

Prevent and Combat Child Abuse and Neglect

National Report of Workstream 2: The Netherlands
Experiences of Parents and Professionals: What Works?

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1 *The research*

1.1 *Background information*

A partnership of six institutions from five European countries has been granted a two-year project (2011-2012) within the framework of the Daphne III programme: to prevent and combat violence against children, young people and women and to protect victims and groups at risk. This programme is titled: *'Prevent and Combat Child Abuse. What works?' An overview of regional approaches, exchange and research*. The aim of the project is to generate relevant knowledge on current strategies that target the prevention and treatment of child abuse and neglect. It will compare five European countries: Hungary, Portugal, Sweden, Germany and the Netherlands. The final output of the project will be a manual with data on *what works* regarding the prevention and treatment of child abuse. The project is coordinated by the Netherlands Youth Institute and is carried out in collaboration with the Swedish Orebro regional council, the Hungarian Family Child Youth Association, the German Youth Institute, CESIS from Portugal and the Verwey-Jonker Institute from the Netherlands. Part of the project was a comprised study in each of these countries among parents and practitioners. For the Netherlands, the research was carried out by the Verwey-Jonker Institute. The aim of the research was to generate information about the experiences of parents and practitioners concerning the prevention and combating of child abuse and neglect: what are the successful elements of an effective approach? Knowledge about these elements gives the opportunity to improve both the policy and practice regarding the combat against child abuse and neglect. The research therefore has to provide an answer to the following question:

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

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

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

In the Netherlands, two Regional Institutions for Youth Care were involved in conducting the research: De Waag at Haarlem en Fier Fryslân at Leeuwarden: institutions where perpetrators and victims of abuse and neglect can get treatment and care. These institutions are well known for their system-oriented approach of the perpetrator and the victim, which means that the family members living together as a system are involved in the treatment process. An example is the programme 'Veilig Samen Verder' ('Moving on Together Safely'), which De Waag developed in cooperation with the Child and Youth Trauma Centre. Within this programme, social workers are operating by means of the so-called Signs of Safety model. Guided by this model, practitioners not only focus on the problems within families but even more on the strong points and on making a safety plan with the whole family.

1.2 *Interviews with clients*

The process

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

After some negotiations with all partners in order to eliminate methodological problems, we could not find a uniformly satisfying solution for everyone. For this reason, the Verwey-Jonker Institute developed a new research design consisting of a combination of in-depth interviews with parents and a focus group meeting(s) with practitioner based on vignettes. All participants were in favour of this methodological shift: the advantage is that it allowed for in-depth insight, which is difficult or impossible to achieve through a more quantitative approach, especially considering the characteristics of many of the respondents.

The study included in-depth interviews with a semi-structured questionnaire, developed by the Verwey-Jonker Institute, in which the majority of questions were open-ended. These questions encouraged parents to describe how they experienced the social assistance or the specific treatment provided to them. They were also asked to give their opinion on what worked and what did not work in practice. The subject matter of the parent interviews included: background information of the respondent, problems, treatment, the ending of treatment, factors which led to the success of the treatment programme, and the role of the professional. If both parents wished to be interviewed, this was possible (preferably each parent separately). The children themselves did not participate in this study: this was not foreseen in the proposal and it would be too complicated to realize within the research period. With the collected information the researchers documented what parents and practitioners perceived to be effective in practice.

In cooperation with two Regional Institutions for Youth Care, ten parents were recruited for an in-depth- interview about their experiences with the care and support. The interviewees were contacted through the institutions where they received treatment. Those eligible for an interview were parents who had completed a treatment programme or those whose treatment programmes would be completed shortly. When a father and a mother were (jointly) involved in a treatment programme, the parent who was most involved in care-giving tasks was interviewed. Although there was good communication between the Verwey-Jonker Institute and the two Regional Institutions for Youth care, it seemed difficult to recruit parents wanting to participate in the in-depth-interviews. The practitioners of the involved institutions were asked to approach the potential respondents. They received information about the project both by e-mail and face-to-face. The recruiting asked a lot of time from them, sometimes conflicting with their main tasks. The professionals said that recruiting was not always possible because of the confidential relationship with their clients. In addition, a lot of potential respondents seemed to be in treatment too briefly, while others who did fulfil the requirements were unwilling to participate. Yet finally, ten parents were interviewed in the period from October to December 2011 by researchers from the Verwey-Jonker Institute. With the information collected, we

created a case study describing what parents in practice perceive to be an effective strategy: what worked and what did not work according to them?

Characteristics of the respondents

In total, ten parents were interviewed; eight mothers and two fathers (only the fathers were perpetrators). Five of them lived in the province of North Holland, the other five in the province of Friesland. Four parents belonged to a migrant group. The educational level of the parents varied but in general all were low educated. Only three families earned their income through labour. Partly because of these circumstances, almost all respondents struggled with variable problems like unemployment, poverty, incapability in running a family, alcohol and drug addiction and incompetence in child raising and child education.

