

Family Needs Checklist -Trainer and Professional User Manual-Version 3.

Family needs checklist is based on the updated (2021) Finnish national guideline issued by the Finnish Nursing Research Foundation HOUTUS (Paavilainen & Flinck 2015; the updated version in progress), which hosts two international collaboration centres: The WHO collaborating centre of nursing and the Finnish centre of evidence-based health care, A Joanna Briggs Institute Centre of Excellence. The guideline is updated every five years according to strict JBI criteria. Finnish National Guideline update is in progress and will be ready 2021. Family Needs Checklist will be validated during 2022-2024 in Finland, Tampere University (MNSc Heidi Rantanen, dissertation).

This checklist is meant to increase parent's or any adult respondent's knowledge about child maltreatment, evoke to reflect their own situation and serve as a channel for early support services and help. The checklist application can serve as a parent's self-help source and as a base for joint professional conversation with the caregiver. The checklist aims to take into consideration all child maltreatment related parental worries concerning the caregiver, the family situation and the child. It can also be combined without application for parental self-assessment as a starting point for a joint discussion with a professional (paper form).

The checklist application will be anonymous, filled by one parent or caregiver. The statements reflect research-based risk factors. The parent will get research-based information about each maltreatment type they have checked as risk factors, feedback including risk and protective factors as well as contact information and online links to support services. The need for support is discovered through the feeling of worry in a caregiver or professional. Family matters are usually easy to approach, when the caregiver themselves discovers worries by using the checklist. If the professional becomes worried, they must also tell that openly to the caregiver.

It is crucial that the professional has a good understanding about the CM gained through the ERICA training. This manual includes references concerning each statements feedback. References will not appear in the online application itself. The knowledge gained from the training allows the professional to validate and give evidence-based reasons for their worries.

It is important that the professional uses solution-focused early dialogue, because the worrying situation needs to be resolved together with the caregiver. The concept of solution-focused comes from the idea that worries and problems are part of life and can be solved through resources, strengths and opportunities. The central issues include appreciation, customer orientation, positivity, creativity, goal orientation, future orientation, taking advantage of different opportunities, constructivism, brainstorming solutions, emphasizing progress, empowerment, and taking advantage of different support groups. (Tamski & Huotari 2015) For the worries to be resolved, they first need to be identified and brought up. A parent can better engage in resolving worries when they feel involved in their own issues. The professionals work in collaboration with the family and invite the parents to engage improving their own well-being. (Eriksson & Arnkil 2009) A child's well-being, safe and healthy growth is always the ultimate goal.

Person becomes more aware of their own thoughts when they express themselves in word (Vygotsky 1982). Verbalizing thoughts helps people see things more clearly, which also makes it easier to make decisions and act wisely in the future (Talvio & Klemola 2017). When evaluating a risk for child maltreatment and family's welfare, it is important to be genuinely present and

interested in the family's situation and to show a respectful attitude. It enables the generation of trust, dialogue, and understanding. Dialogue is not a specific method, but an attitude during encounters with another person. It highlights acceptance of the other person, listening skills and respect for others. (Eriksson & Arnkil 2009) Encountering and generating dialogue requires time and a shared space. We must remember that the caregiver does not necessarily know what dialogue means and may initially, for example, very strongly defend their own opinion. The responsibility for successful dialogue is always with the professional.

The checklist includes six sections: The cover letter, information section, statements concerning the parent or caregiver or adult, statements concerning the family life and situation, statements concerning the child and evidence-based feedback section.

SECTION 1 THE COVER LETTER

Here is the cover letter that appears in the Application for Family Needs Checklist. If preferred, it can be used before joint conversations, too, if the Family need Checklist is used in paper form as the body of the discussion. The covering letter can be adapted to fit in the cultural context.

THE 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 26 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 ABOUT CHILD MALTREATMENT

The checklist includes information regarding all child maltreatment types for the parent in order to reflect their life situation in forthcoming sections. The parent can press the info button if they want information. The information is marked in italics on the table below. Sources are not included in the application. The sources are for professional use.

