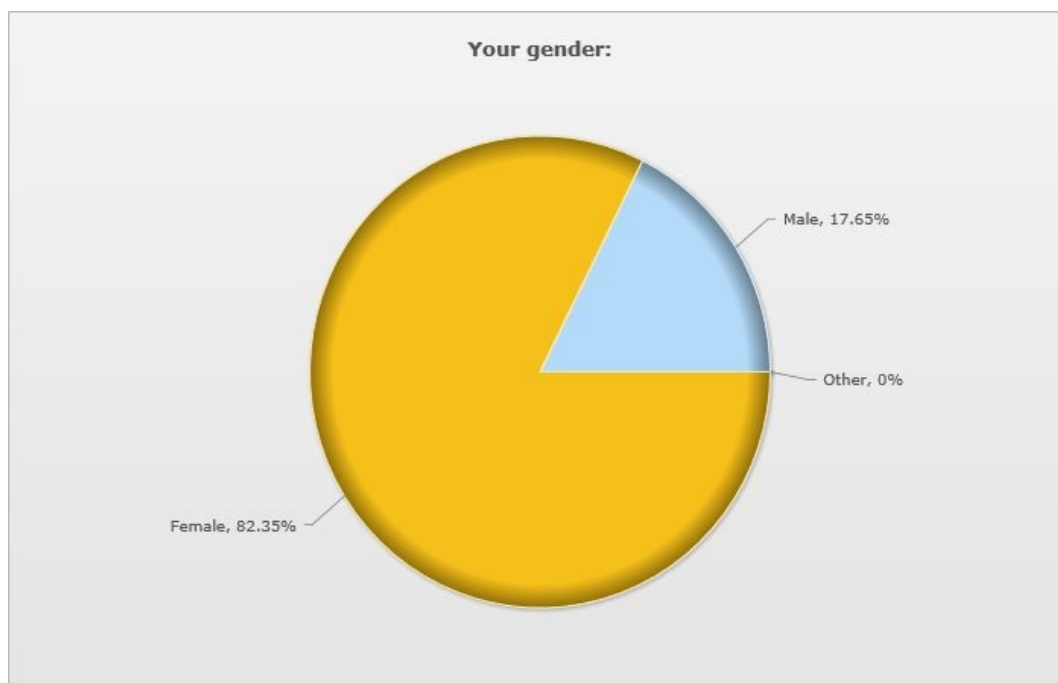
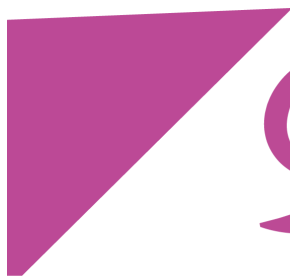


Figure 1. This figure shows that the majority of our respondents (82.35 percent) were female while only 17.65 percent were male.



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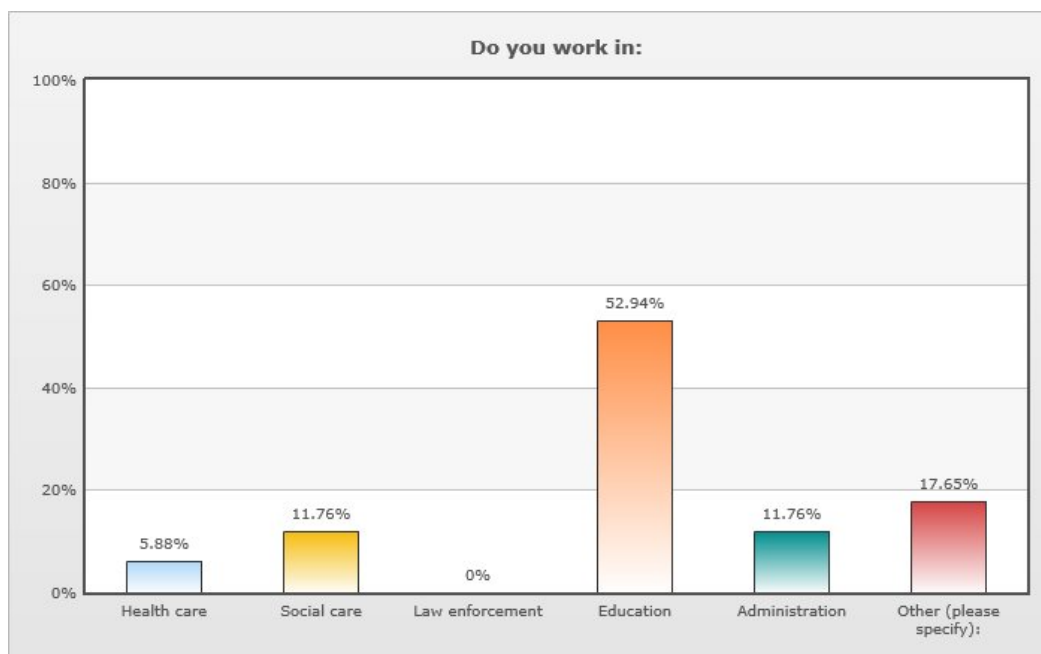


Figure 2. While the majority of respondents worked as educators (52.94 percent), professionals in a number of other fields were represented, totalling 47.06 percent in non-educational lines of work, including health care, social care, and administration. Educators were overrepresented in our sample, making it difficult to draw conclusions when comparing the responses of professionals in different fields.



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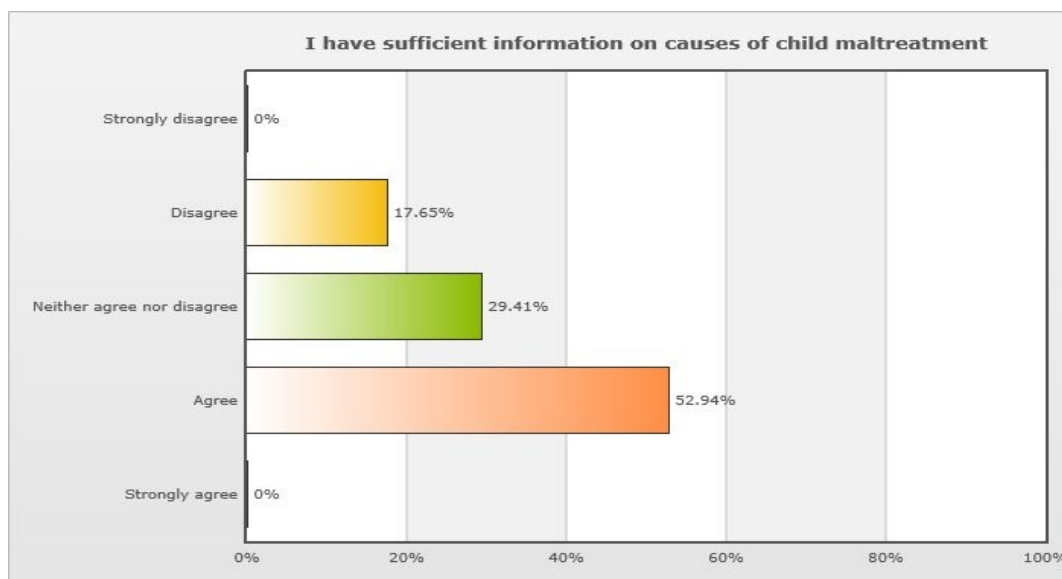
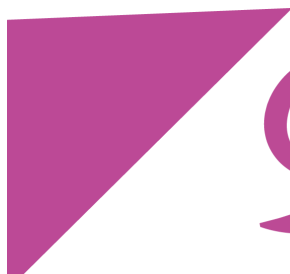


Figure 3. At the start of the survey, the majority of respondents (53.94 percent) answered that they felt they had sufficient information on the causes of child maltreatment. No respondent confidently claimed that they either strongly agreed or strongly disagreed. Instead, all responses showed a more moderate understanding of the topic.

## Results

### *Confidence in Raising Concerns to Professionals*



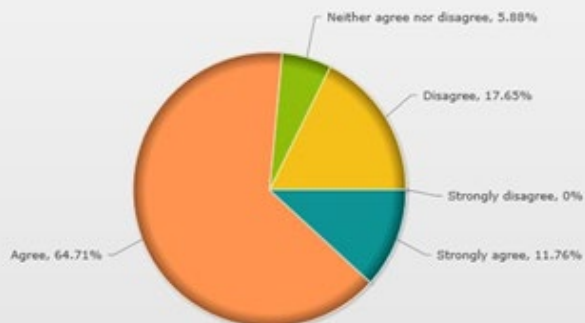
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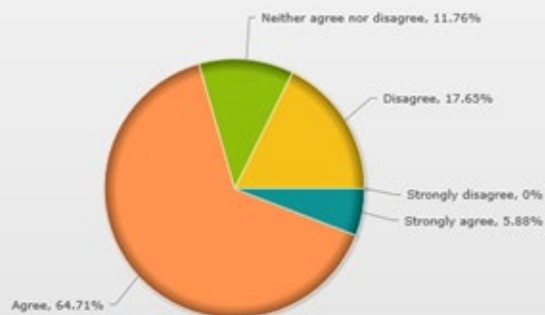


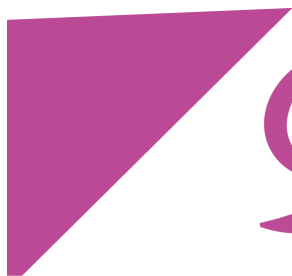
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**I have sufficient knowledge on how to raise concerns of suspected violence with other professionals in case I suspect the abuse has been perpetrated by the parents/guardians**



**I have sufficient knowledge on how to raise concerns of suspected sexual abuse with other professionals in case I suspect the abuse has been perpetrated by the parents/guardians**



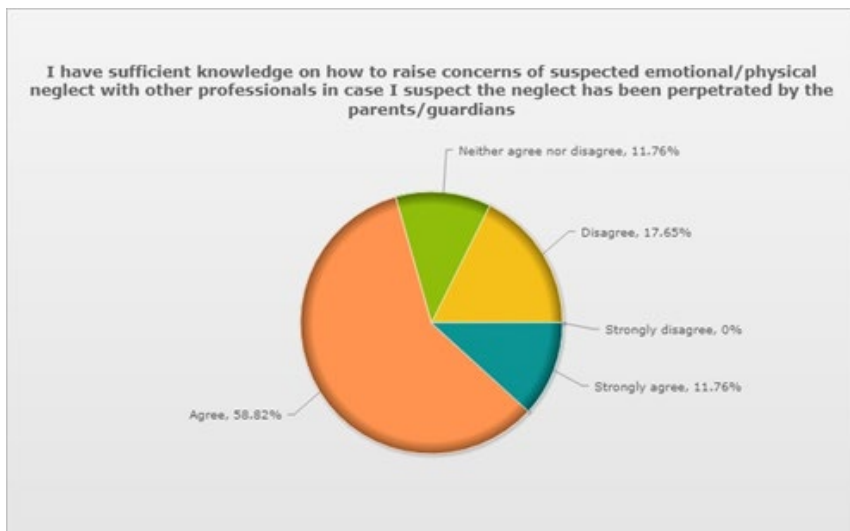


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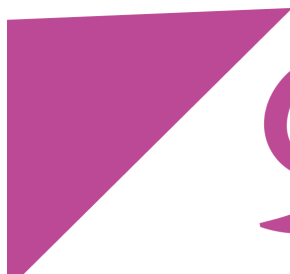
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Figures 4-6.

When asked if respondents felt confident raising concerns of potential child maltreatment with other professionals, the majority answered “agree” in cases of violent and sexual abuse and emotional/physical neglect among children. While answers varied slightly among the charts, the data suggests that the professionals who took the survey generally felt prepared to discuss issues of child maltreatment with other professionals.

#### *Confidence in Raising Concerns to Children*



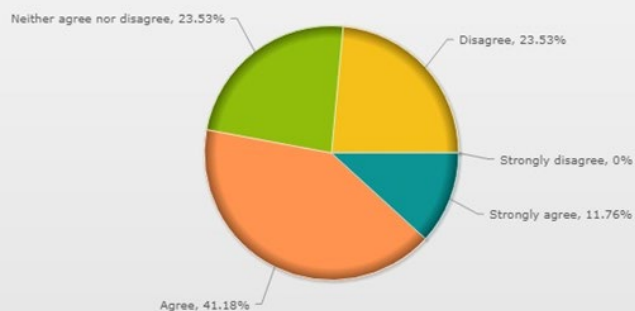
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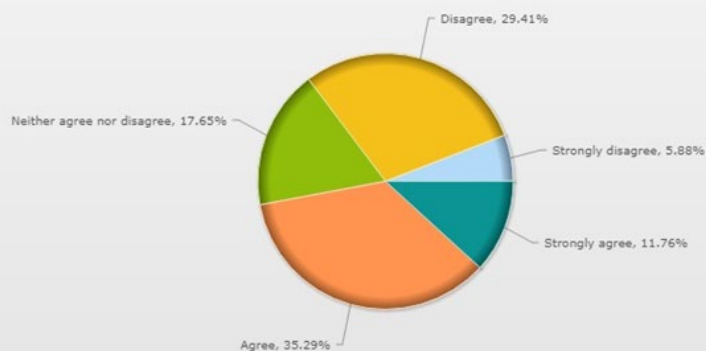


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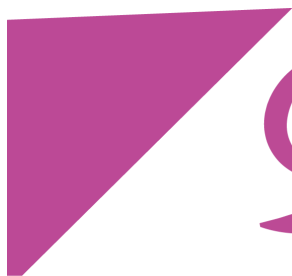
**I have sufficient knowledge on how to raise concerns of suspected physical/mental violence with a child**



**I have sufficient knowledge on how to raise concerns of suspected sexual abuse with a child**



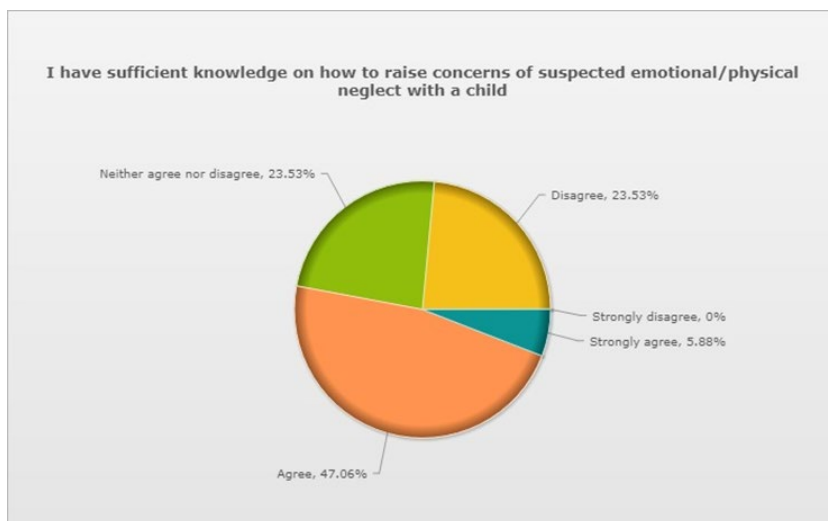




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Figures 7-9.

When asked if respondents felt confident in raising concerns of suspected maltreatment with a child, there was not a majority consensus regarding cases of violence, sexual abuse or emotional maltreatment. While “agree” is consistently the highest percentage answer for each question, “disagree” and “neither agree nor disagree” represent a large portion of responses. As the percentage of those who “strongly agree” remained relatively low in each case, it appears as though professionals had more moderate feelings about raising concerns to children overall, except in the case of sexual abuse where a small percentage voted that they “strongly disagree.” This suggests that respondents had more of an opinion in cases of sexual violence and felt altogether less prepared to address concerns with a child.

#### *Confidence in Raising Concerns to Parents/Guardians*

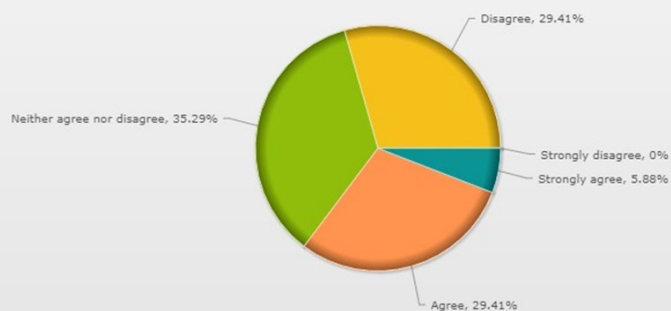


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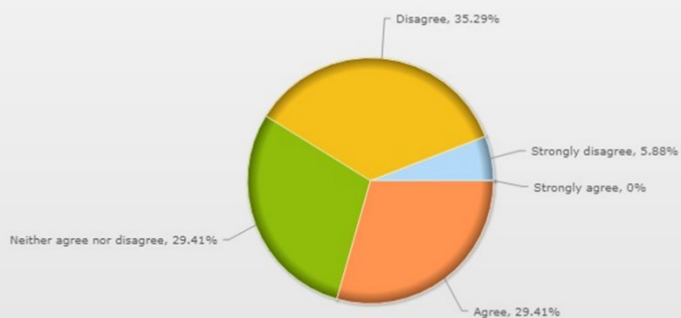


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**I have sufficient knowledge on how to raise concerns of suspected violence with  
parents/guardians**



**I have sufficient knowledge on how to raise concerns of suspected sexual abuse with  
parents/guardians**

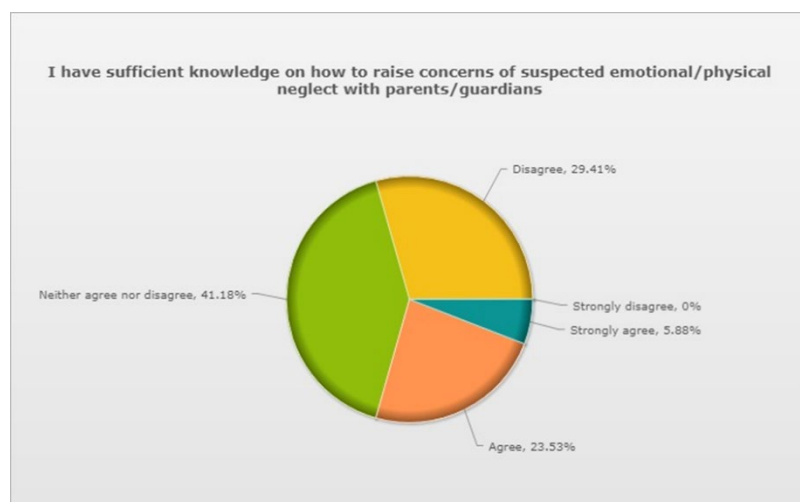




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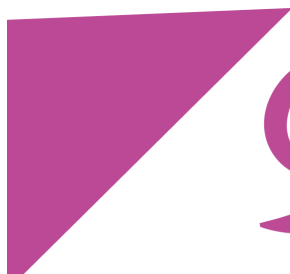
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Figures 10-12.

When asked about their confidence in raising concerns of suspected child maltreatment to parents/guardians, responses tended to be much more varied. In the case of suspected violence and emotional/physical neglect, the highest percentage of respondents chose “neither agree nor disagree,” although this percentage (35 percent and 41 percent, respectively) was closely followed by “disagree” (29 percent and 29 percent, respectively) and agree (29 percent and 23 percent, respectively). On the other hand, in cases of suspected sexual abuse, the highest percentage of responses was disagree (35 percent) with “neither agree nor disagree” and “agree” closely behind, both at 29 percent. Additionally, a small percentage of respondents chose “strongly disagree,” suggesting that the overall response to addressing concerns of sexual abuse with a parent or guardian leaned altogether more toward a lack of sufficient knowledge among these cases.

