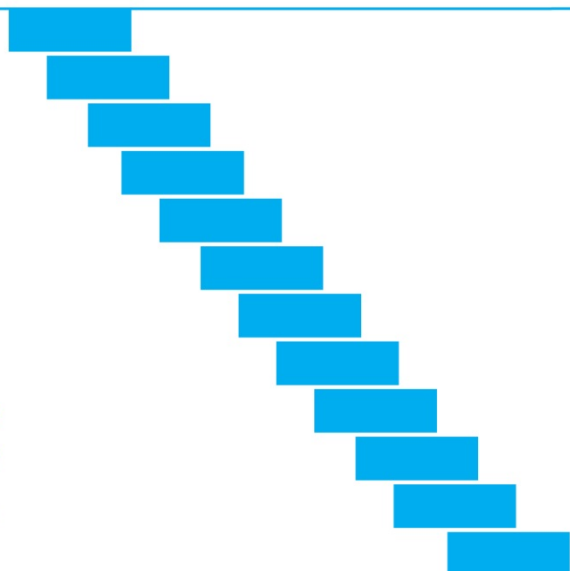




# Tackling violence against children in Europe

## The way forward





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## Summary

According to UN Convention on the Rights of the Child and many other legal standards, every child has the right to grow up without violence (article 19). However, a childhood without violence is not the case for at least 1 in 10 European children. This implies that at least 10 million children in Europe are a victim of maltreatment<sup>ii</sup>. Experiencing violence affects children's brains in the same way that combat affects soldiers' brains. It puts children at risk for lifelong consequences that we are dealing with on a daily basis in countries all over Europe. This includes underachievement in school, unemployment, poverty, health problems like diabetes and depression as well as radicalisation and criminality<sup>iii</sup> <sup>iv</sup>. On top of that, child maltreatment can contribute to violence throughout the life-course and therefore to the continuation of these problems among future Europeans<sup>v</sup>.

Every € 1 invested on home visits and parent education against child abuse saves € 19<sup>vi</sup>. These investments might be even more opportune when looking at the enormous costs of child maltreatment stemming from criminal justice services, health- and safeguarding services for children and from the loss of productivity for society. Combined, the annual estimated costs of various type of child maltreatment for Germany and the UK amount to € 34.2 billion<sup>vii</sup> <sup>viii</sup>. This is almost 25% of the total EU budget in 2014.<sup>ix</sup> Thus, the price of violence against children is extremely high. For children as well for society. This makes this violence one of the greatest direct Europeans threats against children at the moment and a top priority that must be tackled today.

That is why I, chairman of ENOC, am pleased that Violence against Children is ENOC's theme for 2015. Moreover, this topic is one of my main priorities as Dutch Ombudsman for Children. I therefore decided to work together with Augeo, a Dutch NGO strongly committed to creating a safe environment for all children, on a research project about this topic.

On basis of our desktop research we have identified four major issues regarding violence against children in Europe:

- In Europe it is still possible to grow up in settings where non-violent upbringing is not the legal or social norm yet and where violence is an accepted way of disciplining children.
- Most child maltreatment goes undetected and unreported.
- For too many children violence is a chronic condition as it is not stopped, even when reported or substantiated.
- Too many victims suffer from the impairment and diseases resulting from the violence they experienced and do not get the necessary help.

Scientific evidence as well data from across Europe demonstrate that tackling violence against children is possible. This can be derived from the fact that there are considerable variations in the rates of child maltreatment and child homicide across the continent. Moreover, countries like Romania and Sweden have realised significant declines in corporal punishment. We - to our contentment- also found wide support among various stakeholders across the continent for tackling child maltreatment, including children<sup>x</sup> <sup>xi</sup> as well many countries and NGO's across Europe<sup>xii</sup>.

We are also pleased that there are already many (legally binding) standards about tackling violence against children that EU member states have to adhere to. Looking at this tremendous amount of standards, we conclude there is no urgent need for new conventions, EU legislation or directives nor for guidelines or standards. It all comes down to a thorough implementation of the standards governments have already agreed upon.

Because of the size and impact of violence against children, we urge all EU member states and the European Union to make an additional effort and focus on the implementation of what already exists on

paper. We also urge EU member states to diminish the differences between them when it comes to implementing evidence-based measures and policies for protecting children against violence. For example, while in some European countries all injured children attending the emergency department are screened for inflicted injuries, in many others this relatively simple screening procedure is not implemented or mandated by law. This leaves many cases of maltreatment unrecognised.

Experience with the measurable, time-bound Millennium Development Goals demonstrates that whenever global leaders adopt joint targets, this results in extra effort and measurable outcomes for children and adults. By adopting targets for even the most persistent global problems, such as child mortality, significant progress can be made in a relatively short amount of time. We therefore encourage all EU member states, in cooperation with NGOs, to adopt “targets” or “SMART goals” on the implementation of effective measures for tackling child abuse and neglect. In this report, we have thus outlined 10 recommendations that are proven to work according to research and good practice:

1. **A full extensive ban:** Implement the prohibition of all types of child maltreatment in all settings using a thorough information campaign.
2. **Support positive parenting:** Provide all families at risk of maltreatment with effective (elements of) parenting education, home-visiting and abusive-head trauma prevention programmes.
3. **Annual vetting & screening:** Introduce vetting procedures for all professionals and volunteers working with children and annually screen them for criminal offenses that could put children at risk of any type of violence.
4. **Child help lines:** Secure permanent government funding for accessible and well- publicised child friendly help lines.
5. **Identification & reporting:** Introduce mandatory identification methods & reporting obligations that have proven to be effective for all professionals working with children and their parents.
6. **Mandatory training:** Provide training to all professionals working with children in identifying child maltreatment and act according to the country’s identification and reporting procedures.
7. **Realise immediate child safety:** Implement police ordered temporary eviction of the perpetrator of domestic violence and child maltreatment and ensure the necessary follow-up support for children.
8. **Longer term child safety planning:** Implement regularly reviewed child-centred safety plans as well help for parents.
9. **Comprehensive assessment:** Ensure by using multidisciplinary approach that all reports of maltreatment include a thorough assessment and trauma screening of the involved children and if necessary a criminal investigation.
10. **Matched care:** Ensure that tailored help is available for all maltreated children, even without a court order, in order to tackle the impairment and diseases resulting from the violence they experienced.

We studied the implementation of these recommendations across the EU as well the related current (legally binding) standards. This resulted in 8 targets that in our opinion could be realised by 2025 by governments of all EU member states, resulting at least in a 25% reduction of violence against European children in a decade:

- I Less than 5% of the children in all EU member states report severe corporal punishment.
- II In all EU member states evidence-based prevention programs reach at least 50% of families who are at risk of child maltreatment.
- III All European children can be sure that all professionals and volunteers working with them in at least child care, schools and health services have never been convicted of any criminal offence that could put them at risk of any type of violence.
- IV All children in all EU member states can reach a toll-free child help line with their concerns about child maltreatment.
- V At least 50% of all hospitals in all EU member states screen parents and injured children for major risk factors for child maltreatment.

- VI All children in all EU member states can be ensured that at least 75% of professionals working with them in child care, schools and health services including emergency rooms are equipped with the knowledge and skills necessary for identifying child maltreatment and to act according to the country's reporting laws.
- VII In all EU member states at least 70% of all children with substantiated reports of child maltreatment will not be subjected to revictimisation before turning 18.
- VIII In all EU member states, the share of maltreated children suffering from post-traumatic stress is reduced by at least 50%.

We encourage all EU member states, in cooperation with NGOs, to implement our recommendations and realise these targets. This requires several conditions at the member state and at the EU level:

- At the member state level, a national policy framework, national coordination and allocation of a specific budget item for child protection in the annual state budget should be in place. This also entails independent monitoring by a children's ombudsperson of the progress of implementation of these recommendations and targets. It also requires data collection and reviewing the outcomes of these targets on the client, service, system and societal level.
- At the EU level, we would welcome the appointment of an EU Special Representative on violence against children, similar to the appointment of the Special Representative of the Secretary-General on Violence against Children at the level of the United Nations, Mrs. Marta Santos Pais. This EU Special Representative would be responsible for monitoring the implementation of these recommendations and targets across the EU and if needed take the necessary actions.

By working together in such a way, we believe we can make more substantial and rapid progress in tackling violence against our children in Europe.

Marc Dullaert

Children ombudsperson of The Netherlands

Mariëlle Dekker

Director of the Augeo Foundation



## Issues from the perspective of children

This is the first chapter of our desktop study about violence against children in Europe. This study leads us to conclude that there are already many data on the availability of specific services for tackling violence against children in EU member states. However, on the extent to which these services are implemented and actually reach the children and families in need there are less data. Moreover, international comparative data about the quality of these services were very difficult to find. The same goes for data on the outcomes of these services, particularly on the safety and well-being of children. Looking at the evidence outlined by international organisations<sup>xiii xiv</sup> and in academic journals<sup>xv xvi xvii</sup> we did identify 4 main issues regarding violence against children:

### Issue 1:

In Europe it is still possible to grow up in settings where non-violent upbringing is not the legal or social norm yet and where violence is an accepted way of disciplining children.

The high number of children in Europe that experience violence makes maltreatment one of the greatest direct violations of their rights at the moment. This not only concerns the various types of child maltreatment perpetrated at home, including exposure to domestic violence. It also entails violence against children in institutions as institutionalisation has often been related to an increased risk of violence<sup>xviii</sup>.

Thus, unfortunately in Europe it is still possible to grow up in settings where violence is an accepted way of disciplining children. This not only conflicts with the UN Convention on the Rights of the Child (UNCRC) which has been ratified by all European countries<sup>xix</sup>, the European Convention on Human Rights (ECHR) and the EU Charter, but also with the legal ban on corporal punishment which is already in place in many countries across Europe.

*"1 in 10 children in Europe is maltreated.  
This comes down to more than 10 million children"*

Non-violent upbringing is not the norm in Europe yet as 1 in 10 children is maltreated<sup>xx</sup>. Looking at the size of current EU youth population, this comes down to more than 10 million children<sup>xxi</sup>. This is more than the whole population of a country like Sweden<sup>xxii</sup>. As parental unemployment increases the risk of child maltreatment, the current economic austerity and the resulting high rates of parental unemployment across Europe are a great cause of concern<sup>xxiii</sup>.

Most types of violence are perpetrated by people children know. A recent study of the FRA for example shows that according to women who experienced physical violence during childhood, the perpetrators mainly came from within the family<sup>xxiv</sup>. At least 1 in every 20 woman also identified teachers, doctors and priests as perpetrators<sup>xxv</sup>. Moreover, national inquiries into institutional abuse of children in residential care, redress schemes and related responses in Belgium, Denmark, England and Wales, Finland, Germany, Ireland and The Netherlands show that in residential care sexual abuse is not uncommon<sup>xxvi</sup>.

### Issue 2:

Most child maltreatment goes undetected and unreported.

Underdetection and underreporting of child maltreatment is very common: according to the World Health Organization (WHO) 90% of child maltreatment goes undetected<sup>xxvii</sup>. More specifically, in their article about variation in trends and policies in six developed countries, Gilbert et al. (2012)<sup>xxviii</sup> express that most child maltreatment is hidden and is not recognised by professionals working with children and their families, such as medical staff in accident and emergency departments<sup>xxix</sup>. Thus, maltreatment is often

unwitnessed by others outside the family. Moreover, it is rarely disclosed by the child victim or the perpetrator<sup>xxx</sup>.

***"90% of child maltreatment goes undetected and unreported"***

Moreover, most maltreatment still goes unreported- even among those mandated to report<sup>xxxi</sup>. For example, "health, education, and other community professionals in contact with children consistently report to child protection agencies only a proportion of children whom they recognise as being maltreated"<sup>xxxii</sup>. In addition, even children who are monitored by agencies reported four to six times more episodes of abuse than official records did<sup>xxxiii</sup>.

### Issue 3:

For too many children violence is a chronic condition as it is not stopped, even when reported or substantiated.

For too many children violence is a chronic condition as it is not stopped, even when reported or substantiated. Children who have been maltreated are thus at increased risk of further maltreatment<sup>xxxiv</sup>.

***"Children who have been maltreated are at greater risk of being revictimised"***

Across Europe, there are also high rates of repeated referrals to child protection services. These rates can be as high as 33%<sup>xxxv</sup>.

### Issue 4:

Too many victims suffer from the impairment and diseases resulting from the violence they experienced and do not get the necessary help.

In conflict with international standards, too many maltreated children do not get the necessary help. For instance, in the UK only one of every 250 physically abused children was monitored in accordance with a child-protection plan<sup>xxxvi</sup>. Moreover, in Dutch families where domestic violence had taken place, almost two thirds of the children was not offered any kind of help for the problems they encountered themselves<sup>xxxvii</sup>.

***"Many children do not get the help they need for the consequences of child maltreatment"***

This lack of help can be detrimental as child maltreatment has various negative consequences. This not only applies to exposure to domestic violence, but also to physical and emotional neglect and abuse as well as to sexual abuse<sup>xxxviii</sup>. For example, as many as a 25% of all abused children can have a post-traumatic stress disorder<sup>xxxix</sup>. More specifically, adversity from maltreatment can result in toxic stress. This can affect brain development and cause cognitive impairment and behavioural changes. In turn, this can result in the adoption of health-risk behaviours, impaired physical and mental health, poorer educational attainment and job and relationship difficulties<sup>xl</sup>. As child maltreatment affects educational and future employment prospects, it worsens social injustice<sup>xli</sup>. Child maltreatment can also contribute to violence throughout the life-course and transmission to successive generations<sup>xlii</sup>.

Re-victimization also has various negative effects. Multiple episodes of maltreatment can for example lead to more serious short and long term negative consequences, juvenile delinquency as well as entry into the juvenile justice system<sup>xliii</sup>. **The price of violence against children is extremely high** It is very worrisome that child maltreatment also contributes substantially to child mortality. For instance, in 2012 as many as 500 children under the age of 15 in the WHO European region died from interpersonal violence<sup>xliiv</sup>. This for instance includes (sexual) assault, neglect and abandonment and other maltreatment syndromes<sup>xliv</sup>.

The societal costs of child maltreatment are also enormous. These costs are comparable to the costs of non-communicable diseases, such as cancer and diabetes<sup>xlvi</sup>. Talking in Euro's, the annual costs of child maltreatment run into tens of billions. For example, in Germany the total societal costs for the consequences of childhood traumatization by various types of severe child abuse as well as neglect were projected to amount up to € 29.8 billion a year<sup>xlvii</sup>. In addition, the overall annual costs of child sexual abuse in the UK were estimated at £3.2 billion in 2012, which equals approximately € 4.4 billion. These costs of abuse come from criminal justice service, services for children, health and loss of productivity for society<sup>xlviii</sup>. Combined, the annual estimated costs of various type of child maltreatment for these two countries amount to € 34.2 billion. This is almost 25% of the total EU budget in 2014 (€ 142.7 billion)<sup>xlix</sup>. Thus, the price of violence against children is extremely high. For children themselves as well as for society. This makes such violence one of the greatest direct European threats at the moment and a top priority that must be tackled today.

### **Change is possible**

The existing data from across Europe show that tackling violence against children is definitely possible. There are considerable wide variations in rates of child maltreatment and homicide within Europe. For instance, data from the Fundamental Rights Agency (FRA) demonstrate that the share of women that experienced physical, sexual or psychological violence by an adult before age 15 ranges from 15% in Cyprus to 53% in Finland<sup>i</sup>. Moreover, when it comes to child homicide rates, countries in Eastern Europe are in the top echelon and those the west in the lowest one.

The declining rates of child maltreatment and homicide also show that it is possible to tackle these issues. For example, in Sweden the share of parents with positive attitudes towards physical punishment dropped immensely from the 1960s to the 2010s<sup>ii</sup>. Moreover, their use of directive control (including slapping) and of the more serious forms of physical punishment (such as punching) also dramatically decreased over the last 50 years<sup>iii</sup>. In addition, within the European Region of the WHO the number of children that died from interpersonal violence has more than halved in the last decade<sup>liii</sup>.

***"Substantial and rapid progress in tackling violence  
against children in Europe is possible"***

There is -to our contentment- also wide support of various stakeholders across the continent for tackling violence against children. This includes children as well as many countries and NGOs across Europe. For example, in a global consultation on public expenditure for children's rights, more than half of the children in Eastern and Western Europe expressed that governments are not spending enough on the right of children to be protected from harm<sup>liv</sup>. Moreover, violence was identified as a theme of greatest importance to children in a desktop study on children's views and priorities to inform the next Council of Europe Strategy for the Rights of the Child<sup>lv</sup>. In addition, in questionnaires from the Council of Europe on this strategy, violence was the number one priority for its member states and for NGOs<sup>lvi</sup>.

## Legal aspects

We are also pleased that there are already many (legally binding) standards about tackling violence against children that EU member states have to adhere to. Besides the European Commission's recently proposed 10 principles<sup>lvii</sup> for integrated child protection systems, there is an abundance of relevant and valuable conventions, directives and non-binding recommendations, policy guidelines and (research) recommendations from other international organisations. This includes organisations like the UN Committee for the Rights of the Child, the EU, the Council of Europe<sup>lviii</sup>, the World Health Organization (WHO) and Unicef. Their relevant documents for instance include the Convention on the Rights of the Child, the EU Victims' directive as well as the Lanzarote Convention and Istanbul convention. All these documents make it very clear EU member states have a profound responsibility to protect children from all forms of violence. There are numerous measures EU Member states are obliged to implement, now or in the near future, in order to fulfil this responsibility. There is thus no urgent need for new conventions, EU legislation or directives nor for guidelines or standards. Rather, it comes down to a thorough implementation of the standards governments have already agreed upon.

## Report content and structure

Because of the size and impact of violence against children, we urge all EU member states and the European Union to make an additional effort and focus on the implementation of what already exists on paper. We also urge EU member states to diminish the differences between them when it comes to implementing evidence-based measures and policies for protecting children against violence. For example, while in some European countries all injured children attending the emergency department are screened for inflicted injuries, in many others this relatively simple screening procedure is not implemented or mandated by law. This leaves many cases of maltreatment unrecognised.

