



**PROCHILD**

PROTECTION AND SUPPORT OF ABUSED  
CHILDREN THROUGH MULTIDISCIPLINARY INTERVENTION



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## **WP4 - Development of protocols among the actors involved in the assistance and protection of abused children in accordance with a transferable interdisciplinary intervention model**

### **A.4.1 Active involvement of minors and families to assess the quality of protection and support services**

#### **D4.1 Report on the survey on minors & families assisted by the protection & support services**

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## Abstract

The present report is part of the WP 4 - *Development of protocols among the actors involved in the assistance and protection of abused children in accordance with a transferable interdisciplinary intervention model* of the PROCHILD project and aims to assess the quality of protection and support services minors victims of violence and their families/caregivers experience during the assistance period.

Notably, this report results from a survey activity conducted by all partner organisations in their regions and provides local actors (policy makers, organisations, support and protection services) with useful information to understand if the services offered to child victims of violence and their families are proper and helpful.

This survey allowed to highlight strengths and bottlenecks in the provision of services with the final purpose to improve them in the best interest of minors.

Given to social, cultural, political and organisational specificities in each project region, partner organisations agreed upon carrying out national surveys independently. Indeed, each partner could choose their own method to administer the survey and they could also decide the structure of the survey. Nevertheless, they had to investigate some common themes they agreed upon previously and they had to comply with some internal guidelines (see, D4.5 Internal guidelines to assess protection and support services).

The survey was run by partners from September to November 2019, after having agreed upon the abovementioned guidelines

The following chapters describe this survey activity and expose results collected in each region, summarising the main findings.

## Background

This report presents the results of a transnational survey conducted in PROCHILD's partner countries: Italy, Finland, France, Germany, Greece and UK. PROCHILD is a European transnational project that aims at creating a multi-professional, integrated model of cooperation among stakeholders involved in providing response to violence against children, in order to tackle underreporting and fragmentation of services and to implement a joint approach on complementary competences and child's best interest. The project is co-funded by the European Commission under the Rights, Equality and Citizenship programme (REC). More information about the project and its partners can be found from the project website: [www.prochildproject.org](http://www.prochildproject.org).

## Aim of this survey

The purpose of this survey is to investigate the quality – in terms of setting, relationship, time and process – of protection and support services minor victims of violence and their families/caregiver undergo in case of suspect violence (abuse, mistreatment, neglect). This activity allowed to collect feedbacks about a variety of service providers, such as professionals who are involved in Social and Health Services, Educational Agencies, Police, and Judicial Authorities and relevant Third Sector actors.

These results will enable all partner organisations to identify flaws and strengths of the protection and support mechanisms activated in case of violence in their country and thus, to make recommendations to decision-makers, institutions (child welfare services, police, justice, education...) and professionals (managers, supervisors and staff directly involved in support services to minor victims of M/A) with the purpose of:

- Assessing the protection and support services offered to minors victims of violence and their families/caregiver when minors experience violence during their childhood or adolescence.





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- Identifying strengths and best practices in partners' local realities as well as bottlenecks and obstacles in the assistance process which can hinder the proper recover or the victim.
- Identifying the current "gap" between what should be the response to the needs of child victims and families and what already exists and to propose strategic and operational recommendations to foster prevention, detection, support and treatment of minor victims in the EU.
- Proposing recommendations and instruments to policymakers, institutions, organisations and professionals in order to improve the use of relevant existing services.

## Implementation and Methodology

As previously agreed, partners carried out national surveys independently. Indeed, each partner was free to select their own method to run the survey, such as paper or online questionnaire, face-to-face interviews, focus groups, et c. This allowed partners to better adapt to local circumstances and thus to be able to collect the established number of responses.

Despite this, partners agreed upon common internal guidelines to run the activity.

Below, the main key points established in the guidelines are listed. Additional information can be found in D4.5 Internal guidelines to assess protection and support services.

Questionnaires and interviews had to be delivered **from September to November 2019**.

Target of the survey could be **minors victims of violence, their parents or caregivers** – caregivers are intended as people who take charge of minors instead of parents - and **young adults** who experienced violence when they were children. Violence has been considered in general terms in this report to include sexual abuse, maltreatment, neglect and domestic violence.

The expected target number was of **50 respondents** per country.

Regarding the implementation of the survey, partners rather chose that the questionnaires/interviews were generally delivered by staff members of services working directly with children: medical staff (doctors and nurses), social workers, educational staff, psychologist working in courts, in order to provide interviewees with the proper support in filling in the questionnaire and to adapt it to the situation.

Thus, these professionals were informed about the purpose and aims of the activity, the aim of the PROCHILD project and the way to better conduct the survey and every questionnaire was preceded by a specific section dedicated to professional with some instruction on how to conduct the survey. However, in some countries, such as in Finland, all respondents answered the questionnaire independently (for further information see **Finland**).

Furthermore, it was decided that interviews could have been run both during the examination of the case of violence as minors' secured hearing, or at the end of the judicial interview or collaboration with the child protection services. However, data collected at the end of the collaboration ensure the access to more complete information.

Eventually, at the beginning partners agreed also upon a consent form to be signed by parents/caregivers for minors' participation, in order to comply with the data management issue. Parents/caregivers were generally asked to sign a consent form to allow their child to participate in the survey and child protection services/caregivers which are in charge of minors had to sign the consent form (see below) on behalf of the minor's family as well.

However, during the activity, some countries such as Germany, France and Finland decided, according also to their organisational and national procedures, that no consent had to be asked from parents/caregivers as in some cases parents are not available, or it's impossible to collect the signature from both parents (in Germany, signature from both parents is required, but in some critical case they are not findable), or collecting the form, thus informing parents of the interview,

would have exposed children to risky situations (as in France). Some partners, such as THL and IARS, also included in their questionnaires that respondents, by completing the questionnaire, give their informed consent.

## Common topics for all the partners to follow

Partners decided to investigate some common aspects related to the quality of the protection and support services that minors and their families/caregivers experience, as follows:

1. **Setting** of the service: which services minors/families/caregivers have to do with when they're taken in charge.
2. **Relationship** with service providers and operators: investigating if services make minors/families/caregivers feel at ease or uncomfortable.
3. **Time**: when and how many times minors/parents/caregivers must tell their story of maltreatment/abuse, to investigate the possibilities of retraumatising minors and the risk of extending the time for getting assistance.
4. **Process**: the support/protection procedures minors/parents/caregivers go through to receive assistance.

An example of questionnaire was also provided as a guideline or reference document for the partners to follow.

The results of national surveys, collected below, together with results of activities and survey carried out in WP3 - *Mapping of operators' needs and good practices for an early and integrated detection and treatment of abused minors*, were the object of roundtables (A4.2) and focus groups (A4.3) discussions that were held by each partner organisation from September 2019 to January 2020.



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## National reports on the survey activity

### Finland

#### 1. Introduction

In Finland, all professionals working with children) are obliged to report suspected child maltreatment cases to the police and social services. The police are responsible of the criminal investigations. The forensic child psychiatry/psychology units are responsible of child interviews and somatic examinations in suspected child abuse cases if the police, prosecutor or the court asks for assistance. This is typically done in cases where the child is very young or has some special needs. Otherwise, the police perform the interviews. While doing the child interviews, the forensic child psychiatry/psychology units also evaluate the child's need for further treatment. After the police have asked for assistance from the forensic child psychiatry/psychology unit, the investigating policeman, professionals from the unit and social worker meet to discuss, change information and plan future actions. When the interviews and somatic examinations have been done, the professionals may meet again to discuss the case. (Ellonen & Rantaeskola 2016; Julin 2018)

The recent Finnish School Health Promotion study traced the prevalence of experiences of violence, sexual abuse and sexual harassment among school children and young students in Finland. THL conducts the School Health Promotion study nationwide in odd years. In May 2019, the study included questions about children's and adolescents' experiences of harassment and violence. The participants include 4<sup>th</sup> and 5<sup>th</sup> grade pupils (age 10-11 years) and their guardians; 8<sup>th</sup> and 9<sup>th</sup> grade pupils (age 14-15 years); 1<sup>st</sup> and 2<sup>nd</sup> year students in upper secondary school (age 16-17 years); and



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1<sup>st</sup> and 2<sup>nd</sup> year students (age 16-17 years) in vocational school. There were over 250 000 respondents in 2019. (Ikonen & Helakorpi 2019)

Here we use the results from School Health Promotion study to give an overview on the experiences of violence among school aged children and youth in Finland and their experiences in receiving help and support.

Four percent of 4<sup>th</sup> and 5<sup>th</sup> graders reported experiences of sexual harassment at least once during the past year. There was no major difference between boys and girls. One in four of adolescent respondents reported experiences of sexual harassment. Seven percent reported experiences of sexual violence at least once during past year. Adolescent girls reported more experiences of sexual harassment and sexual violence than boys. (Ikonen & Helakorpi 2019)

38 percent of 4<sup>th</sup> and 5<sup>th</sup> graders had told an adult they trusted about their experiences of sexual harassment. From children who had experienced sexual harassment or sexual violence 67 percent reported that they had received help and support for their experiences. About one in four adolescent respondents had told about their experiences of sexual harassment and sexual violence to an adult they trusted. Girls reported more often than boys that they had told about their experiences to an adult, but boys reported receiving help more often than girls for their experiences (see chart 1). (Ikonen & Helakorpi 2019)



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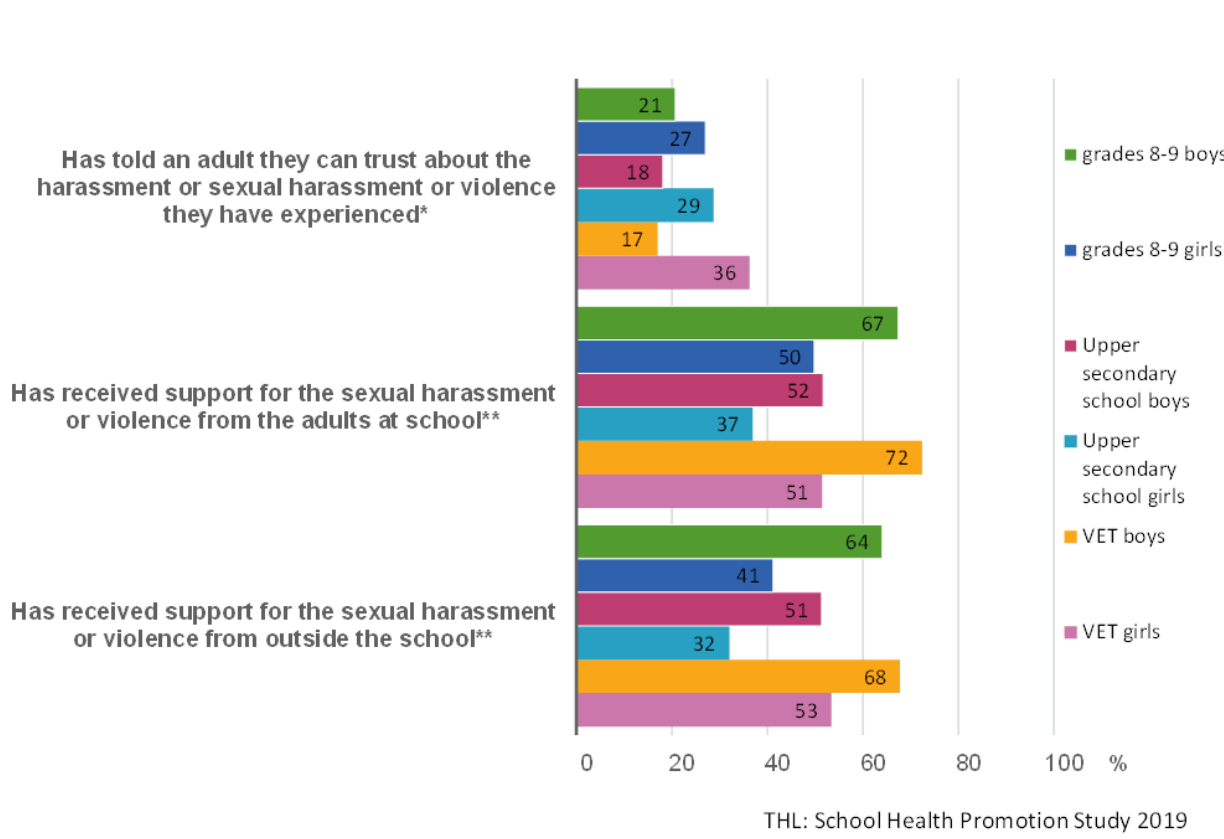


Chart 1 Help and support for sexual harassment or violence (School Health Promotion Study 2019)

Only a very small percentage of respondents (2-4%) reported experiences of physical neglect by their parents. 17 percent of 4<sup>th</sup> and 5<sup>th</sup> graders reported experiences of emotional violence and 13 percent experiences of physical violence by their parents/caregivers during the past year. 28 percent of 8<sup>th</sup> and 9<sup>th</sup> graders and upper secondary school students reported experiences of emotional violence by their parents/caregivers during the past year. 22 percent of vocational school students reported experiences of emotional violence. Experiences of physical violence by their parents/caregivers during the past year reported 12 percent of 8<sup>th</sup> and 9<sup>th</sup> graders and seven percent of upper secondary and vocational school students. (Ikonen & Helapkorpi 2019)

32 percent of those 4<sup>th</sup> and 5<sup>th</sup> graders who had experienced violence in their family had told about it to an adult they trusted. About one in four adolescent respondents had told about their experiences of violence to an adult they trusted. About half of adolescent respondents reported that they had received help and support to the violence that they have experienced in their family (see chart 2). (Ikonen & Helakorpi 2019)

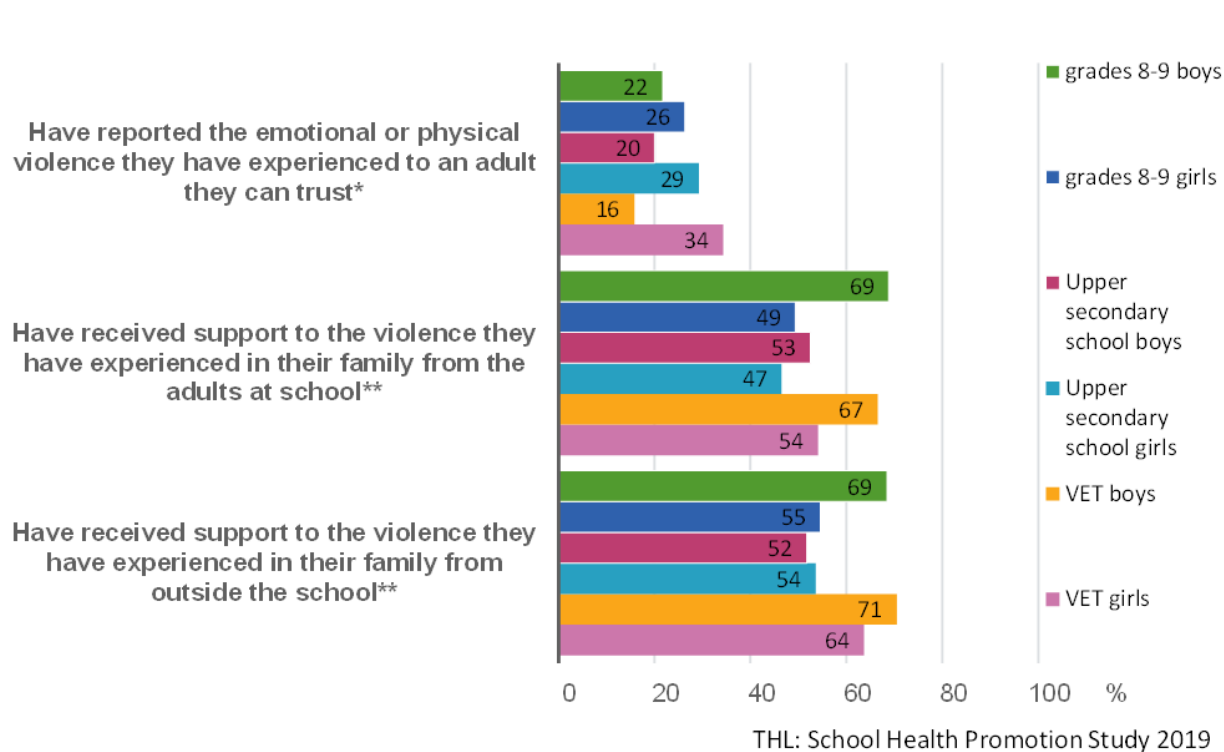


Chart 2 Help and support to violence in the family (School Health Promotion Study 2019)

## 2. Organisation and implementation of the survey

Above we gave some results of a recent study about experiences of violence among children in Finland. There is very little research on children's experiences with professionals working with cases of violence against children. The survey conducted as a part of PROCHILD project aims at collecting these experiences from minors and their parents/caregivers.



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## Strategic resources involved in the activity

This survey was conducted by THL's PROCHILD project staff. We received feedback for the questionnaire from Barnahus project staff at THL. We also involved THL's School Health Promotion study research personnel to help us with the School Health Promotion study results to give us information on national context. The questionnaire was distributed with the help of Finnish NGOs that organize peer support group for child/adolescent victims of violence/abuse. The questionnaire was sent to 15 different non-governmental organizations that work with children and adolescent. Later the questionnaire was accompanied with a similar questionnaire to parents/caregivers of children who have been victims of violence/abuse. This questionnaire was also distributed with the help of NGOs and it was sent to six non-governmental organizations working with families.

## Methodology

THL conducted a survey with two online questionnaires. The first one was targeted to young people aged 13 to 25 years who have been victims of child abuse as minors, either physical or sexual, and whose case has been investigated by the police and/or medical staff and/or social services. By distributing the questionnaire via child protection NGOs, we aimed at reaching young people, who have gone through the whole process some time ago and are now receiving peer support (and probably other forms of support as well). They have had some time to reflect their experiences and taking part in group activities (as peers or experts by experience) has given them capabilities to speak out.

The second questionnaire was targeted to parents/caregivers of children who have been victims of child abuse as minors, either physical or sexual, and whose case has been investigated by the police



and/or medical staff and/or social services. The questionnaires had the same content but they were not identical, as we wanted the parents/caregivers questionnaire to reflect their role in the process.

The survey was approved by THL's Research Ethics Board (REB). The questionnaires were distributed online in October 2019. The respondents answered the questionnaires independently. We will present the results of this survey in the following chapters.

## References

Ellonen, N. & Rantaeskola, S. (toim.) 2016. Lapsiin kohdittuvien väkivalta- ja seksuaalirikosepäilyjen tutkinta. Poliisiammattikorkeakoulun oppikirja 24. Juvenes Print: Tampere.

[https://www.theseus.fi/bitstream/handle/10024/118228/Oppikirjat\\_24\\_verkko.pdf?sequence=1](https://www.theseus.fi/bitstream/handle/10024/118228/Oppikirjat_24_verkko.pdf?sequence=1)

Ikonen, R. & Helakorpi, S. 2019. Lasten ja nuorten hyvinvointi – Kouluterveyskysely 2019. THL Tilastoraportti 33/2019. <http://urn.fi/URN:NBN:fi-fe2019091528281>

Julin, E. 2018. Lapsiin kohdistuvien väkivaltarikosten selvittäminen terveydenhuollossa. Selvitys Lasten oikeuspsykiatrian yksiköiden toiminnasta. Sosiaali- ja terveysministeriön raportteja ja muistioita 32/2018.

[http://julkaisut.valtioneuvosto.fi/bitstream/handle/10024/161021/R\\_32\\_18\\_LAPSIIN\\_KOHDISTUV\\_IEN\\_VAKIVALTARIKOSTEN.pdf?sequence=1&isAllowed=y](http://julkaisut.valtioneuvosto.fi/bitstream/handle/10024/161021/R_32_18_LAPSIIN_KOHDISTUV_IEN_VAKIVALTARIKOSTEN.pdf?sequence=1&isAllowed=y)

## 3. Questionnaire

The questionnaire consisted of questions covering minors' experiences with the police, forensic child psychiatry/psychology units, medical services and child protection services. There were no



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questions concerning the experience of violence as we wanted to focus on the experiences on investigation and support services. We asked the respondents how many times they were interviewed, how they experienced the surroundings they were taken and the behavior of professionals. We also asked them to evaluate the help and support they had received.

#### 4. Description of respondents

The respondents were reached with the help of child protection and family non-governmental organizations that work with children/adolescent and families. We targeted young people who had been victims of child abuse as a minor and their parents/caregivers. We received all together 31 responses, 18 from young people and 13 from parents/caregivers. The young people were between 14 to 28 years at present. We did not ask the demographics of parents/caregivers. Chart 3 reports the gender of the child victims, asked from young people themselves and their caregivers. 60 percent of the children were female and 33 percent male. 7 percent were of some other gender.

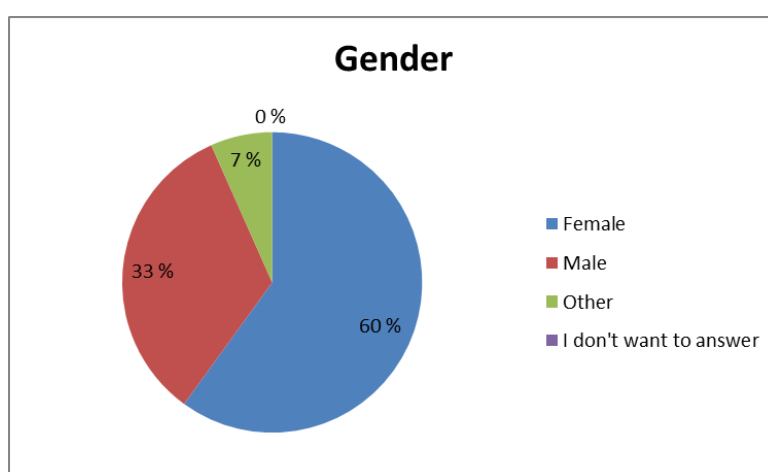


Chart 3 Gender of the child, N=30



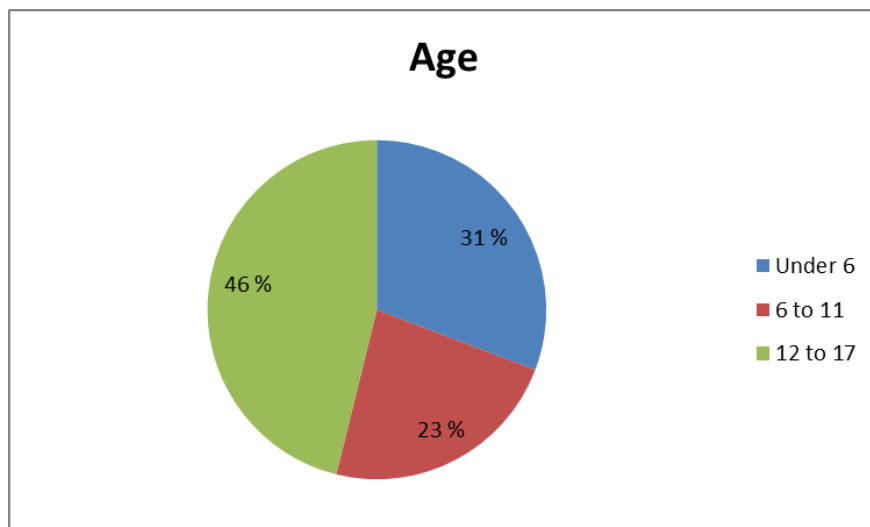
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Chart 4 summarises the age of the child victim at the time of investigation and support process. 46 percent had been between the ages of 12 to 17 at that time. 31 percent had been under 6 years old and 23 percent had been 7 to 11 years old.



*Chart 4 Age of the child at time of investigation and support, N=26*

## 5. Results

Next we will present the result of our survey. First we will report how the respondents experienced the setting and relationship with professionals. Second we will report their experiences of time and third their experiences of process.