### *Top Requested Training Methods*

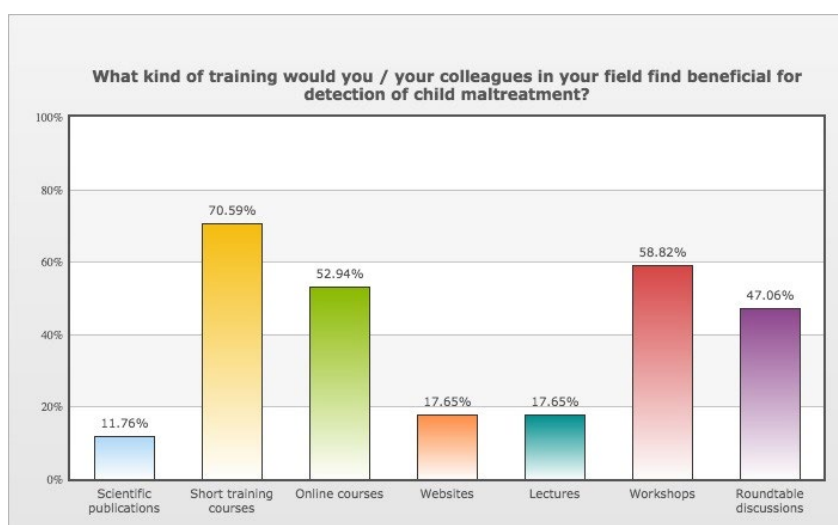
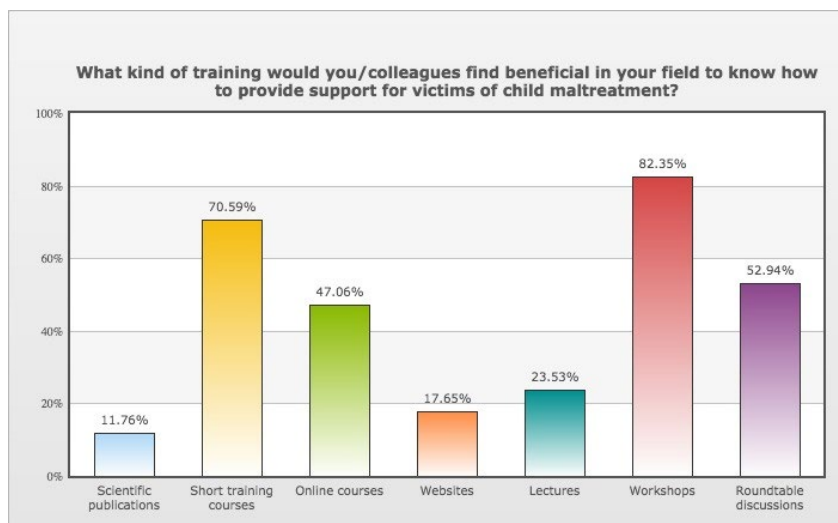


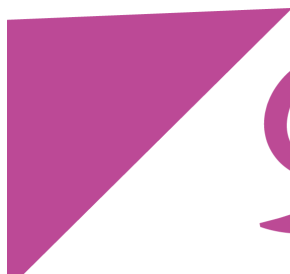
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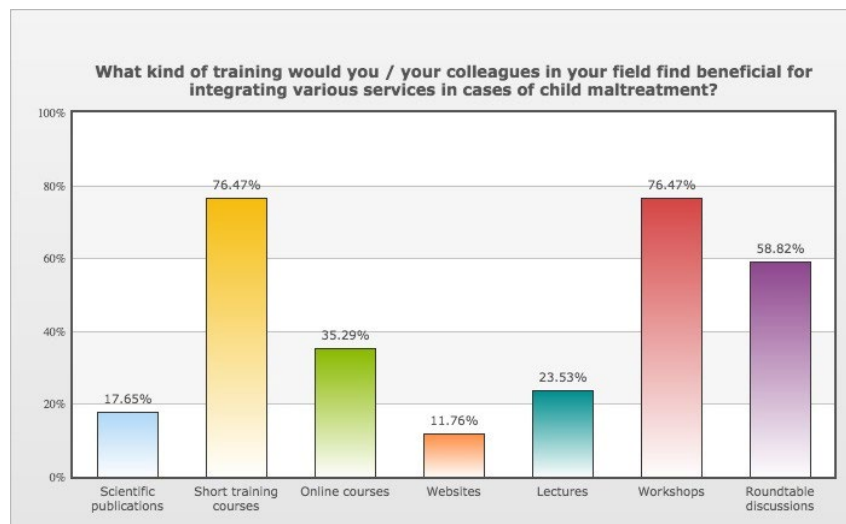


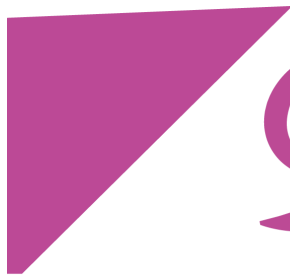
Figure 13-15.

In regards to future training, professionals showed a consistent interest in short training courses, workshops, roundtable discussions, and online courses, while scientific publications, websites, and lectures received some minimal support. This means that more interactive, engaging methods of training seemed to be preferred among our respondents.

## Data Analysis

### *Response Pattern*

The data display above creates a pattern of all professionals having a lack of confidence in raising concerns about sexual abuse, irrespective of who they are raising concerns to. This pattern is enhanced by an additional finding, which shows that only 35 percent of respondents could affirmatively state (“agree” or “strongly agree”) that they knew how to identify a sexually abused child, compared to 64 percent for neglect and 41 percent for physical abuse.



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### *Different Networks*

When asked to describe the networks of support in addressing cases of child maltreatment, the majority of respondents named law enforcement and school social workers. Several named school administrators and NHS. It appears that, no matter the professional backgrounds, respondents agreed that action to immediately protect the child should be taken by proactively guarding against potential threats and addressing any pre-existing physical or emotional harm.

### *Needs for Cooperation*

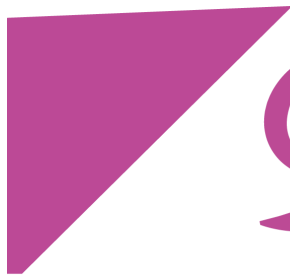
When asked to describe the kind of cooperation among professionals that respondents would like to see, a variety of suggestions were given, but a general consensus was that there should be more open communications, information sharing, and coordination among professionals in order to address concerns of child maltreatment throughout the entirety of the case. Other answers included increased training resources and providing accessibility to counselling/psychological services for the child(ren).

### *Comparison of Responses by Profession*

Educators tended to answer “agree” or “strongly agree” when asked if they felt they had sufficient knowledge to address any issue of child maltreatment. However, because the sample size of the survey is relatively low and because educators make up over 50 percent of our respondents, the significance of this data cannot be determined nor can substantial comparisons be drawn from among the professional fields.

### *Reflections*

Our PROCHILD survey was completed primarily by a group of young professionals, the majority of which are educators. Responders were asked to rank their level of confidence in talking to other professionals, children, and parents/guardians about concerns of violence, sexual abuse, and physical or emotional neglect on a Likert scale. The data we received revealed a particularly interesting trend. Professionals seemed to be most comfortable



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talking to other professionals about suspicions of child maltreatment, followed by a moderate confidence in addressing these concerns with the child. Professionals appeared to be least prepared to talk to parents or guardians about these issues. Additionally, professionals were most confident in addressing issues of child neglect overall and least confident in addressing issues of child sexual abuse overall. This last finding correlates well with the finding that only 35 percent of respondents could affirmatively state that they knew how to identify a sexually abused child.



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## Finland

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### Description of respondents

The respondents were contacted via the national working group for tackling violence against children. The group members were asked to answer to an online questionnaire and to distribute it to their colleagues and networks. We collected altogether 57 responses. 45 percent of the respondents worked in health care, 28 percent in social care, 7 percent in the police force or judiciary, 9 percent in education and 11 percent in other fields. 44 percent worked for municipalities (local level), 26 percent work for regional level (e.g. regional hospital), 12 percent work for national government, 11 percent worked for NGO's and 2 percent worked for private sector. 25 percent worked as a supervisor/manager. The mean age of the respondents was 45 years. The mean of practicing one's profession was 14 years. 91 percent of respondents were females and 9 percent were males.

### Results

The respondents were asked to evaluate a series of statements on an agree-disagree scale. Here the results are presented according to their field of work. However, because of the low number of respondents we cannot draw general conclusions. For example there were only four respondents working for the police or judiciary and five in education.

### Detection of child maltreatment

75 percent of all respondents agreed or strongly agreed that they have enough information on causes of child maltreatment. When asked about their knowledge on practices/interventions to identify abused or neglected children, about half of the respondents agreed or strongly agreed that they have knowledge about it. Health care workers were the most confident about their knowledge.



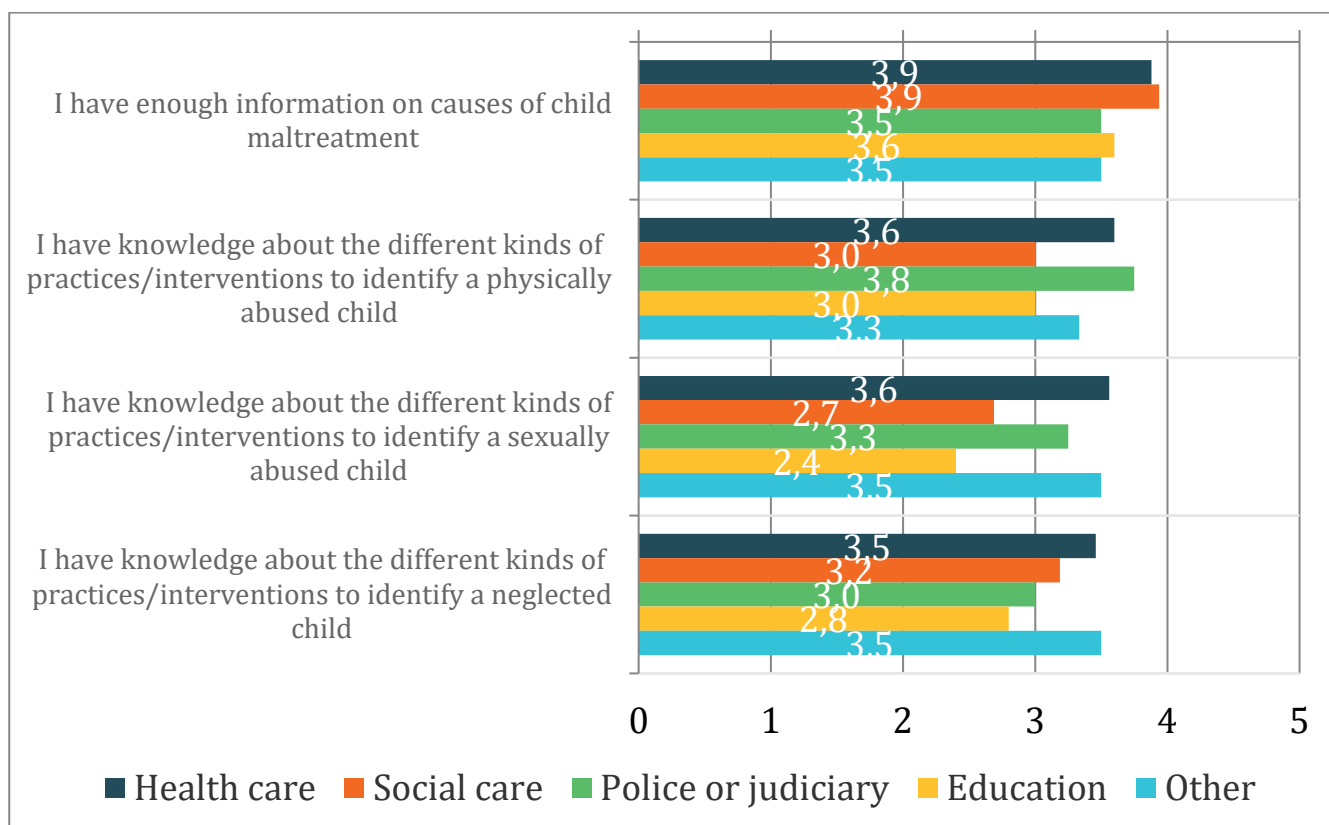


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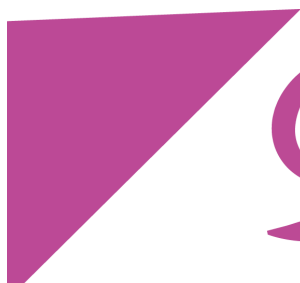
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Most of the respondents agreed or strongly agreed that they have knowledge on how to raise suspected violence, abuse or neglect with a child. When comparing professionals from different fields, we can see that health care workers, social care workers and police or judiciary workers felt the most confident about their knowledge on how to raise suspected physical/mental violence or sexual abuse with a child. In cases of emotional/physical neglect, health care workers and social care workers felt the most confident about their knowledge.

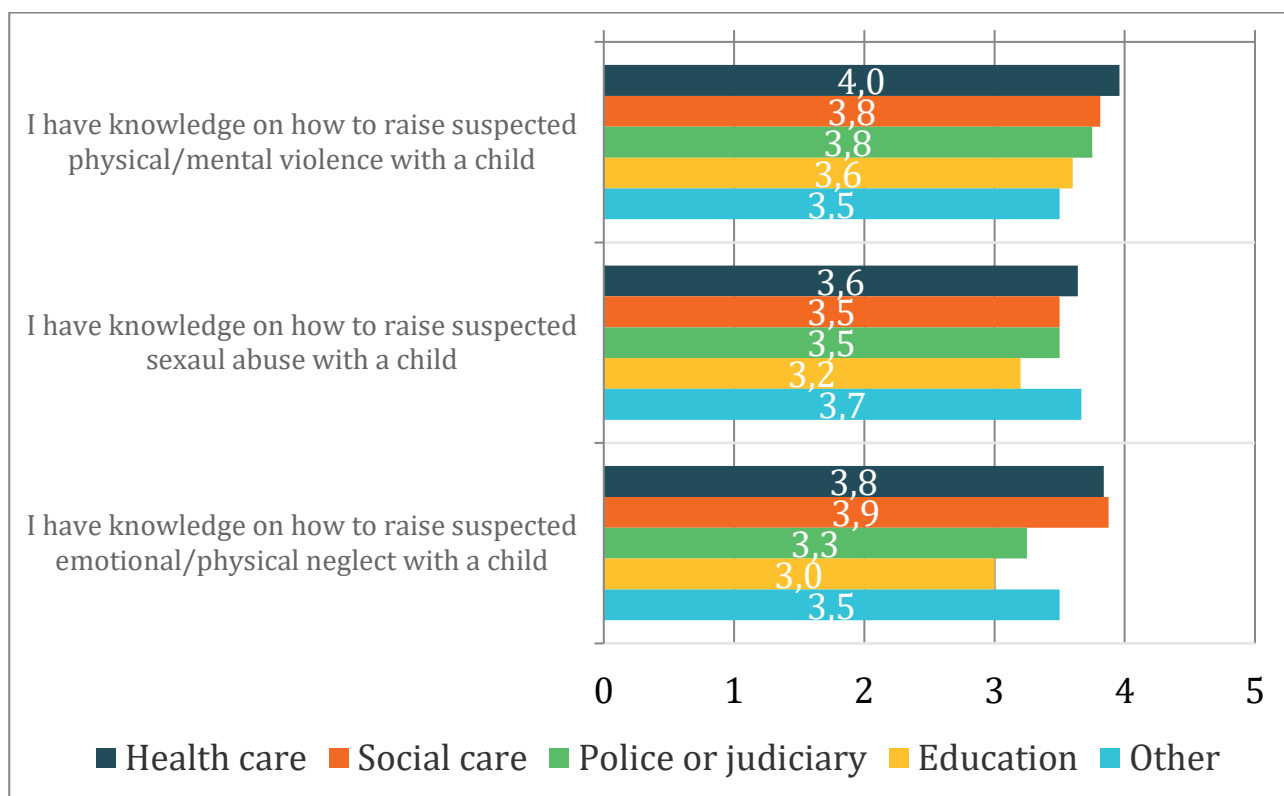


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The respondents were nearly as confident about their knowledge on raising their suspicions with parents/guardians as with the child. The social care workers and health care workers agreed the most that they have knowledge to raise suspected violence, abuse or neglect with parents. Police and judiciary professionals agreed less with these statements. This may be because working with parents is not necessarily a priority in criminal process. At the same time, other professionals, especially in social care and education, are accustomed to working with parents.

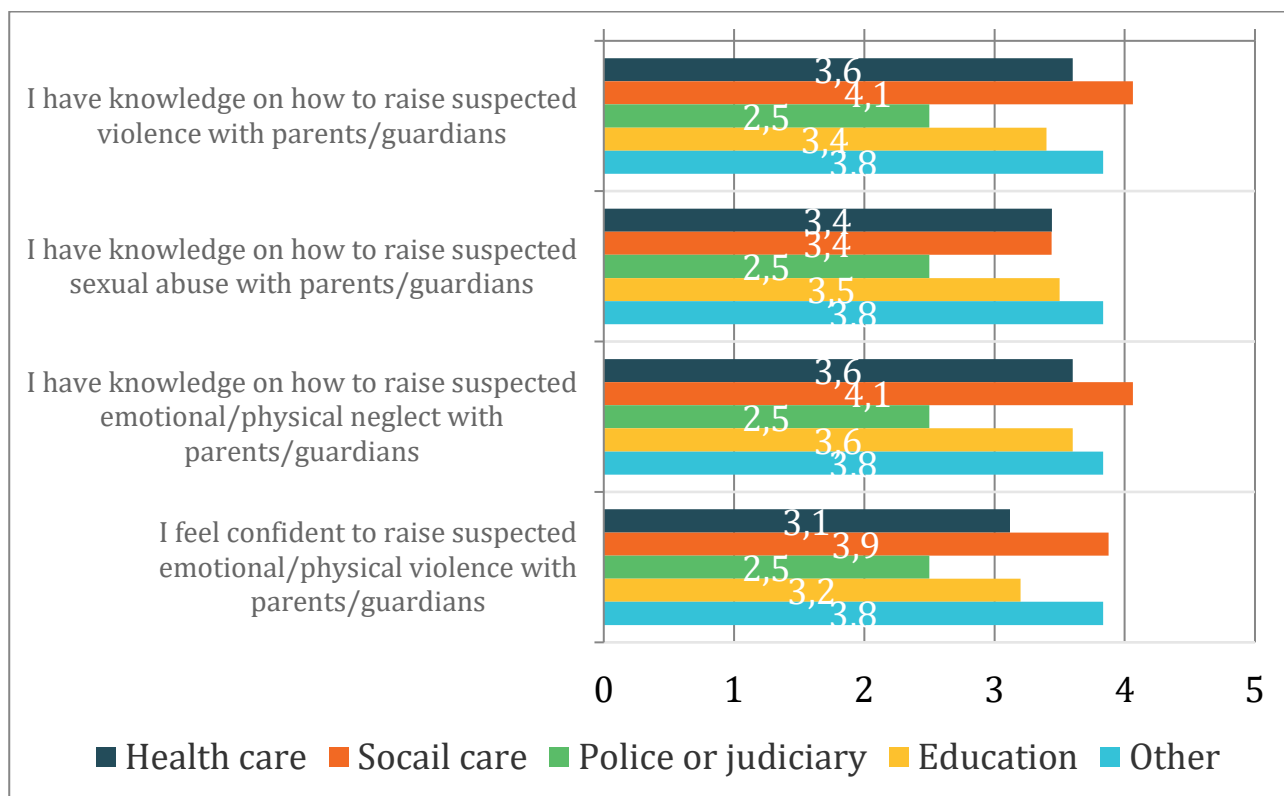


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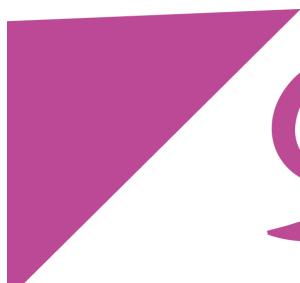
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Over half of the respondents agreed strongly with the statements concerning their knowledge on raising suspected violence, sexual abuse or neglect with other professionals in cases where the perpetrator is a parent or guardian.