Do you know	
<p>what child maltreatment is all about? <i>Child maltreatment constitutes from the family perspective, the wide range of abusive, neglectful, and/or harmful behaviours experienced by children (Madigan et al 2019) 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 (WHO 1999). 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 (WHO 2016).</i></p>	INFO
<p>what child physical violence is all about? <i>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 (Paavilainen & Flinck 2015; WHO 2016; Hyvärinen 2017), strangulation, squeezing, suffocation, hitting with or without an object, causing a burn, pushing and kicking, shaking the baby, narcotizing the child. (Paavilainen & Flinck 2015; WHO 2016.) and activities aimed at child genital mutilation (WHO 2016). 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 (Yates & Bass 2017).</i></p>	INFO
<p>what child emotional violence is all about? <i>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 (WHO 2016). Emotional maltreatment is identified as an underlying component of all other forms of child maltreatment (Wekerle et al., 2009). Please see also (Wolfe & Mc Isaac 2011)</i></p>	INFO
<p>what child sexual violence is all about</p>	INFO

<p>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 (WHO 2016). 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 (Madigan et al., 2019; Azzopardi et al., 2019). 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 (Madigan et al., 2019). Consequences include insufficient parenting sensitivity and harsher intrusiveness and boundary dissolution (Zvara et al., 2015). Victims of sexual violence experience emotional and physical maltreatment (Dong et al., 2003). Knowledge and skills about sexuality, healthy relationships at home, awareness of violence and knowledge on how or where to seek help protects children from sexual violence (UNICEF 2017).</p>	
<p>what child neglect is all about 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 (Dubowitz et al., 2004, 2005; Mulder et al., 2018). 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. (Mulder et al., 2018.) Neglect is known to be associated with the highest risk of future maltreatment (White et al., 2014)</p>	INFO
<p>what intimate partner violence or domestic violence is all about? 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. (Breiding et al. 2015.) In addition, it can be economic violence, such as the restriction of money or employment, or economic exploitation (THL 2020). Intimate partner violence can be sexual, such as rape, sexual harassment, or pressure to have sex, admire another, kiss, or watch sexual media content. Intimate partner violence can also be 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. (THL 2020, Nikupeteri & Laitinen 2015)</p>	INFO
<p>what shaking can cause to the baby 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</p>	INFO

<i>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.(link)</i>	
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SECTION 3 STATEMENTS CONCERNING THE PARENT OR CAREGIVER OR ADULT

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

SECTION 4 STATEMENTS CONCERNING THE FAMILY LIFE AND SITUATION

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

SECTION 5 STATEMENTS CONCERNING THE CHILD

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

SECTION 6 FEEDBACKS

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 of the non-governmental organizations. http://www.kansalaisyhteiskunta.fi/jarjestohakemisto/sosiaali- ja_terveysyhdistykset like ensi ja turvakotien liitto <https://www.ensijaturvakotienliitto.fi> , Mannerheimin lastensuojeluliitto <https://www.mll.fi/> and väestöliitto <https://www.vaestoliitto.fi/>.

1. I have been maltreated as a child:

Parents who experience maltreatment in childhood are more likely to have children who are also victims of maltreatment (Madigan et al., 2019; Plant et al. 2018). 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 (Danese & Tan 2014; Norman et al., 2012), reduced cognitive functioning, impaired language development and neurological dysfunctions (Harden et al., 2016; Pollak et al., 2010), risk for developmental delay, poorer social skills and increased risk for mental health problems (Vachon et al., 2015), emotion regulation problems, minimized feelings, distancing oneself from others (Lo et al 2019), higher rates of antisocial, risky or problematic behaviour (Hughes et al., 2017; Norman et al., 2012; Vachon et al., 2015; Plant et al., 2018), physical aggression and delinquency (Hughes et al., 2017; Norman et al., 2012; Vachon et al., 2015). Childhood maltreatment and neglect is a predictor of later problematic adult relationships, like intimate partner violence (Li et al.2020; Berlin et al., 2011). 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. (Berlin et al., 2011.) Childhood maltreatment may manifest as negative parenting behaviours such as insufficient parenting sensitivity and harsh intrusiveness and boundary dissolution (Zvara et al.,

2015; Savage et al., 2019), 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 (Savage et al., 2019).

