



Empowering public authorities and professionals
towards trauma-informed leaving care support

CARE PATH PROJECT FIELD VISIT REPORT

Report on the Care Path Project Field
Visit Questionnaire

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Prepared by

Name: Zsuzsanna Kollár
Authoring partner: Cordelia Foundation
Position: Program Manager
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Approved on behalf of CarePath

Name: **Logothesi Adamantia**
Partner: ERGO
Position: **Expert**
Approval date: 02.07.2019.

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FIELD VISIT REPORT

INTRODUCTION

1.1 Purpose and Scope of the Document

This report presents the results of the field visits of the “CarePath Project: empowering public authorities and professionals towards trauma-informed leaving care support”. In particular, this report is focused on the experiences of the professionals with the maltreatment and abuse of the children and the training and support they get. The field visits were carried out in (insert month/year) and focused on children’s and professionals’ experiences and needs in the field of maltreatment and abuse, trauma, resilience and lack of needs. The visits also mapped the training needs of the professionals that complements another output of the CarePath project, a professionals training needs assessment.

The field visits took place in therapeutic services, childcare services, children’s residential care institutions, transitional accommodations (emergency or other short-term basements), shelter homes, small group homes, trauma centres, supervised independent living for young people preparing for leaving care system, family-based care and foster care services. The field visits consulted with children, young people and professionals, such as psychologists, social workers, psychiatrists, teachers, nurses and managers. The results of the field visits are particularly important in organising the trainings for the professionals working with care leavers and developing the training materials. The comparative perspective and the feedback, from not only professionals but children too, calls for particular attention to the factors focusing on the missing knowledge based on trauma-informed leaving care support. The field visits take place during the time of the CarePath project twice, first in 2018, the start of the project, then in 2020, the end of the project. To deliver comparative data, the same questionnaires and target groups will be used to provide conclusive answers and feedback after the online training programme has taken place. Purpose of the field visit is to implement the training needs assessment and the Massive Open Online Course (MOOC).

The project aim to increase the capacity of professionals in child protection systems to better support traumatised children and directly involving the child in determining the most suitable aftercare option for them. Nevertheless, national child protection systems demonstrate gaps in service provision, such as inappropriate care and therapy arrangements and lack of psychosocial support, lack of capacity to implement child’s best interest procedures, lack of participation of children in programme planning and implementation, lack of cross-system collaboration mechanisms to implement a longer term solution. The CarePath project delivers Policy recommendation report clarifies the differences between countries in Europe entirely.



The field visits focused on the topics that are connected to children's rights, trauma, resilience, abuse and maltreatment, and training needs, in accordance to the experiences in the child protection systems in Europe.. The Training Needs Assessment explicitly focuses on the professionals educational needs working on the field.

The General Data Protection Regulation (GDPR) was appropriately taken into consideration in every country and in every institution. In compliance, the field visits completed consent forms of the professionals and certificates of the visits.

As regards data protection, information about the participants in the field visits (A2.2) was treated with respect to anonymity and without any kind of violation of personal data of participants. In any case, relevant national and EU legislative frameworks will be respected, with Directive 95/46/EC (Data Protection Directive), as a common framework of reference for participating countries, as well as the right to respect for private and family life and the protection of personal data (Article 8 ECHR, Articles 7 and 8 of the EU Charter).

Given that some CarePath activities directly involve adolescents in alternative care, only persons already working or being authorised to work with children participated in those activities, irrespectively of status, capacity and role and only after the official approval of the relevant/competent national authority. Staff of partners' organisations involved in these activities was trained on children rights and child protection policies, were checked about their criminal background and have the authorisation of the Ethical Committee.

1.2 A brief overview of the preparatory work of the field visit

The following part explains the preparation for the field visit and the framework of the visits. The field visits took place in five countries managed by the seven different partners participating in CarePath project: Eurochild, UNITO, IACP, Readlab, E-Trikala, Ergo, Cordelia.

Overview on each of the partners is listed below:

- **University of Turin (UNITO)** is coordinating the CarePath project and is participating with its Departments of Psychology and Law, both distinguished by their research excellence, international outreach and experience in EU projects.
- **Calabria Region** is a territorial entity with its own statute, powers and functions according to the principles laid down in the Constitution of the Italian Republic.
- **Istituto dell'Approccio Centrato sulla Persona (IACP)** is a non-profit international organization dedicated to research on human behaviour, offering professional training courses in the Person Centred Approach and in Client Centred Therapy to several thousand of professionals.



- **Eurochild** advocates for children's rights and well-being to be at the heart of policymaking. It is a network of nearly 200 organisations, together representing over 2,000 organisations working with and for children throughout Europe. Eurochild has a strong track-record in advocating at EU and member state level on reducing child poverty and reforming child protection systems away from institutional to community- and family-based care.
- **ReadLab** is a research institution that aims to generate positive social and sustainable impact through innovation. It brings together a multidisciplinary team of specialised researchers in the fields of health, engineering, communication technologies, education and social and political sciences with a long experience in project management and implementation of national, EU-funded and international projects.
- **ERGO** is a non-profit organisation that makes a concerted effort to strengthen psychosocial skills of children, adolescents and young adults, as well as to empower parents and professionals who work with these groups of people. Through a holistic approach and a child-centered value system, ERGO implements innovative educational models and interventions, utilizing international scientific collaborations and the experienced acquired from working on the field.
- **E-trikala** has been implementing EU projects for the last 11 years in relation to health, care, mobility, culture, education and governance. Since 2017, the company is also a partner of UNHCR on a Accommodation and Social support project for refugees and asylum seekers in Greece.
- **Cordelia** has been providing complex bio-psychosocial services to asylum-seekers and beneficiaries of international protection, including unaccompanied minors, as well as capacity-building and training to professionals working with children, amongst others on how to identify signs of trauma, and prevent burn-out (vicarious trauma) in caregivers.
- Eurochild accessed field visit in Moldova, Romania and Bulgaria.
- E-trikala and Ergo managed interviews in Greece at UNHCR, E-trikala, SOS villages and DIOTIMA did the field visit both with children and professionals.
- Cordelia managed interviews with SOS villages, Institution Károlyi Children's home and Institution Bokréta. Cordelia also carried out a population analysis, framework of the different countries and explaining the differences of after-care and care services in the countries.

GDPR was appropriately taken into consideration in every country and in every institution. We have signed consent form with the professionals for each questionnaire. If the children are part of the child protection system and in that case, either the institution or the appropriate guardian allows the child to fill the questionnaire. In Greece, the guardian is the head of the department for SOS Villages who allow the children to answer. In Italy, the guardians allow them. In Hungary, the institution is led by the government and consent could not get their consent. We plan to reach more children in the second part of the field visits.



2. THE INSTRUMENTS OF THE FIELD VISIT

This section of the report discusses the methodological approach taken in the field visits.

Introducing the institutions

Hungary carried out the field visits in Fót, Hungary, at Hungarian children's homes where unaccompanied minors live. The institution Károlyi István Children's Home provides homes for unaccompanied minors and other children in Hungary. In Greece the field visits were carried out by SOS Villages, UNHCR, E-Trikala and DIOTIMA. Italy did the field visit in region of Calabria at institutions. Eurochild did the research through Humanitarian Organisation CONCORDIA Social Projects (hereafter CONCORDIA), a non-governmental and non-profit organisation present in Austria, Romania, Republic of Moldova, Bulgaria and Germany where national organisations are running social and educational services in the benefit of children, young people, their families and communities. They completed the questionnaires in three countries, Moldova, Bulgaria and Romania.

The target groups and the methodology

EU Member States have put in place national child protection systems and statutory requirements, where children actively participate in planning for leaving alternative care. Even in systems where child participation takes place, leaving care mechanisms fail to continuously screen and assess children's trauma to effectively respond to their needs towards independent living. According to the UN, when too little attention is given to this transitional period, the consequences in a child's life can be significant. The Council of Europe and various legislations recognises the need to prioritise the protection and development of children in state care including unaccompanied / separated children, who have faced experiences of violence, grief for lost places and people, little sense of belonging in a new unfamiliar environment, educational and job difficulties. The field visits targeted the separated children and unaccompanied minors, altogether refugee children in particular.

The relevant international legislations are the following:

- United Nations Convention on the Rights of the Child 1989¹
- The standards on child protection as defined by the Keeping Children Safe Coalition 2014
- United Nations Statement for the Elimination of Sexual Abuse and Exploitation 2017
- United Nations Guidelines for the Alternative Care of Children 2010
- European Commission, European Agenda on Migration 2015

¹ https://treaties.un.org/Pages/ViewDetails.aspx?src=IND&mtdsg_no=IV-11&chapter=4&lang=en



- The Council of Europe Convention on Protection of Children against Sexual Exploitation and Sexual Abuse, also known as “the Lanzarote Convention” 2007.

This international legislation, along with how it has been applied to the relevant Member States of the CarePath national partners is further explored in the policy recommendation report.

In accordance to the aim of the CarePath project, the target groups of the field visits are the professionals who work in the child protection system, particularly those working with care leavers in the aftercare system, unaccompanied minors and separated children, also they can be later the potential target of the massive open online training course (the MOOC). They are all professionals working in the child protection system in each country. The visits also focused on the child refugees so we have reached professionals working with refugee children too.

Finally, terminology basis/explanations, interviews and questionnaires will be discussed in details.

2.1 Introducing the institutions

The visits took place in different types of the institutions in childcare and after care systems in each country. To provide context to the field visits, these institutions and the corresponding target groups are presented below.

Hungary

In Hungary, it is mostly governmental institutes that give shelter to children, families and children in aftercare. The after-care system in Hungary is until 24 years old and they need to apply for it after they get 18 years old. They have opportunity to stay in the institute with their babies as well. They get many support, psychological, social, educational, work and financial support that all the children get after they leave the system. In this research the Károlyi István Children’s Home in Fót and the Bokréta Children’s Home participated in the field visit. The Károlyi István Children’s Home in Fót has a long history, it was founded in 1957, after the Law on Child’s Rights in 1997 they started changes and after 2008-2010 opened parts for children with special needs. Károlyi István Children’s Home sheltered from 2011 refugee and migrant children with special trained professionals and after-care system. The field visit could reach the professionals working with the refugee children in the institute.

Bokréta gathers together many small group-homes, children’s home offering care providing a home to a maximum of 12 children in an individual apartment or house, in a family-like environment. Altogether, there are more than 50 children living in the institute. More than 50 professionals work with them with all age. Children under 2 years old are only there with their mother or siblings.



Eurochild – Concordia – Bulgaria, Romania, Moldova

Eurochild did the research through Humanitarian Organisation CONCORDIA Social Projects (further called CONCORDIA), a non-governmental and non-profit organization present in Austria, Romania, Republic of Moldova, Bulgaria and Germany where national organisations are running social and educational services in the benefit of children, young people, their families and communities. They asked the questionnaires in three countries, Moldova, Bulgaria and Romania. Day care centres and outreach community work are services organised to prevent child separation from their families. Family-like care services are provided for those children and young people who, due to various psychosocial reasons, are separated by their families. Vocational centres and centres for development of life skills are services for teenagers and young people focused on the educational component.

Greece

Greece by ERGO and E-Trikala asked the questionnaires in SOS Villages, UNHCR, E-Trikala and DIOTIMA. UNHCR is the United Nations Refugee Agency, they strive to ensure everyone has the right to seek asylum and find safe refuge in another State. They provide shelter and other services they have the right to access in other countries.² SOS Children's Villages International comprises 118 national SOS Children's Villages associations.³ Ergo and E-trikalala is the part of CarePath project and has been introduced already above. The Centre for Research on Women's Issues (CRWI) "Diotima" is a non-profit, non-governmental women's organisation. It was established at the end of the 80s through an initiative of a group of women from different academic backgrounds and aiming at systematically highlighting discriminations against women on all levels of social, political and economic life.⁴

Greece did the field visits in SOS Villages whose purpose is to help children who are in need of care because they have lost their parents or are homeless for other reasons, by providing abandoned, orphaned and destitute children with a new and permanent home. The carefully structured psychological and pedagogic concept on which the SOS Children's Village idea is based promotes the free development of the individual personality and aptitude of every child. The field visits there were done by Ergo professionals. UNHCR (Koutchohero Camp) is the organisation responsible for a Refugee and Asylum seeker camp located outside the city of Larissa (Greece) with a population of 1,500 beneficiaries; E-Trikala (ESTIA project staff) has created a team of 23 professionals that are currently working for ESTIA project. ESTIA project is a UNCHR funded programme that supports approximately 430 refugees and asylum seekers in the city of Trikala by providing Accommodation and social support and DIOTIMA is NGO dedicated in supporting SGBV victims (women and children) by providing legal aid, psychological support and shelter.

Italy

² <https://www.unhcr.org/what-we-do.html>

³ <https://www.sos-childrensvillages.org/organisation>

⁴ <http://diotima.org.gr/en/about-us/>



Italy asked the questionnaires in the Calabria region from services for children. Giovanni Lopez from Casa di Nilla asked the questionnaires from children.

2.2 Methodology

The field visits use the basic knowledge of the institutions and professionals represented by the project members and the professionals working on the field. The field visit report uses the quantitative methodology interviews with questionnaires on the field. The project aim is to reach 80 professionals and 40 care leavers during the 2 field visits by the end of the project. to date, the field visits have reached 27 professionals and 27 care leavers. The second field visit aims to complete this indicator. The purpose is to gather background information on the needs of the institutions governed by the stakeholders to improve the quality of the knowledge and instruments of the institutions and professionals. Focus is the trauma-informed leaving care support so the questionnaires of the children and professionals include questions exploring their experience and knowledge in the field of trauma.

Cordelia had the lead to develop the questionnaire with the help of partners. Two different questionnaires have been developed: one for children and young adults and one for professionals on the field. **The core aim of listening to young people's voices, as identified in the project proposal and its work plan, is to broadly discuss with them everyday challenges and needs for aftercare support.** The questionnaires for children focus on their resilience and their needs. We have gathered information on the field in institutions of child protection system. The consent form was given through the institutions and the proper responsible person or authority. Consent could not be acquired from the governmental institutes in Hungary, due to GDPR and institutional changes, so we could not get data in Hungary from the children.

The questionnaires are anonymous, completed with the help of the professionals working in the institutions every day with the children.. The sole purpose of the data collected across the field visits has been to support the developing of learning materials for the CarePath online learning course, aimed at professionals providing after care support to care leavers. The professionals signed consent forms in accordance to GDPR, to protect their privacy. The professionals' questionnaires focus on their experience during work with children in child abuse and maltreatment, physical abuse, physical neglect, psychological abuse, emotional neglect, sexual abuse, connection between abuse and trauma, abuse among minorities, such as immigrants, Roma, disabled children, sexual minorities. There is an extra part for only refugees. The fields in the countries differs in their experience their current work with refugees. The last part was not filled from many countries. Ideally, **the second field visits will take place in the same organisation and after that, the professionals have been invited to participate to the MOOC. Our aim is to have the opportunity to compare in two different years and after participation in the online course.**



2.3. Terminology and theoretical background of the questionnaires

The questionnaire of the professionals is divided by 4 parts.

