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Child maltreatment in the family: a European perspective

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Child maltreatment is generally referred to under the global categories of physical, sexual, emotional/psychological abuse and neglect. The Concerted Action on the Prevention of Child Abuse in Europe (CAPCAE) reports on the specific forms of harm and injury, actions and persons believed responsible in eight European countries. The most common actions across all participating countries responsible for harm were those of violent parenting or absent parenting. A review of prevention strategies found that few programmes focused on specific behaviours or included measures to indicate whether their actions were successful in preventing further harm to children. It is recommended that fathers need to be targeted in prevention as well as mothers and that specific data collection of actual harms, actions, persons responsible and outcomes needs to be implemented as a priority in all European countries. Such specificity avoids a focus on risk which is unacceptable in some countries, over inclusive of parents and resource intensive.

Keywords: Child Maltreatment; Europe; Comparative Research; Prevention

Introduction

Child maltreatment is a global social problem (WHO, 2002) and is generally referred to in terms of physical, sexual, emotional/psychological abuse and neglect. Within these categories child maltreatment is not homogeneous, encompassing many different forms of child harm and injury and often risk of harm. Despite considerable research in the field, however, there is a lack of comparative data on the causes and typology of specific forms of harm and injury, country specific responses and outcomes for children and their families. These three aspects are explored through

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cross national European data collected by the Concerted Action on the Prevention of Child Abuse in Europe (CAPCAE). On the basis of this data, intervention is proposed that demands recognition of the specificity of harm and injury and the need to develop maltreatment specific and culturally sensitive responses.

CAPCAE was a two-year nine-country co-ordinated action involving child welfare researchers in Belgium, England, France, Germany, Ireland, Italy, the Netherlands, Norway and Spain whose objective was to review strategies that prevent child maltreatment for their effectiveness in participating countries. A review of existing strategies and their evaluation (CAPCAE, 1997) found that prevention was directed at a very general level with little evidence of effectiveness in stopping child harm and injury. It was therefore agreed that data on children reported to Child Protection Services (CPS) should be collected and analysed on the basis of actual harms and injuries reported most frequently to child protection services, rather than on the broader categories of child abuse.

Method

Two preliminary workshops agreed on data items to be collected on children referred for reasons of maltreatment. Following this the same data were collected from a variety of CPS sites and one hospital in eight European countries (see Table 1) on all children reported during the period between October 1996 and October 1997. The data capture sheets were completed either by practitioners or by researchers, depending on the service, between 1997 and 1998. The final analysis involved a retrospective 100% sample of 2,356 substantiated cases. Univariate analysis gave frequency counts for family structure, types of harms, injuries, actions and persons believed responsible to enable comparison between countries. In a secondary analysis, data on each child were grouped according to actions responsible for the harm or injury and the characteristics of children and parents within two of these groups were compared. Children were allocated to the 'violent' category if any violent action was recorded as the main action responsible (excessive corporal punishment, sudden violent attack or persistent caregiver hostility). Children were allocated to the 'absent'

Table 1 CAPCAE data collection sites

Country	Data collection point	Number of children
Belgium	Seven SOS Enfants Child Protection Teams	273
England	Eight Local Authority Social Service Teams	219
France	Two Social Services Departements	435
Germany	Twelve Child Protection Centres	263
Ireland	Children's Hospital (A&E)	50
Italy	Four Centres for Child Abuse	440
Netherlands	BVA's, Child Protection Board Day Treatment Centre	385
Spain	Two Social Service Departments	291
Total		2,356

category if the main action responsible involved supervisory, educational or emotional neglect or abandonment. This resulted in two distinct and separate groups of violent and absent actions responsible which were then compared on the variables of key stressors, father's relationship with the child and mother's relationship with the child to determine any significant differences between the two groups. Comparisons of certain individual responses of the seven countries to various items were also carried out. Statistical testing for both types of analysis was carried out using a Chi-squared test of independence, and results were reported at three levels of significance ($p < 0.05$; $p < 0.01$; $p < 0.001$) where appropriate.

Findings

Family structure at entry

Research into child welfare systems gives information on the family types most often referred for service. In Western Australia, for example, Thorpe (1994) notes an over-representation of single parent and aboriginal families, and in Britain Gibbons *et al*. (1995) found an over-representation of single parents and reconstituted families. Until recently it has not been possible to have comparative information from other European countries. To address this, CAPCAE collected data on the family structure of all the referred children (see Table 2).

In Belgium, England, Italy and the Netherlands children living with both biological parents form the largest single group, ranging from 40.6% to 52.5%. In France, Germany and Ireland the largest group of children were reported to be living with single female parents (36.5–54%). The family structure profile for children referred in Spain appears to contrast with other European countries in that it includes a high number of children who were living in substitute care (13% placed in foster families) and also a higher number of children living in extended and single male parent families.

