

Family Needs Checklist online application -Version 3

Section 1 Cover letter

This application is intended for use by expectant parents, parents or caregivers with children or any adult who want to think about the safety and welfare in their own family. The purpose is to help you to ponder about the present situation of your own, your children, grandchildren or children you take care of and of the whole family and to identify a possible need for the change or for early support. The objective of the application is to increase your research-based knowledge about the factors which promote safety and welfare as well as the factors which weaken them. Furthermore, the application contains service information and useful links through which you get to the sources of additional information about the early support for the families with children.

Many matters affect safety and welfare separately and together. All the families meet several challenges in their life. They are connected, among others, to the pregnancy, child birth, growth, child rearing, schooling, to the intimate partner relationship and its development, family relationships, to working life, leisure, hobbies, to the illnesses. The list is long. The challenges can be positive or negative, anticipated or unpredictable, or a quick pass or a recurring. The challenges may develop into the insuperable trouble especially when they cumulate. The family may lack factors which protect safety and welfare like the support of the society or of the close relatives, ability to manage a difficult situation or lack of the information about how to act the best way in difficult situations. The children are the most vulnerable and have symptoms when they feel insecure. Be courageous and act early!

If you have concerns about the safety and well-being of yourself, your child or another family member, or you need information about services such as families, this app provides you with a low threshold to contact these services.

This application was developed as part of a European research project (ERICA) to promote a non-violent future for children and families. The application is intended only to support your own personal reflection and its information will not be passed on to other parties. If you wish, you can at the end print out your answers to later use. The data will not be saved anywhere and will be lost when you exit the application (Privacy Statement here).

At the beginning of the application, there is information about different types of child maltreatment. They are followed by 28 statements, which are answered yes or no. The statements are based on research knowledge and cover a wide range of security challenges in family life. For your part, the purpose is to consider for each statement whether it is true for you or not. It is a good idea to be fairly honest with yourself, because at the end of the statement section, you will receive feedback based on your answers, which includes research-based information about risk factors, protective factors, and service offerings to support your reflection. Now, find a quiet place and start your reflection trip.

Section 2 Information

Do you know	
what child maltreatment is all about	INFO
what child physical violence is all about	INFO
what child emotional violence is all about	INFO
what child sexual violence is all about	INFO
what child neglect is all about	INFO
what intimate partner violence or domestic violence is all about	INFO
what shaking can cause to the baby	INFO

Section 3 Think about the situation with yourself

NO.	Statement	YES	NO
1.	I have been maltreated as a child	Y	N
2.	I have experienced traumatic events as a child and haven't got over them		
3.	I sometimes have inaccurate expectations about what the child's behavior should be like		
4.	I am not always able to control my child's disobedient behaviour		
5.	My age is ≤18		
6.	I have no formal education or low education		
7.	I am living in stressful times		
8.	I use substances like tobacco, drugs and/or alcohol		
9.	I don't know what is the safe limit for alcohol use in a family with children		
10.	I have a history of antisocial or criminal offending		
11.	I am suffering from mental health problems for example depression or feeling of worthlessness		
12.	I have to use a lot of health services with my child because my child gets often sick or unwell		
13.	I experience difficulties to take care of my child's basic needs for example dental hygiene, general hygiene, clothing or healthy food		
14.	I experience difficulties to take care of my child's basic needs for example give social and emotional support		
15.	I experience difficulties to take care of my child's basic needs for example schooling and sleeping times		

Section 4 Think about your family situation

16.	I am single or divorced parent		
17.	I have three or more children		
18.	There are constant financial worries or unemployment in my family		
19.	My child/children are three years or less than three years old		
20.	I feel lonely and haven't had enough support from the community, relatives, friends or spouse		
21.	I have experienced intimate partner violence at home		

22.	My child have experienced intimate partner violence or other form of family violence at home		
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Section 5 Think about the situation with your child

23.	My child had complications associated with pregnancy or birth		
24.	My child cries a lot		
25.	My child has been diagnosed with a developmental or physical illness, or has challenges related to emotions or social situations		
26.	My child is often disobedient, misbehaving, difficult or irritable		
27.	My child has challenges at school or at day care		
28.	I have to calm my child by giving drugs, sedatives or other substances		

Section 6 Feedbacks

Child maltreatment constitutes from the family perspective, the wide range of abusive, neglectful, and/or harmful behaviours experienced by children including all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power. Further, involves sexual and emotional violence including violent punishment or exposure to the intimate partner or domestic violence of infants, children and adolescents (0 – 18 years old) by parents or caregivers.

Physical violence refers to physical activity that harms a child and potentially leaves the child with physical signs or injuries. Physical violence can take a child's life. Examples of physical violence include corporal punishment, strangulation, squeezing, suffocation, hitting with or without an object, causing a burn, pushing and kicking, shaking the baby, narcotizing the child and activities aimed at child genital mutilation. Physical violence also includes giving medication that is not intended for the child, causing the symptoms of an illness in a child or giving false medical information about a child, resulting in unnecessary, intrusive medical interventions.

Emotional violence includes for example restricting a child's movements, denigration, ridicule, threats and intimidation, discrimination, rejection and other emotionally hostile treatment for example forcing the child to witness an act of violence at home. Emotional maltreatment is identified as an underlying component of all other forms of child maltreatment.

Sexual violence includes completed or attempted sexual contact, acts of sexual nature not involving contact, for example voyeurism or sexual harassment against a child who is unable to refuse or understand the purpose of the acts. Child sexual violence is usually hidden since caregiver is unaware of violence and there are no witnesses to report the violence. Sexual violence is contingent on the child's disclosure, which many children are reluctant to do. Usually, sexual violence occurs at home when a parent is unable to provide adequate care, support, and a safe home environment for their child, or is unable to detect or assess the signs of danger, threat, or violence. Consequences include insufficient parenting sensitivity and harsher intrusiveness and boundary dissolution. Victims of sexual violence experience also emotional and physical maltreatment. Knowledge and skills about

sexuality, healthy relationships, awareness of violence and knowledge on how or where to seek help protects children from sexual violence.

