

# PROCHILD: Protection and support of abused children through multidisciplinary intervention - Development of a services collaboration protocol in Greece

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## Abstract

Child abuse and neglect is a public health problem, attributed to multiple factors that may be related to characteristics of the child, the caregivers, the family or the broader community. It entails both direct and long-term consequences on individual and social level, especially causing physical and mental health issues, but also leading to social and economic implications. According to the Convention on the Rights of the Child, States Parties should take all appropriate measures for the prevention of the phenomenon, as well as for the protection of the child-victim, including procedures of identification, reporting, investigation, judicial involvement, treatment and follow-up of the cases. However, no such standardized procedures have been developed by the Greek authorities; as a result, the services provided are fragmented, often leading to secondary victimization of the child. The Prochild EU-funded project aims to create an interdisciplinary model of cooperation among stakeholders involved in child protection cases. Two surveys, one addressed to professionals and one addressed to children victims, as well as seven consultation meetings with professionals from the sectors of social welfare, health, education, law enforcement and justice have taken place, in order for major shortcomings of the system to be identified, and for an integrated protocol to be developed. The main conclusions from the aforementioned actions are that a) all professionals need to follow national or regional procedures regarding detection, reporting, investigation and intervention, b) it is necessary for child abuse and neglect victims to undergo only one forensic interview by an appropriately trained professional, in a child-friendly setting, c) all professionals involved in a specific case should share relevant information among them, in order for the child to be supported in the best way possible, d) when several professionals are to be involved, they should form a team early on, and handle the case cooperatively, and e) it is useful for one service/professional to undertake the role of the coordinator in each case, depending on the type of abuse. Taking all the above suggestions, among others, into account, the Institute of Child Health is currently developing an interdisciplinary and intersectoral collaboration protocol to effectively address all reports of child abuse or neglect.

**Key words:** child abuse, child neglect, multi-disciplinary cooperation, guidelines for professionals, collaboration protocol

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## Introduction

Child abuse and neglect is a complex public health problem WHO, (1999) [1], which has both immediate and long-term consequences for the child victims and their families, both at individual and social level; it mostly affects the person's physical and mental health [2, 3], but there are also social and economic implications [4,5]. Children who have been maltreated may suffer from multiple physical, emotional and developmental problems that deprive them of the ability to live healthy and productive lives [1, 6, 7]. Child abuse and neglect can be attributed to multiple factors that increase the risk for a child to be victimized; these factors may be related to characteristics related to the child, the parents/carers, the family, or the wider environment (WHO, 1999). It is difficult to accurately determine the prevalence of child abuse and neglect, as many cases are never reported [8]. The admittedly limited data available indicate however, that child abuse and neglect appear in all countries and in all population groups, regardless of social, cultural, and religious characteristics and beliefs [9].

An effective response to it, requires proper planning and trained professionals. Article 19 of the Convention on the Rights of the Child, provided for all UN States-Parties that they should take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child. These measures refer to prevention of the child's victimization as well as procedures of identification, reporting, referral, investigation, treatment and follow-up of cases of child maltreatment, and, as appropriate, for judicial involvement (UNCRC, 1989).

However, to date there is no official coordination among the professionals and services involved in child abuse and neglect cases in Greece. The Institute of Child Health – Department of Mental Health and Social Welfare has developed a protocol for professionals of all sectors involved in child protection, describing instructions on how to identify

and investigate such cases (ICH, 2015) [10], and approximately 400 professionals around the country were trained to follow these guidelines. However it has not been adopted by the state to become an institutional standard modus operandi of child protection services insofar; as a result, it is followed only by the professionals who individually chose to do so, without this being obligatory. Moreover, no alternative collaboration protocol, that could have clearly described the roles that different specialties are expected to play at each stage of child abuse and neglect investigations in order to avoid repetitions that eventually lead to secondary traumatization of the child (FRA, 2015) [11], has been developed so far.