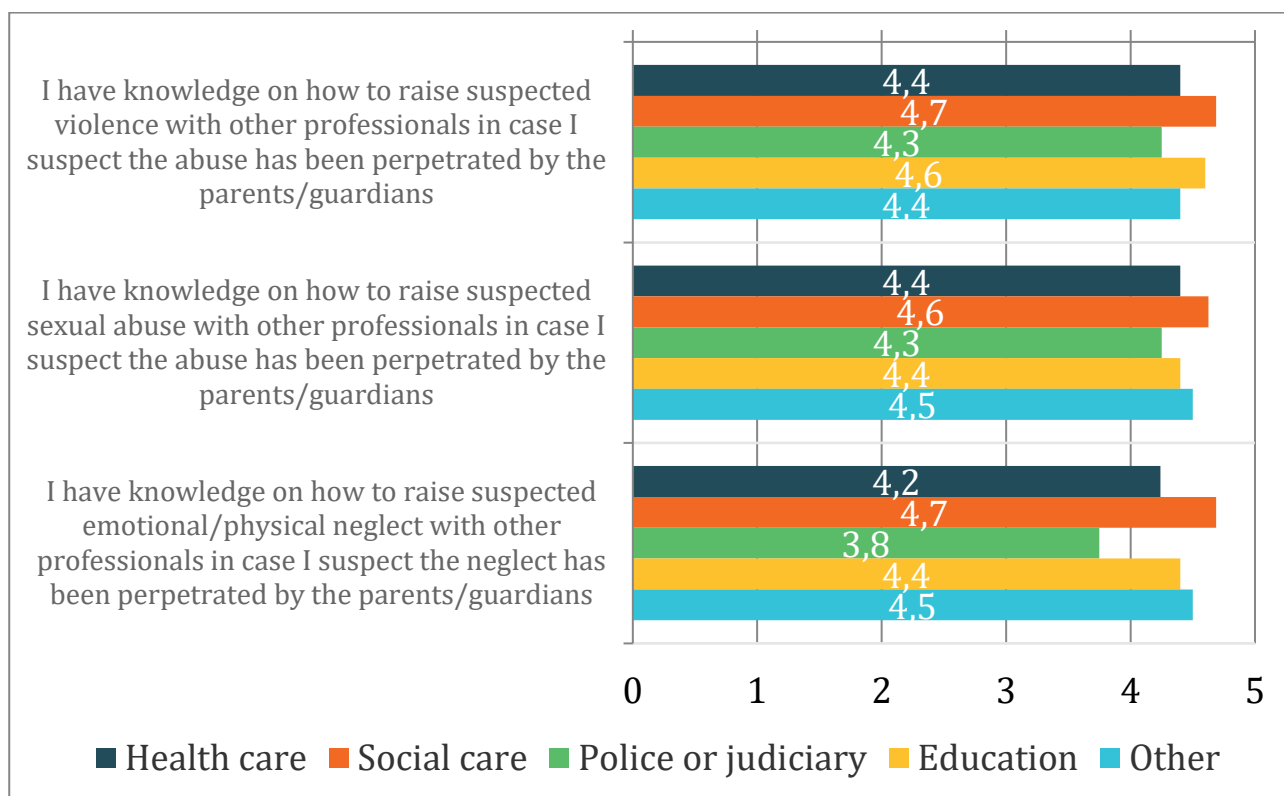


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### Support for victims

More than 90 percent of the respondents agreed or strongly agreed that they know where to report if they suspect child maltreatment. Also, professionals from different fields felt that they know how to consult other professionals if they feel unsure. There were variations between professionals concerning their knowledge on their legal duties and the criminal investigation process. The criminal investigation process was most familiar for police and judiciary professionals and least familiar for education professionals. About a half of the respondents agreed or strongly agreed that they know what kind of support and treatments are available for victims and families.

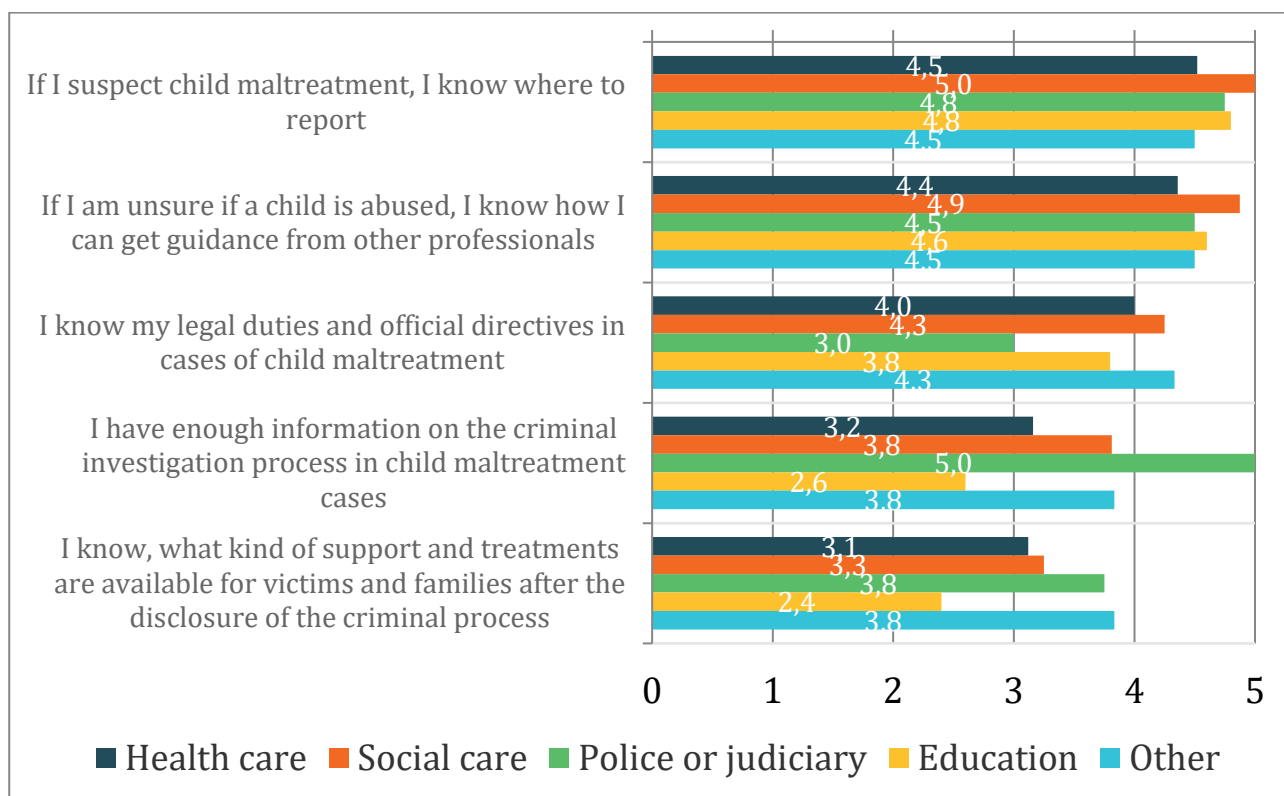


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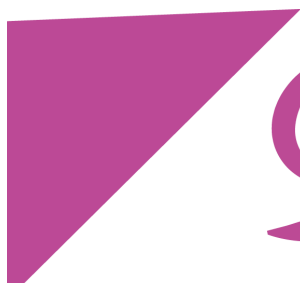


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### Integration of services

The police and judiciary professionals responded most positively to statements concerning working with multi-professional networks and having good connection with other professionals. While all profession groups reported fairly good networks and connections with other professionals, 93 percent of all respondents agreed or strongly agreed that there should be more cooperation between professionals working in different fields.

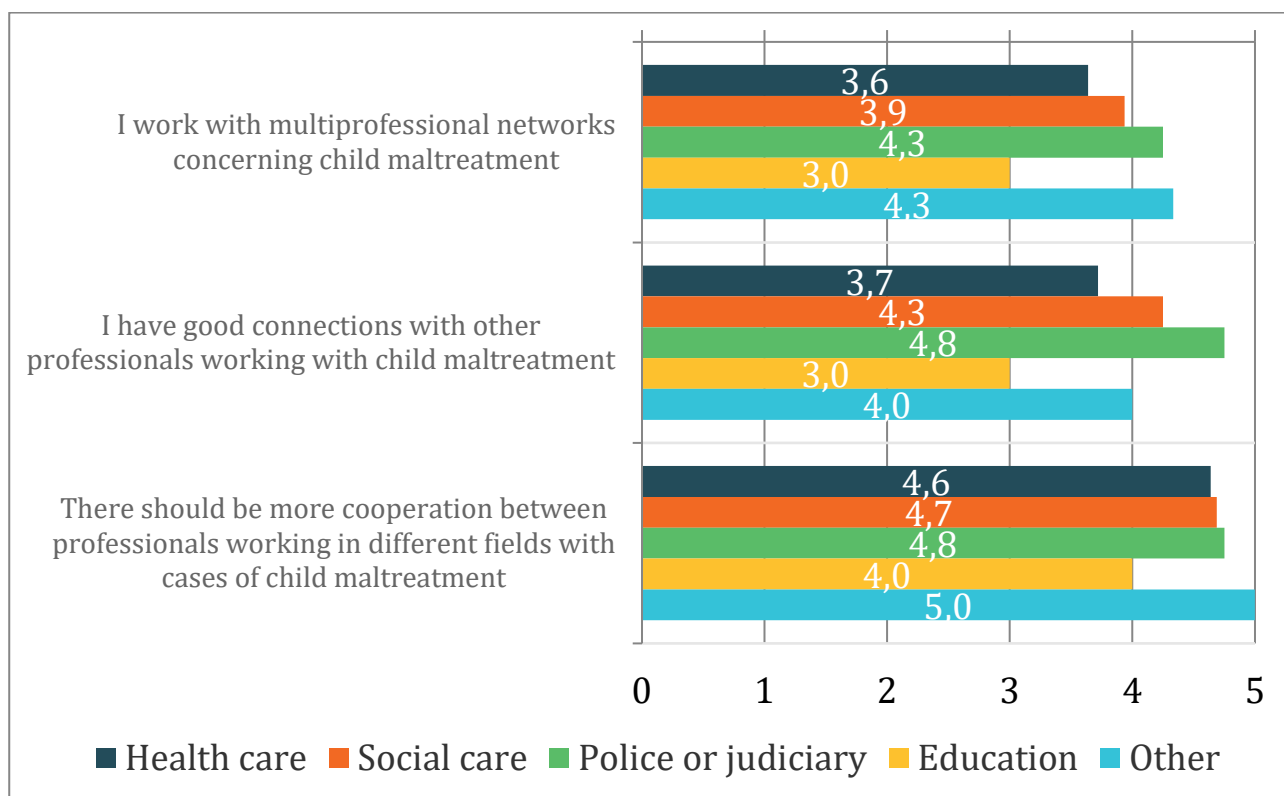


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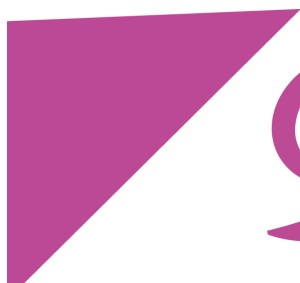


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We also asked the respondents to describe their networks in cases of child maltreatment. Those respondents that answered to the question (n=39) described wide networks that include social services/child protection services, the police, health care services, child welfare clinics, district court/prosecutor, schools, day-care centres, the forensic child psychiatry units, crisis work professionals, youth services, family members, and foster care. All of these stakeholders were mentioned at least once.

We asked the respondents to describe, what kind of cooperation would be needed. 36 respondents answered to this question. The described needs for cooperation varied. Many respondents expressed their concern about fluent exchange of information. Also, some kind of structured model of multi-professional cooperation was needed.



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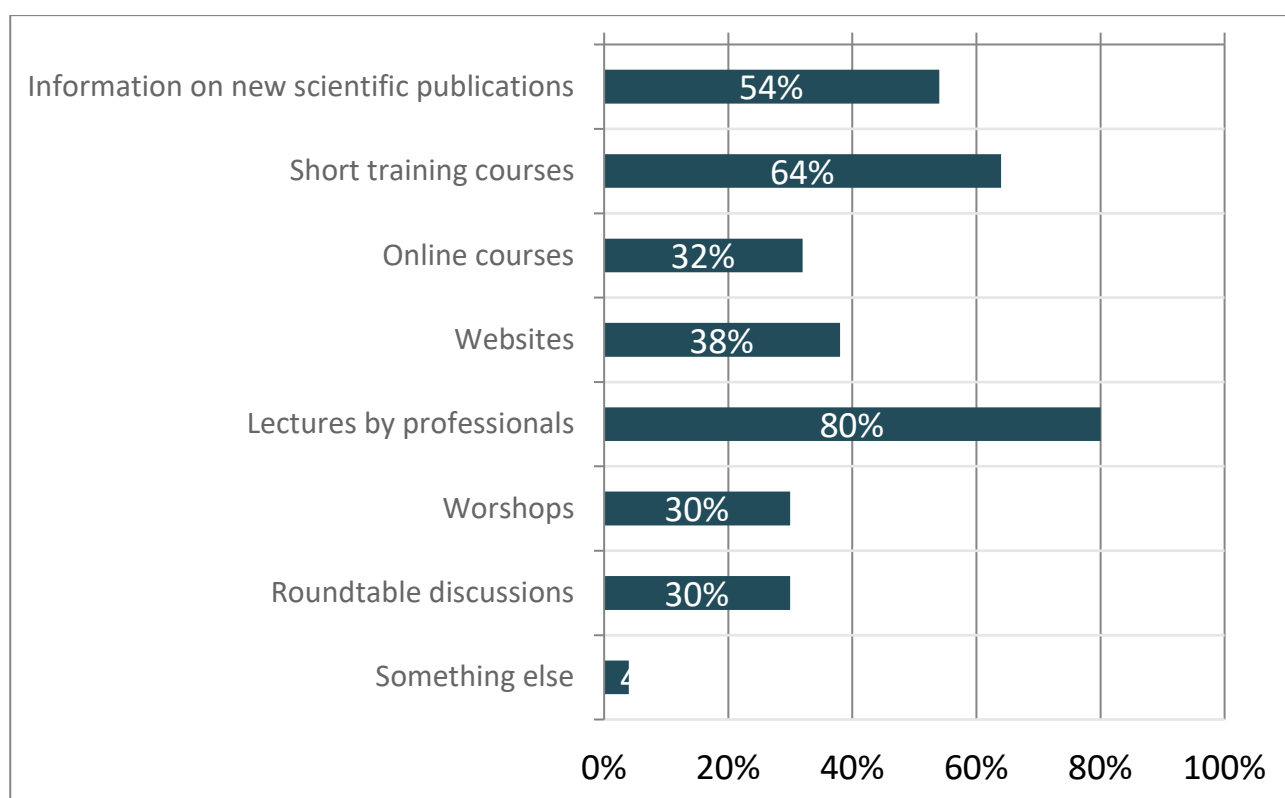


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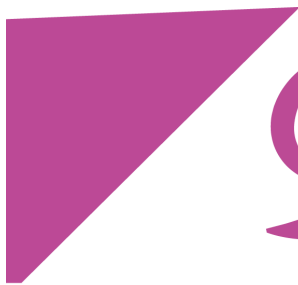
## Training needs

We asked the respondents to specify, what kind of training they (and their colleagues) would prefer on different topics related to detection of child maltreatment, support for victims and integration of services.

What kind of training would you/your colleagues in your field need for detection of child maltreatment?



The respondents were mostly interested in attending lectures by professionals or short training courses or receive information on new scientific publications. Online courses, websites, workshops and roundtable discussions interested around one third of professionals.



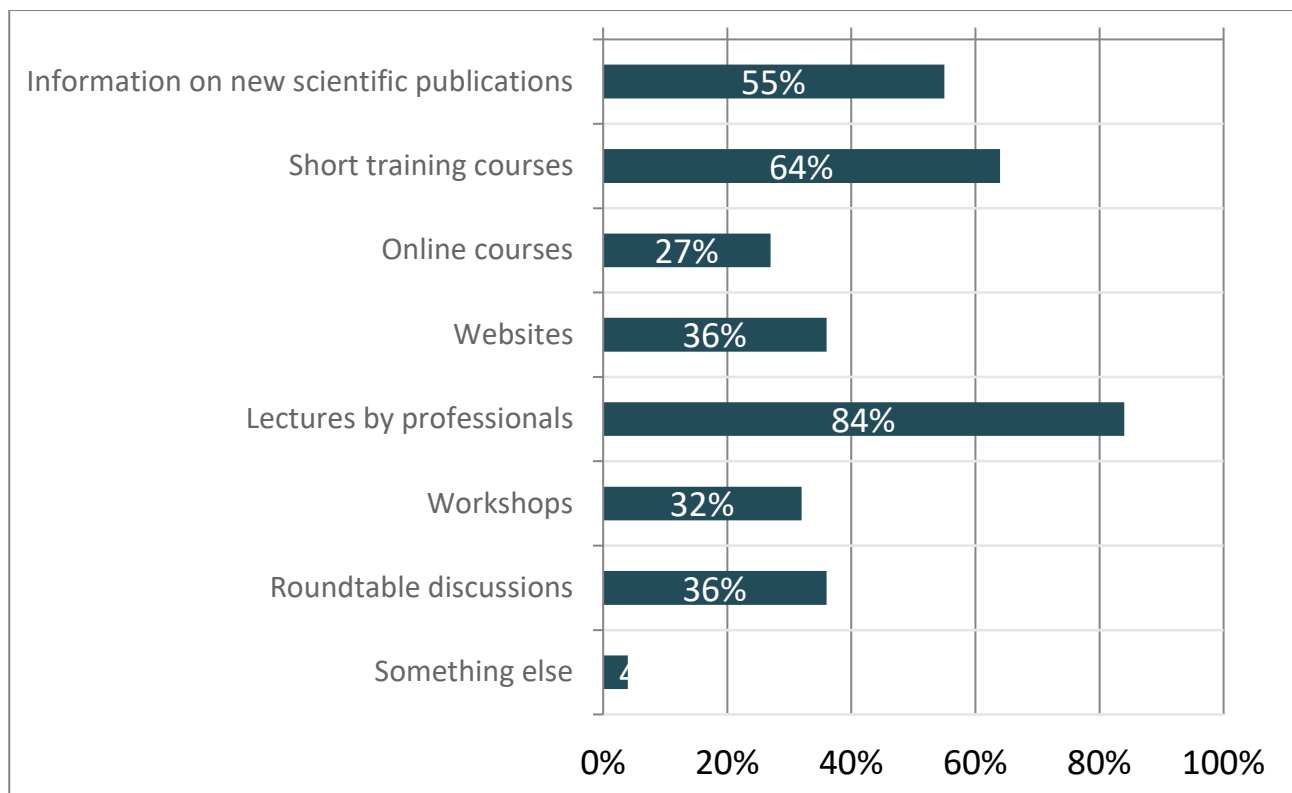
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What kind of training would you/colleagues in your field need to know how to provide support for victims of child maltreatment?



The respondents were mostly interested in attending lectures by professionals or short training courses, or receiving information on new scientific publications. Little over third was interested in websites, workshops and roundtable discussions. Little less than a third would like online courses.