Neglect is parent's omission of caretaking behaviour that is necessary for a child's healthy development and includes lack of love and nurturance, home, protection, school attendance, required medical attention or denial of professional care and treatment poor quality of supervision, poor hygiene or inadequate or insufficient availability of food or clothing. In the occurrence of child neglect, multiple risk factors are usually involved. Therefore, neglect is more likely determined by multiple causes, than by one risk factor. The strongest predictors of child neglect are parent's history of antisocial or criminal offending, a history of mental or psychiatric problems and low educational level as well as parental history of child maltreatment. Neglect is known to be associated with the highest risk of future maltreatment.

Intimate partner violence or **domestic violence** can be **physical** in a relationship, such as hitting, kicking, tearing, or using a weapon. It can be **emotional**, such as naming, contempt, shouting, or the use of coercive means, such as behaviour that seeks to control and threaten another. These may include the various means of isolation, control and the restriction of movement, detention, the restriction of meeting friends, hobbies or study, intimidation by hurting another, the control of sleeping or eating. In addition, it can be **economic** violence, such as the restriction of money or employment, or economic exploitation, **sexual**, such as rape, sexual harassment, or pressure to have sex, admire another, kiss, or watch sexual media content, **stalking**, such as repetitive, unwanted attention and communication that causes fear or concern for one's own or another's safety, such as monitoring or following another, unsolicited e-mail, or social media communication. It is also, for example, the use of children as the instruments, targets or allies of persecution.

Shaking can cause to a baby lifelong injuries and disability. The baby may be challenging in temperament or may have a health problem such as stomach symptoms. A parent may find the baby irritable, overactive, or otherwise difficult to handle. A parent may have unrealistic expectations about the baby's ability to control their own behaviour, or the parent will feel hopeless when he or she feels unable to cope with the challenging situation. The risk of shaking is further increased if there is substance abuse or domestic violence in the family. The fact is that the consequences of baby shaking are often very serious and irreversible. Shaking is always physical violence. It is therefore crucial to seek help proactively. You can read more about baby shaking [here](https://1596011.169.directo.fi/@Bin/dac7e2c699e3bfdafa0189ad09eafc1d/1625402946/application/pdf/196700/K%c3%a4sitelt%c3%a4v%c3%a4%20varoen.pdf).
<https://1596011.169.directo.fi/@Bin/dac7e2c699e3bfdafa0189ad09eafc1d/1625402946/application/pdf/196700/K%c3%a4sitelt%c3%a4v%c3%a4%20varoen.pdf>

FEEDBACK

IN BRIEF: The Family situation is considered to be **positive** if the caregiver answers **NO to all** following statements. Then the general feedback will be. If there are no risk factors found, the family situation is being considered to be positive the feedback for the caregiver is as follows →

"Congratulations! Your family life seems safe and healthy for you, your children, and other family members at the moment. Please, do not hesitate to reuse the application as soon as the situation in your family becomes challenging, you need research-based information and information about the support services. It is the most important to act early. All the families have a right to receive support for a safe everyday life. When visiting the child and family health and social services, you can tell

them about this result. This way the situation of your family becomes known to professionals and it can always be discussed openly on the joint conversations. The support suitable for your needs can be arranged as flexibly and fast as possible before the worries harms the safe and healthy life of you, your children, and other members of the family. You may find useful information on national websites (a link).

STATEMENT NO. 1 *Parents who experience maltreatment in childhood are more likely to have children who are also victims of maltreatment. Childhood maltreatment can have devastating effects and consequences to child's health, for example head trauma, failure to thrive, growth deficiencies, obesity and other neuromotor handicaps, reduced cognitive functioning, impaired language development and neurological dysfunctions, risk for developmental delay, poorer social skills and increased risk for mental health problems, emotion regulation problems, minimized feelings, distancing oneself from others, higher rates of antisocial, risky or problematic behaviour, physical aggression and delinquency. Childhood maltreatment and neglect is a predictor of later problematic adult relationships, like intimate partner violence. Parent may experience higher social isolation and lack healthy adult relationships that offers general, parenting and child protection support to help in times of need. Childhood maltreatment may manifest as negative parenting behaviours such as insufficient parenting sensitivity and harsh intrusiveness and boundary dissolution, abusive discipline or corporal punishment, critical statements, verbal or physical hostility, neglect, overcontrol, aggressiveness, rejection, scolding and threatening whereas positive parenting includes empathy, engagement, nonviolent discipline, positive affect, responsivity, scaffolding, sensitivity, supportive presence and warmth.*

It is known that not all the parents pass on the maltreatment they experience and not all maltreating parents have experienced abuse in childhood. Most parents with a history of child maltreatment are able to provide nurturing environments for their children. Presence of safe, stable, nurturing relationships, emotional intimacy, relationship satisfaction, support and warmth in relationships with parents, siblings and intimate partners protects children to experience child maltreatment. If you have any concerns, please ask advice or support from the local professional to you, for example public health care nurse in the family centre, social worker, day care teacher or voluntary agency professional if you are in doubt of any child or family life matters, big or small. The key is to act early before the worries turns into grief. Need help urgently? Call or contact (number or link)

STATEMENT NO. 2 *Traumatic events in childhood like natural catastrophes, war, political violence and genocide increases the prevalence of child maltreatment in families. Trauma severity is associated with parental child maltreatment. Parents with serious trauma experiences are in heightened risk of committing especially physical and emotional violence against their children due to mental health problems like post-traumatic stress disorder (PTSD). The effects of parental trauma decrease parent-child relationship quality and increase the risk of family related violence in refugee families. Protective factors include awareness in violence and knowledge of how to seek help and personal resiliency for recovering after occurred maltreatment or trauma including coping skills and self-esteem as well as early access to interventions for traumatic events and to mental health services. If you have any concerns, please ask advice or support from the local professional to you, for example the public health care nurse in the family centre, the social worker, the day care teacher*

or the voluntary agency professional if you are in doubt of any child or family life matters, big or small. The key is to act early before the worries turns into grief. Do you need help urgently? Call or contact (number or link)