## The PROCHILD project

Prochild is an EU-funded transnational project that aims at creating an interdisciplinary, integrated model of cooperation among stakeholders involved in responding to violence (DCSF, 2010) against children, in order to tackle underreporting [12] and fragmentation of services. The development of understanding and collaboration among social, health, and educational and law enforcement services and judicial authorities will allow for an integrated intervention, starting from the detection of abuse/maltreatment to the adoption of appropriate protection and support measures.

**The objectives** of the project are to: a) Promote early detection and reporting of abuse/neglect cases and increase the skills of relevant professionals for an early identification of the phenomenon; b) Develop an integrated and shared protocol among social, health, and educational and law enforcement services and judicial authorities, in order to facilitate cooperation for the protection of children; c) Make professionals involved in management of child abuse and neglect cases, acquainted with a collaborative and integrated approach to that phenomenon; and d) Search for viable and appropriate ways to make victims of violence and their families/caregivers an active part of the assessment and improvement of protection and support services.

**The main expected outcome** of this project is to create an

integrated intervention model for the early detection and reporting of child abuse and neglect cases, as well as for the protection of child victims, the implementation of which will improve the interaction among social and medical services, police, lawyers and judicial authorities, and thus enhance the overall protection and care provided for child victims.

## Methodology

To this end, it was planned to initially run two surveys; one addressed to professionals, aiming at mapping and analyzing their training needs [13], and one addressed to children victims, in order for them to evaluate the services provided to them. Children's perspective is considered as the most useful source of information [14]. However, concerning the second survey, it was decided early on that in Greece no child which had already undergone a forensic interview or criminal investigation procedures in virtue of allegations for its abuse or neglect would be interviewed by the researchers directly regarding its experiences, in order to avoid secondary victimization of children-victims; instead, the professionals who already work with them would be asked to collect all information required in the context of their regular cooperation with each child, or alternatively, the professionals could give the relevant information they already had available, concerning each particular victimized child. Of course, that method of work created certain limitations, as the professionals may not have all the information needed. However, balancing the child's best interest made this more acceptable compared to the alternative of directly interviewing children – victims about their experience throughout the procedures for substantiation of their victimization.

The project's design included some additional activities. More specifically, based on the results of the two surveys, it included having two focus group meetings with professionals in order to discuss the difficulties and identify suggested ways to tackle them, and another two roundtable meetings with stakeholders, in order to finally develop an integrated protocol. The steps that were followed are described in detail below.

### *Survey to assess training needs of professionals working with child victims of violence*

The purpose of the first survey was for the results to serve as a basis a) for the development of training modules for professionals working with children, aiming to enable them to identify early signs of child maltreatment and risk factors in families, cooperate with each other to avoid fragmentation of services [15] and offer better support to victims and their families and b) for the discussions with stakeholders in the context of the meetings for the development of the collaboration protocol. This was done by sending a questionnaire that was developed by the project partners to relevant professionals, investigating their self-assessed strengths, weaknesses and good practices. The target group of the survey was professionals in health care, social care, law enforcement and education. The results of this survey have certain limitations, as the number of respondents was 31, which is relatively small and the sample is not representative of all professionals working with children and families; mostly professionals from the sectors of social welfare and law enforcement participated. Therefore, the results should be mostly read as food for thought, informing further actions to be taken rather than a definite and accurate representation of state of affairs in all involved professionals' groups.

### *Survey to assess the quality of protection and support services*

The aim of the second survey was to assess the current situation regarding the system for the protection of abused minors, in order to make recommendations to decision-makers and professionals working in the field, for the improvement of the quality of services provided to minors and their families regarding prevention, detection, support and treatment of minor victims. Most questions had to do with multiplicity of encounters of the child with professionals during the investigation process, specialties of professionals involved, places where the investigation took place and how safe the child felt during all this. As it has already been mentioned, it was decided for the questionnaires not to be distribut-

ed directly to children; instead, they were sent via email to professionals who work with children-victims, while in most cases, the researchers visited the professionals and conducted interviews with them in order to get the information required for the filling of the questionnaires. Again, 31 cases were recorded, and the sample cannot be considered to be representative.