On average, the family of the respondents consisted of 2.6 children. Their ages varied between one and seventeen. In some cases, the children temporarily lived in residential youth care institutions or with foster parents. When the family of the respondent existed of more than one child, often the abuse concerned only one of them.

In all cases the father was the perpetrator of child abuse. In addition, some of the cases showed an intergenerational transmission of child abuse and neglect. In those cases, the perpetrator had also been a victim of child abuse in his childhood. Except for two cases, the fathers always lived apart from the family, due to a divorce, detention or by judicial prohibition. The cases showed a lack of management of the respondents in coping with social and financial problems. Unemployment and loss of income had often caused massive tensions in the relation between the parents and their family, not seldom cumulating in physical and psychological abuse of the partner and the children.

History of the respondents with social institutions

Due to the multiproblem situation, most families had a history with social institutions. They were involved in social welfare, social work, job support, financial support and youth care. Among these, in almost all cases police and justice were involved as well.

Initiatives taken in the past to seek help or support were often hindered by mistrust of social institutions caused by negative experiences or negative images. The police and the judiciary were even less trusted. Mothers feared that their children would be taken away from them if and when they approached them for help in combating the child abuse.

Sentenced by the judge or not, some perpetrators nevertheless denied the abuse of their children or acknowledged the abuse as an incident 'that did not mean anything'. They only took part in the treatment because they had been obliged to do so by the judge. However, the sense of gain the perpetrators experienced from the treatment was remarkable. Due mostly to practical advice within the treatment and practicing at home, they reflected on their deeds and became more understanding of their behaviour and situation, and learned to communicate (better) with their partner and children. In addition to the treatment of their partner (the perpetrator) and conform the system-oriented approach, the mother often received help and support for herself, such as support in child raising and assertiveness training. This is always voluntary and often advised by relatives or friends, but also by the involved practitioner. In some cases, the mothers sought help for their children because of signs the mother picked up from her child, for example to learn to deal with an exceptionally bad temper or misbehaviour of the child. The mothers involved in these forms of support experienced a lot of gain. They learned e.g. to become aware of their problems, to express themselves, and to structure the raising of and their interaction with the children.

1.3 *The focus group meeting*

In order to draw a final conclusion about the merits of the treatments and care, focus group meetings with practitioners were organized in each country. The focus group method has been developed by Merton et al. in 1956 and it is often used in market explorations and political polls. This method is a suitable choice when it comes to researching opinions, needs, preferences and perceptions (Barbour and Kitzinger, 1999). The aim of the focus group meeting was to evaluate the support and treatment the families had received and to invent suggestions for improving this support and treatment. In the first part of the meeting, the discussion was initiated by the presentation of three vignettes or (fake)

case studies elaborated by the partnership. They were used for a group case analysis and brainstorming about care services/treatments or decisions. In the focus group discussion, participants confronted each other with their view and through consultation and discussion tried to find a solution by answering the following questions:

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

During the other part of the meeting the results of the interviews with the parents were validated based on a summary of the most important findings. To this purpose the participants were asked to answer to following questions:

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

The Dutch focus group meeting took place on the 5 March 2012, with the participation of sixteen expert practitioners from the field of child care, education en health: psychological child physicians, medical practitioners, social workers, educationalists, psychologists et cetera, non of them linked to De Waag and Fier Fryslân. They worked at the AMK (AMK is the abbreviation of Advies- en Meldpunten Kindermishandeling (Advice and Reporting Centres on Child Abuse and Neglect), Dutch School Care and Advice Teams, Youth Care agencies and the Child Protection Board. Preventing and combating child abuse and neglect is a hot issue in Dutch society. Therefore, many conferences, workshops and so on are organized around this topic; there is much to participate in. For the organization of the focus group meeting, this meant that it was quite challenging to get (enough) practitioners involved in the meeting. An intensive approach, in cooperation with the National Youth Institute, yielded the intended amount of meaningful participants.

The results of the vignettes are described in Box 1. The main conclusion of the discussion about the results of the interviews is that the participants whole-heartedly agreed with the outcomes of the case study. This means that, in their opinion, the treatment has to be goal-oriented, realistic in purposes and processes, client-based, guaranteeing the continuity and stimulating the positive forces within families. In addition, the participants pleaded for an extensive spreading of the system-oriented approaches. This would also require a shift in the culture of the organizations involved.