It is known that not all the parents pass on the maltreatment they experience and not all maltreating parents have experienced abuse in childhood (Sexton et al., 2017). Most parents with a history of child maltreatment are able to provide nurturing environments for their children (Bartlett 2015). 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. (Schofield et al., 2013.; UNICEF 2017.) 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)

Extra material for the professionals and trainers (not included in the application):

Although parent's history of physical maltreatment increases the risk for their children's victimization but it does not ensure it (Berlin et al., 2011). Childhood maltreatment is only one of the risks that shape a parent's behaviour towards their own child, for example, 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 (Savage et al. 2019). Particularly during parental pregnancy and two years after the birth of a child, risks of intergenerational CM are associated with decreased parental confidence in one's parenting abilities while the baby is crying, sleep problems, parental stress, negative interpretations of the baby, poor parenting practices, low parental warmth, negative coping behaviours like excessive sleeping, eating or working, appreciation of disciplinary violence. These are associated with baby inheritance, low birth weight, premature birth, insecure attachment and difficulty in establishing a close relationship, becoming a victim, and the baby's poor social and emotional development. (Chamberlain et al. 2019.)

Significant **protective factors** describing the **individual characteristics** of the parent include maternal participation in therapy, parental ability to self-control (Langevin et al. 2019), parental perseverance or tolerance, belief in self-governing events, ability to be flexible, self-care, participation in counselling, meditation, mentalization (the ability to base one's own and another person's perspective and experience), the development of an attachment relationship, and the training of parenting skills (Chamberlain et al. 2019).

Significant **protective factors** related to **relationships** included safe, stable, supportive, and caring relationships in the family and relationship (Langevin et al. 2019; Chamberlain et al. 2019), mental support (Cascio et al. 2017), safe attachment to the child, maternal warmth, satisfaction with one's own parenting (Langevin et al. 2019), support from the social district (Chamberlain et al. 2019; Cascio et al. 2017), hobbies, community involvement (Cascio et al. 2017) and positive interpersonal relationships attending and increasing supportive networks in parents life (Chamberlain et al. 2019).

Significant **protective factors** related to **the circumstances** was the higher socio-economic status of the family (Langevin et al. 2019), financial solvency and access to services

(Chamberlain et al. 2019). Factors related to family or social life can protect, increase resilience, and mitigate the negative repercussions of childhood abuse (Casco et al. 2017).

2. I have experienced traumatic events as a child and haven't got over them

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) (Montgomery et al., 2018.) The effects of parental trauma decrease parent-child relationship quality (Dalgaard & Montgomery 2017) and increase the risk of family related violence in refugee families (Timshel et al., 2017). 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 (UNICEF 2017). 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)

3. I sometimes have inaccurate expectations about what the child's behavior should be like

Sometimes the new parent's knowledge about the child's development is not sufficient (Nuttal et al. 2015; Mulder et al., 2018). 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. (Nuttal et al. 2015) Maternal knowledge about the child's development produces greater satisfaction, investment in parenting, the perceptions of competence and less parenting stress (Bornstein et al 2010). 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/)

4. I am not always able to control my child's disobedient behaviour

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 aims at parent's

relationship skills. (Berlin et al., 2011.) Harsh parenting practices is known to be a strong predictor of child behavioural problems (externalizing problems) Children who witness IPV and experience harsh parenting, corporal punishment have more behaviour problems (Fong et al., 2019 s.160, Graham et al., 2012; Grasso et al., 2016) Significant protective factors related to relationships included safe, stable, supportive, and caring relationships in the family and relationship (Langevin et al. 2019; Chamberlain et al. 2019), mental support (Cascio et al. 2017), safe attachment to the child, maternal warmth, satisfaction with one's own parenting (Langevin et al. 2019), support from the social district (Chamberlain et al. 2019; Cascio et al. 2017), hobbies, community involvement (Cascio et al. 2017) and positive interpersonal relationships attending and increasing supportive networks in parents' life (Chamberlain et al. 2019). 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).