1. Data – Information on the organisation

Data includes the name of the organisations, the type of the organisation, how many professionals work there, the number of children been served there, what age group you work with, the location, profession and role in the organisation, time spent in the care services, sex and age

2. Experiences of abuse and neglect among children and adults in care and after-care: physical abuse, physical neglect, psychological abuse, emotional neglect, sexual abuse, abuse among minorities

Physical abuse is the intentional use of physical force against a child/young person that results in – or has a high likelihood of resulting in – harm for the child's/young person's health, survival, development or dignity. This includes hitting, beating, kicking, shaking, biting, strangling, scalding, burning, poisoning and suffocating.

Physical neglect means the neglect of the basic physical, hygienic, supervision and protection needs of the child/young person that puts the health/wellbeing/development or life of the child/young person in danger. Physical neglect also includes delaying or refusing access for the child/young person to medical services, not following medical instructions, gratuitous avoidance of vaccination. Physical neglect may consist of isolated incidents, or a pattern of failure over time, and it is not a function of the family's socioeconomic situation.

Psychological abuse means emotional/psychological maltreatment with a high probability of severe and lasting damaging effect on the child's/young person's physical or mental health, or physical, mental, spiritual, moral or social development. Abuse of this type includes: communicating the message to the child/young person that he/she is worthless, unwanted, unaccepted, unloved; setting developmentally or age-inappropriate expectations that set up the child/young person for failure; making the child/young person constantly experience fear or anxiety; threatening; belittling; discriminating against or ridiculing; emotional blackmail; taking advantage of the child and other non-physical forms of rejection or hostile treatment. A severe form of emotional abuse consists in making the child/young person witness the abuse of another person.

Emotional neglect means not providing the child/young person emotional safety, stability, a loving relationship; harshly ignoring or refusing the child's/young person's need for emotional bonding (Adapted definition based on preventing child maltreatment: a guide to taking action and generating evidence, World Health Organisation and the International Society for Prevention of Child Abuse and Neglect, 2006).



Sexual abuse means the involvement of a child/young person in sexual activity that he/she does not fully comprehend, is unable to give informed consent to, or for which the child/young person is not developmentally prepared, or else that violates the laws or social taboos of society. Children/young people can be sexually abused by an adult or another child/young person who by age or development is in a relationship of responsibility, trust or power, the activity being intended to gratify or satisfy the needs of the abuser. Sexual abuse may include but is not limited to: the inducement or coercion of a child/young person to engage in any unlawful sexual activity; the exploitative use of a child/young person in prostitution or other unlawful sexual practices; the exploitative use of the child/young person in pornographic performance or materials. (Adapted definition based on the World Health Organization's Report on the Consultation on Child Abuse Prevention, 1999)

The term "**trauma**" is not commonly used in legal language. The International Convention on the Rights of Children and Adolescents (CRC), for example, plans to "protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse" (Art. 19).

Abuse and Maltreatment

The Council of Europe defines as child abuse: "the acts and shortcomings that seriously disturb the child, threaten his bodily integrity, his physical, intellectual and moral development, whose manifestations are neglect and/or physical and/or mental and/or sexual injuries by a family member or others who care for the child" (IV Criminological Seminar - Strasbourg, 1978). The World Health Organisation states that: "for child abuse and maltreatment (child abuse, maltreatment) all forms of physical and/or emotional ill-health, sexual abuse, neglect or negligence or commercial exploitation or anything else that involve a real or potential prejudice for the health of the child, for its survival, for its development or for its dignity in the context of a relationship characterised by responsibility, trust or power" (World Health Organisation, World Report on Violence and Health, 2002).

Both abuse and maltreatment can take the form of:

- active behaviours (for example beatings, injuries, sexual acts, exploitation)
- omissive behaviours (for example carelessness, negligence).

The absence of traumatic evidence in the physical does not exclude the hypothesis of mistreatment or abuse. For example, the conduct of the teacher / parent who humiliates, devalues, denigrates or psychologically violates a child or a threat can integrate abuse, when it constitutes a psychological violence that can cause damage to the child's psychophysical health and undermines their dignity.

The terms violence and exploitation usually refer to commission charges carried out against the child.

Exploitation, in particular, can be of an economic nature or of a sexual nature

□ Article 32 (CRC): "States Parties recognise the right of the child to be protected from economic exploitation and from performing any work that is likely to be hazardous or to interfere with the child's education, or to be harmful to the child's health or physical, mental, spiritual, moral or social development."



□ Article 34, par. 1 (CRC): “States Parties undertake to protect the child from all forms of sexual exploitation and sexual abuse.”

The United Nations Committee for the Rights of the Child determines that “violence” means “all forms of physical or mental violence, injury or abuse, negligent or neglectful treatment, abuse or exploitation, including sexual abuse”. In common language the term violence is often used to designate only physical damage and / or intentional damage. However, the Committee places a strong emphasis on the fact that the choice of the term violence in this general comment should not be interpreted in any way as to minimise the impact or the need to deal with non-physical and/or unintentional forms of damage (as, among others, the abandonment and psychological mistreatment) (The right of the child to freedom from all forms of violence, General comment n. 13 (2011) CRC / C / GC / 13, 18 April 2011). Finally, with the expression STATE OF ABANDONMENT, we refer to a situation of serious and permanent inadequacy of the parents to take care of the child due to negligence, serious violence or exploitation.

Connection between abuse and trauma, becoming aggressor from victims. There are few questions mentioning abuse among Roma, sexual minorities, disability, national minorities.

3. Training needs in the field of trauma

While training needs were specifically collected in another output of the CarePath project, the field visits also asked a limited number of questions on this topic. Participants were asked how they would rate themselves in knowledge and competence in the field of childhood trauma and if they have received any education or preparation before, and in which topic. The topics are the following: children’s rights, prevention and identification of neglect and abuse, potential causes and impact of trauma, trauma screening and assessment, evidence-based trauma-focused interventions (psychotherapy, art therapy, EMDR⁵ (Eye Movement Desensitization and Reprocessing Therapy) collaboration with other professionals for effective trauma-informed case management, trauma related to migration. We have asked them to specify in which topic they themselves need more training and in which topic their organisation need more development.

4. Refugee children and young refugees

For the purpose of this questionnaire, the term ‘refugee children/young refugees’ is used for children/young people who seek international protection in an EU country, or to whom it was already granted, and who arrived before reaching the legal age of majority applicable in the host country. Refugee children/young refugees may experience traumatic life events related to the situation in their home environment that led to their departure or during the journey to their host country. Have any of

⁵ <http://www.emdr.com/>



the refugee children/young refugees you have worked with experienced the following life events? This part of the questionnaires was filled out only by some organisations unfortunately, so the few results are only informative.

The questionnaires of the children are divided by four parts.

1. Data

The data contained sex, nationality, age, occupation.

2. Number of difficulties/lack of needs

The children had to specify their difficulties between physical health, emotional problems, housing, financial struggles, friendships, love, family problems, studies, job, language and cultural adaptation, dealing with authorities, addiction, violence, bereavement.

3. Resilience/strength

They had to specify their strength and positive resources between physical health, emotional problems, housing, financial struggles, friendships, love, family problems, studies, job, language and cultural adaptation and sports and recreation, other (they mentioned religion).

4. Need support

They specified their need for support in emotional support, counselling, medical care, education, social work, legal assistance.



3. COMPARATIVE RESULTS OF THE FIELD VISIT

3.1. RESULTS

The questionnaires for professionals and the questionnaires for children and young people have been gathered by the Carepath project, altogether 57 number of questionnaires have been evaluated. The professionals' questionnaires have been gathered in each country by the partners altogether 27 Questionnaires for professionals have been evaluated.

The 27 number of questionnaires for children and young people have been evaluated in four countries.

Questionnaires for children and young adults

Four partners gathered information from children in Greece, Italy, Moldova, Romania and Bulgaria. The second field visits aims to improve the number of children participating in the research.

1. Socio-Demographic variables (Data results)

Of the respondents, more were male than female (%). only (2) migrant children were asked. The children and young people's time spent in the care system varied, the most time they have spent in the care system of the participants were in Moldova and Romania **Note here that all the children asked in Romania are from Moldova originally, and there answers were similar.** It could be interesting factor if this answer can be compared to factor of resilience or lack of needs. The majority of the children are students, some of them are unemployed and only few are working.

2. Types of Questionnaires results

The first part of the questions asked the **lack of their need and the problems they are facing in their lives.** The factors mapping physical health, emotional problems, housing, financial struggles, friendships, love, family problems, studies, job, language and cultural adaptation, dealing with authorities, addiction, violence, bereavement. The most mentioned problem was the family problems. This could mean many things, many of the children lost their parents and live in care, so they could have problem with bereavement, their new family or their foster parents. Some of them live in care but still have contact with their blood-family and they



have many problems some of them mentioned alcohol and psychiatric problems. These phenomena can be usual in the child protection systems in different countries.

The second most mentioned problem was financial followed by emotional problems. Emotional and family problems have been chosen before housing, study, job or physical problems. It would be interesting to examine this part with a comparative research with representative number of questionnaires. The project aim is to inform professionals on trauma-focused care in the child protection area. Especially dealing with the care leavers and their needs, **these results support the idea of their need in support in emotional and family problems.** Emotional problems they suffer from are sadness, anger and fear that can also support the idea of the need of trauma-informed care.

Few children mentioned having a problem with their physical health, friendship, addiction and violence. Other psychological problems and prostitution were revealed. The unaccompanied minors or migrant children mentioned special need in language and cultural adoption to the surroundings and problems with the authorities. In Moldova and Romania almost all the children mentioned bereavement and all of them lived in the child support system for more than 10 years long. Mostly they struggle with financial problems and unemployment and bereavement.

The second part of the questionnaires revealed the **resilience and strength** that can support to face with the difficulties above mentioned. The factors mapping physical health, emotional problems, housing, financial struggles, friendships, love, family problems, studies, job, language and cultural adaptation and sports and recreation, other factors they brought up religion, hobbies and optimism.

There are some ambivalent results in the problems and strength especially in education, emotional problems. They have been chosen widely for strength and difficulties at the same time. In emotional sphere of our life, we all face difficulties with the right support these can become sources of strength as well. In education, children and young people can make friendships and good achievements that can strengthen their resources and at the same time, they can face difficulties with the studies and environment.

Friendship as positive resource received the most results.

Some results correlated with the results in difficulties. Most of the children are from child protection system so they lack experience of family-based care and support. The questionnaires showed lack in financial support and less result in the area as positive resources. Housing problem is common among children, especially care leavers, these visits showed that nobody brought up housing as positive resource that shows they face only difficulties with housing and accommodation in the child protection systems.

The children that responded did not mention physical problems in great numbers but they use it more as strength. The physical state as positive resource can be supported by the positive effect of sports that has been chosen widely as other resource to resilience.



The emotional support by psychologists, teachers, friends and other professionals working with the children can gain as positive strength for the children and young people who completed the questionnaires. This shows the importance of supporting the professionals and the surroundings of the children more to help them strengthening their confidence and broadening their resources with knowledge in trauma and other important fields.

The last part of the questionnaires focused on the services they need. They specified their need for support in emotional support, counseling, medical care, education, social work, legal assistance.

Their needs in services are mostly in emotional support, followed by social work. The legal assistance and support was mentioned many times as well, especially for refugee children and unaccompanied minors the legal support is crucial and necessary.

The children specified a special need for greater support when they are leaving the care system. They need more information in the child support system, need more education in competencies for life such as taking care of a baby, financial competencies. They mentioned the importance of a mentor who helps in the housing problem while support their emotional state after leaving the system.

3. Mapped areas results

A focus of the field visits that was to map the part of children's lives where they needed most support, and from which sources children gain strength and resilience. Their difficulties show the need for more emotional support focusing on their special trauma. To be resilient they gain strength from sports or emotional support from their surroundings. **They lack the family support usually so other people, friends, teachers, social workers, psychologists, doctors can give them strength to overcome this trauma.**

Overall, the voices of the young people say the need for emotional support generally.



Questionnaires for professionals in the field

1. Socio-Demographic variables (Data results)

Hungary completed questionnaires with professionals during the first field visit. The professionals are from temporary home of families, children's home and child welfare services in Budapest. All of them are highly educated social workers, mental hygienist, and child protection expert with more than 20 years' experience. The institutes are the Károlyi István Children's Home in Fót and the Bokréta Children's Home that gathers together many small group-homes shall be a children's home offering care providing a home to a maximum of 12 children in an individual apartment or house, in a family-like environment. Altogether more than 50 children, of all ages living in the institute. More than 50 professionals are employed to support the children. Children under 2 years old are only there with their mother or siblings.

Bulgaria

The professionals are from residential care of NGO. All of them are highly educated social workers with more than 1-3 years' experience in their forties. The institute has more than 50 employees for 11-30 children.

Moldova

The professionals are from residential care, foster care, after care, reintegrated families, community house. All of them are highly educated social workers, law management, psychologists, with more than 1-3 years' experience, from 26 years old to 45 years old. The institute has more than 51-100 children whose age varies from 0-18. Some professionals work with 0-50, some 6-18, some 0-14, some over 18.

Greece

The professionals are from UNHCR, SOS Villages, E-trikala and DIOTIMA, mostly from transitional accommodations. All of them are highly educated social workers, and psychologists, with more than 1 year or 15 years' experience in the care system, from 24 years old to 40 years old, mostly in their twenties. The institute has more than 51-100 children, mostly 11-30 and one with only 10 children, whose age varies from 0-18 or 18 above (aftercare), in the same amount there are stuff between 1-10, 11-20 and 21-50.

Italy

The professionals are from La Casa di Nilla, a group-home and trauma center; Istituto Pacazzolo, a shelter center for foster and residential care for 1-10 families or family-based small groups with independent supervision. All of them are highly educated social workers, and psychologists, educators and teachers with more than 20 years' experience in the care system, over 40 years old, in their forties. The



institute has 1-10 children, whose age varies from 0-18 (6-12, 2- and 0-5, or 18 above (aftercare), and there are between 1-10 staff working there.

Altogether, 27 professionals participated in the visits whose ages varies from 24 years old until forties. Their years of experience correlated to their age meaning if they started in the field of child protection they usually stayed in the field. The institutions included large children's homes and small-group homes as well with only 1-10 children.