2 *Outcome*

In this chapter we will describe the successful elements and the weak elements/obstacles that, according to parents and practitioners, should be adjusted or improved, related to five topics:

1. The professional/social worker
2. The method/intervention
3. The setting/organization
4. The care system
5. The societal level

In each paragraph, we will first describe the views of the clients, distilled from the interviews, and secondly the views of the practitioners distilled from the focus group meeting.

2.1 *The professional*

According to the interviewed parents, the treatment and therefore the relation with the practitioner has to be built on confidence and safety. This means that the parent as a client has to be taken seriously by the practitioner, get space to express his or her feelings and that the practitioner should not only focus on the problems within families but also on the strong points. The professional has to approach the parent and his or her situation with an open mind. This also means that the practitioner has to be equipped with emphatic abilities. "In advance I was rather sceptical about what de care institution could do for me. There was also a lot of distrust. But after a while I learned to trust the practitioner; that I could accept what she advised. Due to my confidence in her I dared to open my mind more and more. So it is my experience that trust and an open mind towards one another is of great importance for a successful treatment."

To create confidence it is also important that there is continuity with regard to the person of the professional. "At the former institute, it often happened that I was assigned another practitioner. Once I had gotten a little bit used to her, she was replaced by another. This happened three or four times. So I lost my confidence in the organization as a safe and supporting place. I got the feeling that every time the practitioner was replaced by another, I was put back to the beginning of the treatment." Most of the parents expressed the same experiences as this parent, as trust is always bound to the persons involved. Thus, frequent changes of the practitioner who provides the treatment might disrupt the client's confidence in the treatment process.

The participants of the focus group meeting totally agreed with this observation of the parents. They saw it as a responsibility of the professional to create a safe environment in which the parent can speak freely and without hesitation. This also includes continuity in the care provision by the professional. When a change of practitioner is needed, this has to be carefully discussed with the client. They also talked about 'a new professional attitude': to not be judgmental about clients but to work from a relational point of view, especially in the treatment of perpetrators, thereby focusing on the strong points within families: empowerment !

Especially when the prevention of child abuse and neglect is involved, the participants of the focus group meeting emphasized that all professionals and volunteers working with children should be trained in how to act. Often, confidential relationships between them and parents make it difficult to ask them about the abuse, especially when the 'frontline workers' are not familiar with it. Then they have problems reporting, especially when sexual abuse is involved. They should be trained in this respect, e.g. by specialized professionals: in becoming aware of child abuse, where and how to ask advice, et cetera.

2.2 *The methods*

As we mentioned earlier, all respondents, both the perpetrators and their partners, participated or are participating in system-oriented treatment approaches. This means that the received care and support not only concern the perpetrator (e.g. his behaviour or attitude concerning child abuse). It is also directed at strengthening particular competences of the partner and even the child(ren), whether or not they are a victim of (child) abuse. The interviewed parents expressed negative experiences with one-dimensional perpetrator-directed treatments. This is especially due to experiences with client-oriented treatments in which the focus is only on the treatment of the perpetrator's behaviour. *"About seven years ago, I received a training to prevent domestic abuse. This helped for a while, but gradually the aggression became stronger and the moments of aggression more frequent. So in the end the training was not very effective."* The respondents talked about misunderstanding or disinterest in the situation and possibilities of the client, prejudice, non-realistic goals, a lack of transparency of the treatment process and so on. A migrant parent related: *"On the question 'what are the hobbies of your daughter?' I answered 'listens to music' and 'reads novels'. Later on, we saw in a report of the Council for Child Protection that this was reported as reading the Koran. Despite the fact that we are not Muslims at all, but Christians. So I think there is a lot of prejudice amongst the police and so-called social workers."*

Integrated positive approach

On the other hand, the respondents were content and enthusiastic about the system-oriented treatment approaches of the Waag and Fyr Friesland, due to several methodological characteristics. One is the integrated approach in which not only the perpetrator received a treatment but also the partner and even the child(ren). Parallel to the treatment of the perpetrator some parents received relation therapy, for instance, aimed at a better understanding of each other and improvement of their communication skills. *"Besides the aggression training, my wife and I also receive relation therapy. In advance, there were sessions every two weeks, but now one in a month. This treatment is very helpful in obtaining a better understanding of each other and to learn how to communicate more effectively."*

Some mothers felt incompetent due to their inability to protect their children from abuse. For this reason and in addition to the treatment of the fathers/male partners as perpetrators of child abuse, some of the mothers asked for support from the practitioners to become a 'better' mother. This means that they would become more assertive towards the father and more competent in providing structure and safety for their child. *"I received parental support for about a year, once a week concerning how to deal with stressful or threatening situations, how to deal with the children and how to support them."*

Without exception, all of those mothers were very content about the results and effects of those programmes on their behaviour towards their children. Yet, due to the involved routines that had to be tackled, they would have liked to receive support longer than the programme could provide. It really takes a lot of time to change deeply embedded routines in behaviour towards the child(ren).