5. My age is ≤18

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 (Langevin et al. 2019, Chamberlain et al., 2019; Mulder et al., 2018). 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 (Savage et al. 2019). 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 (Lo et al. 2017). 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. (Boorman et al. 2018.) 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>) the development of childhood here

<https://www.cambscommunityservices.nhs.uk/advice/childhood-development/milestones> so that you can better understand your child or your own growth milestones.

6. I have no formal education or low education

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.

Extra material for the professionals and trainers (not included in the application):

In refugee family's low education level or no education as well as language barriers increases feeling of inequality and Intimate relation problems, IPV and child maltreatment (Timshel et al., 2017).

7. I am living in stressful times

Among others, stressful life situation with exhaustion is known to be one serious risk factor for child maltreatment (Timshel et al., 2017) or even homicide. (Aho et al., 2017). One of the theories explaining infant deaths were stress (Fredrick et al.2019). Significant parental stress was observed in the background of the deaths of internationally adopted children (Hegar et al. 2015; Miller et al. 2007). It is known that parents' own experiences in unconfined relationships with their partner are found to increase parenting stress (Rholes et al., 2006) and risk for intimate partner violence (Rankin et al., 2000) 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.

8. I use substances like tobacco, drugs and/or alcohol

Substance abuse like drug, tobacco or alcohol are common risk factors of intergenerational child maltreatment (Langevin et al. 2019, Chamberlain et al., 2019), intimate partner violence (Cafferky et al., 2018) and filicides (Aho et al., 2017). Substance abuse, together with low social support and the child's young age is known as significant risk factors of recurrent child maltreatment (White et al. 2015). 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 (Kuppens et al., 2020). 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.(Kuppens et al., 2020.) 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. (Hyysalo et al., 2021.) 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 (Kuppens et al., 2020). 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 (Hyysalo et al., 2021) Here (<https://paihdelinkki.fi/fi/testit-ja-laskurit/huumeet>) you can make a drug use test DAST-20 and drug use risks test DUDIT (The Drug Use Disorders Identification Test; Here in English: (<https://paihdelinkki.fi/sites/default/files/duditmanual.pdf>) provided by Karolinska Institute, Sweden, the tobacco addiction test (<https://paihdelinkki.fi/testit-ja-laskurit/nikotiini/tupakkariippuvuustesti>) and snus test (<https://paihdelinkki.fi/fi/testit-ja-laskurit/nikotiini/nuuskatesti>), developed by Swedish tobacco expert Dr. Karl Fagerström, that help you to determine the degree of nicotine 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.

Extra material for the professionals and trainers (not included in the application):

It is also known that maternal pre- and postnatal substance use is associated with difficulties in caring for the child, such as reduced sensitivity to the needs of the child causing insecure attachment especially in children under the age of six. Sociological adversities appear together with substance use problems and may negatively influence child secure attachment. Children with heavier substance exposure shows more negative affect and are associated with mother-child interaction difficulties leading children's coping difficulties and insecure attachment. (Hyysalo et al. 2021.) Parental substance abuse is also linked to poorer child well-being. Differences were found between the types of substance abuse in older people. The comparisons showed that the link between poor child well-being and parental drug use was stronger compared to alcohol use or alcoholism. For drugs other than tobacco or alcohol, in five studies, parental cannabis use had a significant effect on children's poorer well-being. (Kuppens et al., 2020.)

Narcotic drugs include, for example, cannabis (hashish, marijuana), cocaine, opiates (e.g. morphine, heroin), stimulants (e.g. amphetamine), propellants (e.g. adhesives, fuels), sedatives (e.g. Diapam), barbiturates (e.g. (some sleeping pills) and hallucinogens (including LSD). "Drug abuse" means either the use of prescription drugs or over-the-counter drugs in overdoses (overuse) or the use of drugs for non-medical purposes (Päihdelinkki)

9. I don't know what is the safe limit for alcohol use in a family with children

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 (Laslett et al., 2020.) 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 (Kuppens et al., 2020). 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. (Laslett et al., 2020.) 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-paihdetyo/alkoholinkayton-puheeksiotto-ja-mini-interventio/alkoholi>) you can find how many doses are considered low risk, moderate risk or high-risk use (THL 2021.) "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 (ALKO 2021). Here (<https://paihdelinkki.fi/fi/testit-ja-laskurit/alkoholi>) you can make Paihdelinkki (<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/>) 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!