2. Types of Questionnaires results

Hungary

- 1. Physical abuse and neglect:** Professionals responded that this was experienced by children under their care. Children who had experienced physical abuse and neglect received medical care and, when required, psychological care. Gender was found to not be a determining factor – both experienced physical abuse and neglect.
- 2. Psychological abuse:** Professionals responded that this was experienced by children under their care. Children who had experienced physical abuse and neglect received medical care and, when required, psychological care. Gender was found to not be a determining factor – both experienced physical abuse and neglect.
- 3. Emotional abuse and neglect:** The same as the psychological abuse, the difficult part is to reach for the other professionals' support because usually you cannot detect the problem well for them.
- 4. Sexual abuse:** It is not so usual but the problem is that it is really hard to find out this trauma; usually it just turns out as a shock. Usually women are involved.
- 5. Abuse and trauma, minorities:** They experienced all the abuse and neglect in the care support usually. They agree totally with the sentence that those who experience abuse during childhood usually become also an aggressor. Professionals experienced abuse with children from vulnerable and minority backgrounds, including children from gypsy and Roma families, LGBTQ and children with disabilities. The professionals surveyed did not have experience of working with migrant children.
- 6. Trauma related knowledge:** As social workers and practitioners they have high or medium knowledge in the related fields. They emphasised their need for more knowledge in the following fields: screening trauma as the most important part; trauma focused evidence based practices (EMDR, art therapy etc.); reasons for trauma and the effects, intercultural knowledge (in relation to children from gypsy and Roma families rather than migrant backgrounds); and cooperation with other professionals/practitioners, especially in the child welfare services.



Bulgaria

- 1. Physical Abuse and Neglect:** Often professionals experienced it on the children and young people they are working with, the children and young people usually got medical care and sometimes also psychological care, the gender was not an issue, both experienced it.
- 2. Psychological abuse:** Often professionals experienced it on the children and young people they are working with, the children and young people usually got medical care and sometimes also psychological care, the gender was not an issue, both experienced it.
- 3. Emotional abuse and Neglect:** There were differences in the data collected; one of them never experienced it the other is rarely and on both sexes. The reason could be many things for the unusual never answer.
- 7. Sexual abuse:** It is not so usual but the problem is that it is really hard to find out this trauma; usually it just turns out as a shock. Usually women are involved.
- 4. Abuse and trauma, minorities:** They experienced all the abuse and neglect in the care support usually. They agree totally with the sentence that those who experience abuse during childhood usually become also an aggressor. They experience abuse with the children and young people with gypsy/Roma backgrounds and less with LGBTQ and disability, and they work less with migrant children so they have no experience with that.
- 5. Trauma related knowledge:** As social workers and practitioners they have high or medium knowledge in the related fields. They emphasised their need for more knowledge in the following fields: Screening trauma as the most important part, Reasons for trauma and the effects, cooperation with other professionals/practitioners, especially in the child welfare services.

Moldova

- 1. Physical Abuse and Neglect:** Often they experienced it on the children, they usually or always got medical care and sometimes psychological care, the gender was not an issue, both experienced it, except in one case where boys were mentioned only for the neglect.
- 2. Psychological abuse:** Usually they experienced it, they got usually or always care as well and for both gender, except in one case where boys were mentioned only.
- 3. Emotional abuse and neglect:** There was a difference in data; one of them often experienced it the other is rarely and on both sexes. The reason could be many things for the unusual never answer.



4. **Sexual abuse:** It is not so usual but the problem is that it is really hard to find out this trauma; usually it just turns out as a shock. They usually or always get medical care and other support.
5. **Abuse and trauma, minorities:** They experienced all the abuse and neglect in the aftercare support usually. They agree totally with the sentence that those who experience abuse during childhood usually become also an aggressor. They experience abuse with the children and young people with gypsy/Roma backgrounds and less with disability, and they work less with migrant children so they have no experience with that and also never experienced abuse with sexual minority.
6. **Trauma related knowledge:** As they come from different education they have usually basic knowledge in the related fields except in one case. They emphasised their need for more knowledge in the following fields: Child's right, prevention, cause and impact for trauma and the effects, cooperation with other professionals/practitioners, especially in the child welfare services.

Greece

1. **Physical abuse: Their experiences vary much wider than before in other countries' cases.** Often they experienced it on the children or rarely, one answer was never, they usually sometimes or rarely got medical care and sometimes also psychological care, the gender was also twice towards girls or both experienced it.
2. **Physical neglect:** Sometimes they experienced it on the children or rarely (that is usual answer for the care system), surprisingly in four times the answer was never, they usually, sometimes, or rarely got medical care and sometimes also psychological care, the gender was also towards girls and boys too, or both experienced it.
3. **Psychological abuse:** Usually or sometimes or rarely experienced it, they got care sometimes or rarely, again the unusual results were in gender, they mentioned in half of the cases that girls are more likely to be the victims of psychological abuse.
4. **Emotional abuse and neglect:** There was a difference in data, most of them often experienced on both sexes, some rarely and on both, some sometimes and only girls and in two of the cases they have no experience at all. The reasons could be many things for the unusual never answer. For example, DIOTIMA works only with women and this could be the reason between the differences in sexes.
5. **Sexual abuse:** There was a difference in data, most of them never experienced, some rarely on both sexes, and often only with girls and in two of the cases they have no experience at all. The reasons could be many things for the unusual never answer. DIOTIMA works only with women victims of abuse that could be the reason between the differences in sexes.



6. **Abuse and trauma, minorities:** They experienced all the abuse and neglect in the aftercare support usually. They agree totally with the sentence that those who experience abuse during childhood usually become also an aggressor. Even if never experienced many abuse in work they tend to answer high equivalence for this question that has psychological explanation or background knowledge. Most of them never experienced abuse with any minority mentioned, some of them experience abuse with the children and young people with gypsy/Roma backgrounds and less with disability, and they work with migrant adults so they have no experience with that more often, the least mentioned was abuse with sexual minority and Roma.
7. **Trauma related knowledge:** As they come from different education they have usually basic or satisfactory knowledge in the related fields. They emphasize their need for more knowledge in all fields: mostly child's right, prevention, cause and impact of trauma and the effects, cooperation with other professionals/practitioners, especially in the child welfare services. The difference from the other countries is that they have more need for training in the field of trauma in migration as an organisational training.

Italy

1. **Physical abuse: Often or sometimes** they experienced it on the children, they usually sometimes or rarely got medical care and sometimes also psychological care, the gender was also one case towards girls or both experienced it.
2. **Physical Neglect: Often or sometimes** they experienced it on the children, they usually sometimes or rarely got medical care and sometimes also psychological care, the gender was also one case towards girls or both experienced it.
3. **Psychological abuse:** Usually or sometimes experienced it, they got care sometimes or rarely, there were no difference in gender, psychological abuse is often associated with other types of maltreatment.
4. **Emotional abuse and neglect:** The most interesting answers were here, because all of them say often experience it, in one case girl. Many maltreated children come from a degraded family where children's emotional needs are poorly considered.
5. **Sexual abuse:** There was a difference in data, most of them often experienced, some rarely only one case with both sexes, and often only with girls, 63% of the treated children according to the data of the centre.
6. **Abuse and trauma, minorities:** They usually experienced all the abuse and neglect in the care support. They agree totally with the sentence that those who experience abuse during childhood usually become also an aggressor. Even if never experienced many abuse in work they tend to answer high



equivalence for this question that has psychological explanation or background knowledge. 50% are more likely to commit themselves abuse but resilience factor must be considered. The most mentioned minority often abused were disabled children, then Roma and immigrants, and sexual minority only one case sometimes. Foreign minors (North Africa and East Europe) are two times likely to be abused. The sexual minority they meet least likely.

7. **Trauma related knowledge:** As they come from different educational backgrounds, the professionals usually have basic or satisfactory knowledge in the related fields. They emphasised their need for more knowledge in all fields: mostly child's right, prevention, trauma screening and assessment, evidence-based trauma-focused interventions, cooperation with other professionals/practitioners, especially in the child welfare services.

3. Mapped areas results

The field visits that targeted professionals first mapped their experiences working with children with child abuse and maltreatment, physical abuse and neglect, psychological abuse, emotional neglect, sexual abuse, abuse among minorities in their work with children. The second part of the questionnaires mapped professionals' personal and organisational needs for further training. The answers for child abuse and maltreatment were comparable across Hungary, Bulgaria and Moldova and different in Greece and Italy. Sadly, they all mentioned usual experience to meet children experienced physical abuse and neglect. The gender of children experiencing abuse is usually not an issue; only in some cases were boys or girls (women) favored. DIOTIMA in Greece work only with abused women so their experience in their work only relate to women. We would like to suppose if the professionals working with children and young people usually experience physical abuse suppose they work around many children went through physical neglect, psychological abuse and emotional neglect. Physical abuse is usually the top of the iceberg, so usually they suffered from the other types of abuse at the same time. Contrary to this hypothesis, children experience the other types of abuse less likely in many cases but not all. Many explanations can be used to clarify this phenomenon.. That also means that although the professionals are usually highly qualified and studied child's right there is still a need to train them to detect the physical neglect, psychological neglect and emotional neglect as well as sexual abuse. In Italy they mentioned emotional neglect in many cases with children come from degraded families were they need more psych education in raising children. Sexual abuse is the most difficult type of abuse to detect. The professionals need experienced supervisors usually to reveal these delicate situations.

Child abuse is totally different and complicated type of abuse that can be detected only with proper trainings and good cooperation between the adults surrounding the children. The differences in gender only derive from the fact that in those



institutions girls are overrepresented. Professionals were in total agreement with the statement that those who experience abuse during childhood usually become also an aggressor. Even if never experienced many abuse in work they tend to answer high equivalence for this question that has psychological explanation or background knowledge. 50% are more likely to commit themselves abuse but resilience factor must be considered.

The answers in the case of abuse among children part of minorities, namely children with disabilities or vulnerable backgrounds including Roma, migrant, LGBTQ differs only in what number professionals work with these minorities. Training needs were widely requested by all of the above-mentioned professionals no matter their country. The CarePath project aims to address these needs through its delivery of online training to professionals. Identified areas to be addressed included child's Right, trauma screening and detecting, cooperation between organizations and professionals working with children.



3.2. CONCLUSIONS

The field visits took place in therapeutic services, childcare services, children's residential care institutions, transitional accommodations (emergency or other short-term basements), shelter homes, small group homes, trauma centres, supervised independent living for young people preparing for leaving care system, family-based care and foster care services. The field visits consulted with children, young people and professionals, such as psychologists, social workers, psychiatrists, teachers, nurses and managers. The results of the field visits are particularly important in organising the trainings for the professionals working with care leavers and developing the training materials. **The comparative perspective and the feedback, not only for professionals but also for children, calls for particular attention to the factors focusing on the missing knowledge based on trauma-informed leaving care support.**

The field visits with children identified which part of their lives children require greater support, and where children gain their strength for resilience. Their difficulties show the need for more emotional support focusing on their special trauma. To be resilient they gain strength from sports or emotional support from their surroundings. **They lack the family support usually so other people, friends, teachers, social workers, psychologists, doctors can give them strength to overcome this trauma. Overall, the results show the need for emotional support and especially the need for emotional and practical support for the children leaving the care system.**

The aim of the CarePath project is to increase the capacity of professionals working in child protection and aftercare settings to better support traumatised children, directly involving the child in determining the most suitable aftercare option for them. The field visits result show although professionals are highly qualified and studied child's Right there is still a need to train them to detect the physical neglect, psychological neglect and emotional neglect, and sexual abuse. **They expressed their need to gain more knowledge in child's Right, prevention and identification of neglect and abuse, potential causes and impact of trauma, trauma screening and assessment, evidence-based trauma focused interventions (psychotherapy, art therapy, EMDR etc.) and collaboration with other professionals for effective trauma-informed case management.** By capturing the needs of professionals, the field visits provide a supportive (albeit limited) evidence base of children's and practitioners perspective that will inform the content of the MOOC being delivered under the CarePath.



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Appendixes

- 1: Questionnaire for children and young adults
- 2: Consent form
- 3: Verification of the field visits



Empowering public authorities and professionals
towards trauma-informed leaving care support

Questionnaire for children and young adults

By Cordelia Foundation

English Version by Cordelia Foundation in care

WP2 / A2. / D2.2.1.



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e-trikala

Questionnaire for children and young adults in care

The core aim of listening to young people's voices, as identified in the project proposal and work plan is to broadly discuss with them everyday challenges and needs for aftercare support.

Kor: év

nem: férfi / nő / egyéb / nincs válasz

Állampolgárság:

Származási ország:

Eltöltött évek száma az országban, ahol az interjú készül

Foglalkozás:

- Diák
- ---- Number of years completed (primary education) In Italy is 5 years elementary
- ---- Number of years completed (secondary education)
- --- Higher education (please specify field and years):
- --- Qualification (school leaving certificate, high school diploma, vocational training degree, higher education, etc.)
- ---- Student in employment
- ----- Student un-employed
- Employed
- Unemployed
- Other (please specify):

Years spent in the care system of a different country, if applicable:

We are aware that children and young adults in the care system face a number of difficulties. Please mark the fields in which you feel you are dealing with difficulties (multiple answers possible)

- physical health (e.g. sickness, chronic disease, pain, injury etc.)
- emotional problems (e.g. sadness, anger, irritation, fear, sleeping difficulties)
- financial struggles
- housing
- social relationships (friendships)
- social relationships (romantic love)
- family problems/conflict
- studies, education
- work market/job
- difficulties of learning the language, cultural adaptation and everyday communication/interaction with peers, locals, members of society”
- dealing with authorities/officials (from possible street incidents to bureaucratic tasks)
- addiction (alcohol, drugs, medication)
- violence
- bereavement (loss of loved ones)
- other (please specify)

We would also like to explore your strengths & positive resources, please mark the fields where you feel you are doing well (multiple answers possible).

- physical health
- emotional well-being
- finances
- studies, education
- work market / employment
- social relationships (friendships)
- social relationships (romantic love)
- family relations

- language, cultural adaptation and everyday communication/interaction with peers, locals, members of society
- sports and other recreational activities
- other (please specify)

We would like to know more about the services that you feel you would need more support or services you think are lacking:

- emotional support
- counselling/medical care
- education
- social work
- legal assistance/representation
- other (please specify):

Additional comments:



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Questionnaire for children and young adults in care

The core aim of listening to young people's voices, as identified in the project proposal and work plan is to broadly discuss with them everyday challenges and needs for aftercare support.