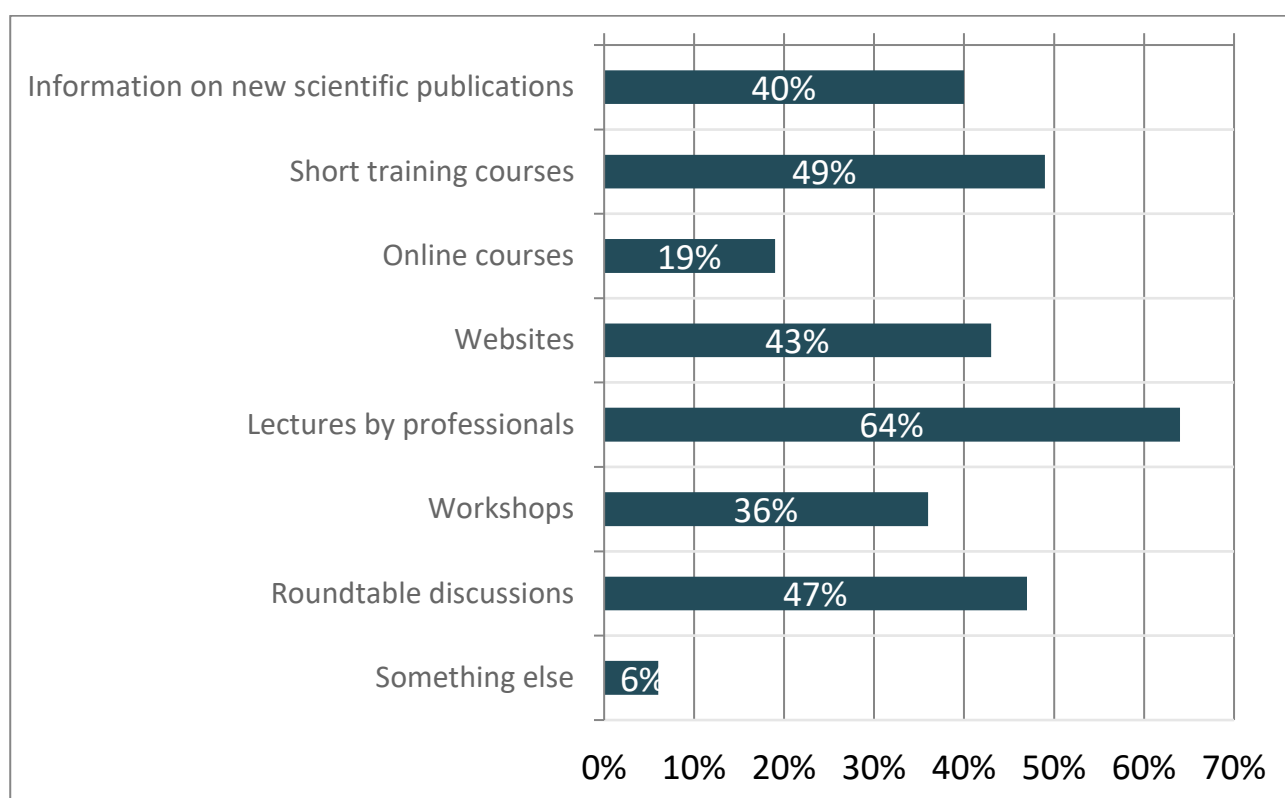
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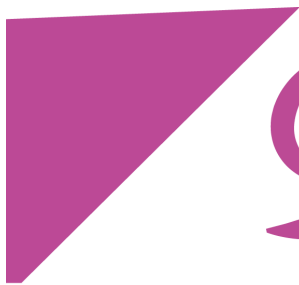
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What kind of training would you/colleagues in your field need for integration of services in cases of child maltreatment?



The respondents preferred lectures by professionals and short training courses. 47 percent were interested in roundtable discussions and 40 percent in information on new scientific publications. Different types of engaging methods were more popular here than with other topics.

## Conclusion



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The respondents were contacted via the national working group for tackling violence against children. This may have an impact on the knowledge of the respondents as the members of the working group are particularly interested in questions of child maltreatment. They may have more knowledge on the topic than average professionals in their fields.

All in all, the respondents were quite confident concerning their knowledge and their professional skills. The cooperation between professionals was found substantial, but not sufficient. The respondents felt that they had the most knowledge on working with other professionals. At the same time, they felt less confident working with children and families as well as their knowledge concerning treatment and support for child victims and their families after the disclosure of criminal investigation process.

## France

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The questionnaire was sent to various contacts who distributed it to their professional networks: medical, social, justice, education.

We have chosen not to distribute the questionnaire to professionals in our network who have a particular knowledge and awareness of child abuse issues in order to avoid bias in the analysis of responses.

The questionnaire was distributed to:

- Educational institutions – France: Elementary schools, Lower secondary (7); Higher school, Education Authorities Inspectors (4) (Ile de France and Burgundy regions).
- Legal: law firms (3) and Tribunal registries Judges for children and Registrars
- Medical: Hôtel Dieu Hospital (children's and teenagers' service); Lariboisière Hospital; general practitioners' association (1) (Brittany); specialised doctors' association (1); MSA (**agricultural social mutual fund**) general practitioners, specialists and social workers;
- Social: CNAPE - a national federation of associations dedicated to the protection of children, adolescents and young adults.

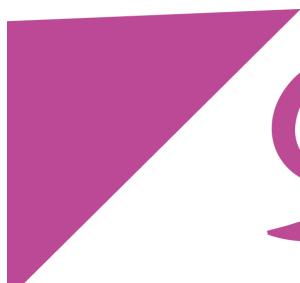
37 professionals have responded to the questionnaire as of March 31, 2019.

- The average seniority of respondents in their profession was 18 years.
- The average age of the respondents is 45.5 years.
- 70.3% of the respondents are women and 29.7% are men.

Considering the difficulties of the calendar in March 2019 in France, we know we will still receive answers, but for the project, we have chosen to send you a feedback at this date.

Among the respondents there are:

- 11 medical professionals, 5 social workers, 2 legal professionals, 19 national education teaching staff.
- 41.7% of respondents are members of the managerial staff.



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## Results of child abuse detection

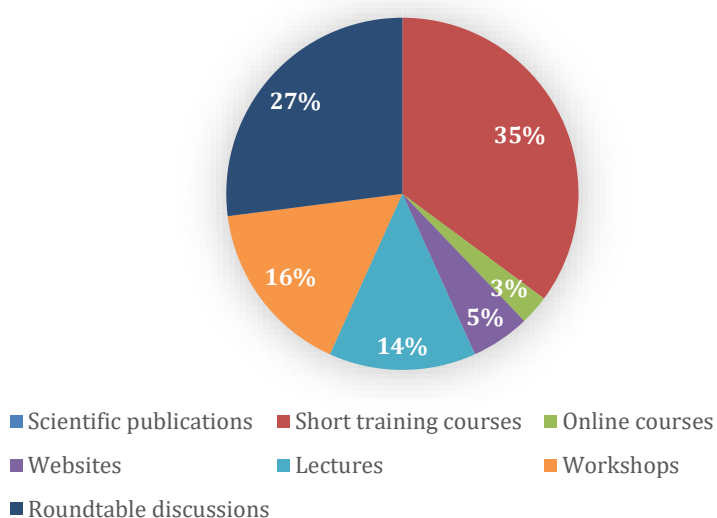
The answers to questions 1 to 11 highlight a similar trend: most respondents express their feelings of insufficient knowledge in terms of detecting proven situations of abuse and suspicion.

They also testify to their difficulty in discussing these issues with children and parents who are affected and/or might be affected by these situations.

The rate of negative responses to these questions ranges from 65% to 84%. It should be noted that questions that address the issue of sexual abuse have the highest negative response rates.

## Training requests

### Question 15 . What kind of training would you/colleagues in your field need for detection of child maltreatment ?



The majority of respondents would like short modules and open round tables. So many training modalities that favour face-to-face training, direct exchange between professionals.

## Results of victim support



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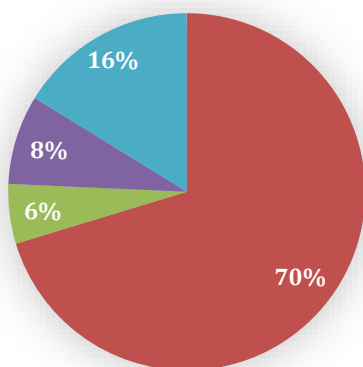


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Questions 16 to 18, respondents inform that they are mostly familiar with reporting procedures and their legal obligations.

Training requests:

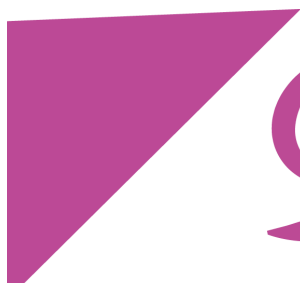
**Question 21. What kind of training would you/colleagues  
in your field need to know how to provide support for  
victims of child maltreatment ?**



■ Scientific publications ■ Short training courses ■ Online courses ■ Websites ■ Lectures

As with question 15, respondents requested interactive and face-to-face training modules.

Service integration results



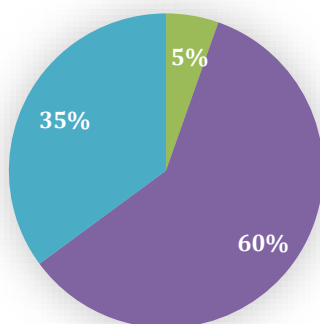
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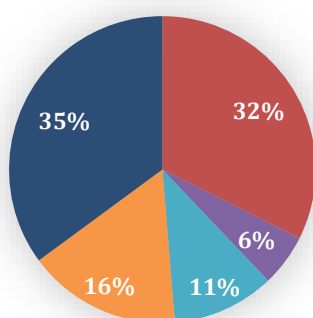
**Question 25. There should be more cooperation between professionals working in different fields with cases of child maltreatment**



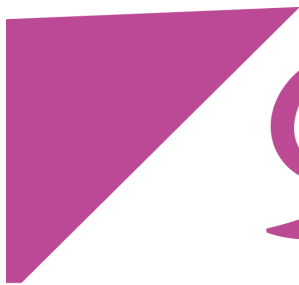
■ Strongly disagree ■ Disagree ■ Neither agree nor disagree ■ Agree ■ Strongly agree

From the answers to questions 22 to 26, it appears that respondents are seeking better coordination with other professionals in the sectors concerned.

**Question 27. What kind of training would you/colleagues in your field need for integration of services in cases of child maltreatment ?**



■ Scientific publications ■ Short training courses ■ Online courses  
■ Websites ■ Lectures ■ Workshops  
■ Roundtable discussions



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To facilitate the integration of services into their field of activity, most respondents prefer to hold training modules, round tables and workshops.

## Conclusion

The responses to the questionnaire reflect a strong correlation between the lack of knowledge about detecting respondents' abuse situations, their difficulty in discussing these issues with children and parents and their request for training.

The format of the training requested (round tables, short training modules, workshops, etc.) seems to indicate a need for exchanges between the professionals concerned by these situations.

We note that one-third of respondents took advantage of the opportunity offered by open-ended questions to refine and complete their answers.



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## Germany

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### Description of respondents

The German translation of the questionnaire was distributed to professionals from health care, social services, the police and judiciary, administration and education in Germany. The total number of respondents was 49. The mean age of these respondents was 31 years with an average of 6.7 years of relevant working experience in their professions. The individual differences concerning working experiences were wide and ranged from not yet one year up to 43 years. 67 percent of respondents were female, 16 percent were male and 17 percent did not answer this question.

Of the participants 22 percent worked in health care, 20 percent in social care, 6 percent in law enforcement, 33 percent in educational settings and 8 percent in other fields such as administration or research. About 14 percent of respondents did not answer. Please note that multiple answers to this question were possible to allow optimal classifications.

6 percent worked for local municipalities, 12 percent worked for municipalities on a regional level, 22 percent worked for NGO's, 22 percent worked for private companies and 20 percent worked in other settings that they did not classify as one of options above. These were universities, hospitals, counseling centers, church institutions or non-public schools. None of the respondents worked for the national government. 18 percent of the respondents worked as a supervisor/manager.

### Results

#### Detection of child maltreatment



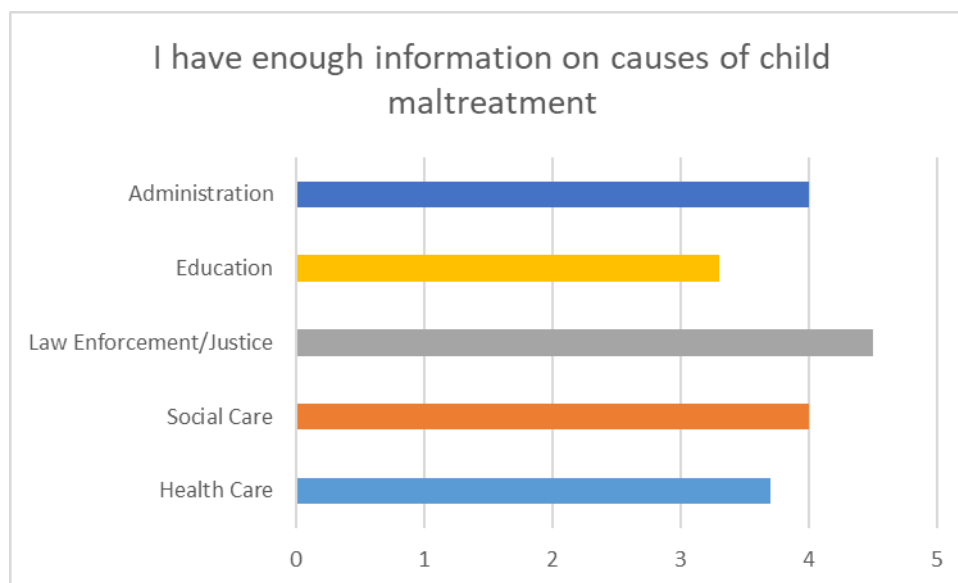


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*1 Mean responses of different professions to question 1*

Having information on causes of child maltreatment is important in order to detect abuse or neglect as early as possible since it allows professionals to be on the lookout for risk factors. Illustration 1 shows that while German professionals in general report to have enough information on this topic (Social Care [M: 4,0]; Administration [M: 4,0] Law Enforcement [M: 4,5] or Health Care [M: 3,7]), educational professionals report lesser knowledge on causes of child maltreatment [M: 3,3].

Another crucial point in the detection of child abuse and/or neglect is the knowledge regarding practices or interventions to identify child maltreatment. Illustration 2 shows the mean responses of German professionals to questions 2 – 4. It can be seen that within each professional group the differences of knowledge concerning the various forms of child maltreatment are marginal. But there are varying amounts of knowledge in different professions. Educational and Health Care professionals seem to have the least knowledge on the identification of child maltreatment.

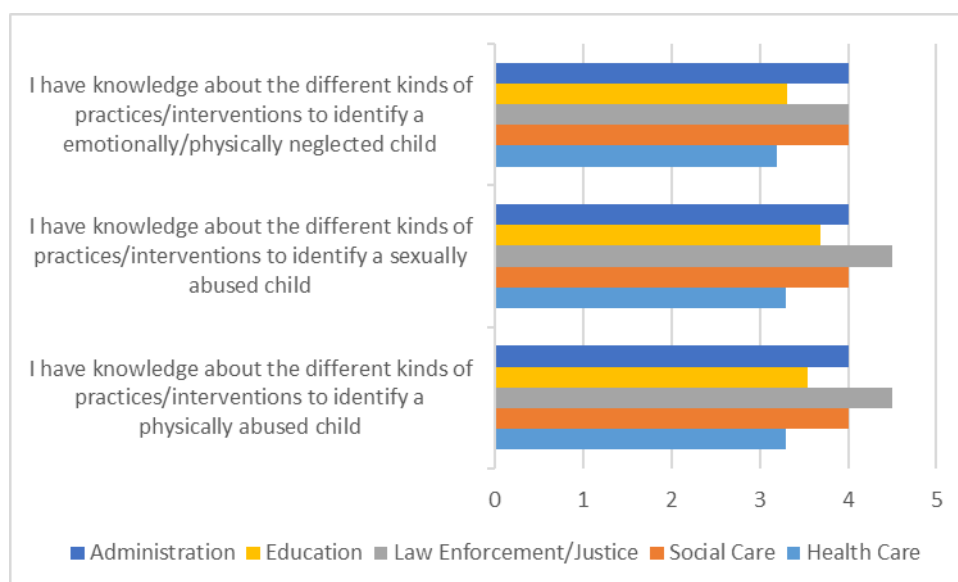


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*2 Mean responses of different professions to questions 2; 3 and 4*

In cases of suspected child maltreatment it may be necessary to raise this topic with the child, given it is old enough to be asked. It can be seen in illustration 3 that those professions who are accustomed to interviews with possible victims, such as law enforcement or social care, report more knowledge on conversations with possibly affected children. Professionals working in the administration report the same amount of knowledge. Health care and educational professionals report the lowest knowledge on this topic.

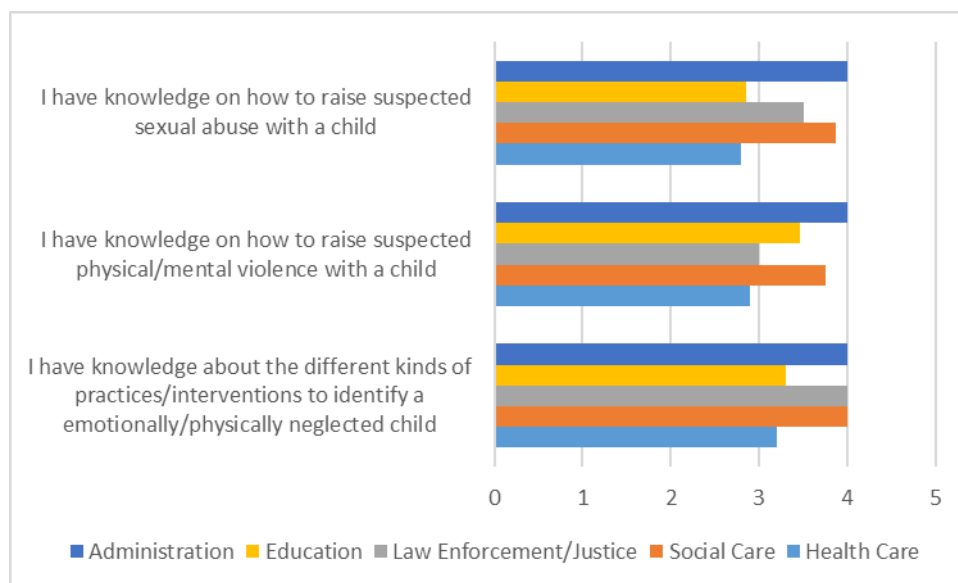


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*3 Mean responses of different professions to questions 5; 6 and 7*

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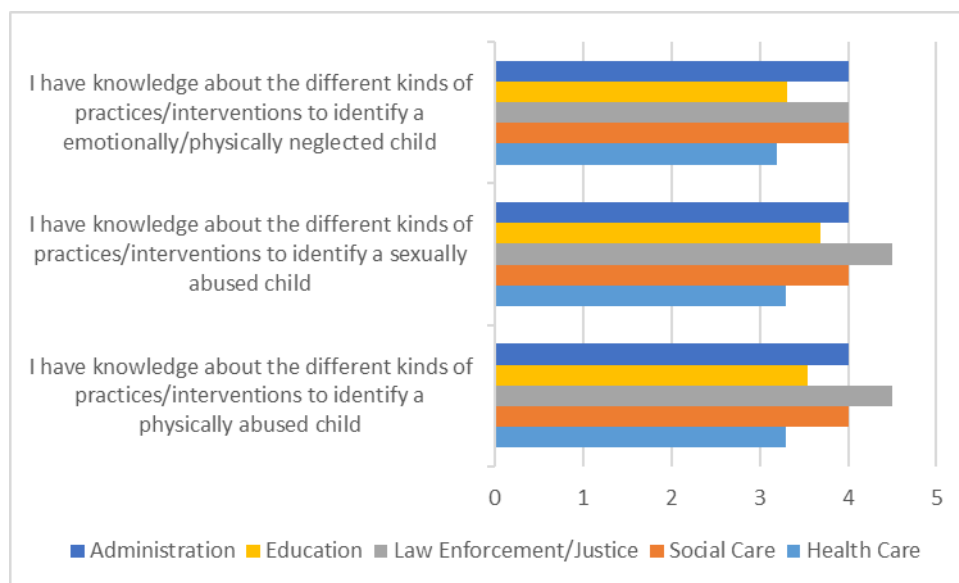


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*4 Mean responses of different professions to questions 2; 3 and 4*