Extra material for the professionals and trainers (not included in the application):

In refugee families alcohol consumption increases risk for family violence and child maltreatment (Timshel et al., 2017).

10. I have a history of antisocial or criminal offending

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 (Mulder et al., 2018) and homicides (Aho et al., 2017). 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 (Mulder et al., 2018). 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.

11. I am suffering from mental health problems for example depression or feeling of worthlessness

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 (Langevin et al. 2019, Chamberlain et al., 2019; Montgomery et al., 2018), maternal postpartum depression, a history of psychiatric disorder like depression, mood disorder or schizophrenia (Mulder et al., 2018) and poor perinatal mental health (Ayers et al., 2019) are the most common risks of child maltreatment and neglect. Psychological instability is known to be a risk factor for filicide and familicide (Aho et al. 2017).

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. (Boorman et al. 2018.) Depressed mothers who have the history of childhood maltreated, especially emotional abuse, emotional neglect or physical abuse have found to have smaller social networks and deficient parenting like lowered nurturing and stimulating (Ammerman et al., 2016). 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. (Ayers et al. 2019.) 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. (Aho et al., 2017.) 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.

12. I have to use a lot of health services with my child because my child gets often sick or unwell

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 (Yates & Bass 2017) and chronic absenteeism may undermine children's peer relationships (Shiu 2001) and increase the possible drop out of school and leads to poor psychosocial consequences in adulthood (Kearney 2008) 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.

Extra material for the professionals and trainers (not included in the application):

Fabricated or Induced Illness (FII)

Causing illness in a child apparently disrupts the child's schooling, leads to unnecessary examinations of the child, and even death (Yates & Bass 2017)

A form of child physical violence in which a parent or other caregiver intentionally induces an illness to a child is described in the literature in many different terms, such as Munchausen syndrome by proxy (MNSP), Factitious Disorder Imposed On Another (FIDIOA), Child Medical Abuse (CMA), Pediatric condition falcification, Fabricated or Induced Illness (FII) (Yates & bass 2017) or Malingering by Proxy (Yates & bass 2017; Davis et al. 2019). Almost all abusers were women and mothers of children (97.6%). In only a few cases was the abuser a father (2.4%) or another close associate, such as a babysitter (2.65%). The majority of abusers were married (75.8%). The average age of the abuser was 27.6 years (range 16, 53) The abuser quite often had health education (45.55%), but the education could also be fake, as some subjects had been diagnosed with pathological lying (9.2%). The abuser often had a history of child abuse (30%), abuse in a relationship (7.2%), placement (4.6%), or psychological challenges in his or her life such as, self-destruction, and self-harm (8.6. %), depression (14.2%), personality disorder such as borderline (18.6%), other psychiatric illness (16.3%) or Munchausen syndrome on its own (FDIOS = Factitious Disorder Im-posed On Self) (30, 9%), in which case the abuser could vary from disease to disease for himself and his child. In addition, subjects developed substance abuse (14.2%), criminal behavior (9.9%), or somatic illness (7.1%). Children of FIDIOS parents had an increased risk of physical abuse of children (MCA =

Child Medical Abuse). Some parents did not have a mental disorder (4.59%). Abusers often had birth-related complications (23.5%) such as miscarriage or premature birth (Yates & Bass 2017.)

Implications for professionals:

Be aware that a child's parent or caregiver may knowingly and intentionally cause illness to their child and identify parent-related risk factors early. Parent is usually a mother of the child. A parent may intentionally cause illness to themselves too. Parent may have a history of childhood maltreatment. Parent may induce illness in children and it may be the most lethal form of child maltreatment. Parent usually continues maltreatment even in the hospital. Child does not always have a thick medical record but may have several contacts with different doctors. Do not use hostile or argumentative meetings with the parent as some of them may be suicidal.