The integrated approach not only provides programmes for perpetrators and their partners but also programmes for the children, whether or not they are abused, such as the *Signs Of Safety* method and *Watch the Little Ones*.

Signs of Safety is a cooperative problem-solving approach in which all members of the family and other relevant people work together to create a safe living situation for the child(ren). In cooperation with all those involved the practitioner describes the situation in detail, and makes a safety plan with SMART-formulated agreements, to which all the involved people commit themselves.

Watch the little ones is a psychoeducational course for children who are witness to or have witnessed domestic violence. In groups sessions, the children work thematically by means of creative learning methods to become aware of their feelings, which they have suppressed due to the circumstances. Essential is the basic attitude of the practitioner: respectful towards the client and his or her problem-solving competences.

In some cases, the children are doing a treatment programme because of negative signals the mother picked up from the child. One of interviewed mothers said: *"I was very concerned about my son. His eyes were often flat and black. He also was often very angry. I wish that he learned to speak about his feelings. So I asked for help and they advised me to apply for a treatment called Watch the*

little ones. There he learned how to deal with his father, e.g. when to make a sign with his arms to stop his father when he becomes hot-tempered.”

The mothers involved benefitted a lot from these programmes. They especially valued doing things together with the child(ren), the attention paid to the problems at hand of both the mother and the child(ren), and sharing experiences with other mothers.

According to the participants of the focus group meeting, in the Netherlands not every social care institute pays attention to the integrated system approach, but they should! The participants added that it is important to treat not only the perpetrator but the whole family system: nowadays, this is not done everywhere. Treatment programmes have to be embedded in a well-developed view on care. Within this approach, the focus should be on the positive powers of the clients, while the practitioner must focus on essential aspects, such as the development of children and the intrinsic wish to be a good parent. In addition, one of the participants pointed to a British method: “Words of pictures”, a method where children can express their worries about the situation at home and in the family with pictures. In addition, the practitioner also makes an action plan.

For most institutions and practitioners, this approach means a cultural switch of the organization, the treatments and the attitude of the practitioners themselves.

Practical trainings

Another successful methodological characteristic of the received treatment that was often mentioned by the perpetrators are the practical training and exercises that are part of the programme and that they have to carry out at home. This aspect of the programme, e.g. aggression training, leads to more insight in where it has gone wrong and what to do to avoid an escalation of the situation in future, and thus avoid abusing the children. *“For me it was very helpful to get assignments and guidelines for practice at home and the feedback on the experiences with it from the practitioner. Throughout these assignments I learned to recognize where it goes wrong and things get out of hand.”*

Customizing

A third mentioned successful methodological characteristic is customizing. This means that provided programmes must fit and match with the needs, competences and possibilities of the parents involved. *“I received a group training in avoiding domestic abuse. Due to my psychotic condition it was pointed out to me that a group therapy was not effective for me. So the practitioner suggested an individual treatment. This switch was very good, because from then on I could open myself up better to the practitioner.”* *“Although the treatment was very helpful in repressing my aggression, afterwards it was clear to me that it was not enough, that I needed some more support, because the feelings of aggression and the problems to control them came back. But then I asked for help again and they offered me an additional training. This training is almost finished, but I believe that I am now strong enough to avoid the use of violence in stressful situations.”* This means that the practitioner not only offers the best matching programme, but also that the duration of the programme as well as the frequency of sessions may vary with the needs and possibilities of the parents. In that way, they make the programme optimally client-based.

Related to this, the participants of the focus group also stated that it is important to be aware of the specific needs of the clients, instead of only focusing on requests for help. For example, young people often complain that practitioners do not ask them about their needs. A simple question like “how are you doing?” is often experienced by young people as a demand to display accountability about the situation at home and to betray their parents.

Examples of successful approaches in the Netherlands

During the focus group meeting, the participants mentioned a number of specific, successful approaches for the Netherlands, in which (some) of the before-mentioned successful methodological characteristics are involved:

- **Specific projects about detecting and reporting child abuse:**
e.g. the participants of the focus group meeting mentioned as good practises specific projects of sports volunteers, who were trained in becoming aware of child abuse and how to report it. For this reason, the Ministry of Health, Welfare and Sport introduced in 2011 a spotting test for the recognition of child abuse by teachers, sports coaches and other practitioners who work with children. The

development of the test was part of a public campaign for recognizing child abuse. Throughout the test, practitioners become aware of signs of child abuse.

- **Specific projects about preventing child abuse in which attention is paid to the whole family, like for instance in Kindspoor:**

this is a preventive method emphasizing the basic principle that families at risk do not formulate a request for help themselves. Kindspoor is a partnership of the police, the Bureau for Youth Care and the Council for Child Protection. The focus of the project is on early detection and approach situations, in which children have been witness to domestic violence. Practitioners visit families and have open conversations about how potential relational problems might effect the development of the children.