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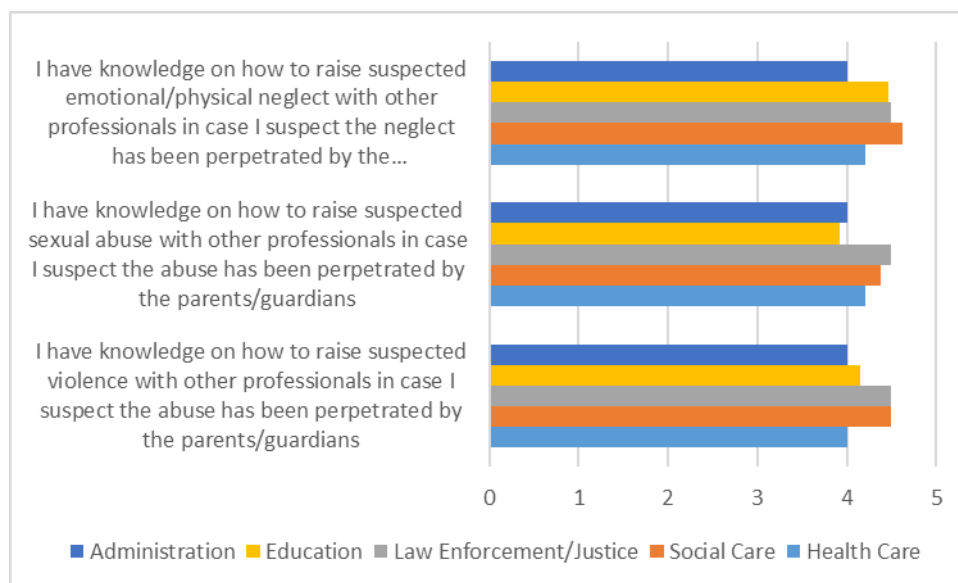


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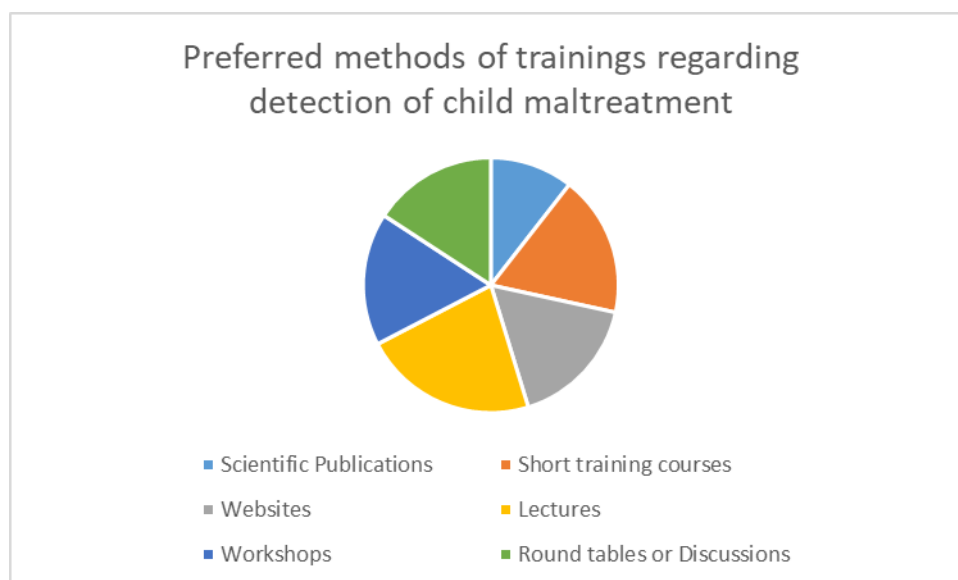


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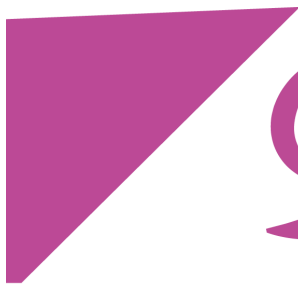


5 Mean responses of different professions to questions 12; 13 and 14

All asked German professions report to have extensive knowledge about the possibilities of discussing their suspicions or doubts with other professionals (illustration 6).



6 Preferred methods of training regarding the detection of child maltreatment (question 15)



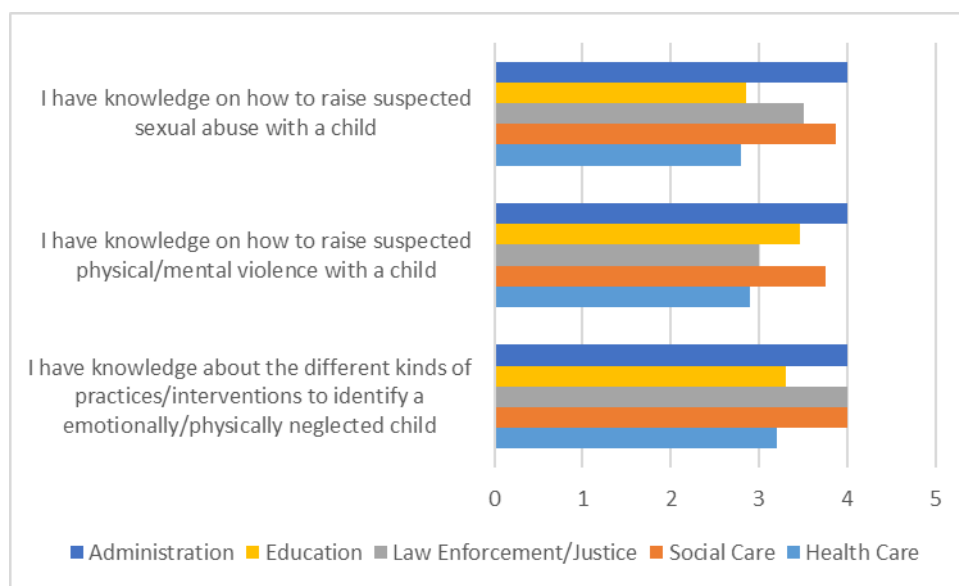
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Based on the relatively small number of responses, it is not possible to detect significant preferences concerning the method of trainings. Illustration 7 shows that there might be a small preference for lectures and that scientific publication might be considered less effective than other forms of training.



*7 Mean responses of different professions to questions 5; 6 and 7*

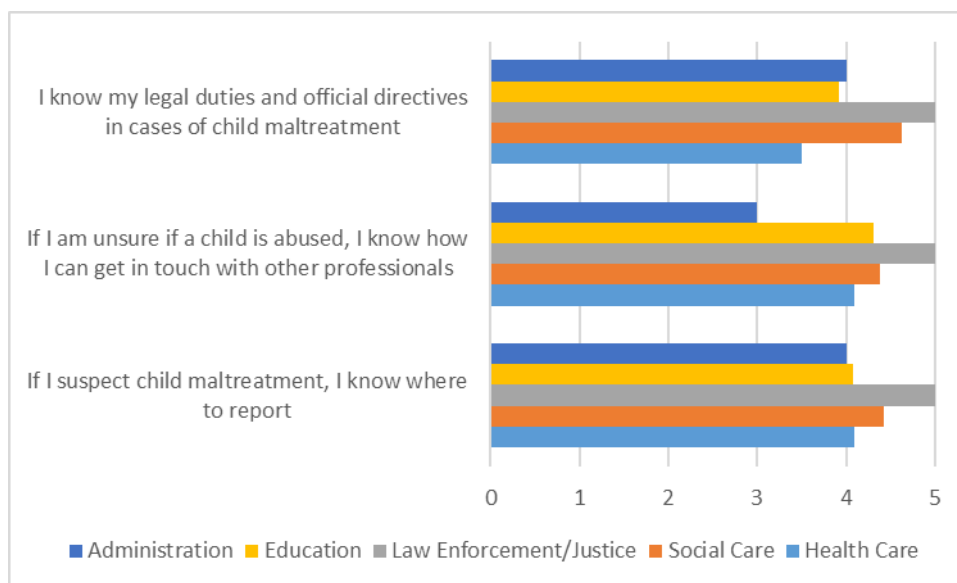


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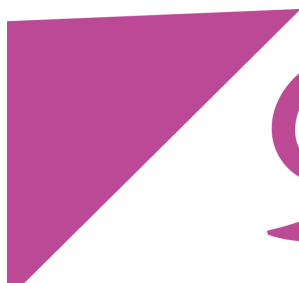


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*8 Mean responses of different professions to questions 16; 17 and 18*

German respondents to this questionnaire in general report to be sure about their legal duties and official directives in cases of child maltreatment, only health care professionals seem to have less knowledge on that topic (illustration 8). At the same time, all professionals know where to report child abuse and/or neglect.

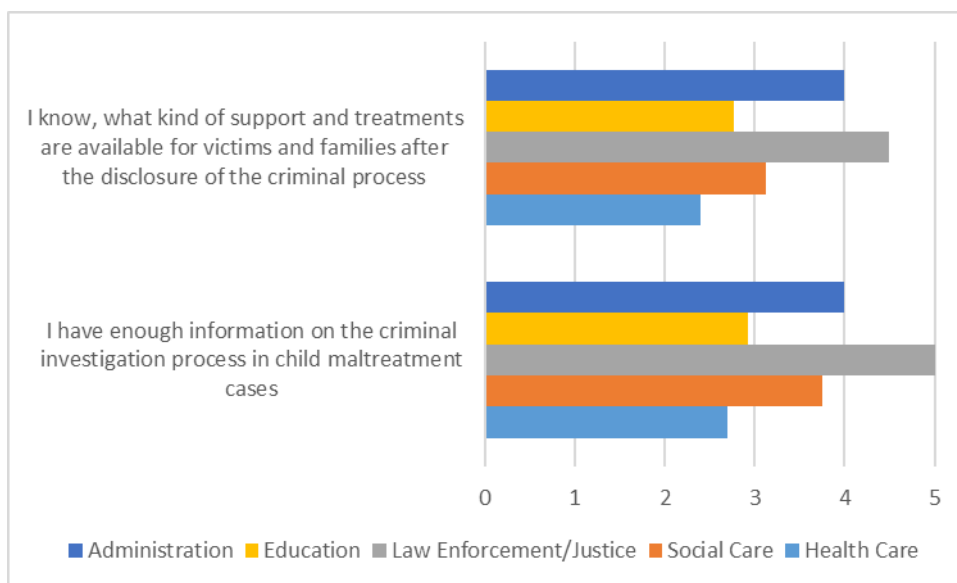


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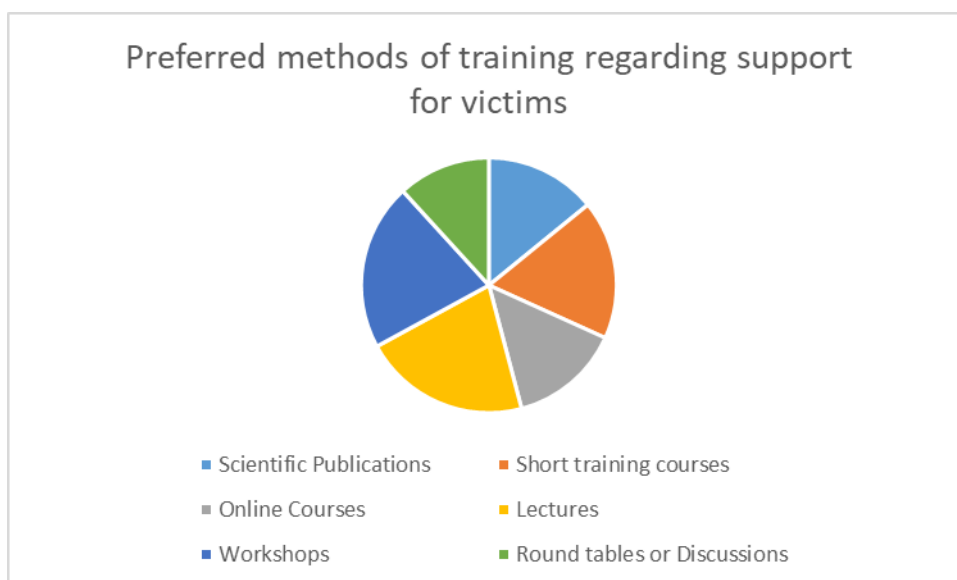


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9 Mean responses of different professions to questions 19 and 20

While professionals working in administration and law enforcement know about available treatments and report to have enough information on the criminal investigation process, other professions do have insufficient knowledge on this topics.



10 Preferred methods of training regarding the support and treatment for victims of child maltreatment (question 21)





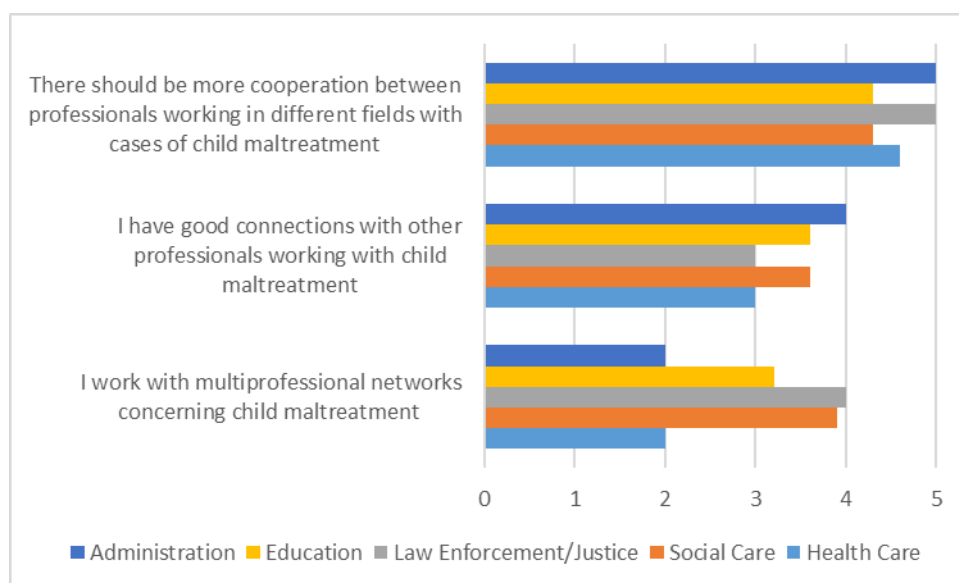
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Based on the relatively small number of responses, it is not possible to detect significant preferences concerning the method of trainings for this question as well. Illustration 10 shows that there might be a small preference for lectures and that round tables or discussions might be considered less effective than other forms of training.



*11 Mean responses of different professions to questions 22; 24 and 25*

The social care as well as judiciary professionals and to some extent the educational professionals responded most positively to statements concerning working with multiprofessional networks and having good connections with other professionals. Health care professionals tended to disagree to these questions. While not all profession groups reported good networks and connections with other professionals, a huge majority agreed or strongly agreed that there should be more cooperation between professionals working in different fields.

### Description of networks

We asked the respondents to describe their networks in cases of child maltreatment. Only 10 respondents answered this question. Those who answered described wide networks that include social services/child protection services, the police, health care services, schools, day-care centres, the forensic child psychiatry units, crisis work professionals, youth services, family members,

and foster care, parents, medical examiners, educational counselling centers. All these stakeholders were named at least once.

One kind of network that was named repeatedly were child protection groups in hospitals. They are multiprofessional and consist of the doctor responsible for the child, nurses, psychologists and social workers. In the case of suspected child maltreatment this network allows a consultation within the hospital. This has the advantage of integrating different perspective and to reach a substantiated conclusion as to whether or not a child might be maltreated. Child protection groups do have established relationships to child protection services as well which allows fast and appropriate support for affected children.

### Integration of Services

The respondents were asked to give their opinion on characteristics of good cooperation between professionals in cases of child maltreatment. A small number of respondents decided to answer this question (N=15). Their answers emphasize the need for unambiguous and regular communication between stakeholders, knowledge about responsibilities of other professionals, establishing professional relationships and organizational structures or periodic evaluations of interventions.

A point that was stressed repeatedly was the necessity of joint trainings and the reduction of bureaucracy.

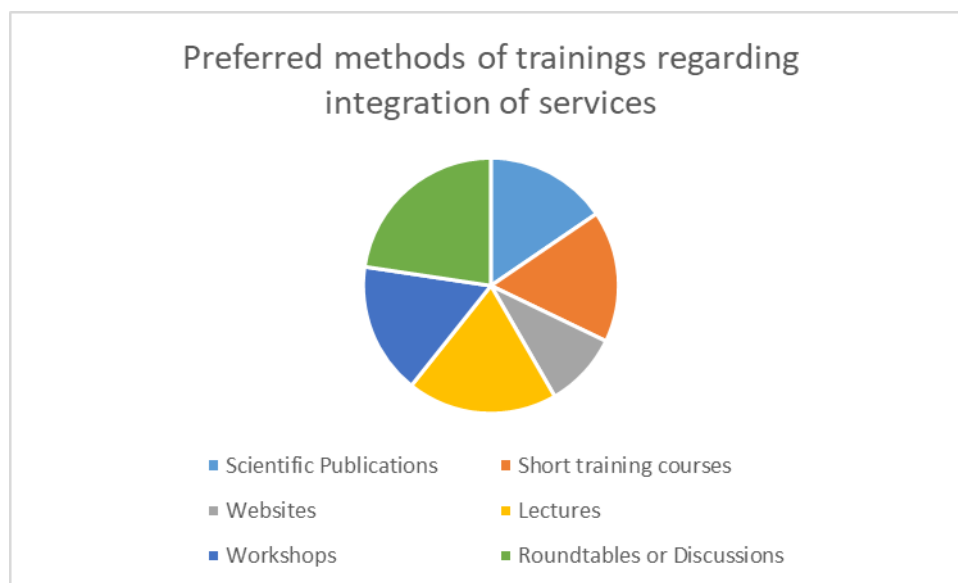


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*12 Preferred methods of training regarding the integration of services (question 27)*

The answers to question 27 (illustration 12) shows that respondents prefer practical methods of training such as round tables or discussions, workshops, short trainings courses or lectures. This is consistent with the described need for joint trainings and direct communication between stakeholders, which was described above.

## Conclusion

The link to this questionnaire was distributed through personal and professional networks of the researchers.

While the total number of respondents was 49, there were very few professionals from law enforcement (N=2) and administration (N=2) which may have biased these answers. All in all, the German respondents were quite confident concerning their knowledge and their professional skills. The educational professionals were most uncertain about their knowledge and abilities in cases of child maltreatment. The cooperation between professionals was found far from sufficient. The respondents, who worked in professionals with clear responsibilities and official directives, felt more confident better informed on child maltreatment. All respondents were far more confident working with other professionals than with possibly affected children and their families.



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## Greece

### Description of Respondents

We distributed the questionnaire in different professionals from the field of health care, social services, judicial authorities and education. Unfortunately in Greece there is not a national working group for tackling violence against children. There are professionals who usually working alone and in some cases there may have collaboration with other professionals in other services.

The number of respondents was 31, 28 women and 3 men. The mean age group of the respondents was between 30 – 39 years old (table 1). 16,1 percent work in health care, 29 percent in social care, 22,6 percent in law enforcement, 16,1 in education, 3,2 in administration and 12,9 percent in other fields (table 2).