13. I experience difficulties to take care of my child's basic needs for example dental hygiene, general hygiene, clothing or healthy food

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 (Bhatia et al. 2014), your own physical or mental health or social problems, lack of education and knowledge to fulfil the child's basic needs (Mulder et al.2018), 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 (Hooley et al. 2012, Seow 2012) 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 anesthesia to remove painful and perforated teeth (Bhatia et al. 2014.) The child may also reduce playing, have difficulties in eating or sleeping and avoiding school attendance or experience fatigue at school (Gilchrist et al. 2015), impaired tooth appearance, growth retardation, especially in young children, and impaired quality of life (Sheiham 2006). Taking care of your child's mouth with regular brushing reduces the risk of caries (Harris 2018). 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 (Bhatia et al. 2014.) 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.

Extra material for the professionals and trainers (not included in the application):

The etiology of caries is complex. The risk of dental caries is determined by physical, biological, environmental, behavioral, and lifestyle factors. These include for example high numbers of bacteria that cause dental caries, inadequate salivation, inadequate fluoride intake, poor oral hygiene, high sugar consumption, nocturnal bottle feeding, snacking between meals, and poverty (Selwitz et al. 2007). Parental activity has an important and large impact, especially in the oral health of young children (Hooley et al. 2012, Seow 2012). Taking care of the mouth with regular brushing reduces the risk of caries (Harris 2018). Tooth decay is the most obvious sign of a child's oral health failure, but signs of physical or sexual violence and mental violence can also be seen in the oral cavity. The typical signs of violence include oral soft tissue bruising, bleeding, wounds, swelling and burns or fractures, and joint dislocations in the face area. It is important to remember that, as with any injury, oral injury must always be assessed by experts and take into account, in addition to the medical assessment, the family situation and social factors, the child's stage of development, the report of the parents about the injury, and a complete clinical review and related studies. (Harris 2018.)

Neglect should be suspected if a child repeatedly suffers from poor oral hygiene that endangers the child's health, as well as in situations where parents repeatedly neglect the dental care provided by society. Family psychosocial assessment helps to identify families at risk and to help them appropriately. The most common signs of neglect of dental care were lack or delay in seeking treatment, non-compliance with treatment guidelines, and failure to complete planned treatment (Bhatia et al. 2014). It is important that nurses, social workers and physicians understand that a child's poor oral health and injuries may be related to child abuse and that these children may also have other complex oral health needs or other abuse. (Bradbury-Jones et al. 2019.)

Oral injuries in a child should always be assessed in the context of the medical and social history, the stage of development of the child, the explanation of the event, and a complete clinical examination. Any unexplained injuries that cause concern for the child must be investigated. The causes of mouth ulcers, lip swelling or wounds, petechiae, small bleeding, bruising, bleeding and rupture of the tendons of the mouth in a child should always be investigated. Especially in cases of suspicion of physical abuse of a child, the child's mouth should also be examined. (Royal College of Paediatrics and Child Health. 2015.)

14. I experience difficulties to take care of my child's basic needs for example give social and emotional support

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. (Sylvestre et al., 2016). 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 (Jones et al., 2014). 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 (Mulder et al.2018), lack of money, difficulty locating and reaching services, insufficient understanding about the need for support, inadequate services (Bhatia et al. 2014), 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 (Savage et al. 2019.), 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.

15. I experience difficulties to take care of my child's basic needs for example schooling and sleeping times

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 (Mulder et al.2018), lack of money, the difficulties of locating and reaching services, insufficient understanding about the need for support, inadequate services (Bhatia et al. 2014), 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 (Savage et al. 2019.), love and trustworthiness are very important for your child's learning and safety development. Act early and ask for support. If you thinkl 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.

16. I am single or divorced parent

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 (Saphiro et al. 2011). Family disorganization, breakdown or violence are risk factors for child maltreatment (Centre for disease control and prevention 2018; Timshel et al., 2017) and single parenthood is known to increase the risk to CM especially if the child lives with only one biological parent (Mulder et al., 2018). 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).

17. I have three or more children

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 (Mulder et al., 2018), also in refugee families (Timshel et al., 2017). 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.