Experience with the measurable, time-bound Millennium Development Goals demonstrates that whenever global leaders adopt joint targets, this results in extra effort and measurable outcomes for children and adults. By adopting targets for even the most persistent global problems, such as child mortality, significant progress can be made in a relatively short amount of time<sup>lix</sup>. We therefore encourage all EU member states, in cooperation with NGOs, to adopt "targets" or "SMART goals" on the implementation of effective measures for tackling child abuse and neglect. In this report, we will thus present 10 recommendations that are proven to be effective according to research and good practice.

These 10 recommendations are outlined in the following four chapters that deal with the 4 identified issues regarding violence against children. Each chapter deals with one specific issue and contains several recommendations and targets. All sections about the recommendations have a similar set-up as each contains the following paragraphs:

- **What works:** This paragraph outlines the relevant research evidence about effective measures.
- **Good practices:** In this paragraph you will find a good practice from The Netherlands or another EU member state.
- **Current status:** This paragraph focuses on the implementation of the effective measures by EU member states. The data in this paragraph are based on already available data, such as the data from the FRA study 'Mapping child protection systems in Europe'<sup>lix</sup>.
- **Legal aspects:** In this paragraph, we have outlined the related (legally) binding standards for EU member states.
- **Recommendation & proposed target:** After comparing and contrasting these different aspects, we will present our recommendation. Based on one of more recommendations, we will present our proposed target to be realised by 2025.

These chapters are followed by a chapter outlining several conditions that need to be in place to implement all standards that already exist on paper and our 10 recommendations and 8 targets. In the final chapter of the report, we will sketch the way forward by providing a brief overview of the 4 identified issues regarding violence against children, our recommendations and targets as well as the necessary conditions for implementing and realising them.

## Recommendations for issue 1

### Issue 1:

In Europe it is still possible to grow up in settings where non-violent upbringing is not the legal or social norm yet and where violence is an accepted way of disciplining children.

#### Solutions proven to work:

- Introducing a law banning corporal punishment in combination in all settings using a thorough information campaign can nearly halve the share of parents that use (severe) physical punishment in about a decade.
- A short educational program targeted at all parents of new-borns can reduce the frequency of abusive head trauma's among babies up to 75%.
- The implementation of an evidence-based parent education programme, such as Triple P can lead to 22% less confirmed child abuse cases, 16% less out-of-home placements and 17% less hospitalisations from child abuse injuries.
- By introducing at least annual vetting procedures and screening for all criminal offenses, professionals who form a potential violent threat to children can effectively be barred from working in child care centres and other settings.

#### The current status across the EU:

- Around two thirds of all EU member states have a full ban on corporal punishment.
- It is not known how many EU member states have prohibited neglect, emotional and sexual abuse in all settings and exposure to domestic violence.
- While almost all EU member states have at least partially implemented a national campaign on child maltreatment prevention, many made note of a campaign of a limited scope.
- In the European region, parenting education and home visiting programmes are implemented on a large scale in at least two thirds of the countries. In contrast, programmes directed at new parents or at the prevention of abusive head trauma are only widely implemented in less than 30% of the countries.
- It is not known how many countries have implemented those specific programmes that are proven to be effective.
- Less than a third of all EU member states have provisions requiring the frequent vetting of various groups of professionals, such as residential care personnel.

#### Legal aspects:

- There is no question about the fact that all EU member States already are obliged to have a full ban on corporal punishment and other kinds of child maltreatment. This is a matter of respecting human and children's rights.
- Both the UN Committee of the Rights of the Child and the Committee of Ministers of the Council of Europe are strongly in favour of policies and services promoting positive parenting.

#### Recommendations:

##### 1 A full extensive ban:

Implement the prohibition of all types of child maltreatment in all settings using a thorough information campaign.

##### 2 Support positive parenting:

Provide all families at risk of maltreatment with effective (elements of) parenting education, home-visiting and abusive-head trauma prevention programmes.

##### 3 Annual vetting & screening:

Introduce vetting procedures for all professionals and volunteers working with children and annually screen them for criminal offenses that could put children at risk of any type of violence.

**Proposed targets:**

- I Less than 5% of the children in all EU member states report severe corporal punishment.
- II In all EU member states evidence-based prevention programs reach at least 50% of families who are at risk of child maltreatment.
- III All European children can be sure that all professionals and volunteers working with them in at least child care, schools and health services have never been convicted of any criminal offence that could put them at risk of any type of violence.

**Recommendation 1:**

A full extensive ban: Implement the prohibition of all types of child maltreatment in all settings using a thorough information campaign.

**What works**

In Europe it is still possible to grow up in settings where non-violent upbringing is not the legal or social norm yet and where violence is an accepted way of disciplining children. However, in combination with a thorough information campaign, introducing a law banning corporal punishment in all settings can nearly halve the share of parents that use (severe) physical punishment in about a decade.

Generally speaking, a legal ban on corporal punishment is closely associated with a decrease in the support of and the use of corporal punishment<sup>lxi</sup>. In contrast, countries with no legal ramifications are more likely to have parents who engage in the practice of corporal punishment<sup>lxii</sup>. More specifically, after controlling for socio-demographic factors, the odds of parents reporting to occasional use of corporal punishment were 1.7 times higher in countries where its use is legal<sup>lxiii</sup>.

***"A full ban on corporal punishment without a campaign is ineffective"***

However, a ban without a campaign is ineffective. So is a campaign without a ban. For instance, according to a qualitative comparative analysis assessing the implementation of UNCRC Article 19 (on the protection from all forms of violence) governments need to adopt a systems approach to child protection. Besides policy/legislation, this includes public awareness raising as well as professional training, information-based programmes and social services<sup>lxiv</sup>. In addition, in their article 'The Effect of Banning Corporal Punishment in Europe: A Five-Nation Comparison', Bussmann et al<sup>lxv</sup> concluded that legal reforms need to be accompanied by intensive and long-term information campaigns to have a strong impact.

Finally, due to the limited availability of rigorous evaluations, the evidence base for universal campaigns designed to prevent child physical abuse remains inconclusive. However, there is a need to further develop such campaigns because of their potential in shifting population norms relevant to child physical abuse and reducing abuse rates.<sup>lxvi</sup>

**Good practice**

Data from countries like Romania and Sweden show that it is actually possible to reduce the share of parents using corporal punishment to less than 5% in about a decade.

In Romania full prohibition was achieved in 2004. In a study carried out in this country in 2001, 29% of children reported that they were hit with objects by their parents and 10% was hit so hard it left a mark. By 2012, these percentages had decreased to 18%, respectively 5%.<sup>lxvii</sup>



*"The share of parents using corporal punishment can be reduced to less than 5% within a decade"*

In Sweden corporal punishment was fully prohibited in 1979. Here, the share of parents with positive attitudes towards physical punishment dropped immensely from the 1960s to the 2010s<sup>lxviii</sup>. In the same period, there was a dramatic decrease in their use of directive control (including slapping) and more serious forms of physical punishment (such as punching). For example, while around the time of introducing full prohibition 20% of young adults expressed that they were often slapped by their parents, by 2011 this share had decreased to 2%<sup>lxix</sup>.

In this country, several measures were introduced to ensure that the legislation would achieve the intended changes. This includes an extensive publicity campaign, that included distributing a book to all households with advice and support for parents on how to bring up children without violence. Antenatal and children's clinics also joined the campaign to provide information and support to parents. Moreover, information about this topic was printed on milk cartons and various NGO's encouraged discussion and raised awareness about the issue by holding debates<sup>lxx</sup>.

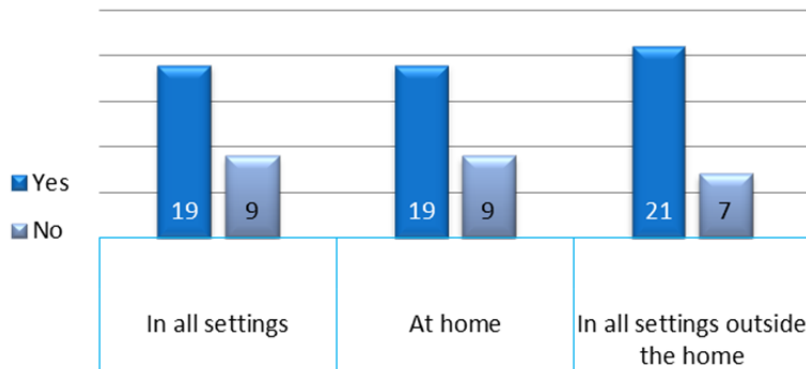
### **The current status across the EU**

Looking at the current status across the EU, we notice that since the end of the 1970 the share of EU member states with a full ban on corporal punishment has increased to two thirds of all member states<sup>lxxi</sup>. More specifically, as the following map on countries with a ban on corporal punishment of children, there are currently 19 EU countries that have realised a prohibition in all settings<sup>lxxii</sup>.





## The prohibition of corporal punishment in various settings



As of March 2015, the majority of the EU member states (19 in total) has prohibited corporal punishment at home. In most countries (21 in total), this type of child maltreatment is also prohibited in all settings outside the home. This includes alternative care settings, day care, schools, and penal institutions. It also entails the prohibition of corporal punishment as a sentence for crime<sup>lxxiii lxxiv</sup>.

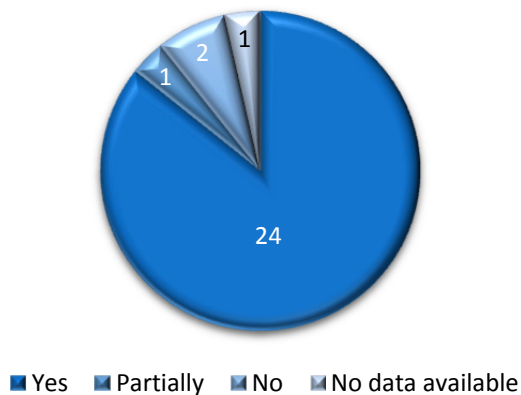
Most EU countries with a full ban on corporal punishment fully enforce this ban. Exceptions are Croatia, Romania and Bulgaria. Here this ban is only partially enforced or enforced to a limited extent.<sup>lxxv</sup>

We do not know how many countries have fully prohibited neglect, emotional and sexual abuse and exposure to domestic violence. Nor on the extent to which such legislation is enforced or implemented.

We do know that almost 90% of all EU member states (25 in total) have at least partially implemented a national campaign on child maltreatment prevention the last couple of years. However, many countries made note of a campaign of a limited scope.<sup>lxxvi</sup>

It is not known if these national campaigns were used in EU member states to introduce possible bans on corporal punishment or these other types of child maltreatment.

## National campaign on child maltreatment prevention



### Legal aspects

There is no question about the fact that all EU member States already are obliged to have a full ban on corporal punishment and other kinds of child maltreatment. This is a matter of respecting human and children's rights. More specifically:

- The UN Committee on the Rights of the Child has consistently expressed that all forms of violence against children, however light, are unacceptable. Moreover, according to this committee, eliminating violent and humiliating punishment of children, through law reform and other necessary measures, is an immediate and unqualified obligation of States parties<sup>lxxvii</sup>.
- It also deems corporal punishment as invariably degrading<sup>lxxviii</sup> and expressed that implementation of prohibition of all corporal punishment requires awareness-raising, guidance and training for all those involved<sup>lxxix</sup>. It argued that given the widespread traditional acceptance of corporal punishment, prohibition on its own will not achieve the necessary change in attitudes and practice<sup>lxxx</sup>.

- The European Convention on Human Right (ECHR) states that no one shall be subjected to torture or to inhuman or degrading treatment or punishment<sup>lxxxix</sup> and that everyone has the right to respect for his private and family life, his home and his correspondence. “There shall be no interference by a public authority with the exercise of this right except such as is in accordance with the law and is necessary in a democratic society in the interests of national security, public safety or the economic wellbeing of the country, for the prevention of disorder or crime, for the protection of health or morals, or for the protection of the rights and freedoms of others.”<sup>lxxxii</sup>
- According to article 4 of the EU charter of Fundamental Rights<sup>lxxxiii</sup>, no one shall be subjected to torture or to inhuman or degrading treatment or punishment. Moreover, article 17 of the European Social Charter (revised)<sup>lxxxiv</sup> states that children and young persons need to be protected children against negligence, violence or exploitation.
- In November 2009, the Committee of Ministers of the Council of Europe adopted its “Recommendations on integrated national strategies for the protection of children from violence”. These recommendations underline the states’ obligation to prohibit “all corporal punishment and all other cruel, inhuman or degrading treatment or punishment of children, both physical and psychological”.<sup>lxxxv</sup>
- The European Parliament calls on the Member States to uphold their obligations and combat any form of violence against children, including formally prohibiting and sanctioning corporal punishment against children.<sup>lxxxvi</sup>

Corporal punishment has also been condemned by various regional human rights bodies. This includes the European Court of Human Rights as well as the European Committee of Social Rights that monitors the compliance of the Council of Europe member states with the European Social Charter and Revised Social Charter. More specifically:

- The European Court of Human Rights has progressively condemned corporal punishment of children. First in the penal system, then in schools (including private ones), and most recently in the home.<sup>lxxxvii</sup>
- According to the European Committee of Social Rights compliance with the European Social Charter and Revised Social Charter requires a legal prohibition of any form of violence against children, whether at school, in other institutions, in their home or elsewhere. This committee recently alleged that several EU member states, including Belgium<sup>lxxxviii</sup> and various others, are not in conformity with Article 17 of the Charter.

### **Recommendation and proposed target**

In Europe it is still possible to grow up in settings where non-violent upbringing is not the legal or social norm yet and where violence is an accepted way of disciplining children. While many of the current (legally) binding standards do call on a ban on all kinds of child maltreatment, the available (research) data often only focus on the effectiveness and implementation of the ban of corporal punishment. These data for example show that two thirds of all EU member states have a full ban on corporal punishment. Other data show that many EU member states made note of a campaign of a limited scope, while research stresses the need to combine such a ban with a campaign.

**This leads us to formulate the following recommendation on a full extensive ban: Implement the prohibition of all types of child maltreatment in all settings using a thorough information campaign.**

**The related target we propose is:**

**Less than 5% of the children in all EU member states report severe corporal punishment.**

## Recommendation 2:

Support positive parenting: Provide all families at risk of maltreatment with effective (elements of) parenting education, home-visiting and abusive-head trauma prevention programmes.

### What works

In Europe it is still possible to grow up in settings where non-violent upbringing is not the legal or social norm yet and where violence is an accepted way of disciplining children. Research shows that this requires supporting positive parenting. For example, a short educational program targeted at all parents of new-borns can reduce the frequency of abusive head trauma's among babies up to 75%.

Besides offering hospital- based programmes to prevent abusive head trauma<sup>lxxxix xc</sup>, supporting positive parenting can be realised by implementing specific (elements of) effective positive parenting and home visiting programmes<sup>xcj</sup>.

***"Every € 1 invested on home visits and parent education against child abuse actually saves € 19"***

For example, according to WHO, every € 1 invested on home visits and parent education against child abuse actually saves € 19<sup>xcii</sup>. Proven effective positive parenting and home visiting programmes include The Triple P-Positive Parenting Program, Nurse-Family Partnership and Early Start<sup>xciiixciv</sup>.

The US Triple P System Population Trial for example found that the implementation of this programme can lead to 22% less confirmed child abuse cases, 16% less out-of-home placements and 17% less hospitalisations from child abuse injuries. More specifically, applying the results from this trial to a community with 100,000 children under 8 years of age, introduction of this programme would translate into:

- 688 fewer confirmed child abuse cases
- 240 fewer out-of-home placements
- and 60 fewer hospitalisations from child abuse injuries<sup>xcv xcvi</sup>.

Triple P was developed in Australia. Many other evidence-based family interventions were also developed in English-speaking countries, such as the USA<sup>xcvii xcvi</sup> and have been successfully transported to other countries<sup>xcix</sup>. There are several factors that impact successful translation or implementation, such as:

- clear guidance and requirements about the training and supervision of the professionals who are involved in delivery;
- a strong focus on integrity in terms of adherence to the original model;
- the interaction of programme content with the political, sociodemographic, and cultural context.<sup>c ci</sup>

However, practitioners have been somewhat reluctant of translating and implementing effective family interventions in non-English speaking countries<sup>cii</sup>. Therefore countries that choose not to invest in a proven effective evidence-based positive parenting or home visiting programme may decide to focus on common components of parenting programmes that are proven to work. For children four to eight years of age involved with child welfare services such common elements include:

- Parents and children typically attend treatment together or have times to practice together.
- Therapists focus on rewarding parents for shifting their focus to rewarding their children for doing well rather than punishing their children.
- Parents learn to anticipate antecedents of problem behaviour and to reduce those antecedents, using a brief time-out as a way to provide consequences for reducing a high rate aversive behaviour.
- Tracking and charting behaviours to identify progress or signal the need to shift strategy<sup>ciii</sup>.