STATEMENT NO. 3 *Sometimes the new parent's knowledge about the child's development is not sufficient. The parent may turn to the child for nurturance and support and overburdens a child with the responsibility of protecting and sustaining parents, siblings and the whole family system and children become overburden and cannot fulfil the role that is greater than their developmental capacity. Parents who have experienced such burden in their own childhood may show poorer maternal warmth and contingent responsiveness towards their own children. Maternal warmth means the positive affect and positive tone of the voice, physical affection aimed at the baby/child as well as prize and encouragement of the child. Contingent responsiveness means sensitivity to the baby/child's affective cues, acceptance and accurate response to the child's needs and interests. Maternal knowledge about the child's development produces greater satisfaction, investment in parenting, the perceptions of competence and less parenting stress. If you think that you have poor understanding about your child's development, please refer to your public health nurse. You can also start exploring [here https://www.mll.fi/vanhemmille/lapsen-kasvu-ja-kehitys/](https://www.mll.fi/vanhemmille/lapsen-kasvu-ja-kehitys/)*

STATEMENT NO. 4 *Childhood maltreatment experienced by the parent sometimes causes aggressive responses biases in interpersonal relations. It is vital that parent recognizes it and seeks support for ending harsh parenting and physical abusive behaviours and interventions that aim at parent's relationship skills. Harsh parenting practices is known to be a strong predictor of child behavioural problems. Children who witness IPV and experience harsh parenting, corporal punishment have more behaviour problems. Significant protective factors related to relationships included safe, stable, supportive, and caring relationships in the family and relationship, mental support, safe attachment to the child, maternal warmth, satisfaction with one's own parenting, support from the social district, hobbies, community involvement and positive interpersonal relationships attending and increasing supportive networks in parents' life. If you have any concerns, please ask advice or support from the local professional to you, for example public health care nurse in the family centre, social worker, day care teacher or voluntary agency professional if you are in doubt of any child or family life matters, big or small. The key is to act early before the worries turns into grief. Need help urgently? Call or contact (number or link).*

STATEMENT NO. 5 *You are a young parent, but you might be doing just fine with your child. Past life experiences of caring for and nurturing are often the result of a safe and healthy childhood family life. On the other hand, a very young parent is at the increased risk of maltreating or neglecting their own child. The parent's young age or an unstable relationship with their own partner, mental health problems or adjustment problems may affect the parent's behaviour towards their own child. For many young parents, their own emotional, social, and cognitive development is still in progress, and as a result, it can sometimes be difficult to be mature, calm, and well-off parent. Survival skills are resources and the ability to control the mood and emotions, thoughts, actions, desires, social relationships, and living conditions. Skills are used to solve everyday challenges or to ask for help if one's own resources are not enough. Young parents are also vulnerable to a range of emotional, social and financial difficulties, especially living in poverty and being single or divorced have found*

to be risk factors for child neglect. Maternal empathy has a protective effect on fearful babies by reducing sensitivity to emotional stimuli, which helps the baby cope better with the situation. A mother's higher ability to empathize promotes the child's social support, the self-management of life, and confidence in one's own abilities. In addition, the mother's ability to empathize is related to the ability to perceive cues given by the child. The empathy ability of young mothers does not differ from other mothers. The possible lack of empathy skills is due to normal human development. It is possible that a young mother is at risk for decreased empathy due to developmental immaturity, in which case responding to the child's needs may still be poor. Therefore, it is very important for young parents to have support for both their own growth and the safe and healthy growth of the child. Please ask help from family members, close associates, or social and health care professionals in your municipality. You can also take advantage of low-threshold child and family services. You may find it useful to get more information about the development of adolescence [here](https://www.caiglobal.org/tctp/Files/Stages%20of%20Adolescent%20Development.pdf) (<https://www.caiglobal.org/tctp/Files/Stages%20of%20Adolescent%20Development.pdf>) the development of childhood [here](https://www.cambscommunityservices.nhs.uk/advice/childhood-development/milestones) (<https://www.cambscommunityservices.nhs.uk/advice/childhood-development/milestones>) so that you can better understand your child or your own growth milestones.

STATEMENT NO. 6 Hopefully through your education, you have got a possibility to work in the field you like. Your education path might also still be in the beginning or in progress. Lacking education or low education, amongst other risk factors may predict child neglect in the family (Mulder et al., 2018). Education is known to be one of the most important things, that ensure stable, secure and satisfying work and family life. While having a child, it can be hard to keep educating yourself. Please don't hesitate to ask help from your family, local voluntary personnel or contact local education and working life centre professionals for planning support.

STATEMENT NO. 7 Among others, stressful life situation with exhaustion is known to be one serious risk factor for child maltreatment or even homicide. One of the theories explaining infant deaths were stress. Significant parental stress was observed in the background of the deaths of internationally adopted children. It is known that parents' own experiences in unconfined relationships with their partner are found to increase parenting stress and risk for intimate partner violence and child maltreatment in the family. When you are exhausted and think that the everyday strain is too much to bear, and you are not able to overcome it, please seek support, have a discussion with your spouse, close relatives or contact your regions closest health care professional, public health care nurse in the family centre, the social worker, the family counselling centre, day care teacher or voluntary agency professional to be able to assess your and your family's possible support needs.