### Setting

Eleven respondents reported that they (or their child) had been interviewed by the police. 16 respondents reported that they (or their child) had not been interviewed by the police (chart 5).



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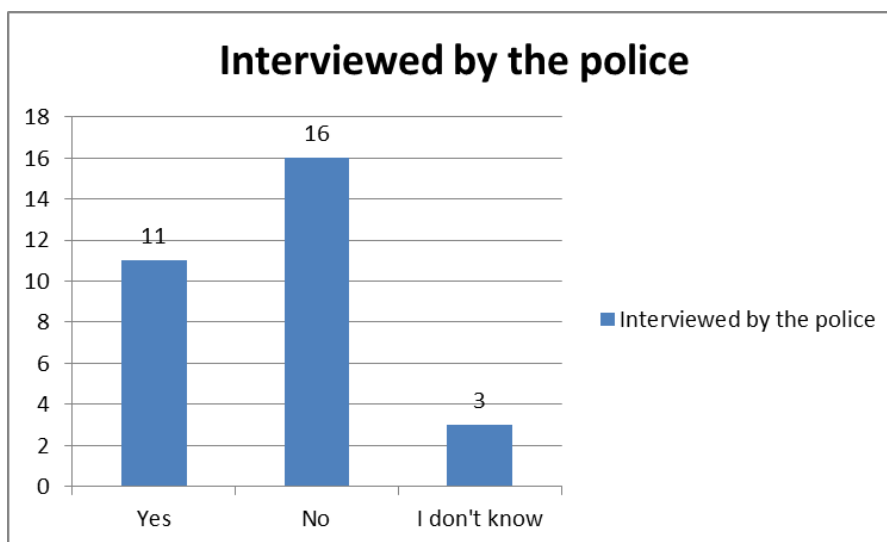
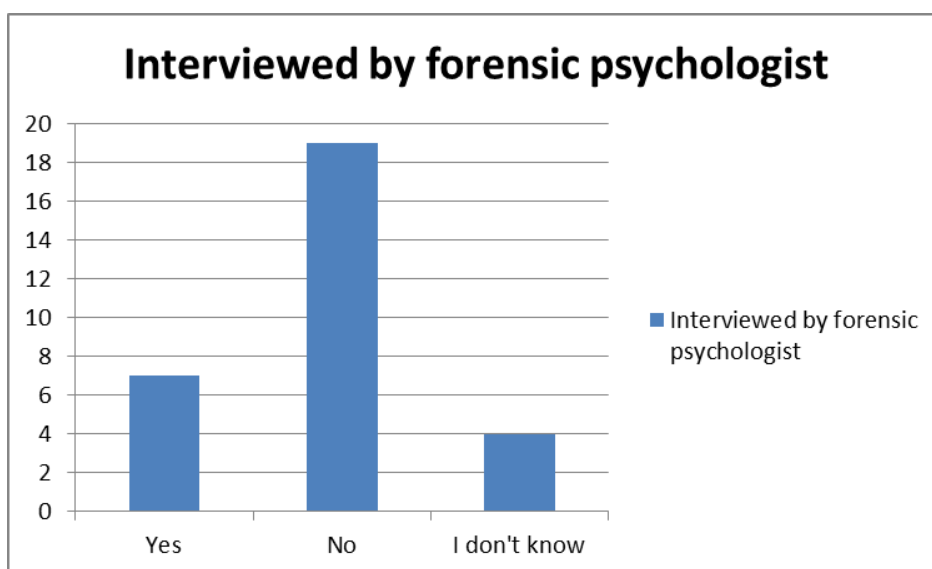


Chart 5 Did the police interview you/your child? N=30

Seven respondents reported that they (or their child) had been interviewed by forensic psychologist. 19 respondents (or their child) were not interviewed by forensic psychologist (chart 6).





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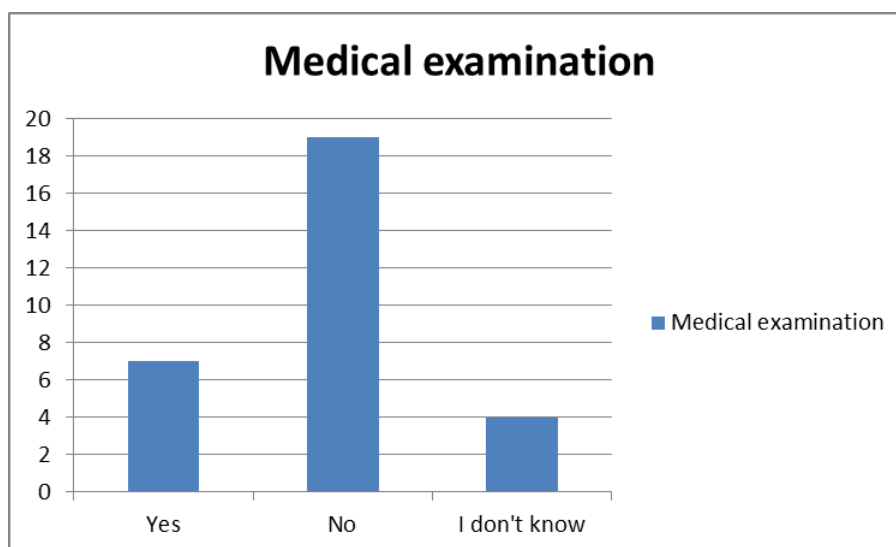
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*Chart 6 Did a forensic psychologist interview you/your child? N=30*

Seven respondents reported that they (or their child) had gone through a medical examination examining traces of violence. In most of the cases (19) the child had not gone through medical examination (chart 7).



*Chart 7 Did you/your child have a forensic medical examination? N=30*

About a half of respondents (or their children) had spoken with a social worker about their experiences of violence (chart 8). 11 respondents (or their children) had not spoken with a social worker.

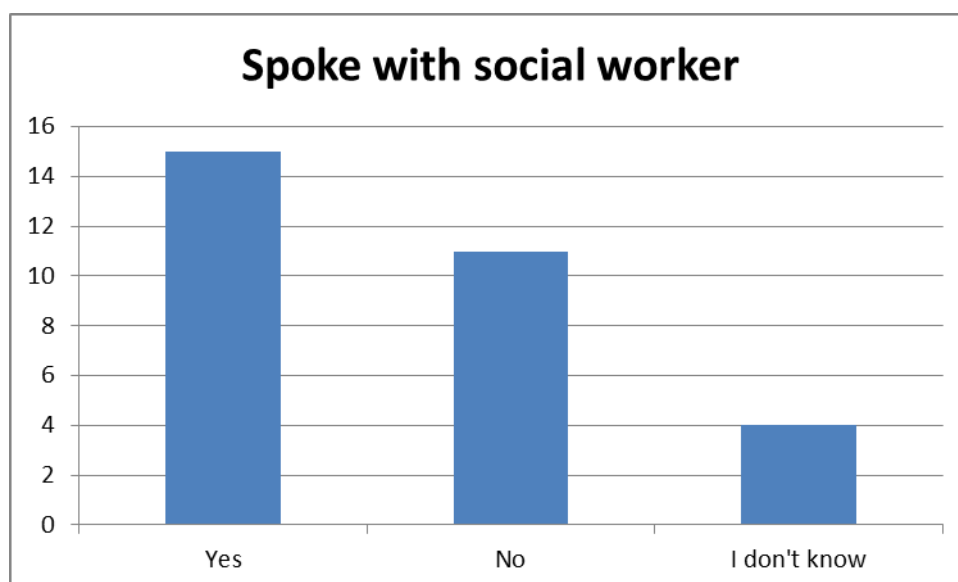


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*Chart 8 Did you speak with a social worker about your experiences of violence? N=30*

## Relationship

We asked the respondents to evaluate how they experienced the places where they were in contact with professionals. We also asked how they experienced the behaviour of the professional who was in contact with them. As there were only a few responses concerning the experiences with forensic psychologists and doctors, we present only the results concerning the police and social workers.

Most of the children who had been interviewed by the police had been interviewed at the police station. About 60 percent of respondents who evaluated the place of police interview felt that the place did not feel safe. Nevertheless, little over 60 percent agreed that the place was peaceful. About 90 percent thought that children were not taken into consideration in the designing of the place. More than 80 percent disagreed with the statement that the place was comfortable (see chart 9).



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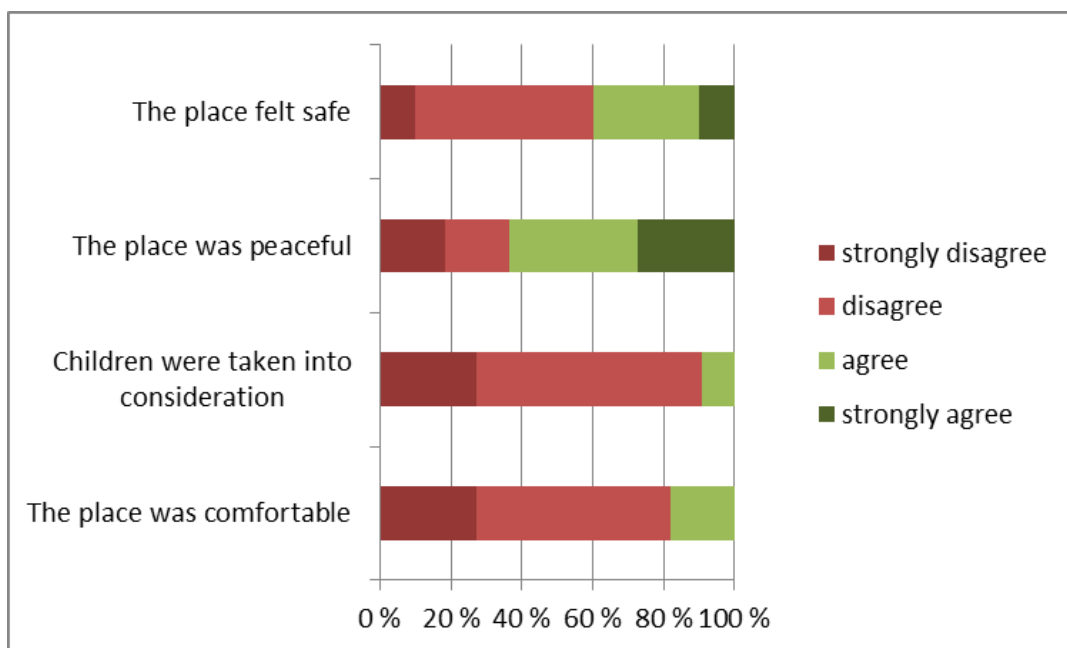
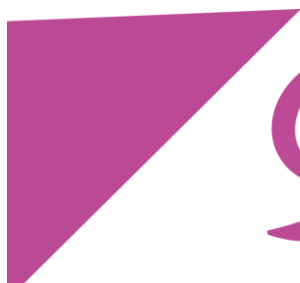


Chart 9 What do you think about the place of police interview? N=11

Table 1 summarizes the experiences of the behaviour of the police officer who conducted the interview. The results are quite mixed, probably because there were only 8 responses to this question. The kindness and punctuality of the police officer received the best evaluations along with letting the child take time in answering.

	Disagree/strongly disagree	Agree/strongly agree	I don't know
He/she was kind	12,5%	75%	12,5%
He/she was sympathetic	37,5%	37,5%	25%



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He/she understood me	50%	37,5%	12,5%
He/she was there at the appointed time	0%	87,5%	12,5%
He/she let me take my time in answering	12,5%	75%	12,5%
He/she made me feel safe	37,5%	37,5%	25%

*Table 1 How was your experience with the police officer who interviewed you? N=8*

The place of discussions with social worker received better evaluations than the place of police interview (chart 10). One reason for this might be that the respondents reported various places of discussions with social worker. Some of them had visited the social services office, but some had met the social worker elsewhere, e.g. at home or at a shelter. Most respondents had experienced that the place was safe, peaceful and comfortable and that children had been taken into consideration.





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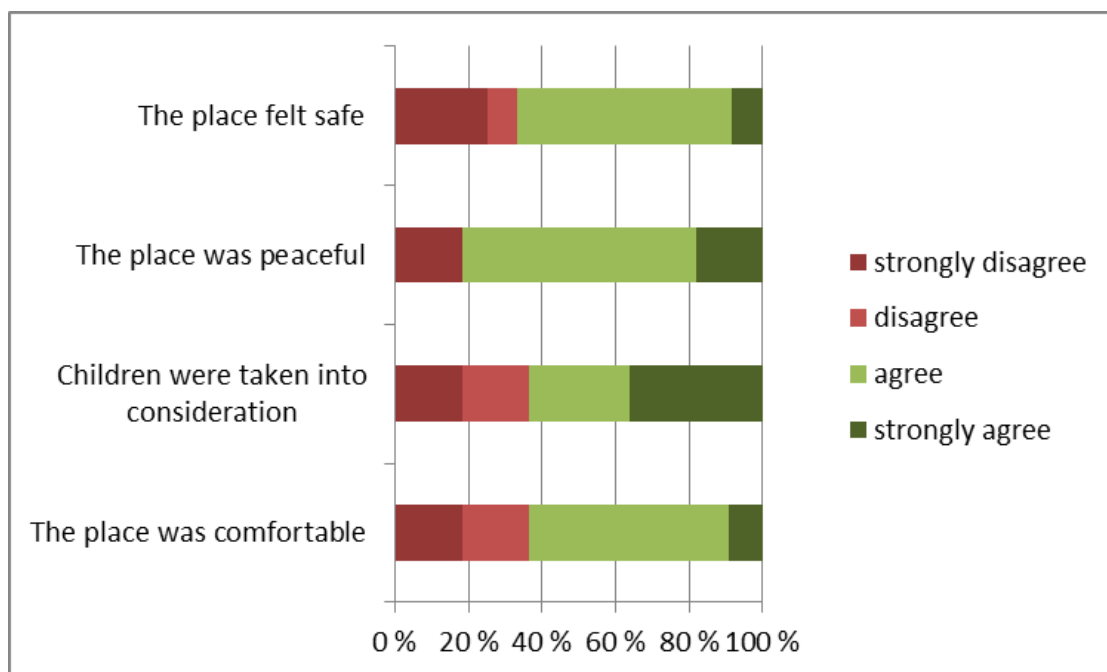


Chart 10 What do you think about the place of discussions with social worker? N=11

Table 2 summarizes the experiences with the behaviour of social worker. Again the results are quite mixed. The kindness and punctuality of social worker received the best evaluations as well as letting the child take time in answering.

	Disagree/strongly disagree	Agree/strongly agree	I don't know
He/she was kind	29%	57%	14%
He/she was sympathetic	43%	43%	14%



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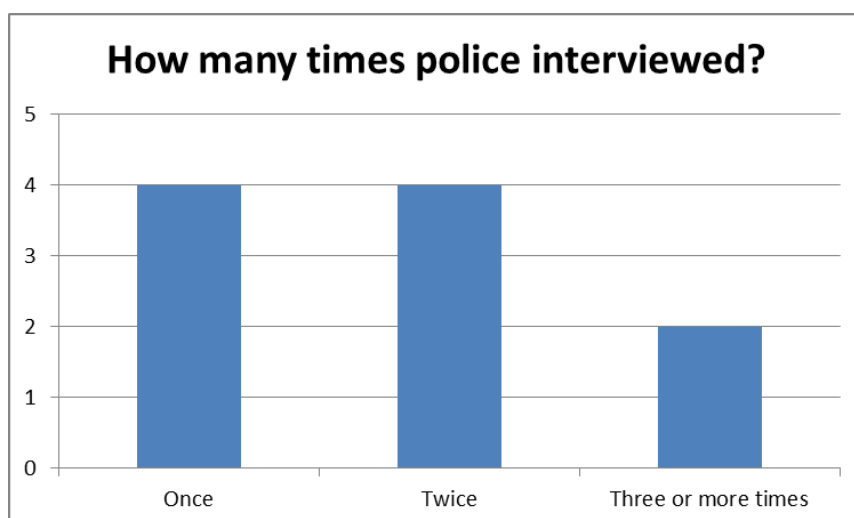
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He/she understood me	43%	43%	14%
He/she was there at the appointed time	0%	71%	29%
He/she had the time for me	43%	43%	14%
He/she let me take my time in answering	14%	57%	29%
He/she made me feel safe	50%	33%	17%

Table 2 How was your experience with the social worker who talked with you? N=7

## Time

Four respondents reported that they (or their child) had been interviewed once by the police, four reported being interviewed twice and two reported being interviewed three or more times (chart 11).





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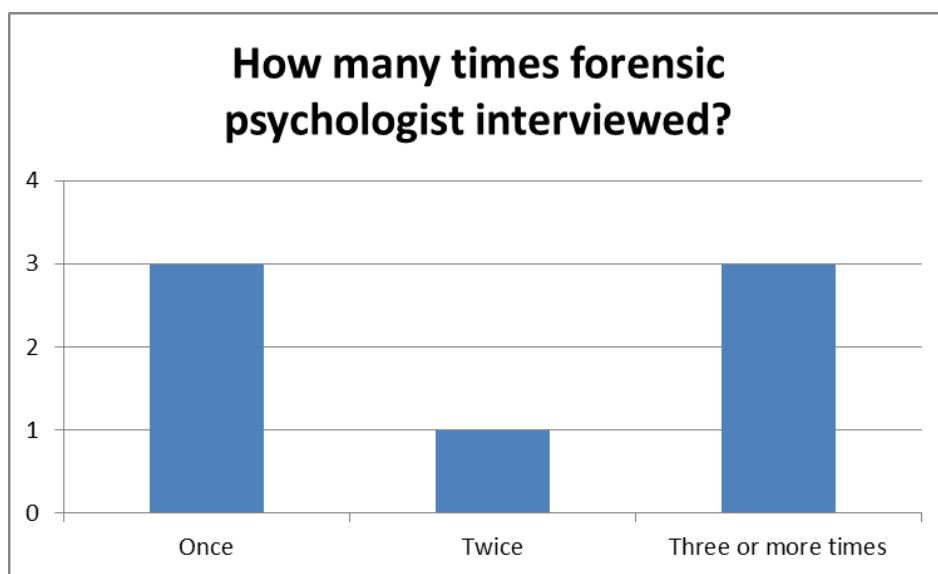
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*Chart 11 How many times the police interviewed you/your child? N=10*

Three respondents reported that they (or their child) had been interviewed once by forensic psychologist. One respondent had been interviewed twice and three had been interviewed three or more times (chart 12).



*Chart 12 How many times a forensic psychologist interviewed you/your child? N=7*

Two respondents reported that they (or their child) had talked to social worker once. Also, two respondents have talked twice to social worker. Eight respondents (or their child) had talked to social worker three or more times.

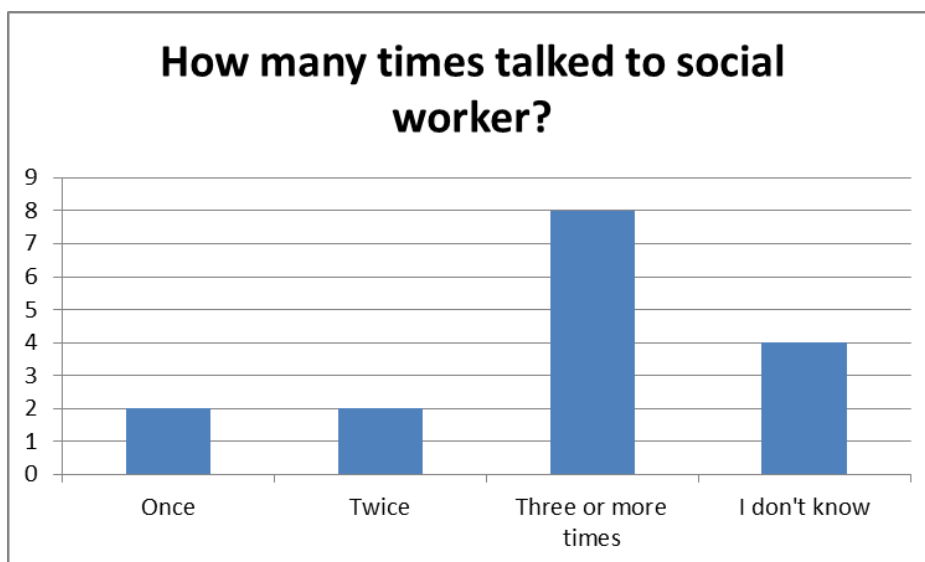


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*Chart 13 How many times you/your child talked with social worker? N=16*

## Process

Chart 14 lists the ways that the violence experienced by the respondents (or their children) was reported to the professionals. Typical cases are where the child has told about the violence to social worker, an adult they trust or their parent/caregiver. Many of the open answers reported as “other” describe this type of events.

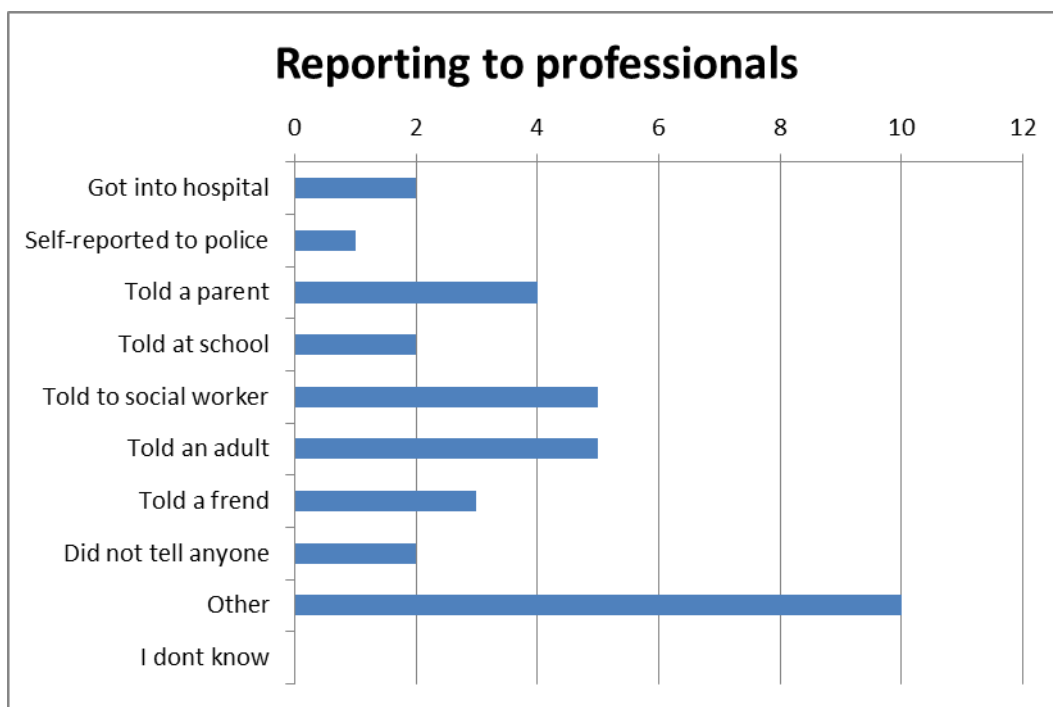


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*Chart 14 How was your case reported to professionals? N=26*

Besides the police, forensic psychologists, doctors and social workers, the respondents reported that they (or their child) had talked to a number of people, professionals and loved ones. Most often the children had talked to their parents/caregivers or other close adults. Many minors had also talked with school personnel such as teachers, school nurses and school social workers and psychologists (chart 15). There were only a few respondents who reported that they had not talked to anyone.