Kor: év

nem: férfi / nő / egyéb / nincs válasz

Állampolgárság:

Származási ország:

Eltöltött évek száma az országban, ahol az interjú készül

Foglalkozás:

- Diák
- ---- Befejezett iskolaévek száma (alapfokú oktatás)
- ---- Befejezett iskolaévek száma (középfokú oktatás)
- --- Felsőoktatás (kérem, jelölje meg a befejezett évek számát és a szakot):
- --- Legmagasabb iskolai végzettség (általános iskolai vég bizonyítvány, érettségi, szakiskolai képesítés, felsőoktatási diploma, stb.)
- ---- Dolgozó diák
- ----- Nem dolgozó diák
- Dolgozó
- Nem dolgozó
- Egyéb (kérjük, részletezze):

Más ország gyermekvédelmi rendszerében eltöltött évek száma, ha releváns:

Tisztában vagyunk azzal, hogy az ellátórendszerben élő gyermekek és fiatalok számos nehézséggel néznek szembe. Kérem, jelölje meg azokat a területeket, amelyeken nehézségekkel küzd (több válasz lehetséges):

- Testi egészség (pl. betegség, krónikus állapot, fájdalom, sérülés, stb.)
- Érzelmi problémák (pl. szomorúság, düh, frusztráció, félelem, alvásproblémák, stb.)
- Pénzügyi nehézségek
- Lakhatás
- Társas kapcsolatok (baráti)
- Társas kapcsolatok (romantikus, szerelmi)
- Családi problémák/konfliktusok
- Tanulmányok, oktatás
- Munkaerőpiaci/munkával kapcsolatos problémák
- Nyelvtanulás, kulturális beilleszkedés és a mindennapi kommunikáció/interakció nehézségei a társakkal, helyiekkel, a társadalom tagjaival
- Hatóságokkal, hivatalos szervekkel való kapcsolatok (esetleges utcai incidensektől az adminisztratív/bürokratikus eljárásokig)
- Szerhasználat, függés (alkohol, kábítószer, gyógyszer)
- Erőszak
- Gyász (közel állók, hozzátartozók halála)
- Egyéb (Kérjük, fejtse ki bővebben)

Szeretnénk az Ön erősségeit és erőforrásait is felmérni, kérjük, jelölje meg azokat a területeket, ahol jól érvényesül (több válasz lehetséges).

- Testi egészség
- Érzelmi jól-lét
- Pénzügyi helyzet
- Tanulmányok, oktatás
- Munkaerőpiac / munkavállalás
- Társas kapcsolatok (barátok)

- Társas kapcsolatok (romantikus, szerelmi)
- Családi kapcsolatok
- Nyelvtudás, kulturális integráció és mindennapi kommunikáció/interakció társakkal, helyiekkel, a társadalom tagjaival
- Sport és egyéb szabadidős tevékenységek
- Egyéb (Kérjük, részletezze)

Szeretnénk többet megtudni azokkal a szolgáltatásokkal kapcsolatban, amelyekből az Ön érzése szerint többre lenne szüksége, vagy amelyek teljesen hiányoznak:

- Érzelmi támogatás
- Tanácsadás, egészségügyi ellátás
- Oktatás
- Szociális munka
- Jogi segítségnyújtás/képviselés
- Egyéb (Kérjük, részletezze):

További megjegyzések:



Empowering public authorities and professionals
towards trauma-informed leaving care support

Questionnaire for professionals in the field by Cordelia Foundation

English Version by Cordelia

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Questionnaire for professionals in the field

1. The name of your organization (optional):

.....

2. Main characteristics of your organization (or unit if you work as part of a larger multifunctional organization or network of organizations):

2.1. Country:

2.1. Location: 1– in the capital city 2– in a town 3– in a village

2.3. Maintainer: 1– State 2– regional or local municipality 3– NGO

4–other, *please specify*:

2.4 Number of children/young people served:

1– 1 to 10 2–11-30 3–31-50 4–51-100 5– more than 100

2.5 Type of care (multiple answers are possible):

1–family-based care (foster care) 2–residential care institution

3–transitional accommodation (emergency or other short-term placement)

4–small group home 5–trauma centre

6–supervised independent living facility for young people preparing for leaving care

6–other, *please specify*:

2.6. Staff number (including all care workers, administrative staff, technicians etc.)

1– 1-10 2– 11-20 3– 21-50 4– more than 50

3. Your role in your organization (multiple answers are possible):

1–Social worker 2–Psychologist 3–Psychiatrist 4–Psychotherapist

5–Teacher in Early Childhood Education and Care

6–Teacher in Primary Education 7–Teacher in General Secondary Education

8–Teacher in Vocational Education 9–Teacher in Special Education

10–Nurse 11–Other (*please specify*):

5. Time spent in the care service for children/young people: (in years)

6. Your qualification(s), of any level (*please provide the exact name as if figures in your degree*):

.....

7. The level of your highest qualification:

- 1–Primary education 2–Secondary education 3–Higher education

8. Your age: years

9. Your sex: 1 – male 2 – female 3 – other 4 – no answer

10. What age group do you work with in your practice? (*multiple answers are possible*)

- 1– 0 to 5 years 2 – 6 to 12 years 3 – 13 to 18 years 4 – above 18 years

EXPERIENCES OF ABUSE AND NEGLECT AMONG CHILDREN/YOUNG PEOPLE IN CARE/AFTER-CARE

→ **PHYSICAL ABUSE**

Physical abuse is the intentional use of physical force against a child/young person that results in – or has a high likelihood of resulting in – harm for the child’s/young person’s health, survival, development or dignity. This includes hitting, beating, kicking, shaking, biting, strangling, scalding, burning, poisoning and suffocating.

(Adapted definition based on *Preventing child maltreatment: a guide to taking action and generating evidence*, World Health Organization and the International Society for Prevention of Child Abuse and Neglect, 2006)

11. At work¹, have you met children/young people who experienced physical abuse?

- 1– never 2– rarely 3– sometimes 4– often 5– all the time
x– I don’t know 0– no answer

Comment:

.....

12. In case of physical abuse, did the children/young people concerned receive the necessary² medical care, in your opinion?

- 1 – never 2 – rarely 3 – sometimes 4 – often 5 – always

¹ „Work” refers to your work in the child protection/care/aftercare system.

² What can be considered ’necessary’ varies depending on the specific case, taking into account the existing evidence-base on trauma interventions, support and therapy. In each similar question, you are invited to share your own personal assessment of the care received by the children/young people you met.

x – I don't know 0 – no answer

Comment:
.....

13. In case of physical abuse, did the children/young people concerned receive the necessary psychological care, in your opinion?

1– never 2– rarely 3– sometimes 4– often 5– always
x– I don't know 0– no answer

Comment:
.....

14. The children/young people who experienced physical abuse were...

1–all boys 2–boys for the majority 3–boys and girls in (approx.) equal numbers 4– girls for the majority 5–all girls x– I don't know 0–no answer

→ **PHYSICAL NEGLECT**

Physical neglect means the neglect of the basic physical, hygienic, supervision and protection needs of the child / young person that puts the health/wellbeing/development or life of the child/young person in danger. Physical neglect also includes delaying or refusing access for the child/young person to medical services, not following medical instructions, gratuitous avoidance of vaccination. Physical neglect may consist of isolated incidents, or a pattern of failure over time, and it is not a function of the family's socioeconomic situation.

(Adapted definition based on *Preventing child maltreatment: a guide to taking action and generating evidence*, World Health Organization and the International Society for Prevention of Child Abuse and Neglect, 2006)

15. At work, have you met children/young people who experienced physical neglect in the family?

1 – never 2 – rarely 3 – sometimes 4 – often 5 – all the time
x – I don't know 0 – no answer

Comment:
.....

16. At work, have you met children/young people who experienced physical neglect in the country of origin (but not in the family)?

1 – never 2 – rarely 3 – sometimes 4 – often 5 – all the time
x – I don't know 0 – no answer

Comment:

.....
.....

17. In case of physical neglect, did the children/young people concerned receive the necessary medical care, in your opinion?

1 – never 2 – rarely 3 – sometimes 4 – often 5 – always
x – I don't know 0 – no answer

Comment:

.....
.....

18. In case of physical neglect, did the children/young people concerned receive the necessary psychological care, in your opinion?

1– never 2– rarely 3– sometimes 4– often 5– always
x– I don't know 0– no answer

Comment:

.....
.....

19. The children / young people who experienced physical neglect time were...

1–all boys 2–boys for the majority 3–boys and girls in (approx.) equal numbers 4–
girls for the majority 5–all girls x– I don't know 0–no answer

→ **PSYCHOLOGICAL ABUSE**

Psychological abuse means emotional/psychological maltreatment with a high probability of severe and lasting damaging effect on the child's/young person's physical or mental health, or physical, mental, spiritual, moral or social development. Abuse of this type includes: communication the message to the child/young person that he/she is worthless, unwanted, unaccepted, unloved; setting developmentally or age-inappropriate expectations that set up the child/young person for failure; making the child/young person constantly experience fear or anxiety; threatening; belittling; discriminating against or ridiculing; emotional blackmail; taking advantage of the child and other non-physical forms of rejection or hostile treatment. A severe form of emotional abuse consist in making the child/young person witness the abuse of another person.

(Adapted definition based on *Preventing child maltreatment: a guide to taking action and generating evidence*, World Health Organization and the International Society for Prevention of Child Abuse and Neglect, 2006)

20. At work, have you met children/young people who experienced psychological abuse?

1– never 2– rarely 3– sometimes 4– often 5– all the time
x– I don't know 0– no answer

1– never 2 – rarely 3 – sometimes 4 – often 5 – always

x – I don't know 0 – no answer

Comment:

.....

26. In case of emotional neglect, did the children / young people concerned receive the necessary psychological care, in your opinion?

1– never 2 – rarely 3 – sometimes 4 – often 5 – always

x – I don't know 0 – no answer

Comment:.....

.....

27. The children/young people who experienced emotional neglect were...

1–all boys 2–boys for the majority 3–boys and girls in (approx.) equal numbers 4– girls for the majority 5–all girls x– I don't know 0–no answer

Comment:.....

.....

→ **SEXUAL ABUSE**

Sexual abuse means the involvement of a child/young person in sexual activity that he/she does not fully comprehend, is unable to give informed consent to, or for which the child/young person is not developmentally prepared, or else that violates the laws or social taboos of society. Children/young people can be sexually abused by an adult or another child/young person who by age or development is in a relationship of responsibility, trust or power, the activity being intended to gratify or satisfy the needs of the abuser. Sexual abuse may include but is not limited to: the inducement or coercion of a child/young person to engage in any unlawful sexual activity; the exploitative use of a child/young person in prostitution or other unlawful sexual practices; the exploitative use of the child/young person in pornographic performance or materials.

(Adapted definition based on the World Health Organization's *Report on the Consultation on Child Abuse Prevention*, 1999)

28. At work, have you met children/young people who experienced sexual abuse?

1– never 2 – rarely 3 – sometimes 4 – often 5 – always

x – I don't know 0 – no answer

Comment:

.....

29. In case of sexual abuse, did the children/young people concerned receive the necessary medical care, in your opinion?

- 1– never 2– rarely 3– sometimes 4– often 5– always
x– I don't know 0– no answer

Comment:.....
.....

30. In case of sexual abuse, did the children/young people concerned receive the necessary psychological care, in your opinion?

- 1– never 2– rarely 3– sometimes 4– often 5– always
x– I don't know 0– no answer

Comment:.....
.....

31. The children/young people who experienced sexual abuse were...

- 1–all boys 2–boys for the majority 3–boys and girls in (approx.) equal numbers 4– girls for the majority 5–all girls
x– I don't know 0–no answer

Comment:
.....

32. In your opinion, how frequent is the experience of abuse and neglect of any type among children/young people in care/after-care?

- 1– not at all 2 – slightly 3 – somewhat 4 – very much 5 – totally
x – I don't know 0 – no answer

Comment:
.....

33. In your experience, how frequently do children/young people in care/after-care have experience of more than one type of abuse and neglect?

- 1– not at all 2 – slightly 3 – somewhat 4 – very much 5 – totally
x – I don't know 0 – no answer

Comment:
.....

38. At work, have you met children / young people who experienced any type of abuse or neglect connection with their belonging to a sexual minority (being lesbian / gay / bisexual / transgender / queer)?

1– never 2 – sometimes 4 – often x – I don't know 0 – no answer

Comment:

.....

The questionnaire continues on the next page.

→ **TRAINING NEEDS IN THE FIELD OF TRAUMA**

39. How would you rate your knowledge on trauma, childhood trauma and the affects of trauma on child development?

1– non-existent 2– minimal 3– basic 4– satisfactory 5– very good
x– I don't know 0– no answer

40. How would you rate your competence in dealing with traumatized children and assisting traumatized children in their everyday needs?

1– non-existent 2– minimal 3– basic 4– satisfactory 5– very good
x– I don't know 0– no answer

40. Did you receive any preparation/education for identifying and dealing with trauma and it's consequences?

1–yes, as part of my education 2–yes, at my current workplace
3–yes, through a course/workshop independent of my workplace 4–no

Comment:

41. Did you receive any preparation on how to care for children who suffered trauma?

1–yes, as part of my education 2–yes, at my current workplace
3–yes, through a course/workshop independent of my workplace 4–no

Comment:

42. If you received such preparation, please specify the topics (*multiple answers possible*).

1– children's rights 2– prevention and identification of neglect and abuse
3– potential causes and impact of trauma 4– trauma screening and assessment
5– evidence-based trauma-focused interventions (psychotherapy, art therapy, EMDR etc.)

6– collaboration with other professionals for effective trauma-informed case management

7– trauma related to migration 8– other (please specify):

43. Please choose topics a better knowledge of which could help you become a more effective professional? (multiple answers possible)

1– children’s rights 2– prevention and identification of neglect and abuse

3– potential causes and impact of trauma 4– trauma screening and assessment

5– evidence-based trauma-focused interventions (psychotherapy, art therapy, EMDR etc.)

6– collaboration with other professionals for effective trauma-informed case management

7– trauma related to migration 8–intercultural competences 9–coping skills and resilience 10– other (please specify):

44. Please choose topics in which training could be beneficial for your organization as a whole? (multiple answers possible)

1– children’s rights 2– prevention and identification of neglect and abuse

3– potential causes and impact of trauma 4– trauma screening and assessment

5– evidence-based trauma-focused interventions (psychotherapy, art therapy, EMDR etc.)

6– collaboration with other professionals for effective trauma-informed case management

7– trauma related to migration 8– other (please specify):

45. Please add any further comments you have in relation with this questionnaire:

.....
.....
.....

End of the core questionnaire. Thank you very much for your cooperation!

In case you are working or have worked with refugee children/young refugees, please reply to a few additional questions in the section below.

→ **REFUGEE CHILDREN/YOUNG REFUGEES**

For the purpose of this questionnaire, the term 'refugee children/young refugees' is used for children/young people who seek international protection in an EU country, or to whom it was already granted, and who arrived before reaching the legal age of majority applicable in the host country.

Refugee children/young refugees may experience traumatic life events related to the situation in their home environment that led to their departure, or during the journey to

their host country. Has any of the refugee children/young refugees you have worked with experienced the following life events?