### Good practice

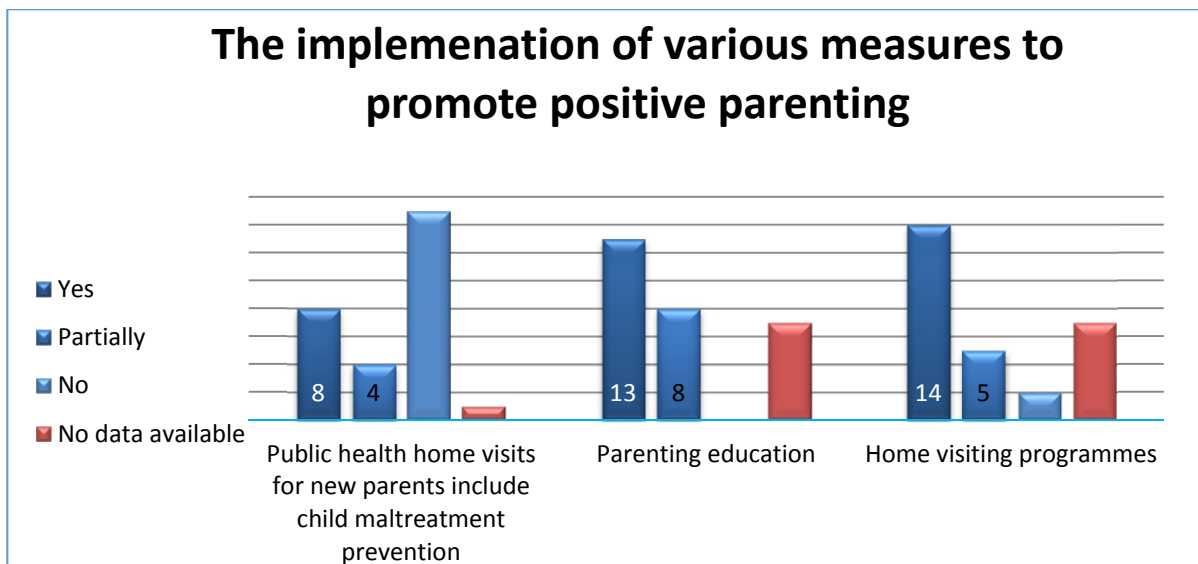
Various effective ways of promoting positive parenting have been implemented in different countries across Europe. This includes various hospital- based programmes to prevent abusive head trauma as well as parenting and home visiting programmes.

In the UK, the NSPCC made a film to help parents taking care of a crying baby and to reduce the risk of them becoming stressed and harming the baby. This film was piloted in 24 hospitals and birthing units around the UK and was seen by over 30.000 parents. The film had a positive impact as according to an evaluation, it is helping to keep babies safe. More specifically, among babies with feeding, sleeping or crying difficulties the rate of reported injuries was lower if their parents had seen the film.<sup>civ</sup>

In Romania UNICEF launched the 'National Parenting Education Programme in Pre-school Education' in 2001 to provide parents with the opportunity to improve their child-rearing knowledge and skills. The programme attained national coverage in 2006. More than 70,000 parents were trained in around 4,000 kindergartens and 370 schools. According to preliminary findings of the programme's child development improved in families where parents had attended the programme.<sup>cv</sup>

### The current status across the EU

In the European region, parenting education and home visiting programmes are implemented on a large scale in around half of the countries. In contrast, programmes directed at new parents or at the prevention of abusive head trauma are only widely implemented in less than 30% of the countries. It is also not known how many countries have implemented those specific programmes that are proven to work.



Parenting education and home visiting are (at least partially) implemented in at least two thirds of all EU member states<sup>cvi</sup>. In contrast, public health home visits for new parents that include child maltreatment prevention were implemented in a less than half (12 in total). A third of these countries had only partially implemented such visits.<sup>cvi</sup>

In the European region of the WHO, parenting education and home visiting programmes are more widely implemented than programmes for training parents in the prevention of shaken baby syndrome. More specifically, the first two types of programmes are implemented systematically on a large scale in around half of the countries. In contrast, training parents in the prevention of shaken baby syndrome is only widely implemented in 20% of the countries.<sup>cviii</sup>

### Legal aspects

Both the UN Committee on the Rights of the Child and the Committee of Ministers of the Council of Europe are strongly in favour of policies and services promoting positive parenting.

In the CRC's general comment no. 8 it is expressed that the promotion of non-violent forms of parenting and education should be built into all the points of contact between the State and parents and children, in health, welfare and educational services. This includes early childhood institutions, day-care centres and schools. It should also be integrated into the initial and in-service training of teachers and all those working with children in care and justice systems.<sup>cix</sup>

According to the Ministers of the Council of Europe the promotion of positive and non-violent forms of child-rearing should be central to children and families policies. Positive parenting refers to parental behaviour that respects the rights of the child and children's best interests, nurtures, empowers, guides and recognises children as individuals in their own right. Positive parenting is not permissive, but sets the boundaries that children need to help them develop their potential to the full.<sup>cx</sup>

### Recommendation and proposed target

In Europe it is still possible to grow up in settings where non-violent upbringing is not the legal or social norm yet and where violence is an accepted way of disciplining children. Both the UN Committee on the Rights of the Child and the Committee of Ministers of the Council of Europe are strongly in favour of policies and services promoting positive parenting. Looking at the available evidence, positive parenting can be promoted by implementing hospital- based programmes to prevent abusive head trauma and specific (elements of) effective positive parenting and home visiting programmes. However, while the former are less common than the latter, in many countries in Europe these programmes are often only partially implemented. Moreover, while it is not known how many countries have implemented those specific programmes that are proven to work, practitioners have been shown to be somewhat reluctant of translating and implementing effective family interventions in non-English speaking countries.

**As such, we formulate the following recommendation on supporting positive parenting:**  
**Provide all families at risk of maltreatment with effective (elements of) parenting education, home-visiting and abusive-head trauma prevention programmes.**  
**The related target we propose is: In all EU member states evidence-based prevention programs reach at least 50% of families who are at risk of child maltreatment.**

### Recommendation 3:

Annual vetting & screening: Introduce vetting procedures for all professionals and volunteers working with children and annually screen them for criminal offenses that could put children at risk of any type of violence.

### What works

In Europe it is still possible to grow up in settings where non-violent upbringing is not the legal or social norm yet and where violence is an accepted way of disciplining children. By introducing vetting procedures and screening for all criminal offenses, professionals who form a potential violent threat to children can effectively be barred from working in child care centres and other settings like schools, foster care as well as residential and penal institutions. Vetting means that checks are performed on

professionals to ensure that they are suitable to work with children<sup>cxii</sup>. Positive vetting results can be followed by various sanctions, such as exclusion or the removal of the professionals from their jobs<sup>cxii</sup>.

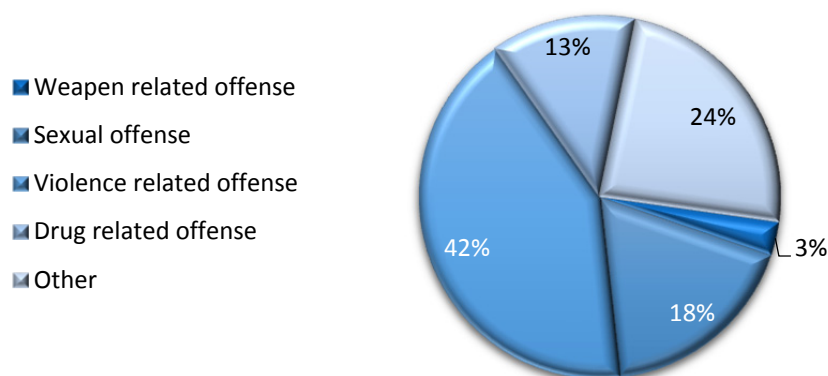
When implementing a vetting process, the following basic decisions have to be made:

- Targets: What are the institutions and positions to be vetted?
- Criteria: What misconduct is being screened for?
- Sanctions: What happens to positively vetted individuals?
- Design: What are the type, structure, and procedures of the vetting process?
- Scope: How many people are screened? How many people are sanctioned?
- Timing and Duration: When does vetting occur and how long does it last?
- Rationale: How is vetting justified? What are the reasons for vetting?
- Coherence: How does the vetting relate to other measures?<sup>cxiii</sup>

### Good practice

In The Netherlands, introducing continuous vetting in child care has been very successful. In this country, childcare workers are screened for criminal offences on a continuous basis. In the event of a criminal offence, the supervisory body will notify the employers and the employee will have to apply for a new so-called Certificate of Good Conduct. Failure to obtain this new certificate is ground for dismissal.

**Nature of the crimes committed by the 93 people barred from child care as a result of screening on a continuous basis in The Netherlands in the period 1-03-2013 / 01-05-2014**  
Dienst Juris (2014). 9 Uit de praktijk. Eén jaar continue screening in de kindero



So far, in The Netherlands this so-called screening on a continuous basis resulted in barring 93 people from child care. Almost 75% of these barred individuals are people 18 years of age or older who reside with a child minder. 18% of the barring was shown to be related to a sexual offense, 42% was violence related. As of 2016, in The Netherlands continuous screening will also apply to trainees, temporary personnel, volunteers and parents working in the child care centres.<sup>cxiv</sup>

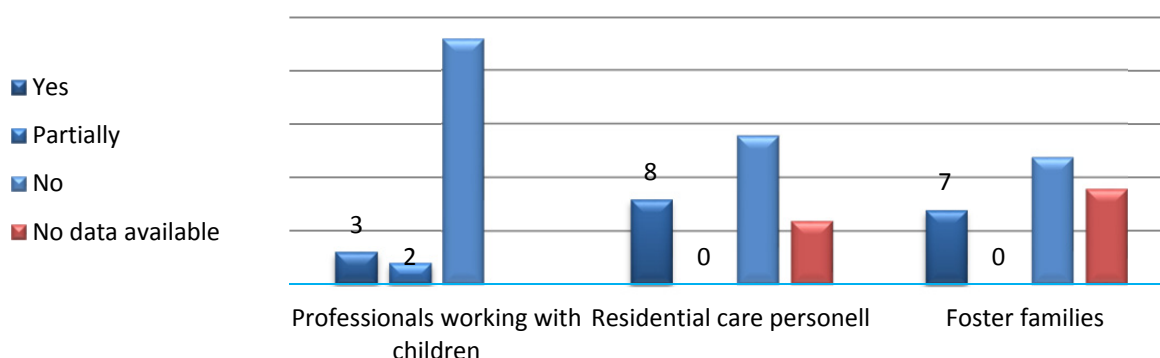
### The current status across the EU

Less than a third of all EU member states have provisions in place requiring the frequent vetting of various groups of professionals. More specifically, mainly based on the data from the Fundamental Rights Agency<sup>cxv</sup>, the current status regarding vetting across the EU can be described as follows:

<b>Targets:</b> What are the institutions and positions to be vetted?	Vetting procedures exist in most member states. However, these procedures often: <ul style="list-style-type: none"> <li>• only apply to a limited group of professionals, such as teachers or social workers;</li> <li>• do not cover all of those in direct and regular contact with children, such as assistants &amp; administrative staff.</li> </ul> No information was found on the vetting of volunteers.
<b>Criteria:</b> What misconduct is being screened for?	Vetting procedures at the minimum require the check of criminal records for acts of sexual abuse and sexual exploitation of children. Additional requirements include mental health and psychological reports in a few countries.
<b>Sanctions:</b> What happens to positively vetted individuals?	No EU wide data was found on this matter.
<b>Design:</b> What are the type, structure, and procedures of the vetting process?	In some EU member states, judicial authorities and/or the police provide specific certificates for persons who work with children. The responsibility for the implementation of existing provisions lies with the state or regional and municipal authorities. The obligation for vetting professionals very often lies with the service providers that should apply the existing provisions when recruiting staff.
<b>Scope:</b> How many people are screened? How many people are sanctioned?	The systematic monitoring of the implementation of vetting procedures is challenging given the plurality of service providers.
<b>Timing and Duration:</b> When does vetting occur and how long does it last?	Following initial checks, the frequency of reviews varies significantly across EU member states. This also applies to the vetting of foster families & residential care personnel. In some countries, there are no particular provisions on frequency of reviews and monitoring. The following table shows the available data on frequent vetting of various groups of professionals.
<b>Rationale:</b> How is vetting justified? What are the reasons for vetting?	Vetting and related measures are often considered measures for preventing violence. <sup>cxvi cxvii</sup>
<b>Coherence:</b> How does the vetting relate to other measures?	Vetting provisions are often part of accreditation and licensing procedures. However, this is not always the case.



## Provisions requiring frequent vetting of various groups of professionals



Less than a third of all EU member states have provisions in place requiring the frequent vetting of various groups of professionals. More specifically, only 5 member states (partially) have vetting provisions in place for all professionals working with children<sup>cxxviii</sup>. 8 countries have such provisions for residential care personell<sup>cxxix</sup> and 7 for foster families<sup>cxx</sup>.

### Legal aspects

According to various international standards, EU Member States should already have a system of vetting in place:

The Committee of Ministers of the Council of Europe<sup>cxxi</sup> for instance recommended that a system should be put in place to vet fully those working in contact with children, in any capacity, that ensures an appropriate balance between the child's right to protection from violence and the individual's right to a good name. Furthermore, according to Lanzarote Convention of the Council of Europe, EU member states should establish a national database on persons convicted of violent offences against children<sup>cxxii</sup> and all institutions, services and facilities recruiting personnel to work for and with children should be afforded easy but appropriately controlled access to data on persons convicted of violent offences against children (article 7.2).

The EU member states that do not have a vetting system in place yet, need to do so in the near future. This results from the implementation of the obligations outlined in the convention of Lanzarote<sup>cxxiii</sup> (article 5.3) and the Directive<sup>cxxiv</sup> of the European Parliament and of the Council on combating the sexual abuse and sexual abuse of children (article 10). More specifically, member states need to have measures in place to ensure that a person who has been convicted of sexual related offences are prevented from working with children. Furthermore, when recruiting a person for professional or organised voluntary activities involving children, employers will be entitled to request information about the existence of criminal records (concerning sexual offences) or ensure disqualification from exercising activities involving direct and indirect contact with children.

### Recommendation and proposed target

In Europe it is still possible to grow up in settings where non-violent upbringing is not the legal or social norm yet and where violence is an accepted way of disciplining children. Data from The Netherlands show that by introducing vetting procedures and screening for all criminal offenses, professionals who form a potential violent threat to children can effectively be barred from working in child care. However,



many EU member states do not have a system of vetting of professionals in place. This conflicts with many international legal standards and the available research evidence on vetting and screening.

**This leads us to formulating the following recommendation regarding annual vetting & screening: Introduce vetting procedures for all professionals and volunteers working with children and annually screen them for all criminal offenses that could put children at risk of any type of violence.**

**The related target we propose is: All European children can be sure that all professionals and volunteers working with them in at least child care, schools and health services have never been convicted of any criminal offence that could put them at risk of any type of violence.**

## Recommendations for issue 2

### Issue 2:

Most child maltreatment goes undetected and unreported.

#### Solutions proven to work:

- Across Europe, child helplines that offer free and confidential support reach millions of children who are affected by violence and abuse.
- Mandating identification and reporting procedures can at least double the screening and reporting rates of hospitals within a period of five years.
- Promising detection strategies are based on serious parental risk factors (like severe addictions, suicide attempts and intimate partner violence) or their adverse life experiences (ACEs).
- By using information technology it is possible to effectively train large numbers of professionals in the identification and reporting of child maltreatment in a short period of time.

#### The current status across the EU:

- While widely available, national child-focussed telecommunications services including child help lines are vulnerable. Moreover, the available data do not show if these services are accessible and well-publicised in all EU member states.
- Mandatory reporting for (some) professionals exists in almost all EU member states.
- The implementation of methods designed to identify child maltreatment is less common across the EU.
- It is not known which criteria are included in these identification methods.
- Generally speaking, mandatory training of professionals is available in half of all EU member states at the most. However, per profession, the number of countries with mandatory training varies.
- No information was found on if and how many professionals are actually trained in identifying child maltreatment and the related identification and reporting procedures in the EU member states.

#### Legal aspects:

- International standards call for child-friendly accessible and well-publicised help lines and other national telecommunications services that offer free, confidential support.
- Various international standards also require all EU member states to develop effective reporting and referral mechanisms.
- International standards are clear on the need to train (specific groups of) professionals, among others in the identification of violence.

#### Recommendations:

##### 4 Child help lines:

Secure permanent government funding for accessible and well- publicised child friendly help lines.

##### 5 Identification & reporting:

Introduce mandatory identification methods & reporting obligations that have proven to be effective for all professionals working with children and their parents.

##### 6 Mandatory training:

Provide training to all professionals working with children in identifying child maltreatment and act according to the country's identification and reporting procedures.

#### Proposed targets:

- IV All children in all EU member states can reach a toll-free child help line with their concerns about child maltreatment.
- V At least 50% of all hospitals in all EU member states screen parents and injured children for major risk factors for child maltreatment.

- VI All children in all EU member states can be ensured that at least 75% of professionals working with them in child care, schools and health services including emergency rooms are equipped with the knowledge and skills necessary for identifying child maltreatment and to act according to the country's reporting laws.

#### Recommendation 4:

Child help lines:

Secure permanent government funding for accessible and well- publicised child friendly help lines.

#### What works

Most child maltreatment goes undetected and unreported. Across Europe, child helplines offering free, confidential support reach millions of children who are affected by violence and abuse. While it is difficult to assess the long-term effect of these helplines on outcomes for children because of the lack of follow-up for most callers<sup>cxxv</sup>, they meet a great demand- especially in times of austerity.

More specifically, abuse, violence and neglect within and outside the family, was the second most common reason for children to contact child helplines in Europe during the 2003-2013 period. During that time, more than 3 million contacts were received from children affected by these issues<sup>cxxvi</sup>.

Child helplines are especially important during these times of economic austerity. An analysis of Dutch data on child help-seeking behaviour via a telephone and Internet helpline namely demonstrates that as unemployment increases:

- the number of calls to the helpline rises;
- the share of conversations about violence is higher<sup>cxxvii</sup>.

Child helplines should be widely accessible to all children. This is not the case as yet<sup>cxxviii</sup>. For example, few children younger than 10 years use these helplines<sup>cxxix</sup>. Furthermore, because of insufficient capacity demand often exceeds supply with not all calls being answered<sup>cxxx</sup>.