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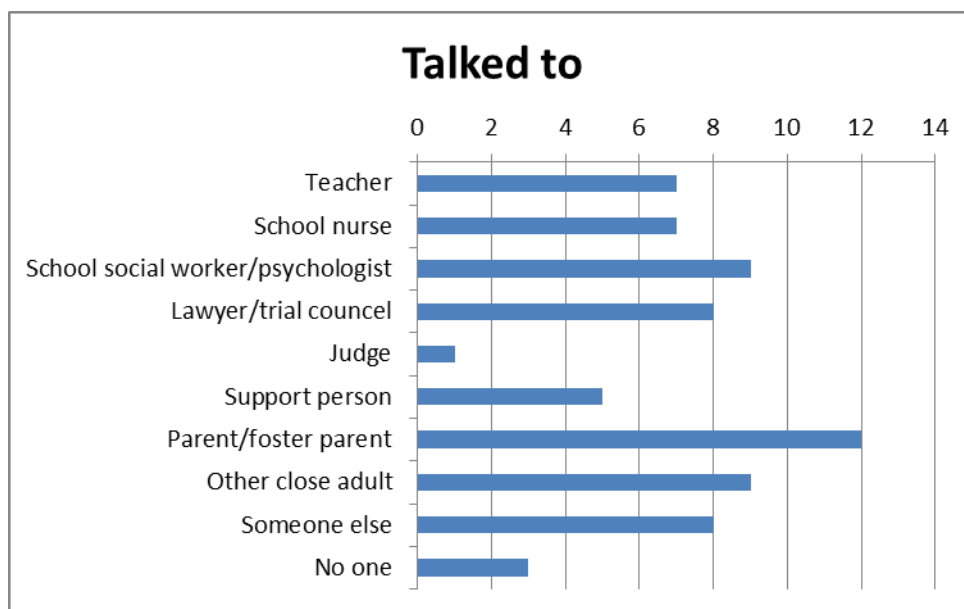


Chart 15 Who else did you/your child talked to? N=28

64 percent of respondents would have wanted more information on the investigation process. Only 4 percent felt that they had received enough information (chart 16).

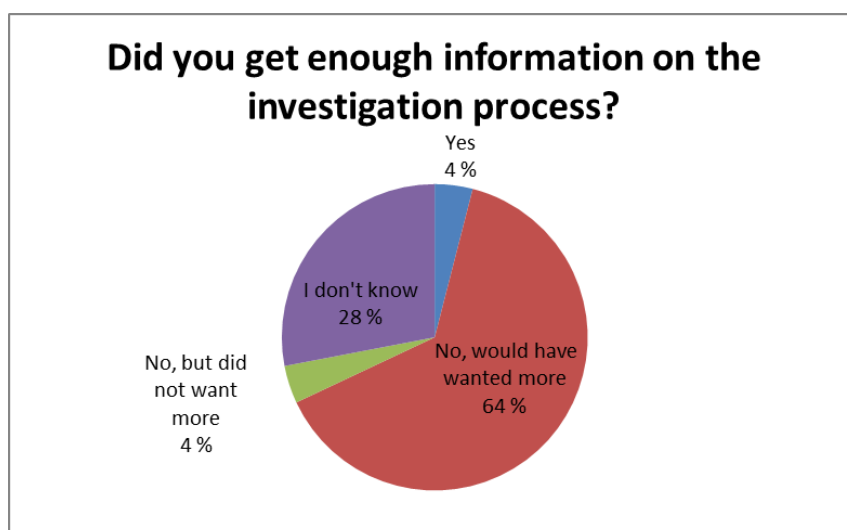


Chart 16 Did you get enough information on the investigation process? N=25



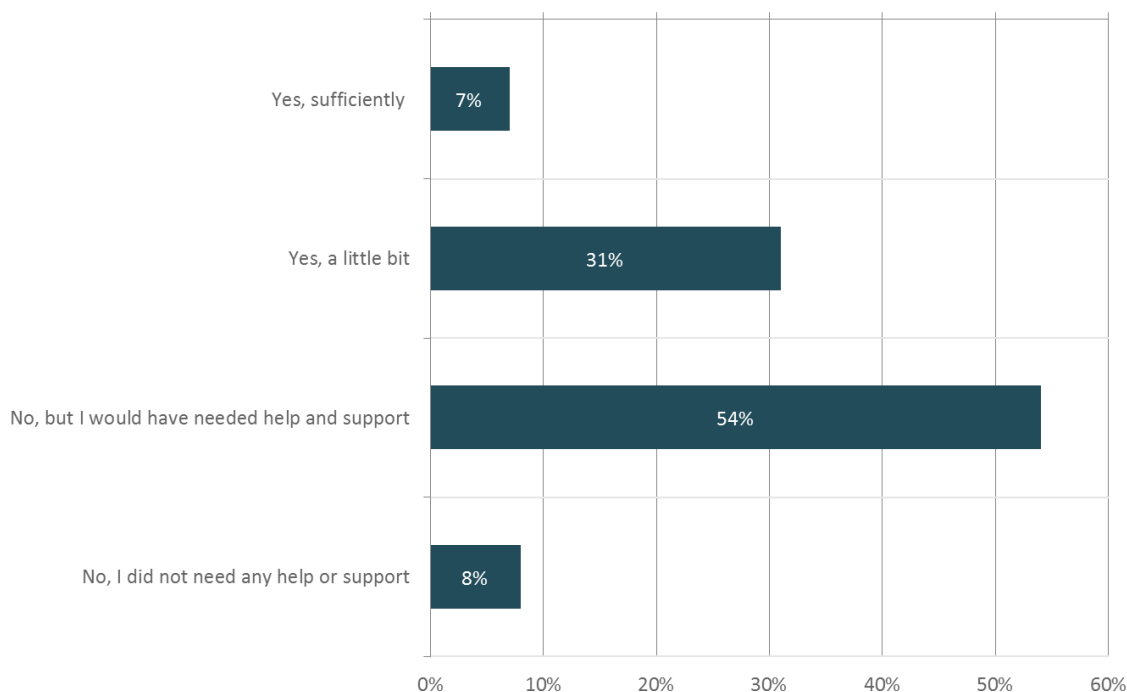
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Chart 17 reports answers to a question that was only asked from the child victims, not their parents/caregivers. More than a half (54%) reported that they would have needed more help and support in dealing with their experiences of violence that they did. Only seven percent felt that they had received help and support sufficiently.



*Chart 17 Did you receive help and support in dealing with your experiences? N=13*



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## 6. Discussion

As the number of respondents is very small, we cannot draw general conclusions based on this data. However, we consider this data as a small peak to the experiences of a group of individuals. These results show that the respondents have typically encountered police officers and social workers from child protection services. Only a few have experiences with forensic psychologists or doctors. Also, close adults and school personnel seem to have a big role in dealing with the experiences of violence.

There are some cases in the data, where the respondent (child) reports that they have faced violence in their childhood and it has been reported (either by them or by someone else), but they have not been interviewed or examined by professionals. The survey does not give answer to why this is. It could be that the police or child protection services have decided to close the case at an early stage. However, in these cases the respondents report that they have talked to parents/foster parents, school nurse or school social workers/psychologists, or health care professionals. That is to say, they have received some help and support even if there has not been an official investigation process. Still, many of them reported that they would have needed more help and support. This poses a question, how the support system works in cases that are not dealt with the police, child protection services or forensic professionals. We need more research on this topic.

## 7. Conclusion

It is important to collect the experiences of minors and families in cases of violence against children handled by different professionals. There is not much research on this topic in Finland. This survey was not able to catch all the aspects of the experiences. This topic would also require qualitative in-depth interviews with minors and families in order to cover all aspects of the experiences.





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## France

### 1. Introduction

By choosing to keep a daily legal watch, La Voix De L'Enfant is able to give an overview of the number of situations of violence against minors in France, when they are covered by the media.

As part of the European project PROCHILD La Voix De l'Enfant conducted interviews with minor victims and their parents so that they could share their direct experience before, during and after the criminal proceedings, in which they participated as victims, witnesses or parties to the trial.

At the end, 10 adults were interviewed, aged 18–55. Some of them are mothers and have experienced domestic violence or witnessed violence in intrafamily environments, others are young adults who experienced mostly sexual violence when they were children.

Regarding adolescents, LVDE interviewed 7 people who notably experienced sexual violence when they were younger. The average age of the interviewees was of about 16 years old.

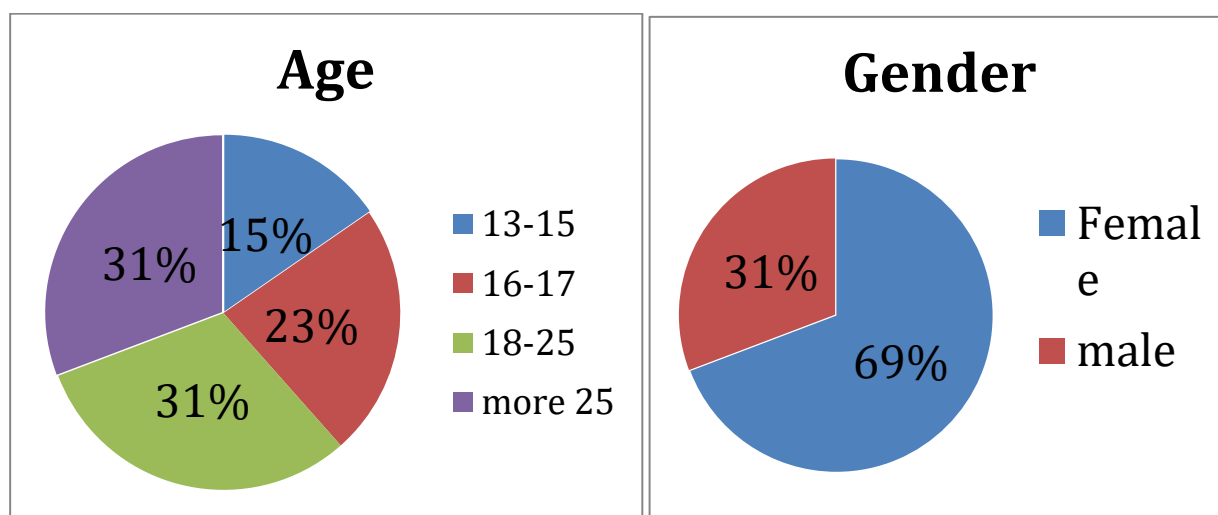


Chart 18 – Age and gender of participants

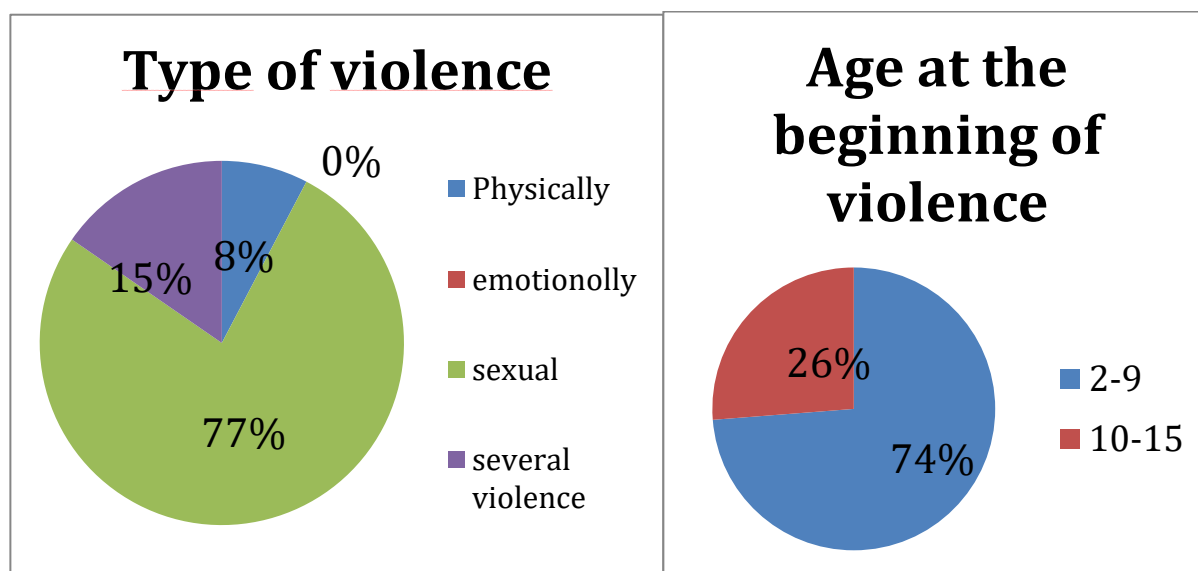


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*Chart 19 - Type of violence experienced and age at which it started*

Interviews were difficult to obtain. Concerning parents, when people are rather satisfied with the help provided, frequently they do not want to go back over this period, which is "behind" them and probably they are afraid of possible medium/long term consequences for their children and themselves. When, on the contrary, they are dissatisfied or still angry, they sometimes express themselves without nuances, as "nothing has been done for us, I no longer believe in justice."

Those who accepted to undergo the survey were not directly involved in the violence; however, most of them, feel guilty for not seeing anything.

For the adolescents or young adults it has been easier since most of them told about their placement with its difficulties and the tough times they have often experienced, but also about moments they enjoyed during the placement period. After a few years of hindsight, they were now able to do a relevant analysis of their situation.



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## 2. Organisation and Implementation of the survey

Children and parents who participated in this experience were well informed of the objectives of the interview in order to give them the choice to participate or refuse to participate.

Interviewers relied on guidelines, but LVDE decided not to use a questionnaire for interviewees but conducted face-to-face interviews. Individual appointments were organised. When both members (minors and adults) were concerned by the same trial, the interviews were conducted separately in order to preserve the freedom of speech of both parties. Each interview lasted between 3/4 hour and 1 hour.

### Strategic resources

We had 2 interviewers with 20 or more years of experience in social assistance (individual supporting interviews) to very vulnerable victims and people with parental or delegated authority. Each report they drafted was discussed during PROCHILD's team meetings in order to make it easier to identify recurring positive or negative aspects in the stories.

### Methodology

Each interviewer had a guideline to ensure that all the items we wanted to know about had been covered, but the interviews were conducted according to the "life story" approach with complete freedom for the interviewee to start his/her story as he/she wished and the possibility to say what he/she wanted to communicate. Each interviewer, after recalling the reasons why this study was being carried out, was given permission to take notes and committed to confidentiality regarding the civil status of individuals and to a return of the results at the end of the project. No attempt was made to verify the accuracy of the story, because LVDE wanted to collect the person's feelings/experiences, so it was assumed that what the person said was truthful.



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## 4. Questionnaire

Each interview has been preceded by the following introduction:

*Hello,*

*My name is (first and last name) I am (profession)*

*First of all, I would like to thank you for agreeing to this meeting. As you have been told, the PROCHILD project aims to improve the detection and support of child victims of abuse and serious neglect.*

*To achieve this objective, we felt it was essential to gather the views of people who were directly concerned by these issues. That is the reason for our interview that will follow.*

*During the interview, I will ask you some questions. You are free to answer them or not and at any time we can interrupt the interview if you wish.*

*Do you have any questions before we start?*

*(if not)*

*Well, in that case, if you agree, let's go.*

Interviewer must be careful to identify in the interviewee's speech the following items to take note of them and intervene if necessary, to obtain relevant information.

(a) The announcement of the measure:

- *Can you tell me how old were you when the measure was taken?*
- *Who did you live with at the time?*
- *Can you tell me, as you recall or as you were told, how the announcement of the measure was made? Where did it happen?*
- *Did you meet someone who explained what was going on?*
- *Do you remember who this person or these people were?*



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- *Can you tell me if, in your memory, you understood what was said to you?*
- *If not: restart to try to get some precision*

(b) In the case of a hearing by the police/gendarmerie:

- *Can you tell me how the audition went?*
- *Who is/are the people who listened to you?*
- *Do you remember where it happened?*
- *In your memory, do you feel that you understood what was happening?*
- *If so: are you able to tell me what you understood?*
- *How many times have you told us about what happened to you?*

(c) In the case of medical expertise:

- *Would you be willing to talk about how the medical examination went?*
- *if so: who is the person or persons who examined you?*
- *Do you remember where it happened?*

(d) The execution of the protection measure:

If investment:

- *Can you tell me what you remember about the time you left the family home to join (the home, the foster family)?*
- *Who was present?*
- *If you remember, can you tell me how you experienced this moment?*
- *If measurement type AEMO R (educative measure)*
- *Can you tell me how the first meeting with the social worker in charge of the measure went?*
- *Do you remember his first name?*



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- *How many times did you meet him (per month)?*
- *What did you do during these meetings?*

e) Filling

- *Can the adult you have become tell me if she thinks the way things worked out was appropriate for (the child/teenager) you were?*
- *(follow up for more details)*
- *Have you met adults with whom you were able to talk about the difficulties you were experiencing?*
- *if so: who were they? could you tell me what made you talk with him/her?*
- *if not: can you try to tell me what made it impossible for you to talk to adults about your difficulties?*

At the end of each interview, the following question was asked to the interviewee:

- *What would you advise people whose job it is to help minors who have been victims of neglect and/or abuse to ensure that these children are cared for as well as possible?*

## 5. Description of respondents

Interviewers used the same methodology and the same tools, but each of them had a bit different target public. Jean-Marc met young women who have experienced prostitution, drugs, alcoholism, early pregnancies, physical, psychological violence when they were young, even very young. Odile met parents and young boys or girls who have been sexually abused, all of them except one (physical violence) by parents, foster parents, and recreational centre's animators or, for one interviewee, by an unknown person.

We only interviewed adolescents (about 13/18) or young adults, who have been deemed psychologically mature enough, in order to avoid the risk of over-traumatising them, but often these young people were victims when they were very young and experienced several types of placement. We selected from files of minors in danger, minors who had been placed outside their family or stayed within their family, but with a precise family follow-up, by court decision and/or minors who were victims of physical and sexual intra-familial abuse.

Most of them were placed in childhood and for a long period of time. With the exception of one minor, all the others were young adults at the time of the interview.

For each interviewed person, we called him or her on phone when they were independent, or we asked for an appointment with the people in charge when they were still in a shelter or in any other collective place.

In France, there are mostly 3 types of possible placements: children living in social welfare institution or in a foster family or at-home (but with mandatory family monitoring) and, under certain conditions, in a collective centre for young adults (18-21).

We tried, in our sample, to have interviews representative of the different hosting modes.



This sample represents most of the cases we encounter, with the exception of the most serious cases that result in the death of the child. See the Recapitulative table of French interviews in Annex 3 – Recapitulative table of French Interviews.

## 6. Results

The number of interviews is far too small to draw general conclusions, but also in relation to the many examples we have been experiencing and those reported by the WP4 working groups, we can without any risk of being mistaken, make the following observations, remarks and recommendations.

### The parents' main remarks:

- Few reproaches against the police, nevertheless they report that children were afraid also because of uniformed officers, that they did not always understand questions, but that they did not ask for explanations, nor dared to ask to stop the hearing, that it was hard to remember.
- The other remarks are addressed to justice and social supporting services:
  - When there is a trial, families' whole life is spread out, that is what happened to them is made public. Moreover, it is painful, especially when children, once grown-up, attend the trial and when the author denies the facts.
  - The medias express themselves a lot, especially on the most violent "dirty" cases, so it is very difficult to meet neighbours or even people you don't know but who recognize you.
  - Almost all of them ask to be informed of the date of the aggressor's release from prison, fearing to meet him again.



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- A mother questioned herself: *I experienced the same thing with my father (rape), but I never spoke, if I had done so would I have protected my children from this violence?*
- There is a need to improve the follow-up of those who commit sexual violence and to ensure that they cannot harm anymore (a mother whose son was raped by an unknown person with psychiatric problems who had himself been raped when he was at boarding school).
- Another mother: *Our family has collapsed, we can no longer count on anyone, we should get more financial help when the father is in prison, it's really difficult.*
- Another one: *At school, children should be more informed about this. They should watch videos or other.*
- A mother whose daughter's complaint of sexual abuse was dismissed without further action: *We're still angry... no pursuit of the abuser, so no victim. My daughter says she won't press charge again, because she had more trouble than help.*

### For the minors:

All of them were children or young adolescents when they were placed or received other educational measures (6/7 to 15 years old), but during the PROCHILD interviews they were: 4 young female adults (18-21-22-23 years old) who now have a baby and 5 minors (13-15-16-17-17).

It is very interesting to note that the reproaches, demands and suggestions of minors with regard to the educational measures to which they are or have been subject overlap with the observations of dysfunction and the recommendations made by professionals in the WP4 working groups.

The 18 years old young adult Dominique, mother of a 4 months baby said: *"Placement is a relief first, but then you would like to do a lot of other things, including not being changed of mode of placement or location without being involved in this decision."*



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An unwanted change frequently leads to a youth revolt with runaway and all the consequences: sex, drugs, alcohol and all the "tricks" to get money. *"We are really in the "dark" and often we are brought back to the place and undergo a new change. But when you've grown up and taken a step back, you admit that the placement was essential and that it was an opportunity"*

To help adolescents out of this phase, which can last 1 year or more, it is necessary to have extremely well-trained educators and close collaboration with other professionals concerned (doctors, teachers, judges, police, etc.), which is what professionals are asking for, working in an interdisciplinary manner and that all professionals have at least a common basic training.

Professionals deplore the frequent changes of centres, families, locations, the changes of minors from one centre to another or to another foster family, and then again to another one, which leads to a lot of frustration and violence for children, who are once again losing their bearings.

Dominique has explained how she felt each time she had to leave her educators, friends, member of foster's family and how about 13/15 she has become a rebel with increased risks and a compromised future, due to risks to health, safety and chaotic schooling. (The recommendations of professionals are detailed in the WP4 Report)

Today, Dominique says: *I will do everything in order that my baby won't have to go through what I went through.*

Maïmounia, young mother, 21 years old, with a placed baby of 3 months old. She came to France when she was 12 and was "found" in the street after few months and sent to a children collective home, after 6 months she joined a hosting family who helped her a lot.

She run away many time and made a lot of stupidities, at the birth of her daughter, Maïmouna says she saw her for a few days. She was asked to choose between final and interim placement. She says she refused both proposals. When asked whether she felt that the situation had been explained to



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her, Maimouna will reply that she had been told that she was not able to take care of her child. She adds that at the time she was unable to hear this and that today she considers "*that there were no other solutions*".

Following this exchange, Maïmouna will spontaneously talk about the importance for her of "measures for young adults". If she has been able to benefit from it, it is very clear from her comments that she is in contact with young adults who have not been able to benefit from such a measure as a result of their experience at ASE. *"It's true that some people steal from stores, they do drugs, they do shit. I can understand (how difficult it is for "society") they break everything, they are insolent, but we can try to help them find their way, reach out to them. Before the age of 18 you are a minor and the next day you have to become someone. How they can become someone if they are thrown out."*

The professionals have the same concern, even if ASE signs now a few more contracts for young adults, there should be an intermediate stage between the social home and the street.

A 22-years-old woman who was raped from the age of 5, but the facts were not reported until she was 17. Her story illustrates how difficult or even dangerous it is to interview a child, a young victim of violence, without adequate training. In most of the interviews, children and adolescents acknowledge the kindness of the police, but at the same time, they almost all say how frightened and destabilized they have been.

Last but not least, it is the return to the family that also poses many difficulties in terms of support. There are many examples of returns that have resulted in new and sometimes dramatic situations of violence. This has also been worked on by professional working groups; judges and social services are particularly concerned.



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## 7. Discussion

In this report we will not give more examples, but we invite interested persons to refer to report D4.6 - Report on the activities of the round-tables and working groups – where they will find many argued recommendations.

## 8. Conclusion

For the interviews, only the young people who appeared to be the most mature were selected. They are older adolescents or young adults. The interviews were conducted in order to present a different panel of personalities.

The acts were often committed when the children were young, between 5 and 10 years old. Their young age probably explains the absence of revelation in the days that followed. Later on, the children talk about the facts to a trusted person; most of them revealed them at the age of 15-16. Very regularly, young victims are ashamed of what may have happened and do not dare to talk about it, especially with those close to them when one of them is the abuser. Fear and shame are often the two elements that stand out as "excuses".

Whether in the legal watch carried out by LVDE or in the interviews, we notice that the child is part of a small sibling group (2 to 3 children). Nevertheless, there are some exceptions for families with up to 6 children.

