

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

The family needs checklist is based on the updated 2021 Finnish national guideline issued by the Finnish Nursing Research Foundation HOTUS (Paavilainen & Flinck 2015) 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 JBI criteria. Finnish National Guideline update is in progress and will be ready in 2021. The Family Needs Checklist will be validated during the period 2022–2024 in Finland, at the Tampere University (Heidi Rantanen, MNSc, doctoral dissertation).

This checklist is meant to increase parents' or any adult respondents' knowledge about child maltreatment, encourage them to reflect on their own situation and serve as a channel for early support services and help. The checklist application can serve as an online self-help source and as a basis for joint professional discussions with the person caring for the child (paper form). The checklist aims to take into consideration all worries related to child maltreatment concerning the caretaker, the family's situation and the child.

The checklist application is anonymous, filled out by one parent or person caring for the child. The statements reflect research-based risk factors. The caretaker will get research-based information about each maltreatment type they have checked as risk factors, feedback about risk and protective factors as well as contact information and online links to support services. The need for support is determined based on a feeling of worry expressed by the child's caretaker or a professional. Family matters are usually easy to approach when caretaker personally raise concern based on the checklist. If the professional raises concern, they must also express this openly to the person caring for the child.

It is crucial that the professional has a good understanding of child maltreatment (CM) gained through the ERICA training. This manual includes references concerning the feedback on each statement. The 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 intervention strategies, as any worrying situation needs to be resolved together with the child's caretaker. The concept of a solution focus 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.) In order to resolve worries, these need to be first identified and brought up. A caretaker can better engage in resolving worries when they feel involved in their own matters. Professionals work in collaboration with the family and invite the caretakers to engage in improving their own well-being. (Eriksson & Arnkil 2009; 2012; 2017.) A child's well-being, and safe and healthy growth is always the ultimate goal.

Individuals become more aware of their own thoughts when they express themselves in words (Vygotsky 1982). Verbalizing thoughts helps people see things more clearly, which also makes it easier for them to make decisions and act wisely in the future (Talvio & Klemola 2017). When evaluating the risk of child maltreatment and a family's welfare, it is important to be genuinely present and interested in the family's situation and to show a respectful attitude. This enables the building of trust, dialogue, and understanding. Dialogue is not a specific method, but rather an attitude displayed during encounters with another person. It highlights the acceptance of the other person, listening skills and respect for others. (Eriksson & Arnkil 2009; 2012; 2017.) Encountering and building dialogue requires time and a shared space. We must remember that the person caring for the child does not necessarily know what dialogue means and may initially, for example, very strongly defend their own opinion. The responsibility for successful dialogue always lies with the professional.

The checklist includes six sections: A cover letter, an information section, statements concerning the caretaker, statements concerning the family's life and situation, statements concerning the child, and an 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 other persons caring for children or any adults who want to think about the safety and welfare in their own family. The purpose is to help you to reflect on your own present situation or that of your own children, grandchildren or other children you take care of and of the whole family, and to identify any possible needs for a 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 that harm these. Furthermore, the application contains information about services and useful links that will take you to sources of additional information about the early support for families with children.

Many matters affect safety and welfare separately and together. All families will meet many challenges in their lives. These are related to issues such as pregnancy, child birth, growth, child rearing, schooling, intimate partner relationship and its development, family relationships, working life, leisure time, hobbies, and illnesses. The list is long. The challenges can be positive or negative, anticipated or unprecedented, and may pass quickly or be recurring. These challenges may develop into the insuperable problems, especially when they accumulate. The family may lack factors which would protect their safety and welfare, such as the support of society or the close relatives, an ability to manage a difficult situation or a lack of information

about how to act in the best way in a difficult situation. Children are the most vulnerable to these situations and experience 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 those aimed at families, this app provides you with a low-threshold means 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 any data collected by it will not be disclosed to other parties. If you wish, print out your answers to later use after filling it out in the application. The data will not be saved anywhere and will be lost when you exit the application ([see here for Privacy Statement](#)).

When you start using the application, you will receive information about different types of child maltreatment. This is followed by 28 statements, to which you answer either yes or no. The statements are based on research knowledge and cover a wide range of safety-related challenges in family life. You should consider whether or not each statement applies to your situation. It is a good idea to be fairly honest with yourself when answering the questions, 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 the availability of services to support your reflection. Now, go and find a quiet place and start your reflection journey.

SECTION 2 INFORMATION ABOUT CHILD MALTREATMENT

The checklist provides parents with information regarding all forms of child maltreatment to enable them to reflect on their life situation in the following sections. The parent can click on the info button if they want more information. The information is marked in italics on the table below. References are not included in the application. The references are intended for professional use.

Do you know

what is child maltreatment all about?

IN
FO

From a family perspective, child maltreatment comprises a wide range of abusive, neglectful or harmful behaviours experienced by children (0 – 18 years old) (Madigan et al 2019) including all forms of physical, emotional or sexual violence, 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, it can involve violent discipline or the exposure of children to intimate partner or domestic violence by caretakers (WHO 2016).

what is child physical violence all about?

IN
FO

Physical violence refers to a physical act that causes harm to a child and potentially leaves the child with physical signs or injuries. Physical violence can result in the death of the child. 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 injury, pushing and kicking, shaking a baby, drugging the child (Paavilainen & Flinck 2015; WHO 2016.) and acts related to performing genital mutilation to the child (WHO 2016). Physical violence also includes giving medications not intended for the child, causing the symptoms of an illness in the child or giving false medical information about the child, resulting in unnecessary, intrusive medical interventions (Yates & Bass 2017).

what is child emotional violence all about?