Actions believed responsible, harms and injuries

Actions responsible for the report were classified under 17 categories. Up to three actions responsible could be recorded. Overall, specific forms of neglect were the most common actions. Of these, neglect of shelter was the least frequent (10%) and emotional neglect the most frequent (29%). There was a notable difference between the Spanish data and other European countries with all forms of neglect being reported in substantially more cases in Spain. Sexual contact was reported in a quarter of cases overall but was the most frequent action for almost a half of reported children in Belgium and Germany. It was lowest in the hospital sample from Ireland (2%) and the social service departments in Spain (5%). Excessive corporal punishment was responsible for the harm in a fifth of cases, but comprised almost a third of actions responsible in Belgium and the Netherlands (see Table 3).

Table 2 Family structure of children at referral to CPS in eight countries

	Belgium (%)	England (%)	France (%)	Germany (%)	Ireland (%)	Italy (%)	Netherlands (%)	Spain (%)
Biological parents	43.6	40.6	26.2	34.5	36.0	52.5	51.7	20.1
Reconstituted family	21.6	23.7	21.5	23.5	12.0	5.4	24.1	10.1
Single female parent	23.8	26.4	35.8	36.5	54.0	17.3	16.7	15.7
Single male parent	2.2	4.1	N/K	2.2	12.0	2.9	1.9	6.3
Extended family	–	1.7	N/K	1.9		2.7	–	10.7
Substitute Care	2.5	1.8	N/K	3.0		7.0	0.4	34.0
Number of children	273	219	435	263	50	440	366	291

Table 3 Actions responsible for harm across eight countries ($N = 2{,}356$)

	B (%)	E (%)	F (%)	G (%)	Ir (%)	It (%)	N (%)	S (%)	All (%)
Excessive corporal punishment	32	21	14	27	2	12	30	20	20
Persistent caregiver hostility	13	3	–	24	10	7	8	26	13
Sudden violent attack	6	4	–	6	16	11	6	13	9
Sexual: Rape/ penetration	28	2	–	7	0	4	0	0	6
Sexual: Contact	53	33	–	49	2	14	15	5	24
Sexual: Non-contact	4	0	–	8	0	4	9	3	4
Neglect: Supervision	10	9	17	12	26	28	29	66	25
Neglect: Emotional	21	12	11	31	28	24	42	65	29
Neglect: Education	25	2	15	17	4	18	5	61	18
Neglect: Shelter	7	0	–	4	0	13	6	43	10
Neglect: Health	9	2	–	6	12	11	8	54	15
Neglect: Food	7	0	–	3	14	12	18	58	16
Neglect: Clothing	2	2	–	4	8	12	12	37	11
Neglect: Environment	19	8	–	4	10	12	11	60	18
Abandonment	4	0	–	2	10	10	6	41	10
Accidental	5	4	–	0	4	1	0	2	3
Drug/alcohol induced act	8	3	–	6	10	9	12	20	10
Children ($N =$)	273	219	435	263	50	440	385	291	2,356

Note: Percentages add up to more than 100% owing to use of multiple categories.

Harms and injuries were recorded in 15 categories (see Table 4). There were variations across countries, corresponding to the differences in actions responsible. For example, in Spain the majority of children were classified as 'at risk' (88%) and a third categorised as 'failure to thrive', both of which relate to the high numbers of neglect actions. Germany recorded the highest incidence of distress (82%) and also contact sexual actions. Overall, the most frequently described harm was that of 'risk' (29%), followed by 'distress' (26%). There appear to be some country-specific variations; for example, England, which did not record any children as experiencing distress, which may reflect a cultural attitude rather than its presence or absence. A clinical assessment of emotional trauma and bruises were both reported in 13% of cases overall. Other physical injuries, such as cuts and welts (4%), fractures (2%), anal and vaginal trauma (5%) and failure to thrive (8%) were also noted across the total sample. Harms were fatal in under 1% of cases (12 children overall). For over a

Table 4 Harms and injuries ($N = 2{,}356$)

	B %	E %	F %	G %	Ir %	It %	N %	S %	Total %
Scalds/burns	0	5	–	1	1	4	2	4	2
Fractures	1	1	–	2	2	6	1	1	2
Cuts/welts	0	2	–	1	4	0	10	9	4
Bruises	13	15	9	13	7	18	19	12	13
Bites	0	0	–	0	0	2	1	1	0
Anal/vaginal trauma	3	2	–	9	7	0	9	2	5
Pregnancy	0	0	–	2	0	0	0	1	0
STD/infection	0	0	–	0	8	2	1	4	2
Distress	19	0	16	82	15	8	48	21	26
Emotional trauma	15	2	11	4	10	10	44	6	13
Failure to thrive	4	1	–	2	2	8	4	33	8
Brain damage	0	0	–	1	2	4	0	2	1
Internal injuries	0	0	–	0	5	0	1	1	1
At risk	12	30	14	20	34	20	18	88	29
Number of children	273	219	435	263	50	440	385	291	2,356

Notes: Percentages add up to more than 100% owing to use of multiple categories.

third of all the children the harm was assessed as serious (lasting over 48 hours) and for over a quarter it was long standing (lasting several months or over years).