### Parents

They are women, mothers of minor victims. No fathers participated in the interviews. In half of the situations, the entire siblings were victims of a paedophile. It is not uncommon for entire families to be involved in intra-family rape. In one case, the mother had herself been a victim of her children's abuser (in this case her father and the children's grandfather).



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## The child's disclosures

According to the children's statements, the violence is often sexual and physical, although in the interviews we can also suspect psychological violence; none of the children in our panel were placed for this reason. The authors are often in the minor's entourage: grandfather, father or close to the child. These interviews confirm the well-known hypothesis of the services specialising in violence against children.

Proximity to the author is often the reason why children do not report the facts right away. The person they turn to report seems more random. Nevertheless, it appears that the child's relatives, trusted adults outside the family, seem to be the most common choice. The latter (who may be educators or social workers) accompany the child, most of the time, to the place where he or she will be heard. They are the ones who report the facts to the child welfare structures, the police or the gendarmerie, helping the child in his or her proceedings.

## The investigation phases

Most time, the *Brigade des mineurs* takes in charge the victims' hearings, which often allows the latter to be interviewed by rather well trained officers. During the PROCHILD's interviews, no child told to have been disappointed by the reception by the police officers. However, several interviewees mentioned their fear of the police and especially younger children, because of the uniformed police officers.

The comments were collected by a single police officer. This allows the child to concentrate as much as possible on his or her disclosures and to avoid any intimidation, which is a consequence of the presence of two or more police officers at the time of the interview.

In the case of children who have been placed because they have been identified as being in danger, without intervention by the juvenile brigade or a trial, but with a court order, the children regrets



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the insufficient information and preparation they received prior to their departure from their families.

The audition is filmed in the majority of situations. None of the interviewed victims had an audition in a specific room. It takes place in the police officer's office in a standard way, on average for an hour. We can therefore observe a real need to spread UAMJPs, which have audition rooms adapted for the child.

At the end of the hearing, the police officers give the child and his or her accompanying person useful information about the next steps in the procedure. In practice, this information is not always reported, but it is essential if child victims are to obtain justice. In France, many complaints are not followed up, so it is necessary to inform them about this possibility, the importance of being assisted by counsel and the length of the procedure.

Following the first hearing, it would appear that approximately one victim out of four is heard again within a few days by new investigators. La Voix De l'Enfant reminds that this mechanism can only re-traumatize the child. This number is therefore still unsatisfactory. It is nevertheless interesting to note that the victim would not be confronted again with the author during this period.

Mothers, like their children, find the trial very hard. Some of them have also been victims of the alleged offender or simply someone close to them. When the alleged offender refused to acknowledge the facts attributed to him, he adds a heavy disappointment for the victims who very often expect satisfaction from the trial. LVDE recommends not putting too much emphasis on "victims need the trial to rebuild themselves" because if this is true, it is not enough, relevant measures of support for victims must also be ordered.



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## The judicial phase

### Children

Most of the interviewed victims went to trial; however, we know that a number of complaints of violence are unfortunately dismissed for lack of evidence. Specialist lawyers recommend that the facts should not be judged in an immediate stand trial, because then neither the victim is ready to face the trial nor the defenders have the time to organise themselves for the defence (e.g. to act as a civil party).

To do so, children are therefore heard by a judge, usually the examining magistrate, without being filmed and accompanied by their own lawyers. Most of the confrontation takes place in the judge's office without the parents being present and without the abuser. In the situations collected, none of the children were confronted to the abuser. Thus, the children did not see their author again before the trial.

### The parents

Throughout the investigation, the parents are assisted by their own lawyer. The average length of legal proceedings is over two years, depending on the situation. This period is therefore very long, especially for victims.

## Comprehensive care for minor victims

### Children

During the investigation, the child is regularly examined by doctors. Two to three experts are requisitioned for this task. La Voix De l'Enfant reminds that the UAMJPs are set up so that the child is examined only once. This deficiency therefore seems important to highlight since the child may experience this repetition as a trauma. The child very regularly experiences a feeling of insecurity. This insecurity is felt after the story appears in the media. While first and last names are not



necessarily disclosed before the trial, they are much more often disclosed at the end of the trial. 2/3 of the trials that take place before an Assize Court result in a publication in the electronic or print media. This feeling of insecurity is therefore felt especially in relation to the family circle: close relatives or neighbours.

According to the families, very little consideration is given to this point. Families are therefore left to fend for themselves and are sometimes forced to relocate to the detriment of their work or living environment.

Children report that there is not enough financial support for victims. When it is one of the two parents who is convicted, the financial imbalance in wages is not adjusted by the courts, which very often leaves mothers helpless with limited income to raise and care for children.

#### The parents

All the mothers interviewed by the Voix De l'Enfant were offered psychological and medical support; families were satisfied with the care provided. The mothers agree in denouncing the lack of information about the release of the aggressor from prison. This is an important point that should not be overlooked so that the victim and her family can feel safe at all times.

The publication of the story in the press also seems to pose problems. Indeed, many details about the family are often published in the newspapers, including the location which alerts the neighbourhood and the relatives of the family concerned.

#### The situation during placements through interviews with minors

The following points were most often mentioned:

- The minors stay, at least for a few days of observation, in a social centre after a placement decision, regardless of the final mode of placement. They are requesting for more information and preparation before the withdrawal from their families;



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- Most of the minors consider their arrival in social hosting centre positively, but when they are staying longer, they are very often disappointed (lack of activities, bad atmosphere, decisions taken for the minor without consulting him/her, sometimes violence...) and especially, for those who stay in the accommodation centre for a long time, the frequent change of accompanying professionals, or even of location, if the minor becomes too attached to the persons;
- Departures from a centre are often considered very sudden, whether for a change of location or, even more, when reaching the age of majority.
- When the minor is placed with a foster family, the atmosphere is predominantly a family one, except when a conflict arises involving one of the biological children of the foster family, but, if the minor or the family becomes too attached, the minor will most often be moved. These displacements lead to new difficulties (revolt of the minor, difficult adaptation, running away, alcohol, drugs...).

### Other difficulties very often noticed, whatever the placement

The relationships with the biological families during the placement and especially when the end of the placement and the return to the family is decided, are found to be highly unsatisfactory. The lack of preparation for this decision, whether on the part of the decision-makers or vis-à-vis the minor and/or his/her family, often causes harmful situations for the minor, who may be abused again or who will run away or engage in tort or criminal practices .

Despite these criticisms, as the years go by and picking up experience, some young adults have found this placement to be indispensable to their future as adults.

There are many good practices for the treatment and support of child victims and their families. Studies show that they are effective, yet so many victims still have such difficult and violent



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experiences that have nevertheless left their mark, even when the minor succeeds to lead balanced lifestyles as adult.

All the indicators show that a large part of the solution requires interdisciplinary and partnership-based work between all the parties involved. But everyone says they want it and only a few professionals, who are particularly motivated, put it into practice! Political, institutional and/or organisational/financial decisions are necessary to promote this practice, which is essential for the well-being of child victims.



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## Germany

### 1. Introduction

The aim of this activity was to not only assess the current situation of the Child and Youth Welfare but to do so from a minor's point of view. While there are a lot of efforts to improve the cooperation between child protection professionals or to educate professionals in regard to detecting and treating of child maltreatment, affected minors are rarely asked about their experiences in the child protection process. This activity actively involved abused or neglected minors, in order to use their perspective to make recommendations to professionals working in the field. This allowed to gain a new perspective on the needs of child victims and their families and how they experience the child protection process.

### 2. Organisation and implementation of the survey

#### Strategic resources involved in the activity

The KatHO NRW project staff of PROCHILD conducted this survey. The quality of protection and support services for neglected or abused minors in Germany was assessed through an online questionnaire. This survey was distributed online through social media groups, discussion forums and a link on *kidkit.de*. This website intends to inform and support victims of child abuse and neglect but also covers topics like parental addiction and parental mental health problems and their effect on children. The website is coordinated by a member of our institute and had about 342.000 visitors in 2018.

Moreover the questionnaire was distributed with the help of German NGOs that support adolescent victims of violence/abuse in different ways. These NGOs distributed the survey through their network via newsletter.

## Methodology

Since the new European data security guideline was established, the participation of minors became more difficult. Since parental approval of both parents in regard to the participation in this survey was suspected to be hard to achieve in families with a history of child abuse and neglect, we decided to not target children but adolescents and young adults aged 16 to 25 years.

This allowed us to target people, who went through the whole child protection process recently but are safe now. That way they had some time to reflect their experiences.

## 3. Description of respondents

In Germany, we assessed the quality of protection and support services for neglected or abused minors through an online questionnaire. The link was distributed online through social media groups and discussion forums. Another way of distribution was through the network of NGOs that have peer support groups or through the *Independent Commissioner for Child Sexual Abuse Issues is the Office of the federal government for the concerns of victims and survivors and their relatives* that works with a *council of victims and survivors*. The target group of this survey were young people and young adults aged 14 to 25 years who were affected by child abuse and/or neglect in their childhood or adolescence.

The total number of German respondents was 41 with an average age of 26 years (range 16 to 45 years). A majority of 31 participants were female, this equals about 75%. Table 1 visualizes the



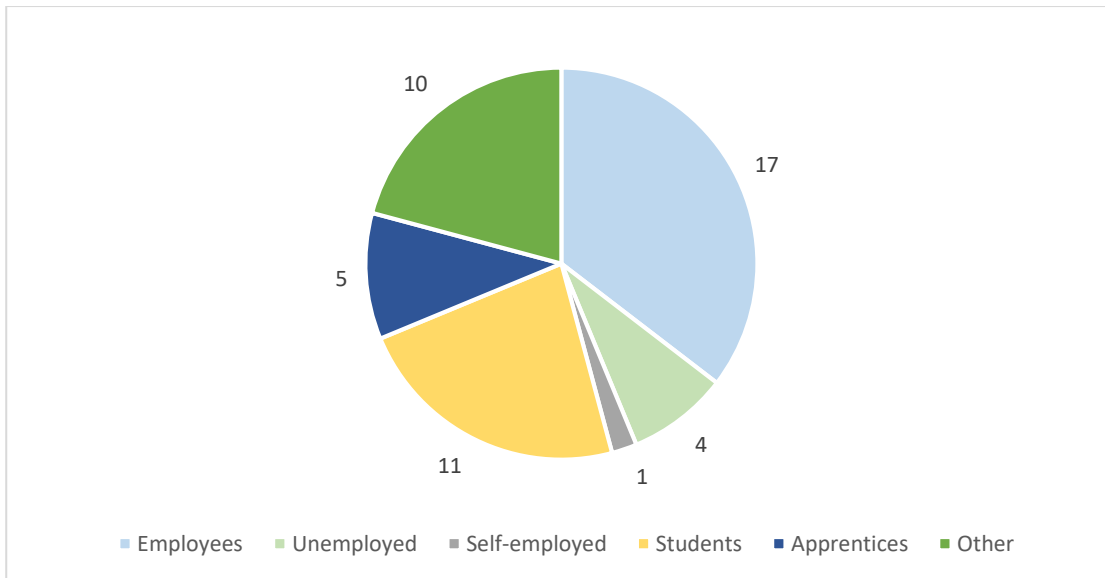
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employments of participants and shows that the majority of participants were either employees, students or apprentices.



*1 Employment of respondents*

## 4. Conclusions

### Setting

The participants were asked what the reason for their contact to Child Protection Services or Child and Youth Welfare was. The mean age of the first mention of the child maltreatment was 13 years. Asked to whom they first talked to about their experience of child abuse and neglect, respondents mentioned their mother (N=7), the mother of a friend (N=2), a friend (N=8), a teacher (N=2), a neighbour (N=1), a therapist (N=2), while one could not remember and the rest did not answer the question. Considering that child maltreatment most often occurs in the enclosed environment of the family, participants were asked whether they talked to family members about the child



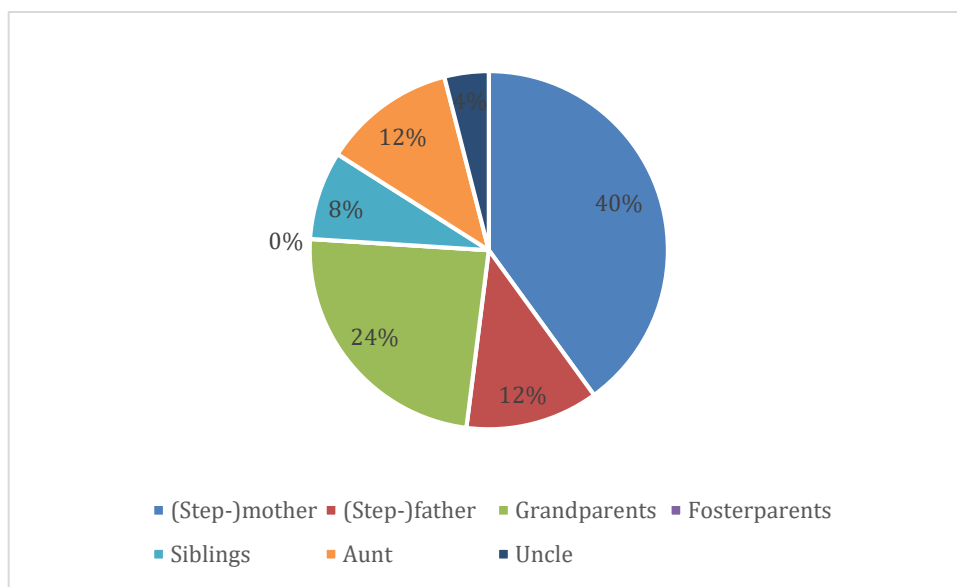
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maltreatment. Please see table 2 for the results. It turned out that 25% of respondents did not talk to a family member about what happened, while 30% of respondents did talk to them.



2 "Which family member did you confide in?"

Table 3 shows the percentages of reported reasons for the contact. Physical and emotional abuse are the most common forms of child maltreatment reported by the participants. Neglect, which was not divided into emotional and physical neglect, followed close behind. Child sexual abuse was



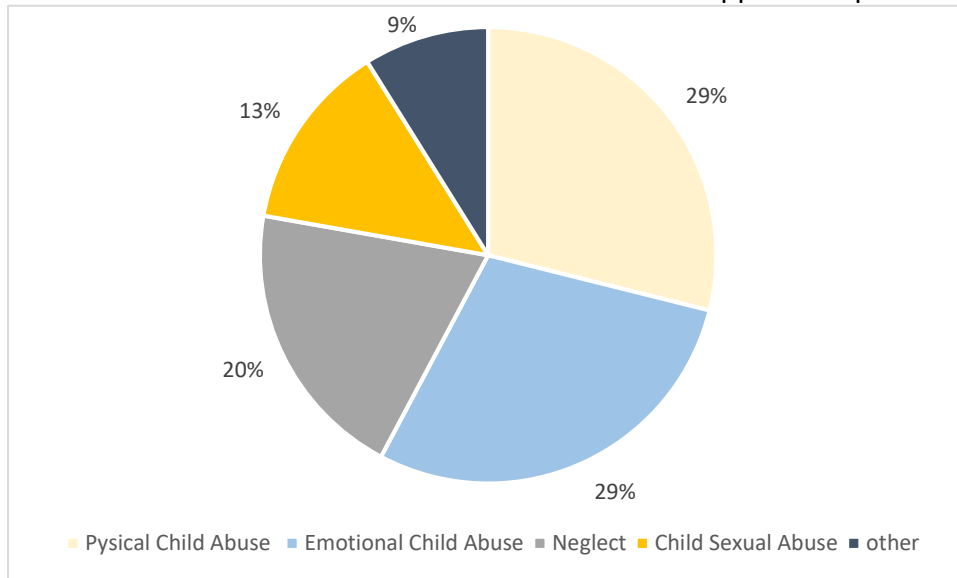
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mentioned six times. Other forms of reasons for contact with support and protection agencies were



*3 Reasons for Contact with Child and Youth Welfare*

parental mental health problems and parental substance abuse.

The majority of participants reported to have had contact with at least 3 different professions. This first contact was in about 55% of the cases with child protection services and was followed by contacts to police/judiciary and psychologists.

## Contact with Different Professionals

### Child Protection Services (CPS)

Only fourteen participants who experienced some form of child abuse or neglect in the childhood or adolescence affirmed that they had contact to child protection services. That equals about 28.6%.

In those cases where the child protection services were involved, they were in the majority of





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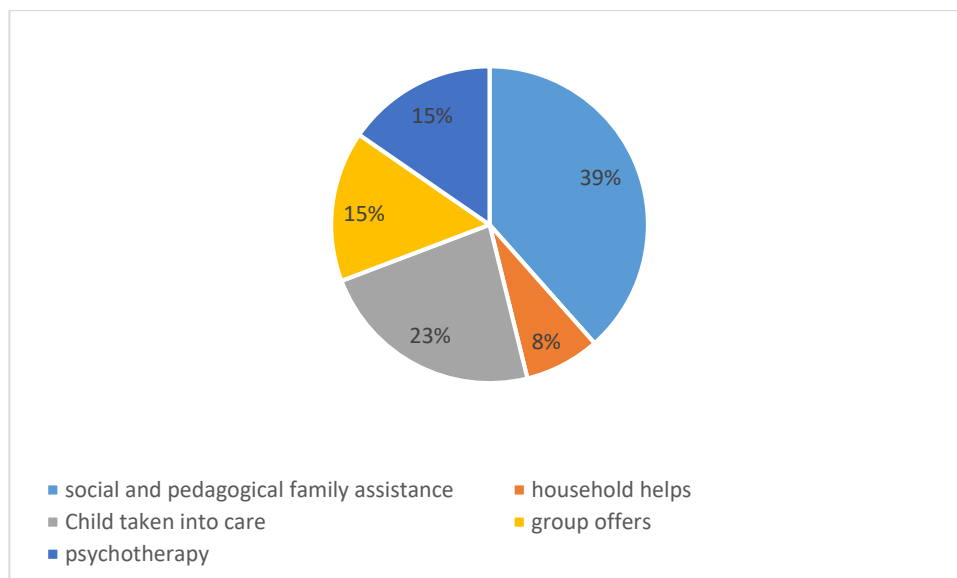
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answers called by somebody from the minor's family or acquaintances. In some cases the minors' school or an unknown person reported to CPS.

In cases where CPS were involved, 75% of participants affirmed that their family got some kind of protection or support offer. Table 4 shows what kind of interventions were offered to the participants.



*4 Percentaged of offered types of interventions*

The following table 5 shows how helpful the offered talks with CPS professionals and the offered protection or support interventions were.

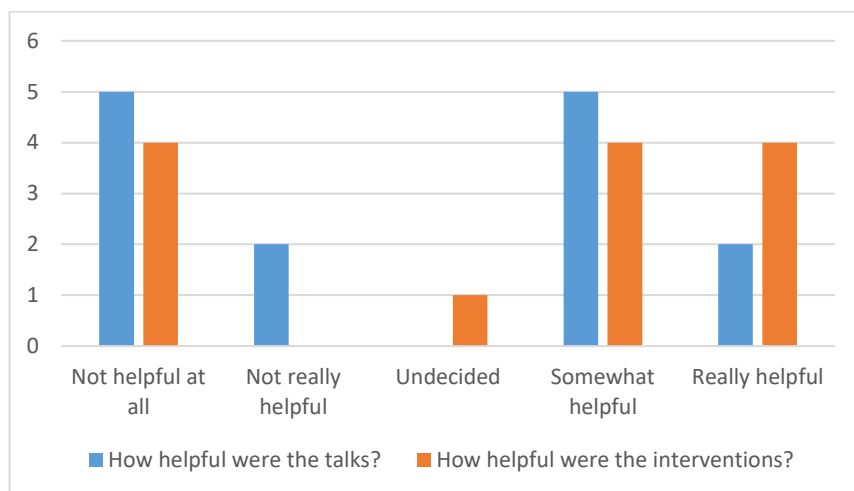


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*5 How helpful were the interventions and talks with CPS professionals?*

## Police and Judiciary

Nine participants affirmed that they had contact to professionals from police or judiciary. Of those who didn't, only two respondents answered that they would have wanted to speak to these professionals. About 44% of those who had contact with police had only one interview with them, 11% were interviewed twice, 33% were interviewed more than three times and the rest could not remember. In seven cases, respondents reported that charges were pressed. In one case the trial is still continuing, in three cases the investigation was discontinued and three cases went to trial. One case resulted into an acquittal of the defendant and the other two cases in convictions.

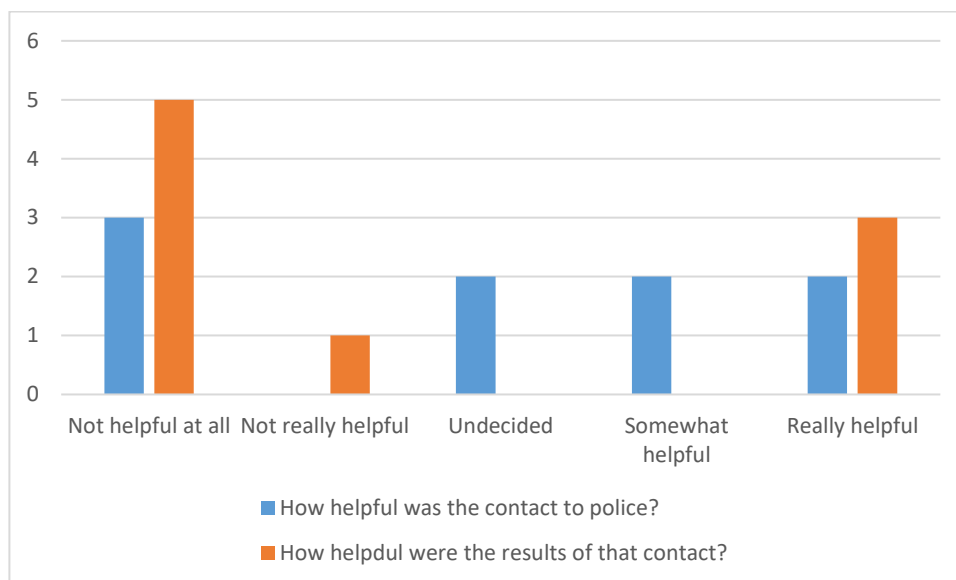


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*6 How helpful were the contacts to police and those results*

Table 6 shows that respondents disagreed about how helpful the interviews and their consequences were.

### Medical Professionals

A total of eleven participants reported that they had contact to some sort of medical professional as a minor, while thirteen respondents said they did not have contact. Of those who did not, only one would have liked to talk to a doctor or nurse. Those who did talk to a doctor or nurse did that once in 36% of the cases, 9% of participants talked two or three times or could not remember. Another 36% talked more than 3 times with a doctor or nurse.

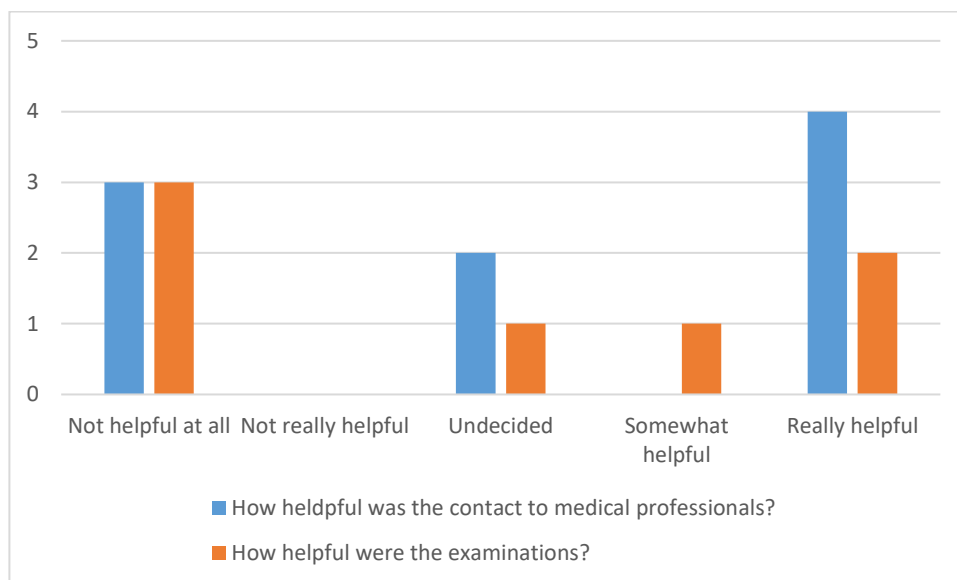


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*7 How helpful was the contact to medical professionals*

Table 7 shows as how helpful respondents perceived the talks with medical professionals and the examinations that were performed. Those took place either in a medical practice (66%) or in a hospital (33%). All respondents felt informed about the examinations.