#### Good practice

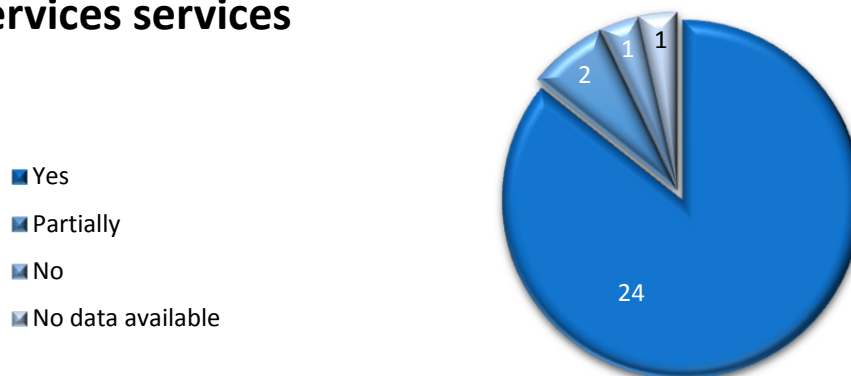


Children and young people are quick to adopt new forms of communication and child helplines have to adopt as well<sup>cxxxi</sup>. In Sweden, Children's Rights in Society (BRIS) for example has a email service and a chat alongside its support helpline<sup>cxxxii</sup>. Moreover, in 2015 this non-profit developed the Abused Emojis app. This app –with the emojis shown here- is a hands-on tool for kids to speak out. It makes it easier for them to talk if they have been hurt, mistreated or feel sad<sup>cxxxiii</sup>.

#### The current status across the EU

Currently, national child-focused telecommunications services (including webbased services) for or on behalf of children, such as child help lines, are widely available across the EU. These services are fully implemented in 24 member states and partially in 2.<sup>cxxxiv</sup>

## National child focussed telecommunications services



These national child focussed telecommunication services also seem vulnerable though. According to a report from the European Child Safety Alliance “many countries noted that these services are the role of civil society, and while some organisations running these services receive government funding, others are dependent on private donations and grants” (p. 32) <sup>cxxxv</sup>.

Moreover, the available data do not show if these services are accessible and well- publicised in all EU member states.

### Legal status

International standard call for child-friendly, accessible and well-publicised help lines and other national telecommunications services that offer free, confidential support.

For instance, according to the Lanzarote convention and a fairly similar article in the Istanbul convention “Each Party shall take the necessary legislative or other measures to encourage and support the setting up of information services, such as telephone or Internet helplines, to provide advice to callers, even confidentially or with due regard for their anonymity.” <sup>icxxxvi cxxxvii</sup>

Moreover, according to the Guidelines on integrated national strategies for the protection of children from violence from the Committee of Ministers of the Council, an independent, confidential, well-advertised, easy to memorise, toll-free telephone help line should be made available for children to seek confidential and professional counseling and to report violence <sup>cxxxviii</sup>.

To be truly effective, the reporting mechanism should be child-friendly and part of a broader system comprising reporting, referral and support services. Such a system should respect the rights of the child and offer children (and, where appropriate, their families) the necessary protection, including the protection of their privacy, without undue delay <sup>cxxxix</sup>.

The UN Committee on the Rights for the Child pleas for similar, but more extensive services. In General Comment 13, it strongly recommends that all countries develop safe, well-publicised, confidential and accessible support mechanisms for children, representatives and others to report violence against children, including through the use of 24-hour toll-free hotlines and other ICTs. <sup>cxl</sup>

### Recommendation and proposed target

Most child maltreatment goes undetected and unreported. International standard call for child-friendly accessible and well-publicised help lines and other child-focused national telecommunications services that offer free, confidential support. These services also meet a great need and are widely available across Europe. However, the available data do not show if these services are accessible and well-

publicised in all EU member states. Moreover, these services are vulnerable as they are often provided by civil society and because they need to be able to adapt to new forms of communication of children.

**We therefore formulate the following recommendation regarding child help lines: Secure permanent government funding for accessible and well- publicised child friendly help lines. The related target we propose is: All children in all EU member states can reach a toll-free child help line with their concerns about child maltreatment.**

#### Recommendation 5:

Introduce mandatory identification methods & reporting obligations that have proven to be effective for all professionals working with children and their parents.

#### What works

Most child maltreatment goes undetected and unreported. Mandating identification and reporting procedures for professionals working with children and their parents can at least double the screening and reporting rates of hospitals in a period of five years.

Generally speaking, introducing high quality identification and reporting procedures can help tackle the problem that most child maltreatment goes undetected and unreported. Screening and assessment questionnaires that directly question children and parents about maltreatment might improve recognition according to an article in *The Lancet*<sup>cxli</sup>, although subsequent interventions need to be in place. Worldwide, much progress has been made in developing screening instruments in emergency departments and paediatric wards to help professionals decide whether a child injury seems to be accidental or inflicted. Promising examples include screening protocols of adults for medical staff based on parental risk-factors<sup>cxlii</sup> or their ACEs (adverse childhood experiences)<sup>cxliii</sup>. Other promising strategies for detecting maltreatment for instance include evidence-based guidelines and training of professionals in the recognition of abuse<sup>cxliv</sup> and mandatory reporting<sup>cxlv</sup>.

Mandatory reporting has a positive effect on children and communities, including better case identification. For instance, data from the US and Australia show that mandatory reporting laws at least initially resulted in 3-4 times as many reports. Of these reports, a considerable number resulted in substantiated cases.

The need for mandatory reporting does need to be adapted to the needs and circumstances of each society<sup>cxlvi</sup>. Research namely shows that while globally, dozens of countries have enacted mandatory reporting laws in various forms<sup>cxlvii</sup> or are currently considering such legislation<sup>cxlviii</sup>, introducing mandatory reporting remains controversial. For instance, even countries where mandatory reporting legislation does exist, debates continue about its use and effect.<sup>cxlix</sup>

#### Good practice

In The Netherlands, an identification and reporting procedure was introduced a few years ago. Here, the Mandatory Reporting Protocol came into force in July 2013<sup>cl</sup>. The related legislation required organisations and independent professionals working with families, children or adults to implement a reporting protocol and to act according to it<sup>cli</sup>. It also requires these organisations to equip their staff with the necessary knowledge and skills regarding the use of their reporting protocol.

The steps of this protocol make it clear to professionals:

- what is expected of them when they identify signs of child abuse or domestic abuse;
- and how -given their duty of confidentiality- they can reach a sound decision on whether to file a report<sup>clii</sup>.

By law professionals in The Netherlands who are working with adults with serious problems- such as severe addiction, suicide attempts, intimate partner violence- also have to check the presence of children in the household. If following this so-called child check (Kindcheck in Dutch), children are present and professionals have doubts about their safety, they also have to follow a reporting code<sup>cliii</sup>. This instrument is based on the so-called The Hague Protocol.

This protocol was implemented in a region surrounding the city of the Hague in 2007. Subsequently, it has been introduced in a large number of hospitals in the Netherlands. It aims to stop child abuse and offer voluntary community based support.

According to research,

- after the introduction of the protocol the number of referrals for child abuse made by emergency departments increased from approximately 1 per 100,000 emergency department attendances to almost 64 per 100,000 attendances.
- child abuse was confirmed in the great majority (91%) of the referred cases.
- of all reported children, 73% were previously unknown.<sup>cliv</sup>
- factors facilitating successful implementation of this protocol include training and working with an implementation coach.<sup>clv</sup>

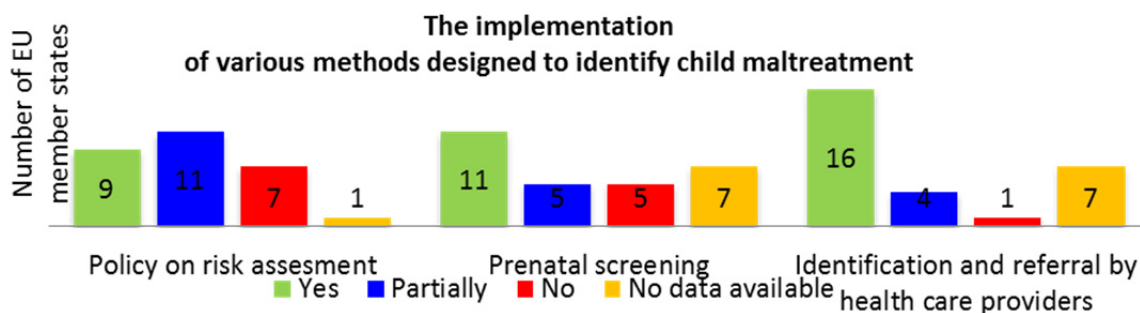
Generally speaking in the period 2007-2012, the reporting rates of Dutch hospitals more than doubled. In the same period, the requests for advice from the reporting centres increased by around 500 per year.<sup>clvi</sup>

### The current status across the EU

Briefly summarised, across the EU, mandatory reporting for (some) professionals exists in almost all EU member states. In contrast, the implementation of methods designed to identify child maltreatment is less common across the EU. It is not known which criteria are included in these identification methods.

Looking at the current status across the EU regarding identification and reporting in more detail, we notice that mandatory reporting exists for (some) professionals in more than 85%(24) of all EU member states<sup>clvii</sup>. According to data from the Fundamental Rights Agency<sup>clviii</sup>, in the majority of them, the reporting obligations are in place for *all* professionals. In contrast, only in some countries do the existing obligations address *certain professional groups*, such as social workers or teachers<sup>clix</sup>. However, it is not known in how many EU member states identification of child maltreatment is mandatory for professionals working with children.

It is also not known which criteria are included in the existing identification procedures. We do know that various methods designed to identify child maltreatment are implemented (at least partially) in more than half of all member states.



More specifically:

- Almost three out of four EU member states (20 in total) have (at least partially) implemented a *policy on risk assessment of suspected cases*. Such policies provide guidance on issues such as assessing risks for siblings in case of serious maltreatment and the use of background risk factors to determine children at risk of maltreatment by their parents or care givers. In practice, in more than half of the EU member states these policies are only partially implemented.<sup>clx</sup>
- Slightly more than half of all EU member states (16 in total) have *prenatal screening for child maltreatment and intimate partner violence risk* in place. However, in around a third of these countries such screening is only partially implemented.
- *Identification and referral for victims of child maltreatment by health care providers* is implemented at least partially in almost three out of four EU member states (20 in total). Only 4 countries have partially implemented this measure.

### Legal status

According to the UN Committee on the Rights of the Child, identification includes identifying risk factors for particular individuals or groups of children and caregivers (in order to trigger targeted prevention initiatives) and identifying signs of actual maltreatment (in order to trigger appropriate intervention as early as possible). Children must be provided with as many opportunities as possible to signal emerging problems before they reach a state of crisis, and for adults to recognise and act on such problems even if the child does not explicitly ask for help.<sup>clxi</sup>

When it comes to reporting, various international legal standards require all EU member states to develop effective reporting and referral mechanisms.<sup>clxii</sup> Member states that do not have such procedures in place yet, are obliged to do so in the near future. This follows their obligations resulting from the implementation of:

- the Convention of Lanzarote<sup>clxiii</sup> (article 12)
- the Directive of the European Parliament and the Council on combating the sexual abuse and sexual exploitation of children (article 16)<sup>clxiv</sup>.

Moreover, mandatory reporting is also recommended by various international bodies, including the Committee of Ministers of the Council of Europe and the UN Committee on the Rights of the Child. For instance, according to recommendation of the Committee of Ministers of the Council of Europe reporting of violence should be mandatory for all professionals working for and with children, including those in organisations and private entities performing tasks on behalf of the state.<sup>clxv</sup> In addition, according to the UN Committee on the Rights for the Child the reporting of instances, suspicion or risk of violence should, at a minimum, be required by professionals working directly with children in every country.<sup>clxvi</sup>

According to various relevant legal documents, a country's confidentiality rules cannot be an obstacle for reporting by professionals<sup>clxvii</sup>. States should take the necessary legislative or other measures to ensure that the confidentiality rules imposed by internal law on certain professionals called upon to work in contact with children do not constitute an obstacle to the possibility, for those professionals, of their reporting to the services responsible for child protection any situation where they have reasonable grounds for believing that a child is the victim of sexual exploitation, sexual abuse<sup>clxviii</sup> and serious acts of violence<sup>clxx</sup>.

### Recommendation and proposed target

Most child maltreatment goes undetected and unreported. Identification and reporting procedures are proven to be effective. Moreover, as required by various international legal standards, mandatory reporting for (some) professionals is implemented in almost all EU member states. The implementation of methods designed to identify child maltreatment is less common across the EU. It is not known which criteria are included in these identification methods. Research however shows that promising detection



strategies are based on serious parental risk factors (like severe addictions, suicide attempts and intimate partner violence) or their ACEs.

**On basis of this we formulate the following recommendation regarding reporting and identification: Introduce mandatory identification methods & reporting obligations that have proven to be effective for all professionals working with children and their parents. The related target we propose is: At least 50% of all hospitals in all EU member states screen parents and injured children for major risk factors for child maltreatment.**

### Recommendation 6:

Mandatory training: Provide training to all professionals working with children in identifying child maltreatment and act according to the country's identification and reporting procedures.

### What works

Most child maltreatment goes undetected and unreported. Training of professionals significantly contributes to better identification and reporting of child maltreatment.

More specifically, training professionals in the identification and reporting of child maltreatment is crucial, because:

- The often identified lack of systematic training<sup>clxxi clxxii</sup>
- and the resulting effects: failure to report, unnecessary reporting<sup>clxxiii clxxiv</sup> as well as poor decisions, that negatively affect the protection of children<sup>clxxv</sup>.

According to the reviewed literature professionals should receive training at multiple points during their career, including preservice and in-service training<sup>clxxvi clxxvii</sup>.

While it is unclear what components and mechanisms of training are most likely to work best for different reporter groups<sup>clxxviii</sup>, the reviewed evidence suggests that professionals should be trained in:

- the meaning of reasonable suspicion and reasonable cause to suspect;<sup>clxxix</sup>
- how to discuss concerns about child abuse and the need to report suspected abuse with caregivers<sup>clxxx</sup>;
- the growing body of research on child development which demonstrates the consequences of maltreatment for children's mental and physical health, learning and education, socialization and life chances<sup>clxxxi</sup>;
- key signs and symptoms to look for in children, young people and in parents that indicate the likelihood of maltreatment<sup>clxxxii</sup>;
- the damage that can occur through not taking action, or through delaying decisions about intervention<sup>clxxxiii</sup>;
- what steps to take as a professional, whether alone or in conjunction with others.<sup>clxxxiv</sup>

### Good practice

Experience from The Netherlands shows that by using information technology it is possible to effectively and successfully train large numbers of professionals in the identification and reporting of child maltreatment in a short period of time. In this country, the Augeo Foundation has trained various groups; over 160.000 professionals in health and (pre)education are trained with an online learning program. This also includes nurses in the emergency department. With an investment of two hour e-learning, their performance in a simulated case regarding the recognition of child abuse was measurably improved.<sup>clxxxv</sup>

Augeo also successfully trained over 20.000 primary school teachers on the earlier mentioned Dutch reporting code. This course was developed as professionals in this sector felt insufficiently equipped to act according to the country's reporting code and detect child maltreatment. In this course, they learned



the necessary knowledge, skills and attitudes for acting professionally when suspecting child maltreatment. A recently completed research project among a sample of these teachers showed a marked increase in their self-efficacy.

Specifically, they reported a significant increase in their knowledge about the types, signs and the prevalence of child abuse. Upon completion of the e-learning course, they also reported having more knowledge about identifying child abuse, sharing information with key partners and the steps of the reporting code. Furthermore, the trained teachers noted a strong improvement in their skills, including those necessary for identifying signs of child abuse and for communicating about it. More specifically, after taking the course 90% of the teachers felt better equipped to detect these signs and to take the necessary actions.<sup>clxxxvi clxxxvii</sup> These significant improvements turned out to be still in place six months after the online course was completed.

### **The current status across the EU**

No information was found on if and how many professionals are actually trained in identifying child maltreatment and the related identification and reporting procedures in the EU member states. Briefly summarised, the available evidence does show that mandatory training of professionals is available in half of all EU member states at the most. However, the number of countries with mandatory training varies per profession:

- A little more than a third of all EU member states have mandatory training for professionals and personnel working in child protection services<sup>clxxxviii</sup>.
- In at least half of all EU member states, (mandatory) training is available for professionals who work for and with children involved in criminal proceedings at some point during their career<sup>clxxxix</sup>.
- In more than half of all EU member states, at some point during their career there is training for professionals who work for and with children involved in civil and administrative proceedings regarding the placement in care<sup>cxc</sup>.

Looking at these different groups of professionals in greater detail, the available data on *professionals and personnel working in child protection services* seem to show that a little more than a third of all EU member states have training requirements in place for them<sup>cxc</sup>. More specifically:

- 5 EU member states have certification procedures for social workers, which includes training requirements. In these countries, certified social workers are required to complete a required number of training hours in within a given timeline that ranges between one and three years.
- 5 EU member states have no certification or accreditation procedures for social workers, but do have training requirements for specific child protection personnel. These requirements are linked to specific jobs, such as child carers, child protection workers, family assistants, guardians and social assistants.

cxcii



In contrast:

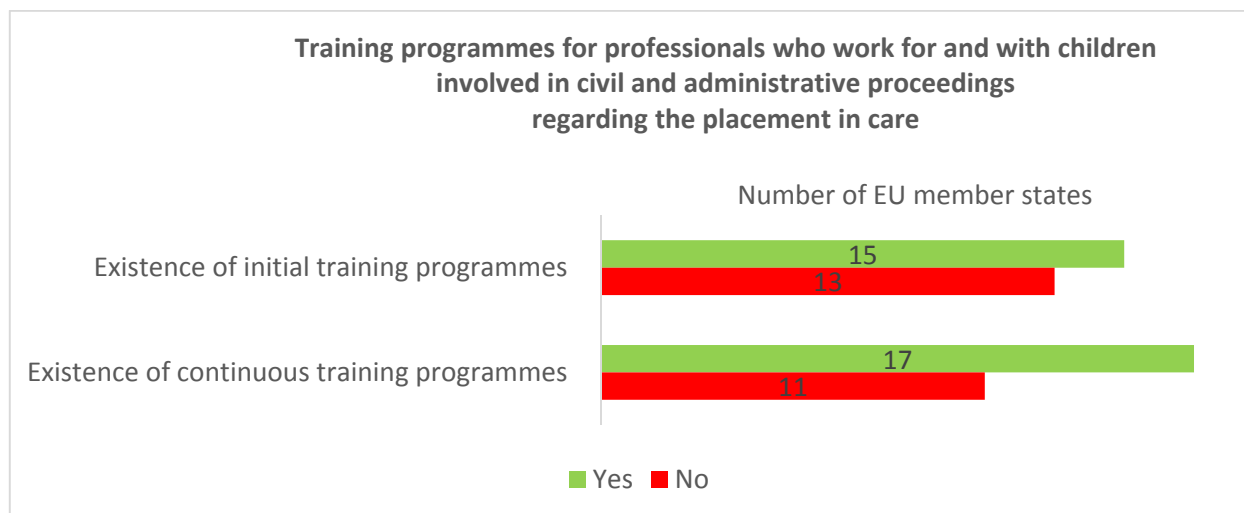
- 5 EU member states do not have certification, accreditation or training requirements for social workers.
- 9 EU member states do not have training requirements, but here a type of accreditation procedure is in place.<sup>cxciii</sup>

When it comes to professionals who work for and with children involved in criminal proceedings, (mandatory) training is available for these professionals (judges, police, public prosecutors and/or lawyers) in at least half of all EU member states at some point during their career.