In all countries the mother or father of the child was most frequently identified as the person responsible for the harm or injury (see Table 5). The only other category to be featured in over 10% of cases was that of father substitute (overall 11%).

Violent and absent parenting styles

Whilst there was some overlap between categories (approximately one third), over the total sample, similar types of actions were more likely to be experienced by the same child than multiple types. These actions fell into the categories of violent care, absence of care, sexual actions and environmental circumstances (see Table 6). The following section provides an analysis of the children experiencing violent actions ($N = 497$) and absent actions ($N = 480$) as the main action responsible for their harm or injury in seven[1] countries ($N = 1{,}921$), comprising just over 50% of the sample.

Table 5 Person believed responsible ($N = 2{,}356$)

	B (%)	E (%)	F (%)	G (%)	Ir (%)	It (%)	N (%)	S (%)	All (%)
Mother	32	33	53	39	48	37	70	49	45
Father	37	39	27	33	30	43	51	38	37
Father substitute	11	17	9	17	6	3	16	6	11
Number of children	273	219	435	263	50	440	385	291	2,356

Table 6 Grouping actions responsible

Grouping	Actions responsible included
Violent actions	Excessive corporal punishment, sudden violent attack, persistent caregiver hostility
Absent actions	Educational neglect, emotional neglect, supervisory neglect, abandonment
Sexual actions	Contact sexual, non-contact sexual, indecency/molestation
Material/environmental circumstances	Drug/alcohol induced actions, domestic violence, neglect clothing or environment, other

Contexts of violent and absent actions

Practitioners working with the children assessed primary stress factors in the action that led to referral. Up to three factors could be selected for each case. Over all forms of maltreatment in the eight countries the highest rated factors were relationship problems between carers (45%), domestic violence (24%), youth of parent (24%) and social isolation (22%). Analysis of stress factors for the subsets of 'violent' and 'absent' groups, however, showed significant variation (see Table 7). Both groups of families experienced similar problems with relationships between carers (57%), and social and extended family isolation (29–32% and 24%). However, the violent group was significantly higher ($p < 0.001$) on levels of domestic violence. Key stressors implicated in the actions for the absent group were significantly more likely to be unemployment ($p < 0.05$), housing ($p < 0.001$) and youth of parent ($p < 0.01$).

Difficulties with violence were indicated further when the relationship between the parent and child was considered. Data was available for 749 fathers and 805 mothers concerning their feelings towards the child. Examining the father's relationship first of all, some significant changes were noted (Table 8). Fathers in the violent group had significantly higher reported levels of negative feelings towards the child ($p < 0.001$; 31% compared to 13%) and regular use of corporal punishment than in the absent

Table 7 Key stress factors in violent and absent actions responsible ($N = 977$)

Factors	Absent	Violent	Significance
Debts	16	13	–
Unemployment	20	15	*
Housing	19	9	***
Domestic violence	34	45	***
Relationship problems between carers	57	57	–
Pregnancy	8	8	–
Social isolation	32	29	–
Extended family isolation	24	24	–
Youth of parent	43	33	**
Other	5	7	–
Number of children	480	497	

Notes: *$p < 0.05$; **$p < 0.01$; ***$p < 0.001$.

Table 8 Father's relationship with child ($N = 749$)

	Violent	Absent	Significance
Negative feelings	31	13	***
Unrealistic expectations	26	23	–
Inability to respond to need	33	56	***
Inability to deal with child behaviour	43	34	*
Regular use of corporal punishment	43	9	***
Positive relations	13	24	***
Not known	20	17	–
Number of children	431	318	

Notes: *$p < 0.05$; **$p < 0.01$; ***$p < 0.001$.

group ($p < 0.001$; 43% compared to 9%). In contrast, fathers in the absent group were unable to respond to need for over half of their children (56%) whereas in the violent group this was reported in only a third of cases ($p < 0.001$). These fathers also had positive relations with the child in almost a quarter of case (24%) in comparison to only 13% of the violent group ($p < 0.001$).

Mothers showed similar patterns to fathers, except that their use of corporal punishment was less (Table 9). In addition, unlike fathers, mothers of children in the violent group more often had positive feelings (27%) than mothers in the absent group (19%) ($p < 0.01$).