IN
FO

Emotional violence includes restricting a child's movements, denigration, ridicule, threats and intimidation, discrimination, rejection and other emotionally hostile treatment, such as 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).

what is child sexual violence all about?

IN
FO

Sexual violence includes completed or attempted sexual contact, acts of sexual nature not involving contact, such as voyeurism or sexual harassment of a child who is unable to refuse or understand the purpose of the acts (WHO 2016). Child sexual violence is usually hidden, which usually means that the child's caretaker is unaware of this leaving no witnesses to report the violence. This often means that reporting sexual violence depends on the child's willingness to disclose it, which many children are reluctant to do. (Madigan et al., 2019; Azzopardi et al., 2019.) Usually, sexual violence occurs at home when a caretaker 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). For a child, long-term consequences may include insufficient parenting sensitivity, 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).

what is child neglect all about?

IN
FO

Neglect is a caretaker's omission of behaviour that is necessary for a child's healthy development and includes a 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). Child neglect often involves the occurrence of multiple risk factors. Therefore, neglect is more likely to be determined by

multiple causes than by a single risk factor. The strongest predictors of child neglect are the caretaker’s history of antisocial behaviour or criminal offences, a history of mental or psychiatric problems and a low educational level as well as caretaker’s own 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).

what is intimate partner violence or domestic violence all about?

IN
FO

Intimate partner violence or domestic violence can be **physical** violence occurring in a relationship, such as hitting, kicking, tearing, or using a weapon. It can also occur as **emotional** violence, such as name-calling, contempt, shouting, or the use of coercive means, such as behaviour that seeks to control and threaten the partner. These may include the various means of isolation, control and the restriction of movement, detention, preventing the partner from meeting friends, or engaging in hobbies or studies, intimidation by hurting the partner, controlling the partner’s 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 pressuring the partner to have sex, admire others, kiss, or watch sexually explicit media content. Intimate partner violence can also be **stalking**, such as repetitive, unwanted attention and communication that causes fear or concern in the victim of his/her own or another person’s safety, including surveillance or following another person, unsolicited email or other social media communication. It can also involve using children as the instruments, targets or allies of persecution. (THL 2020, Nikupeteri & Laitinen 2015.)

what consequences can there be for shaking a baby?

IN
FO

Shaking a baby can cause lifelong injuries and disability. A baby may have a challenging temperament or a health problem such as stomach issues. A caretaker may find the baby irritable, overactive, or otherwise difficult to handle. The caretaker may have unrealistic expectations for the baby’s ability to control their own behaviour, or the caretaker may feel hopeless when he or she feels unable to cope with a 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 shaking a baby are often very serious and irreversible. Shaking is always physical violence. It is therefore crucial to seek help proactively. For more information about shaken baby syndrome, see [here](https://1596011.169.directo.fi/@Bin/1a5a2400aec79f8c8723219d70fe5cbf/1612537674/application/pdf/196700/K%c3%a4sitelt%c3%a4v%c3%a4%20varoen.pdf).

<https://1596011.169.directo.fi/@Bin/1a5a2400aec79f8c8723219d70fe5cbf/1612537674/application/pdf/196700/K%c3%a4sitelt%c3%a4v%c3%a4%20varoen.pdf>

SECTION 3 STATEMENTS CONCERNING THE PARENT OR CAREGIVER OR ADULT

NO.	Statement	YES	NO
1.	I was maltreated as a child	Y	N
2.	I have experienced traumatic events as a child and haven’t gotten over them	Y	N

3.	I sometimes have unrealistic expectations for 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 a low level of education	Y	N
7.	My life is currently stressful	Y	N
8.	I use substances such as tobacco, drugs and/or alcohol	Y	N
9.	I don't know what the safe limit for alcohol use is in a family with children	Y	N
10.	I have a history of antisocial behaviour or criminal offences	Y	N
11.	I am suffering from mental health problems, such as depression or a feeling of worthlessness	Y	N
12.	I have to use a lot of health services with my child because my child is often sick or unwell	Y	N
13.	I experience difficulties in taking care of my child's basic needs, for example dental hygiene, basic hygiene, clothing or healthy food	Y	N
14.	I experience difficulties in taking care of my child's basic needs, for example providing my child with social and emotional support	Y	N
15.	I experience difficulties in taking 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 a 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 old or younger	Y	N
20.	I feel lonely and haven't had enough support from my community, relatives, friends or spouse	Y	N
21.	I have experienced intimate partner violence at home	Y	N
22.	My child has 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 |
| 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 day care | Y | N |
| 28. | I have to calm my child down by giving him/her drugs, sedatives or other substances | Y | N |

SECTION 6 FEEDBACKS

IN BRIEF: The family's situation is considered to be **positive** if the person caring for the child answers NO to all the provided statements. If no risk factors are found, the family's situation is considered positive and the following feedback will be given to the respondent →

"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 if the situation in your family becomes challenging, or you need research knowledge and information about the available support services. It is crucial to take action early. All families have a right to receive support for a safe everyday life. You can tell about your result when visiting the child and family health and social services. This way, professionals will know about your family's situation and it can always be discussed openly in joint discussions. This enables making arrangements for support that meets your needs as flexibly and quickly as possible before any worries come to harm the safety and health of your, your children's, and other family members' life. You may find useful information on the national websites of non-governmental organizations. http://www.kansalaisyhteiskunta.fi/jarjestohakemisto/sosiaali- ja_terveysyhdistykset such as Federation of Mother and Child Homes and Shelters <https://www.ensijaturvakotienliitto.fi>, the Mannerheim League for Child Welfare <https://www.mll.fi/> and the Family Federation of Finland. <https://www.vaestoliitto.fi/>