46. prolonged or re-occurring inability to fulfil their basic physical needs (food, drinking water, shelter, medical care needed)

- 1– none of them 2– some of them 3– most of them 4–all of them
x – I don't know 0 – no answer

Comment:

47. physical injury related to war or other violent incidents

- 1– none of them 2– some of them 3– most of them 4–all of them
x – I don't know 0 – no answer

Comment:

48. sexual abuse related to war or other violent conflict

- 1– none of them 2– some of them 3– most of them 4–all of them
x – I don't know 0 – no answer

Comment:

49. sexual abuse during their journey

- 1– none of them 2– some of them 3– most of them 4–all of them
x – I don't know 0 – no answer

Comment:

50. human trafficking

- 1– none of them 2– some of them 3– most of them 4–all of them
x – I don't know 0 – no answer

Comment:

51. torture⁵

Torture: any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him or a third person information or a confession, punishing him for an act he or a third person, has committed or is suspected of having committed, or intimidating or coercing him or a third person, or for any reason based on discrimination of any kind, when such pain or suffering is

1– none of them 2– some of them 3– most of them 4–all of them
x – I don't know 0 – no answer

Comment:

52. witnessing physical abuse committed to a relative or other person the child/young person has a close relationship with

1– none of them 2– some of them 3– most of them 4–all of them
x – I don't know 0 – no answer

Comment:

53. witnessing sexual abuse committed to a relative or other person the child/young person has a close relationship with

1– none of them 2– some of them 3– most of them 4–all of them
x – I don't know 0 – no answer

Comment:

54. taking care of themselves in a prolonged absence of caregivers

1– none of them 2– some of them 3– most of them 4–all of them
x – I don't know 0 – no answer

Comment:

55. a prolonged or re-occurring lack of access to age-appropriate education

1– none of them 2– some of them 3– most of them 4–all of them
x – I don't know 0 – no answer

Comment:

Refugee children/young refugees have certain rights in their host country. In your opinion, are the following rights fulfilled in practice in your country?

inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity. It does not include pain or suffering arising only from, inherent in or incidental to lawful sanctions. (*United Nations Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment*, 1984)

57. right to live in a safe environment in the host country

1 – never 2 – rarely 3 – sometimes 4 – often 5 – always
x – I don't know 0 – no answer

Comment:.....

58. right to education and to attend school for school-age refugee children/young refugees

1 – never 2 – rarely 3 – sometimes 4 – often 5 – always
x – I don't know 0 – no answer

Comment:.....

59. right to receive legal representation for legal proceedings (e.g. related to their asylum procedure)

1 – never 2 – rarely 3 – sometimes 4 – often 5 – always
x – I don't know 0 – no answer

Comment:.....

60. right to receive full medical care

1 – never 2 – rarely 3 – sometimes 4 – often 5 – always
x – I don't know 0 – no answer

Comment:.....

End of the questionnaire. Thank you for your cooperation!

Kérdőív gyakorlati szakemberek számára (augusztus 22-i verzió)

1. A szervezet neve (opcionális):

.....

2. Szervezetének főbb jellemzői (vagy a szervezeti egységének, amennyiben egy nagy, multifunkciós szervezetnek, vagy szervezetek hálózatának dolgozik):

2.1. Ország:

2.1. Hely : 1– főváros 2– város 3– falu

2.3. Fenntartó: 1– állam 2– regionális, vagy helyi önkormányzat 3– NGO

4–egyéb, kérem, pontosítsa:

2.4 A szolgáltatásban részesülő gyermekek/fiatalok száma:

1– 1 - 10 2– 11-30 3– 31-50 4– 51-100 5– több, mint 100

2.5 Ellátás típusa (több válasz is lehetséges):

1– családi gondozás (nevelőszülői gondozás) 2– lakóotthon

3– átmeneti lakhatás (vészhelyzeti, vagy egyéb rövid távú elhelyezés)

4– kiscsoportos lakóotthon 5– trauma központ

6– felügyelt önálló lakóotthon a fiatalok önálló életre való felkészítéséhez

7– egyéb, kérem, pontosítsa:

.....

2.6. Munkatársak száma (beleértve az összes gondozót, adminisztratív munkatársat, műszaki dolgozót stb.)

1– 1-10 2– 11-20 3– 21-50 4– több mint 50

3. Az Ön szerepe a szervezetben (több válasz lehetséges):

1– szociális munkás 2– pszichológus 3– pszichiáter 4– pszichoterapeuta

5– kora gyermekkori oktatási és gondozási pedagógus

6– általános iskolai tanár 7– középiskolai tanár

8– szakképzésben oktató tanár 9– speciális oktatást nyújtó tanár

10– ápoló 11– egyéb (kérem, pontosítsa):

.....

4. A gyermek/íjfúsági gondozásban ledolgozott évek száma:

5. Iskolai végzettség (a képzettség pontos neve (...as if figures in your degree):

.....

6. Legmagasabb iskolai végzettsége:

1– alapfokú 2– középfokú 3– felsőfokú

7. Kora: év

8. Neme: 1– férfi 2– nő 3– egyéb 4– nincs válasz

9. Milyen korosztállyal foglalkozik munkája során? (több válasz lehetséges)

1– 0 - 5 év 2 – 6 - 12 év 3 – 13 - 18 év 4 – 18 év felett

GONDOZÁSBAN/UTÓGONDOZÁSBAN RÉSZESÜLŐ GYERMEKEK/FIATALOK BÁNTALMAZÁSSAL ÉS ELHANYAGOLTSÁGGAL KAPCSOLATOS TAPASZTALATAI

→ FIZIKAI BÁNTALMAZÁS

A fizikai bántalmazás: gyermekkel/fiatallal szemben szándékoltan alkalmazott fizikai erő alkalmazása, amely a gyermek egészségének, életben maradásának, fejlődésének és méltóságának sérülésével jár, vagy annak a lehetőségét magában hordozza. Ez jelentheti az ütést, verést, rúgást, rázást, harapást, fojtogatást, forrázást, égetést, mérgezést és megfojtást.

(A gyermekbántalmazás megelőzése: útmutató az intézkedésekhez és a bizonyítékok rögzítéséhez, WHO és a Gyermekbántalmazás és Elhanyagolás Megelőzésének Nemzetközi Szervezete, 2006)

10. Munkája során találkozott-e olyan gyermekkel/fiatallal, akit fizikailag bántalmaztak?

1– soha 2– ritkán 3– néha 4– gyakran 5– állandóan
x– nem tudja 0– nincs válasz

Megjegyzés:

.....

.....

11. Fizikai bántalmazás esetén az Ön véleménye szerint, az érintett gyermek/fiatal megkapta-e a szükséges¹ orvosi ellátást?

1 – soha 2 – ritkán 3 – néha 4 – gyakran 5 – mindig

¹ Az, hogy mi számít szükséges orvosi ellátásnak, a konkrét esettől függ, figyelembe véve a trauma beavatkozásokra, támogatásra és terápiára vonatkozó létező bizonyítékokat. Az összes hasonló kérdés esetében is, szívesen vesszük az Ön személyes értékelését a gyermek/fiatal által kapott ellátásokról.

x – nem tudja

0 – nincs válasz

Megjegyzés:

.....
.....

12. Fizikai bántalmazás esetén az Ön véleménye szerint, az érintett gyermek/ fiatal megkapta-e a szükséges pszichológiai ellátást?

1 – soha 2 – ritkán 3 – néha 4 – gyakran 5 – mindig

x – nem tudja 0 – nincs válasz

Megjegyzés:

.....
.....

13. A fizikailag bántalmazott gyermekek/ fiatalok neme

1– mind fiú 2– többségében fiú 3– fiúk és lányok (körülbelül) azonos számban 4–
többségében lányok 5– mind lány x– nem tudja 0– nincs válasz

→ **FIZIKAI ELHANYAGOLÁS**

A fizikai elhanyagolás a gyermek/ fiatal alapvető fizikai, higiéniai, felügyeleti és védelmi szükségleteinek elhanyagolása, amely veszélyezteti a gyermek/ fiatal egészségét/ jólétét/ fejlődését vagy életét. A fizikai elhanyagolás magába foglalja a gyermek/ fiatal orvosi ellátáshoz való hozzáféréseinek késleltetését/ megtagadását, az orvosi utasítások be nem tartását, a védőoltások indokolatlan elhagyását. A fizikai elhanyagolás esetei lehetnek elszigeteltek, vagy hosszabb időn keresztül, mintázatot mutató mulasztások is, és nem függenek a család társadalmi/ gazdasági helyzetétől.

(A gyermekbántalmazás megelőzése: útmutató az intézkedésekhez és a bizonyítékok rögzítéséhez, WHO és a Gyermekbántalmazás és Elhanyagolás Megelőzésének Nemzetközi Szervezete, 2006)

14. Munkája során találkozott-e olyan gyermekkel/ fiatallal, akit a családban fizikailag elhanyagoltak?

1– soha 2– ritkán 3– néha 4– gyakran 5– állandóan

x– nem tudja 0– nincs válasz

Megjegyzés:

.....
.....

15. Munkája során találkozott-e olyan gyermekkel/ fiatallal, akit származási országában (nem a családban) fizikailag elhanyagoltak?

1– soha 2– ritkán 3– néha 4– gyakran 5– állandóan

x– nem tudja 0– nincs válasz

Comment:

.....
.....

16. Fizikai elhanyagolás esetén az Ön véleménye szerint, az érintett gyermek/fiatal megkapta-e a szükséges orvosi ellátást?

1 – soha 2 – ritkán 3 – néha 4 – gyakran 5 – mindig

x – nem tudja 0 – nincs válasz

Comment:

.....

17. Fizikai elhanyagolás esetén az Ön véleménye szerint, az érintett gyermek/fiatal megkapta-e a szükséges pszichológiai ellátást?

1 – soha 2 – ritkán 3 – néha 4 – gyakran 5 – mindig

x – nem tudja 0 – nincs válasz

Comment:

.....

18. A fizikai elhanyagolást elszenvedő gyermekek/fiatalok neme

1– mind fiú 2– többségében fiú 3– fiúk és lányok (körülbelül) azonos számban 4–
többségében lányok 5– mind lány x– nem tudja 0– nincs válasz

→ **PSZICHÉS BÁNTALMAZÁS**

Pszichés bántalmazás: bántalmazás a gyermek/fiatal érzelmi/pszichés bántalmazása, amely nagy valószínűséggel súlyos és hosszú távú károkat okoz a gyermek/fiatal fizikai vagy mentális egészségének, vagy fizikai, mentális, spirituális, morális, vagy társadalmi fejlődésének. Az ilyen jellegű bántalmazás magába foglalja annak a gyermek/fiatal felé történő közvetítését, hogy az ő személye értéktelen, nem kívánt, nem elfogadott, őt nem szeretik; az olyan személyiség-fejlődési szempontból, vagy életkornak nem megfelelő elvárások támasztása a gyermekkel/fiattal szemben, amelyek szükségszerűen kudarchoz fognak vezetni; a gyermeket/fiatalt folyamatosan félelemben, szorongásban tartani; a fenyegetés; a gyermek/fiatal lekicsinylése; diszkriminatív megkülönböztetése, vagy nevetségessé tétele; érzelmi zsarolása; a gyermek kihasználása és egyéb az elutasítás vagy rosszindulatú bánásmód nem fizikai formái; Az érzelmi bántalmazás súlyos formája, amikor egy gyermeknek/fiatalnak egy másik személlyel szembeni bántalmazás szemtanújává kell válnia.

(A gyermekbántalmazás megelőzése: útmutató az intézkedésekhez és a bizonyítékok rögzítéséhez, WHO és a Gyermekbántalmazás és Elhanyagolás Megelőzésének Nemzetközi Szervezete, 2006)

19. Munkája során találkozott-e olyan gyermekkel/fiattal, akit pszichésen bántalmaztak?

1– soha 2– ritkán 3– néha 4– gyakran 5– állandóan
x– nem tudja 0– nincs válasz

Megjegyzés:

.....

20. Pszichés bántalmazás esetén az Ön véleménye szerint, az érintett gyermek/fiatal megkapta-e a szükséges orvosi ellátást?

1 – soha 2 – ritkán 3 – néha 4 – gyakran 5 – mindig
x – nem tudja 0 – nincs válasz

Megjegyzés:

.....

21. Pszichés bántalmazás esetén, az Ön véleménye szerint, az érintett gyermek/fiatal megkapta-e a szükséges pszichológiai ellátást?

1 – soha 2 – ritkán 3 – néha 4 – gyakran 5 – mindig
x – nem tudja 0 – nincs válasz

Megjegyzés:.....

.....

22. A pszichés bántalmazást elszenvedő gyermekek/ fiatalok neme

1– mind fiú 2– többségében fiú 3– fiúk és lányok (körülbelül) azonos számban 4–
többségében lányok 5– mind lány x– nem tudja 0– nincs válasz

Megjegyzés:.....

.....

→ **ÉRZELMI ELHANYAGOLÁS**

Érzelmi elhanyagolás: a gyermek/ fiatal érzelmi biztonsága, stabilitása, egy szerető kapcsolat biztosításának elmulasztása; a gyermek/ fiatal érzelmi kötődésre vonatkozó igényének durva ignorálása vagy elutasítása.

23. Munkája során találkozott-e olyan gyermekkel/ fiatallal, akit érzelmileg elhanyagoltak?

1– soha 2– ritkán 3– néha 4– gyakran 5– állandóan
x– nem tudja 0– nincs válasz

Megjegyzés:

.....
24. Érzelmi elhanyagolás esetén, az Ön véleménye szerint, az érintett gyermek/fiatal megkapta-e a szükséges orvosi ellátást?

1 – soha 2 – ritkán 3 – néha 4 – gyakran 5 – mindig
x – nem tudja 0 – nincs válasz

Megjegyzés:

.....
25. Érzelmi elhanyagolás esetén, az Ön véleménye szerint, az érintett gyermek/fiatal megkapta-e a szükséges pszichológiai ellátást?

1 – soha 2 – ritkán 3 – néha 4 – gyakran 5 – mindig
x – nem tudja 0 – nincs válasz

Megjegyzés:.....

.....
26. Az érzelmi elhanyagolást elszenvedő gyermekek/ fiatalok neme

1– mind fiú 2– többségében fiú 3– fiúk és lányok (körülbelül) azonos számban 4–
többségében lányok 5– mind lány x– nem tudja 0– nincs válasz

Megjegyzés:

.....
.....

→ **SZEXUÁLIS BÁNTALMAZÁS**

Szexuális bántalmazás: gyermek/ fiatal bevonása olyan szexuális tevékenységbe, amelyet nem teljesen ért, amelyhez nem tudja beleegyezését adni, vagy amelyre fejlettsége szempontjából nincs felkészülve, vagy amely sérti a társadalom törvényeit és tabujait. Gyermekeket/ fiatalokat szexuálisan bántalmazhat felnőtt, vagy egy másik gyermek/ fiatal, aki koránál és fejlettségi szintjénél fogva felelős, bizalmi vagy hatalmi helyzetben van, a tevékenység célja a bántalmazó igényeinek a kielégítése. A szexuális bántalmazás tartalmazhatja, de nem korlátozódik gyermek/ fiatal rávétele vagy kényszerítése bármilyen törvényellenes szexuális tevékenységre; gyermek/ fiatal kihasználása prostitúciós, vagy egyéb törvénytelen szexuális tevékenység céljából; gyermek/ fiatal kihasználása pornográfia előadása vagy pornográf anyagok készítése céljából.