Services provided

A variety of services was offered to children and their carers. The data display some patterns, particularly on the differential use of legal, practical and therapeutic responses. Legal measures referred to any intervention involving the courts such as restrictions on, or withdrawal of, parental rights. These interventions are last resort measures that form part of a strategy for future work with the family, except in the minority of cases where parental rights are withdrawn. Across countries the most frequent response was monitoring (31%) followed by substitute care (25%),

Table 9 Mother's relationship with child ($N = 805$)

	Violent	Absent	Significance
Negative feelings	32	12	***
Unrealistic expectations	27	23	–
Inability to respond to need	46	62	***
Inability to deal with child behaviour	51	46	–
Regular use of corporal punishment	25	3	***
Positive relations	27	19	**
Not known	9	6	–
Number of children	441	364	

Notes: *$p < 0.05$; **$p < 0.01$; ***$p < 0.001$.

counselling (23%), legal measures (17%), police (15%) and family support (12%) (see Table 10).

Both England and Ireland had above-average police involvement, with the Netherlands, Belgium and Spain below average. Ireland and Spain showed higher than average use of the substitute care system and France, the Netherlands and Spain were higher on other legal measures, such as restrictions on parental rights. Few children (less than 5% of the total sample) were indicated as permanently removed from their families. Substitute care was both compulsory and voluntary, but for the majority it was initiated as a short term measure. Overall there were low levels of practical assistance offered such as financial or material support (6%).

Family structure after service

For between approximately a third and a half of families referred into CPS services the family structure changed at outcome. Family structure change was lowest in France and the Netherlands (29%) and highest in the Irish hospital sample (56%) and the Belgian SOS Enfants Teams (48%) (see Table 11).

Evaluating the appropriateness of services

In addition to the data collection in CPS sites, CAPCAE examined evaluations of all prevention measures relating to child maltreatment (CAPCAE, 1997). Here we will restrict ourselves to the strategies and activities as they are relevant to the two types of actions responsible under discussion, and particularly focus on those strategies that seem to be effective.

CAPCAE adopted a working definition of the different levels of prevention which were directed towards evaluating effectiveness, rather than the more traditional

Table 10 Services offered to children and their carers in seven CAPCAE countries[a]

Service	B (%)	E (%)	F (%)	G (%)	Ir(%)	N (%)	S (%)	Total (%)
Housing	12	0	N/K	2	8	2	7	5
Day care	3	0	N/K	7	0	7	7	4
Family support	1	0	N/K	12	16	21	17	12
Mediation	0	0	N/K	4	0	5	1	2
Police	9	31	16	12	26	10	2	15
Health	7	9	N/K	4	n/a	9	5	7
Child therapy	30	30	15	12	6	13	5	16
Family therapy	17	6	13	6	2	4	4	7
Counselling	20	70	N/K	27	6	14	2	23
Practical assistance	16	6	8	3	0	9	0	6
Monitoring	20	71	N/K	0	30	52	16	31
Substitute care	20	16	13	15	36	18	58	25
Other legal	5	1	32	0	7	31	40	17
Number of children	273	219	435	263	50	385	293	1,918

Note: [a] Data was not available for Italy.

Table 11 Family structure after service

Structure	Belgium (%)	England (%)	France (%)	Germany (%)	Ireland (%)	Netherlands (%)
No change	52	63	71	56	44	71
Parent/carer separation	10	6	11	16	12	9
Child separated	10	19	14	16	30	12
Person believed responsible left	7	9	4	11	nk	3
Number of children	273	149	435	263	50	366

tertiary distinctions which describe the level of maltreatment at the three stages. The CAPCAE definitions, for the purposes of evaluation, were:

- ***First Level***: strategies that stop first episodes of harm and injury from occurring. These are strategies aimed at reducing initial incidence;
- ***Second Level***: strategies that stop harm and injury from re-occurring. These strategies aim to prevent repeat victimisation;
- ***Third Level***: strategies that aim to reduce the effects of the harm and injury and prevent further harm from these effects.

The review of prevention strategies across nine countries[2] found services and programmes for the general public, individual parents/carers and children. The following section summarises some of the key findings but readers are directed to CAPCAE (1997) and Kooijman and Wattam (1998) for further details.

First level strategies to reduce initial incidence

Some countries had examples of public education campaigns against the use of corporal punishment but none has similar campaigns addressing absence of care. These campaigns increase reports but can also result in parents becoming more resolved in retaining their 'right' to smack.

Examples of parenting courses were found in all the CAPCAE countries. These courses addressed discipline and childrearing methods and were largely skill based and directed at mothers. As such they are unlikely to address negative and ambivalent feelings, particularly of fathers. An example of a project that did do so in Valencia (Spain) was directed at all new parents in one district. The programme aimed to improve relational aspects of parenting from birth. It focused both on the parent's strengths and potential sources of difficulty. The project has been positively evaluated and shown to be effective at the first level (Cerezo *et al*., 1998).