### Focus groups

Three focus groups took place in order for professionals to constructively discuss difficulties concerning interdisciplinary collaboration in child protection and make suggestions for improvement. Representatives of the sectors of justice and law enforcement participated in the first one; professionals working in the sectors of social welfare, health, mental health and education attended the second one; representatives from all the aforementioned sectors were included in the third one, as many of them had previously suggested that it is more useful to interact with professionals from different sectors and services, so that they can better understand each other.

### Roundtables

Although it was initially planned to hold two roundtable meetings, it was eventually decided to hold more, in order for an integrated protocol to start being developed. During the first two roundtables the stakeholders were informed about the results of the surveys, commented on them and provided feedback in terms of already existing good practices regarding either prevention and early detection, or even interdisciplinary collaboration during the investigation of a case and the support of the children and the families. During the third roundtable meeting, the participants made specific suggestions for the core of the protocol, after having been informed on the results of the focus groups; finally, at the fourth and final meeting, they commented on the core of the protocol, as the ICH team had drafted it.

## Results

Concerning the first survey, 51% of the respondents reported to have sufficient or good knowledge on the causes of child maltreatment, while their ability to identify different forms of violence and abuse against children seemed to vary among different fields and specialties, with the social welfare professionals feeling more confident than health, mental health, education, police and justice professionals. Most professionals (74%) reported to know how and where to report a suspected case, although education and health care professionals reported lower knowledge on the criminal investigation process, compared social welfare professionals. It seemed that professionals' knowledge about available support and treatment services was rather limited, as 30% of the respondents neither agreed nor disagreed that they know which services exist, and 16% stated that they clearly don't know. There were also variations across different professions regarding knowledge on how to raise the issue of suspected abuse or neglect with children or their parents/guardians. What most professionals found particularly hard, was raising the topic of sexual abuse with children or parents/guardians. All respondents reported to be most comfortable talking to other professionals about suspicions of child maltreatment, but not to the persons immediately involved. Finally, regarding a question on whether there should be more multidisciplinary cooperation, 77,4% of the respondents strongly agreed.

The results of the second survey made it obvious that what largely differentiates the procedures eventually applying, is the form of abuse. In sexual abuse for example, it was reported to be expected that the child will be interrogated by a police officer and will visit a hospital within the process of substantiation of abuse, as well as a child-psychiatrist, in the context of the forensic interview. However, in cases of neglect it was reported to be very common for only one social worker to have assessed the needs of the child and the possible risk, and this professional alone to have to make the decision on whether the child should be removed from home. The questionnaire was not divided per type of abuse though, which proved not to be very useful for the Greek

context. A significantly negative finding that can be attributed to the lack of unified guidelines, was that the child victim usually had to repeat his/her story to 5-6 different people/professionals, something obviously against the child's best interests. Apart from talking to many different specialists, it was reported that half the children during investigation phase had contact with more than one social worker. More specifically, 4 children had to tell their story to two social workers, 3 children to three social workers, and 5 children to more than three social workers. Out of the 31 cases of children reviewed in the survey, only in 23 professionals currently supporting children had information on how the child had felt during the investigation process; 12 minors were reported as having felt uncomfortable with all the multiplicity of professionals involved in the investigation. Minors were reported to have felt uncomfortable because they were in a very difficult emotional situation anyway at the time of the investigation and they reported experiencing this distressful feeling even if the person they were talking to was careful and supportive. Last but not least, the professionals were asked in the end of each questionnaire to evaluate the investigation process, from 1 = not at all satisfactory, to 10 = absolutely satisfactory; the mean average was 5.1.