STATEMENT NO. 8 Substance abuse like drug, tobacco or alcohol are common risk factors of intergenerational child maltreatment, intimate partner violence and filicides. Substance abuse, together with low social support and the child's young age is known as significant risk factors of recurrent child maltreatment. Children of parents who are drug abusers are more likely to develop a variety of emotional, behavioural, physical, cognitive, academic and social problems in the short and long run. Additional to parent's personal chaotic life, drug abuse is associated with a reduction in the extent that parents monitor their children. That may undermine parent's ability to provide safe and nurturing home environment as well as increase instability in employment, family structure,

housing, childcare and household finances and affect negatively children's well-being long term. Prenatal exposure to drugs is known to cause pregnancy and birth defects, physical retardation and central nervous system dysfunction in the foetus and the new born. Later, impairments in children's cognitive and behavioural development are also detected. Substance abusing mothers may be less responsive to infant's needs and experience less reward and increased stress on interactions with their infant. Mother's recurrent and continuous substance using during and after pregnancy increases the risk to the development of insecure attachment in the child. It is known that passive tobacco exposure is linked to health problems in children and adolescents and increases the risk of the children's own use initiation and dependence. During pregnancy, the substances contained in tobacco enter the foetal bloodstream through the placenta. Smoking affects, among other things, the development of the foetal brain and increases the risk of miscarriage and premature birth. Children of smoking mothers are, on average, smaller in size at birth. Passive smoking also impairs foetal development. Smoking during pregnancy increases the risk of disease after birth. <https://paihdelinkki.fi/fi/tietopankki/pikatieto/tupakka> Later, impairments in children's cognitive and behavioural development are detected. Here (<https://paihdelinkki.fi/fi/testit-ja-laskurit/huumeet>) you can make a drug test, the tobacco addiction test (<https://paihdelinkki.fi/testit-ja-laskurit/nikotiini/tupakkariippuvuustesti>) and snus test (<https://paihdelinkki.fi/fi/testit-ja-laskurit/nikotiini/nuuskatesti>) that help you to determine the degree of addiction. Päihdelinkki (<https://paihdelinkki.fi/fi/tietopankki>) will help you with your concerns. Your local health care professionals are there for your support too. The key is to act early before the worries turns into grief. Do you need help urgently? Call or contact (number or link) It is never too late to start substance free life for the sake of yourself and your family.

STATEMENT NO. 9 Children with a caretaker who is a heavy or harmful drinker in the household can suffer from reduced supervision, verbal and emotional abuse, the increased risk of injury and other forms of child maltreatment. Such experiences early in life may have a crucial impact on psychological and physical well-being as well as are a risk factor for the children's own alcohol misuse later in life. In the context of heavy or harmful drinker in the household children are exposed to physical harm and family violence. Children's risk for injury or exposure to family violence is almost four-fold. In general, the children of parents who are substance abusers are more likely to develop a variety of emotional, behavioural, physical, cognitive, academic and social problems in the short and long run. The question: Are you a heavy or harmful alcohol drinker? Is relevant to all of us. We need to stop thinking about our relationship to alcohol and its harmful effects both on our personal and family life. The presence of heavy or harmful drinker in home is consistently associated with the child alcohol related injuries and exposure of the children to violence. There is no safe limit for alcohol usage, since the risk limits for alcohol use are indicative. Individual factors contribute to the occurrence of adverse reactions and it is not possible to determine the limit of completely safe use. However, at the low risk level, the disadvantages are likely to be minor. Alcohol abuse refers to a drinking habit that causes some harm or is associated with a significant risk of harm. Alcohol abuse is further subdivided into risk use, harmful use or alcohol dependence. Here (<https://thl.fi/fi/web/alkoholi-tupakka-ja-riippuvuudet/ehkaiseva-paihdeyto/alkoholinkayton-puheeksiotto-ja-mini-interventio/alkoholi>) you can find how many doses are considered low risk, moderate risk or high-risk use. "Lasten seurassa" - program (<https://www.alko.fi/vastuullisesti/alkoholihaitat-arjessa/lasten-seurassa>) challenges you to

consider how even modest alcohol consumption by an adult can affect a child's life and how they may feel. [Here](https://paihdelinkki.fi/fi/testit-ja-laskurit/alkoholi) (https://paihdelinkki.fi/fi/testit-ja-laskurit/alkoholi) you can make alcohol use test. [Päihdelinkki](https://paihdelinkki.fi/fi/tietopankki) (https://paihdelinkki.fi/fi/tietopankki) online will help you with your concerns. Your local health care professionals are there for your support too. It is never too late to start alcohol free life for the sake of yourself and your family. [Find out](https://www.mll.fi/vanhemmille/tukea-perheen-huoliin-ja-kriiseihin/vanhempi-juo-liikaa/) (https://www.mll.fi/vanhemmille/tukea-perheen-huoliin-ja-kriiseihin/vanhempi-juo-liikaa/) how drinking harms children and please act before your child experiences any harm of you or anybody in the household drinking alcohol. It is important to get help early and shamelessly. The most important first step is to acknowledge the existence of problems and seek help. We all want the best to ourselves, partners and children!

STATEMENT NO. 10 *Safe and healthy growth is a human right for every member of the family. The criminal record itself does not mean that you are not a good caregiver for your child. A criminal record with substance abuse and violence, increase the risk of domestic violence and homicides. Child maltreatment can be the neglect of a child's daily needs such as care and attention, witnessing or experiencing violence between parents or other family members. The antisocial and criminal background of the parent include the physical fight of the parents under the influence of alcohol, the use of the parents' weapons and the mother's problems with the authorities. Child maltreatment can also be physical, mental or sexual violence against a child. Talk with your spouse or close relatives if you have such challenges that you cannot solve on your own. Please contact your nearest social worker or third sector professional (link: violence and substance abuse support services) in your area so that you can assess the possible support needs of you and your family together.*