Educational programmes are directed at children and aim at helping them become safe. This 'safety' usually has two aspects: preventing children from becoming a victim of physical or sexual maltreatment (first level prevention), and teaching children to

talk ('disclose') to other trusted persons about violence that has happened to them (second level prevention). Many of the programmes were originally aimed at the prevention of sexual abuse, some included other forms of harm, but none were focused on absence of care.

Behavioural intentions and cognitions of children may change as a result of these programmes and there is some evidence from a successful campaign in Belgium (Parler à Violence) that attempts were made by the children to change their parent's behaviours. However, there is no clear evidence of effectiveness in actual violent or dangerous situations. It is unlikely that children could, or should, be able to alter the violent behaviour of carers although greater discussion and awareness of interpersonal violence may have a preventive effect in relation to the violence expressed by children themselves.

There was consensus across all countries that universal child health services were important. They offer a non-stigmatising form of surveillance as well as advice on parenting practices (individually or group meetings) and can make referrals for further assessment and psychosocial services. There are differences between countries in that some offer statutory home health visiting programmes, and others do not.

In some European countries specific legislation exists that outlaws physical punishment. The effectiveness of such laws in reducing the incidence of maltreatment is still under review but early evidence suggested that they may be partially successful, particularly in reducing the frequency of use of regular corporal punishment (Durrant, 1999).

Second level services to prevent harm from reoccurring

The overview of prevention strategies found a wide range of projects that aim to support parents in caring for their children once harm has occurred (although many also targeted 'risk' families). These family and parent support programmes were both centre and home based. Different reviewers reach different conclusions as to whether these programmes are effective as a means for secondary prevention of child maltreatment.

The evidence base for second level prevention is greater than for first level strategies. Baartman (1997) found that four of the 15 studies he reviewed had little or no effect. The other nine programmes were at least partly successful. Clément and Tourigny (1997) found that only eight of the 27 programmes they reviewed reported on the incidence of further harm. Of these, five programmes showed a reduction of incidence, but in two programmes this was not maintained in a two-year follow up. De Kemp *et al*. (1998) found that at the start of an intensive family preservation programme in the Netherlands (Families First) 78% of cases had serious shortcomings in child care (e.g. severe neglect), in 16% there was physical maltreatment, and in 4% sexual abuse. A year later the situation was improved for most families. Some 32% had some sort of follow-up treatment and almost half the children were under a court order (48%).

A key issue for second level prevention is reaching the right children, i.e. those who have experienced harm or injury, rather than those thought to be 'at risk'. Prevalence studies show that children rarely report to authorities (Cawson *et al*., 2000). Some services are for children when confronted with (threats of) harmful actions, for example a child telephone line, or a 'confidential person' within the school. It is known that a large number of children use these help lines (Williams, 2003). However, no studies have been conducted into the efficacy of helplines as a second level preventive strategy. The data from the CAPCAE sites found that very few children actually report themselves for help: between 2% and 4% in all countries. Children were themselves the source of reporting (i.e. they tell others who then report) in 23% of cases overall, with the highest frequency found in the Child Protection Centres in Germany (38%). This suggests that the reporting strategies and services offered by these Centres may be most successful in reaching children and families that need help.

Evaluation outcomes for treatment services can be defined in different terms, for example, that the actions responsible are stopped, the child develops satisfactorily, or the parent–child relationship has improved. One important conclusion from the CAPCAE reports, overlooking all second level prevention strategies together, is that studies show that despite all efforts, some harm to children is not preventable and there are varying rates of repeated violence, ranging from 7% to 33% (CAPCAE, 1997; see also Sinclair & Bullock, 2002). Although not tabulated here, the data from the CPS sites on further episodes of harm or injury in the referred children, although missing in many cases, found varying rates of repeat victimisation, ranging from 7% (Italy and Spain) to 58% (France). In the 'violent' and 'absent care' groups, there were no statistically significant differences in the rates of repeat harm which ranged between 24% and 28%. Where further harm did reoccur it was most likely to be of the same type as before. The 'violent' group had significantly higher rates of repeated soft tissue injuries (bruising, cuts/welts; $p < 0.05$) and in two cases internal injuries, both groups had similar levels of continuing emotional trauma (12–13%) and the 'absent care' group were more likely to be designated 'at risk' ($p < 0.05$).

Discussion

There are a number of limitations in the CAPCAE data and it can only amount to an initial, exploratory attempt to compare reported harms, injuries and actions responsible and prevention efforts in each country. Firstly, although every attempt was made to standardise data collection it was still evident at the end of the project that some interpretations may have been different. For example, in England only 2% of cases appeared under the category of Educational Neglect whereas in Spain it was 61%. Educational neglect in the UK is generally interpreted as depriving a child of formal education whereas in other European countries it appears to be interpreted more broadly in relation to the parental responsibility to educate or socialise a child. In addition, different harms were recorded at varying levels between countries. This

points to the way in which assessments of harm must be achieved; they are neither self-evident nor culturally objective, particularly in defining the difference between types of psychological harm such as 'emotional trauma' and 'distress'. Variations also reflected differences between countries in the types of harmful actions reported which may have been service driven. For example, the Belgian SOS Enfants teams and the German Child Protection Centres recorded the highest levels of harmful actions involving sexual contact. However, whilst the German CPC's noted high levels of distress (82%), the Belgian teams found much lower rates (15%). Thus, this data can give a broad overview of harmful actions and the harms and injuries that result but it also illustrates the continuing difficulties of defining such categories comparatively.