### Psychological Professionals

A total of 16 participants affirmed that they had talked to a psychologist about what happened to them. Of those eight respondents who did not, a majority of six would have liked to talk to one. Almost all the conversations with psychologists happened in the context of a psychotherapy, only one reported to have seen the psychologist at school and two said they have seen the professional at the hospital. About 71% of the respondents found the psychotherapy somewhat or really helpful.



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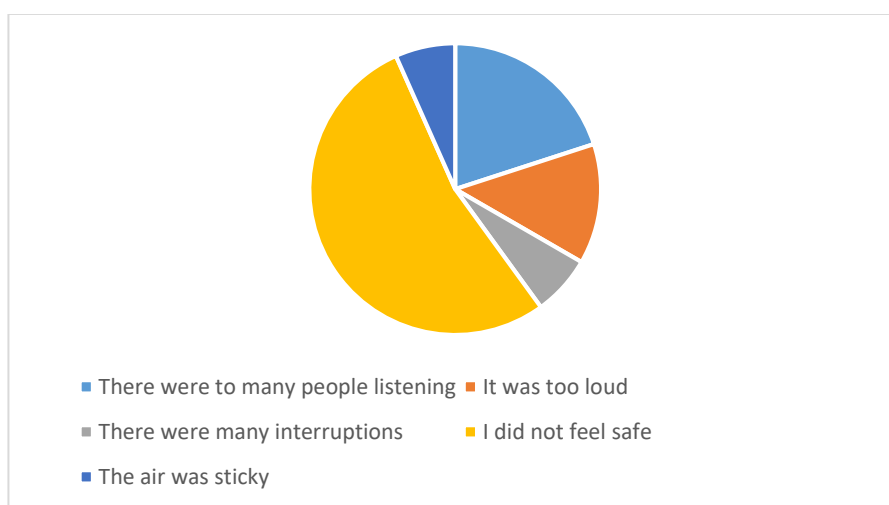
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## Relationship

The respondents were also asked about the places they talked to professionals about what happened to them. These could be police headquarters, hospitals, court rooms, offices or other accommodations. We wanted to know whether they felt safe in these circumstances.



*8 Reasons for feeling uncomfortable in conversations with professionals*

Table 8 shows the reasons participants gave for feeling uncomfortable in conversations with professionals. It becomes clear that the main reason is a feeling of lacking security. This may include a lack of privacy, a lot of people listening or watching or a lot of noise. So even though these are listed as different categories, they were often named together.

Respondents were also asked if there were interview partners they did not feel comfortable with. Table 9 shows the results of this question.

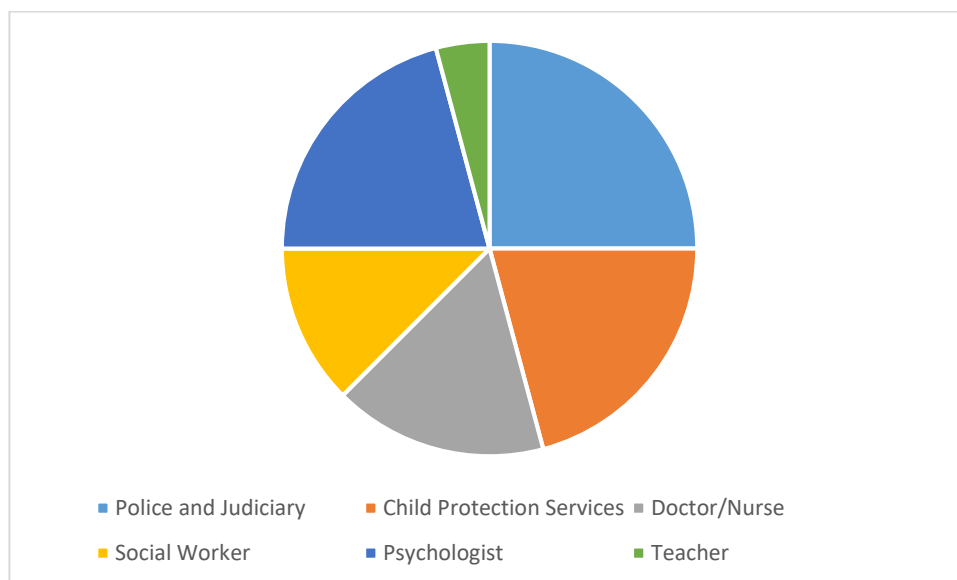


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*9 If there were conversations you were not feeling comfortable in, with whom ere they?*

Participants gave the following reasons for feeling uncomfortable in those conversations: they felt ashamed, they were scared, they did not understand the questions, they were not listened to, they had to repeat themselves, they could not speak freely, they felt pressured or simply did not like to talk about what happened to them.

## Time

The respondents were asked how old he or she was when he or she first spoke to a professional about what happened and when the last times was that he or she spoke to a professional. The mean age of the first mention of the child maltreatment was 13 years. About 60% of the participants reported that they last talked to a professional more than a year ago. Another 22% spoke to a professional within the last year about what happened to them. Only 14% of the respondents talked to a professional within the last week. About 4% reported to not remember the last contact with a professional.



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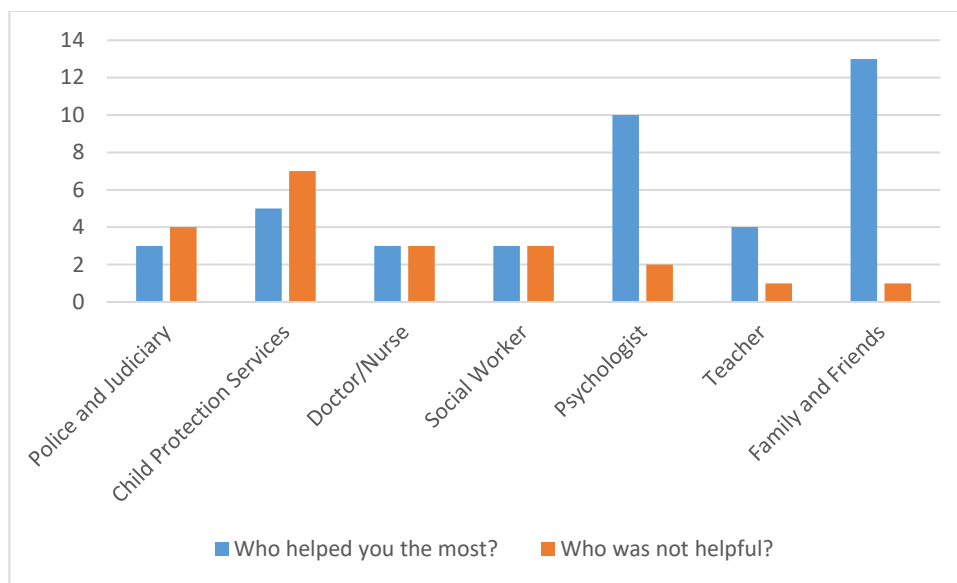
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## Process

About 75% of the respondents agreed that the support offers and interventions they received make them feel better now than they would have felt without.



*10 What was helpful and what was not?*

Table 10 shows which professions were named as especially helpful in the child protection process and which were described as not helpful to the participants view. Although family and friends do not represent a profession we listed them as well to show that they seem to be an important resource - even in cases of child abuse and neglect where a majority of happens within the family.

Psychologists and teachers were unambiguously the most helpful professions, whereas interventions by police and child protections services were perceived as equally helpful and not helpful.



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## 5. Discussion

The sample of participants in this questionnaire were recruited via size social media groups and discussion forums as well as through a network of NGOs that have peer support groups. This resulted into a more heterogenous sample than we would have wished for. This showed mostly in the big age range of participants. The experiences of older participants may lay too far in the past and are therefore not representative for the current situation. We nonetheless decided to include those participants.

A closer look to the responses in the current analysis reveals what is already well known in literature: different forms of child maltreatment often co-occur. Furthermore our survey showed that the number of unrecorded cases is really high. Only about 28% of the respondents who experienced child abuse and neglect in their childhood or adolescence had contact to child protection services. Since CPS is responsible for coordinating subsequent support offers and interventions, this number is especially alarming. Moreover, did only a small amount of participants receive further help by child protection services. On the contrary was the contact to psychologists in the context of a psychotherapy perceived as really helpful.

All in all it becomes clear that a lot of different protection and support offers and interventions for affected minors are out there but there is still a high number of children who does not receive them. The current survey highlights the necessity of projects like PROCHILD to attack the gap between theory and practice.





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## 6. Conclusion

Everything considered the need to involve affected minors and their families in the decision making process becomes apparent. This survey is only able to stress the importance of this topic. But further research with qualitative methods is required to display child victims experiences with different professionals.



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## Greece

### 1. Introduction

The aim of this activity was to assess the current situation regarding the system of protection for abused minors, in order to be able to make recommendations to decision-makers and professionals working in the field, so that the services provided to minors and their families (prevention, detection, support and treatment of minor victims) are of higher quality.

The two main objectives of the activity were a) to identify the current "gap" between what the responses to the needs of child victims and families should be, and what the responses actually are in reality, and b) to propose ways to improve the use of relevant existing services.

### 2. Organisation and implementation of the survey

#### Methodology

The Institute of Child Health is an organisation that functions mostly as a research centre, having also the role to increase the skills of the professionals involved in child protection cases, by delivering trainings. Rarely, parents or other relatives contact ICH to get advice on how to proceed when there is suspicion of child abuse and neglect, or to make sure that they suspect is in fact an indicator of CAN. Therefore, there is very limited access to families and no access to minors.

Given these facts, it was decided that professionals who work in the field and handle child abuse and neglect cases would receive the questionnaires and let the team of researchers know whether they think they could distribute the questionnaires to children/parents, or if they would prefer to answer them themselves. It was clarified, that in case they were to co-operate with abused minors to complete the questionnaires for minors, the research should be conducted in the form of an interview, and not just provide the questionnaire directly to the person. However, all of them



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expressed the concern that asking a victimised child to describe how the process of investigation was might “re-victimise” the child, as he/she will have to go through painful events one more time.

### 3. Description of respondents

All the respondents in our research were professionals from child protection services; more specifically, seven social workers took part in the research. Six of them work in two residential care units (six social workers from the same organisation and one from a different one) that run under private law, while one of them works in a service under the Ministry of Justice that supports minors during the judicial process.

The final number of completed questionnaires was 31; it was very difficult to reach the expected number of responses, because as it has been described above, the role of ICH does not give access to the population needed for this survey. Moreover, all the professionals who agreed to cooperate with us were very busy and they could not easily provide more time to the researchers. Two of them answered the questionnaires themselves, while the other four were visited by researchers and the questionnaires were completed in the context of an interview for each case.

The social worker from the service under the Ministry of Justice provided 6 cases, the social worker from the one residential unit provided 4 cases, and from the other unit, two social workers provided 5 cases each, one provided 6, one provided 3 and one provided 2.



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## 4. Results

The mean age of minors who were recorded in the survey is 12 years old, with a range from 4 to 18 years old.

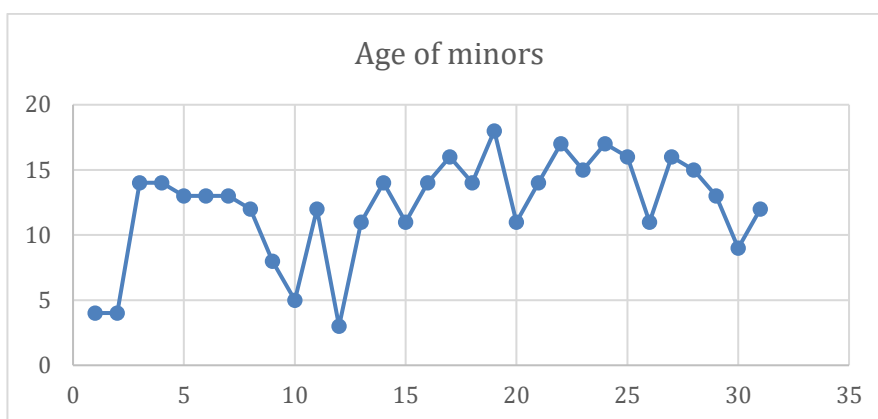


Chart 20 Age of minors

The vast majority of the minors were girls; 23 girls were recorded, and only 8 boys.

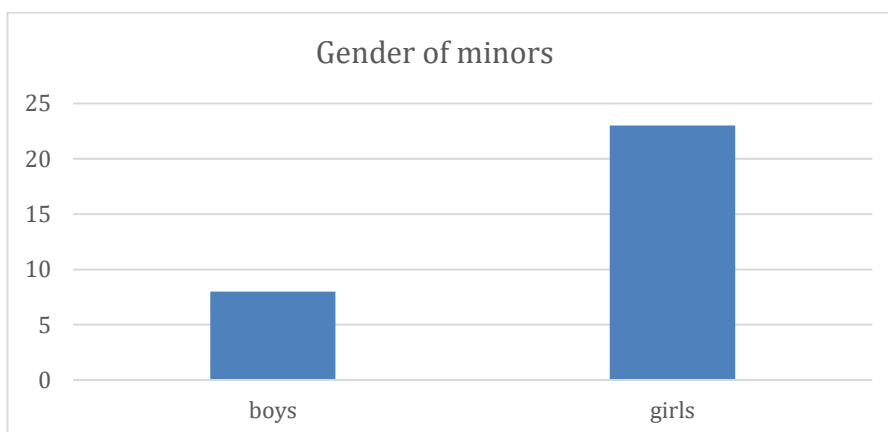


Chart 21 Gender of minors



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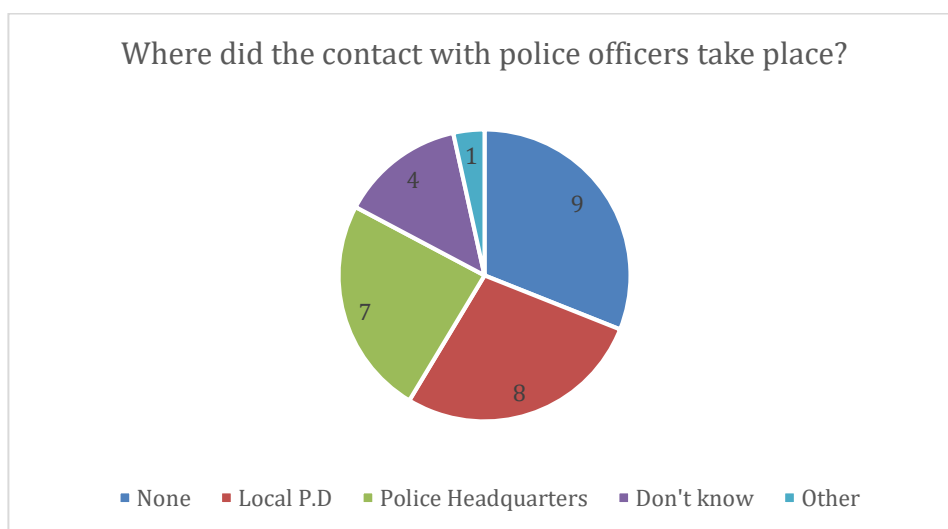
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## Setting

Out of the 31 minors, 15 have been in contact with police officers during the investigation, or their removal from their home. One of them was not in contact with a police officer, but directly with an interrogator.



*Chart 22 Contact with police officers*

Most of the children-victims that had some contact with doctors/nurses, had it in children's hospitals. That has to do with the fact that most children are taken there not so much to receive treatment for injuries etc, but to be examined when they are removed from home, before they are admitted to another environment.

In 4 cases, the minor had contact with more than 3 doctors/nurses. In all the other cases where the information exists, the minors had seen 1 or 2 members of the medical staff. In two cases where the place is "other", the doctor was a child-psychiatrist who conducted the forensic interview.



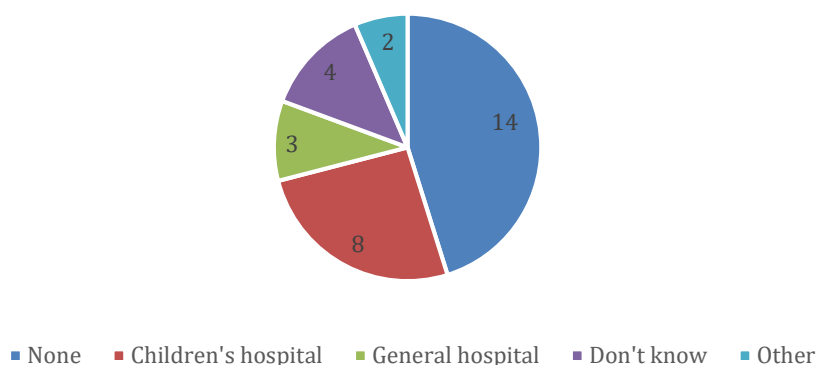
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Where did the contact with a doctor/nurse take place?



*Chart 23 Contact with medical staff*

Most of the abused/neglected minors did have contact with at least one social worker, while only 3 minors had never talked to a social worker. That is easily explained by the fact that all child protection cases are referred to the municipal social services by the prosecutor's office, apart from very few exceptions. As shown in table 6 below, fourteen minors had had contact with one social worker, while the rest of them met more social workers. The most usual place for the minors to have an interview with a social worker is the social service. Only 5 minors had contact with the social worker in their house, although it is very common for social workers to realise home visits. However, many times they avoid interviewing the children at home, since the parents may intervene.



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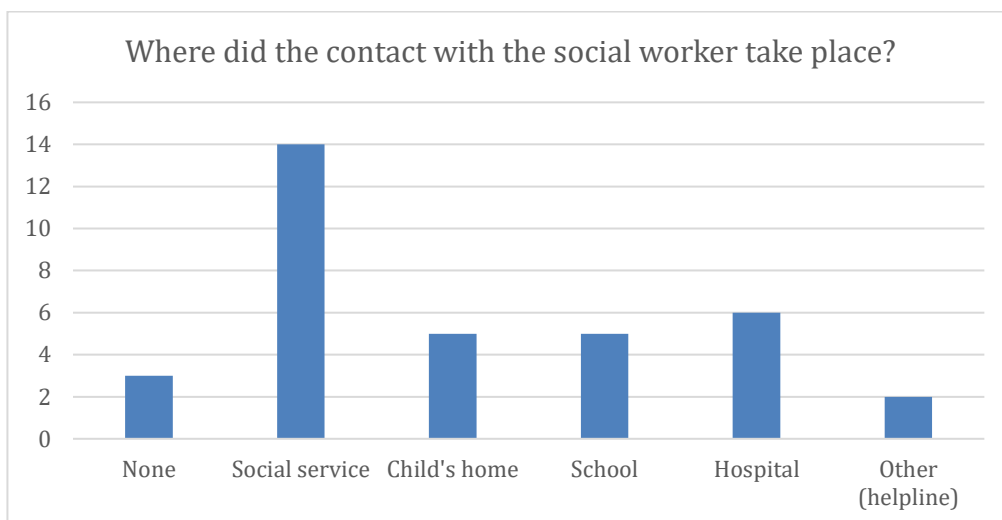


Chart 24 - Contact with social workers

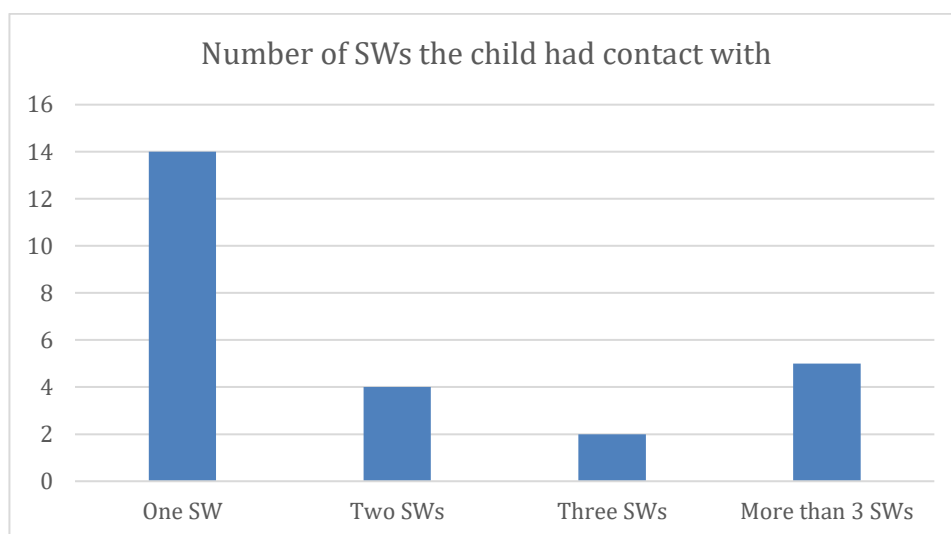


Chart 25 - Number of SWs



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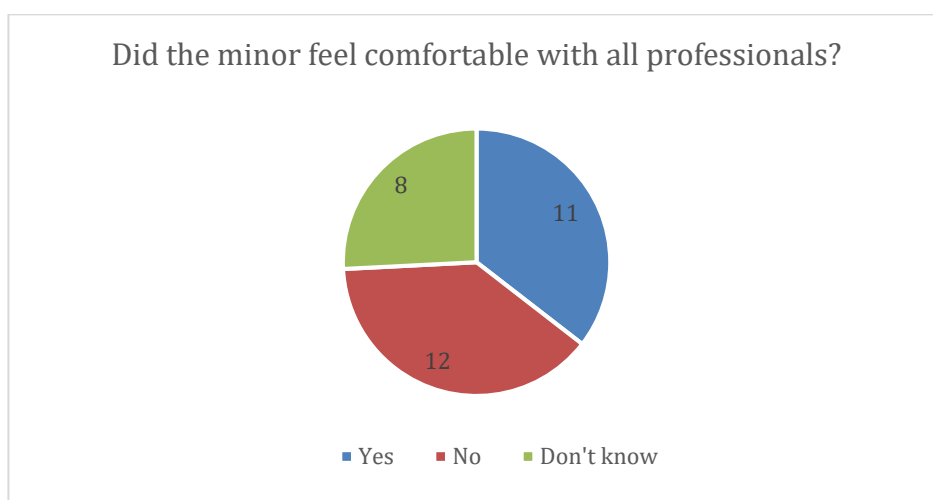
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## Relationship

The social workers were not in all cases aware of whether the minor had felt safe and comfortable during the investigation process, as many of them started being contact with the child at a later point. Out of the 23 responses, 12 minors had not felt comfortable with all the professionals involved. According to the results of the following questions, it seems that in most cases the minors were uncomfortable because they were in a very difficult emotional situation either-way, even if the person they were talking to was careful and supportive.