1. I was maltreated as a child:

Parents who have been subject to maltreatment in childhood are more likely than others to have children who also fall victim to maltreatment (Madigan et al., 2019; Plant et al. 2018). Childhood maltreatment can have devastating effects and consequences on the child's health, for example head trauma, a failure to thrive, growth disturbances, 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), a risk for developmental delay, poorer social skills and an increased risk for mental health problems

(Vachon et al., 2015), emotion regulation problems, minimization of emotions, 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, which may involve intimate partner violence (Li et al.2020; Berlin et al., 2011). Parents may experience higher social isolation and lack healthy adult relationships that would provide them with general, parenting and child protection support to help them in times of need. (Berlin et al., 2011.) Childhood maltreatment may also manifest as negative parenting behaviours such as insufficient parenting sensitivity, harsh intrusiveness and boundary dissolution (Zvara et al., 2015; Savage et al., 2019), abusive discipline or corporal punishment, hypercritical statements, verbal or physical hostility, neglect, overcontrol, aggressiveness, rejection, scolding and threatening. By contrast, positive parenting includes empathy, engagement, nonviolent forms of discipline, positive affect, responsiveness, scaffolding, sensitivity, supportive presence and emotional warmth (Savage et al., 2019).

It is known that not all parents pass on the maltreatment they have experienced and not all maltreating parents have experienced abuse in their childhood (Sexton et al., 2017). Most parents with a history of experiencing child maltreatment are able to provide nurturing environments for their children (Bartlett 2015). The presence of safe, stable, nurturing relationships, emotional intimacy, relationship satisfaction, support and warmth in relationships with parents, siblings and intimate partners protects children against child maltreatment. (Schofield et al., 2013.; UNICEF 2017.) If you have any concerns, please ask for advice or support from a local professional, for example a public health care nurse at a family centre, social worker, day care teacher or a voluntary agency professional if you have any doubts concerning any child or family life matters, big or small. The key is to act early before worries turn into grief or serious concerns. Need help urgently? Call or contact (number or link)

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

Although a parent's history of physical maltreatment increases the risk for their children's victimization, it does not necessarily warrant it (Berlin et al., 2011). Childhood maltreatment is only one of the risks that shape parents' behaviour towards their own child; for example, the parent's young age or an unstable relationship with their partner, mental health problems or adjustment problems may affect the parent's behaviour towards their own child (Savage et al. 2019). Particularly during pregnancy and two years after the birth of a child, the risks of intergenerational CM are associated with decreased parental confidence in one's parenting abilities when the baby is crying, sleep problems, parental stress, negative interpretations made of the baby, poor parenting practices, low parental warmth, negative coping behaviours such as excessive sleeping, eating or working, approval of disciplinary violence. These are associated with inherited traits, low birth weight, premature birth, insecure attachment style 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 personal autonomy, flexibility, self-care, participation in counselling, meditation, mentalization (the ability make sense of one's own and another person's perspective and experience), the development of an attachment relationship, and practising of parenting skills (Chamberlain et al. 2019).

Significant **protective factors** related to **relationships** included safe, stable, supportive, and caring relationships in the family and other interpersonal 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 network (Chamberlain et al. 2019; Cascio et al. 2017), hobbies, community involvement (Cascio et al. 2017) and positive interpersonal relationships present and increasing supportive networks in parents life (Chamberlain et al. 2019).

Significant **protective factors** related to the family's **circumstances** included 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 consequences of childhood abuse (Cascio et al. 2017).

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

Traumatic events in childhood, such as natural catastrophes, war, political violence and genocide, increase the prevalence of child maltreatment in families. Trauma severity is associated with parental child maltreatment. Parents with experiences of serious trauma are at a heightened risk of committing especially physical and emotional acts of violence against their children due to mental health problems such as post-traumatic stress disorder (PTSD) (Montgomery et al., 2018.) The effects of parental trauma reduce the quality of the parent–child relationship (Dalgaard & Montgomery 2017) and increase the risk of family-related violence in refugee families (Timshel et al., 2017). Protective factors include awareness of violence and knowledge of how to seek help and build personal resiliency for recovering after experiencing maltreatment or trauma, including coping skills and self-esteem as well as early access to interventions for traumatic events and mental health services (UNICEF 2017). If you have any concerns, please ask for advice or support from a local professional, for example a public health care nurse at a family counselling clinic, a social worker, a day care teacher or a voluntary agency professional if you have any worries related to your child or family life, whether big or small. The key is to act early before worries turn into grief or serious concerns. Do you need help urgently? Call or contact (number or link)

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

Sometimes new parents do not have sufficient knowledge about child development (Nuttal et al. 2015; Mulder et al., 2018). The parent may turn to the child for reassurance and support and

in doing so overburden their child with the responsibility of protecting and encouraging their parents, siblings and the whole family system. This causes excessive burden on children, who cannot fulfil the role that exceeds 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 positive affect and a positive tone of the voice, physical affection given to the baby/child as well as rewarding and encouraging 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, perceptions of competence and less parenting-related stress (Bornstein et al 2010). If you think that you have poor understanding of your child's development, please contact your public health nurse. You can also start exploring [here](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 and biases in interpersonal relations. It is vital that the parent recognizes this and seeks support for ending harsh parenting and physically abusive behaviours and interventions that aims at improving parents' relationship skills. (Berlin et al., 2011.) Harsh parenting practices is known to be a strong predictor of children's behavioural problems (externalizing problems). Children who witness intimate partner violence (IPV) and experience harsh parenting and corporal punishment have more behaviour problems. (Fong et al., 2019, Graham et al., 2012; Grasso et al., 2016.) Significant protective factors **related to relationships** include safe, stable, supportive, and caring relationships in the family and other interpersonal relationships (Langevin et al. 2019; Chamberlain et al. 2019), mental support (Cascio et al. 2017), safe attachment to the child, parental warmth, satisfaction with one's own parenting (Langevin et al. 2019), support from the social network (Chamberlain et al. 2019; Cascio et al. 2017), hobbies, community involvement (Cascio et al. 2017) and positive interpersonal relationships maintaining and increasing supportive networks in parents' life (Chamberlain et al. 2019). If you have any concerns, please ask for advice or support from a local professional, for example a public health care nurse at a family centre, social worker, day care teacher or a voluntary agency professional if you have any doubts concerning any child or family life matters, big or small. The key is to act early before worries turn into grief or serious concerns. Need help urgently? Call or contact (number or link).*