(Adapted definition based on the World Health Organization's *Report on the Consultation on Child Abuse Prevention*, 1999)

27. Munkája során találkozott-e olyan gyermekkel/ fiatallal, akit szexuálisan bántalmaztak?

1– soha 2– ritkán 3– néha 4– gyakran 5– állandóan
x– nem tudja 0– nincs válasz

Megjegyzés:

.....

28. Szexuális bántalmazás esetén, az Ön véleménye szerint, az érintett gyermek/fiatal megkapta-e a szükséges orvosi ellátást?

1 – soha 2 – ritkán 3 – néha 4 – gyakran 5 – mindig
x – nem tudja 0 – nincs válasz

Megjegyzés:

.....

29. Szexuális bántalmazás esetén, az Ön véleménye szerint, az érintett gyermek/fiatal megkapta-e a szükséges pszichológiai ellátást?

1 – soha 2 – ritkán 3 – néha 4 – gyakran 5 – mindig
x – nem tudja 0 – nincs válasz

Megjegyzés:.....

.....

30. A szexuális bántalmazást elszenvedő gyermekek/fiatalok neme

1– mind fiú 2– többségében fiú 3– fiúk és lányok (körülbelül) azonos számban 4–
többségében lányok 5– mind lány x– nem tudja 0– nincs válasz

Megjegyzés:

.....

.....

31. Véleménye szerint milyen gyakran fordul elő bántalmazás és elhanyagolás bármely formája gondozásban/utógondozásban részesülő gyermekek/fiatalok körében?

1– egyáltalán nem 2 – ritkán 3 – valamennyire gyakran 4 – gyakran 5–
nagyon gyakran
x – nem tudja 0 – nincs válasz

Megjegyzés:

.....

.....

32. Tapasztalatai szerint milyen gyakori, hogy gondozásban/utógondozásban részesülő gyerekek egynél több fajta bántalmazást és elhanyagolást szenvednek el?

1– egyáltalán nem 2 – ritkán 3 – valamennyire gyakran 4 – gyakran 5–
nagyon gyakran

x – nem tudja 0 – nincs válasz

Megjegyzés:.....

.....

33. Tapasztalatai alapján egyetért-e Ön azzal a kijelentéssel, hogy azok a bántalmazást, vagy elhanyagolást elszenvedő gyermekek/fiatalok akik a szükséges orvosi és pszichológiai ellátást nem kapják meg, maguk is nagyobb eséllyel válnak bántalmazóvá, vagy elhanyagolóvá?

1– egyáltalán nem 2 – egy kicsit 3 – valamennyire 4 – nagy mértékben 5 – teljes
mértékben

x – nem tudja 0 – nincs válasz

Megjegyzés:.....

.....

34. Munkája során találkozott-e olyan gyermekkel/fiatallal, aki a bántalmazás vagy elhanyagolás bármely formáját elszenvedte valamely fogyatékoságával² összefüggésben?

1– soha 2 – néha 4 – gyakran x – nem tudja 0 – nincs válasz

Megjegyzés:.....

.....

35. Munkája során találkozott-e olyan gyermekkel/fiatallal, aki a bántalmazás vagy elhanyagolás bármely formáját elszenvedte ciány származásával összefüggésben?

1– soha 2 – néha 4 – gyakran x – nem tudja 0 – nincs válasz

Megjegyzés:.....

² Fogyatékoság: olyan hosszú távon fennálló fizikai, mentális, intellektuális, vagy érzékszervi károsodás, amely különböző korlátokkal kölcsönhatásban gátolja a személy teljes körű és hatékony, másokkal egyenlő részvételét a társadalom életében (*International Classification of Functioning, Disability and Health*, World Health Organization, 2001)

.....

36. Munkája során találkozott-e olyan gyermekkel/fiatallal, aki a bántalmazás, elhanyagolás bármely formáját elszenvedte más nemzeti kisebbséghez való tartozásával, vagy bevándorló háttérével³ összefüggésben.?

1- soha 2- néha 4 –gyakran x –nem tudja 0 –nincs válasz

Kérem, adja meg a nemzetiségi kisebbsége(ke)t/bevándorló háttére(ke)t:

.....

Megjegyzés:

.....

.....

37. Munkája során találkozott-e olyan gyermekkel/fiatallal, aki a bántalmazás vagy elhanyagolás bármely formáját elszenvedte szexuális kisebbséghez való tartozásával (LGBTQ) összefüggésben?

1– soha 2 –néha 4– gyakran x – nem tudja 0 – nincs válasz

Megjegyzés:

.....

.....

A kérdőív a következő oldalon folytatódik.

→ **TRAUMA TERÜLETÉN FENNÁLLÓ KÉPZÉSI SZÜKSÉGLETEK**

38. Hogyan értékelné traumával, gyermekkori traumával és a trauma a gyermekek fejlődésére gyakorolt hatásával kapcsolatos tudását?

1– nincs tudása 2– minimális tudással rendelkezik 3– alapvető tudással rendelkezik 4– kielégítő tudással rendelkezik 5– magas szintű tudással rendelkezik

x– nem tudja 0– nincs válasz

39. Hogyan értékelné kompetenciáját a traumatizált gyermekekkel való munka, illetve a nekik a mindennapi szükségleteikhez nyújtott asszisztencia területén?

1– nincs tudása 2– minimális tudással rendelkezik 3– alapvető tudással rendelkezik

4– kielégítő tudással rendelkezik 5– magas szintű tudással rendelkezik

³ Kivéve a menedékkérők és a nemzetközi védelemben részesítettek – a rájuk vonatkozó kérdéseket lásd Menekült gyerekek és fiatalok c. részben.

44. Kérem válassza ki azokat a tématerületeket, amelyekkel kapcsolatos képzés előnyös lenne a szervezete, mint egész számára? (több válasz lehetséges)

- 1– gyermekjogok 2– elhanyagolás és bántalmazás megelőzése és felismerése
- 3– a trauma lehetséges okai és hatásai 4– trauma szűrés és felmérés
- 5– bizonyítékokon alapuló trauma fókuszú beavatkozások (pszichoterápia, művészetterápia, EMDR, stb.)
- 6– más szakemberekkel történő együttműködés a hatékony, trauma-tudatos esetkezelés érdekében
- 7– migrációhoz kötődő trauma 8– egyéb (kérem, részletezze):

45. A kérdőívvel kapcsolatosan további megjegyzések:

.....

.....

.....

Az alapkérdőív vége. Köszönöm az együttműködését!

Amennyiben Ön menekült gyermekekkel/fiatalokkal foglalkozik, kérjük az alábbi néhány kérdést is válaszolja meg.

→ **MENEKÜLT GYERMEKEK/FIATALOK**

A jelen kérdőíven a **menekült gyermek/fiatal menekült** kifejezést olyan gyermekekre/fiatalokra értjük, akik egy EU tagállamban nemzetközi védelmet kértek, vagy már ilyen védelmet kaptak, és akik a befogadó országba a nagykorúságuk elérése előtt érkeztek.

A menekült gyermekek/fiatal menekültek a menekülésüket előidéző otthoni környezettel, vagy az úton történekekkel összefüggésben traumatikus életeseményeken mehetnek keresztül. Azon menekült gyermekek/fiatal menekültek között, akikkel Ön munkája során foglalkozott, voltak-e olyanok, akikkel az alábbi életesemények megtörténtek?

46. Hosszú ideig, vagy visszatérően képtelen volt az alapvető fizikai szükségleteit kielégíteni (élelem, ivóvíz, lakhatás, szükséges orvosi ellátás)

- 1– senki 2– néhányan 3– többségük 4–mindannyian
- x – nem tudja 0 – nincs válasz

Megjegyzés:.....

.

47. Háború, vagy egyéb erőszakos esemény okozta fizikai sérülés

- 1– senki 2– néhányan 3– többségük 4–mindannyian
- x – nem tudja 0 – nincs válasz

Megjegyzés:.....

48. Háború, vagy egyéb erőszakos konfliktus okozta szexuális bántalmazás

- 1– senki 2– néhányan 3– többségük 4–mindannyian
- x – nem tudja 0 – nincs válasz

Megjegyzés:.....

49. Szexuális bántalmazás útközben

- 1– senki 2– néhányan 3– többségük 4–mindannyian
- x – nem tudja 0 – nincs válasz

Megjegyzés:.....

50. Emberkereskedelem

- 1– senki 2– néhányan 3– többségük 4–mindannyian
- x – nem tudja 0 – nincs válasz

Megjegyzés:.....

51. Kínzás⁴

- 1– senki 2– néhányan 3– többségük 4–mindannyian
- x – nem tudja 0 – nincs válasz

Megjegyzés:.....
.....

Kínzás: Az Egyezmény szempontjából a kínzás kifejezés minden olyan cselekményt jelent, amelyet szándékosan, éles testi vagy lelki fájdalom vagy szenvedés kiváltása céljából alkalmaznak valakivel szemben, hogy tőle, illetőleg harmadik személytől értesüléseket vagy vallomást csikarjanak ki, vagy hogy olyan cselekmény miatt büntessék, amelyet ő, vagy harmadik személy követett el, illetőleg amelynek elkövetésével őt vagy harmadik személyt gyanúsítanak, hogy megfélemlítsék, vagy nyomást gyakoroljanak rá, illetőleg hogy harmadik személyt félemlítsenek meg, vagy hogy harmadik személyre gyakoroljanak nyomást, valamint bármilyen megkülönböztetési formára alapított más okból alkalmaznak, ha az ilyen fájdalmat vagy szenvedést közzeladatot ellátó személy vagy hivatalos minőségben eljáró bármely más személy vagy ilyen személy kifejezett vagy hallgatólagos ösztönzésére vagy ennek hozzájárulásával bárki más okozza. *(Az ENSZ kínzás és más kegyetlen, embertelen vagy megalázó büntetések vagy bánásmódok elleni Egyezménye, 1984)*

52. A gyermek/fiatal rokona, vagy más hozzá közel álló személy ellen elkövetett fizikai bántalmazás, amelynek a gyermek/fiatal tanúja volt.

1– senki 2– néhányan 3– többségük 4–mindannyian

x – nem tudja 0 – nincs válasz

Megjegyzés:.....

53. A gyermek/fiatal rokona, vagy más hozzá közel álló személy ellen elkövetett szexuális bántalmazás, amelynek a gyermek/fiatal tanúja volt

1– senki 2– néhányan 3– többségük 4–mindannyian

x – nem tudja 0 – nincs válasz

Megjegyzés:.....

54. Gondozó hiányában hosszú ideig önmagáról kellett gondoskodnia

1– senki 2– néhányan 3– többségük 4–mindannyian

x – nem tudja 0 – nincs válasz

Megjegyzés:.....

55. Korának megfelelő oktatáshoz való hozzáférés hosszú ideig tartó, vagy visszatérő hiánya

1– senki 2– néhányan 3– többségük 4–mindannyian

x – nem tudja 0 – nincs válasz

Megjegyzés:.....

A menekült gyermekek/fiatal menekültek a befogadó országban bizonyos jogokat élveznek. Az Ön véleménye szerint az Ön országában a gyakorlatban érvényre jutnak-e az alábbi jogok?

56. Jog a biztonságos környezetben való élethez

1 – soha 2 – ritkán 3 – néha 4 – gyakran 5 – mindig

x – nem tudja 0 – nincs válasz

Megjegyzés:.....

57. Jog az oktatáshoz és az iskolás korú menekült gyermekek/fiatal menekültek iskolai beiratkozáshoz

1 – soha 2 – ritkán 3 – néha 4 – gyakran 5 – mindig

x – nem tudja 0 – nincs válasz

Megjegyzés:.....

58. Jog a jogi képviselőhez a jogi eljárásokban (pl. a menekültügyi eljáráshoz kapcsolódóan)

1 – soha 2 – ritkán 3 – néha 4 – gyakran 5 – mindig

x – nem tudja 0 – nincs válasz

Megjegyzés:.....

59. Teljekörű orvosi ellátáshoz való jog

1 – soha 2 – ritkán 3 – néha 4 – gyakran 5 – mindig

x – nem tudja 0 – nincs válasz

Megjegyzés:.....

A kérdőív vége. Köszönöm az együttműködését!



e-trikala



Funded by
European Union
Civil Protection and
Humanitarian Aid

Name of the Organization: E-Trikala S.A

Address: Kalampakas 28street, 42100, Trikala, Greece

Telephone and fax: +030 243122899

Certificate

We certify that Mr/Mrs conducted a field visit in our site in order to conduct interviews with our appointed personnel and some of our young beneficiaries in “Accommodation and assistance to asylum seekers and relocation candidates in Trikala”, an ESTIA project funded by UNCHR. All interviews were a part of the CarePath Project and took place on the 14th of November 2018.

Odisseas E. Raptis

Project Manager of the ESTIA project



Name of the Organization.....

Address:

Telephone and fax:.....

Certificate

We certify that Mr/Mrs from.....

conducted a field visit survey during our visit to the site of the Trikala Accommodation Program for the Refugees and Asylum Seekers that our foundation supports. During this visit she conducted interviews with our personnel as a part of the CarePath Project. The field visit took place on the 16th of November 2018.

Full name:.....

Affiliation:.....

Signature:.....





Funded by
European Union
Civil Protection and
Humanitarian Aid

Name of the Organization.....

Address:

Telephone and fax:.....

Certificate

We certify that Mr/Mrs from.....
conducted a field visit in our site.....
in order to conduct interviews with our personnel as a part of the CarePath Project.
The field visit took place on the of November 2018.

Full name:.....

Affiliation:.....

Signature:.....

ΕΝΗΜΕΡΩΣΗ – ΣΥΓΚΑΤΑΘΕΣΗ – ΟΡΟΙ ΣΥΜΜΕΤΟΧΗΣ

Η E-Trikala Σ.Ε , με έδρα επί της οδού Καλαμπάκας 28, Τρίκαλα, ΤΚ 42100 (τηλ. 243102899) σε συνεργασία με το [Eurochild](#), το Πανεπιστήμιο [Università degli Studi di Torino](#), τον Δήμο Calabria , το ίδρυμα [IACP - Istituto dell'Approccio Centrato sulla Persona](#), τους Έλληνες εταίρους [ReadLab](#) , [ERGO](#) και τον Οργανισμό [Cordelia Foundation for the Rehabilitation of Torture Victims](#) υλοποιεί το ευρωπαϊκό ερευνητικό πρόγραμμα «CarePath»,με στόχο την Ενδυνάμωση των Δομών Δημοσίων Αρχών και ανάπτυξη των ικανοτήτων επαγγελματιών σχετικά με το ψυχικό τραύμα και την υποστήριξη παιδιών που βρίσκονται ή έχουν πρόσφατα αποχωρήσει από ιδρυματική φροντίδα

Στόχος του Έργου είναι να εξασφαλίσει ότι τα παιδιά, που αποχωρούν από τις δομές εναλλακτικής φροντίδας έχουν επαρκή μεταϊδρυματική υποστήριξη και ενημερωμένη σχετικά με το ψυχικό τραύμα, να αυξήσει την ικανότητα των επαγγελματιών στο χώρο της παιδικής προστασίας να υποστηρίζουν παιδιά με ψυχικό τραύμα και να αναπτύξει ένα βιώσιμο μηχανισμό για την παροχή ολοκληρωμένων υπηρεσιών ψυχοκοινωνικής υποστήριξης, οι οποίες βασίζονται σε παρεμβάσεις ενημερωμένες σχετικά με το ψυχικό τραύμα.