*Chart 26 - Did the minor feel comfortable?*

## Time

Most of the minors recorded in the survey, had first told their story more than a year ago, as most of the social workers were in residential care units, which means adequate time had passed for the investigation to be completed and the minors to be removed from their families and were live in the residential unit. The important finding regarding the time section of the survey, was that 19





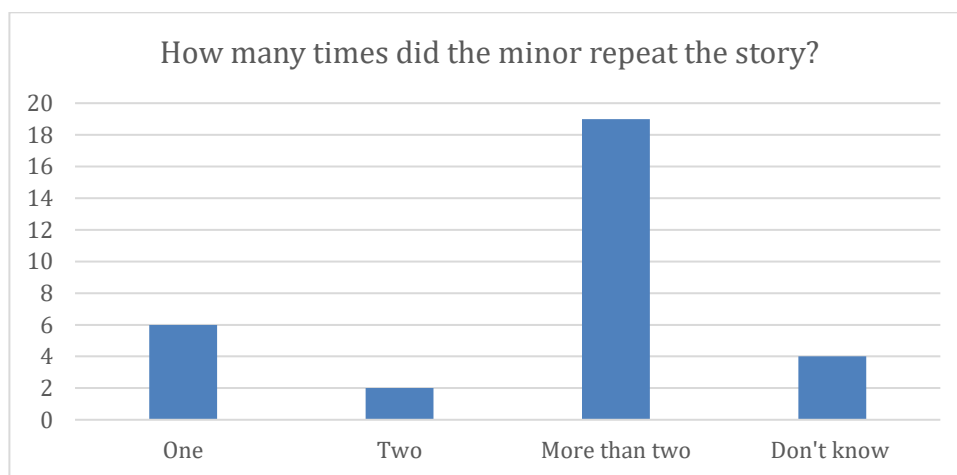
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minors had had to tell their story more than two times. In fact, in most cases the minors had told their story 4 times or more.



*Chart 27 - How many times did the minor have to repeat the story?*

## Process

It is known among all Greek agencies involved in child protection, that there are no clear guidelines regarding the pathway that should be followed in child abuse and neglect cases. So, there are other cases that went from the school to the prosecutor/police and then to the medical and social services, other cases that went from the social services to the medical services, other cases where a psychologist was involved and others where not. It is hard to put the results in a chart, because of the deviation of the responses.

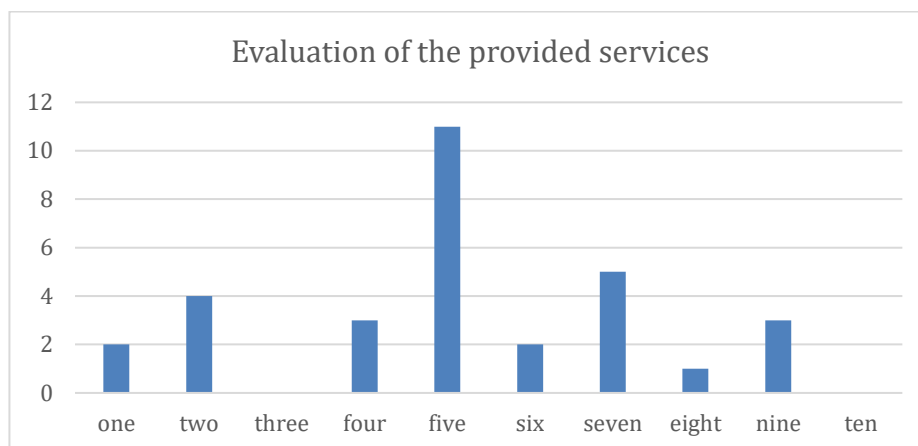


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*Chart 28 - Evaluation of services*

The mean score of the evaluation of the overall quality of the provided services to minors was 5.1.

## 5. Discussion

One of the main limitations of the survey, was that the social workers who responded could not know all the needed information related to the investigation process.

It was also concluded, while using the questionnaire to record all cases of abuse, that in the Greek context, this questionnaire is mostly suitable for cases of sexual abuse, or severe physical abuse. Regarding neglect (most cases are in this category), psychological abuse, or cases of physical abuse that are not considered “severe”, doctors and police officers are never involved.

## 6. Conclusion

The results of the present survey show in numbers that there is no particular procedure described or followed in Greece to ensure that all children-victims are provided with certain services either in the process of the investigation of the cases or in their support. It is obvious from the survey that what largely differentiates the process, is the form of abuse. Similarities can be identified concerning one form of abuse; in sexual abuse for example, it is expected that the child will be interrogated by

a police officer and will visit a hospital within the process of detection of abuse. However, in cases of neglect, it is very common that only a social worker will assess the needs of the child and the possible dangers, and this professional alone can make the decision on whether the child should be removed from home. Most other professionals who may have contact with the child, do so after the removal, in cases of removal.

Another negative finding that is to a large extent based on the lack of unified guidelines, is that the child victim usually has to repeat his/her story to many different people/professionals, which is against the child's best interest.

Lastly, it is representative of how professionals working in the field of child protection feel, that the mean evaluation of the services provided is 5.1.



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## ITALY

### 1. Introduction

The purpose of this analysis is to carry out an assessment of the protection and support services aimed at minors who are victims of mistreatment, and their families, collecting some information and opinions directly from the subjects involved.

It was established that each partner of the PROCHILD project carried out the investigation independently, choosing their own method (questionnaire, face-to-face interviews, focus groups, et c), in order to respect national and local specificities. However, each partner had to comply with some common Guideline (see, PROCHILD\_D4.5 Internal guidelines to assess protection and support services).

### 2. Methodology

The University of Bologna (UNIBO) working group chose to carry out the survey by administering paper questionnaires to minors and their caregivers. The questionnaire was always completed with the help of a properly trained social and health worker. In case of administration to minors, the operator modulated the terms and the formulation of questions based on the age of the interviewee and their understanding and response skills.

Before submitting the questionnaires to the interviewees, they were asked for consent to participate and it was explained that the information collected through the questionnaire would have been anonymous and confidential.



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### 3. Questionnaires

Two close-ended questionnaires were created, with the same content, to be submitted to adults and minors. Each of the two questionnaires were divided into five sections:

1. Demographic data of the minor;
2. **Setting of the service** → Information on the services minors / families / operators dealt with;
3. **Relationship** → To understand if the service providers and the operators who investigated on the case of violence made the children / families / caregivers feel comfortable or uncomfortable;
4. **Time** → when and how many times minors / parents / caregivers had to tell their story;
5. **Process** → understand which subjects were involved in the support / protection process and in what order they interacted with minors / parents / caregivers.

### 4. Description of participants

As previously described, two groups of participants were identified. A total of 30 children were interviewed in the group of minors and 29 adults were interviewed in the group of family members / caregivers, for a total amount of 59 participants.

Respondents to the questionnaire were intercepted at the various services' for minors victims of mistreatment present in the metropolitan area of Bologna: children and families who underwent a path at the 2<sup>nd</sup> level Specialist Centre "Il Faro", and children in conversation with the police psychologist.



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## 5. Conclusions

It follows the main data emerging from the analysis of the answers provided by minors and caregivers through the questionnaires.

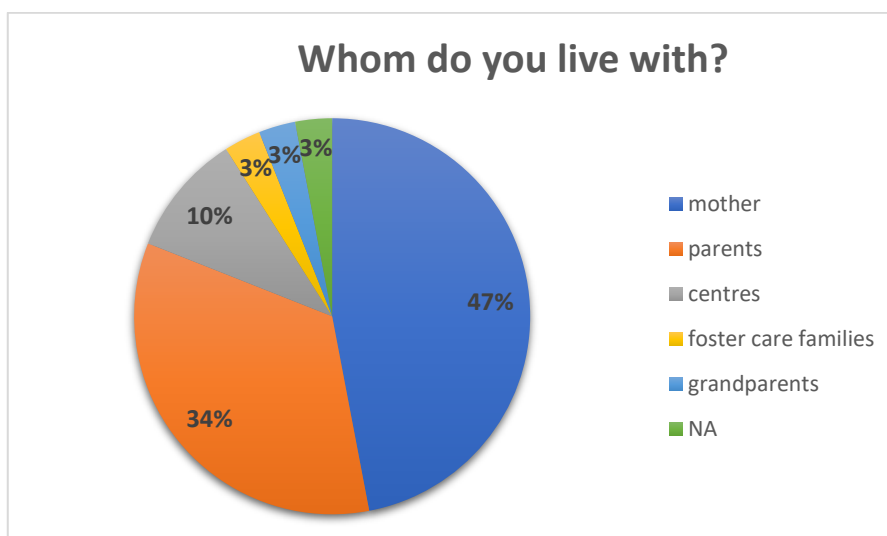
### Questionnaires for minors

#### Demographic data

The age of the children interviewed ranges from 6 to 18 years, with a **mean of 12.6 years**.

Out of thirty minors, the female sample was 17 girls and the male sample was 13.

Regarding the family environment, children were asked to indicate who they lived with, and as shown in the graph below, almost half of the children live only with their mother, 35% with both biological parents, 10% in a community, 3 % with foster parents and 3% with grandparents.



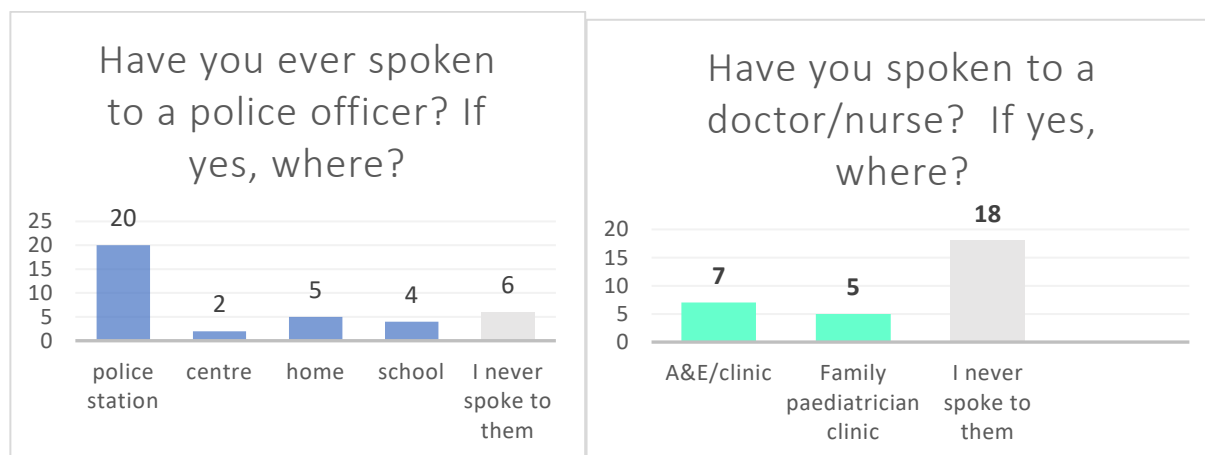
#### Setting data

In this section, some questions have been addressed to minors regarding the various services they may interacted with since the revelation of the violence / abuse; in particular, it was analysed whether minors spoke with the Police Forces (police, carabinieri forces), with Health professionals

(doctors, nurses), with psycho-social professionals (social workers or psychologists), with the school (teachers, janitors, comrades) and with their family.

Responses revealed that 6 out of 30 minors never spoke to a representative of the Police; among the others, most of them had an interview with one or more police officers (see graph).

As for the number of minors who declare they have never spoken to healthcare professionals, that even rises to 18 out of 30. The 12 minors who took an interview, did so at the hospital or at the family paediatrician's clinic.



In the frame of psycho-social services, many minors reported that they never spoke with a psychologist or with a social worker: 14 out of 30. Most minors who had an interview with a psychologist or social worker did it at the professional's study, someone within an educational community and only one at school.

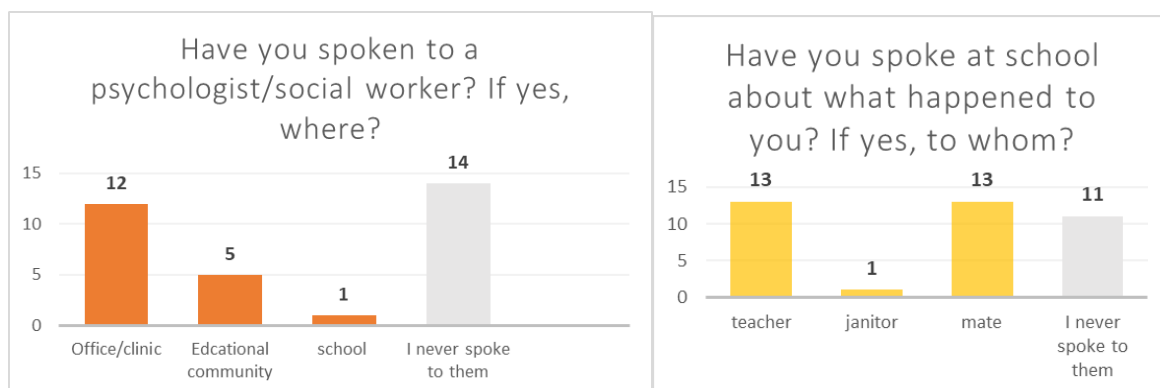


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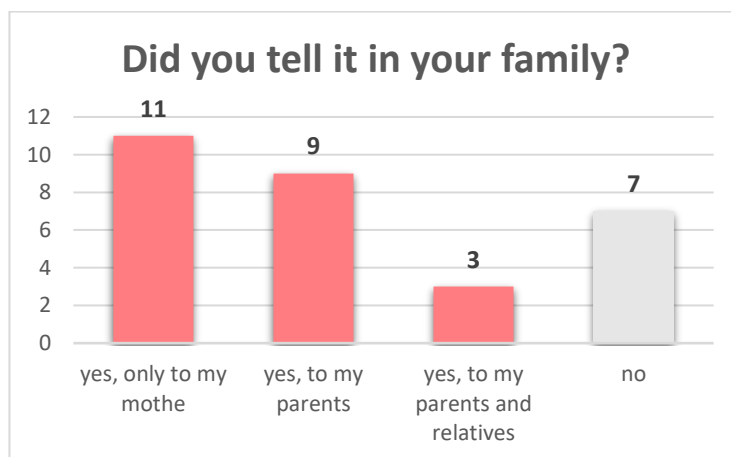


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At school 11 out of 30 children never talked to anyone about what happened, 13 spoke to a teacher and as many confided to one or more classmates (some of them spoke with both the teacher and classmates).

Eventually, 7 out of 30 minors did not report it to the family, 11 out of 30 told it only to the mother, 9 to both parents and 3 to parents, grandparents or uncles.



Also, it revealed that children in most cases felt at ease in the places where they told what had happened to them. Only 7% said they did not feel at ease, primarily because they had to repeat the story too many times or did not feel safe; however, it should be emphasized that 20% failed to give





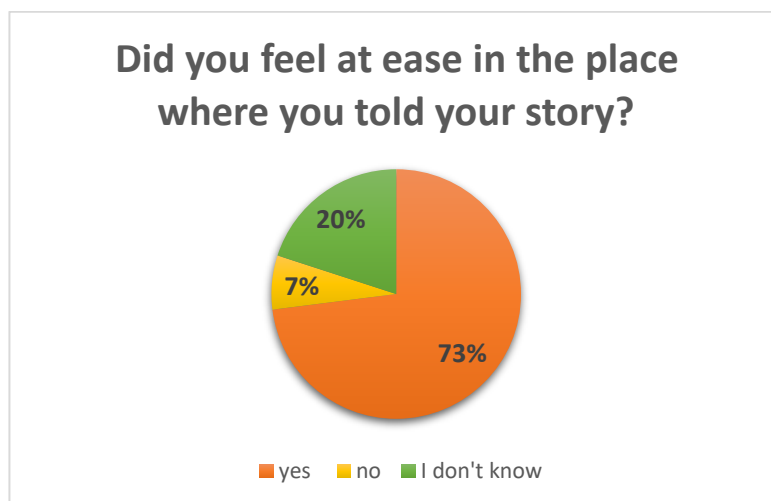
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a clear assessment by answering "I don't know", but indicating that they did not feel safe or there were too many people present.



### Relationship

A clear majority of minors said they felt comfortable with all the people they talked to. Only 7% said they did not feel comfortable with their interlocutor.

A higher percentage of minors, 33%, said they felt uncomfortable about the questions they asked. In particular, the majority felt uncomfortable because they were ashamed to tell what happened to them. A small sample explained that they felt uncomfortable since they did not understand the questions and in one case the minor felt intimidated by the interlocutor.

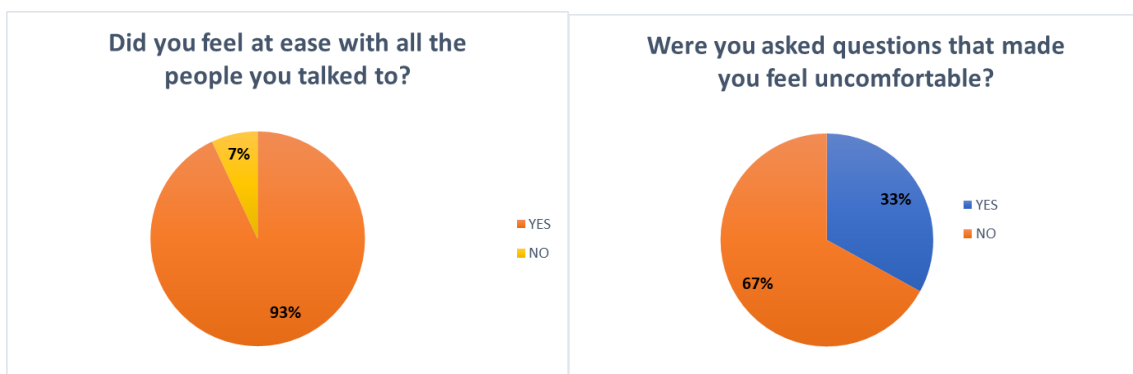


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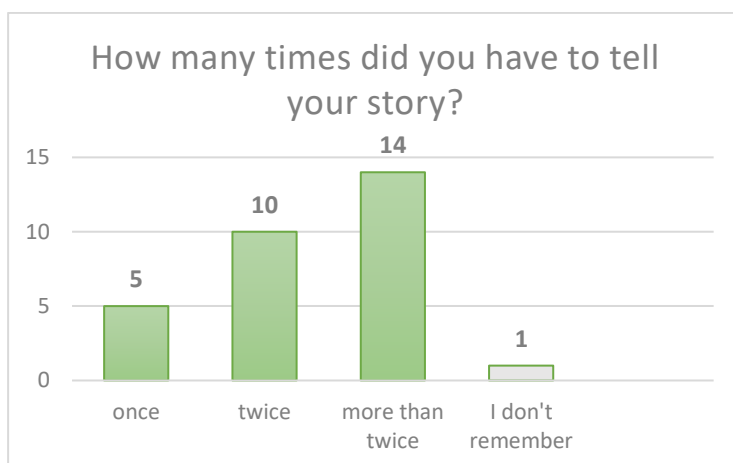
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### Time

The time span from the episodes of violence to the administration of this questionnaire was very variable among participant. Some interviewees suffered mistreatment more than a year earlier, others a few months earlier and for others still only a few weeks or even a few days had passed since the last episode.

Responses also showed that among the interviewees, 14 out of 30 had to repeat the story more than twice, 10 out of 30 twice and only 5 out of 30 told the story once.





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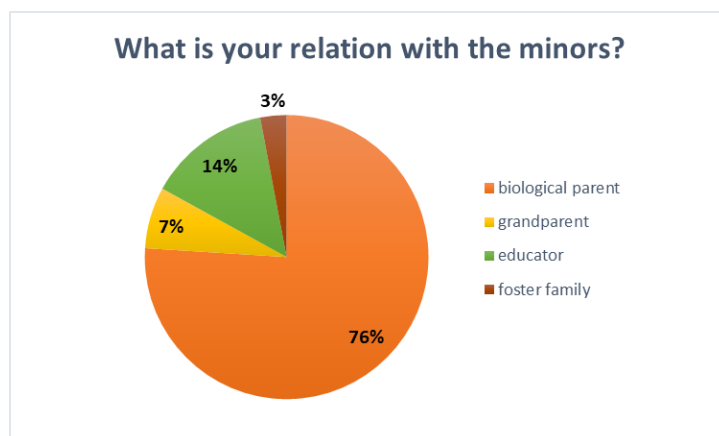


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## Questionnaires for Caregiver

### Demographic data

Demographic data regarding minors coincide with those already presented in the previous paragraph, since the 29 adult interviewees are the caregivers of the minors already considered. Most of the caregivers are biological parents of the minor, followed by educators, grandparents and foster parents.



### Setting

The questions on the setting submitted to caregivers were the same that were submitted to the minors they assisted, however there are some discrepancies in the answers collected. Indeed, according to caregivers, only 3 out of 29 children never spoke to the Police; on the other hand, the fact that most of the interviews took place at the police headquarters or in the police station was confirmed.

As for the number of minors who never spoke to a doctor or nurse, the responses of minors and those of adults are quite similar, the latter in fact stated that 16 out of 29 children never had interviews with health professionals; in most cases, the interviews took place inside the hospital or at the paediatrician's clinic.

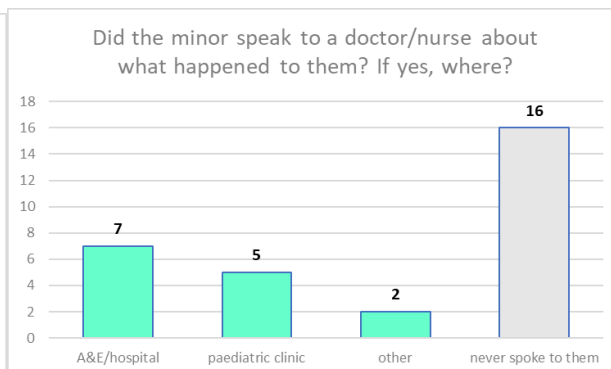
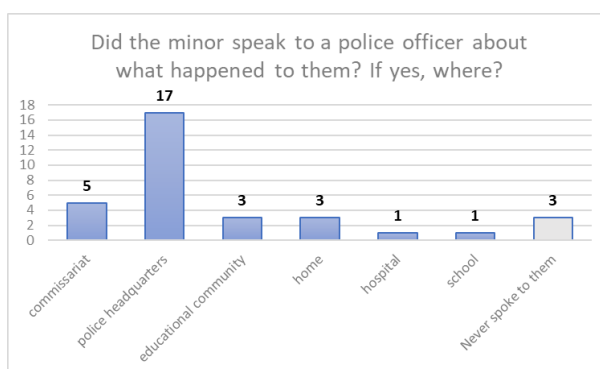


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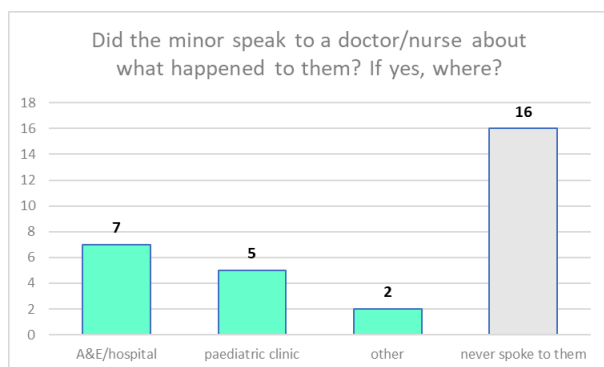


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Also data resulting from interviews with social workers or psychologists coincide quite enough with those from the minors' questionnaires. Indeed, caregivers confirmed that 14 out of 29 children never spoke to these professionals, and that the interviews mostly took place in their offices or clinics.

In the school environment, however, according to caregivers 11 out of 29 minors did not tell anyone what happened, 12 minors instead confided in a teacher and / or one or more classmates.