STATEMENT NO. 11 *You are suffering from mental health problems. Especially severe problems like parental mental disorder such as PTSD (Post Traumatic Stress Disorder), anxiety, depression, dissociation disorder, maternal postpartum depression, a history of psychiatric disorder like depression, mood disorder or schizophrenia and poor perinatal mental health are the most common risks of child maltreatment and neglect. Psychological instability is known to be a risk factor for filicide and familicide. Postpartum depression apparently impairs the mother's ability to empathize, increases the mother's feeling of the frustration and thoughts of harming the child. On the other hand, maternal empathy has a protective effect on fearful babies by reducing sensitivity to emotional stimuli, which helps the baby cope better with the situation. A mother's higher ability to empathize promotes the child's social support, the self-management of life, and confidence in one's own abilities. In addition, the mother's ability to empathize is related to the ability to perceive cues given by the child. Depressed mothers who have the history of childhood maltreatment, especially emotional abuse, emotional neglect or physical abuse have found to have smaller social networks and deficient parenting like lowered nurturing and stimulating. There can be other risk factors in the family amongst parent's mental health problems like the low presence of fathers in family life, the mental abuse, coercion, or violence against the mother used by the fathers increase the risk of child maltreatment. Also, less severe mental health problems are considerable child maltreatment risks and therefore need early support measures. The parent's mental health problems concern the whole family. Therefore, attention should be paid to family relationships, especially when there are children in the family. For example, filicide thoughts might remain only thoughts if the person seeking*

help is identified at early stage. When you are exhausted and think that the everyday strain is too much to bear, and you are not able to overcome it, please seek support, have a discussion with your spouse, close relatives or contact your regions closest health care professional, public health care nurse in the family centre, social worker, family counselling centre, day care teacher or voluntary agency professional to be able to assess your and your family's possible support needs.

STATEMENT NO. 12 *If your child is often ill, there is usually a reason for it. Sometimes the illness can be mysterious in the beginning, but the cause is usually found and your child gets the best possible treatment. It is important that both parents participate in the care of the child and spend time with the child. Thus, both parents get an idea of well-being of the child. Sometimes a parent begins to see a child through illness alone, even when the child is healthy. It can be very harmful to a child's safe and healthy growth. Even when a child is diagnosed with a long-term illness, it is important to focus on the child's health, resources, and uniqueness. Family life is very hard when a child is frequently ill. For the child, it is the hardest because the illness inhibits normal physical, emotional and social growth and development. Illness produces constant suffering. Frequent visits to clinic or hospital interrupts also school attendance and chronic absenteeism may undermine children's peer relationships and increase the possible drop out of school and leads to poor psychosocial consequences in adulthood. It has an effect on parents as well since child's illness interrupts normal social life, family life and working life. If the situation with your child becomes challenging, and you are unable to resolve it with your spouse or close relatives, please contact your nearest healthcare professional, your own nurse, with whom you can assess your own and your family's potential support needs."*

STATEMENT NO. 13 *You seem to have some trouble taking care of your child's physical daily needs. There can be many reasons like lack of money, transportation problems in the family, difficulty of locating services, insufficient understanding about the need for support, inadequate services, your own physical or mental health or social problems, lack of education and knowledge to fulfil the child's basic needs, difficulty of finding common time with your child or overwhelming workload. Parental activity has an important and large impact on the health and development of young children, for example oral health. Tooth decay is the most obvious sign of a child's oral health failure. Dental neglect causes the child to have cavities, plaque, oral infections, bleeding in the oral mucosa, tooth decay, pain, swelling, difficulty biting, and avoiding a smile. In addition, it can cause sleep disorders, physical growth disorders, problems with school performance, and social functioning. Perforation of canines can cause disturbances in the development of tooth enamel in permanent teeth. In addition, some young children may need general anaesthesia to remove painful and perforated teeth. The child may also reduce playing, have difficulties in eating or sleeping and avoiding school attendance or experience fatigue at school, impaired tooth appearance, growth retardation, especially in young children, and impaired quality of life. Taking care of your child's mouth with regular brushing reduces the risk of caries. Young children are dependent on their caregivers to maintain oral health. This includes taking care of oral hygiene, implementing a health promoting diet and seeking treatment regularly and when needed. Adequate and nutritious food ensure child's sound growth and prevent child from delays in growth or possible obesity. Adequate hygiene and clothing ensure child's general health. Taking the child timely to offered health services ensures child's favourable development and health and parental support. Don't hesitate to contact your nearest health care professional or social*

services in need of early support. Family needs assessment helps to identify possible risks and help timely and appropriately.

STATEMENT NO. 14 *You seem to have some trouble taking care of your child's daily emotional and social needs. Child has a need to be loved and cared for as is, a need to communicate with and relate to parents and close family members to be able to develop an independent person who loves and values herself and is able to communicate effectively and meaningfully with other people. It is known that particularly the language development of physically abused and/or neglected children has been found to be more delayed than that of children who have not experienced abuse and/or neglect. It is also known that parents' own experiences in unreliable relationships may cause undesirably working emotion regulation and parenting which provides less sensitive and responsive caregiving for their child. There can be also many other reasons like your own physical or mental health or social problems, lack of education and knowledge to fulfil the child's basic needs, lack of money, difficulty locating and reaching services, insufficient understanding about the need for support, inadequate services, difficulties of finding common time with your child or overwhelming workload. Your empathy, commitment, nonviolent boundary setting, positive influencing, helpfulness, sensitivity, constructiveness, understanding, systematicity, supportive presence, and warmth, love and trustworthiness are very important for your child's healthy emotional and social development. If you have any concerns, please ask advice or support from the local professional to you, for example public health care nurse in the family centre, social worker, day care teacher or voluntary agency professional if you are in doubt of any child or family life matters, big or small. The key is to act early before the worries turns into grief. Need help urgently? Call or contact (number or link). Act early and ask for support.*