2.3 The setting and organization of the treatment

In the Netherlands, there are a lot of social institutions that provide care, help and support concerning child raising and child abuse. These institutions are mostly positioned in communities at the local level. Their existence and image, however, is not always clear to parents who are searching for help. Most of the respondents expressed unfamiliarity and had questions about what they do and what they might mean to them. It is often the case, for example, that parents experience a big obstacle to seeking help because of their fear that the institution will take the children away.

The Dutch care institutions are connected to each other in an extensive network. Yet, according to the respondents, there is less cooperation, e.g. an exchange of information, between the institutions. Parents experience this as a massive hindrance to their care process, because they have to tell their story again and again and again; there is no central management of the care institutions. They also often meet with disbelief or prejudice from the side of practitioners and other professionals. This situation should be avoided through more and a better exchange of information from one practitioner or institution to another. For these reasons, it is very important to create and keep short lines between one involved institution or practitioner and another. Despite the amount of care institutions, new clients are often placed on a waiting list, causing a long waiting period between the moment of indicating the need for help and the actual provision of assistance. In some cases, this process takes almost a year. Referrals should take place immediately or as soon as possible, whereas the accompaniment should be done by a minimum of different practitioners. The more practitioners are involved, the more complex the meaning of care and the care process for the client becomes.

The participants in the focus group meeting agreed with this and they mentioned the new Youth and Family Centres in the Netherlands which intend to solve those problems. One of the main strategies of the governmental youth and family programme (2007-2011) of the former Ministry for Youth and Families was to focus on prevention: to identify and tackle problems earlier. "All parents, young people and children, including those without specific problems, must have access to an approachable, recognizable point of contact close to home where they can get advice and help on a wide range of parenting issues. Professionals who work extensively with children and families must be alert to any problems and families must be alert to any problems and notify the relevant bodies at an early stage if families need help. In order to achieve this, youth and family centres will be set up. There will be a centre in every municipality; larger municipalities will have more than one, while smaller municipalities will have the option of setting up one shared regional centre. Every youth and family centre will offer basic preventive youth policy services, youth health care, developmental support and family coaching" (de Baat et. al, 2011). According to the focus group participants, this also means that in the ideal situation, the Family Centres should be visible and accessible to all parents and children, but this is not yet reality at this moment. Not every parent and practitioner is already familiar with it.

These Centres might fulfil a role in providing support as soon and as close as could be to families. The participants disagreed on the actor carrying out the preventive intervention. It seems difficult to estimate when professional intervention is needed within families at risk or when this can better be arranged by others like teachers, volunteers, et cetera.

2.4 *The care system*

In the Netherlands, the child welfare system is publicly funded by the government, but privately run by organizations that are not in service of the government. The system is dominated by the need to prevent abuse and rescue children from abusive situations. Family support has been separated into three levels. First, there are the universal services for all children and families, such as schools, youth health care, child day care, youth work and sports clubs. The second level consists of target services for children and families with additional needs and the specialist community-based services for children with multiple needs, for example: primary health care, organizations for advice and parenting support and school social work. On these levels, professionals have the responsibility to discuss suspicions of child abuse and neglect with the parents and/or the child. Third, there are the intensive specialized services for children with complex and enduring needs: the child and youth social care. Child and youth social care offers voluntary support for mental, social and pedagogic problems which hinder the development of children, but also carries out forced interventions.

In the Netherlands, the youth care agency operates in-between the targeted and specialized services. The youth care agency thus is the access point to the specialized services. Their most important task is to assess requests for assistance and to decide what kind of care or support (if any) is required. The Advice and Reporting Centres on Child Abuse and Neglect (Advies- en Meldpunten Kindermishandeling/AMK's) are also part of the youth care agency.

Despite the AMKs and the recent presence of the Youth and Family Centre, the participants of the focus group meeting emphasize that it still seems difficult in the Netherlands to detect and report child abuse and neglect, especially when sexual abuse is involved. The participants of the focus group meeting told us that sometimes they experience a lack of feedback caused by their professional duty of confidentiality. They do want feedback to become part of the process. According to the participants of the focus group meeting, however, the institutions involved are easily accessible; there even is a hotline where one can report a suspicion of child abuse and neglect, although many people are reserved about reporting because of the private character of the topic. This is especially the case with a suspicion of sexual abuse. Moreover, the reporting is often about physical, not psychological abuse, although this is becoming a bigger and bigger problem in the Netherlands, according to the participants of the focus group meeting. They pleaded for a bigger role of the school in spotting and preventing psychological abuse. They also wanted more influence of the medical officer related to employers, e.g. when children of employees are ill for longer periods. Above all, in their view more investments in the Youth and Family Centres are necessary to create a better climate for reporting, preventing and combating the abuse and neglect. This is all the more necessary now that a transition is taking place from the national youth care system in the Netherlands to a care system at the level of the municipalities.