Eventually, according to the caregivers, only 7 out of 29 children have not spoken to anyone in the family, most of the children therefore confided in both parents or only with the mother (remember that 47% of the children interviewed live only with the mother), some even with grandparents and uncles or cousins

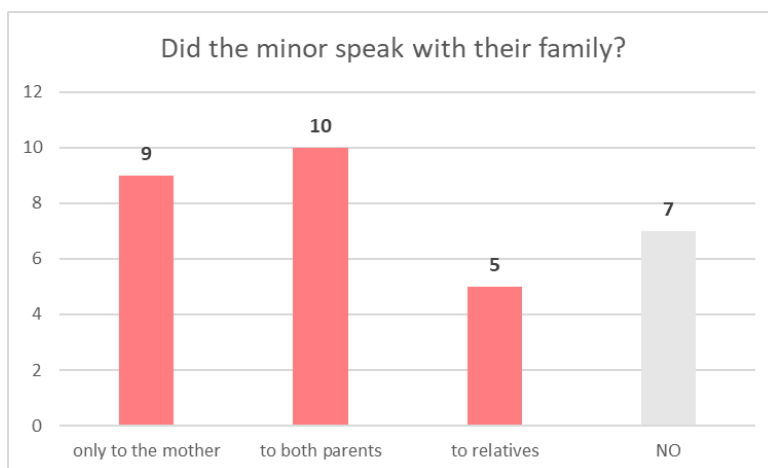


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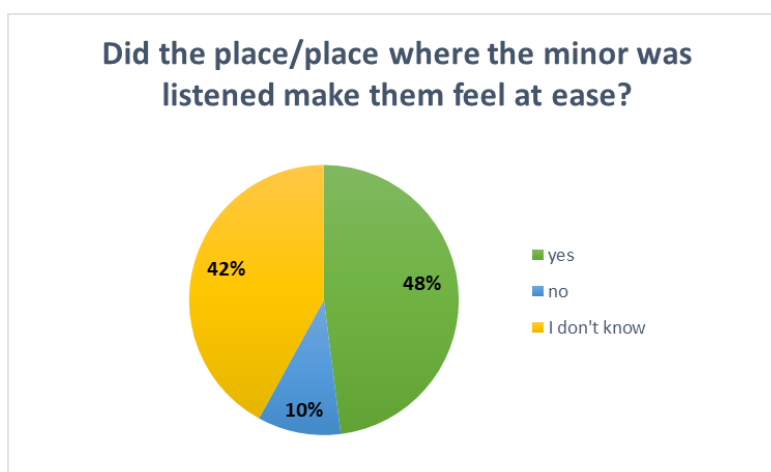
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A final finding concerns the question asked to adults about the possible discomfort suffered by the minor depending on the place where they had to report the episode of violence: many caregivers (12 out of 29) were unable to say whether or not the minor was comfortable in the place where they were listened; only in three cases was it reported that the minor felt uncomfortable because there were too many people present and / or because they had to repeat the story too many times and / or because they did not feel safe.





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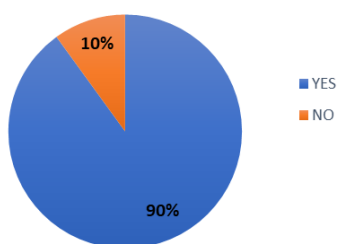


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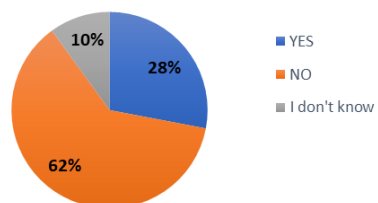
## Relationship

The relational data confirm what has already emerged in the minor questionnaires, namely that almost all the children have felt comfortable with the people they talked to. In 28% of cases, children were asked questions that made them uncomfortable, mainly because they were ashamed (in 5 cases), or because they were intimidated by the interlocutor or because they did not understand the questions.

**Did you feel at ease with the people you talked to?**



**Was the minor asked uncomfortable questions?**





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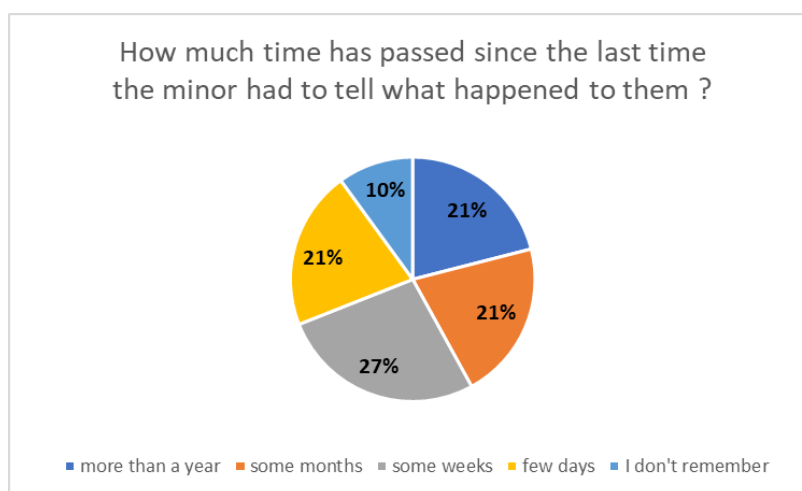
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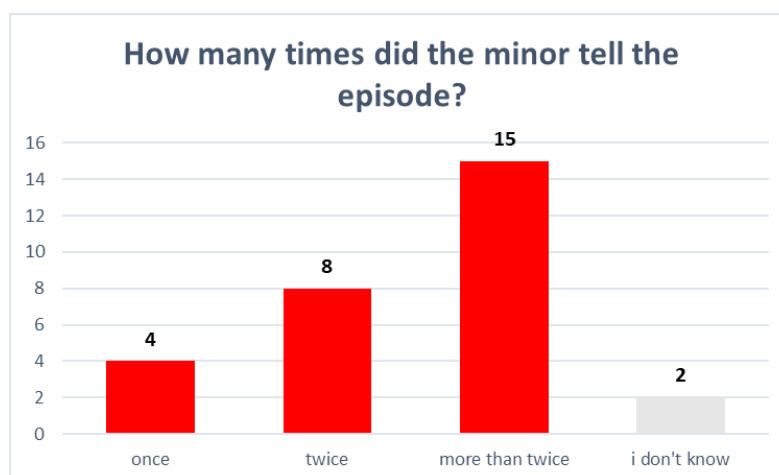
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## Time

Also in this case the times are different from each other and fairly represented, with cases happened more than a year ago up to the most recent cases occurred just a few days ago.



As already emerged in the previous paragraph, it appears that in most cases minors had to repeat their story more than twice, 15 out of 29 cases; only 4 of the minors reported the episode once.





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## 6. Conclusions

The analysis of the answers collected with the questionnaires leads to different reflections.

The premise that must be made is that despite having interviewed 30 children, and 29 among their parents or caregivers, the answers given by the two groups are not always perfectly corresponding, presenting some differences in the data; this discrepancy could be attributed to the fact that for younger children it may have been difficult to remember the exact number of people they talked to and the precise timing when the talks took place.

Certainly, the first consideration concerns the professional figures minors have confronted with regarding what had happened to them. It is in fact highlighted by the graphs that many minors have not had an interview with all the professionals who are involved within the multidisciplinary team for the management of the case of maltreatment / abuse: the subjects with whom minors had most of interviews are Police officers; indeed, according to the parents, 23 out of 30 children spoke with at least one policeman or a officer; regarding social workers and / or psychologists, only 16 minors spoke with at least one of them; in the case of health professionals, on the other hand, less than half of the minors spoke with a doctor and / or nurse, only 14 out of 30; even within the school context, less than half of the interviewees talked to a teacher about what had happened to them, that is 12 out of 30 children, and as many confided in one or more companions.

In the family environment, it turned out that most of the victims confided at least in one family member: according to the minors' responses, only 7 out of 30 did not confide in any relative, 11 out of 30 only told the mother, 9 to both parents and 3 to parents plus grandparents or uncles. These data reflect, in part, the different accesses of the minor in the child protection system: when the minor reveals the A / M to a family member, he turns to the police who promptly provides for listening to the minor, before the diagnosis and treatment process begins.





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- A second element to be highlighted is the sensations and relationships experienced during the interview. In fact, only a small percentage of minors said they felt uncomfortable in the place where they were listened to, in particular 2 out of 30 minors; this is practically confirmed by the caregiver questionnaires according to which the setting made only 3 minors feel uncomfortable. In addition, 90% felt comfortable with all the people they talked to. This figure reflects the training effort put in place in recent years by the institutions (police, law enforcement, Social and Health Services) focused on the ability to listen a child's witness and to incorporate interinstitutional protocols aimed at creating synergistic paths and reducing the risk of secondary victimization.
- The percentages regarding questions that made children uncomfortable during the interview are inevitably less positive. Indeed, 33% of minors said they felt uncomfortable in answering some of the questions they were asked, mostly because they were ashamed to tell the story, but also because of the difficulties in understanding the questions themselves and, to a lesser extent, because they felt intimidated by the interlocutor. Considering the intrinsic difficulties for the minor in bearing witness, the often traumatic experiences of guilt and shame, the possible traumatic reactivation produced by having to remind the episode and having to tell it, the data reported by the sample, although not representative, seem reassuring. It is never easy for a child to talk about the violence suffered and very often the difficulty in understanding the questions is not so much related to the interviewer's modalities, as to the discomfort produced by the emotional condition produced by having to bear witness.
- Eventually, regarding the timing of the story, it emerged from both groups that most of the minors had to repeat the story at least twice (23 out of 30), in particular according to the caregivers 15 children out of 30 had to tell the episode more than twice. This data should be further investigated: in cases where the revelation takes place in the family, it is very likely



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that the minor will, despite himself, be asked questions in an attempt to understand the seriousness of the event. In other cases, this finding, probably deriving from a similar motivation, could reflect a still scarce attention, particularly of the services, towards this delicate aspect, both for the risk of pollution of tests, and for the emotional-cognitive effort required to the child.



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## United Kingdom

### 1. Aim

The aim of this portion of the project was to gauge feedback by conducting surveys from young minors and families who have received services and/or support from child protection procedures across a variety of service providers, such as professionals who are involved in Social and Health Services, Educational Agencies, Police, and Judicial Authorities, and relevant Third Sector actors. The point of this was to actively involve minors and families to assess the quality of protection and support services.

### 2. Methodology

Originally, IARS were preparing to gather the data from focus groups with minors and parents/guardians. However, due to IARS' lack of expertise in child safeguarding and the sensitivity of the topic, we decided to reach out to third sector organisations and governmental bodies that are in contact with minor survivors of abuse and who provide direct services and support, to ask them to disseminate an online questionnaire or conduct focus groups in person. In total, we reached out to about 50 different organisations that worked across child safeguarding, education, crisis and victim support, and counselling services. As a result, we were able to liaise with one of the UK's leading children's charities, however, in order to assist PROCHILD, they asked for financial reimbursement that was well beyond the project's budget. The original online questionnaire for children and young people who have been involved in the protection and support services was accessed 7 times. Similarly, the questionnaire for parents/guardians was accessed 6 times. However, none of these questionnaires were completed successfully by a participant, therefore rendering the results invalid.

IARS was then unable to successfully gather user data from those who have experienced protection and support services in the UK. Though this is not the outcome we anticipated, we decided to provide desk-based research to provide perspectives and opinions from minors and parents/guardians from existing reports and research due to time restraints and lack of access to resources. In the following, we accessed research reports, mainly published by leading NGOs working in child safeguarding and UK governmental bodies that surveyed the opinions and experiences of children and parents/guardians who were at one stage involved in the UK's child protection system. We then tried to aggregate the majority of this data to identify themes and the barriers that young people and parents/guardians experienced.

### 3. Findings

#### Children and young people's views on protection and support services in the UK

The 2018 Working Together to Safeguard Children, an updated UK guidance that outlines an inter-agency approach to safeguard and promote children's welfare, provides a summary of suggestions from children in regards to what they have previously expressed. These points include:

- Vigilance: to have adults notice when things are troubling them
- Understanding and action; and to have that understanding acted upon
- Stability: to be able to develop an ongoing stable relationship of trust with those helping them
- Respect: to be treated with the expectation that they are competent rather than not
- Information and engagement: to be informed about and involved in procedures, decisions, concerns and plans



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- Explanation: to be informed of the outcome of assessments and decisions and reasons when their views have not met with a positive response
- Support: to be provided with support in their own right as well as a member of their family
- Advocacy: to be provided with advocacy to assist them in putting forward their views
- Protection: to be protected against all forms of abuse and discrimination and the right to special protection and help if a refugee<sup>1</sup>

Previous research that have surveyed the views of children having been involved in protection systems support these suggestions. Though we recognise the diverse range of experiences that children and young people, there are some repeating themes that continue to appear in other reports and reviews. We also realise that practitioners working in protection services and support in the UK often work in over demanding conditions and continually face systemic challenges, such as austerity cuts. The aim of this research is not to focus on the negative aspects of the protection services and support systems in the UK, but to bring to light some of the critical feedback given by children, young people, and parents/guardians who have previously been involved to provide assessment that will hopefully lead to consistent, high-quality experiences. Two of the most common points that kept recurring when researching children and young people's views were: the lack of explanation and understanding in the care protection processes and subsequent actions, and

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<sup>1</sup> HM Government. 2018. "Working Together To Safeguard Children: A Guide To Inter-Agency Working To Safeguard". London: HM Government.  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/779401/Working\\_Together\\_to\\_Safeguard-Children.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/779401/Working_Together_to_Safeguard-Children.pdf). ; 9.

frustration at the failure to involve children and young people in the decision making process of their own cases.

### Lack of information and explanation

A 2012 report from the Office of the Children's Rights Director described that one of the strong messages that came across when talking with children concerned how difficult they found it to speak openly with their social workers about difficult subject matters.<sup>2</sup> Some felt intimidated by their social workers and others found it difficult to share sensitive information with their social workers without an established trust in their relationship.<sup>3</sup> This dynamic could also be complicated if children experience change(s) in their assigned social worker.

Another major piece of feedback given by the children was the lack of understanding, perhaps due to unclear communications from practitioners, of what being involved in protection systems looks like. Insights in the report revealed that many of the children "believe, and worry, that once a social worker gets involved with you, that means they are going to take you away from home and into care." Another 2011 report by the Office of the Children's Commissioner found that out of the 23 children that were interviewed, the majority of the children had a partial and/or minimal understanding of the child protection process.<sup>4</sup> However, the children's understanding was age-

<sup>2</sup> Office of the Children's Rights Director. 2012. "Children's Experiences Of Child Protection Procedures". Office of the Children's Rights Director.  
<https://dera.ioe.ac.uk/14456/1/REPORT%20Childrens%20Experiences%20of%20Child%20protection%20Procedures.pdf> ;16

<sup>3</sup> Ibid.

<sup>4</sup> Office of the Children's Commissioner. 2011. "'Don't Make Assumptions' : Children's And Young People's Views Of The Child Protection System And Message For Change". Office of the Children's Commissioner.  
[https://dera.ioe.ac.uk/2690/1/force\\_download.php%3Ffp%3D%252Fclient\\_assets%252Fcp%252Fpublication%252F486%252FChildrens\\_and\\_young\\_peoples\\_views\\_of\\_the\\_child\\_protection\\_system.pdf](https://dera.ioe.ac.uk/2690/1/force_download.php%3Ffp%3D%252Fclient_assets%252Fcp%252Fpublication%252F486%252FChildrens_and_young_peoples_views_of_the_child_protection_system.pdf) ; 48

related, where older young people generally had a clearer understanding, this finding points to the need for age appropriate communications in order to convey clearer explanations of the actions and intricacies of the protection support system.

A 2013 Scottish Government Social Research report echoed similar sentiments of confusion and lack of information due to failed communications. For example, “the study found that none of the children or young people knew what to expect at the commencement of the investigation and the majority did not know that it was going to take place.”<sup>5</sup>

### Failure to involve children & young people in decision-making process

In a 2016 Care Quality Commission, one of the key recommendations from the report urged healthcare providers and other safeguarding practitioners to include children and young people in every step of care in order for them to be more involved and perhaps take ownership of their own treatment and care.<sup>6</sup> The report “found that children were often not involved in decisions about their care and their views were not represented, such as in case conferences. The majority of children that the inspectors [of this review] spoke with said they did not feel involved in their care. This led to care plans that were impersonal and contained only basic information. Children said that missing this vital opportunity to engage with them meant they did not see the point in assessing the

<sup>5</sup> Elsley, Susan, E Kay M. Tisdall, and Emma Davidson. 2013. "Children And Young People's View On Child Protection Systems In Scotland". Scottish Government Social Research. <https://www.gov.scot/binaries/content/documents/govscot/publications/research-and-analysis/2013/07/children-young-peoples-views-child-protection-systems-scotland/documents/children-young-peoples-views-child-protection-systems-scotland/children-young-peoples-views-child-protection-systems-scotland/govscot%3Adocument/00427260.pdf>. ; 29

<sup>6</sup> Care Quality Commission. 2016. "Not Seen Not Heard: A Review Of The Arrangements For Child Safeguarding And Health Care For Looked After Children In England". Care Quality Commission. [https://www.cqc.org.uk/sites/default/files/20160707\\_not\\_seen\\_not\\_heard\\_report.pdf](https://www.cqc.org.uk/sites/default/files/20160707_not_seen_not_heard_report.pdf). ; 5

care and support they need.”<sup>7</sup> Though it is technically required for providers of care to listen and involve children and young people in their own treatment and/or care plans, this mandate continues to fail in reaching its goal. Inspectors in this review state that providers of care were “rarely able to demonstrate how they achieved this, or how they engaged them in the design, delivery or improvement of their service.”<sup>8</sup>

Another major part of involving children and young people in the decision making process is first listening to them. Returning to the 2012 Office of the Children’s Rights Director report, researchers found that the social worker’ approach heavily affected whether the child or young person felt listened to. For example, “how much your social worker asked you things, explained, things, listened to you and understood where you were coming from were important issues in having a say. The same child could have a different amount of say at different times, depending on who their social worker was at the time.”<sup>9</sup>

The suggestions from children and young people to improve the protection processes and support have often reiterated some of the points made above, such as “involving children and young people more when decisions are being made; ensuring that decisions were carried out or reasons given why this was not possible; giving children and young people the opportunity to attend child protection case conferences; providing information throughout and facilitating families’

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<sup>7</sup> Ibid. 9

<sup>8</sup> Ibid.

<sup>9</sup> Office of the Children's Rights Director. 2012. "Children’S Experiences Of Child Protection Procedures". Office of the Children's Rights Director.  
<https://dera.ioe.ac.uk/14456/1/REPORT%20Childrens%20Experiences%20of%20Child%20protection%20Procedures.pdf>; 9



involvement. Other suggestions included have fewer professionals at meetings and requesting the police officers did not wear uniforms if visiting homes.”<sup>10</sup>

## Parents/Guardians’ views on protection and support services in the UK

As social work with children and families has become increasingly involved with child protection, there has been a surge in involuntary engagement with families.<sup>11</sup> Existing research has shown that parent’s experience of social work intervention in the UK has generally been unpleasant and unhelpful.<sup>12</sup> Recent studies have shown that many parents:

- Do not feel like they receive enough information on the process and do not feel like there is adequate time to read and digest reports. The process also seems to highlight a family’s weaknesses instead of strengths.<sup>13</sup>
- Do not view child protection as a collaborative process between protection systems and families, but rather one where they nonetheless have to participate in. Many would like to develop good relationships with social workers where they are treated with professionalism and respect.<sup>14</sup>

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<sup>10</sup> Elsley, et al. 2013. "Children And Young People's View On Child Protection Systems In Scotland".<sup>3</sup>

<sup>11</sup> Parton N (2014) Social work, child protection and politics: some critical and constructive reflections. British Journal of Social Work, 44, 2042-2056

<sup>12</sup> Smithson R (2015) Engaging parents in child protection. Available at: <http://s.iriss.org.uk/2xmveJU>

<sup>13</sup> Ghaffar W, Manby M and Race T (2012) Exploring the experiences of parents and carers whose children have been subject to child protection plans. British Journal of Social Work, 42, 5, 887-905

<sup>14</sup> Buckley H, Carr N and Whelen S (2011) 'Like walking on eggshells': service user views and expectations of child protection. Child and Family Social Work, 16, 1, 101-110



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- Do not appreciate the unequal power dynamic that often develops between practitioners and parents.<sup>15</sup>

When parents/guardians receive information about protection procedures, research has shown that they can often experience stress and anxiety in the initial stages of investigations, making the comprehension and digestion of material even more difficult. For those parents/guardians who do experience this, some are frustrated at the lack of awareness and empathy that practitioners in the protection system and support services have towards these parents/guardians.<sup>16</sup> Some say that even if all of the information is provided to families, it can be simply be too complex to understand. Additionally, parents/guardians sometimes did not feel like they understood the scope and seriousness of the processes when they first began.<sup>17</sup>

In experiences with initial and core assessments, some parents/guardians have noted how insufficient and disempowering the model of assessment can be. Several have noted that experience in case conferences or assessments from agencies can often skew towards negativity, therefore creating more stress for parents/guardians.<sup>18</sup> On the other side of the spectrum, when parents/guardians received reports that reflected their strengths from practitioners, they were more likely to feel empowered and confident.<sup>19</sup>

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<sup>15</sup> Dumbrill GC (2006) Child parental experience of child protection intervention: a qualitative study. *Child Abuse & Neglect* 30, 27-37

<sup>16</sup> NSPCC. 2011. "Exploring The Experiences Of Parents And Carers Whose Children Have Been Subject To Child Protection Plans". <http://eprints.hud.ac.uk/id/eprint/14588/1/Microsoft Word - NSPCC NCRC - Article 28 8 12.pdf>; 9

<sup>17</sup> Ibid.

<sup>18</sup> Ibid. 10

<sup>19</sup> Ibid.

Like so much of the involvement of parents/guardians in the protection system and support services, experiences regarding consultation and decision-making remained quite varied. Most noted a positive experience in the consultation process, while others say that they felt limited in their influence in decision-making.<sup>20</sup> Others stated that they did not feel involved or consulted at all. As with children and young people's views on the protection system, a few parents/guardians noted that their experience was dependent based on their assigned social worker.<sup>21</sup>

#### 4. Barriers that prevent the use of social care services

It is also worth noting the number of self-identified barriers that might prevent families and children from reaching out and engaging with social care services. Among the many reasons, young people and other family members have noted some common factors, such as:

- Fear of the power of social work departments to remove children and young people from homes and into care
- Challenging experiences with individual social workers who were perceived as having hostile attitudes
- Not knowing what to expect in terms of knowing a social worker's way of working
- Changes in assigned social workers
- Not feeling like a social worker is available or reliable
- Structural and resource issues within the child protection system
- Not being able to change your assigned social worker<sup>22</sup>

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<sup>20</sup> Ibid. 11

<sup>21</sup> Ibid

<sup>22</sup> Office of the Children's Commissioner. 2011. "'Don't Make Assumptions' : Children's And Young People's Views Of The Child Protection System And Message For Change". 31-37



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## 5. Conclusion

In this report, we have tried to provide some context to children, young people, and parents/guardians' view on the protection system and support services in the UK from existing research. This report was by no means a comprehensive account of current views, but we tried to include recurring themes across a handful of existing datasets. A limitation of this report included the lack of published and accessible data on recent experiences from children and parents' involvement in the child protection system that speak to the quality of services received. We would also like to support this desk-based research with professionals in the roundtables and focus groups to further discuss these points and potential solutions to respond to current fragmentations in the system.

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## Final conclusions

### Methodology

The choice of the channel through which distributing the questionnaire was up to each single partner, indeed, as anticipated each organisation was free to decide how to run the survey activity and which tools to be used.

In general, partner organisation relied mostly on face to face interviews (4 out of 5 partner organisations) conducted both by professionals within partner organisations, as in the case of Italy and France, and by professionals of NGOs or public bodies (as in the case of Greece and Germany) working daily with children and families who experienced violence during their childhood. Eventually, some partners relied also on online formats such as distributing the questionnaire through websites, social media and newsletter where respondents answered the questionnaire independently (Finland, Germany and UK). However, in some situations, this channel proved to be less effective than face-to-face interviews, mostly because of the complexity of the questionnaire and the need, for interviewees, to receive direct support by professionals when answering it. Eventually, also paper questionnaires were used in the survey as in Italy or in Finland, where the PROCHILD activity was enriched with the results of the Finnish School Health Promotion study distributed at the National level to children, with the support of schoolteachers.