Following the above results, three focus groups and four roundtables took place. The main suggestions deriving from these meetings, are noted below:

- a) Children who have suffered abuse or neglect need to undergo one and only forensic interview, in order to avoid secondary trauma. Thus, all professionals highlighted the need for such specialized units to be developed. As a matter of fact, there are currently some such units that have been provided for by national legislation to be developed under the Ministry of Justice, where the forensic interview of a child victim is expected to be conducted; all professionals express the urgency for these units to be recruited by permanent and appropriately trained professionals and become operational.
- b) National or regional (because of the variations of the availability of services provided in different areas) guidelines need to be in place for all professionals, so that they know how they are expected to handle a child abuse and neglect case, and how other specialties are expected to handle them. It is essential to have a certain pathway to follow.
- c) There are certain challenges in understanding the concept of mandatory reporting. There are issues to consider when developing guidelines to improve detection of child abuse [17], like which cases should be directly reported to the authorities by which professional groups. It was agreed by all participants that everyone needs to understand what is the threshold beyond which a referral to the prosecutor has to be made.
- d) All professionals involved in a specific case should share relevant information with other professionals/organizations, in order for the child to be supported in the best way possible; the same is also valid for prosecutors, who should inform the other services working on a case, regarding the decisions that the prosecutor has made (DCSF, 2010).
- e) Services of the same kind, e.g. municipal social services, should function in a similar, unified way; currently, each service and even each professional within the same service, may follow completely different methods of work.
- f) It is necessary to use a unified data base where all professionals can insert child abuse and neglect cases. Such a data base has been developed by ICH, handed over to the Greek authorities after training of 400 professionals throughout the country in its use. Unfortunately, this system has not been put into operational use by the country's authorities yet.
- g) There should be one particular agency that gets informed about the total number of maltreated children and holds a coordinating role at national level.
- h) It must be clear to all professionals involved that it is not always appropriate to run a medical-forensic examination; it depends on the type and form of abuse, as well as on the time that has passed since the abuse.
- i) Most professionals from the sector of justice proposed

the development of Family Courts, which will hopefully facilitate the cooperation of all judicial operators who are involved in each specific case. Moreover, it is expected that professionals in such specialized juridical services will receive appropriate training [18].

- j) The professionals who cooperate with a child and family and are planning to suggest the removal of the child from home, should inform the child and parents/carers accordingly, except if there are concerns that this information sharing might put the child in further risk.
- k) When it comes to refugee accompanied or unaccompanied minors who are allegedly victims of abuse, it will be necessary to develop an additional sub-protocol that will respond to the specific needs of this population. For instance, it must be clear that a trained interpreter should be assigned with each case, and the same person should support the child throughout the entire procedure of investigation.
- i) Whenever a case is firstly referred to the prosecutor, the prosecutor should inform every service that undertakes part of the investigation, about the other services that have been assigned with the same case. In cases of sexual abuse particularly, where several different services are expected to play a role, it was suggested that all involved professionals should form a team at the beginning, and cooperate for as long as needed, regularly holding case-conference meetings etc.
- m) In the context of an integrated model of cooperation, it would be useful to define what kind of service or professional could and should undertake the role of the coordinator in each case, depending on the type of abuse. This person or service shall be informed regarding how the case develops by all other services involved, and coordinate the intervention.
- n) Legal immunity needs to be in place for all professionals who may be involved in child protection cases, regarding both reporting a case of child abuse or neglect and investigating for the substantiation of such an allegation or report.

Given all the above suggestions, the Department of Mental Health and Social Welfare of the Institute of Child Health has developed a draft protocol of collaboration among all sectors, which is expected to be finalized within the next few months.