18. There are constant financial worries or unemployment in my family

Poverty, low socioeconomic status and low employment are known risk factors for IPV (Langevin et al. 2019; Timshel et al., 2017; Mulder et al., 2018) and child maltreatment (Chamberlain et al. 2019; Timshel et al., 2017). 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 (Timshel et al., 2017). 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.

19. My child/children are three years or less than three years old

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 (White et al. 2015). 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.

20. I feel lonely and haven't had enough support from the community, relatives, friends or spouse

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 (Saphiro et al., 2011). 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 (White et al. 2015). 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. (Kane & Bornstein 2017.)

21. I have experienced intimate partner violence at home

Living with an abusive partner with a criminal background increases the risk for IPV in the family (Langevin et al. 2019; Mulder et al., 2018). It is a significant risk factor also for the intergenerational cycles of child maltreatment (Langevin et al. 2019; Chamberlain et al. 2019). 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. (Timshel et al., 2017.)

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). (Chiesa et al., 2018.)

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). (Chiesa et al., 2018.) There is also evidence that some mothers affected by IPV respond to their children in a warmer and more nurturing manner (Lapierre 2010)

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.

Extra material for the professionals and trainers (not included in the application):

Support services must include collaboration among different disciplines, as support responsibilities will occasionally overlap. IPV and its consequences in parenting practices in child families should be of concern for professionals (Chiesa et al.2018) providing protective factors like violent free family environments, gender equity, family support for education and postponing childbearing until adulthood, close and nurturing parent-child relationships, awareness, skills and support for nonviolent childrearing and supportive responses on disclosed violence. Professional collaboration should follow strong legal and policy frameworks, high levels of social inclusion and community engagement (common front) to protect children from violence. (UNICEF 2017)

Significant protective factors related to interpersonal relationships included safe, stable, supportive, and caring relationships in the family and in the relationship (Langevin et al. 2019; Chamberlain et al. 2019), mental support (Cascio et al. 2017), safe attachment to the child, maternal warmth, satisfaction with one's own parenting (Langevin et al. 2019), support from the social district (Chamberlain et al. 2019; Cascio et al. 2017), hobbies, community

involvement (Cascio et al. 2017) and positive interpersonal relationships (Chamberlain et al. 2019).

Factors related to family or social life can protect, increase resilience, and mitigate the negative repercussions of childhood abuse (Cascio et al. 2017).

A significant protective factor related to the circumstances was the higher socio-economic status of the family (Langevin et al. 2019), financial solvency and access to services (Chamberlain et al. 2019). Factors that protect against domestic violence in refugee families include positive parental coping strategies, parental education, time spent in the country of arrival, and supportive neighbour relations. (Timshel et al. 2017.)

22. My child have experienced intimate partner violence or other form of family violence at home

“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 (Vu et al., 2016), physical health problems, depression, and trauma symptoms (Chiesa et al., 2018). 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 perceive 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. (Fong et al., 2019.) 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. (Vu et al., 2016.) IPV happens rarely just once, but is repeated or a chronic problem at home (Margolin et al. 2009) and its consequences can extend into adulthood (Fong et al., 2019. 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 (UNICEF 201X). Also maternal warmth like a positive affect, acceptance and support, sensitive parenting and appropriate levels of control reduces the negative impact of IPV. (Fong et al., 2019; Lavi & Slone 2012; Sturge-Apple et al., 2010). 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 (Fong et al., 2019)

23. My child had complications associated with pregnancy or birth

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

(Mulder et al., 2018). 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).

24. My child cries a lot

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. (Botha et al.2019; Kaźmierczak et al., 2020.) 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. (Botha et al. 2019.) 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>) (Botha et al., 2019) 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.

25. My child has been diagnosed with a developmental or physical illness, or has challenges related to emotions or social situations

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 (Peer & Hillman 2014). 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" (Doig et al. 2009; Nowak 2015). There may be lack of a parent-child bond due to long hospital stays or child may express constantly challenging behaviour (Frederick et al. 2019) that creates high-grade stress (Peer & Hillman 2014) and mental health problems (Barreto et al., 2020). 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. (Nes et al. 2014.) 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. (Fredrick et al. 2019). Although most parents provide their children with a safe and loving home (Taylor et al. 2016). Sometimes parents lack an understanding about the child's special needs or ability to respond to those special needs (Frederick et al. 2019.), 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).