More specifically:

- In more than half of all EU member states (16 in total) training is a prerequisite for all professionals working in criminal proceedings for taking up a post where contact with children is likely. In the vast majority of these countries (12 in total), such training is mandatory.
- Initial as well as continuous training programmes for these professionals are available in around two of three member states (20, respectively 19 countries). Again, in most countries such training is mandatory<sup>cxciv</sup>.



In more than half all EU member states, at some point during their career, (mandatory) training is available for professionals who work for and with children involved in civil and administrative proceedings regarding placement in care. Continuous training programmes are more common for this group of professionals than initial training programmes.<sup>cxcv</sup>

### Legal aspects

International standards are clear on the need to train (specific groups of) professionals, among others in the identification of violence.

According to the Committee of Ministers of the Council of Europe, education on the rights of the child and the knowledge and understanding of authorities to whom violence can be reported are two essential conditions enabling wider reporting of violence by both children and adults.<sup>cxcvi</sup> Moreover, the UN Committee on the Rights for the Child expresses that “All who come in contact with children need to be aware of risk factors and indicators of all forms of violence, received guidance on how to interpret such indicators, and have the necessary knowledge, willingness and ability to take appropriate action”.<sup>cxcvii</sup> Furthermore, “All States Parties have to ensure that all persons who, within the context of their work, are responsible for the prevention of, protection from, and reaction to violence and in the justice systems are addressing the needs and respecting the rights of children”.<sup>cxcviii cxcix</sup>

When it comes to specific target groups:

- States have to take the necessary legislative or other measures to encourage awareness of the protection and rights of children among persons who have regular contacts with children in the education, health, social protection, judicial and law-enforcement sectors and in areas relating to sport, culture and leisure activities. Furthermore, they have to take the necessary legislative or other measures to ensure that these persons have an adequate knowledge of sexual exploitation and sexual abuse of children, of the means to identify them and of the possibility to report suspicion.<sup>cc cci</sup>
- States are also obliged to ensure that any officials involved in criminal proceedings who are likely to come into personal contact with victims should be able to access and receive appropriate initial and ongoing training, to a level appropriate to their contact with victims, so that they are able to identify

victims and their needs and deal with them in a respectful, sensitive, professional and non-discriminatory manner.<sup>ccii</sup> Member States should ensure such training for police services and court staff. Equally, training should be promoted for lawyers, prosecutors and judges and for practitioners who provide victim support or restorative justice services. This requirement should include training on the specific support services to which victims should be referred or specialist training where their work focuses on victims with specific needs and specific psychological training, as appropriate. Where relevant, such training should be gender sensitive.<sup>cciii</sup>

- State Parties also have to provide or strengthen appropriate training for the relevant professionals dealing with victims or perpetrators of violence against women and domestic violence, on the prevention and detection of such violence, equality between women and men, the needs and rights of victims, as well as on how to prevent secondary victimisation.<sup>cciv</sup>

### **Recommendation and proposed target**

Most child maltreatment goes undetected and unreported. Training of professionals significantly contributes to better identification and reporting of child maltreatment and it is possible to successfully train large numbers of professionals in these matters. Moreover, international standards are clear on the need to train (specific groups of) professionals, among others in the identification of violence. However, no information was found on if and how many professionals are actually trained in identifying child maltreatment and the related identification and reporting procedures in the EU member states. Evidence from the Netherlands does show that by using information technology it is possible to effectively train large numbers of professionals in the identification and reporting of child maltreatment in a short period of time.

**Generally speaking, mandatory training of professionals is available in half of all EU member states at the most. However, per profession the number of countries with mandatory training varies. As such, we have formulated the following recommendation regarding mandatory training: Provide training to all professionals working with children in identifying child maltreatment and act according to the country's identification and reporting procedures. The related target we propose is: All children in all EU member states can be ensured that at least 75% of professionals working with them in child care, schools and health services including emergency rooms are equipped with the knowledge and skills necessary for identifying child maltreatment and to act according to the country's reporting laws.**

## Recommendations for issue 3

### Issue 3:

For too many children violence is a chronic condition as it is not stopped, even when reported or substantiated.

#### Solutions proven to work:

- As protection orders are associated with a reduction in the risk of violence they can contribute to realising immediate child safety.
- All protection orders need to be complemented with the necessary follow-up support, in particular for children.
- When it comes to longer –term child safety planning, a promising interventions for minimizing or preventing recurrence of child maltreatment is drawing up a regularly reviewed child safety plan. Among others, such a plan outlines arrangements about restoring safety.

#### The current status across the EU:

- Generally speaking, most extrajudicial and judicial measures for realising immediate child safety are implemented in more than 75% of all EU member states. While extrajudicial measures are measures that are not ordered by court, judicial measures are court-ordered.
- The child friendly extrajudicial measure of evicting the perpetrator of violence from the home by the police is less common across the EU and so are protective measures issued by the court during enforcement procedures.
- No data were found on how many EU member states combine measures to realise immediate child safety with follow-up support for children or work with a regularly reviewed child safety plan.
- Many judicial and extrajudicial measures for longer term child safety planning for parents are not widely available in and across EU member states.
- No international comparative data were found on to what extent the available measures for immediate and longer term child safety planning actually ensure that repeated victimization of maltreated children does not take place.

#### Legal aspects:

- Various international standards call on EU member states to take measures to realise immediate child safety. This includes eviction of the perpetrator of violence as well as removal of the victim.
- Many international standards call on the implementation of support measures for the victims and the need to prevent re-victimization.
- The need for support to perpetrators of violence is mentioned in several international standards.
- In General Comment 13 on the right of the child to freedom from all forms of violence, the UNCRC is very clear on the need for review of the implemented measures and seems to be a strong proponent of a regularly reviewed child safety plan.

#### Recommendations:

##### 7 Realise immediate child safety:

Implement police ordered temporary eviction of the perpetrator of domestic violence and child maltreatment and ensure the necessary follow-up support for children.

##### 8 Longer term child safety planning:

Implement regularly reviewed child-centred safety plans as well as help for the parents.

#### Proposed target:

VII In all EU member states at least 70% of all children with substantiated reports of child maltreatment will not be subjected to revictimisation before turning 18.

### Recommendation 7:

Realise immediate child safety: Implement police ordered temporary eviction of the perpetrator of domestic violence and child maltreatment and ensure the necessary follow-up support for children.

#### What works

For too many children violence is a chronic condition as it is not stopped, even when reported or substantiated. Briefly summarised: As protection orders are associated with a reduction in the risk of violence, they can contribute to realising immediate child safety.

In order to prevent violence from becoming a chronic condition, various measures should be taken. Introducing mandatory reporting is only part of the solution<sup>ccv ccvi</sup>. This requires the implementation of other measures<sup>ccvii ccviii</sup>, including those aimed at preventing the recurrence of child maltreatment. Most importantly, it starts with measures directed at realising immediate child safety, such as issuing a protection order. This widely used legal intervention intends to reduce the risk of future harm by a person who is considered to be a threat to another person. These orders are associated with a reduction in the risk of violence toward the victim and as such can contribute to realising immediate child safety. However there are some factors to consider prior to implementing a protection order, such as the severity of violence before its placement and the potential for escalation of violence<sup>ccix</sup>.

#### Good practice

In Austria, the Protection Against Violence Act authorises the police to impose a barring order against an endangering person and to evict him/her from the domicile of the endangered person in case of refusal to leave. The underlying principle "whoever hits must leave" allows the endangered individual to remain in her/his familiar surroundings. If a child under 14 is affected by violence, the barring order may also include an institutional child care facility, school or school day care centre. The perpetrator must keep a distance of at least 50 metres from the relevant building and the police will inform the institution.

If prolonged protection against the endangered person is required, she/ he can apply for a court temporary injunction. Depending on the violent or endangering situation, this application can request the endangering person to:

- be banned from entering the apartment and its immediate neighbourhood for a defined period,
- be banned from contacting the endangered person or from staying in certain places (such as the children's kindergarten or school) for a defined period,
- refrain from any encroachments on the endangered person's privacy.

Children are also legally protected, whether they experience abuse directly or indirectly by witnessing violence against their mothers. In such cases the mother, as a legal representative, can apply for a temporary injunction. The Youth Office is also entitled to apply for a temporary injunction for the protection of the children to guarantee their right to stay in the home.<sup>ccx ccxi ccxii</sup>

The Austrian approach of police barring orders has been a model for at least 18 countries in Europe<sup>ccxiii</sup>. A fairly similar approach has for example been introduced in The Netherlands. There, the Temporary Restraining Order Act came into force on 1 January 2009. This act allows mayors to impose a ten-day restraining order (which may be extended to 28 days) on a (potential) perpetrator of domestic violence and in case of (the suspicion of ) maltreatment of its children.<sup>ccxiv ccxv</sup> This order prohibits the (potential) perpetrator from entering their own house and contacting their partner and/or children. During the restraining order, all people involved (the evicted person, those who stay behind and children) are offered a range of support and intervention measures.<sup>ccxvi</sup> In case of (a suspicion of) child maltreatment, the police will first consult the reporting centres domestic violence and child abuse. These centres will also contact the person who received a temporary restraining order/ the family to offer help.<sup>ccxvii</sup>

The Dutch Temporary Restraining Order Act is shown that to have positive impact on children. However, it also shows that all protection orders need to be complemented with the necessary follow-up support, in particular for children.

- Only in two thirds of the situations involving children, assistance offered to children could be traced<sup>ccxviii</sup>.
- In these cases practically all parents did accept the offered assistance<sup>ccxix</sup>.
- Adequate assistance is frequently lacking, in particular for children<sup>ccxx</sup>.
- The restraining order is associated with less incidence of domestic new domestic violence<sup>ccxxi</sup>.
- The restraining order is often issued in relation to children and child maltreatment: 70 % of the restraining orders are imposed in families with children and in 53% of the restraining orders child abuse has been established<sup>ccxxii</sup>.
- Due to the (legal) definition used, it is not always possible to impose a restraining order in child abuse situation<sup>ccxxiii</sup>.
- As the following table shows, not all those involved in the restraining order -in particularly children- receive an offer for follow-up support, accept this offer, start it and complete it sufficiently:

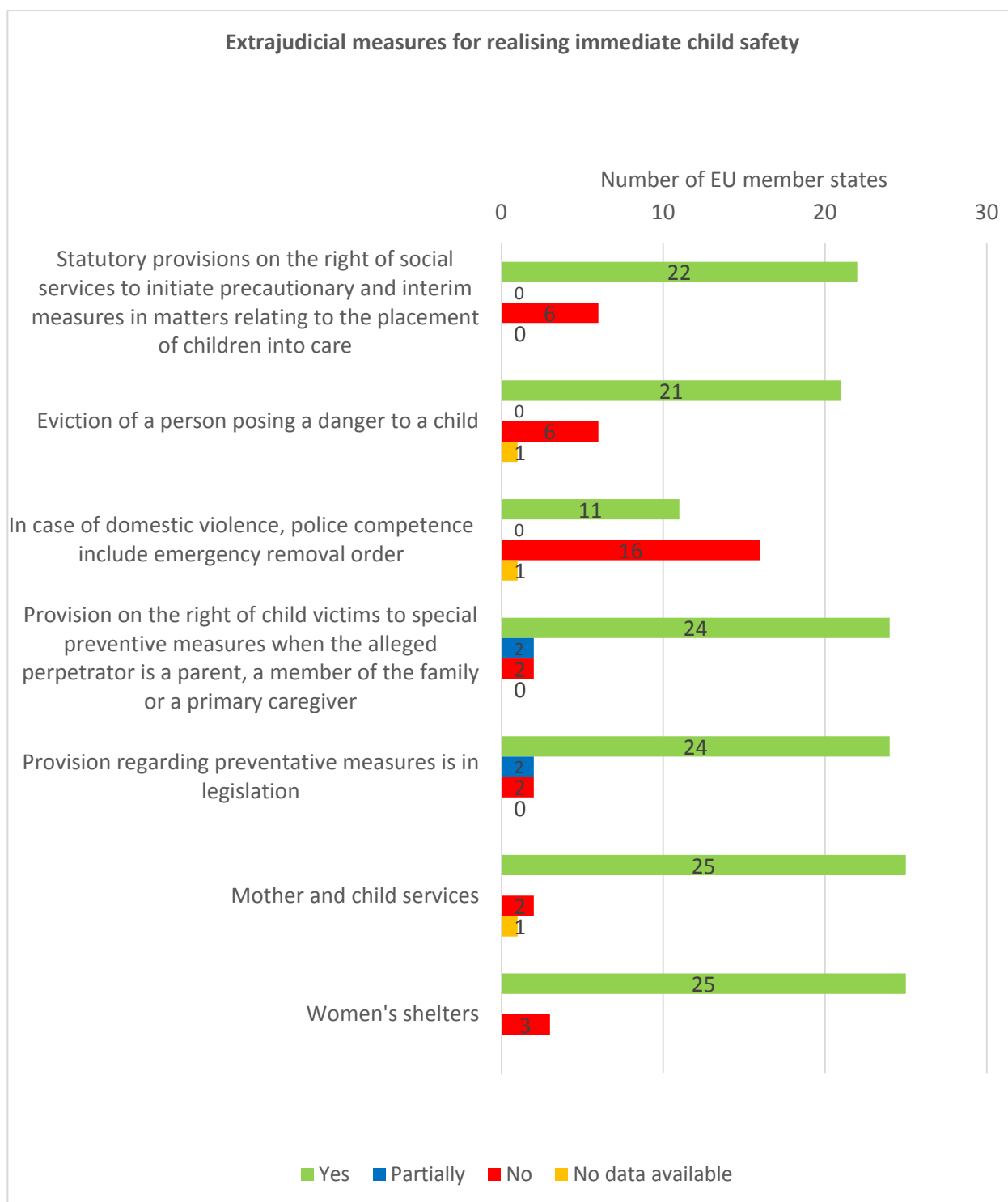
People involved	Received offer	Accepted offer	Started follow-up support	Sufficiently completed programme
Evicted persons (n=105)	90 (86%)	67 (64%)	60 (57%)	38 (36%)
Those who stayed behind (n=129)	104 (81%)	89 (67%)	81 (63%)	58 (45%)
Children (n=168)	115 (68%)	78 (46%)	74 (44%)	n.b.

Zooming in on the help for children, research shows that they:

- are offered support on behalf of the entire family in the form of parenting support,
- are relatively often 'included' in the programme offered to their parents,
- receive various types of support specifically aimed at children who are a victim or witness of domestic violence<sup>ccxxiv</sup>.

### The current status across the EU

When it comes to various extrajudicial measures for realising immediate child safety, the most child-friendly measure of evicting the perpetrator of violence is least widely implemented across the EU.



More specifically, extrajudicial measures are all measures that are not ordered by court. Of all possible extrajudicial measures for realising immediate child safety, emergency removal order by the police in case of domestic violence or eviction of a person posing a danger to a child<sup>ccxxv ccxxvi</sup> -are available in less than three out of all EU member states.

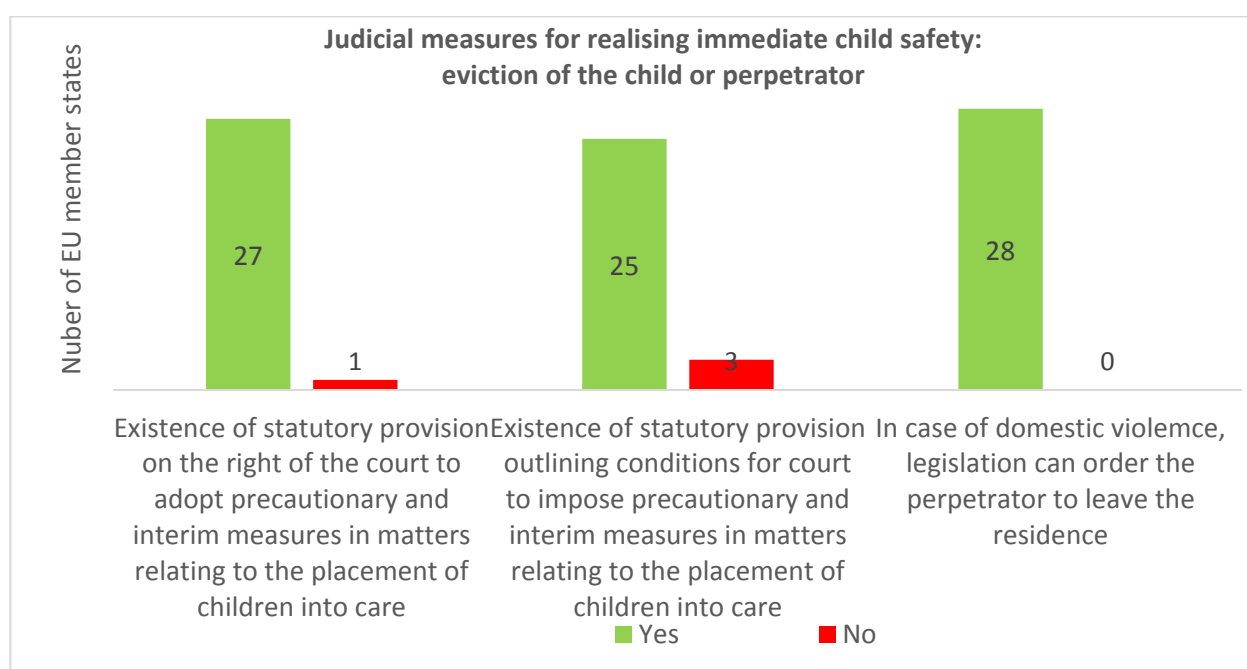
Other measures are more widely implemented across the EU, such as:

- various measures directed at the removal of the child itself, like social services initiated precautionary and interim measures<sup>ccxxvii ccxxviii ccxxix</sup>,
- temporary or crisis accommodation services for child victims of domestic violence, such as mother and child services or women's shelters<sup>ccxxx ccxxxi</sup>.