In 2010, the national government initiated a phased transition of all child and youth social care tasks to the municipalities. This means that municipalities can create their own policy on children and youth, independent from the national government under the condition of duty for care. This transition is part of the decentralization of social policy from the national government to the local governments, based on the new Social Support Act. The plan was that by 2010, every municipality would have a Youth and Family Centre which has to be easily accessible for everyone with questions or in need of advice or help concerning children and young people. But it also means that citizens become more responsible for solving their own limitations and problems in obtaining a liveable situation and a meaningful life. Concerning this condition and the reality that there always will be people who need help and support on a continual basis, the participants of the focus group meeting noted that the Dutch government should develop a more sophisticated view on preventive interventions in families who are at great risk of child abuse, but who are out of reach of the care institutions. They also stated that more finances and support are needed for families who will never get out of the youth care system: there is no policy, no vision and no finances for this group. Remarkably, the Salvation Army may be the only organization to structurally help these families.

2.5 *Societal level*

In Dutch society, it nowadays is a highly emotional topic, caused by several impressive incidents which received much attention in the media. In addition, it is also an important topic in the policy of the national, regional and local government.

The Dutch Child Care Act has defined child abuse as every form of an act of a physical, psychological or sexual nature that is threatening or violent to an underage person, actively or passively imposed by the parents or other persons on whom the minor depends or is to whom the minor is bound, which causes or threatens to cause serious physical or psychological damage to that minor (www.nji.nl: child abuse file). The societal view often differs from the theoretical view, however. In Sweden, beating a child is strictly forbidden, whereas in the Netherlands there is a lot of discussion about what to do in case of suspicion of child abuse or neglect. At the same time, there is a taboo in society concerning the suspicion of child abuse and neglect, especially when it involves sexual abuse. Furthermore, it is also difficult in the Netherlands to comment on the behaviour of other people and there seems to be a different opinion on the definition of child abuse. More investments in the new Youth and Family Centres are necessary to create a better climate for reporting, preventing and combating the abuse and neglect, according to the participants of the focus group meeting. In addition to the decentralization of the responsibility for the Dutch youth care system to the municipalities, the debate about the needed investments must become part of the transition process. It might also play a role in improving the central point of management of all the assistance on offer because parents often are involved in a lot of different care institutions. Professionals and volunteers are not trained in reporting child abuse. The parents and practitioners who participated in this research emphasized the necessity of training all practitioners and volunteers in reporting and in how to act.

3 Conclusions

In the former chapters we have described the outcomes of our research. Its aim was to find an answer to the main question:

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

To obtain the required data, we chose a combination of two research methods, which were conducted in two phases. The first phase involved a case study in which we conducted a total of ten in-depth interviews with parents. Two Regional Institutions for Youth Care were involved in conducting the study: De Waag in Haarlem and Fier Fryslân in Leeuwarden. These institutions are well-known for their system-oriented approach of both perpetrators and victims. The second phase consisted of a focus group meeting with practitioners.

In this chapter, we will present the main conclusions from the interviews with the parents and the focus group meeting with practitioners.

Taboo on reporting child abuse

The first conclusion of the practitioners is reporting child abuse is still taboo.

Thanks to intensive publicity campaigns of the government at this moment everyone in our country knows that child abuse exists. But even though everyone agrees that child abuse is terrible, the subject still often is taboo. People find it difficult to discuss child abuse with the parents in question: this is still taboo (see also Gezondheidsraad, 2011). The public campaigns by the government to some extent involve bystanders in dealing with child abuse, by informing them about signs of child abuse and by encouraging them to report (suspected) child abuse. The campaigns are hardly designed to learn people how to talk to parents about child abuse (see also Advies aanpak kindermishandeling, NJI 2012). Neighbours, football coaches, but also doctors and teachers do not know how they should raise this issue with the parents. They are often afraid of the consequences; how people will respond to the accusation of child abuse.

Besides an active public campaign by the national government, there are various initiatives to lower the threshold for reporting (suspected) child abuse. The Advice and Child Abuse Reporting Centre (AMK) is a Dutch institute that is accessible to anyone with concerns and questions about (suspected) child abuse. In every municipality, there is also a Youth and Family Centre (CJG), where people can go to if they are worried about possible child abuse in a family. Although more cases of child abuse are reported, the reports filed at the AMK (General Reporting of Child Abuse) are just the tip of the iceberg. The number of reported cases of child abuse is much smaller than the number of cases of child abuse. Many researchers argue that the number of children abused is probably about ten times higher than the number of officially registered cases (Tierolf e.a., 2011; Alink, IJzendoorn, et al. 2011).