5. My age is ≤18

A young parent might be doing just fine with their child. Previous life experiences of caring and nurturing are often the result of a safe and healthy family life in childhood. On the other hand, very young parents have an increased risk of maltreating or neglecting their children (Langevin et al. 2019, Chamberlain et al., 2019; Mulder et al., 2018). The parent's young age or an unstable relationship with their 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 for them to be mature, calm, and flourishing caregivers. Coping skills are

resources and include an ability to control mood and emotions, thoughts, actions, desires, social relationships, and living conditions. Such skills are used in solving everyday challenges or asking for help if one's own resources are not enough. Young parents are also vulnerable to a range of emotional, social and financial difficulties, and especially living in poverty and being single or divorced have been found to be risk factors for child neglect (Lo et al. 2017). Parental empathy has a protective effect on fearful babies, as it reduces sensitivity to emotional stimuli, which helps the baby cope better with a given situation. A parent's higher ability to empathize promotes the child's social support, self-management in life, and confidence in personal abilities. In addition, the parent's ability to empathize is related to the ability to perceive cues given by the child. The capability to empathize of young parents does not differ from other parents. The possible lack of empathy skills is due to normal human development. It is possible that a young parent is at a risk of having a low level of empathy due to developmental immaturity, which can make it difficult for the parent to respond to the child's needs. (Boorman et al. 2018.) This makes it very important for young parents to have support for both their own growth and the safe and healthy growth of their 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 also find this information about the development of adolescence useful (<https://www.caiglobal.org/tctp/Files/Stages%20of%20Adolescent%20Development.pdf>) and 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.

6. I have no formal education or a low level of education

Hopefully through your education, you have a possibility to work in a field you like. Your education path might also still be in the beginning or in progress. Among other risk factors, a lack of education or a low level of education may predict child neglect in the family (Mulder et al., 2018). Education is known to be one of the most important aspects that ensure stable, secure and satisfying work and family life. It can be difficult to continue your education when you have a child. Please don't hesitate to ask for help from your family, local volunteers, or contact local education and employment centre professionals for planning support.

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

In refugee families, a low level of education or a lack of education as well as language barriers increase a feeling of inequality and problems in the intimate relationship, IPV and child maltreatment (Timshel et al., 2017).

7. My life is currently stressful

Among others, a stressful and exhausting life situation is known to be a serious risk factor for child maltreatment (Timshel et al., 2017) or even homicide or filicide. (Aho et al., 2017). One of the theories explaining infant deaths were stress (Fredrick et al.2019). Significant parental stress

has been observed to underlie the deaths of internationally adopted children (Hegar et al. 2015; Miller et al. 2007). It is known that parents' own experiences in avoidant or distant relationship with their partner 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 stress you are under every day is too much to bear, and you are not able to overcome it, please seek support, have a discussion with your partner, close relatives or contact your local health care professional, public health nurse at a family centre, a social worker, a family counselling centre to assess your and your family's possible support needs.

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

Substance abuse, including drug, tobacco or alcohol use, is a common risk factor of intergenerational child maltreatment (Langevin et al. 2019, Chamberlain et al., 2019), intimate partner violence (Cafferky et al., 2018) and familicides (Aho et al., 2017). Substance abuse, together with low social support and the child's young age is known to be a significant risk factor of recurrent child maltreatment (White et al. 2015). Children of parents who are drug users 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). In addition to making the parents' personal lives chaotic, drug use is associated with a reduction in the extent that parents supervise their children. This may undermine the parent's ability to provide a safe and nurturing home environment as well as increase instability in employment, family structure, housing, childcare and household finances and have a negative, long-term effect on children's well-being. (Kuppens et al., 2020.) Prenatal exposure to drugs is known to cause pregnancy complications and birth defects, physical disabilities and central nervous system dysfunctions in the foetus and infant. Later impairments in children's cognitive and behavioural development have also been detected. Mothers with substance abuse may be less responsive to the infant's needs and experience less rewards and increased stress in the interactions with their infant. The mother's recurrent and continuous substance abuse during and after pregnancy increases the risk of the child developing an insecure attachment style. (Hyysalo et al., 2021.) Passive tobacco exposure has also been linked to health problems in children and adolescents and is known to increase the risk of the children's own tobacco use initiation and dependence (Kuppens et al., 2020). During pregnancy, the substances contained by tobacco enter the foetus' blood circulation through the placenta. Smoking affects, among other things, the foetus' brain development, and increases the risk of miscarriage and premature birth. Children of mothers who smoke 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> Impairments in children's cognitive and behavioural development are also later detected (Hyysalo et al., 2021) Here (<https://paihdelinkki.fi/fi/testit-ja-laskurit/huumeet>) you can fill out the DAST-20 drug use test and the DUDIT drug use risk test (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, help you to determine your degree of nicotine addiction. The Addiction Link

(<https://paihdelinkki.fi/fi/tietopankki>) will help you with your concerns. Your local health care professionals are also there to support you. The key is to act early before worries turn into serious concerns or grief. **Do you need help urgently? Call or contact** (number or link). It is never too late to start a substance-free life for the sake of yourself and your family.