No international comparative data were found on to what extent these extrajudicial measures for realising immediate child safety actually ensure that repeated victimization of maltreated children does not take place. The same goes for so-called judicial measures— measures that were ordered by court.

When it comes to judicial measures for realising immediate child safety, court ordered evictions of the perpetrator of violence from the home is available in all EU member states<sup>ccxxxii ccxxxiii ccxxxiv</sup>. In contrast, court adopted and imposed precautionary and interim measures in matters related to the placement of children in care are slightly less widely available<sup>ccxxxv ccxxxvi</sup>. This includes measures like removing the child from the care of his/her parents to prevent harm to the child.



In cases where the safety of the child is in danger, the law may also ensure that courts may impose protective measures during court or enforcement procedures, also following a complaint from a child, another family member or a member of the community alleging abuse or neglect in the family. During both types of procedures, the court can for instance impose non-contact orders, restraining orders, temporary award of alimony or temporary child custody, such as foster care or guardianship.

In practice, across EU member states, it is more common for courts to impose protective measures in the area of the placement in care during court procedures than during enforcement procedures. This is also the case in situations following complaints about child maltreatment. More specifically, whereas protective measure are available during court procedures in 25 EU member states, they can be offered during enforcement procedures in at least 17<sup>ccxxxvii ccxxxviii</sup>.

No data were found on how many EU member states combine measures to realise immediate child safety with follow-up support with children.

### Legal aspects

Various international standards call on EU member states to take measures to realise immediate child safety. This not only includes eviction of the perpetrator of violence, but also removal of the victim. Moreover, many of these documents also call on the implementation of support measures for the victims and the need to prevent re-victimization.

For instance, according to the so-called Victims' directive all EU Member states should already have (or need do so in the near future) measures available to protect the safety and dignity of victims and their

family members from secondary and repeat victimisation, from intimidation and from retaliation, such as interim injunctions or protection or restraining orders.<sup>ccxxxix</sup>

Moreover, according to the UN Committee on the Rights of the Child, “treatment” is one of the many services needed to “promote physical and psychological recovery and social reintegration” for children who have experienced violence, and must take place “in an environment which fosters the health, self-respect and dignity of the child” (art. 39). In this respect attention must be given to: (a) inviting and giving due weight to the child’s views; (b) the safety of the child; (c) the possible need for her or his immediate safe placement; and (d) the predictable influences of potential interventions on the child’s long-term well-being, health and development. Medical, mental health, social and legal services and support may be required for children upon identification of abuse, as well as longer-term follow-up services.<sup>ccxi</sup>

For parties of the Lanzarote convention, when the parents or persons who have care of the child are involved in his or her sexual exploitation or sexual abuse, the intervention procedures taken shall include:

- the possibility of removing the alleged perpetrator;
- the possibility of removing the victim from his or her family environment. The conditions and duration of such removal shall be determined in accordance with the best interests of the child<sup>ccxli</sup>.

At last, the following types of necessary measures are mentioned in the Istanbul convention:

- Orders for the perpetrator of domestic violence to vacate the residence of the victim and to prohibit the perpetrator from entering the residence of or contacting the victim or person at risk.<sup>ccxlii</sup>
- Appropriate restraining or protection orders<sup>ccxliii</sup>.
- The necessary legislative or other measures to ensure that, in the determination of custody and visitation rights of children, incidents of violence against women and domestic violence are taken into account.<sup>ccxliv</sup>
- The necessary legislative or other measures to ensure that the exercise of any visitation or custody rights does not jeopardise the rights and safety of the victim or children<sup>ccxlv</sup>.
- Other measures in relation to perpetrators, such as monitoring or supervision of convicted persons; and withdrawal of parental rights, if the best interests of the child, which may include the safety of the victim, cannot be guaranteed in any other way.<sup>ccxlvi</sup>
- An assessment of the lethality risk, the seriousness of the situation and the risk of repeated violence by all relevant authorities in order to manage the risk and if necessary to provide co-ordinated safety and support.<sup>ccxlvii</sup>

### **Recommendation and proposed target**

For too many children violence is a chronic condition as it is not stopped, even when reported or substantiated. While protection orders are associated with a reduction in the risk of violence, they are not always complemented with the necessary follow-up support, in particularly not for children. International standards call on both types of measures. This includes measures to realise immediate child safety such as evicting the perpetrator of violence, removal of the victim as well support measures for victims. In practice, across the EU removing the perpetrator of violence from the home is the least common extrajudicial (not court imposed) measure. No data were found on how many EU member states combine measures to realise immediate child safety with follow-up support for children.

**As such, we have formulated the following recommendation regarding immediate child safety: Realise immediate child safety: Implement police ordered temporary eviction of the perpetrator of domestic violence and child maltreatment and ensure the necessary follow-up support for children.**

**The related target we propose is – also in relation to the following recommendation: In all EU member states at least 70% of all children with substantiated reports of child maltreatment will not be subjected to revictimisation before turning 18.**

### Recommendation 8:

Longer term child safety planning: Implement regularly reviewed child-centred safety plans as well as help for parents.

#### What works

For too many children violence is a chronic condition as it is not stopped, even when reported or substantiated. Briefly summarised, drawing up a regularly reviewed child safety plan is a promising approach for longer term child safety planning. Implementation of the Signs of Safety approach that works with such a plan is namely linked to lower rates of child maltreatment re-referral.

Generally speaking, after realising immediate child safety, longer term child safety planning should be on the agenda. There are a number of specific interventions appear effective in changing parental abusive behaviour:

- group training in parenting skills;
- cognitive behavioural therapy training for parental stress or anger management;
- individual parent-child treatment in the form of Parent-Child Interaction Therapy<sup>cclxlviii</sup>.

While the latter intervention has also shown benefits in preventing the recurrence of child physical abuse, no interventions have been shown effective in preventing the recidivism of neglect<sup>ccxlix</sup>. However, there are several promising services and interventions for minimising or preventing recurrence of child maltreatment. This includes interventions at multiple levels: thus interventions not only at the caregiver, but also at the child and family. Promising approaches -primarily aimed at parents- include:

- early Intervention<sup>ccl</sup>
- voluntary services for unsubstantiated cases<sup>ccli</sup>
- substance abuse treatment<sup>cclii</sup>
- parental therapeutic Intervention<sup>ccliii</sup>
- intensive family preservation programmes that adhere closely to the so-called Homebuilders® model<sup>ccliv</sup>
- careful, thorough, and sustained implementation of Signs of Safety<sup>cclv</sup>

Part of the Signs of the Safety approach is a regularly reviewed child safety plan. This model to child protection casework has already been partially implemented in various European countries, such as Denmark, Finland, the Netherlands, Sweden and the UK<sup>cclvi</sup>. Careful, thorough, and sustained implementation of this model is linked to lower rates of child maltreatment re-referral<sup>cclvii</sup>.

Based on the principle of this model and evidence-based practices for working with families at risk of abuse and neglect, several tips to assist professionals in developing and implementing a safety plan with their clients can be formulated:

- First address the family's basic survival and safety needs -physical safety, food, shelter, and clothing. This should be done above other interventions, such as parenting strategies.
- Engage the family.
- Clearly articulate safety concerns.
- Recognise and utilise the family's strengths and resources as much as possible.
- Set safety goals: describe in behavioural terms the specific actions parents need to undertake in order to ensure the family's safety.
- Outlining how the family will manage any possible crises that may arise.

Professionals are also encouraged to review the protection plans on a regular basis.<sup>cclviii</sup>

### Good practice

In The Netherlands, in cases of a relevant report of child maltreatment, the centre for child abuse and domestic violence has to draw up a safety plan.

This Dutch safety plan at least outlines:

- Concrete indications of previous unsafe situations
- Possible consequences of continuous or escalating unsafety
- The minimal demands of the reporting centres domestic violence and child abuse for restoring safety
- Rules for dealing with triggers and stressors
- Arrangements about restoring safety
- Consequences of not living up to those arrangements
- The person monitoring the arrangements
- Arrangements about an interim review, adjusting the safety plan and its final review.<sup>cclix</sup>

There are no evaluation data on these safety plans yet as the reporting centres domestic violence and child abuse have only been operating since January 1, 2015. Prior to that date, there were two kinds of reporting agencies in The Netherlands: one for domestic violence and one for child abuse. These centres did not work with safety plans.

### The current status across the EU

Across the EU, judicial measures for parents are more common than extrajudicial ones. However, both types of measures -support services and assistance, respectively counseling or treatment programmes for perpetrators- do not seem widely available.

More specifically, the extrajudicial support services and assistance to parents are not always widely available nor are they sufficiently differentiated. For instance, in 4 EU member states parental education and consulting is not integral to child protection services. Moreover, in 11 EU member states family therapy is unavailable. In order to be an effective preventive measure (of at least of further harm), support services must meet 2 criteria:

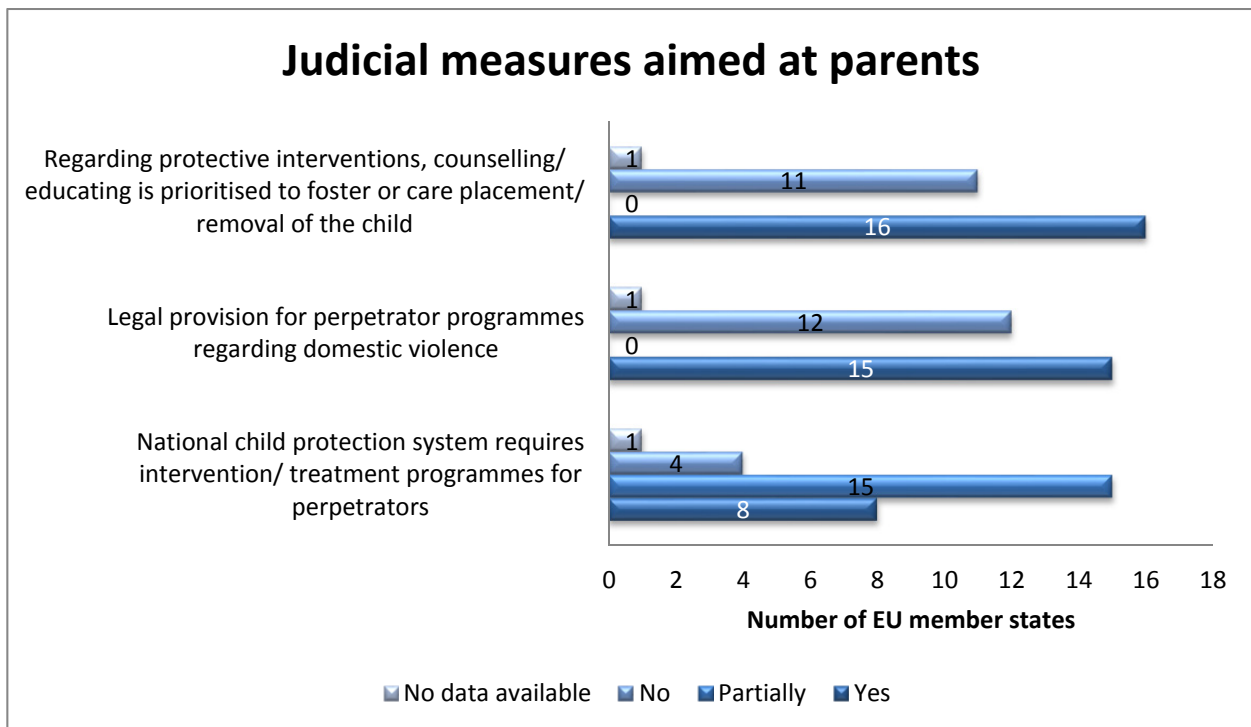
1. wide and timely availability;
2. sufficient differentiation to be able to deal with the diversity of service users and with all forms of child maltreatment.

The following tables show that of all member states for which data are available, four meet the first criterion, 12 meet the second:<sup>cclix</sup>

### Extrajudicial services for parents

		Wide available				Sufficient	
		Yes	No			Yes	No
Timely available	Yes	4 member states	2 member states	Differentiated	Yes	12 member states	3 member states
	No	4 member states	17 member states		No	4 member states	8 member states

When it comes to judicial measures for parents, intervention/ treatment programmes for perpetrators are the most common, although they are not always fully implemented. <sup>cclxi cclxii cclxiii</sup>



We did not find any international comparative data on the extent to which these programmes and thus the available measures for longer term child safety planning actually ensure that repeated victimization of maltreated children does not take place. It also not known how many EU member states work with a regularly reviewed child safety plan. Such a plan, among others outlines arrangements about restoring safety.

However, drawing up a care plan is quite common across the EU and so is a periodic review of the imposed protection measures. More specifically:

- All EU member states have provisions on the individual needs assessment that requires the development of a care plan, but these provisions do not always have statutory value <sup>cclxiv</sup>.
- In case child protection measures are taken without parental consent, more than 85% of all EU member states (24 in total) require a periodic review either by the court or by child protection/ social welfare agencies <sup>cclxv cclxvi</sup>.

### Legal aspects

The need for support to perpetrators of violence is mentioned in several international standards.

According to the Istanbul convention, all parties of this convention **need** to set up or support programmes aimed at for instance:

1. teaching perpetrators of domestic violence to adopt non-violent behaviour in interpersonal relationships with a view to preventing further violence and changing violent behaviour patterns.
2. preventing perpetrators, in particular sex offenders, from re-offending <sup>cclxvii</sup>.

Also EU member states may adopt other measures in relation to perpetrators, such as monitoring or supervision of convicted persons and withdrawal of parental rights, if the best interests of the child, which may include the safety of the victim, cannot be guaranteed in any other way. <sup>cclxviii</sup>

Moreover, according to General Comment 13 of the UN Committee on the Rights for the Child<sup>cclxix</sup> services and treatment for perpetrators of violence are needed.

In this general comment, the UN Committee on the Rights for the Child is also very clear on the need for review of the implemented measures. One of the necessary protective measures for States is referral<sup>cclxx</sup>, which among others includes:

- referral of the child and family to a range of services to meet those needs;
- and follow-up and evaluation of the adequateness of the intervention.

Reading paragraph 53 of General Comment 13 on the necessary measure called 'follow-up', the UN Committee on the Rights of the Child also seems to be a strong proponent of a regularly reviewed child safety plan. More specifically, in a section on this measure it says: The Committee on the Rights of the Child states that the following must always be clear: (a) who has responsibility for the child and family from reporting and referral all the way through to follow-up; (b) the aims of any course of action taken – which must be fully discussed with the child and other relevant stakeholders; (c) the details, deadlines for implementation and proposed duration of any interventions; and (d) mechanisms and dates for the review, monitoring and evaluation of actions. [...] <sup>cclxxi</sup>

### **Recommendation and proposed target**

For too many children violence is a chronic condition as it is not stopped, even when reported or substantiated. When it comes to longer term child safety planning, there are various promising services and interventions for minimising or preventing recurrence of child maltreatment aimed at parents. This includes drawing up a regularly reviewed child safety plan, which among others outlines arrangements about restoring safety. In practice, across the EU, judicial measures for parents are more common than extrajudicial ones. However, both types of measures -support services and assistance, respectively counselling or treatment programmes for perpetrators- do not seem widely available. This conflicts with several international standards which stress the need for support to perpetrators of violence. In contrast, in line with the recommendations of the UN Committee on the Rights of the Child, a periodic review of the imposed protection measures is quite common across the EU. While this committee also seems to be a strong proponent of a regularly reviewed child safety plan, we do not know how many EU member states work with such plans. No international comparative data were also found on to what extent the available measures for longer term child safety planning, including those directed at parents, actually ensure that repeated victimisation of maltreated children does not take place.

**As such, we have formulated the following recommendation regarding longer term child safety planning: Implement regularly reviewed child-centred safety plans as well as help for the parents.**

**The related target we propose is – also in relation to the previous recommendation- is: In all EU member states at least 70% of all children with substantiated reports of child maltreatment will not be subjected to revictimisation before turning 18.**

## Recommendations for issue 4

### Issue 4:

Too many victims suffer from the impairment and diseases resulting from the violence they experienced and do not get the necessary help.

#### Solutions proven to work:

- Reports of maltreatment require a thorough assessment and trauma screening of the involved children and if necessary a criminal investigation as well.
- (Criminal) investigations of sexually abused children should be carried out in a multidisciplinary way under one roof as a coordinated team approach has positive outcomes and saves communities money.
- There are various effective (elements of) interventions for treating post-traumatic stress disorder and the various psychological and behavioural disorders that may result from child maltreatment.