Για το λόγο αυτό η e-trikala Α.Ε διεξάγει μία σειρά από έρευνες πεδίου σε χώρους και Οργανισμούς που ασχολούνται με το παιδί και το ψυχικό τραύμα προκειμένου να χορηγήσει σε επαγγελματίες του χώρου ένα ερωτηματολόγιο ώστε να καταγράψει τις εκπαιδευτικές τους ανάγκες.

Κατόπιν των ανωτέρω και αφότου ενημερώθηκα, πλήρως, για το περιεχόμενο και τους σκοπούς του Προγράμματος, με την παρούσα δηλώνω ότι:

1. έχω ενημερωθεί και αντιλαμβάνομαι το αντικείμενο και το σκοπό του ερευνητικού προγράμματος», που υλοποιεί η E-Trikala Α.Ε
2. έχω ενημερωθεί ότι διατηρώ δικαίωμα ενημέρωσης, πρόσβασης, διαγραφής και διόρθωσης των προσωπικών μου δεδομένων,
3. κατανοώ ότι η συμμετοχή μου είναι εθελοντική και μπορώ ανά πάσα στιγμή να αποχωρήσω από το πρόγραμμα χωρίς αρνητικές συνέπειες,
4. συγκατατίθεμαι στη συλλογή των δεδομένων που προκύπτουν από την έρευνα πεδίου

5. συγκατατίθεται στην επεξεργασία των προσωπικών μου δεδομένων που προκύπτουν από την άνω έρευνα για ερευνητικούς και επιστημονικούς σκοπούς καθόλη τη διάρκεια του ερευνητικού προγράμματος

Συμφωνώ να συμμετάσχω στο πρόγραμμα Δε συμφωνώ να συμμετάσχω στο πρόγραμμα

Εάν επιθυμείτε να ανακαλέσετε τη συγκατάθεσή σας, να ασκήσετε τα δικαιώματά σας ή εάν έχετε εν γένει οποιαδήποτε απορία αναφορικά με την προστασία των προσωπικών σας δεδομένων, μπορείτε να απευθύνετε το αντίστοιχο αίτημά σας επικοινωνώντας με τον/την Υπεύθυνο Προστασίας Προσωπικών Δεδομένων του, με τους εξής τρόπους:

Email:

Τηλέφωνο:

___ / ___ / 20___

Υπογραφή



Empowering public authorities and professionals
towards trauma-informed leaving care support

Questionnaire for children and young adults

By Cordelia Foundation

English Version by Cordelia Foundation in care

WP2 / A2. / D2.2.1.



Co-funded by the European Union's
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IACP



Eurochild
Fostering children at
the heart of Europe



ReadLab
Research Innovation and Development Lab



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EMPOWERING
CHILDREN & YOUNG PEOPLE



CORDELIA
ALTERNATIVE
CARE
FOUNDATION



e-trikala

Questionnaire for children and young adults in care

The core aim of listening to young people's voices, as identified in the project proposal and work plan is to broadly discuss with them everyday challenges and needs for aftercare support.

Kor: év

nem: férfi / nő / egyéb / nincs válasz

Állampolgárság:

Származási ország:

Eltöltött évek száma az országban, ahol az interjú készül

Foglalkozás:

- Diák
- ---- Number of years completed (primary education) In Italy is 5 years elementary
- ---- Number of years completed (secondary education)
- --- Higher education (please specify field and years):
- --- Qualification (school leaving certificate, high school diploma, vocational training degree, higher education, etc.)
- ---- Student in employment
- ----- Student un-employed
- Employed
- Unemployed
- Other (please specify):

Years spent in the care system of a different country, if applicable:

We are aware that children and young adults in the care system face a number of difficulties. Please mark the fields in which you feel you are dealing with difficulties (multiple answers possible)

- physical health (e.g. sickness, chronic disease, pain, injury etc.)
- emotional problems (e.g. sadness, anger, irritation, fear, sleeping difficulties)
- financial struggles
- housing
- social relationships (friendships)
- social relationships (romantic love)
- family problems/conflict
- studies, education
- work market/job
- difficulties of learning the language, cultural adaptation and everyday communication/interaction with peers, locals, members of society”
- dealing with authorities/officials (from possible street incidents to bureaucratic tasks)
- addiction (alcohol, drugs, medication)
- violence
- bereavement (loss of loved ones)
- other (please specify)

We would also like to explore your strengths & positive resources, please mark the fields where you feel you are doing well (multiple answers possible).

- physical health
- emotional well-being
- finances
- studies, education
- work market / employment
- social relationships (friendships)
- social relationships (romantic love)
- family relations

- language, cultural adaptation and everyday communication/interaction with peers, locals, members of society
- sports and other recreational activities
- other (please specify)

We would like to know more about the services that you feel you would need more support or services you think are lacking:

- emotional support
- counselling/medical care
- education
- social work
- legal assistance/representation
- other (please specify):

Additional comments:



Empowering public authorities and professionals
towards trauma-informed leaving care support

Questionnaire for professionals in the field by Cordelia Foundation

English Version by Cordelia

WP2 / A2. / D2.2.1



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Questionnaire for professionals in the field

1. The name of your organization (optional):

.....

2. Main characteristics of your organization (or unit if you work as part of a larger multifunctional organization or network of organizations):

2.1. Country:

2.1. Location: 1– in the capital city 2– in a town 3– in a village

2.3. Maintainer: 1– State 2– regional or local municipality 3– NGO

4–other, *please specify*:

2.4 Number of children/young people served:

1– 1 to 10 2–11-30 3–31-50 4–51-100 5– more than 100

2.5 Type of care (multiple answers are possible):

1–family-based care (foster care) 2–residential care institution

3–transitional accommodation (emergency or other short-term placement)

4–small group home 5–trauma centre

6–supervised independent living facility for young people preparing for leaving care

6–other, *please specify*:

2.6. Staff number (including all care workers, administrative staff, technicians etc.)

1– 1-10 2– 11-20 3– 21-50 4– more than 50

3. Your role in your organization (multiple answers are possible):

1–Social worker 2–Psychologist 3–Psychiatrist 4–Psychotherapist

5–Teacher in Early Childhood Education and Care

6–Teacher in Primary Education 7–Teacher in General Secondary Education

8–Teacher in Vocational Education 9–Teacher in Special Education

10–Nurse 11–Other (*please specify*):

5. Time spent in the care service for children/young people: (in years)

6. Your qualification(s), of any level (*please provide the exact name as if figures in your degree*):

.....

7. The level of your highest qualification:

- 1–Primary education 2–Secondary education 3–Higher education

8. Your age: years

9. Your sex: 1 – male 2 – female 3 – other 4 – no answer

10. What age group do you work with in your practice? (*multiple answers are possible*)

- 1– 0 to 5 years 2 – 6 to 12 years 3 – 13 to 18 years 4 – above 18 years

EXPERIENCES OF ABUSE AND NEGLECT AMONG CHILDREN/YOUNG PEOPLE IN CARE/AFTER-CARE

→ **PHYSICAL ABUSE**

Physical abuse is the intentional use of physical force against a child/young person that results in – or has a high likelihood of resulting in – harm for the child’s/young person’s health, survival, development or dignity. This includes hitting, beating, kicking, shaking, biting, strangling, scalding, burning, poisoning and suffocating.

(Adapted definition based on *Preventing child maltreatment: a guide to taking action and generating evidence*, World Health Organization and the International Society for Prevention of Child Abuse and Neglect, 2006)

11. At work¹, have you met children/young people who experienced physical abuse?

- 1– never 2– rarely 3– sometimes 4– often 5– all the time
x– I don’t know 0– no answer

Comment:

.....

12. In case of physical abuse, did the children/young people concerned receive the necessary² medical care, in your opinion?

- 1 – never 2 – rarely 3 – sometimes 4 – often 5 – always

¹ „Work” refers to your work in the child protection/care/aftercare system.

² What can be considered ’necessary” varies depending on the specific case, taking into account the existing evidence-base on trauma interventions, support and therapy. In each similar question, you are invited to share your own personal assessment of the care received by the children/young people you met.

x – I don't know 0 – no answer

Comment:
.....

13. In case of physical abuse, did the children/young people concerned receive the necessary psychological care, in your opinion?

1– never 2– rarely 3– sometimes 4– often 5– always
x– I don't know 0– no answer

Comment:
.....

14. The children/young people who experienced physical abuse were...

1–all boys 2–boys for the majority 3–boys and girls in (approx.) equal numbers 4– girls for the majority 5–all girls x– I don't know 0–no answer

→ **PHYSICAL NEGLECT**

Physical neglect means the neglect of the basic physical, hygienic, supervision and protection needs of the child / young person that puts the health/wellbeing/development or life of the child/young person in danger. Physical neglect also includes delaying or refusing access for the child/young person to medical services, not following medical instructions, gratuitous avoidance of vaccination. Physical neglect may consist of isolated incidents, or a pattern of failure over time, and it is not a function of the family's socioeconomic situation.

(Adapted definition based on *Preventing child maltreatment: a guide to taking action and generating evidence*, World Health Organization and the International Society for Prevention of Child Abuse and Neglect, 2006)

15. At work, have you met children/young people who experienced physical neglect in the family?

1 – never 2 – rarely 3 – sometimes 4 – often 5 – all the time
x – I don't know 0 – no answer

Comment:
.....

16. At work, have you met children/young people who experienced physical neglect in the country of origin (but not in the family)?

1 – never 2 – rarely 3 – sometimes 4 – often 5 – all the time
x – I don't know 0 – no answer

1– never 2 – rarely 3 – sometimes 4 – often 5 – always

x – I don't know 0 – no answer

Comment:

.....

26. In case of emotional neglect, did the children / young people concerned receive the necessary psychological care, in your opinion?

1– never 2 – rarely 3 – sometimes 4 – often 5 – always

x – I don't know 0 – no answer

Comment:.....

.....

27. The children/young people who experienced emotional neglect were...

1–all boys 2–boys for the majority 3–boys and girls in (approx.) equal numbers 4– girls for the majority 5–all girls x– I don't know 0–no answer

Comment:.....

.....

→ **SEXUAL ABUSE**

Sexual abuse means the involvement of a child/young person in sexual activity that he/she does not fully comprehend, is unable to give informed consent to, or for which the child/young person is not developmentally prepared, or else that violates the laws or social taboos of society. Children/young people can be sexually abused by an adult or another child/young person who by age or development is in a relationship of responsibility, trust or power, the activity being intended to gratify or satisfy the needs of the abuser. Sexual abuse may include but is not limited to: the inducement or coercion of a child/young person to engage in any unlawful sexual activity; the exploitative use of a child/young person in prostitution or other unlawful sexual practices; the exploitative use of the child/young person in pornographic performance or materials.

(Adapted definition based on the World Health Organization's *Report on the Consultation on Child Abuse Prevention*, 1999)

28. At work, have you met children/young people who experienced sexual abuse?

1– never 2 – rarely 3 – sometimes 4 – often 5 – always

x – I don't know 0 – no answer

Comment:

.....

29. In case of sexual abuse, did the children/young people concerned receive the necessary medical care, in your opinion?

- 1– never 2– rarely 3– sometimes 4– often 5– always
x– I don't know 0– no answer

Comment:.....
.....

30. In case of sexual abuse, did the children/young people concerned receive the necessary psychological care, in your opinion?

- 1– never 2– rarely 3– sometimes 4– often 5– always
x– I don't know 0– no answer

Comment:.....
.....

31. The children/young people who experienced sexual abuse were...

- 1–all boys 2–boys for the majority 3–boys and girls in (approx.) equal numbers 4–
girls for the majority 5–all girls x– I don't know 0–no answer

Comment:
.....

32. In your opinion, how frequent is the experience of abuse and neglect of any type among children/young people in care/after-care?

- 1– not at all 2 – slightly 3 – somewhat 4 – very much 5 – totally
x – I don't know 0 – no answer

Comment:
.....

33. In your experience, how frequently do children/young people in care/after-care have experience of more than one type of abuse and neglect?

- 1– not at all 2 – slightly 3 – somewhat 4 – very much 5 – totally
x – I don't know 0 – no answer

Comment:
.....

38. At work, have you met children / young people who experienced any type of abuse or neglect connection with their belonging to a sexual minority (being lesbian / gay / bisexual / transgender / queer)?

1– never 2 – sometimes 4 – often x – I don't know 0 – no answer

Comment:
.....

The questionnaire continues on the next page.

→ **TRAINING NEEDS IN THE FIELD OF TRAUMA**

39. How would you rate your knowledge on trauma, childhood trauma and the affects of trauma on child development?

1– non-existent 2– minimal 3– basic 4– satisfactory 5– very good
x– I don't know 0– no answer

40. How would you rate your competence in dealing with traumatized children and assisting traumatized children in their everyday needs?

1– non-existent 2– minimal 3– basic 4– satisfactory 5– very good
x– I don't know 0– no answer

40. Did you receive any preparation/education for identifying and dealing with trauma and it's consequences?

1–yes, as part of my education 2–yes, at my current workplace
3–yes, through a course/workshop independent of my workplace 4–no

Comment:

41. Did you receive any preparation on how to care for children who suffered trauma?

1–yes, as part of my education 2–yes, at my current workplace
3–yes, through a course/workshop independent of my workplace 4–no

Comment:

42. If you received such preparation, please specify the topics (*multiple answers possible*).

1– children's rights 2– prevention and identification of neglect and abuse
3– potential causes and impact of trauma 4– trauma screening and assessment
5– evidence-based trauma-focused interventions (psychotherapy, art therapy, EMDR etc.)

6– collaboration with other professionals for effective trauma-informed case management

7– trauma related to migration 8– other (please specify):

43. Please choose topics a better knowledge of which could help you become a more effective professional? (multiple answers possible)

1– children’s rights 2– prevention and identification of neglect and abuse

3– potential causes and impact of trauma 4– trauma screening and assessment

5– evidence-based trauma-focused interventions (psychotherapy, art therapy, EMDR etc.)