### Target of the survey

This activity allowed to reach about 158 participants in all partner regions including children victims of violence, young adults who experimented violence during their childhood and caregivers.

To this data, we must add the results of the desk-based research run in the UK.

Among caregivers, most of them were biological parents of the child, notably mothers (to be noticed that in some most, minors live just with their mothers), followed by caregivers such as relatives and educators, foster families, social workers.

It is worth mentioning that 3 out of 5 partners who run the surveys, preferred to intercept adolescents/young adults, whose mean age is 14 -28<sup>23</sup>, instead of younger children, since these people went through the whole investigation process some time ago (years) and maybe they're still receiving peer support (and probably other forms of support). This could both ensure that participants had time to reflect on their overall experience and could take part in group activities (as peers or experts by experience) that gave them capabilities to speak out, and reduce the risk of "over-trauma"/retraumatise children who're currently undergoing an investigation process.

On the contrary, Italy run the survey also with younger children, for a total of 30 children aged 6-18, with a mean age of about 12 years old.

While in Greece, professionals were interviewed, and they completed 31 questionnaires related to as many cases of children/adolescents (aged 4-18) victim of M/A.

Regarding the gender of participants, we can notice that most of interviewees, both children/young adults and caregivers are female. Regarding children, 70-75% of them are female, while among the interviewed caregivers, most of them were mothers.

This can be given by the fact that girls are usually more exposed to violence (notably, sexual abuse). While, for caregivers, mothers are usually more involved in the upbringing of children, as they are for example the ones taking children mostly to the doctors for check-ups, and they can be themselves victims of violence/abuse, notably in cases of domestic violence.

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<sup>23</sup> Partner organisation freely chose the age range for "young adults". Indeed, in Finland they were considered people aged 14-28; in Germany, people aged 16-25 and in France, people aged 13-18.



The majority of the adult respondents are parents who were directly interviewed in face-to-face interviews or focus groups activity during the daily activity of partner organisation (such as in clinics as in the case of UNIBO) or during special initiatives organised by partner organisations, also in cooperation with other organisations (as in the case of LVDE, IARS and THL). Also, all the adult respondents in Finland and UK, and some in Greece, were intercepted through online surveys, as in the case of IARS who noticed that online questionnaire could comply better than focus groups activities for parents given their daily appointments.

Regarding minors, most of them are aged 10-17 years old (mean age 13.2 years old) and were mostly intercepted in specific initiatives organised by partner organisations, such as focus groups activities. Some were also intercepted during partners' daily activities such as in clinics or at partners' facilities (as in the case of UNIBO, IARS and LVDE); some others were contacted via email or personal direct contacts of partner researchers (as in Greece).

## Criticalities

While running this activity, partner organisations registered some criticalities that were also discussed within the consortium in order to find a common response.

All partner organisations encountered a widespread difficulty in intercepting and interviewing minors. In fact, even though the questionnaire had to be filled in anonymously, there was a general embarrassment and distrust by parents in engaging their children in such delicate matters. As in the case of France, interviews with parents were more difficult to obtain, than interviews with young adults/adolescents, indeed when people are rather satisfied with the help provided, frequently they do not want to go back over the period of violence or, even if they were well informed about the purposes of the survey, they were afraid of the possible medium/long term consequences for their children and themselves of exposing in such a way. When, on the contrary, they are dissatisfied or

still angry, they sometimes expressed themselves without nuance "*Nothing has been done for us, I no longer believe in justice*".

On the contrary, for some partners it was easier to intercept minors/young adults since some of them told both their placement with its difficulties and the tough times they have often experienced, but also moments that they enjoyed very much; thus providing a relevant analysis with a few years of hindsight. Additionally, some of these people were involve via (therapy) group activities that gave them capabilities to speak out.

Another criticality that emerged during the activities, notably among partner organisations not working directly with children, is the difficulty in collecting feedbacks from minors and caregivers who are receiving services at the moment, notably because it would be difficult to persuade professionals working with children to cooperate with the questionnaire, also because professions would not tend to ask minors/families, they're working with, for a feedback.

Moreover, partners discussed namely about the risk of re-traumatising children by submitting the questionnaire.

Eventually, for some partners, the request of a consent form signed by parents or caregivers hindered the delivery of the survey to minors (as in the case of France), so some other preferred not to ask for the consent form from parents, when interviewing minors, given the peculiar fragile situations of interviewees; hence, they just informed participants of the objectives of the interviews in order to give them the choice to participate or refuse to participate at any time during the interview.

## Main Findings

Parents who run interview to both parents and minors administered two different questionnaires with same content, but different approach, so as to make questions for children clearer and easier to understand. When partners interviewed both minors and their caregivers they also experienced

a certain discrepancy in their responses, indeed the answers given by the two groups were not always perfectly corresponding, presenting some differences in data. This divergence could be attributed to the fact that for younger children could have been difficult to remind of some episodes happened some time ago.

In the paragraphs below, data from partners surveys have been collected according to the four themes the survey aimed to investigate.

### Setting

Analysing the “setting” answers collected by partners, some commonalities can be found regarding minors’ contacts with the different Child Protection Services (CPS). Indeed, in Italy and Finland most of respondents declared to have typically encountered police officers: In Italy 23 out of 30 children spoke with at least one policeman or an officer.

Interviews with the Police are then followed by interviews with social workers, while only a few have experiences with forensic psychologists or doctors. On the contrary, in Germany and Greece, when CPS were involved in a case of M/A, minors were mostly interviewed by social workers and psychologists, even if it depended upon the type of abuse they had experienced. In Greece, most of the abused/neglected minors did have contact with at least one social worker, while only 3 minors had never talked to a social worker. That is easily explained by the fact that all child protection cases are referred to the municipal social services by the prosecutor’s office, apart from very few exceptions. Regarding neglect (most cases are in this category), psychological abuse, or cases of physical abuse that are not considered “severe”, doctors and police officers are never involved.

Additionally, also family members and schools have an important role in dealing with the experiences of violence. Indeed, in the family environment, it turned out that most of the victims confided at least in one family member and some interviewees talked to a teacher about what had happened to them and as many confided in one or more companions.

Some interviews revealed also that even if respondents reported (by themselves or by someone else) violence in their childhood, they have not been interviewed or examined by professionals. For example, in Germany only 14 participants who experienced some form of child abuse or neglect in the childhood or adolescence affirmed that they had contact with CPS, that equals about 28.6%. In those cases where CPS were involved, they were in the majority of responses called by somebody from the minor's family or acquaintances. In some cases, the minors' school or an unknown person reported to CPS.

This survey revealed also some critical aspects of some realities, indeed in Germany it highlighted that a lot of different protection and support offers and interventions for affected minors are present, but there is still a high number of children who does not receive them. The current survey highlights the necessity of projects like PROCHILD to attack the gap between theory and practice.

On the contrary, in Greece, the survey showed that there is no particular procedure described or followed to ensure that all children-victims are provided with certain services either in the process of the investigation of the cases or in their support. This is namely due to the lack of unified guidelines for CPS. In France, it was also underlined the need to have extremely well-trained educators and close collaboration with other professionals concerned (doctors, teachers, judges, police, etc.), which is what professionals are asking for, working in an interdisciplinary manner and that all professionals have at least a common basic training, in order to respond better to the needs of minors victims of violence.

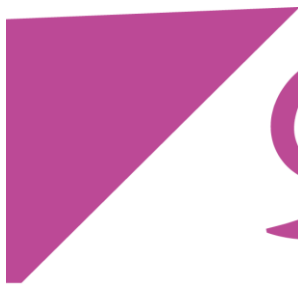
Eventually, some respondents declared that they would have rather received more support from services, as in Finland and Germany.

### Relationship

During the survey, respondents were also asked about the places where they met professionals and told about what happened to them (i.e. police headquarters, hospitals, court rooms, offices) to know whether they felt safe in those situations. In most cases, minors revealed a lack of security

which was confirmed by parents. Particularly, minors expressed their discomfort because of a lack of privacy (a lot of people listening or watching or a lot of noise) and because it is painful when your life is spread out, as it happens in a trial. Moreover, they were ashamed to tell what had happened to them and in most cases, during interviews, they still were in a very difficult emotional situation. Moreover, some minors and parents confirmed that the uneasiness was also given by the incapability to understand questions from operators. Moreover, both Finland and France detected that children interviewed by police officers, notably at the police headquarters, did not feel safe in those environments also because of uniformed officers (as in France). In Finland, more than 80% of respondents disagreed with the statement that the place where they were interviewed at the police headquarter was comfortable. On the contrary, the places where they were interviewed by social workers revealed to be safer, more peaceful and comfortable. This since children are not taken into consideration in the designing of some places (police headquarters) and there aren't any special rooms for them, why there are in other contexts (social workers clinics). Ultimately, some researches underlined that the discomfort of minors went beyond the approach of professionals: even if professionals were kind and showed empathy with the victim the overall atmosphere and the pressure to tell what happened to them, contributed to create a general malaise.

Notwithstanding that, some progresses can be done in this respect. As, the Italian survey shows only a small percentage of minors said they felt uncomfortable in the place where they were heard (2 out of 30 minors) and this was confirmed by caregivers. In addition, 90% felt comfortable with all the people they talked to. This acknowledgement reflects the training effort put in place in recent years by the institutions (police, law enforcement, social and health services) focused on the ability to listen a child's witness and to incorporate interinstitutional protocols aimed at creating synergistic paths and reducing the risk of secondary victimization.



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### Time

One of the main issues raised by this survey is the risk of re-traumatising victims. This problem, fully discussed among partners, is also connected to the number of times victims and their families had to repeat different professionals what happened to them.

As numbers show, in Greece 19 minors out of 31 had had to tell their story more than twice, and in most cases minors had told their story 4 times or more. In Italy 14 out of 30 had to repeat the story more than twice, 10 out of 30 twice and only 5 out of 30 told the story once.

This can be explained by the lack of integration among services, resulting in the need for each professional group to hear victims at least once when they meet them.

### Process

What emerges from this last section is that usually the police is involved when a suspect of M/A is reported, from that moment, other actors are involved in the process (social workers, medical staff, psychologists), but it seems to be no real guideline (except of sexual abuse in some countries) on how to proceed and the choice is quite always up to the CPS services involved in providing a first response, notably in case of physical and emotional neglect. This emphasises the need for further integration, collaboration and training among CPS services.



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## Annex 1 - Proposed methodology and questionnaires

### VERSION 1 – QUESTIONNAIRE FOR MINORS AGED 8 TO 17 YEARS OLD or YOUNG ADULTS

The aim of this questionnaire is collecting information that will help services working in the field of child protection and support understand the process minor victims of abuse/violence and their families undergo when they receive assistance from those services. The questionnaire must be filled in with the help of a professional that will adapt its phrasing and terms according to the minor's age. Before taking part to the survey, the minor's parents/caregiver (legal guardian) must sign a consent form.

**Presentation of the questionnaire: (when discussing with a child, professionals must be very descriptive, sincere and ready to answer to any question he/she may have with simple words. Moreover, they should make the minor feel at ease, thus some introduction questions related to the child's interest and a gentle tone of voice we help the child).**

Example of introduction that professionals conducting the survey may make: "*Dear (name of the child), my name is (name of the researcher) and I am (psychologist, researcher, other ....). I am going to ask you to complete a short questionnaire which will help us to improve the quality of our services and better respond to your needs. We want to provide the best services that we can to all of our children and families, and this is one way to help us keep on track our activities. The questionnaire contains questions about your experiences as a child during your collaboration with the different services. Information collected through this questionnaire are anonymous and confidential, so you mustn't insert your name.*





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*You will not lose the access to services or be penalized in any way if you prefer not to complete the questionnaire or prefer not to answer some of the questions. We have to inform you also that you have the right to interrupt the questionnaire whenever you want.*

*The services you receive will not be negatively affected by any answers that you give us in this survey. Do you want to ask me something about the questionnaire? Do you have any questions at this point? I remind you that the questionnaire is anonymous and voluntary, so you feel free to interrupt it in any moment, if you want to.*

*We thank you for your precious collaboration."*

**Name of the person who deliver the questionnaire and profession.....**

How will the questionnaire be completed?

- Face to face interview?
- Completed by participant with program staff available to explain items as needed?
- Completed by participant without program staff present?
- Completed in focus groups formed by minors with their families
- Other (specify).....

From which service the participant come from?

- Health care (hospitals, private doctors, other)
- Social services (municipalities, regional services, NGO's)
- Residential care (institutions)
- Police (psychologist of the police, police officer)
- Court (probation officer, prosecutor of juvenile)



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Date questionnaire completed.....

Place.....

### Demographics

- Age of the children: .....
  
- Sex:
  - ☐ Male
  - ☐ Female
  
- With whom do you stay in your house?
  - ☐ With my parents
  - ☐ With my father
  - ☐ With my mother
  - ☐ With my grandparents
  - ☐ With my siblings
  - ☐ With other relative
  - ☐ Other (please specify)
  
- How many siblings do you have?
  - ☐ None
  - ☐ One
  - ☐ Two
  - ☐ Three



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- Four or more
- What is your favourite song/superhero/ tv series. Or what you prefer to do in your private time? Please specify.
- What was the reason for your contact with support and protection services?
  - Somebody physically abused me
  - Somebody sexually abused me
  - My parents couldn't take care of me
  - Other: \_\_\_\_\_
- X. How old were you, when you talked for the first time about what happened to you?  
\_\_\_\_\_
- X. Who was the first person you talked to about what happened? \_\_\_\_\_

## Setting

1. Did you talk about it to your family?
  1. Yes, only to my mother
  2. Yes, only to my father
  3. Yes, to both my parents
  4. Yes, to my grandparents
  5. Yes, to my relatives
  6. Yes, to my cousins



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7. No

2. Have you ever talked with a policeman of what happened to you? If yes, where?

1. At the police station
2. At school
3. At the hospital
4. At an educational centre
5. At home
6. I never talked to anybody (I never talked with them)

3. How many policemen did you talk to?

1. 0
2. 1
3. 2
4. 3 or more
5. I don't remember

4. Have you ever talked with a doctor/nurse of what happened to you? If yes, where?

1. Paediatrics clinic
2. Family doctor clinic
3. A&E/Hospital
4. I never talked with them

5. How many doctors/nurses did you talk to?

1. 0



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2. 1
  3. 2
  4. 3 or more
  5. I don't remember
- 
6. Have you ever talked with a social worker or psychologist of what happened to you?  
If yes, where?
    1. At an office
    2. At school
    3. At the hospital
    4. At an educational centre
    5. At home
    6. I never talked to anybody (I never talked with them)
- 
7. How many social workers/psychologists did you talk to?
    1. 0
    2. 1
    3. 2
    4. 3 or more
    5. I don't remember
- 
8. Have you ever talked about what happened to you at school? With whom?
    1. With a mate
    2. With a janitor
    3. With a teacher



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4. With the principal
5. With a social worker/psychologist
6. I never talked about it at school
  
9. How many teachers did you talked to?
  1. 0
  2. 1
  3. 2
  4. 3 or more
  5. I don't remember
  
10. And with many friends?
  1. 0
  2. 1
  3. 2
  4. 3 or more
  5. I don't remember
  
11. Did the place, where you first talked about what happened, make you feel at ease ?
  1. Yes
  2. No
  3. I don't know
  
12. If the place did NOT feel you at ease, could you tell me why?
  1. There were too many people



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2. There was too much noise
3. I had to repeat what happened to me several times
4. I didn't feel safe
5. I didn't feel like I could speak freely
6. I felt pressured into saying certain things
7. I don't know

## Relationship

13. Did you feel at ease with all the people you talked to?

1. Yes
2. No

14. If you chose NO, could you tell me the people you didn't feel at ease talking to?

1. Policeman
2. Doctor
3. Social worker/psychologist
4. Teacher
5. Parent/s
6. Friend

15. Were you asked questions that made you feel uncomfortable?

1. Yes
2. No



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16. If the interview made you feel uncomfortable, could you tell me why?

1. I was embarrassed
2. I was afraid by that person
3. I didn't understand any questions
4. I didn't like the person who interviewed me
5. I didn't feel like the person listened to me
6. I don't like to talk about what happened
7. I don't remember

17. What do you want when you visit a place like that? Where do you feel more comfortable?.....

## Time

18. Do you remember, more or less, how much time has passed since the first time you told what happened to you?

1. Few days ago
2. Few weeks ago
3. Few months ago
4. More than one year ago
5. I don't remember

19. How much time has passed since your last telling?

1. Few days
2. Few weeks





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3. Few months
4. More than one year
5. I don't remember

20. Do you remember how many times did you have to tell that story?

1. Once
2. Twice
3. More than twice

## Process

21. Do you remember the order of the people you talked to?

Give an order to policeman – doctor – social worker – teacher – parent/s - friend

\* operators interviewing the minor will nominate only the professionals previously nominated by the minor

22. How did you feel overall? Please, rate from 0 (totally unsatisfied) to 10 (totally satisfied) the interventions you benefited from.



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## VERSION 2 – QUESTIONNAIRE FOR PARENTS/CAREGIVERS

The aim of this questionnaire is collecting a series of information in order to understand the process minors victim of abuse/violence and their families undergo when they receive assistance from support and protection services.

The questionnaire, to be given to parents or caregivers, will be filled in with the help of a professional.(Presentation of the questionnaire for professionals submitting it)

Presentation of the questionnaire to parents/caregivers: *“Dear Mme/Mr., my name is (name of the researcher) and I work as (the profession of the interviewer). We are carrying out a research to improve our interventions. Your collaboration is precious to this purpose. The information collected are confidential and anonymous and will be used only for statistical purposes. All of the information that you share with us will be kept confidential and you do not have to put your name anywhere on the questionnaire. The services you receive will not be negatively affected by any answers that you give us in this questionnaire. We are committed to guaranteeing the utmost confidentiality and we thank you from now on for your availability.*

*Do you have any questions at this point?”*

Consent form: *“On the front page of the questionnaire is an Informed Consent form. This is a document for our records that will be kept separate from the questionnaire. This document tells us whether or not you have agreed to participate in the survey. You do not need to take this survey if you do not want to, and the services you receive will not be taken away or changed if you do not take the survey. Please take a few minutes to read the first page of the survey. When you are finished, please check off the appropriate box and sign the form.”*



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Date questionnaire completed.....

Place.....

## Demographics

- Age of the children:.....
  
- Sex:
  - ☐ Male
  - ☐ Female
  
- What is your relationship to this child?
  - ☐ Birth parent
  - ☐ Step-parent
  - ☐ Adoptive parent
  - ☐ Foster parent
  - ☐ Grand/Great-grandparent
  - ☐ Sibling
  - ☐ Other relative
  - ☐ Caregiver
  - ☐ Educator
  - ☐ Other (please specify)



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## Setting

5. Has *Name of the minor* ever talked with a policeman about what happened? If yes, where?

1. At the police headquarters
2. At the police station
3. At school
4. At the hospital
5. At an educational centre
6. At home
7. He/She never talked to anybody (She/he never talked with them)

6. How many policemen did you talk to?

1. 0
2. 1
3. 2
4. 3 or more
5. He/She doesn't remember

7. 3. Has *Name of the minor* ever talked with a doctor/nurse about what happened? If yes, where?

1. Paediatrics clinic
2. Family doctor clinic
3. A&E/Hospital
4. He/She never talked with them



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8. How many doctors/nurses did he/she talk to?

1. 1
2. 2
3. 3 or more
4. He/She doesn't remember

9. Has Name of the minor ever talked with a social worker/psychologist about what happened?

If yes, where?

1. At an office
2. At school
3. At the hospital
4. At an educational centre
5. At home
6. He/she never talked to anybody (I never talked with them)

10. How many social workers/psychologists did he/she talk to?

1. 0
2. 1
3. 2
4. 3 or more
5. He/She doesn't remember

11. Has Name of the minor ever talked about it at school? With whom?

1. With a mate



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2. With a janitor
3. With a teacher
4. With a social worker/psychologist
5. With the principal
6. He/She never talked about it at school

12. How many social workers/psychologists did he/she talk to?

1. 0
2. 1
3. 2
4. 3 or more
5. He/She doesn't remember

13. And how many classmates?

1. 0
2. 1
3. 2
4. 3
5. He/She doesn't remember

14. To whom did he/she talk about the incident first?

1. To a family member
2. To a friend
3. To a teacher
4. To a social worker/psychologist



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5. To the police
6. Other: \_\_\_\_\_

15. Did he/she tell about it at home?

1. Yes, to the mother
2. Yes, to the father
3. Yes, to both parents
4. Yes, to grandparents
5. Yes, to the relatives
6. Yes, to the cousins
7. No

16. Did the place where he/she talked about what happened make him/her feel at ease?

1. Yes
2. No
3. I don't know

17. If the place did NOT feel him/her at ease, could you tell me why?

1. There were too many people
2. There was too much noise
3. He/she had to repeat what happened to me several times
4. He/she didn't feel safe
5. I don't know



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## Relationship

18. Did he/she feel at ease with all the people he/she talked to?

1. Yes
2. No

19. If you selected NO, could you tell me the people he/she didn't feel at ease talking to?

1. Policeman
2. Doctor
3. Social worker/psychologist
4. Teacher
5. Parent/s
6. Friend

20. Was she/he asked questions that made him/her feel uncomfortable?

1. Yes
2. No

21. If the interview made him/her feel uncomfortable, could you tell me why?

1. He/she was embarrassed
2. He/she was afraid by that person
3. He/she didn't understand any questions
4. He/she didn't like the person who interviewed me





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## Time

22. Do you remember, more or less, how much time has passed since the first time he/she told what happened?

1. Few days ago
2. Few weeks ago
3. Few months ago
4. More than one year
5. I don't remember

23. How much time has passed since his/her last telling?

1. Few days
2. Few weeks
3. Few months
4. More than one year
5. I don't remember

24. Do you remember how many times did he/she have to tell that story?

1. Once
2. Twice
3. Other (please specify)



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## Process

25. Do you remember the order of the people he/she talked to?

Give an order to policeman – doctor – social worker – teacher – parent/s - friend \*  
operators interviewing the minor will nominate only the professionals previously  
nominated by the minor

26. Please, evaluate the overall quality of the interventions you benefited from, by rating them  
from 0 (totally unsatisfied) to 10 (totally satisfied).



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## Annex 2 - Consent form for parents/caregivers

*Dear participants, thank you for taking part in this study.*

*This questionnaire is part of the European project **Protection and support of abused children through multidisciplinary intervention – PROCHILD**, that aims at improving the detection of violence against children and cooperation among stakeholders involved in responses to child maltreatment. The project tackles underreporting and fragmentation of services by mapping good practices and offering support to professionals. As part of project PROCHILD, we develop training modules for professionals to enable them to identify early signs of child maltreatment and risk factors in families.*

*The aim of this questionnaire is collecting a series of information in order to understand the process minors victim of abuse/violence and their families undergo when they receive assistance from support and protection services.*

*In the context of the project children, parents/caregivers and/or professionals from different European countries will complete the following survey. By answering this short questionnaire, you provide us with valuable information on the needs of the children who use the child protection services. It takes about 10 minutes to fill in the questionnaire. The results are reported in the project website [www.prochildproject.org](http://www.prochildproject.org).*

*Your participation is voluntary. The services you receive will not be negatively affected by your participation, or lack of participation. Your privacy will be protected. Your name will not appear on the questionnaire. We hope you will help us by participating in this evaluation. Your participation will help us to improve services to all families who may need it.*



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*Anonymity of respondents is ensured, and results are reported without identifying individual respondents in accordance with The General Data Protection Regulation 2016/679.*

*Please indicate your decision below.*

**I agree to answer to the questionnaire**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**I choose not to participate at this time.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Program Staff Signature**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## Annex 3 – Recapitulative table of French Interviews