#### The current status across the EU:

- Many EU member states have provisions in place on the assessment of children. However, across the EU, there are variation in the nature of these provisions and in their implementation.
- While multidisciplinary assessments of children are required in most EU member states, specific multidisciplinary approaches are used less often across the EU. This is also the case for criminal investigations.
- No international comparative data were found on the number of children that benefit from a multidisciplinary approach, the outcomes of these approaches, or the number of EU countries in which trauma screening is available for maltreated children.
- Judicial measures for children (thus: court imposed support, intervention/ treatment programmes & placement in care) are more widely implemented in and across EU member states than most extrajudicial services (thus: mental health services).
- It is not known how many EU countries have implemented those programmes that are proven to work.
- Of all child friendly judicial measures, across the EU the right of the child to be heard is more common than special youth/ family courts.

#### Legal aspects:

- According to various international documents, including General Comment 13 of the UN Committee on the Rights for the Child, EU member states are obliged (or will be in the near future) to subject child victims of violence to an assessment.
- These documents also often call for the use of a multidisciplinary approach for child victims in general and for children who have experienced violence in particular.
- However, it is not clear to what extent these approaches advocated for in various international documents also include screening of these children for trauma.
- Both legally binding and not legally binding international standards call for tailored help to children who have experienced maltreatment.

#### Recommendations:

##### 9 Comprehensive assessment:

Ensure by using multidisciplinary approach that all reports of maltreatment include a thorough assessment and trauma screening of the involved children and if necessary a criminal investigation.

##### 10 Matched care:

Ensure that tailored help is available for all maltreated children, even without a court order, in order to tackle the impairment and diseases resulting from the violence they experienced.



**Proposed target:**

VIII In all EU member states, the share of maltreated children suffering from post traumatic stress is reduced by at least 50%.

**Recommendation 9:**

Comprehensive assessment: Ensure by using multidisciplinary approach that all reports of maltreatment include a thorough assessment and trauma screening of the involved children and if necessary a criminal investigation

**What works**

Too many victims suffer from the impairment and diseases resulting from the violence they experienced and do not get the necessary help. Reports of maltreatment of children requires a thorough assessment and trauma screening of the involved children and, if necessary, a criminal investigation as well. Ideally, these investigations are combined as carried out in a multidisciplinary way under one roof, as a coordinated team approach has positive outcomes and saves communities money.

In the first place, the organisation that received the report of maltreatment makes a thorough analysis of the situation by answering the following questions:

- Is the child safe in the current parenting situation?
- Is it possible to change the parents' or guardians' behaviour such that the child can grow up safely and with sufficient opportunities for development?
- Has the child been so seriously damaged by the abuse that he/she cannot grow up in a balanced manner without assistance? <sup>cclxxii</sup>

Trauma screening of the maltreated children is also necessary, since as many as a 25% of all abused children can have a post-traumatic stress disorder<sup>cclxxiii</sup>.

Trauma screening refers to a brief, focused measure, test or instrument with the purpose of establishing appropriate follow-up and referral<sup>cclxxiv cclxxv</sup>. Trauma screening is usually administered to children by child welfare workers, ideally during their initial contact<sup>cclxxvi</sup>.

It usually evaluates the presence of two critical elements:

1. exposure to potentially traumatic events/experiences;
2. endorsement of traumatic stress symptoms/reactions.<sup>cclxxvii</sup>

Based on three criteria:

1. rigorous or promising psychometric development;
2. free (or minimal cost);
3. readily accessible).

Six child and adolescent trauma instruments can be recommended: UCLA PTSD Index; TESI; CDC; CROPS/PROPS; CAPS-CA and PEDS<sup>cclxxviii</sup>.

By appropriate trauma screening, children identified with trauma-related needs can be referred for a more in-depth trauma-informed mental health assessment and to trauma-focused mental health services.<sup>cclxxix</sup>  
cclxxx

If a criminal investigation of maltreatment is also necessary, it is carried out in a multidisciplinary way under one roof, such as by child advocacy centre or children's house.

In the United States, many professionals working with abused children began to call for a new approach during the 1980s. To increase collaboration among agencies, the so-called child advocacy centre model was created. These centres are child-friendly, supportive to non-offending parents and caregivers and



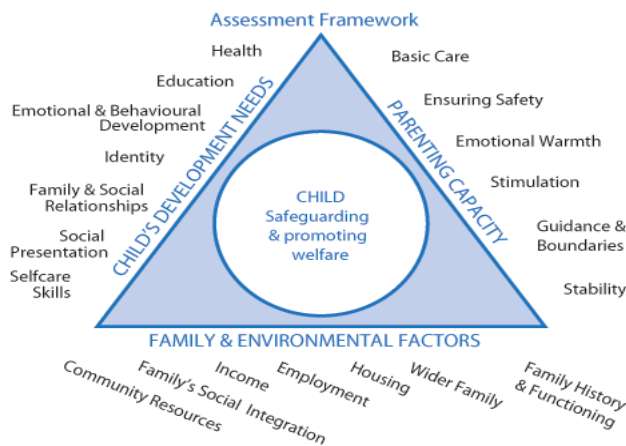
provide various services. Multidisciplinary teams in these centres typically include child advocates, forensic interviewers, medical clinicians, mental health professionals and representatives from child protective services, the criminal justice system and law enforcement. After the first centre opened in 1985, the total number of centres increased to 850 nowadays.<sup>cclxxxix</sup> These centres are very successful.

They for instance reduce the number of necessary child interviews and improve coordination among professionals. In addition, this coordinated team approach:

- Increases the chance children receive forensic medical exams.
- Decreases the processing time for child sexual abuse cases.
- Increases the rate of law enforcement involvement in child protection and substantiation of allegations.
- Improves felony prosecution rates.
- Saves communities money: the return on investment of a multidisciplinary approach is \$3.33 for every dollar invested.<sup>cclxxxii</sup>

### Good practice

The Framework for Children in Need and Their Families is a successful approach to a comprehensive assessment of children that was initiated in England and Wales.



The Framework for Children in Need and Their Families aims to understand the complex situations in which children in need of services evolve within their own families. It combines:

- the developmental needs of children
- the parental skills required to meet these needs
- the family and environmental conditions in which children and their families live.<sup>cclxxxiii</sup>

This framework has been adopted by various EU countries, such as Ireland and Sweden, by adapting it according to their own socio-political context.<sup>cclxxxiv</sup> Both in the UK and internationally, this framework has proven to work. In the UK for example, it helps professionals gain a broader perspective of the needs of children and families<sup>cclxxxv</sup>. This in turn enhanced the potential to achieve positive outcomes<sup>cclxxxvi</sup>. Furthermore, according to a meta-evaluation of international experiences regarding the framework's adoption, professionals using it:

- Ultimately make better assessments of the complex situations they face,
- have a more holistic and child-centered point of view,
- and consequently plan better interventions<sup>cclxxxvii</sup>.

The framework was also shown to increase inter-professional and inter-organisational collaboration and the participation of children and parents in the provision of the intended services.

When it comes to multidisciplinary assessments, the American child advocacy centres became a role model that was adapted to the Nordic welfare tradition in Icelandic society. In this country, the Children's House (Barnahus) opened in 1998. It houses multidisciplinary services in a child-friendly setting. Its core concept is the joint investigative interview, executed by a professionally trained interviewer under the formal authority of a court judge. Local child protection services can also refer suspected child sexual abuse victims to this Children's House for "exploratory" interviews.<sup>cclxxxviii</sup>

Like the American child advocacy centres, the Icelandic Children's House has generated interest and inspiration abroad:

- After the opening of the first centre in 2005, the model spread to around 25 more locations in Sweden.
- There are also seven centres in Norway,
- a few in Denmark, one in Greenland
- and a pilot project in Finland<sup>ccclxxxix</sup>.

According to Scandinavian evaluation studies, these houses have significantly better outcomes for child victims and their families<sup>ccxc ccxci</sup>.

### The current status across the EU

Many EU member states have provisions in place on the assessment of children. However, across the EU, there are variation in the nature of these provisions and in their implementation. More specifically:

- In 86% of all EU member states (24 in total) the national child protection system requires *monitoring and follow-up of all reported cases*. However, in a third of these countries (8 in total), this measure is only partially implemented.<sup>ccxcii</sup>
- All EU member states have provisions on the *individual needs assessment* that requires the development of a care plan. However, these provisions do not always have statutory value.<sup>ccxciii</sup>
- Almost half of all EU member states (13 in total) have *binding guidelines* that govern the procedures *for the investigation and assessment of child maltreatment*. However, there are wide variations in what are considered guidelines. This ranges from a single legal norm to elaborate requirements and advice on how to deal with cases.<sup>ccxciv</sup>

Even though multidisciplinary assessments of children are required in most EU member states, specific multidisciplinary approaches are used less often across the EU. This also is the case for criminal investigations. To begin with multidisciplinary assessments, the available data show that:

- *More than three out of four* EU member states (22 in total) have provisions that require a *multidisciplinary assessment* of child protection cases. However, in more than two thirds of these countries (15 in total), these provisions do not have statutory value<sup>ccxcv</sup>.
- In *almost half* of the EU member states (13 in total) there is a legal obligation on the part of the court to obtain a comprehensive understanding of children involved in judicial proceedings regarding the placement in care and assess their legal, psychological, social, emotional, physical and cognitive situation *using a multidisciplinary approach*<sup>ccxcvi</sup>.
- Only in 3 EU member states there is a common assessment framework for all professionals working with or for children in civil and administrative proceedings regarding the placement in care (including lawyers, psychologists, physicians, immigration officials, social workers and mediators)<sup>ccxcvii</sup>

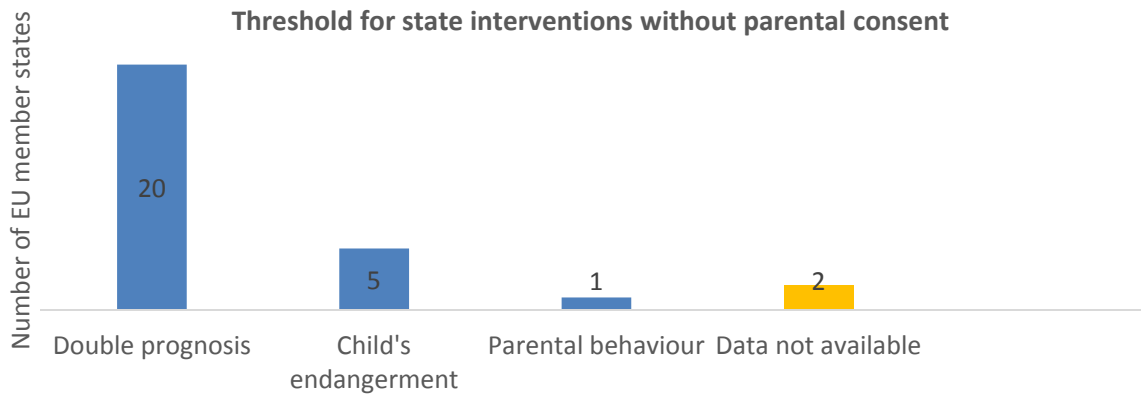
When it comes to criminal investigations, data show that in fifty percent of the EU member states there is at least in part a legal obligation to obtain a comprehensive understanding of the child victim and assess his/her legal, psychological, social, emotional, physical and cognitive situation using a multidisciplinary approach. However, in practice, integrated working in criminal proceedings across the EU is not very common yet:

- In *6 EU member states* there are integrated structures to ensure that cases involving child victims involved in criminal proceedings are managed in a multi-disciplinary manner (such as the earlier mentioned children's houses).
- *6 EU member states* (at least partially) have a common assessment framework for professionals working with or for children in criminal proceedings (including lawyers, psychologists, physicians, police, immigration officials, social workers and mediators. In most cases, these frameworks cover all children.<sup>ccxcviii</sup>

No international comparative data were found on the number of children that benefit from a multidisciplinary approach, the outcomes of these approaches or on the number of EU countries in which trauma screening is available for maltreated children.

However, we do know the focus of the assessment of children in countries across the EU. More specifically, when it comes to the threshold for state interventions without parental consent, almost three out of all EU member states (20 in total) require a double prognosis. This means that both the risks to the child and the parental capacity to meet the child's needs, are assessed. In contrast, 5 EU member states stress the endangerment of the child and one member emphasises the parental behaviour.

Altogether, in almost all EU member states (26 in total), the central criterion for protective measures is the development of the child.



### Legal aspects

According to various international documents, including General Comment no. 13<sup>ccxcix</sup> of the UN Committee on the Rights of the Child, EU member states are obliged (or will be in the near future) to subject child victims of violence to an assessment. These documents also often call for the use of a multidisciplinary approach for child victims in general and for children who have experienced violence in particular. However, it is not clear to what extent these approaches also include screening of these children for trauma.

To begin with, according to the so-called Victims' directive child victims shall be presumed to have specific protection needs due to their vulnerability to secondary and repeat victimisation, to intimidation and to retaliation<sup>ccc</sup>. To determine whether and to what extent they would benefit from special measures, child victims shall be subject to an individual assessment of the special circumstances, carried out at the earliest opportunity.<sup>ccci</sup>

Moreover, in its recommendation on integrated national strategies for the protection of children from violence, the Committee of Ministers of the Council of Europe stresses the need for (multidisciplinary) assessments and which aspects they should focus on:

- Children can be placed in institutions only to meet needs that have been established as imperative on the basis of a multidisciplinary assessment<sup>cccii</sup>
- Procedures for the referral of child victims of violence should be adopted following an assessment of the specific circumstances of each particular victim, giving due weight to her or his views and, when it is in the child's best interests, also to her or his parents' or guardian's views [...]. Child victims should be assessed without delay and for victims of violence within the home and family, the protective capacity of the non-violent caregiver and the situation of other children living in the home should be established.<sup>ccciii</sup>
- The services responsible for the recovery, rehabilitation and social reintegration of child victims, witnesses or perpetrators of violence should follow a multidisciplinary and multi-agency approach, seeing the child in the wider context of the family, community and her or his cultural background.<sup>ccciv</sup>

Finally the Guidelines on child friendly justice encourages states to set up child-friendly, multi-agency and interdisciplinary centres for child victims and witnesses where children could be interviewed and medically

examined for forensic purposes, comprehensively assessed and receive all relevant therapeutic services from appropriate professionals.<sup>ccciv</sup>

### **Recommendation and proposed target**

Too many victims suffer from the impairment and diseases resulting from the violence they experienced and do not get the necessary help. Both the available research evidence as well as the relevant legal documents advocate multidisciplinary approaches -including assessments- for child victims of violence. In practice multidisciplinary assessments of children are required in most EU member states, specific multidisciplinary approaches are used less often. This is also the case for criminal investigations. Moreover, while many EU member states have provisions in place on the assessment of children, there are variation in the nature of these provisions and in their implementation across the EU. However, no international comparative data were found on the number of children that benefit from a multidisciplinary approach, the outcomes of these approaches or the number of EU countries in which trauma screening is available for maltreated children.

**As such, we have formulated the following recommendation regarding a comprehensive assessment: Ensure by using multidisciplinary approach that all reports of maltreatment include a thorough assessment and trauma screening of the involved children and if necessary a criminal investigation.**

**The related target we propose is -also in relation to the following recommendation: In all EU member states, the share of maltreated children suffering from post-traumatic stress is reduced by at least 50%.**

### **Recommendation 10:**

Matched care: Ensure that tailored help is available for all maltreated children, even without a court order, in order to tackle the impairment and diseases resulting from the violence they experienced.

### **What works**

Too many victims suffer from the impairment and diseases resulting from the violence they experienced and do not get the necessary help. There are various effective (elements of) interventions for treating post-traumatic stress disorder and the various psychological and behavioural disorders that may result from child maltreatment. More specifically:

1. An effective psychotherapeutic intervention for the post-traumatic stress disorder that may arise as a result of serious forms of child abuse is Trauma-Focused Cognitive Behavioural Therapy.
2. The broad variety of psychological and behavioural disorders that may be the result of long-term and serious abuse can be treated with an equally broad range of psychotherapies. Cognitive behavioural therapy, game therapy or group therapy are cited in reviews.<sup>cccvi</sup>

Besides implementing specific interventions to prevent impairment, professionals can also decide to use the effective elements of these interventions. According to a distillation of 'effective practice elements' from randomised controlled interventions to prevent the recurrence of abusive and neglectful parenting and the associated health and developmental impairment of children, the effective practice elements overlap across different forms of interventions and different forms of maltreatment. Psychoeducation with parents and children was the one that was most frequently utilised.<sup>cccvii</sup>

Placement in care can be used as a measure to prevent impairment<sup>cccviij</sup>. However, as institutionalisation has often been related to an increased risk of violence<sup>cccix</sup>, placement in care should only be used as a measure of last resort. For example, when children are exposed to various lacks of care, for example in cases of neglect and insufficient supervision, semi-residential services, such as orthopedagogic day care centres, can be suitable. These services offer comprehensive care, support and assistance most days of the week. These services can compensate deficits. If outpatient and part time inpatient services are

insufficient to avert child abuse and neglect, the affected children can be placed outside their families in foster or residential care, either temporarily or for longer periods. <sup>cccix</sup>

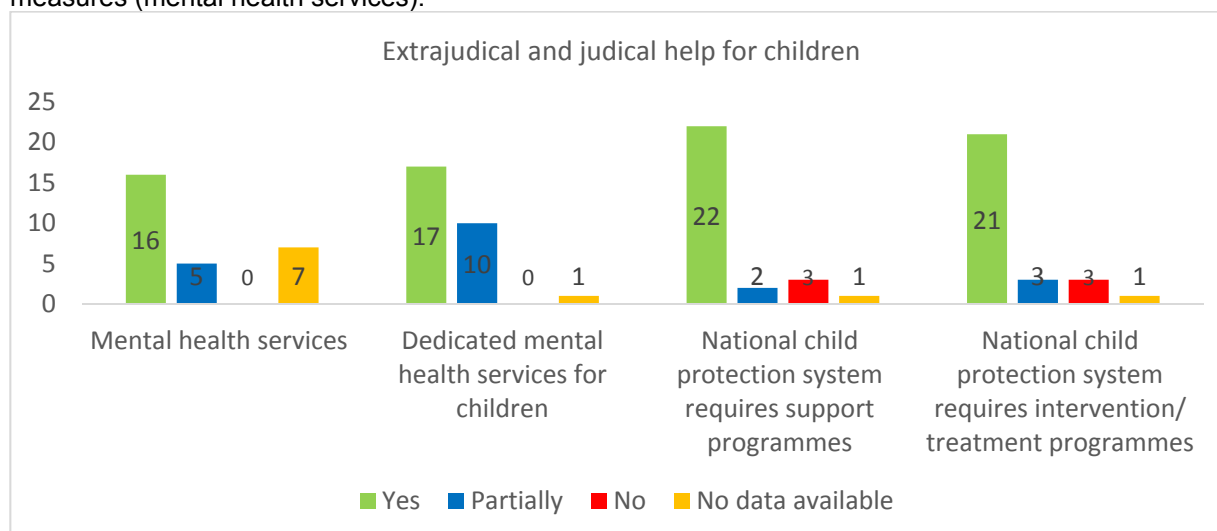
### Good practice

In Sweden, the Trappan-modellen is the most common kind of intervention for children exposed to interpersonal violence. This model for individual crisis and trauma intervention was developed by the NGO Save the Children Sweden. This model is not manualised, but described in a handbook. It is based on three steps:

- Establishing contact with the child,
- Reconstructing the violent incident with the child,
- And teaching the child about reactions to crises and trauma.
- The objective of this model is to give the child an opportunity to deal with its traumatic experiences. The intervention consists of individual sessions which last 30 to 60 minutes. During this time, the handbook allows for flexible use of the suggested themes. <sup>cccxi cccxii</sup>

### The current status across the EU

Judicial measures for children (thus: court imposed support, intervention/ treatment programmes & placement in care) are more widely implemented in and across EU member states than most extrajudicial measures (mental health services).