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

Maternal pre- and postnatal substance use is also known to be associated with difficulties in caring for the child, such as reduced sensitivity to the needs of the child, causing an insecure attachment style, especially in children under the age of six. Sociological adversities reoccur with substance use problems and may negatively influence the child's secure attachment. Children with heavier substance exposure have shown more negative affect, and heavy substance use is associated with difficulties in the mother-child interaction, leading to children's coping difficulties and insecure attachment. (Hyysalo et al. 2021.) Parental substance abuse is also linked to the poorer well-being of children. Differences were found between the types of substance abuse. 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 ([AddictionLink](#))

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

When the person responsible for providing children with care and nurturing engages in binge drinking, the children may suffer from reduced supervision, verbal and emotional abuse, an increased risk of injury and other forms of child maltreatment. Such experiences early in life may have a crucial impact on a person's psychological and physical well-being and are also a risk factor for a child's own alcohol abuse later in life. In the context of a heavy or harmful drinker in the household, children are exposed to physical harm and domestic violence. This causes an almost four-fold risk for injury or exposure to domestic violence for the children (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: Do you engage in heavy or harmful alcohol use? Is relevant to all of us. We need to stop thinking about our relationship with alcohol and its harmful effects both on our personal and family life. The presence of a person engaging in heavy or harmful drinking at home has been constantly found to be associated with alcohol-related injuries in children and the exposure of the children to violence. (Laslett et al., 2020.) There is no safe limit for alcohol use, 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 for completely safe use. However, at the low risk level, 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 risky use, harmful use and alcohol dependence. See here (<https://thl.fi/fi/web/alkoholi-tupakka-ja-riippuvuudet/ehkaiseva-paihde-tyo/alkoholinkayton-puheeksiotto-ja-mini-interventio/alkoholi>) to find out how many alcohol portions are considered low-risk, moderate risk or high-risk use (THL 2021.) The “Lasten seurassa” (“With children”) programme (<https://www.alko.fi/vastuullisesti/alkoholihaitat-arjessa/lasten-seurassa>) challenges you to consider how even modest alcohol consumption by an adult can affect the child's life and what emotions this may stir in children (ALKO 2021). Here (<https://paihdelinkki.fi/fi/testit-ja-laskurit/alkoholi>) you can take a test and their online databank (<https://paihdelinkki.fi/fi/tietopankki>) will help you with your concerns. Your local health care professionals are also there to support you. It is never too late to start an 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 caused by your own or some family member's alcohol use. It is important to get help early and without shame. The most important first step is to acknowledge the existence of problems and seek help. We all want the best for ourselves and our partners and children!

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

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

10. I have a history of antisocial behaviour or criminal offences

Safe and healthy growth is a human right for every member of the family. In itself, having a criminal record does not mean that you are not good at caring for your child. A criminal record that includes offences related to substance abuse and violence increases the risk of domestic violence (Mulder et al., 2018) and familicides (Aho et al., 2017). Child maltreatment can include the neglect of a child's daily needs such as care and attention, or witnessing or experiencing violence between parents or other family members. The antisocial and criminal background of a parent may involve physical fights between the parents under the influence of alcohol, parents' use of weapons and the parent's problems with the authorities (Mulder et al., 2018). Child maltreatment can also involve physical, mental or sexual violence against a child. Talk with your partner or close relatives if you are facing challenges that you cannot solve on your own. Please contact your local 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 you and your family may have together.

11. I am suffering from mental health problems such as depression or a feeling of worthlessness

You have indicated that you are suffering from mental health problems. Severe mental health issues in parents are among the most common risks for child maltreatment and neglect. These include mental disorders that parents may have, 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 disorders such as depression, mood disorders or schizophrenia (Mulder et al., 2018) and poor perinatal mental health (Ayers et al., 2019). Psychological instability is known to be a risk factor for filicide and familicide (Aho et al. 2017).

Postpartum depression has been found to impair the mother's ability to empathize, increases the mother's feeling of frustration and thoughts of harming the child. By contrast, maternal empathy has a protective effect on fearful babies by reducing sensitivity to emotional stimuli, which helps the baby cope better with the situation. The mother's higher ability to empathize promotes the child's social support, self-management in life, and confidence in personal abilities. In addition, the mother's ability to empathize is related to the ability to interpret cues given by the child. (Boorman et al. 2018.) Depressed mothers who have a history of childhood maltreatment, especially emotional abuse, emotional neglect or physical abuse, have been found to have smaller social networks and some shortcomings in parenting, such as lowered nurturing and stimulating (Ammerman et al., 2016). There can be other risk factors in the family related to the parents' mental health problems such as the absence of fathers in family life, mental abuse, coercion, or violence against the mother used by the father, which all increase the risk of child maltreatment. (Ayers et al. 2019.) Less severe mental health problems also cause considerable child maltreatment risks and a resulting need for early support measures. A 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, thoughts related to filicide could never result in actual actions if the person's need for help is identified at an early stage. (Aho et al., 2017.) If you are feeling exhausted and find that the everyday strain you are under is too much to bear and impossible to overcome, please seek support, have a discussion with your spouse, close relatives or contact your local health care professional, public health care nurse at a family centre, social worker, family counselling clinic, day care teacher or a volunteer who can 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 is 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 will get the best possible treatment. It is important that both parents participate in taking care of the child and spend time with the child. This ensures that both parents will have a clear idea of the child's well-being. Sometimes a parent begins to see their child through his or her illness alone, even when the child is actually healthy. This can be very harmful to the 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 well-being, resources, and uniqueness. Family life is very hard when a child is frequently ill. This is hardest for the child,

as the illness inhibits normal physical, emotional and social growth and development. Illness produces constant suffering. Frequent visits to a clinic or hospital also interrupt school attendance (Yates & Bass 2017) and chronic absenteeism may undermine the child's peer relationships (Shiu 2001). These may also increase dropping out of school and lead to poor psychosocial consequences in adulthood (Kearney 2008). It also has an effect on parents, as the 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 partner or close relatives, please contact your local healthcare professional or the nurse designated to you, with whom you can assess your own and your family's potential support needs.