Extra material for the professionals and trainers (not included in the application):

As a result of the intensive hospital care needed by the child in the early stages of life or several subsequent hospital periods, the bond between the parent and child remains undeveloped. Parents may also experience the sadness of "losing" their long-awaited child, and having a disabled child can affect a parent's mental well-being as well as quality of life (Nowak 2015). The development of an emotional bond can be compromised if the child has difficulty expressing certain emotional reactions, especially if the child has been diagnosed with autism. Problems in the attachment relationship have been observed between mothers who have committed infanticide and their children (Fredrick et al. 2019; Croog & Tournay

2013). Due to the child's challenging behaviour, parents may be frustrated that the child or adolescent does not respond to conventional disciplinary methods, which may lead to a gradual increase in more severe forms of punishment and excessive use of force that can lead to child death (Nowak 2015). Children with autism are associated with a higher risk group due to the nature of their behaviour and the frustration and inability of parents to care for their child and control the child's behaviour (Fredrick et al; Croog & Tournay 2013). Families in a particularly vulnerable position need clear and coordinated care pathways to ensure that parents and children have access to support, and at the right time. (Sidebotham et al. 2016) It is important that adult mental health professionals take into account the needs of their clients, especially vulnerable children with disabilities. The revised articles showed clear risks for children whose parents had mental health problems, including parental suicidal behaviour and the inclusion of children in psychotic delusions. (Fredrick et al. 2019.) Parents often experience stress during the process of assessing and diagnosing their child with disability. It is known that open, honest, and positive experiences with health professionals at this crucial time, including providing support and counselling, can have significant positive effects on their resilience. . Opportunities for a respite or "short breaks" may be necessary for parents to cope with their caring role. (Fredrick et al. 2019.) Parents with children with more emotional and behavioural problems were more likely to experience increased stress and depression (psychological anxiety) and received less support from their families. Parents who experienced high levels of stress and depression also thought that they received little social support. A child with disability is seen variously in different cultures. Parents of children with disabilities often see their children primarily as children and only as part of the disability and as a whole of many abilities. Parents are aware of the burden, but many parents still experience stress and difficulties. (Barreto et al. 2020.)

26. My child is often disobedient, misbehaving, difficult or irritable

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 (Laugensen et al., 2016; Clayton et al. 2018). 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. (Laugensen et al., 2016.). It is acknowledged that ADHD is associated with a greater number of experiences of child maltreatment (Clayton et al. 2018.) 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. (UNICEF 2017)

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.

Extra material for the professionals and trainers (not included in the application):

The connection between ADHD and child abuse is based on the fact that people who have experienced child abuse have similar disorders to those with ADHD, such as behaviour problems, cognitive deficits, and impaired social relationships (Coohey et al. 2011; Kim & Cicchetti 2010), conflicts in the relationship, mental disorders, delinquency, dysfunction of the family, and low socioeconomic status (Banerjee et al. 2007).

Children with ADHD experience significant amounts of abuse. It is therefore important to ask and discuss the abuse openly and to be aware of the symptoms of abuse when working with children and families with ADHD. Those with ADHD had experienced abuse 2.39 times more often than the control group. They had experienced physical abuse 2.02 times, neglect 5.33 times and emotional abuse 8.59 times more often than those without ADHD. Those with ADHD (Oppositional Defiant Disorder) or CD (Conduct Disorder) symptoms in addition to ADHD were 2.55 times more likely to experience abuse than those with ADHD alone. (Clayton et al. 2018.)

For clinical practice, support of the entire family is essential to relieve parental stress and distress. Professionals should pay attention to the unique needs of the family. Improved coordination between services could enhance family centred care. (Laugensen et al., 2016.)

27. My child has challenges at school or at day care

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. (Laugensen et al., 2016; Clayton et al. 2018; Sylvestre et al., 2016.)

28. I have to calm my child by giving drugs, sedatives or other substances

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. (Yates & Bass 2017)

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