12,9 percent work in public sector (local level), 16,1 percent work in public sector (regional level), 35,5 percent in public sector (national level), 9,7 percent in NGO's 16,1 percent in private sector and 9,7 percent in other fields. (table 3) 25 percent of the respondents work as a supervisor/manager. (table 4)

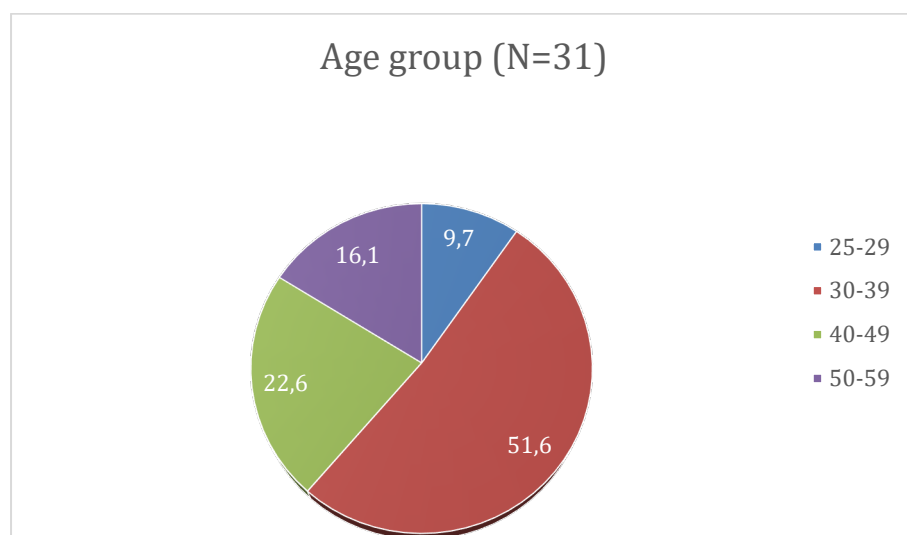
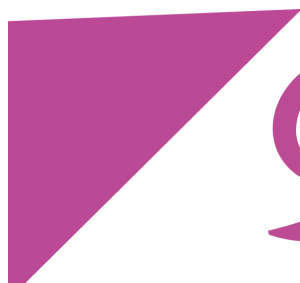


Table 1 Mean age group

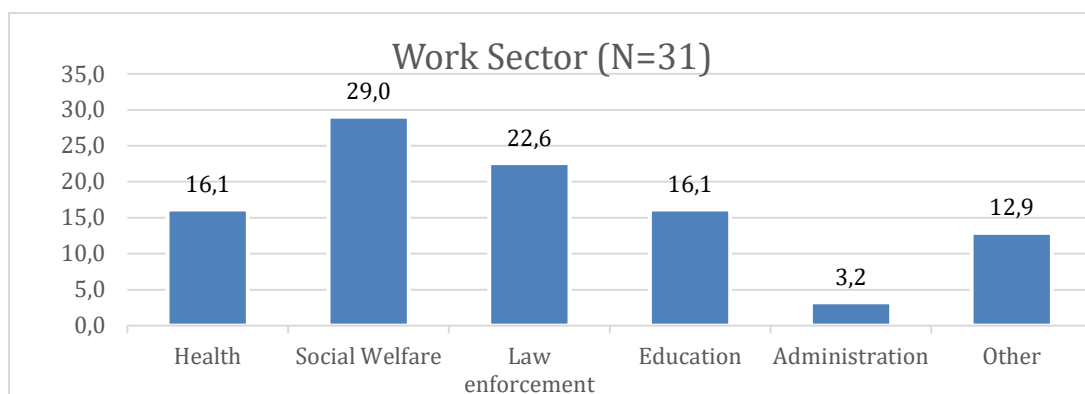


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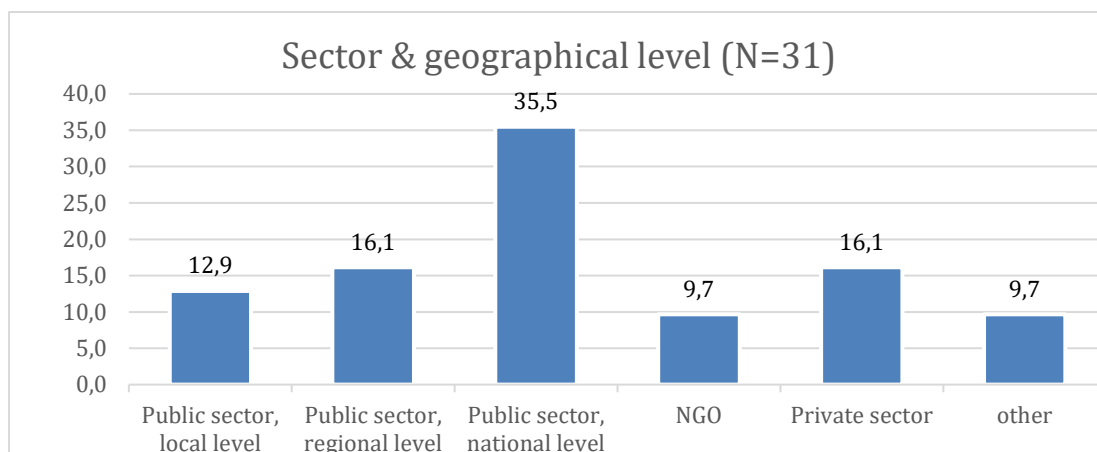
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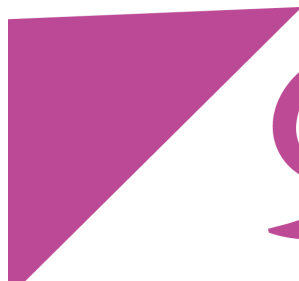
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*Table 2: Work Sector*



*Table 3: Work sector and geographical level*



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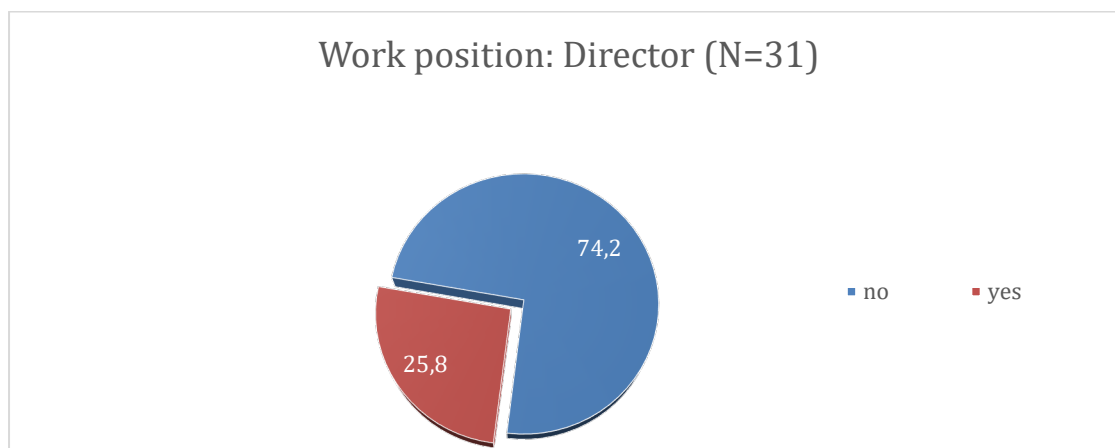
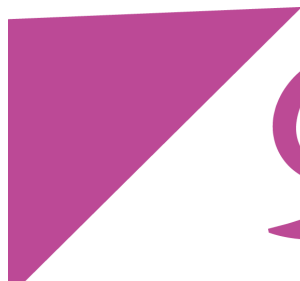


Table 4: Supervisor or not

### Detection of Child Maltreatment

As for the detection of child maltreatment in table 6 we can see that the average of the professionals feel more confident about the causes of child maltreatment and how they can detect them and less confident about how to raise suspected sexual abuse with parents/guardians. This difference may occur maybe because sexual abuse is still a family secret in Greek context and is very difficult to detect as they don't exist visible evidences. Moreover, from the answers of the questionnaires it is evident that professionals have more skills in recognize physically abused children, as almost half of them they agree that they have enough awareness about the different kinds of practices/interventions to identify a physically abused child. (table 5 and 6)



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## Detection of Child Maltreatment

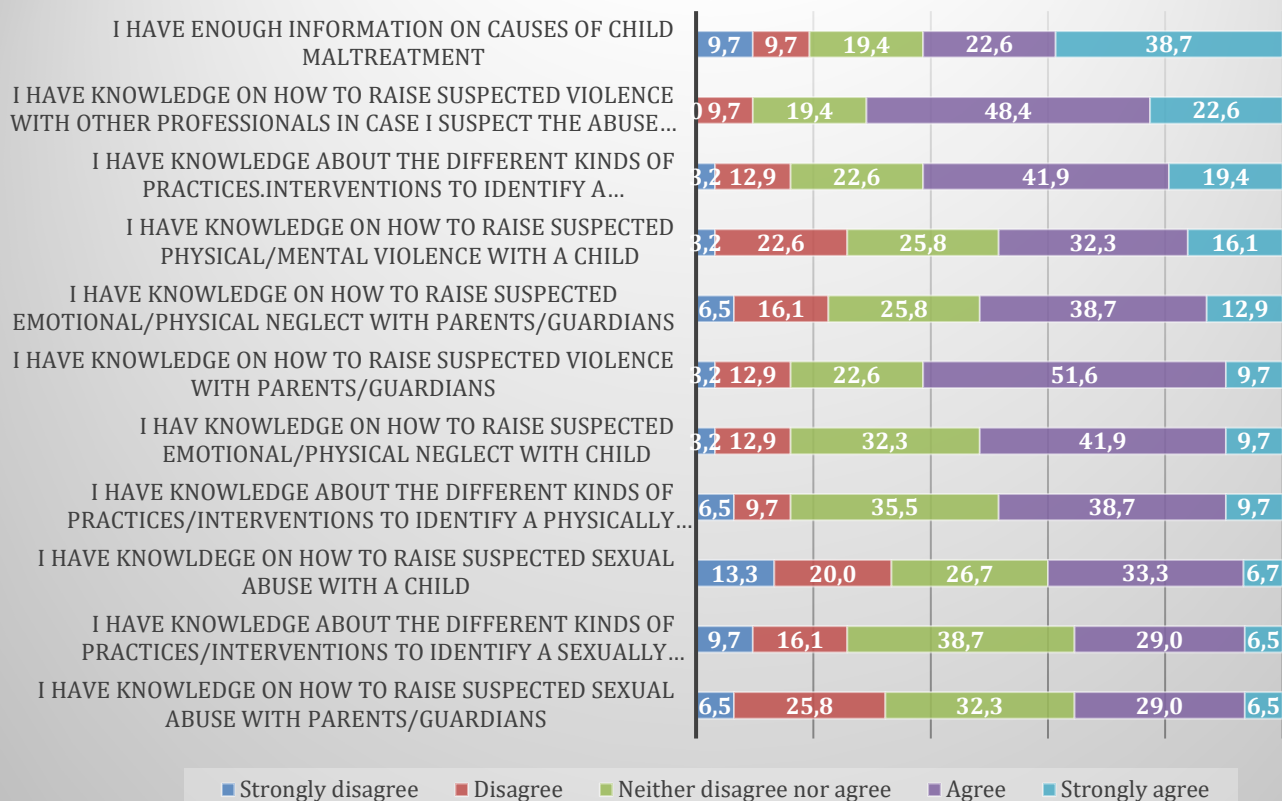
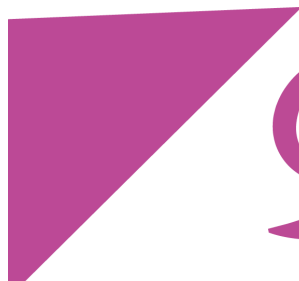


Table 5: Mean values of detection of CAN - all the respondents



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## Detection of Child maltreatment 2

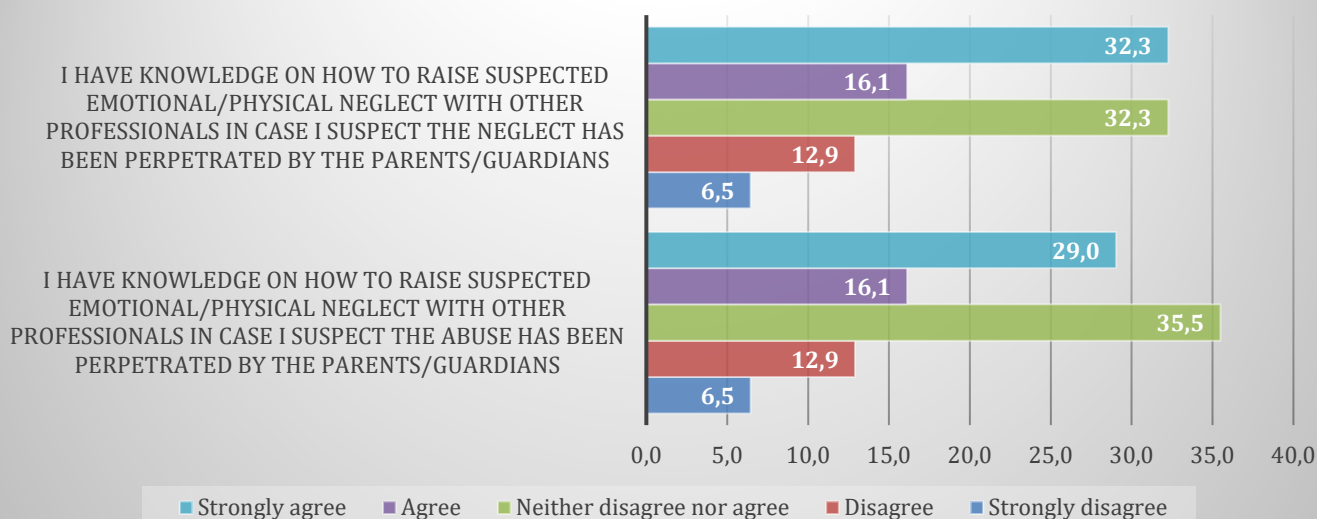


Table 6: Mean values of detection of CAN - all the respondents





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## Detection of Child maltreatment and sector of work

Below, as we have already mentioned according to the tables 5 and 6 we realize that all the professions are aware about the causes of child maltreatment. The professionals who work in social care feel more confident to recognize all forms of maltreatment as the average is above of the 3 (they mostly agree that they have knowledge about the different kinds of practices to identify all forms of abuse).

In other hand it is obvious that the professionals that work in services related to CAN but in the administration field don't have the necessary information about the practices needed in the detection of CAN despite they work in services who are responsible for children.

### Mean values - Practices/interventions

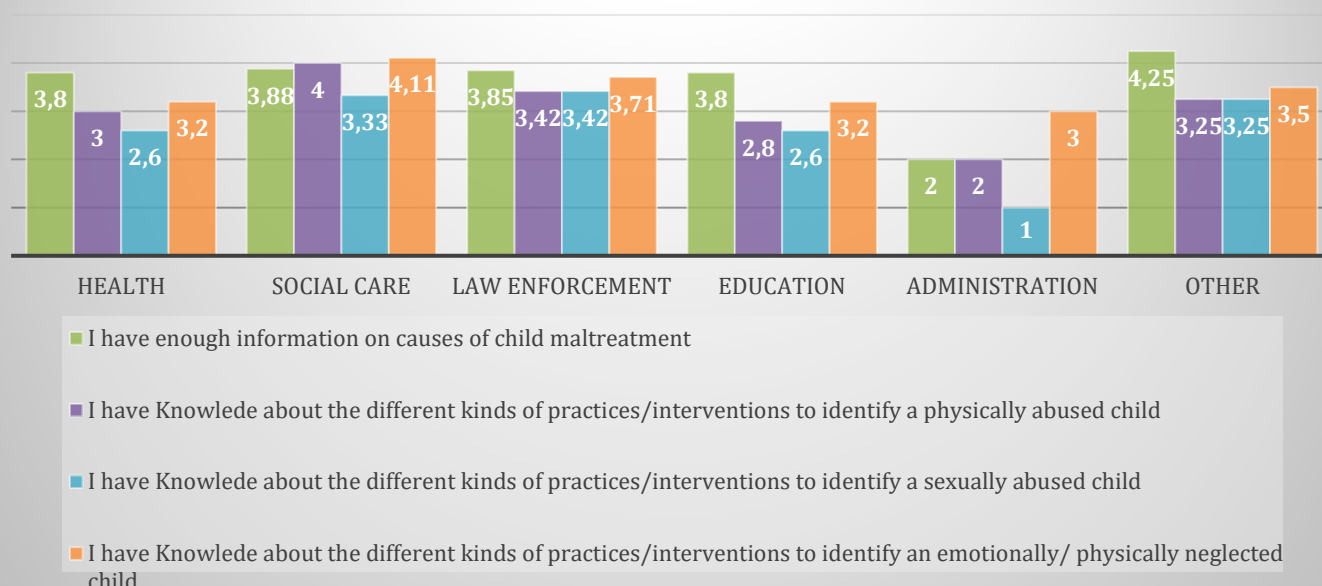
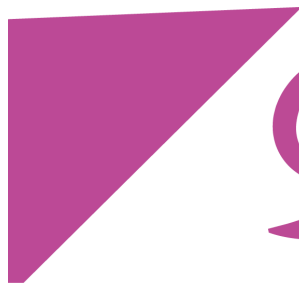


Table 7: Mean values - practices/interventions

As for the knowledge that the professionals have about how to raise suspected CAN from a child, the table 8 shows that one more, the professionals from social care are more aware about how to raise suspected violence. On the other hand, professionals from the sector of health and education (work sectors directly connected to the



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children) have less skill in raising sexual abuse either from the child either from the parents/guardians.

## Mean Values - RAISE SUSPECTED CAN

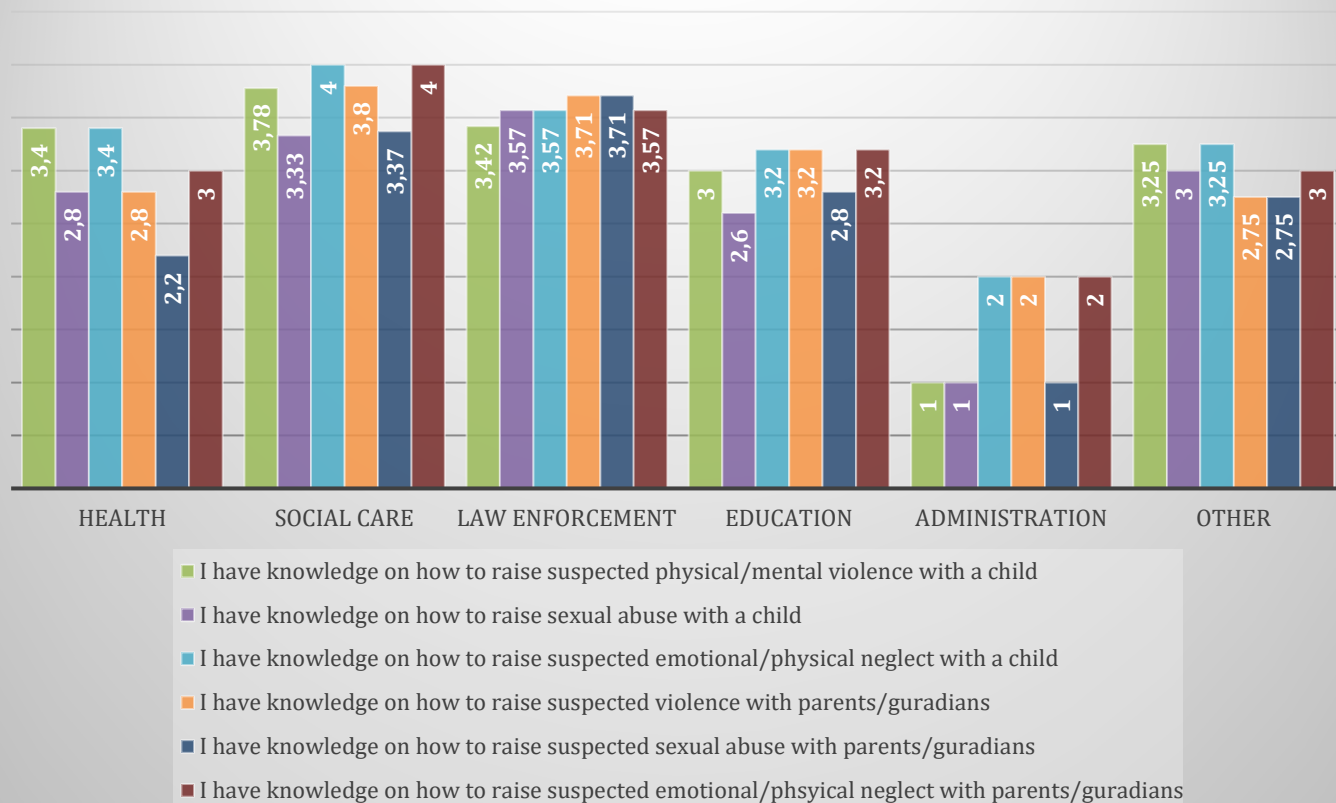
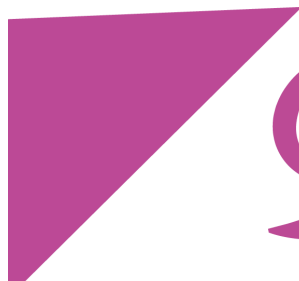


Table 8: Mean values - raise suspected violence

Finally, as for the detection of child abuse in cooperation of other professionals (the table 9), once more we realize that the professionals in the sector of social care are more aware about how to raise suspected violence in collaboration with other professionals in case they suspect that CAN has been perpetrated by parents/guardians. From the mean values and the responses in the questionnaire we find out that the professionals who work in health sector have less skills in identifying CAN and they don't have established the necessary network with which they can collaborate in cases of CAN.