Secondly, selection of sites was restricted in that funding was contingent on adding value from existing research. Thus, sites already collecting data that could contribute to comparison were selected. CAPCAE did not have a representative random sample of the main CPS sites, although it did include the main CPS sites in five countries. These shortcomings in data collection do not detract from the key recommendations. Namely,

- in order to evaluate the effectiveness of prevention, strategies must be founded on stopping specified harmful actions;
- harmful actions may be more effectively grouped into violent, absent, sexual and material/environmental actions for the purposes of prevention;
- in relation to CPS populations, both fathers and mothers should be the target of preventive action.

Collecting accurate data can be difficult. Children referred to child welfare agencies for reasons of maltreatment may not have experienced a maltreatment episode. In the CAPCAE sample between 14% (Belgium, France) and 30% (England) of children were assessed as 'at risk'. In over 40% of cases in England and Belgium and approximately 30% in France, Ireland, the Netherlands and Spain, no harm or injury was identified. Thus, referral to a child protection service alone is not sufficient baseline information by which to compare outcome measures on levels of maltreatment.

The more closely a behaviour or harm can be defined the more likely it is that a clearer estimate of its dimensions can be achieved (Dingwall, 1989). Rather than use the global term 'child abuse' in CAPCAE we have aimed to record and specify particular harms, injuries, actions and consequences to specific children. Prevention strategies in each country do not reflect this level of specificity, rather each country responds (in varying ways) to the prevention of 'child abuse' at the conceptual, almost ideological, level with very little evidence of effectiveness. It is almost as if first and second level prevention are separate activities and links between the two (even within the same organisation) are not clear.

CAPCAE established a position that reviewed prevention at the primary, secondary and tertiary levels but only in terms of the objectives of intervention. Effectiveness then becomes measurable in terms of harms, injuries and actions responsible as a

central goal (perhaps one of many) of the prevention programme or service. For example, universal health services could identify the actions taken to stop violent corporal punishment (primary prevention through health surveillance), to stop it happening again (secondary prevention in emergency treatment units and paediatric wards where harms and injuries are detected) and to minimise consequences (tertiary prevention through mental and physical health treatment).

This approach to prevention reduces the propensity to target 'risk' populations and stigmatise or over include certain groups, such as single female parents, ethnic minorities, young parents or those with low socio-economic status. Each of these groups has been associated with 'risk' of maltreatment but risk factors have failed to be substantiated as effective (Hagell, 1998). They are also culturally bound in that young parents may be the norm in some countries, ethnic minorities may have different childrearing practices from the majority culture and some population groups, such as the socio-economically disadvantaged, may include more single parent families. Furthermore, some countries have a general resistance to targeting such 'risk' groups because of social and historical factors.

Random probability cross-sectional prevalence studies indicate that unreported child maltreatment, particularly child-on-child violence and commercial sexual exploitation, is as much a problem outside the family as within it (May-Chahal & Cawson, 2005). The CAPCAE data suggests that reported harms and injuries, contrary to prevalence study profiles, are most frequently the result of actions by parents or carers. This data therefore clearly situates *reported* child maltreatment as a family problem. A question raised by the CAPCAE data is whether more needs to be done to provide services for children who experience harmful actions from people outside the family. It may be that the families of these children can adequately protect but this has yet to be substantiated by research.

Since the project ended family support and preservation programmes have increased in many countries as a general prevention measure. Family support can mean anything from financial, social protection measures to intensive home workers living with a family on a 24-hour basis, and even to substitute care offered short to medium term (Katz & Pinkerton, 2003). Baartman (1997) points out that the term 'in-home services', of which 'family support' is one, suggests a homogeneity of methodology, which is misleading even within one country. The service culture of a country will influence the type of family support on offer. For example, in Italy the emphasis is more towards a therapeutic approach provided by trained 'experts', whereas, in England family support tends to be more skill based and focused on parenting.

Evaluations of family support programmes elsewhere suggest that the effects are modest and inconsistent (McCroskey & Meezan, 1998). Some show improved child outcomes, others positive effects on parents, but few findings appear consistently across evaluations. Important programme features appear to be: frequency, intensity and comprehensiveness of the programme services, and the quality of the relationship between families and staff (Katz & Pinkerton, 2003).