The professionals in the focus group indicated that it is important that people in the direct environment of children learn to identify child abuse and know what the consequences of this abuse are. A bottleneck is that there is still much uncertainty about 'what child abuse is'. People are easily scared of falsely accusing parents and subsequently damage their relationship with them as their neighbour, football coach or teacher. This especially applies when it comes to serious allegations, such as sexual abuse.

In particular professional groups and volunteers who deal with children should be more able to distinguish between mild forms of parental neglect, parental problems or more serious forms of child abuse. For milder forms of child abuse, support and involvement of family and fellow rearing adults like teachers and neighbours can be crucial to stop and to prevent worse. These stakeholders need to be aware about what they can do, and when outside intervention is required (and therefore one should report).

The parents and practitioners who participated in this research emphasized the necessity of training all practitioners and volunteers in reporting and in how to act. It is therefore necessary that knowledge in the form of tools and good examples will be available to all stakeholders, professionals and non-professionals, to enable them to identify (the severity of) child abuse and to learn how to talk with parent when children are faced with such security issues. Professionals in the Youth and Family Centre can play a key role in this strategy. They can strengthen informal social support around families and encourage parents to take responsibility in tackling child abuse.

An integrated care system is needed

A second important conclusion is that an integrated approach to child abuse is needed. In the Netherlands we have the RAAK approach. The various organizations for youth care within the region make a joint plan of action to combat child abuse, which aims at the entire process of prevention, detection, intervention and assistance. To achieve this in the different regions, partnerships were formed with organizations that work with parents or children, training activities were organized to identify child abuse, and regional action protocols established. The evaluation of the Raak approach shows that they have invested a lot in identifying and reporting child abuse, but prevention and cure received less attention (Berenschot, Verwey-Jonker Institute, 2011). The respondents in our research mentioned some problems, especially with regard to the effective cooperation of the various institutions. A first problem is that there are many agencies involved in the care of these families. The central coordination for this help, according to the participants of the focus groups, should be the responsibility of the Youth and Family Centres (CJGs). The municipalities are free, however, to decide how they want to realise the prevention of domestic violence, with the consequence that there is no uniform policy. This means that it is not obvious that, in all communities, practitioners of the CJG have an coordinating role in the prevention of child abuse. As a result, every institute is only partly responsible for the support or help provided to the family, but none of them is responsible for the whole process, which means that the care remains fragmented. Another problem is that information on these families is not shared with other institutions because of privacy legislation. An example mentioned in the focus group is that if someone reports a case of child abuse, they never hear what was done with this family later on. They remain uncertain whether this family has received some care or help. Finally, it is unknown whether interventions have the desired effect, whether they actually stop the violence and restore security in the family. The current approach is not registered and has not been investigated further.

System-oriented approaches recommended

Within the interviews and the focus groups, some recommendations were made about the care and support that was offered. The first suggestion was that the help and support should not only focus on the problems but also on the strength of the families. The problems as the parents define them in dialogue with the social workers are central to the treatment. Parents and the counsellor work together to find solutions that work for that particular family. This can best be achieved by working on specific goals, which the family and the counsellor agree on. The premise is that all parents want the best for their child, but that this group of parents needs more help than other parents do to develop the needed parenting skills. Empowerment also means that the treatment is based on what families can do and what goes well, and ensures that these strong points will be strengthened and expanded further (Hermanns, 2002, Van der Steege, 2009; Dawe et al., 2008).

Direct specialist expertise should be available to all families and they should work according to the principles of wraparound care: all necessary assistance in and organized around the family.

The clients and practitioners were enthusiastic about the system-oriented approaches of De Waag and Fier Fryslan. The parents were very positive about it because in the one-dimensional perpetrator-directed treatments, they experienced that professionals often only focus on the behaviour of the client, which results in misunderstanding, prejudice, non-realistic goals and a lack of transparency. The system approach revolves around an integrated methodology in which not only the parent but also the partner and child(ren) receive treatment.

Methodological conditions and principles

From the perspective of the involved parents and practitioners participating in the focus group meeting, treatments have to fulfil the following methodological conditions:

- Purposeful; the treatment has to be clear in its purpose, acknowledged by both the parent and the social worker.
- Taking the parent seriously; the worker has to listen carefully to the story and experiences of the parent.
- Realistic and step by step; the treatment should proceed in small steps with clear and achievable goals.
- Customized; the treatment has to fit in with the competences and possibilities of the parent.
- Continuity of the social worker; changes of workers during the treatment will disturb the treatment.
- Trust; the relationship between the parent and the social worker has to be based on trust.
- Encouraging/promoting agency; the parent should become aware of his or her problem-solving strength and powers.