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## MEAN VALUES - DETECTION OF CAN - COOPERATION

- I have knowledge on how to raise suspected violence with other professionals in case I suspect the abuse has been perpetrated by the parents/guardians
- I have knowledge on how to raise suspected sexual abuse with other professionals in case I suspect the abuse has been perpetrated by the parents/guardians
- I have knowledge on how to raise suspected emotional/physical neglect with other professionals in case I suspect the abuse has been perpetrated by the parents/guardians

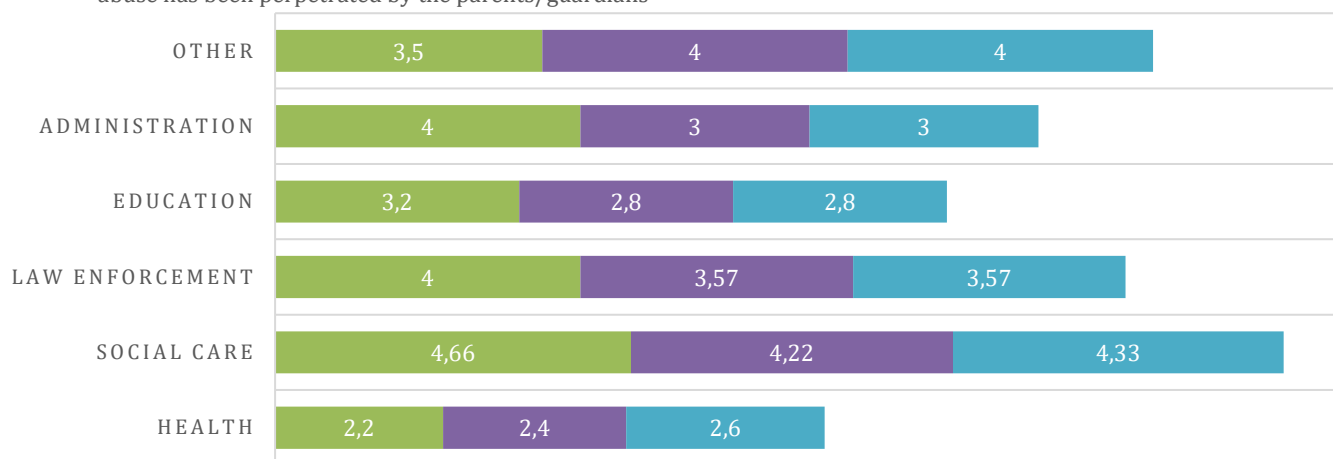


Table 9: Detection of CAN in collaboration with other professionals



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## Support for victims

In the section about how the professionals can support the victims of child abuse, as we can see from the table 10 professionals know where to report and in which service to address to collaborate for the support of victims of child abuse.

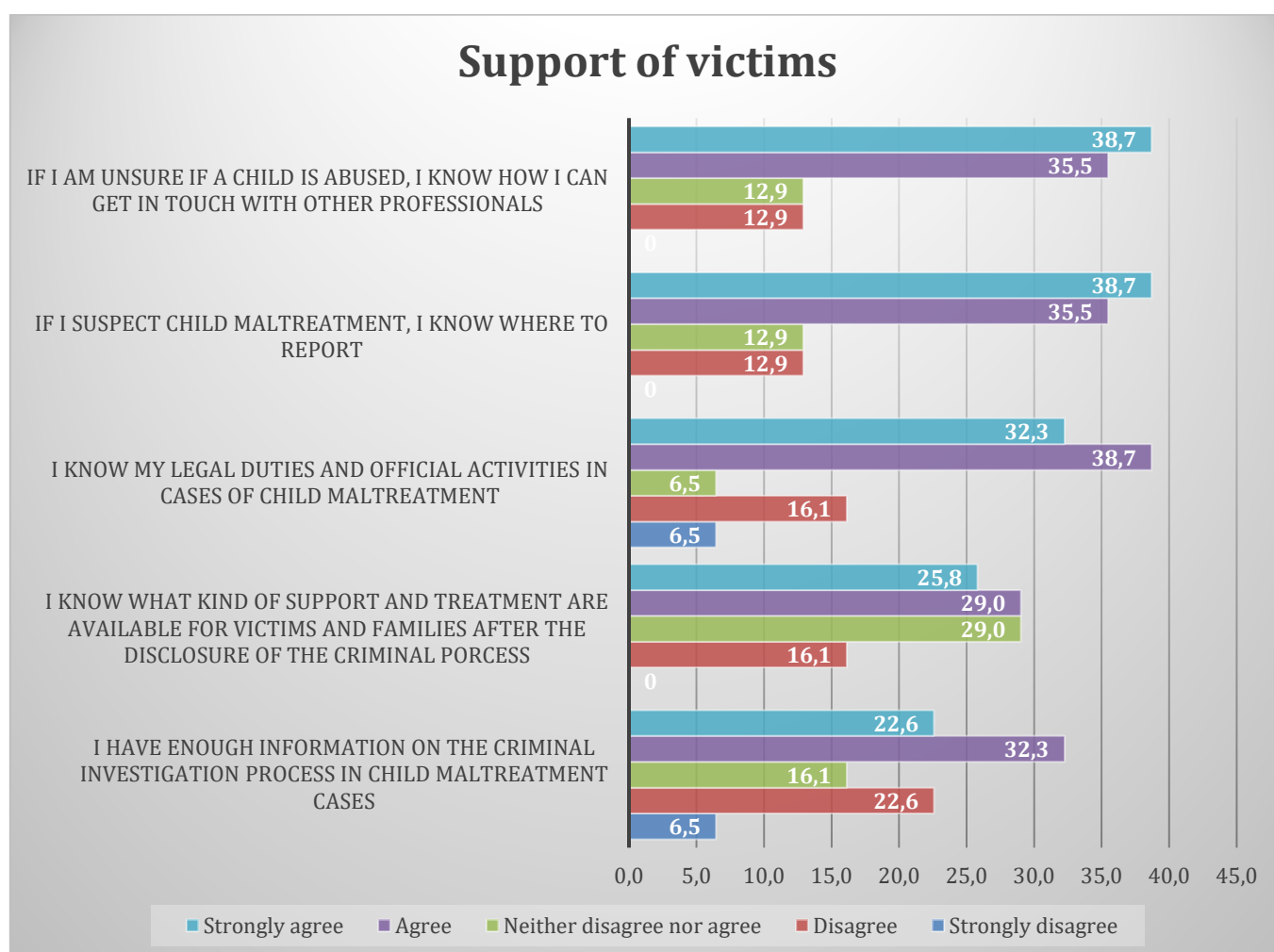
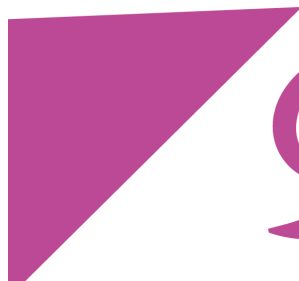


Table 10: Support of victims - mean values



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## Support and work field

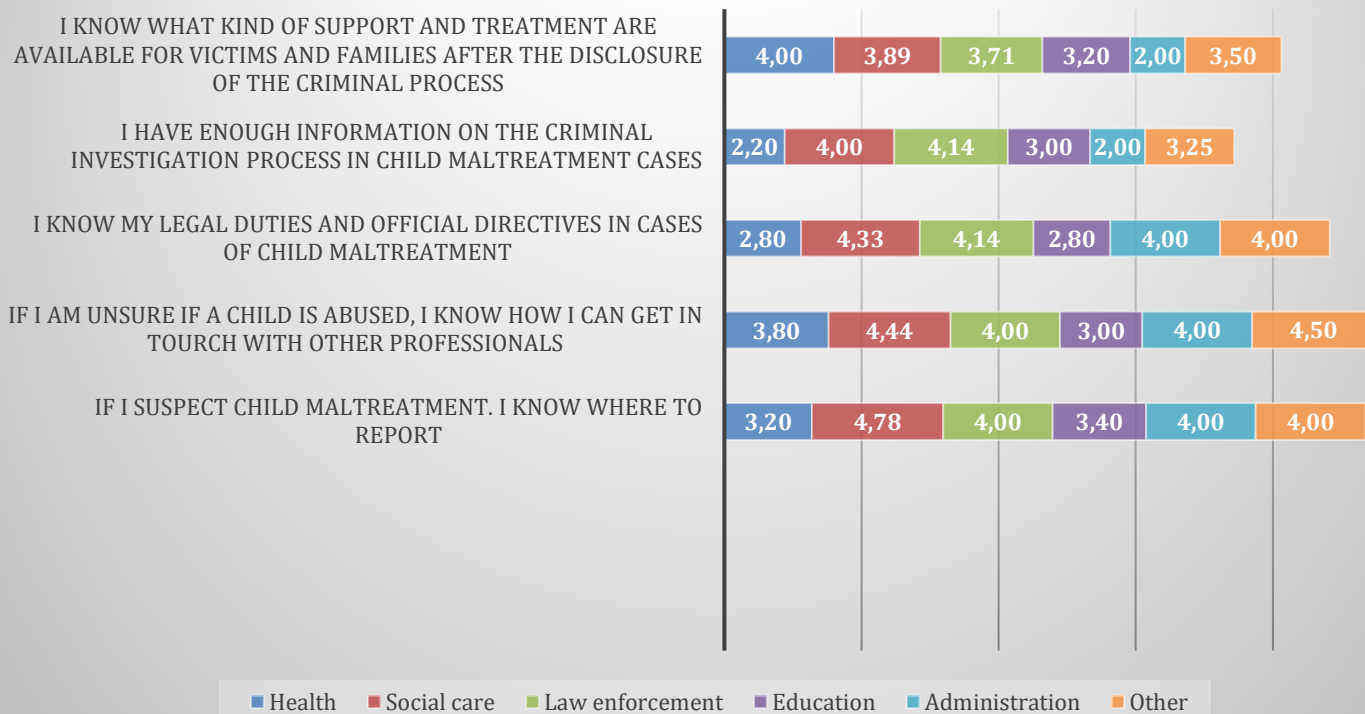
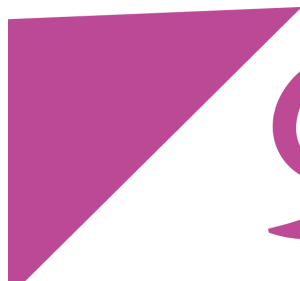


Table 11: Support and Work field

Once more the professionals from the field of social care are more aware about the processes needed for support and treatment of victims. We had to notice that teachers and educators are less aware vis – a – vis the other professions in how to get in touch with other professionals if they unsure about the abuse of a children. Moreover educators are not informed about the criminal investigation process in child maltreatment cases.



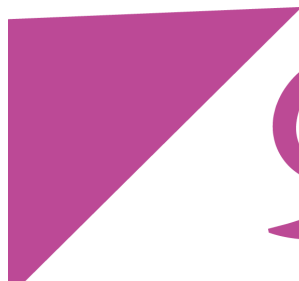
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Remarkably, health professionals have little information about the criminal investigation process in CAN cases despite they work in the field of child maltreatment.



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## Integration of services

### Mean values of self - assesment

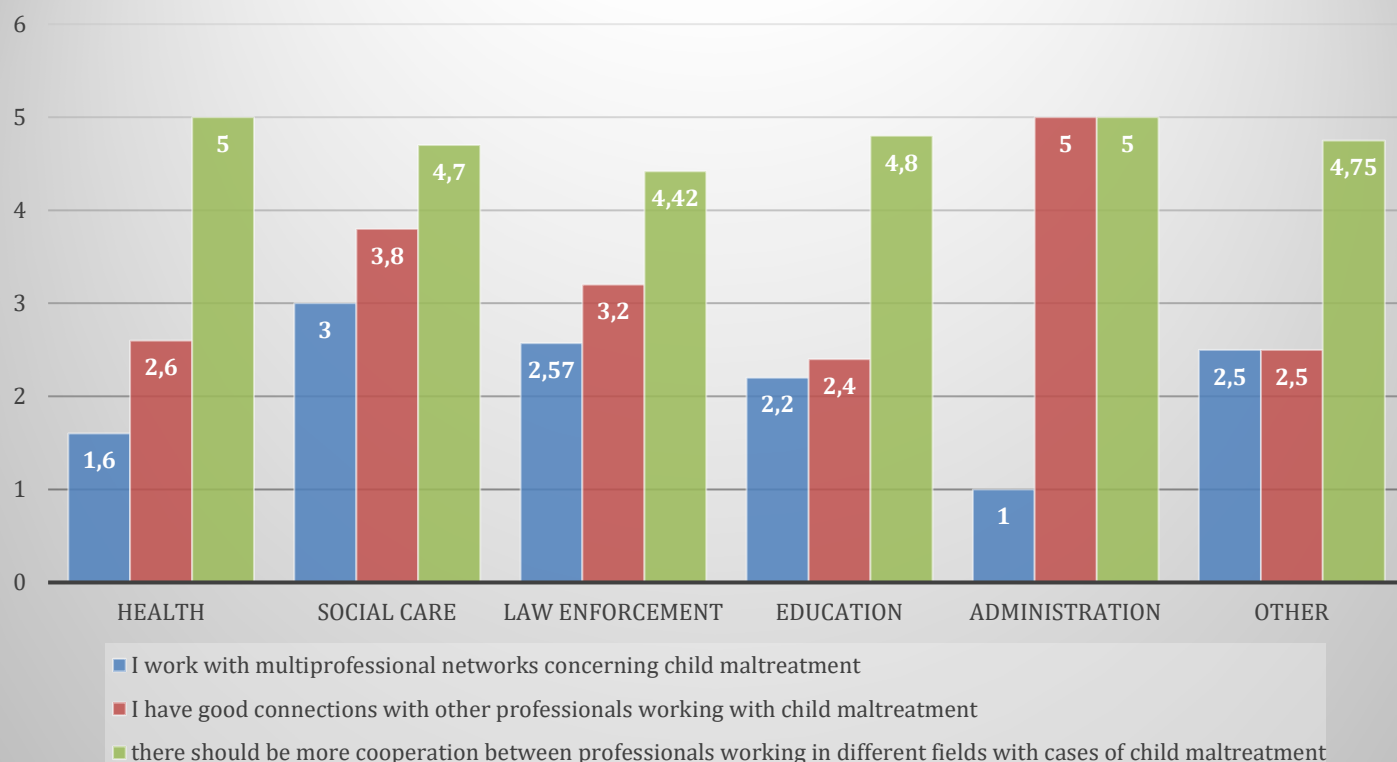
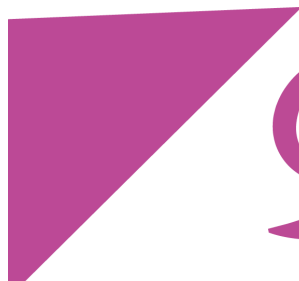


Table 12: Mean values and integration of services

All the professionals, regardless of the work sector they belong to, agree that is needed more cooperation between professionals working in different fields with CAN cases.

Professionals who work in health and administration sector seem not to have a multi-professional network concerning child maltreatment.



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*Questions 21 - 22: I work with multi-professional networks concerning child abuse.  
Describe your networks.*

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Unfortunately as we have already mentioned in Greece they do not exist multi-professional networks concerning child abuse. Usually social workers in the social services of municipalities after the order of the public prosecutor or in case they have complaints from the neighbors or the residents of the municipality they have to conduct the assessment of the needs of the child and also to investigate in case of CAN.

As there is no an official national network for tackling child abuse and neglect the stakeholders decide with which professional or public service they will cooperate. They mention mostly the Institute of Child Health, the social services in municipalities, the NGO "Smile of the Child" and the public service National Centre of social solidarity who is responsible to coordinate the network of social care in Greece in cases of emergencies.

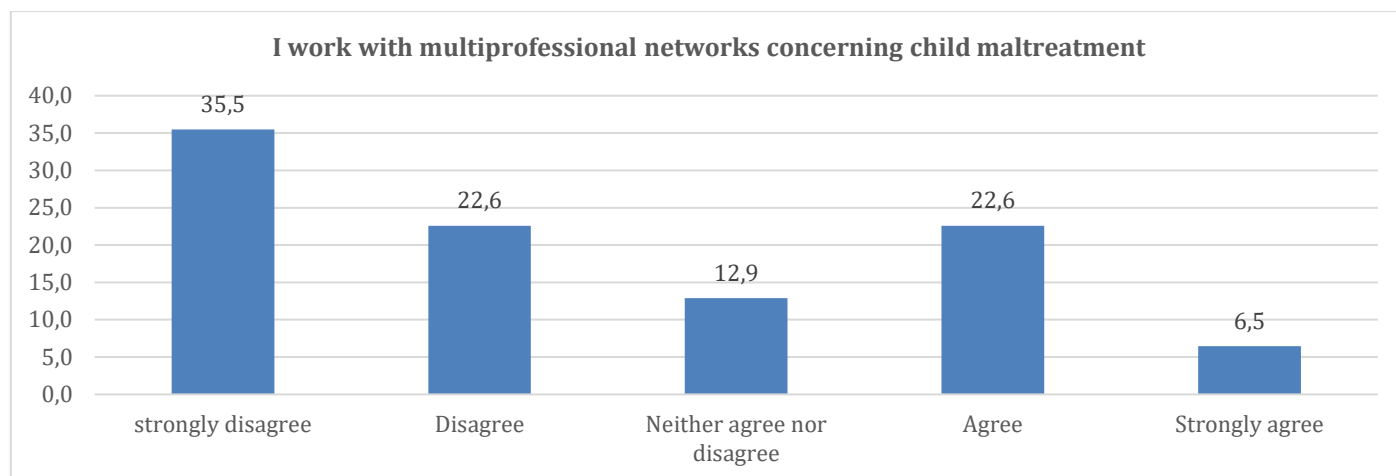


Table 13: Average – multiprofessional networks





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*Question 24: there should be more cooperation between professionals working in different fields with cases of child maltreatment*

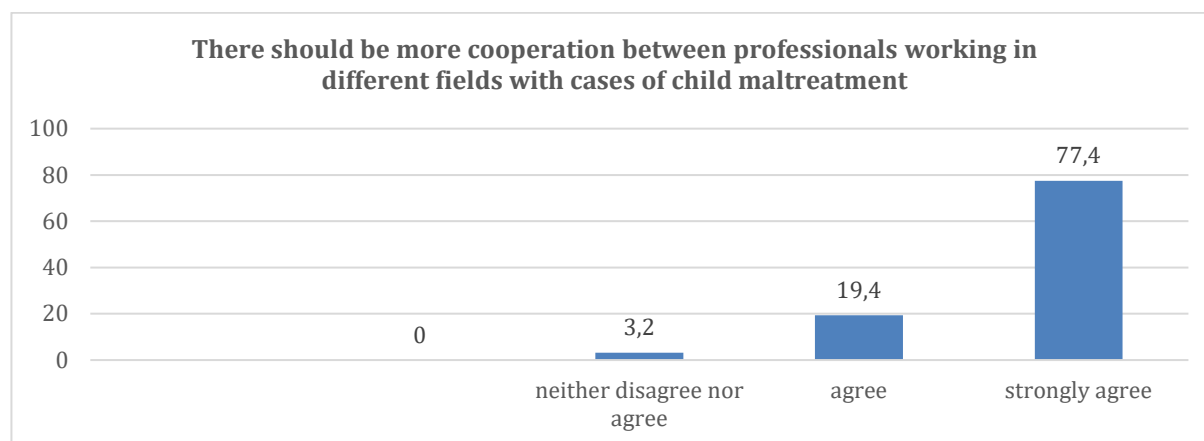


Table 14: More cooperation between professionals

As the table shows almost all the professionals (78%) point out the need of a better cooperation between the professionals who work in different fields in case of CAN.