STATEMENT NO. 15 *You seem to have some trouble taking care of your child's need for education or supervision. This can be very hard indeed! There can be also many other reasons like your own physical or mental health or social problems, lack of education and knowledge to fulfil the child's basic needs, lack of money, the difficulties of locating and reaching services, insufficient understanding about the need for support, inadequate services, the difficulties of finding common time with your child or overwhelming workload. The fact remains, that school attendance and adequate quality of supervision and child rearing boundaries are child's basic needs. Staying away from school without good reason impairs a child's learning possibilities and not knowing safe boundaries creates insecurity, excess reactions and seeking boundaries in the child. Positive parenting practices like empathy, commitment, nonviolent boundary setting, positive influencing, helpfulness, sensitivity, constructiveness, understanding, systematicity, supportive presence, and warmth, love and trustworthiness are very important for your child's learning and safety development. If you think that your everyday life is too much to bear, and you are not able to overcome it, please seek support, have a discussion with your spouse, close relatives or contact your regions closest health care professional, social worker, family counselling centre or voluntary agency professional to be able to assess your and your family's possible support needs. Act early and ask for support.*

STATEMENT NO. 16 *As a parent of a divorced family, you may experience relief after getting rid of a harmful relationship. On the other hand, a difference can be a harrowing experience if one decides*

to leave a shared home. Divorce is always a shock to all family members, but especially to children because they love both their parents unconditionally and don't understand why the family breaks up. It is known that in the families where fathers are not resident or have less contact there is greater risk of the child maltreatment. Family disorganization, breakdown or violence are risk factors for child maltreatment and single parenthood is known to increase the risk to CM especially if the child lives with only one biological parent. In a divorce situation, it is important that children can maintain a healthy relationship with both parents when possible. It is very harmful for children to listen to and watch their parents quarrel, bully or experience intentional isolation from the other parent. Therefore, it is essential for adults to receive support and information about parenting after a divorce. The most important thing is to maintain a safe atmosphere in the family, as well as open and warm relationships. There are many services and information for divorced families on how to cope with this stressful and suffering life event. Information is also available for children (links). If you have any concerns, please ask advice or support from the local professional to you, for example public health care nurse in the family centre, social worker, day care teacher or voluntary agency professional if you are in doubt of any child or family life matters, big or small. The key is to act early before the worries turns into grief. Need help urgently? Call or contact (number or link)

STATEMENT NO. 17 *As you are taking care of many children, you can feel the deepest essence of life and all its colours; giggles, laughter, hustle and bustle. Parenting has great responsibility to ensure the safe and healthy growth of each of your children. Having many children in a family can make it difficult for a parent to share physical, mental, and social resources equally with all children. It is known that a large family size is a risk factor for child maltreatment, also in refugee families. If you think that your hands are full of work and there are not enough time for each of your children, talk creatively with your spouse about how you can cope better together, or ask for support from close relatives or family care professionals. The road to exhaustion is short, so act early, preferably anticipating. Childcare services (link) will also help you.*

STATEMENT NO. 18 *Poverty, low socioeconomic status and low employment are known risk factors for IPV and child maltreatment. In refugee families, besides the weak socio-economic position of the family, there are also feelings of inequality, the problems of the family's cultural adjustment, conflicts in the relationship caused by cultural adjustment like patriarchal beliefs, values and norms, acceptance of violence and punishment in one's own culture, change in the power relations between women and men. If you think that your everyday life is too much to bear, and you are not able to overcome it, please seek support, have a discussion with your spouse, close relatives or contact your regions closest social worker to be able to assess your and your family's possible support needs.*

STATEMENT NO. 19 *You are caring for and rearing a very young child or you have several very young children of three years or younger. You may be aware that each person has an individual temperament that later becomes a person's personality. Temperament is a set of abilities, tendencies and reaction styles e.g., activity, sluggishness, sociality, tendency to resentment and irritability. Babies may express their temperament as irritable, but cannot control their reactions. Babies and young children are therefore the most fragile and defenceless. A tired or exhausted parent may become frustrated and experience inadequacy if the baby is very irritable and demanding. It is possible that a frustrated parent is prone to harm the child when trying to control the baby's irritation. A baby or very small child can get permanent lifelong injuries or even die as a*

result of violence. It is important to get information about temperament and their differences ([link](#)) and about the safe handling of the baby ([link](#)). If you have any concerns, please ask advice or support from the local professional to you, for example public health care nurse in the family centre, the social worker, day care teacher or voluntary agency professional if you are in doubt of any child or family life matters, big or small. The key is to act early before the worries turns into grief. Do you need help urgently? Call or contact ([number or link](#)) It is known that together with parental substance use, low social support, and the child's young age make a significant risk of recurrent child maltreatment. Therefore, it is important to have a joint conversation within the family members and find out how you could help each other. Community professionals in the social and health field will also help you.

STATEMENT NO. 20 *You seem to manage your family life alone. Managing all the hustle and bustle without adequate support from the spouse, other relatives or community can burn you fast out. Exhausted parent is a risk for the child's healthy and safe development as well as is a parent who is not resident or has less everyday contact with the child or spouse. It is known that together with parental substance use, low social support, and the child's young age produce a significant risk of recurrent child maltreatment. Therefore, it is important to have a joint conversation within the family members and find out how you could help each other. The community professionals in social and health field will also help you.*

There is also other perspective for the loneliness. Some people may suffer from dependent personality, where dependent persons primary goal is to maximize the probability of obtaining and maintaining relationships with valued ones. They feel lonely and helpless when alone and see themselves as weak, incompetent, ineffective and regard others as capable and powerful. Overly dependent people are often submissive, compliant and eager to please, but also jealous, possessive, insecure and have poor impulse control and haven't developed adequate coping and caregiving skills that put them at higher risk perpetrating child maltreatment. If you think you are overly dependent it is vital to seek support to be able overcome the harmful dependency.

STATEMENT NO. 21 *Living with an abusive partner with a criminal background increases the risk for IPV in the family. It is a significant risk factor also for the intergenerational cycles of child maltreatment. The family history of traumatic events in refugee families increases also risk for family related violence including IPV and child maltreatment Cultural risk factors include language barrier, feeling of inequality, family cultural adjustment problems, relationship conflicts caused by cultural adjustment, patriarchal beliefs, values and norms, acceptance of violence and punishment in one's own culture and the change in power relations between women and men.*

It is very difficult subject to resolve because there is usually lots of love, too, in the intimate partner relationship and one finds it hard to find a way out of the suffering life situation. A healthy intimate relationship involves love, openness, trust, and respect of freedom. This all can be acquired through human growth by binding to learn and to work progressively. A safe home is everybody's human right. For the parent who experiences IPV, intimate partner violence may produce lack of effective parenting skills including negative parenting practises, mostly higher levels of physical aggression (aggressive, harsh discipline or corporal punishment, physically abusive hitting, kicking or slapping).