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

Fabricated or Induced Illness (FII) intentionally causing an illness for a child has been found to disrupt the child's schooling, lead to unnecessary examinations for the child, and may even result in death (Yates & Bass 2017). It is a form of physical violence against children in which a parent or other caregiver intentionally induces illness in a child is described in the literature in many different terms. These include Munchausen Syndrome by Proxy (MNSP), Factitious Disorder Imposed on Another (FIDIOA), Child Medical Abuse (CMA), Paediatric condition falsification, Fabricated or Induced Illness (FII) (Yates & bass 2017) and Malingering by Proxy (Yates & bass 2017; Davis et al. 2019). Almost all FII abusers have been found to be women and mothers of children (97.6%). In only a few cases was the abuser the child's father (2.4%) or some other acquaintance 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 to 53) While the had prior health education relatively often (45.55%), the education information could also be falsified, as some perpetrators have been diagnosed as pathological liars (9.2%). The abuser often had a history of child abuse (30%), abuse in a relationship (7.2%), had been placed in care (4.6%), or had struggled with psychological challenges, including self-destructive behaviour and self-harm (8.6. %), depression (14.2%), a personality disorder such as borderline personality disorder (18.6%), some other psychiatric illness (16.3%) or Munchausen syndrome (FDIOS = Factitious Disorder Imposed on Self) (30. 9%). In the latter case, the abuser could switch between fabricating disease for themselves and their child. In addition, victims were likely to develop later substance abuse problems (14.2%), criminal behaviour (9.9%), or a somatic illness (7.1%). Children of FIDIOS parents had an increased risk of falling victim to the physical abuse of children (MCA = Child Medical Abuse). Some of these parents did not have a mental disorder (4.59%). Abusers often had birth-related complications (23.5%) such as a 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. Be sure to identify parent-related risk factors early. This parent is usually the mother of the child. A parent may intentionally cause illness to themselves, too. The parent may have a history of childhood maltreatment. The parent may induce illness in their children and this may be the most lethal form of child maltreatment. The parent usually continues the

maltreatment even when the child is in a hospital. While a child subject to FII may not always have a long medical record, the child may have had several contacts with different doctors. Do not confront the parent in a hostile or argumentative manner—some of them may be suicidal.

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

You seem to have some trouble with taking care of your child's physical daily needs. There can be many reasons for this, including a lack of money, transportation problems in the family, difficulty locating services, insufficient understanding of the need for support, inadequate services (Bhatia et al. 2014), your own physical or mental health or social problems, a lack of education or knowledge to fulfil the child's basic needs (Mulder et al.2018), difficulty finding common time with your child, or an overwhelming workload. Parental activity has an important and major impact on the health and development of young children, for example their oral health (Hooley et al. 2012, Seow 2012). Tooth decay is the most obvious sign of a failure to take care of a child's oral health. Dental neglect causes the child to have cavities, plaque, oral infections, bleeding in the oral mucosa, tooth decay, pain, swelling, difficulty biting, and avoiding smiling. In addition, it can cause sleep disorders, physical growth disorders, and problems with school performance and social functioning. Deciduous tooth decay can also cause disturbances in the development of tooth enamel in permanent teeth. In addition, some young children may need general anaesthesia to remove painful and carious teeth (Bhatia et al. 2014.) The child may also play less, have difficulties in eating or sleeping, and avoid school attendance or experience fatigue at school (Gilchrist et al. 2015). The child may also struggle with impaired tooth appearance, growth retardation, especially in young children, and impaired quality of life (Sheiham 2006). Taking care of your child's oral health with regular tooth brushing reduces the risk of caries (Harris 2018). Young children are dependent on their caregivers to maintain their 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 ensures the child's sound growth and prevents the growth delays and possible obesity. Adequate hygiene and clothing ensure the child's good overall health. Taking the child to the available health services in a timely manner ensures the child's favourable development and health and parental support. Don't hesitate to contact your nearest health care professional or social services when you need early support. Family needs assessment helps identifying possible risks and providing timely and appropriate help.

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

The aetiology of caries is complex. The risk of dental caries is determined by physical, biological, environmental, behavioural, and lifestyle factors. These risk factors 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 extensive impact especially on the oral health of young children (Hooley et al. 2012, Seow 2012). Taking care of oral hygiene 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 may 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, an oral injury must always be assessed by experts and taken into account in addition to the medical assessment, the family's situation and social factors, the child's stage of development, the parents' report of 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. The psychosocial assessment provided to the family helps identify families at risk and enables providing them with appropriate help. The most common signs of neglect in dental care include a lack or delay in seeking treatment, non-compliance with treatment guidelines, and a 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 be victims of other forms of abuse. (Bradbury-Jones et al. 2019.)