Evaluation research has to be long-term to draw valid conclusions (Olds *et al*., 1994). Cox (1997, 1998) and McCroskey and Meezan (1998) conclude that home visiting programmes have not been found to prevent child maltreatment, as measured in official reports, although some programmes modified aspects of parenting that are thought to influence maltreatment. Ayoub and Willett (1992) studied the effects of family preservation for 100 families referred for incidents of maltreatment, and found that treatment was most successful for situationally and chronically stressed families. For those where serious parent–child conflicts were present, treatment tended to be of moderate duration and families with least chance of receiving successful treatment were those where violence was a key factor. A recent review of intensive family preservation services for families with significant problems (substance misuse, housing, mental health and child care deficits) examined the effects of selected service characteristics on outcomes within subgroups. Duration, intensity and specificity of service did not alter the likelihood of out-of-home placement, subsequent maltreatment, or case closing in the public child welfare agency (Littell & Schuerman, 2002).

These evaluations of family support suggest that additional strategies would be required for the violent group identified in the CAPCAE data. In terms of work with fathers, it is clear that fathers of children reported because of violent actions must be present and participate in remedial work for violence, particularly regular and violent use of corporal punishment, and having negative feelings about the child. Fathers of children reported for absent care need additional help in identifying and responding to the needs of the children they live with. Women, in their role as mothers, have similar support needs but reviews of family support services suggest they are much more likely to be the target of interventions and evaluations (Baartman, 1997). The lack of attention to fathers was noted in all countries and has continued to be raised as an issue (Pringle, 1995; Featherstone, 1997; Scourfield, 2003). The CAPCAE data found that fathers and father substitutes were equally, or more frequently implicated depending on the action responsible. Thus, attention to women as mothers and the exclusion of men as fathers as the focus of programme goals limits the potential success of programmes and may account for some repeat harms and injuries (though this would require further research).

An important question that the CAPCAE data begins to address is whether legal responses effectively prevent harmful actions and some countries clearly had a more criminally oriented response. There does not appear to be a straightforward relationship between levels of all legal intervention and family stability but rather a qualitative difference associated with the type of legal measure employed. Countries with the highest rates of family stability, France and the Netherlands, have average or lower than average use of the police and substitute care systems but are characterised by relatively high levels of other legal intervention. In the Netherlands this takes the form of a restriction on parental rights and in France referral to the Parquet (tribunal). These are legal measures that can strengthen intervention in a family whilst leaving the original structure intact, suggesting that family preservation

may be assisted by certain forms of legal intervention. France also reported the highest level of repeat victimisation but this may represent more complete data collection on outcomes. Higher levels of further harm and injury may also indicate greater effectiveness in detection, in that these families are under increased surveillance.

Ultimately, further harm and injury can be prevented by separation from the person believed responsible, most frequently applied in Spain [see also Farmer and Owen (1995) for a separate English study with similar findings]. This strategy is the most likely to ensure that further harm or injury is reduced, although the same data set points to issues concerning victimisation whilst children are in substitute care. McCroskey and Meezan (1998) note that the current emphasis on family preservation in the child welfare system may work against the best interests of the children. Some parents are beyond the reach of even the best treatment programme. In fact, not every family can or should be preserved. They argue for a varied and adequately funded array of family-centred services which gives child welfare agencies additional options as they work towards the sometimes competing goals of protecting children, supporting and preserving families and building communities. The CAPCAE data similarly points to the way in which a range of services working together can be effective.

In summary, it remains the case that there is insufficient specificity of data in all countries to determine which types of prevention strategies work for which children with which harms or injuries and actions responsible. The CAPCAE programme has stimulated continued data collection in Belgium (Centre SOS Enfants-ULB, Chu St Pierre, 2002) and attempts continue to implement improved data collection in Italy. It has not, however, provided a catalyst for routine data collection in the UK where global categories of physical, sexual and emotional 'abuse' continue to be applied, or the other countries involved in the project. As a priority, prevention services in health, education and social care in all European countries need to find ways of collaborating to collect specific data as a matter of routine. If such data is not collected, services will continue to be premised on unspecified risk which would be unacceptable in many European countries and to many parents, thereby working against the aims of child harm prevention strategies.

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Notes

[1] It was not possible to include the data from France in this analysis.
[2] Norway was included in this review.

References

Ayoub, C. C., Willett, J. B. & Robinson, D. S. (1992) 'Families at risk of child maltreatment—entry-level characteristics and growth in family functioning during treatment', *Child Abuse and Neglect*, vol. 16, no. 4, pp. 495–511.

Baartman, H. E. M. (1997) 'Home-based services: to each his own?', in *International Perspectives on Family Support*, eds W. Hellinckx, M. Colton & M. Williams, Arena, Aldershot.

CAPCAE (1997) *An Overview of Child Maltreatment Prevention Strategies in Europe: Volume 1. Report of Existing Prevention Strategies and Methods Used to Evaluate Their Effectiveness in Countries Participating in the Concerted Action on the Prevention of Child Abuse in Europe*, European Commission, Science Research Development, Brussels.