6– collaboration with other professionals for effective trauma-informed case management

7– trauma related to migration 8–intercultural competences 9–coping skills and resilience 10– other (please specify):

44. Please choose topics in which training could be beneficial for your organization as a whole? (multiple answers possible)

1– children’s rights 2– prevention and identification of neglect and abuse

3– potential causes and impact of trauma 4– trauma screening and assessment

5– evidence-based trauma-focused interventions (psychotherapy, art therapy, EMDR etc.)

6– collaboration with other professionals for effective trauma-informed case management

7– trauma related to migration 8– other (please specify):

45. Please add any further comments you have in relation with this questionnaire:

.....
.....
.....

End of the core questionnaire. Thank you very much for your cooperation!

In case you are working or have worked with refugee children/young refugees, please reply to a few additional questions in the section below.

→ **REFUGEE CHILDREN/YOUNG REFUGEES**

For the purpose of this questionnaire, the term 'refugee children/young refugees' is used for children/young people who seek international protection in an EU country, or to whom it was already granted, and who arrived before reaching the legal age of majority applicable in the host country.

Refugee children/young refugees may experience traumatic life events related to the situation in their home environment that led to their departure, or during the journey to

their host country. Has any of the refugee children/young refugees you have worked with experienced the following life events?

46. prolonged or re-occurring inability to fulfil their basic physical needs (food, drinking water, shelter, medical care needed)

- 1– none of them 2– some of them 3– most of them 4–all of them
x – I don't know 0 – no answer

Comment:

47. physical injury related to war or other violent incidents

- 1– none of them 2– some of them 3– most of them 4–all of them
x – I don't know 0 – no answer

Comment:

48. sexual abuse related to war or other violent conflict

- 1– none of them 2– some of them 3– most of them 4–all of them
x – I don't know 0 – no answer

Comment:

49. sexual abuse during their journey

- 1– none of them 2– some of them 3– most of them 4–all of them
x – I don't know 0 – no answer

Comment:

50. human trafficking

- 1– none of them 2– some of them 3– most of them 4–all of them
x – I don't know 0 – no answer

Comment:

51. torture⁵

Torture: any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him or a third person information or a confession, punishing him for an act he or a third person, has committed or is suspected of having committed, or intimidating or coercing him or a third person, or for any reason based on discrimination of any kind, when such pain or suffering is

1– none of them 2– some of them 3– most of them 4–all of them
x – I don't know 0 – no answer

Comment:

52. witnessing physical abuse committed to a relative or other person the child/young person has a close relationship with

1– none of them 2– some of them 3– most of them 4–all of them
x – I don't know 0 – no answer

Comment:

53. witnessing sexual abuse committed to a relative or other person the child/young person has a close relationship with

1– none of them 2– some of them 3– most of them 4–all of them
x – I don't know 0 – no answer

Comment:

54. taking care of themselves in a prolonged absence of caregivers

1– none of them 2– some of them 3– most of them 4–all of them
x – I don't know 0 – no answer

Comment:

55. a prolonged or re-occurring lack of access to age-appropriate education

1– none of them 2– some of them 3– most of them 4–all of them
x – I don't know 0 – no answer

Comment:

Refugee children/young refugees have certain rights in their host country. In your opinion, are the following rights fulfilled in practice in your country?

inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity. It does not include pain or suffering arising only from, inherent in or incidental to lawful sanctions. (*United Nations Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, 1984*)

57. right to live in a safe environment in the host country

1 – never 2 – rarely 3 – sometimes 4 – often 5 – always
x – I don't know 0 – no answer

Comment:.....

58. right to education and to attend school for school-age refugee children/young refugees

1 – never 2 – rarely 3 – sometimes 4 – often 5 – always
x – I don't know 0 – no answer

Comment:.....

59. right to receive legal representation for legal proceedings (e.g. related to their asylum procedure)

1 – never 2 – rarely 3 – sometimes 4 – often 5 – always
x – I don't know 0 – no answer

Comment:.....

60. right to receive full medical care

1 – never 2 – rarely 3 – sometimes 4 – often 5 – always
x – I don't know 0 – no answer

Comment:.....

End of the questionnaire. Thank you for your cooperation!



Empowering public authorities and professionals
towards trauma-informed leaving care support

FIELD VISIT 2 REPORT

Report on the Care Path Project Field
Visit Questionnaire

WP2 / A2. / D2.2.1.



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Prepared by

Name: Bálint Dóra
Authoring partner: Cordelia Foundation
Position: Program Manager
Submission date: 23.01.2020

Approved on behalf of CarePath

Name: **Panagiotis Sofios**
Partner: ERGO
Position: **Project Manager**
Approval date: 20/02/2020

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Disclaimer:

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INTRODUCTION

Purpose and Scope of the Document

This report presents the results of the field visits of the “CarePath Project: empowering public authorities and professionals towards trauma-informed leaving care support”. In particular, this report is focused on the experiences of the professionals with the maltreatment and abuse of the children and the training and support they get. The field visits were carried out and focused on children’s and professionals’ experiences and needs in the field of maltreatment and abuse, trauma, resilience and lack of needs. The visits also mapped the training needs of the professionals that complements another output of the CarePath project, a professionals training needs assessment.

The field visits took place in therapeutic services, childcare services, children’s residential care institutions, transitional accommodations (emergency or other short-term basements), shelter homes, small group homes, trauma centres, supervised independent living for young people preparing for leaving care system, family-based care and foster care services. The field visits consulted with children, young people and professionals, such as psychologists, social workers, psychiatrists, teachers, nurses and managers. The results of the field visits are particularly important in organising the trainings for the professionals working with care leavers and developing the training materials. The comparative perspective and the feedback, from not only professionals but children too, calls for particular attention to the factors focusing on the missing knowledge based on trauma-informed leaving care support. The field visits take place during the time of the CarePath project twice, first in 2018, the start of the project, then in 2020, the end of the project. To deliver comparative data, the same questionnaires and target groups will be used to provide conclusive answers and feedback after the online training programme has taken place. Purpose of the field visit is to implement the training needs assessment and the Massive Open Online Course (MOOC).

The project aims to increase the capacity of professionals in child protection systems to better support traumatised children and directly involving the child in determining the most suitable aftercare option for them. Nevertheless, national child protection systems demonstrate gaps in service provision, such as inappropriate care and therapy arrangements and lack of psychosocial support, lack of capacity to implement child’s best interest procedures, lack of participation of children in programme planning and implementation, lack of cross-system collaboration mechanisms to implement a longer term solution. The CarePath project delivers Policy recommendation report clarifies the differences between countries in Europe entirely.

The field visits focused on the topics that are connected to children’s rights, trauma, resilience, abuse and maltreatment, and training needs, in accordance to the



experiences in the child protection systems in Europe. The Training Needs Assessment explicitly focuses on the professionals' educational needs working on the field.

The General Data Protection Regulation (GDPR) was appropriately taken into consideration in every country and in every institution. In compliance, the field visits completed consent forms of the professionals and certificates of the visits.

As regards data protection, information about the participants in the field visits (A2.2) was treated with respect to anonymity and without any kind of violation of personal data of participants. In any case, relevant national and EU legislative frameworks will be respected, with Directive 95/46/EC (Data Protection Directive), as a common framework of reference for participating countries, as well as the right to respect for private and family life and the protection of personal data (Article 8 ECHR, Articles 7 and 8 of the EU Charter).

Given that some CarePath activities directly involve adolescents in alternative care, only persons already working or being authorised to work with children participated in those activities, irrespectively of status, capacity and role and only after the official approval of the relevant/competent national authority. Staff of partners' organisations involved in these activities was trained on children rights and child protection policies, were checked about their criminal background and have the authorisation of the Ethical Committee.



THE INSTRUMENTS OF THE FIELD VISIT

This section of the report discusses the methodological approach taken in the field visits.

Terminology and theoretical background of the questionnaires

The questionnaire of the professionals is divided by 4 parts as in the Field visit 1 take in account (see annex 1)

1. Data – Information on the organisation
2. Experiences of abuse and neglect among children and adults in care and after-care: physical abuse, physical neglect, psychological abuse, emotional neglect, sexual abuse, abuse among minorities
3. Training needs in the field of trauma.
4. Refugee children and young refugees

The questionnaires of the children are divided by four parts.

1. Data
The data contained sex, nationality, age, occupation.
2. Number of difficulties/lack of needs
The children had to specify their difficulties between physical health, emotional problems, housing, financial struggles, friendships, love, family problems, studies, job, language and cultural adaptation, dealing with authorities, addiction, violence, bereavement.
3. Resilience/strength
They had to specify their strength and positive resources between physical health, emotional problems, housing, financial struggles, friendships, love, family problems, studies, job, language and cultural adaptation and sports and recreation, other (they mentioned religion).
4. Need support



They specified their need for support in emotional support, counselling, medical care, education, social work, legal assistance.

RESULTS OF THE FIELD 2 VISITS

Questionnaires for children and young adults

Four partners gathered information from children in Greece, Italy, Moldova, Romania and Bulgaria during the first visits. The second field visits aimed to improve the number of children participating in the research and managed to reach out to 6 adolescent or young adult respondents in Bulgaria.

Socio-Demographic variables (Data results)

All respondents were male aged 14-18 (one 14-year-old, one 16-year-old, three 17-year-old and one 18-year-old adolescents or young adults were interviewed). Except one, a student, they all indicated their occupation status as unemployed. None of the respondents completed more than nine years of education, primary and secondary combined.

Questionnaires results

When asked about the difficulties they face, three of them mentioned employment, family problems were mentioned by three respondents, so was violence. Difficulties related to studies was only mentioned by one respondent. Three interviewees also selected violence as a difficulty they have to put up with. The selections were quite uniform in the case of all six respondents, and no one mentioned financial or housing problems, substance abuse, problems with social relations or studies of the altogether 13 choices.

Respondents were also asked about the strengths and resources they feel they are good at and can rely on. Physical strength and sports were mentioned by four respondents, while studies and education by only one. Friendships was mentioned by all interviewees but one.

Finally, the services they most need were also surveyed. Social work was mentioned by five, emotional support came up twice. No other services were mentioned.

Questionnaire results

- 1. Physical abuse and neglect:** Some 70 percent of the respondents reported that they had sometimes or often encountered children in their care who were exposed to physical abuse and neglect, yet the remaining respondents either did not provide an answer or reported that they rarely met such victims. Only



one selected the “I don’t know’ option. When asked only about abuse but not neglect, proportions were largely the same. Assumably, this is attributable to the fact that in practice, professionals are less likely to differentiate between neglect and abuse than academics, and mostly interpret the two terms interchangeably. Gender of victims of physical abuse/neglect were mostly both girls and boys, about third of the respondents reported that children victims of physical abuse were either boys and girls in equal numbers, a third that they were boys for the majority, while the proportion of those reporting that victims were mostly girls was only 17 percent, The rest of the respondents said they did not know or left the question unanswered. All in all, it appears that the gender distribution of minors in the care of respondents is more or less balanced. Only 22 percent responded that adequate medical care was provided to victims of physical abuse often or all the time, while according to 37 percent, it was rarely given, the rest of the responses were either never, they did not know or left the question unanswered, demonstrating that trauma centered approach in medical care is largely missing, and interventions mainly focus on physical symptoms and less to the causes.

- 2. Psychological abuse:** Just under 50 percent sometimes and an additional 17 percent often met children victims of psychological abuse, while a third of responding professionals said they had rarely met minors who had suffered psychological abuse. Boys and girls in equal numbers and girls for the majority were the two dominant answers as to the gender of victims, 48 percent and 32 percent respectively. Although proportions are different when compared to physical abuse, gender is not a determining factor here either. When asked if victims of psychological abuse received psychological care, rarely and sometimes made up some 60 percent of the responses. Only 16 percent reported that victims always receive psychological care, while others did not know or left the question unanswered.

22 percent reported that victims of psychological abuse received relevant medical care often or always (exactly 11 percent each). The percentage of those who said that children who suffered psychological trauma rarely received adequate medical care was quite high, 37 percent. Adding the 16 percent of respondents who answered that they sometimes receive such service shows that adequate and standardized services are missing in many places. This contrasts the 22 percent mentioned above.

- 3. Emotional abuse and neglect:** Only 35 percent of the practitioners asked had rarely or never met an emotionally neglected child, or did not answer the question, the remaining 65 percent responded that they either often or sometimes, or always meet minors suffering from emotional neglect and only
- 4. Sexual abuse:** 63 percent of the professionals have either never or rarely encountered children in their care who were victims of sexual abuse. Only 21 percent responded that they had often met sexually abused minors. Some 10 percent did not know or did not answer. This data points to sexual abuse still being a taboo and a very much suppressed traumatic experience. This is



reinforced by the fact that when asked about medical, psychological care, or even the gender distribution of victims, there were a high number of 'I don't know' answers, or no answers.

5. **Abuse and trauma, minorities:** Professionals experienced abuse with children from vulnerable and minority backgrounds, including children from gypsy and Roma families and of immigrant background. Close to 60 percent of the respondents sometimes or often met children who were abused or neglected for their minority background.
6. **Trauma related knowledge: Half (52 percent) of the respondents reported that their knowledge and competences were very good or satisfactory** and basic was reported by 30 percent, whereas the other half only had minimal or basic knowledge, some interviewees did not give an answer. A high number of respondents indicated that they need further training on a large number of topics, all or most of them. Only some 15 percent chose only one or two areas of interest. The selectable topics were children's rights, prevention and identification of neglect and abuse, potential causes and impact of trauma, trauma screening and assessment, evidence-based trauma-focused interventions (psychotherapy, art therapy, EMDR etc.), collaboration with other professionals for effective trauma-informed case management, trauma related to migration, intercultural competences, coping skills and resilience.



CONCLUSIONS

Interviews with the children, although low in number, show that emotional, social, recreational and employment issues are important both concerning the difficulties and the strengths. Two of those interviewed also mentioned violence, yet difficulties and strengths point to the importance of the social and emotional dimensions of their lives, in which they play an active role.

Professionals interviewed came from a very diverse background in terms of the types of institutions they represented, their position. Their experience and knowledge on the different forms of trauma and the identification thereof, their training needs all vary to a large extent. Vast majority of the respondents hold higher education degrees.

The pool of respondents included representatives of different occupations, psychologists, social workers, teachers, etc. The most important finding is that the diversity and the significantly varying knowledge and competence ratings point to the need for further training of these professionals on trauma centred approach and customize the training materials to cater for the specific needs of the different professions. A teacher will probably not need training on evidence-based trauma focused interventions and a medical professional will do with less knowledge on child's rights.

Finally, trauma as a concealed life-experience often prevents victims from being heard and understood. Awareness-raising on a broader level, not only within the care system, is also important to mitigate adverse effects that may arise out of insufficient trauma related knowledge so that victims can better succeed and function later in their independent private, social and professional lives.



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