At some extent, it may also produce psychological aggression (diminished communication and connectedness, failing to give attention, calling names, threats to hurt, abandon or frighten), neglect (withholding food or other physical neglect, lack of supervision or other inconsistencies) and authoritarian parenting styles (strict, demanding, rigid, controlling, oppressive, intrusive behaviour).

Positive parenting practices protect against maltreatment. These include interaction with the child (the child is allowed to talk about feelings, responsive, the child is allowed to speak freely, effective parenting skills (problem-solving skills, democratic, consistent, elicits, protective), the expression of positive emotions (warm, happy tone), sensitive) and engagement/connectedness (encouragement, play with the child, rewarding the child, child orientation/child - centeredness, participation). There is also evidence that some mothers affected by IPV respond to their children in a warmer and more nurturing manner.

If you feel unsafe at home it is critical to reflect swiftly on how you, your partner and your children could live safe life at home. By acting swiftly there can be many possibilities. It may be unbearable to try to survive yourself and try to keep your children safe as well. If you are a perpetrator, it may be unbearable for you too, to be unable to control your anger in those situations. No one is violent by nature. Violence grows in violent environment. You have possibly been harmed in your own childhood. The key is to seek help and resolve these problems at home and with professionals as early as possible. There are many low threshold services where the professional can help you to solve this difficult situation with you and your beloved ones.

STATEMENT NO. 22 *A safe home is everybody's human right. There is a strong evidence that child's exposure to IPV can have many harmful outcomes like behavioural problems, physical health problems, depression, and trauma symptoms. Children learn and form expectations for what is appropriate and acceptable behaviour within the home by observing how caregivers interact in intimate relationships. Therefore, they learn from their caregivers how to socially and morally justify the use of violence, for example if parents deal with conflicts or stress by responding with aggression or violence the child will have elevated risk manifesting similar behaviour. The child may learn that violence is an acceptable and effective way to solve problems. Also, a child who perceives parental conflict as threatening to themselves or parents is more likely to be distressed. Children may also put blame on themselves for their parents' conflict and experience shame and guilt. In the IPV environment children may have less their basic needs for available and responsive caregiving met, and may form an insecure or disorganized attachment with their parents due to parental unavailability. A child may experience insecurity or doubts about the stability of the family system or the safety of one or both parents or intervenes a violent situation as an attempt to stop parents fighting. IPV happens rarely just once, but is repeated or a chronic problem at home and its consequences can extend into adulthood. Protective factors include social welfare systems early support for the families, informal and interactive support networks, stable and supportive family relationships, gender equity, nonviolent family environments. Family support for education and postponing marriages and childbearing until adulthood. Also, maternal warmth like a positive affect, acceptance and support, sensitive parenting and appropriate levels of control reduces the negative impact of IPV. Learning positive parenting strategies for example praise, spending time with the child and consistent use of calm, nonphysical discipline for example time out, the removal of privileges is*

helpful in promoting parent-child relationship and diminishing behavioural challenges. If you have any concerns, please ask advice or support from the local professional to you, for example public health care nurse in the family centre, social worker, day care teacher or voluntary agency professional if you are in doubt of any child or family life matters, big or small. The key is to act early before the worries turns into grief. Need help urgently? Call or contact (number or link). Act early and ask for support.

STATEMENT NO. 23 *Pregnancy and childbirth are a revolutionary life change for the family. This time may be further complicated by various challenges to baby health like baby's low birth-weight, premature birth or low APGAR -score, or maternal health like poor prenatal care or smoking or family health like a crowded household, quarrelsome family relationships, single parenthood or financial distress. These can complicate the relationship between the parent and baby, for example, if the baby has been separated from the immediate vicinity of the parent immediately after birth. It can hinder the development of a vital attachment relationship for the baby. The parent responding to and perceiving the baby's messages, interpreting the baby correctly, and responds to them appropriately and regularly strengthens the secure relationship between the parent and baby. When the baby's call is answered in a timely manner, she begins to trust that the parent is always close by and provides food, shelter, acceptance, and love. This is how the baby begins to feel important, safe, loved and attached to the parent. If a parent finds caring for a baby challenging, the baby may feel unsafe. An unsafe or confused relationship with a parent, in turn, hampers the development of a growing child's confidence and positive self-image. Reflect on your own relationship with your child and talk to your loved ones, and feel free to contact your own nurse if necessary so you can assess with them your potential support needs for yourself and your family. It is possible to strengthen an attachment relationship throughout life. You can read more about the baby parent relationship here (link).*

STATEMENT NO. 24 Crying is a way for a child to express hunger, resentment, pain, anxiety or self-will depending on the child's age and stage of development. A parent can be frustrated if he or she cannot cope with a challenging situation with a child. The child may be challenging in temperament (link) or especially babies may have stomach symptoms like flatulence. A parent may find the baby irritable, overactive, or otherwise difficult to handle. A parent may have unrealistic expectations about the baby's ability to control their own behaviour, or the parent will feel hopeless when he or she feels unable to cope with the challenging situation. A baby's extreme crying causes despair in the family, scraps everyday life, interferes with breastfeeding, isolates parents, strains and breaks family relationships, causes feelings of parental failure, can lead to physical and mental exhaustion, may put the baby at risk of child abuse or even death or increase problems later in life. Parents of a crying baby are actively trying to solve the problem and adjust until time allows them to cope with negative symptoms, emotions, and memories. The best way is to go to the child and find out why the child is crying. With the baby, the parent observes the baby's messages and responds to them appropriately and regularly. It is good to have a gentle and calm conversation with an older child and listen to the child's view of the cause of the crying. Calmness, hugging, and comfort alleviate the child's anxiety. Try the Happiest Baby -method (<https://www.youtube.com/watch?v=crdQy8zliZw>) Frustrated parents may violently shake the