Cawson, P., Wattam, C., Brooker, S. & Kelly, G. (2000) *Child Maltreatment in the United Kingdom: A Study of the Prevalence of Child Abuse and Neglect*, NSPCC, London.

Centre SOS Enfants-ULB, Chu St-Pierre (2002) *Rapport D'Activites 2002*, Centre Confident Multidisciplinaire des Hopitaux de l'Universite Libre de Bruxelles CCMH ULB, asbl, Brussels.

Cerezo, M. A., Cantero, M. J. & Alhambra, M. S. (1998) 'El incremento de la competencia materna en la prevención del maltrato infantil. Resultados preliminares en riesgo de abuso and desarrollo infantil', *Infancia y Aprendizaje*.

Clement, M. E. & Tourigny, M. (1997) 'A review of the literature on the prevention of child abuse and neglect: characteristics and effectiveness of home visiting programs', *International Journal of Child and Family Welfare*, vol. 1, pp. 6–20.

Cox, A. D. (1997) 'Preventing child abuse: a review of community-based projects I', *Child Abuse Review*, vol. 6, pp. 243–256.

Cox, A. D. (1998) 'Preventing child abuse: a review of community-based projects II', *Child Abuse Review*, vol. 7, pp. 30–43.

Dingwall, R. (1989) 'Some problems about predicting child abuse and neglect', in *Child Abuse: Public Policy and Professional Practice*, ed. O. Stevenson, Harvester Wheatsheaf, London.

Durrant, J. E. (1999) 'Evaluating the success of Sweden's corporal punishment ban', *Child Abuse Neglect*, vol. 23, no. 5, pp. 435–448.

Farmer, E. & Owen, M. (1995) *Child Protection Practice: Private Risks and Public Remedies—Decision Making, Intervention and Outcome in Child Protection Work*, HMSO, London.

Featherstone, B. (1997) 'What has gender got to do with it? Exploring physically abusive behaviour towards children', *British Journal of Social Work*, vol. 27, no. 3, pp. 419–433.

Gibbons, J., Conroy, S. & Bell, J. (1995) *Operating the Child Protection System: A Study of Child Protection Practice*, HMSO, London.

Hagell, A. (1998) *Dangerous Care: Reviewing the Risks to Children from Their Carers*, PSI, London.

Katz, I. & Pinkerton, J. (eds) (2003) *Evaluating Family Support: Thinking Internationally, Thinking Critically*, Wiley, Chichester.

Kemp, de R. A. T., Veerman, J. W. & ten Brink, L. T. (1998) *Evaluatie-onderzoek Families First Nederland; een bundeling van deel 1 tot en met 5 [Evaluation-study Families First the Netherlands; A Compilation of Part 1 to 5]*, NIZW, Utrecht.

Kooijman, K. & Wattam, C. (1998) *Moving Towards Effective Child Maltreatment Prevention Strategies in Europe: Report for the Concerted Action for the Prevention of Child Abuse in Europe (CAPCAE) of the BIOMED 2 programme grant (BMH4-CT96-0829)*, available at: http://www.lancs.ac.uk/fss/apsocsci/staff/chahal.htm.

Littell, J. H. & Schuerman, J. R. (2002) 'What works best for whom? A closer look at intensive family preservation services', *Children and Youth Services Review*, vol. 24, no. 9/10, pp. 673–699.

May-Chahal, C. & Cawson, P. (2005) 'Measuring child maltreatment in the United Kingdom: A study of the prevalence of child abuse and neglect', *Child Abuse and Neglect*, vol. 29, pp. 969–984.

McCroskey, J. & Meezan, W. (1998) 'Family-centered services: approaches and effectiveness', *The Future of Children*, vol. 8, no. 1, pp. 54–71.

Olds, D. L., Henderson, C. R. & Kitzman, H. (1994) 'Does prenatal and infancy nurse home visitation have enduring effects on qualities of parental caregiving and child health at 25 to 50 months of life?', *Pediatrics*, vol. 93, pp. 89–98.

Pringle, K. (1995) *Men, Masculinities and Social Welfare*, UCL Press, London.

Scourfield, J. (2003) *Gender and Child Protection*, Palgrave Macmillan, Basingstoke.

Sinclair, R. & Bullock, R. (2002) *Learning from Past Experience—A Review of Serious Case Reviews*, Department of Health, TSO, London.

Thorpe, D. (1994) *Evaluating Child Protection*, Open University Press, Buckingham.

WHO (2002) *World Report on Violence and Health*, WHO, Geneva.

Williams, S. (2003) Telephone helplines for children and young people, in *Child Sexual Abuse in Europe*, eds C. May-Chahal & M. Herczog, Council of Europe, Strasbourg.