Oral injuries in a child should always be assessed in the context of the child's medical and social history and stage of development, the explanation given 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, minor bleeding, bruising, or bleeding and rupture of the tendons of the mouth in a child should always be investigated. Especially in cases of suspected 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 in taking care of my child's basic needs, for example providing my child with social and emotional support

You seem to have some trouble with taking care of your child's daily emotional and social needs. Each child has a need to be loved and cared for as they are, to communicate with and relate to parents and close family members. Each child should also be able to develop into an independent person who loves and values him/herself and is able to communicate effectively and meaningfully with other people. 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 undesirable working emotion regulation and

parenting which involves less sensitive and responsive caregiving for the child (Jones et al., 2014). There can be also many other reasons such as your own physical or mental health or social problems, lack of education and knowledge about how to fulfil your child's basic needs (Mulder et al.2018), a lack of money, difficulty locating and accessing services, insufficient understanding about the need for support, inadequate services (Bhatia et al. 2014), difficulties in finding shared time with your child, or an overwhelming workload. Your empathy, commitment, nonviolent boundary setting, positive influence, 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 for advice or support from your local professional, for example public health care nurse at a family centre, social worker, day care teacher or a volunteer if you have any worries related to your child or family life, whether big or small. The key is to act early before worries turn into grief or serious concerns. Need help urgently? Call or contact (number or link). Act early and ask for support.

15. I experience difficulties in taking care of my child's basic needs, for example schooling and sleeping times

You seem to have some trouble in taking care of your child's need for education or supervision. This can be very hard indeed! There can be many reasons for this, including your own physical or mental health or social problems, a lack of education and knowledge of how to fulfil the child's basic needs (Mulder et al.2018), a lack of money, difficulties locating and accessing services, insufficient understanding about the need for support, inadequate services (Bhatia et al. 2014), the difficulties finding common time with your child or an overwhelming workload. The fact remains that school attendance and adequate quality of supervision and child rearing boundaries are the child's basic needs. Absence from school without a good reason impairs the child's opportunities for learning, and not knowing safe boundaries creates insecurity, excessive reactions and will cause the child to seek boundaries. It is very important for your child's learning and development of a sense of safety that you engage in positive parenting practices such as empathy, commitment, nonviolent boundary setting, positive influencing, helpfulness, sensitivity, constructiveness, understanding, systematicity, supportive presence, and warmth (Savage et al. 2019.), love and trustworthiness. Act early and ask for support. 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 a volunteer to assess your and your family's possible support needs.

16. I am a single or divorced parent

As a parent of a single-parent family, you may experience relief after having gotten out of a harmful relationship. On the other hand, the change you are facing may be a harrowing experience if you or your spouse have decided to leave a shared home. Divorce is always a shock to all family members, but especially to children: they love both of their parents unconditionally and don't understand why the family has to break up. It is known that there is a higher risk of child maltreatment in families where the father does not live with the family or has less contact

with the children (Saphiro et al. 2011). Family disorganization, breakdown or violence are risk factors for child maltreatment (Center for Disease Control and Prevention 2018; Timshel et al., 2017) and single parenthood is known to increase the risk of 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 each other or experience intentional isolation from one 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 an open and warm relationships. There are many [services](#) and information available for divorced families on how to cope with this stressful and painful life event. Information is also available for [children](#). If you have any concerns, please ask for advice or support from a local professional such as a public health care nurse at a family centre, social worker, day care teacher or volunteer at an organisation if you have any doubts concerning any child or family life matters, big or small. The key is to act early before worries turn into grief or serious concerns. Need help urgently? Call or contact (number or link).

17. I have three or more children

When you have many children to take care of, you can feel the deepest essence of life and all its colours; giggles, laughter, hustle and bustle. Parents have great responsibility to ensure the safe and healthy growth of all of their 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., 218), also in refugee families (Timshel et al., 2017). If you think that your hands are full and you don't have enough time for each of your children, discuss and come up with creative ideas with your partner on 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 in an anticipatory manner. [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 addition to a poor socio-economic position of the family, refugee families may also struggle with feelings of inequality, problems in the family's cultural adjustment, conflicts in the relationship caused by cultural adjustment such as patriarchal beliefs, values and norms, acceptance of violence and punishment in one's own culture, and a change in the power dynamics 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 partner, close relatives or contact your local social worker to assess your and your family's possible support needs.

19. My child/children are three years old or younger

You are caring for and rearing a very young child or you have several very young children aged three and below. You may be aware that each person has an individual temperament that later

becomes this person's personality. Temperament is a set of abilities, tendencies and reaction styles, e.g., activity, sluggishness, sociability, a tendency to build resentment, and irritability. Babies may express their temperament through irritability, but cannot control their reactions. This makes babies and young children extremely vulnerable 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 in an effort to control the baby's irritation. A baby or a very small child can get permanent, lifelong injuries or even die as a result of violence. It is important to get information about temperaments and their differences ([link](#)) and about the safe handling of the baby ([link](#)). It is known that, together with parental substance use, low social support, and the child's young age pose a significant risk of recurrent child maltreatment (White et al. 2015). This makes it important to have a joint discussion between family members to find out how you could help each other. If you have any concerns, please ask for advice or support from a local professional, for example a public health nurse at the family centre, a social worker, day care teacher or volunteer if you have any doubts concerning any child or family life matters, big or small. The key is to act early before worries turn into grief or serious concerns. Do you need help urgently? Call or contact ([number or link](#))

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

You seem to be alone in taking care of your family. Managing all the hustle and bustle without adequate support from your spouse, other relatives or community can burn you out quickly. An exhausted parent is a risk for the child's healthy and safe development, as is an absent parent or a parent with less everyday contact with their 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). This makes it important to have a joint discussion between family members to find out how you could help each other. Community professionals in social and health care will also help you.