baby. The risk of shaking is further increased if there is substance abuse or domestic violence in the family. The fact is that the consequences of baby shaking are often very serious and irreversible. Shaking is violence against the baby and can cause lifelong injuries and disability. Therefore, it is critical to acknowledge this and seek help preventively. If the situation with your child seem to be challenging, and you are not able to overcome it, please seek support, have a discussion with your spouse, close relatives or contact your regions closest health care professional, public health care nurse in the family centre, a social worker, day care teacher or voluntary agency professional to be able to assess your and your family's possible support needs". You can read more about the shaken baby syndrome here (link)."

Help with a challenging situation with a baby or a counselling chat with even older children is here (link). A guide to the development of interaction and the initial stages of language development can be found here (link). If the situation with your child becomes a constant challenge and you are unable to cope with it, ask for support from your spouse, close relatives or contact your nurse, social worker, day care teacher or third sector professionals to assess your and your family's potential support needs.

STATEMENT NO. 25 *You are the parent of a child who is special and has special needs. This consumes the parent's resources constantly. Time is often joyful together, but also exhausting. It is known that special children need significantly more continuous, individualized immediate care and guidance, repeated health care visits and sometimes few prospects for improvements in the well-being of the child or respite from caring for the child. This imposes considerable physical, financial and emotional demands on parents, which they themselves sometimes describe, for example "Be stressed, exhausted, exhausted, or unreasonable, and do heavy and continuous nursing work 24/7/365 that never ends". There may be lack of a parent-child bond due to long hospital stays or child may express constantly challenging behaviour that creates high-grade stress and mental health problems. Parents need to balance more with the demands of other family members. They may experience isolation and social problems effecting on their mental health. They may experience severe mental anxiety and have a higher risk of developing depression than parents without a disabled child. High levels of stress can cause behaviour on the part of parents that can lead to the maltreatment or even the death of a child. Although most parents provide their children with a safe and loving home. Sometimes parents lack an understanding about the child's special needs or ability to respond to those special needs, before they become experts of the child's needs. Therefore, the parents of special children need ongoing support and special sensitivity from professionals at all levels of the community. The ultimate goal in collaboration is to be listened to and supported according to your needs and your family. Reflect on your situation often, and when the situation of your child, your own, or your family requires it, please contact your own nurse, social worker, day care or school teacher, or a third sector professional. You can find peer support here (link). You can find helpful support services here (link)."*

STATEMENT NO. 26 *A disobedient, misbehaving, difficult or irritable child can indeed be challenging. The growth of a child is associated with developmental challenges, which, by solving them, grow and develop favourably towards adulthood. A child needs an adult to go through these challenges. Close and supportive interaction with the child is important. It is important for a parent to maintain a*

supportive atmosphere and stable family relationships, safety rules, and exercise judgment and act properly challenging situations. It is not always easy. Many things can hamper our efforts such as fatigue, a poor relationship with the child, busy life and little time for the child, mental health problems, difficulty coping with a challenging situation, to understand a child's feelings, the stage of development or maintaining consistent safe and health promoting parenting methods.

The child may also have special difficulties that cause problems for parenting, for example (ADHD) attention deficit hyperactivity disorder. Living with a child with ADHD can be obtrusive and stressful and everyday life can be chaotic and full of conflicts 24h causing exhaustion, hopelessness and helplessness which parents try to normalize. Time spent with other family members becomes limited, since dealing with various professionals is time consuming. The caring of the child also disrupts working life. Parents lack understanding from friends, family, professionals and society in general. They think that they have to fight for support from educational, social welfare and health care systems. Finally, accepting the child as is, parents restore and start to feel more optimistic about the future. It is acknowledged that ADHD is associated with a greater number of experiences of child maltreatment. Therefore, a great deal of preventive family support is important. Protective factors include accessible systems that support families together, stable and supportive family relationships, close and nurturing parent-child relationships, skills and support for nonviolent childrearing, access to safe, inclusive education and life skills, awareness of violence and knowledge of how and where to seek help, close and supportive relationships with parents and caregivers, support for coping and building self-esteem and access to early support and intervention services.

If your child's situation is challenging and you feel unable to resolve it with your spouse or close relative, contact your health care provider, social worker, day care, or school teacher. Third sector professionals will also help you ([link](#)). Together with professionals, you can assess your own and your family's potential support needs.

STATEMENT NO. 27 *If your child has challenges at school, there should be a quite swift and comprehensive response to it. Therefore, it is vital to get support immediately. For example, the child may have learning problems due to medical condition, problems in concentration, tiredness, bullying at school, problems at home environment, lack of emotional support, neglected every day guidance and nurture, poor relations at home or at school, lack of friends, witnessing domestic violence or physical, emotional, sexual violence at home...the list is long. If the situation with your child becomes challenging and you will not be able to overcome it at home, please try to resolve problems with your spouse or close relative, or contact your child's school personnel to resolve the challenge. You can also contact a public health care nurse in the family centre, a social worker, day care teacher or voluntary agency professional to be able to assess your and your family's possible support needs.*

STATEMENT NO. 28 *Your child may have medications prescribed by a doctor. It is important that the child receives all the medicines prescribed for the child and given correctly. If a child has medications to be given as needed, they can only be given to a symptomatic child. Giving other medicines to a child if they are not available to children without a prescription and under the direction of a pharmacist is against the law. Also, giving alcohol or other drugs to a child or falsifying a child's symptoms in order to obtain a doctor's prescription is against the law and is violence. If you*

have any questions about children's medicines, get more information [here](#) (link). You can also ask your doctor for advice.