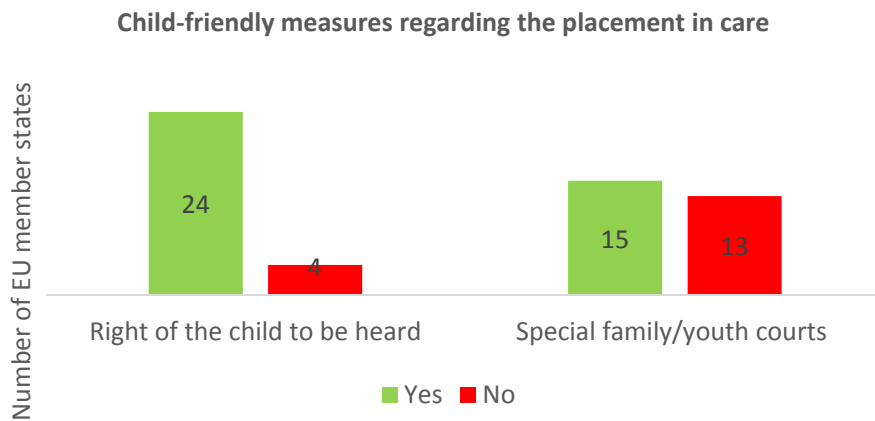


More specifically:

- In 86% of all member states (24 in total), the child protection system (partially) require support programmes as well an intervention/ treatment programmes for victims. <sup>cccxiii</sup>
- 27 EU member states have dedicated mental health services for children, including specially trained personnel.
- In contrast, mental health services are implemented (partially) in three out of four EU member states. It is not known how many EU countries have implemented those programmes that are proven to work.

In contrast, in the EU, placement in care is often used as a judicial measure. In around two out three of all EU member states (19) the court can order a child's placement into care. However, in six of these countries there is no need for a court order if the child or parent/guardian consents to placement. In 6 of the 28 EU member states, an administrative authority may place a child in care, but the parties have a right either to apply for judicial review of the decision or to appeal it. In the other 3, an administrative body takes the decision to place the child in care, but it must be approved by a court. <sup>cccxiv</sup>

Of all child friendly judicial measures, across the EU the right of the child to be heard is more common than special youth/ family courts.



- In more than 85% of all member states (24 in total), children have a right to be heard in matters regarding the placement in care.
- A little more than half (15 in total) have special

### Legal aspects

Both legally binding and not legally binding international standards call for tailored help to children who have experienced maltreatment.

For instance, the Istanbul convention obliges Parties to provide support services to victims facilitating their recovery from violence<sup>cccxv</sup>. Specific protection measures and support for child witnesses need to be in place.<sup>cccxi</sup> There is a similar obligation in the Lanzarote convention. According to this convention, states need to establish effective social programmes and set up multidisciplinary structures to provide the necessary support for victims, their close relatives and for any person who is responsible for their care<sup>cccxvii</sup>. Each Party shall take the necessary legislative or other measures to assist victims, in the short and long term, in their physical and psycho-social recovery<sup>cccxviii</sup>.

Moreover, according to the Victims' Directive, specialist support services shall develop and provide the targeted and integrated support for victims with specific needs, such as victims of sexual violence, victims of gender-based violence and victims of violence in close relationships, including trauma support and counselling.<sup>cccxiix</sup>

When it comes to not legally binding documents, the Committee of Ministers of the Council of Europe<sup>cccxx</sup> recommended that States should take all measures to promote physical and psychological recovery and rehabilitation of child victims and witnesses of violence<sup>cccxxi</sup> and, if need be, of their families. Such services should be provided without delay and in an environment which fosters the child's health, self-respect and dignity. The services responsible for the recovery, rehabilitation and social reintegration of child victims, witnesses or perpetrators of violence should follow a multidisciplinary and multi-agency approach, seeing the child in the wider context of family, community and her or his cultural background. A proper balance should be sought between mainstream and specialised services, as well as programmes addressing individual and relationship factors and those focusing on community and societal aspects.

Moreover, according to paragraph 52 of General Comment no 13, treatment" is one of the many services needed to "promote physical and psychological recovery and social reintegration" for children who have experienced violence. This must take place "in an environment which fosters the health, self-respect and dignity of the child. To this respect attention must be given to must be given to:

- inviting and giving due weight to the child's views;
- the safety of the child;
- the possible need for her or his immediate safe placement;
- and the predictable influences of potential interventions on the child's long-term well-being, health and development. Medical, mental health, social and legal services and support may be required for children upon identification of abuse, as well as longer-term follow-up services.<sup>cccxxii</sup>



### Recommendation and proposed target

Too many victims suffer from the impairment and diseases resulting from the violence they experienced and do not get the necessary help. Both legally binding and non legally binding international standards call for tailored help for children who have experienced maltreatment. There are also various effective (elements of) interventions for treating post-traumatic stress disorder and the various psychological and behavioural disorders that may result from child maltreatment. However, it is not known how many EU member states have implemented those programmes that are proven to work. Generally speaking, judicial measures for children (thus: court imposed support, intervention/ treatment programmes and placement in care) are more widely implemented in and across EU member states than most extrajudicial measures (mental health services).

**As such, we have formulated the following recommendation regarding matched care: Ensure that tailored help is available for all maltreated children, even without a court order, in order to tackle the impairment and diseases resulting from the violence they experienced. The related target we propose is – also in relation to the previous recommendation- is: In all EU member states, the share of maltreated children suffering from post-traumatic stress is reduced by at least 50%.**

### Necessary conditions

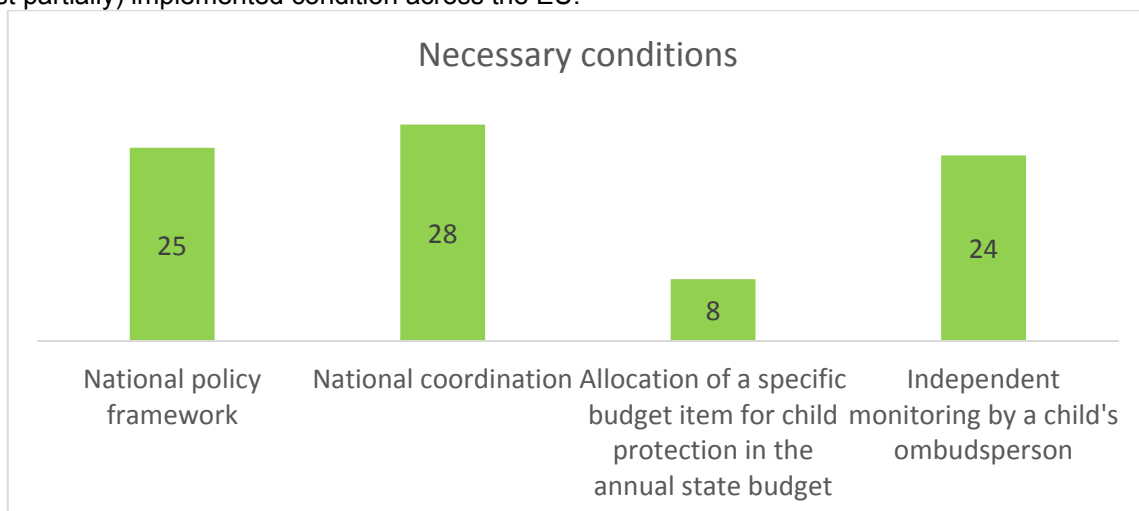
Necessary conditions:

- A national policy framework
- National coordination
- Allocation of a specific budget item for child protection in the annual state budget
- Independent monitoring by a children's ombudsperson

Several conditions need to be in place to enable member states to focus on the implementation of all standards that already exists on paper and to implement our 10 recommendations & 8 targets for the 4 identified issues regarding violence against children in Europe:

1. A national policy framework
2. National coordination
3. Allocation of a specific budget item for child protection in the annual state budget
4. Independent monitoring by a children's ombudsperson

The following graph shows that of these 4 conditions, national coordination is the most commonly (at least partially) implemented condition across the EU.



More specifically:

- Some type of *national policy framework* is available in 25 EU member states. This can be a national strategy for child maltreatment prevention, a national action plan for child maltreatment and/or a national policy framework (action plan or strategy) on child protection and/or child rights<sup>cccxxiii</sup>.
- Some form of *national coordination* is available in EU all member states. This can include a specific government department lead for child maltreatment or a central authority with a national coordinating role<sup>cccxxiv</sup>.
- Only 8 countries have a specific budget item or chapter that encompasses all expenses connected to child protection<sup>cccxxv</sup>.
- 24 EU member states (79%) (at least partially) have *independent monitoring* by specific national ombudsperson for children in place. 4 do not<sup>cccxxvi</sup>.

Realising our own recommendations on tackling violence against children requires independent monitoring by specific national ombudsperson for children, as well other kinds of monitoring and data collection. For example, one of the key messages in an article about the variation in trends and policies in six developed countries regarding child maltreatment is that, “to improve the evidence base for child protection policies, governments should facilitate use of anonymized, linked, population-based data from health-care and child protection services to establish the effect of policy on trends in child maltreatment”<sup>cccxxvii</sup> (p.1). Evidence from the Netherlands also shows that monitoring can actually make a difference. Ever since research in four major cities in The Netherlands showed that after 1,5 years of service-delivery 50% of maltreated children still suffered from severe domestic violence, it was decided to develop directions for improvement and to realize structural monitoring of these outcome measures. The following table shows to what extent EU member states have (at least partially) implemented various kinds of monitoring and data collection at the client, service, system and societal level:<sup>cccxxviii</sup>

Client level	<ul style="list-style-type: none"> <li>• Periodic review of mandatory intervention measures: 24 EU member states.</li> <li>• National or regional programme(s) of multidisciplinary child death reviews: 3 EU member states.</li> </ul>
Service level	<ul style="list-style-type: none"> <li>• Existence of provisions regarding self-monitoring and the evaluation of services : 28 EU member states.</li> </ul>
System level	<ul style="list-style-type: none"> <li>• One or more national authorities are responsible for monitoring the child protection system's performance at national level: 27 EU member states.</li> <li>• Independent monitoring by a national ombudsperson for children: 24 EU member states.</li> </ul>
Societal level	<ul style="list-style-type: none"> <li>• Collection of data that would allow an annual national estimate of the incidence of child maltreatment: 22 EU member states.</li> <li>• National population-based prevalence survey for child maltreatment: 15 member states.</li> </ul>



## The way forward

In this chapter, we will sketch the way forward by providing a brief overview of the 4 identified issues regarding violence against children, our recommendations and targets as well as the necessary conditions for implementing and realising them.

On basis of our desktop research, we have identified 4 major issues regarding violence against children in Europe:

1. In Europe it is still possible to grow up in settings where non-violent upbringing is not the legal or social norm yet and where violence is an accepted way of disciplining children.
2. Most child maltreatment goes undetected and unreported.
3. For too many children violence is a chronic condition as it is not stopped, even when reported or substantiated.
4. Too many victims suffer from the impairment and diseases resulting from the violence they experienced and do not get the necessary help.

Thus, the price of violence against children is extremely high. For children as well for society. This makes such violence one of the greatest Europeans threats at the moment and a top priority that must be tackled today.

The available data from across Europe demonstrate that tackling violence against children is definitely possible. To begin with, there are considerable variations in rates of child maltreatment and child homicide across the continent. In addition, various countries have experienced declines in these rates over the years. To our contentment, there also is wide support of various stakeholders across the continent for tackling child maltreatment. This includes children as well as many countries and NGO's across Europe.

We are also pleased that there are already many (legally binding) standards about tackling violence against children that EU member states have to adhere to. However, looking at this tremendous amount of standards, we conclude there is no urgent need for new conventions, EU legislation or directives nor for guidelines or standards. Rather, it comes down to a thorough implementation of the standards governments have already agreed upon.

Because of the size and impact of violence against children, we urge all EU member states and the European Union to make an additional effort and focus on the implementation of what already exists on paper. We also urge EU member states to diminish the differences between them when it comes to implementing evidence-based measures and policies for protecting children against violence.

Experience with the measurable, time-bound Millennium Development Goals demonstrates that whenever global leaders adopt joint targets, this results in extra effort and measurable outcomes for children and adults. By adopting targets for even the most persistent global problems, such as child mortality, significant progress can be made in a relatively short amount of time<sup>cccxix</sup>. We therefore encourage all EU member states, in cooperation with NGOs, to adopt “targets” or “SMART goals” on the implementation of effective measures for tackling child abuse and neglect.

In this report, we have thus outlined 10 recommendations that are proven to work according to research and good practice:

1. **A full extensive ban:** Implement the prohibition of all types of child maltreatment in all settings using a thorough information campaign.
2. **Support positive parenting:** Provide all families at risk of maltreatment with effective (elements of) parenting education, home-visiting and abusive-head trauma prevention programmes.
3. **Annual vetting & screening:** Introduce vetting procedures for all professionals and volunteers working with children and annually screen them for all criminal offenses that could put children at risk of any type of violence.
4. **Child help lines:** Secure permanent government funding for accessible and well- publicised child friendly help lines.
5. **Identification & reporting:** Introduce mandatory identification methods & reporting obligations that have proven to be effective for all professionals working with children and their parents.
6. **Mandatory training:** Provide training to all professionals working with children in identifying child maltreatment and act according to the country's identification and reporting procedures.
7. **Realise immediate child safety:** Implement police ordered temporary eviction of the perpetrator of domestic violence and child maltreatment and ensure the necessary follow-up support for children.
8. **Longer term child safety planning:** Implement regularly reviewed child-centred safety plans as well as help for parents.
9. **Comprehensive assessment:** Ensure by using multidisciplinary approach that all reports of maltreatment include a thorough assessment and trauma screening of the involved children and if necessary a criminal investigation.
10. **Matched care:** Ensure that tailored help is available for all maltreated children, even without a court order, in order to tackle the impairment and diseases resulting from the violence they experienced.

We studied the implementation of these recommendations across the EU as well the related current (legally binding) standards. This resulted in 8 targets that in our opinion could be realised by 2025 by governments of all EU member states, resulting at least in a 25% reduction of violence against European children in a decade:

- I. Less than 5% of the children in all EU member states report severe corporal punishment.
- II. In all EU member states evidence-based prevention programs reach at least 50% of families who are at risk of child maltreatment.
- III. All European children can be sure that all professionals and volunteers working with them in at least child care, schools and health services have never been convicted of any criminal offence that could put them at risk of any type of violence.
- IV. All children in all EU member states can reach a toll-free child help line with their concerns about child maltreatment.
- V. At least 50% of all hospitals in all EU member states screen parents and injured children for major risk factors for child maltreatment.
- VI. All children in all EU member states can be ensured that at least 75% of professionals working with them in child care, schools and health services including emergency rooms are equipped with the knowledge and skills necessary for identifying child maltreatment and to act according to the country's reporting laws.
- VII. In all EU member states at least 70% of all children with substantiated reports of child maltreatment will not be subjected to revictimisation before turning 18.
- VIII. In all EU member states, the share of maltreated children suffering from post-traumatic stress is reduced by at least 50%.

We encourage all EU member states, in cooperation with NGOs, to implement our recommendations and realise these targets. This requires several conditions at the member state and at the EU level:

- At the member state level, a national policy framework, national coordination and allocation of a specific budget item for child protection in the annual state budget should be in place. This also entails independent monitoring by a children's ombudsperson of the progress of implementation of these recommendations and targets. It also requires data collection and reviewing the outcomes of these targets on the client, service, system and societal level.
- At the EU level, we would welcome the appointment of an EU Special Representative for violence against children, similar to the appointment of Marta Santos Pais as Special Representative of the Secretary-General on Violence against Children at the level of the United Nations. This EU Special Representative would be responsible for monitoring the implementation of these recommendations and targets across the EU and if needed take the necessary actions.

By working together in such a way, we believe we can make more substantial and rapid progress in tackling violence against our children in Europe.