The already mentioned integrated, positive approach has to be embedded in a well-developed view on care. This might mean a cultural switch of the organization, treatments and attitude of the practitioners. Besides a plea for a new professional attitude, characterized by an open, non-judgemental approach, and for spreading system-oriented integrated approaches in all social institutions, the parents were very content with the existing practical training and exercises, which have to be carried out at home. This aspect of the programme, e.g. aggression training, leads to more insight into where it has gone wrong and what to do to avoid an escalation of the situation in the future, and therefore avoid abusing the children. A third successful methodological characteristic mentioned by the interviewed parents is customizing. This means that provided programmes must fit and match with the needs, competences and possibilities of the parents involved. This means that the practitioner not only offers the best matching programme, but also that the duration of the programme as well as the frequency of sessions can vary with the needs and possibilities of the parents. In that way, they make the programme optimally client-based.

View on child abuse should focus on the child

The last recommendation from the respondents is that the Dutch government needs to develop a more sophisticated view on preventive interventions in the family. During the last decade, the Dutch government has invested a lot in identifying and reporting child abuse. But now, it is important to develop a prevention strategy for child abuse and to ensure that multidisciplinary aid is offered. According to the principles of “positive parenting”, all municipalities have to introduce a step by step prevention strategy to prevent child abuse. It starts with parenting courses for all new parents and extends to interventions in families at risk for child maltreatment. Children and young people belong at home as much as possible: the first question is whether the (emotional) security at home can be repaired (and, if so, how), even as a child has to be removed (temporarily) from the home.

The Dutch government has not invested enough either in the treatment of children and young people who are traumatized (see also Child Approach Steering Committee, 2009). Children are forgotten: specialized diagnostics and trauma treatment are hardly available in youth and youth mental health for this specific target group.

Summarizing

Both clients and professionals do hope that the Youth and Family Centres will stimulate a new climate for reporting and combating child abuse and neglect and will fulfil a coordinating role toward the support and treatment of the families. More professionals and volunteers working with children should be trained in recognizing and reporting child abuse and learning how to discuss their concerns with the parents. Professionals should have an open mind towards all members of the system but also have a clear position with regard to values. Professionals should also focus on all members of the family and use inspiring and effective programmes, such as ‘Signs of Safety’ or ‘Safe Living’. The national government should focus more on the prevention of child abuse.

Vignettes discussed during the focus group meeting

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

Physical abuse

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

Practitioners and voluntary workers like sports coaches have problems reporting because of *confidentiality*, especially when sexual abuse is involved. They should be trained e.g. by specialized professionals in becoming aware of child abuse, where and how to ask advice, et cetera. In the ideal situation, the Dutch Youth and Family Centres should be obliged to offer such training, but this is not yet reality at this moment: not every parent and practitioner is already familiar with it. When practitioners have reported child abuse to the AMK, there is a lack of feedback caused by the duty of professional confidentiality. The participants of the focus group meeting thought that feedback should be a regular part of the process.

Psychological abuse/neglect

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

The participants agreed that the role of the school in detecting and reporting psychological abuse is limited. Reporting is often about physical abuse, not psychological abuse, although this is becoming a bigger problem in the Netherlands. The employers in the Netherlands play almost no role in the process, either. The participants thought that the medical officer should play a bigger role e.g. when children of employees are ill for long periods. In this case, the 'the local bobby' might play a role in reporting and social institutions or a social network (church) might help the mother with what is needed. This might be something 'quite simple' like, for instance, help in getting financing for day care. Preventive interventions might play a role in preventing and combating child abuse and neglect in families at risk. Especially concerning the transition from the Dutch national youth care system to the municipalities, the Dutch government should have a more sophisticated view on preventive interventions in families; more finances and support are needed.

Sexual abuse

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

When this vignette was discussed, much had already been said during the discussion of the other vignettes; yet it is remarkable that there still seems to be a big taboo on reporting sexual abuse, notwithstanding the big efforts made regarding this topic in the last decades. The participants thought that it is important that the teacher should report to e.g. the AMK, which might check the story with the girl. The participants all agreed on having this check: "you must always check the reality of the friend". It is a very big taboo to let the teacher himself check the abuse with the girl. In the ideal situation, parents should be involved by protocol when there are suspicions of abuse, but often this does not happen.

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Colophon

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

The author describes differences and similarities of the perceptions of parents and professionals in the Netherlands at five levels: the level of the professional, the level of the method/intervention, the setting/organization, the care system and the societal level.

Based on these reports and the discussions about the results during international meetings with the partners, the Verwey-Jonker Institute wrote an international report.

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