## Discussion

An effort to develop an interdisciplinary collaboration protocol for the management of child abuse and neglect cases in Greece is a complex and challenging process, since services provided so far can be characterized as extremely fragmented. The Institute of Child Health has already developed a protocol on how professionals should investigate such cases a few years ago, and remains committed to the goal of an integrated and effective approach to child protection. The current effort is meant to be complementary to the already existing protocol, focusing not on the actions each professional should undertake, but on the part each professional is expected to play in the context of a structured process and the interdependence of multidisciplinary actions that have to be carried out.

Two surveys and seven interdisciplinary meetings were conducted in order to collect as much information as possible in order to develop a protocol that will be realistic but efficient, and also as widely as possible accepted and endorsed by most professionals across all relevant sectors.

The findings of the survey regarding the professionals' level of knowledge on certain issues regarding child protection, constitute an essential contribution to the identification of professionals' needs. An important finding of this survey was the relatively lower self-assessed capacity of professionals regarding communication with possibly maltreated children and their families. Future trainings should focus on enhancing knowledge on communication techniques with children on such challenging subjects.

The results of the second survey showed that despite relevant guidelines (FRA, 2015) [11] there is no particular formal procedure applying in Greece to ensure that all children-victims are provided with certain services either during the

process of investigation or during support. It is revealing of how professionals working in the field of child protection feel, that the mean evaluation of the services provided was 5.1 out of 10. This shows that the lack of a structured system is not only harmful for the children as it adds to the risk for secondary traumatic stress, but also very distressful for professionals [19].

When the results of the two surveys were briefly presented to the professionals attending the focus groups and roundtable meetings, most of them mentioned that despite the research limitations, findings are quite accurately reflecting difficulties that they face in their everyday work.

On these grounds, the next step of the project, namely the meetings of all professionals involved in child protection, was the most essential part of the process of developing consensus on multidisciplinary guidelines that will reduce secondary harm mainly for children, but also for professionals. Most of the issues discussed led to definite suggestions, of concrete and clearly defined procedures to be described in the protocol.

An issue that was discussed thoroughly was the right and the obligation of any professional, to report suspected cases of child maltreatment to the authorities. It was mentioned that they are expected to report when they have substantiated evidence of a child being at risk; but in several cases, that is not easy to define in practice. Especially professionals from the sector of education seemed to be concerned about this. It was apparent that, not only educators but other professionals as well, are confident to proceed with a report to the prosecutor in cases of severe abuse, mainly sexual abuse, but hesitate to do so in other cases, which they do not consider of high risk for the child. This may be attributed to their perception of the current child welfare system and its shortcomings or their acknowledgement of objective difficulties related to management of child abuse and neglect cases in Greece. For example, they fear that every child reported to the authorities will end up in an institution. In other occasions, they might be discouraged to report by their fear that they will have legal implications [17]. In some other cases, professionals seemingly feel that

there is no need to report, but instead it is more appropriate to take some other kind of helpful and supportive action towards children and their families.

One of the prevalent considerations during most meetings, was the sharing of information. Although it is a common belief that this practice is certainly beneficial for children in multiple ways, and it will facilitate child protection professionals' work dramatically, it is not clear what kind of information professionals have the legal right to share and with whom [20]. What has been concluded in the context of this project, and according to the suggestions from the Children's Ombudsman in Greece, is that professionals can and should share all information that is useful to better understand and protect a child, with the other professionals who have a role to play in the protection or the support of the particular child.

Another matter that seemed to trouble professionals significantly, is the burden of having to make decisions that have such a huge impact on other people's lives. Due to the spectral nature of the phenomenon, and the subsequent difficulty for the assessment of risk, the subjective judgment in risk assessment and consequently, the increased responsibility of the professionals involved, is inevitable [21]. Thus, professionals often feel uncertain regarding their suggestions, and this problem may never have a definite and conclusive solution. It was suggested though, that this burden can be reduced when it is shared; if every professional's practice is governed by the principles of child protection, including collaboration with other professionals who may carry the same burden, and if supervision is provided for all professionals who are involved in child protection [22-27].

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