In their words:

*"Multiprofessional approach in cases of child maltreatment"*

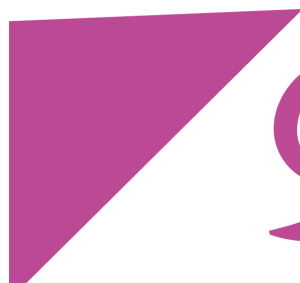
*"Conversation between the professionals who work in different fields and exchange of their experience and moreover information about the cases"*

*"Information interchange, cooperation with all the professionals and cooperation with the professionals who are responsible for the psychosocial support of the child"*

*"Multidisciplinary and multiprofessional approach"*

*"Information about the services who are responsible for detect child abuse"*

*"Round – tables".*



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## Training needs of the professionals:

### In the detection of child maltreatment

The table below shows the preferences of the professionals about their training needs and the field of work. Short trainings and workshops are the two trainings that the average of professionals prefer. Only the professionals who work in education prefer the roundtable discussion about the detection of child maltreatment.

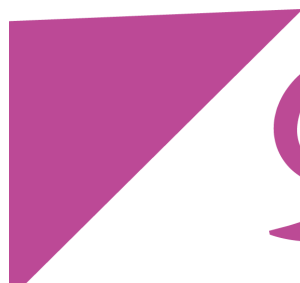
Sector	Health	Social care	Law enforcement	Education	Administration	Other
Scientific publications	0,0%	44,4%	28,6%	0,0%	0,0%	0,0%
Short trainings	<b>100,0%</b>	55,6%	42,9%	<b>80,0%</b>	<b>100,0%</b>	75,0%
Online courses	20,0%	22,2%	14,3%	40,0%	0,0%	0,0%
Websites	0,0%	11,1%	28,6%	20,0%	0,0%	0,0%
Lectures	0,0%	11,1%	28,6%	40,0%	0,0%	50,0%
Workshops	<b>80,0%</b>	<b>66,7%</b>	57,1%	<b>60,0%</b>	0,0%	<b>100,0%</b>
Roundtable discussions	40,0%	33,3%	28,6%	60,0%	0,0%	25,0%

Table 15: Training needs of the professionals in detection of CAN

### In the support of victims of CAN

The training needs of the professionals in the support of victims of CAN are mostly workshops as all the professionals prefer this way of training except of the professionals in administration (but they are only 2 professionals).

All the professionals from health and administration sector choose short trainings for raise their awareness in the support of victims of CAN.



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	Health	Social care	Law enforcement	Education	Administration	Other
Scientific publications	0,0%	66,7%	33,3%	0,0%	0,0%	0,0%
Short trainings	100,0%	44,4%	42,9%	80,0%	100,0%	75,0%
Online courses	20,0%	11,1%	14,3%	20,0%	0,0%	0,0%
Websites	0,0%	11,1%	28,6%	20,0%	0,0%	0,0%
Lectures	0,0%	11,1%	14,3%	40,0%	0,0%	50,0%
Workshops	80,0%	66,7%	57,1%	60,0%	0,0%	100,0%
Roundtable discussions	40,0%	33,3%	28,6%	60,0%	0,0%	25,0%

Table 16: Training needs of the professionals in the support of victims

### In the integration of services

Sector	Health	Social care	Law enforcement	Education	Administration	Other
Scientific publications	20,0%	22,2%	28,6%	0,0%	0,0%	0,0%
Short trainings	20,0%	77,8%	42,9%	100,0%	100,0%	50,0%
Online courses	0,0%	0,0%	14,3%	20,0%	0,0%	0,0%
Websites	0,0%	44,4%	28,6%	0,0%	0,0%	0,0%
Lectures	20,0%	22,2%	28,6%	40,0%	0,0%	50,0%
Workshops	40,0%	77,8%	71,4%	60,0%	0,0%	100,0%
Roundtable discussions	100,0%	77,8%	14,3%	80,0%	0,0%	50,0%

Table 17: Training needs of the professionals in the integration of services.

The average of professionals choose the roundtable discussions for raise their awareness in the collaboration between services and professionals. Only the professionals from justice don't choose roundtable discussions (only 14,3%).



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As for the necessary educational means per priority as we can see in the table 18 professionals mostly prefer short training courses, workshops and roundtable discussions, for the identification of CAN, support of CAN victims and cooperation among services.

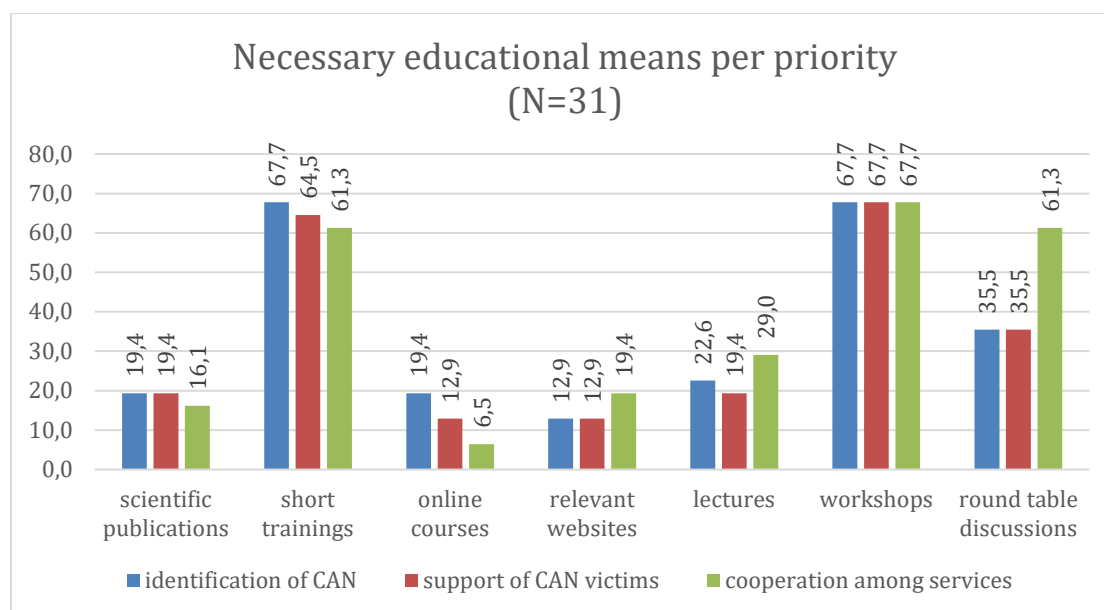
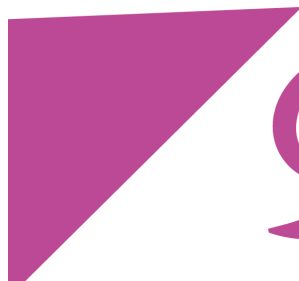


Table 18:: Necessary educational means per priority



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## Conclusion

The respondents contacted, are collaborated with our service, the Institute of Child Health. This may have an impact on the knowledge of the respondents as they may particularly interested in questions of child maltreatment and most of them they work in the field of child abuse and neglect. They may have more knowledge on the topic than average professionals in their fields.

As for the self – assessment questions we realize that professionals from social care feel more confident and they have more information in detection of child maltreatment and support of victims. This may happen because the most of them are social workers who work in municipalities and are responsible for the assessment of the family after the order of the public prosecutor.

The professionals from health despite their involvement with the child and abuse, appear to know less about detection of CAN, and they seem that they don't collaborate with other professionals from CAN.

The outcomes from the questionnaires may have not representatives as the professionals are professionals who collaborate with ICH and they work in the field of CAN. Moreover the number of the questionnaires is very short and may not reflect the average opinion and knowledge of the professionals in the field of Child abuse and neglect.

## Italy

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### Description of respondents

In Italy, the questionnaire was distributed at the local level. Indeed, our survey focuses mostly on the District of Bologna, even if we reached also some respondents in other Districts of the Emilia-Romagna Region.

People targeted by the questionnaire work in health and social care, education, law enforcement and administration; however, we reached also students of the 5th and 6th years of the School of Medicine in Bologna.

Regarding health care, we reached namely paediatricians, nurses, psychologists, social health workers, child neuropsychiatrists, family doctors and interns working in the Sant'Orsola Polyclinic and Maggiore Hospital A&E and Paediatric Unit or in the Santa Maria Nuova Hospital's Paediatric Unit (Reggio Emilia). Moreover, they work also as family paediatricians, community paediatricians or family doctors. Some of them are also members of the Regional Coordination Group or attend the Paediatrics Specialist School of the University of Bologna.

Students of the University of Bologna were mainly reached through University's social network pages.

Social care operators were accessed through the ASP – Azienda pubblica di Servizi alla Persona (Public Agency for services to the person) and the Hospital social services.

Eventually, we contacted law enforcement operators, mostly lawyers, through the Forensic Foundation of Bologna.

We can't provide the exact number of the people we sent the questionnaire to as we passed through foundations, medical and nonmedical organisations and groups, social network pages and private direct contacts. Hence, we can't compare the number of people we sent the questionnaire to with the number of actual respondents.

However, we collected 263 responses, 2 of which are invalid because participants didn't specify their field or work and thus are not considered in this report. The number of

responses that are analysed in this report are totally 261. Most of them come from health care (174), followed by students (41), law enforcement operators (28), social care (9), education services (7) and administration (2).

## Background information

Among respondents, 75.1% of them are female, while 24.5% are male and 0.4% are other. The mean age is about 41 years. 37% of the people (97) works in public administration at the local level, 17.2% (45) works in public administration at the regional level, 13.4% (35) in public administration at the national level. 13% works in the private sector or as independent contractors, and just one person works for an NGO. 49 people (18.8%), mostly students and grad students, don't have a workplace or an employer in line with their status. 55 people out of 261 work as supervisors in their workplace.

## Graph THE TABLE COMES HERE

## Discussion and conclusions

### Detection of violence

Through our survey we found out that people working in health care, social care, law enforcement and education services consider themselves to have a general knowledge on the causes of maltreatment: indeed only 36 out of 174 people working in HC, none of people working in social care and education and only 7 out of 28 law enforcement operators said to have no or little knowledge on the issue (less than 25% of the total). However, when it comes to knowledge of the practices and interventions to detect violence/abuse, the number of people declaring themselves as having enough information decreases in all services apart from social care. Thus, revealing the necessity to improve knowledge on the different practices to detect violence. The only exception to this trend is students: indeed, only 8 out of 48 have a general knowledge on the causes of violence and the great majority doesn't know the practices to detect violence.

### Support for victims

People working in social care and education consider themselves to have enough information on how to support victims, to get in touch with other professionals and on their legal duties in

case of child maltreatment. Regarding health care, most of people know practices to be activated to support a victim, however, information about the kind of support and treatments available for victims and families after the disclosure of the criminal process and on the criminal investigation process is limited (86 people out of 174, about 50%, totally disagree or disagree about having enough information on support and treatments available for victims and families after the disclosure of the criminal process). Students have, generally, little or even no knowledge on these issues.

### Integration of services

87 out of 174 (50%) people working in health care said that they don't work or don't usually work with multi-professional network – indeed, only 59 people (34%) do work in multi-professional network. The same is for law enforcement and education services. Social care operators, on the contrary, declared to work in multi-professional network (89%) and to have good connections with other services (100%). Students are not involved in multi-professional network and don't have connections with other services.

Considering the small number of respondents from the administration sector (2), we decided not to include it in our discussion, however, we could say that their answers show a lack of information on procedures regarding the detection of violence, support to victims and integration of services.

Regarding the networks in which operators from different sectors work (question 23), the network described by social and health care services is almost the same: indeed, it is formed by health and social professional, educators, schools, associations. However, both social and health care professionals didn't include neither law enforcement services within their network nor students. On the contrary, law enforcement operators included social services, psychologists, the police, schools and associations in their network, but no medical staff. These results reveal the necessity to connect social and health services with law enforcement ones.

With regard to the type of cooperation desired by different services, we could identify three common threads:

- The necessity to establish clearer and simple to apply protocols to improve knowledge on methodologies and common objectives;





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- The necessity to improve information sharing, collaboration and immediate communication also through IT systems;
- Periodic and common multi-professional training of operators.

Eventually, regarding the methodology to be used for professional training, operators preferred substantially short training courses (about 57%); followed by workshops, roundtables and lessons.

<b>A</b> Strongly disagree	<b>B</b> Disagree	<b>C</b> Neither agree nor disagree	<b>D</b> Agree	<b>E</b> Strongly agree
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Question	Health Care (174)						Social care (9)						Law enforcement (28)						Students (41)						Education (7)						Administration (2)					
	A	B	C	D	E	No Answer	A	B	C	D	E	No Answer	A	B	C	D	E	No Answer	A	B	C	D	E	No Answer	A	B	C	D	E	No Answer	A	B	C	D	E	No Answer
1) I have enough information on causes of child maltreatment	7	29	51	67	20	-	0	0	1	6	2	-	0	7	8	10	3	-	6	18	9	6	2	-	0	0	3	4	0	-	0	0	1	0	0	1
2) I have knowledge about the different kinds of practices/interventions to identify a physically abused child	17	39	42	63	5	-	0	0	1	6	2	-	2	5	10	9	2	-	13	19	3	5	1	-	0	1	4	2	0	-	0	1	0	0	0	1
3) I have knowledge about the different kinds of practices/interventions to identify a sexually abused child	22	39	46	57	4	-	0	1	3	5	-	-	3	7	10	7	1	-	14	20	3	3	1	-	1	3	1	2	0	-	0	1	0	0	0	1
4) I have knowledge about the different kinds of practices/interventions to identify emotionally/physically neglected child	18	41	45	61	8	-1	0	0	3	4	1	1	2	5	9	9	3	-	15	18	3	4	1	-	0	1	3	3	0	-	0	1	0	0	0	1
5) I have knowledge on how to raise suspected physical/mental violence with a child	28	44	41	54	7	-	0	0	4	4	1	-	2	6	11	8	1	-	16	16	7	1	1	-	0	2	3	2	0	-	0	1	1	0	0	-
6) have knowledge on how to raise suspected sexual abuse with a child	31	38	47	49	7	-1	0	1	6	1	1	-	3	8	8	9	0	-	21	15	2	2	1	-	1	2	2	2	0	-	0	1	1	0	0	-
7) I have knowledge on how to raise suspected emotional/physical neglect with a child	33	38	50	53	5	-	0		3	5	1	-	2	4	9	12	1	-	18	13	7	2	1	-	0	1	3	3	0	-	0	0	2	0	0	-
8) I have knowledge on how to raise suspected violence with parents/guardians	31	44	47	48	4	-	0	1	2	5	1	-	2	3	12	4	2	-2	20	15	5	0	1	-	0	3	2	2	0	-	0	0	2	0	0	-
9) I have knowledge on how to raise suspected sexual abuse with parents/guardians	32	47	48	42	3	-2	0	1	4	3	1	-	2	6	9	9	1	-1	21	16	2	1	1	-	1	2	2	2	0	-	0	1	1	0	0	-
10) 11) I have knowledge on how to raise suspected emotional/physical neglect with parents/guardians	27	51	50	34	2	-	0	0	2	6	1	-	1	4	10	9	2	-2	19	14	6	1	1	-	0	3	2	2	0	-	0	1	1	0	0	-
12) Despite my knowledge I feel confident to raise suspected emotional/physical neglect with parents/guardians	23	36	39	63	13	-	0	0	2	4	3	-	3	4	9	9	2	-1	17	14	9	0	1	-	0	2	3	2	0	-	0	1	1	0	0	-
13) I have knowledge on how to raise suspected violence with other professionals in case I suspect the abuse has been perpetrated by the parents/guardians	22	38	40	61	13	-	0	0	3	5	1	-	4	6	8	5	3	-2	17	17	5	1	1	-	0	3	4	0	0	-	0	1	1	0	0	-
14) I have knowledge on how to raise suspected sexual abuse with other professionals in case I suspect the abuse has been perpetrated by the parents/guardians	20	41	40	63	10	-	0	0	0	5	4	-	2	4	9	8	4	-1	17	15	7	1	1	-	0	1	2	4	0	-	0	0	2	0	0	-
16) If I suspect child maltreatment, I know where to report	9	15	32	93	25	-	0	0	0	5	4	-	0	2	4	13	9	-	8	12	9	12	0	-	0	0	1	4	2	-	0	0	1	0	0	1
17) If I am unsure if a child is abused, I know how I can get in touch with other professionals	9	26	33	83	23	-	0	0	0	5	4	-	0	5	3	13	7	-	9	15	11	6	0	-	0	0	0	5	2	-	0	0	1	0	0	1
18) I know my legal duties and official directives in cases of child maltreatment	19	39	41	56	18	-1	0	0	2	3	4	-	1	2	6	12	7	-	18	12	7	4	0	-	0	0	1	5	1	-	0	1	0	0	0	1

19) I have enough information on the criminal investigation process in child maltreatment cases	32	57	49	31	5	-	0	2	0	6	1	-	0	8	2	11	7	-	22	11	5	2	1	-	0	1	3	2	1	-	1	0	1	0	0	-
20) I know, what kind of support and treatments are available for victims and families after the disclosure of the criminal process	26	60	50	36	1	1	0	2	0	5	1	-	1	7	4	13	3	-	16	15	6	2	0	-2	0	0	4	3	0	-	0	1		0	0	1
22) I work with multiprofessional networks concerning child maltreatment	50	37	28	40	19	-	0	0	1	4	4	-	7	12	6	3	0	-	26	9	4	1	0	-1	1	4	0	2	0	-	1	0	0	0	0	1
24) I have good connections with other professionals working with child maltreatment	34	30	35	61	12	2	0	0	0	6	3	-	5	5	7	8	3	-	23	11	5	1	0	1	0	3	1	3	0	-	1	0	0	0	0	1
25) There should be more cooperation between professionals working in different fields with cases of child maltreatment	1	3	15	69	69	1	0	1	0	7	1	-	0	1	2	8	17	-	1	0	5	13	20	2	0	1	0	5	1	-	0	0	0	0	0	2

Question 23: Describe your networks	<p>Health professionals (doctors, nurses, psychologists, tutelary judge, social operators ..);</p> <p>Direct personal contacts within a Hospital;</p> <p>Multidisciplinary Evaluation Units (i.e. care and safeguarding network at the territorial level)</p> <p>Child maltreatment/abuse groups</p>	<p>Multi-professional unit with educators and psychologist and connections with territorial services;</p> <p>Social Information point at the territorial level, multi-professional units for protection services; specialised centres at the territorial level; NPIA, Sert, CSM, Schools, Paediatricians, Child neuropsychiatrists</p>	<p>social services, psychologists and psychiatrics</p> <p>Juvenile Court</p> <p>tutelary judge</p> <p>police</p> <p>schools and associations</p>			
Question 26: Describe, what kind of cooperation would be needed	<p>Even if some highlighted the presence of good collaboration among services in case of a suspicion of abuse/violence, most people complained about:</p> <ul style="list-style-type: none"> <li>The necessity to improve information and immediate communication (notably through IT systems) among involved actors and to have direct contacts to people responsible in other services;</li> <li>The necessity to establish clearer and simple to apply protocols to improve knowledge on methodologies and common objectives;</li> <li>The need to create a network characterised by periodical moments of sharing among operators from different services at the territorial level;</li> <li>Periodic and common multi-professional training of operators;</li> <li>Improving information sharing about minors entering clinics for different reasons</li> </ul>	<p>The necessity to establish clearer and simple to apply protocols to improve knowledge on methodologies and common objectives;</p> <p>The necessity to improve information sharing, collaboration and respect of professionals' roles, functions and responsibilities;</p> <p>simpler communication for an immediate taking charge of the victim;</p>	<p>The necessity to improve information and immediate communication (notably through IT systems) among involved actors and to have direct contacts to people responsible in other services; a clear subject of reference; Periodic and common multi-professional training of operators</p> <p>database with shared access</p>	<p>multi-disciplinary meetings</p> <p>issue-specific lessons</p>	<p>teamwork</p> <p>-exchange of information</p> <p>support by social workers</p>	