There is also another perspective for loneliness. Some people may suffer from a co-dependency. This involves the co-dependent persons' primary goal to maximize the probability of obtaining and maintaining relationships with the people they consider valuable. They feel lonely and helpless when alone and see themselves as weak, incompetent, ineffective and regard others as capable and powerful. Overly co-dependent people are often submissive, compliant and eager to please, but also jealous, possessive, insecure and have poor impulse control. They also have not developed adequate coping and caring skills, which puts them at a higher risk of maltreating their children. If you feel that you are overly dependent on others, it is vital to seek support to 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 a family (Langevin et al. 2019; Mulder et al., 2018). It is also a significant risk factor for the intergenerational cycles of child maltreatment (Langevin et al. 2019; Chamberlain et al. 2019). A

family history of traumatic events in refugee families also increases the risk for family-related violence, including IPV and child maltreatment Cultural risk factors include language barrier, a feeling of inequality, family's cultural adjustment problems, relationship conflicts caused by cultural adjustment, patriarchal beliefs, values and norms, acceptance of violence and punishment in the culture of origin, and a change in power dynamics between women and men. (Timshel et al., 2017.)

This is a very difficult issue to resolve because the intimate partner relationship usually also includes lots of love and people often find it hard to find a way out of the painful life situation. A healthy intimate relationship involves love, openness, trust, and respect for freedom. This all can be acquired through human growth, which requires commitment to learning and working progressively. A safe home is everybody's human right. For the parent who experiences IPV, intimate partner violence may produce a 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). To some extent, it may also produce psychological aggression (diminished communication and connectedness, failing to give attention, calling names, threats to hurt, abandon or frighten the child), neglect (withholding food or other forms of physical neglect, lack of supervision or other inconsistencies) and authoritarian parenting styles (strict, demanding, rigid, controlling, oppressive, intrusive behaviour). (Chiesa et al., 2018.) There is also evidence that some parents affected by IPV respond to their children in a warmer and more nurturing manner (Lapierre 2010)

Positive parenting practices protect the child against maltreatment. These include interaction with the child (the child is allowed to talk about his/her feelings, responsiveness, the child is allowed to speak freely), effective parenting skills (problem-solving skills, democratic, consistent, eliciting, protective), the expression of positive emotions (warm, happy tone, sensitive) and engagement/connectedness (encouragement, playing with the child, rewarding the child, child orientation/child-centeredness, participation). (Chiesa et al., 2018.)

If you feel unsafe at home, it is critical to quickly think about ways of how you, your partner and your children could live safely at your home. Taking quick action provides you with many possibilities. It may be unbearable to try to survive by yourself and try to keep your children safe as well. If you are the person causing the violence, you may also find it unbearable to control your anger in those situations. No one is violent by nature. Violence grows in a violent environment. You may have been hurt in your own childhood. The key is to seek help and solve these problems at home and with professionals as early as possible. There are many low-threshold services where a professional can help you to solve this difficult situation with you and your loved ones.

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

Support services must include collaboration among different professional fields, as the responsibilities for providing support will occasionally overlap. IPV and its consequences in parenting practices in families with children should be of concern for the professionals

(Chiesa et al. 2018) supporting protective factors such as violence-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 for those reporting violence in the family. Professional collaboration should follow strong legal and policy frameworks, high levels of social inclusion and community engagement (common approach) to protect children from violence. (UNICEF 2017)

Significant protective factors related to interpersonal relationships include 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, parental warmth, satisfaction with one's own parenting (Langevin et al. 2019), support from the social network (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 consequences of childhood abuse (Cascio et al. 2017).

A significant protective factor related to family circumstances is 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 has experienced intimate partner violence or other form of family violence at home

“A safe home is everybody's human right. There is strong evidence that child's exposure to intimate partner violence (IPV) can have many harmful outcomes, such as 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 those caring for them interact in their intimate relationships. Those caring for the children serve as a model of how someone may come up with social and moral justifications for their use of violence. For example, if parents deal with conflicts or stress by responding with aggression or violence, the child will have an elevated risk for behaving similarly. The child may come to believe that violence is an acceptable and effective way to solve problems. A child who feels that parental conflicts pose a threat to themselves or their parents are also more likely to feel distressed. Children may also put blame on themselves for their parents' conflicts and experience shame and guilt. In an environment with IPV, less of children's

needs may be met and there may be a lack of available and responsive care for the child. As a result of parental unavailability, children may form an insecure or disorganized attachment style with their parents. (Fong et al., 2019.) A child may experience insecurity or doubts about the stability of their family system or the safety of one or both parents, or intervene in violent situations as an attempt to stop parents from fighting. (Vu et al., 2016.) IPV rarely happens just once; it is often a repeated or chronic problem at home (Margolin et al. 2009) and its consequences can extend into adulthood (Fong et al., 2019). Protective factors include early support for families from the social welfare system, informal and interactive support networks, stable and supportive family relationships, gender equity, and nonviolent family environments. Other protective factors include family support for education, and postponing marriages and childbearing until adulthood (UNICEF 2017). The negative impacts of IPV are reduced by parental warmth, including a positive affect, acceptance and support, sensitive parenting and appropriate boundaries. (Fong et al., 2019; Lavi & Slone 2012; Sturge-Apple et al., 2010). Learning positive parenting strategies, for example praising the child, spending time with the child and a consistent use of calm, nonphysical forms of discipline, such as time-out or the removal of privileges is helpful in promoting the parent—child relationship and intervening in behavioural challenges (Fong et al., 2019). The key is to seek help and solve these problems at home and with professionals as early as possible. There are many low-threshold services where a professional can help you to solve this difficult situation with you and your loved ones.

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 the baby's health, including low birth-weight, premature birth or a low APGAR score. To maternal health, challenges include poor prenatal care or smoking. To family health, challenges include a cramped household, family relationships marked by conflict, 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 taken away from the parent to provide intensive medical care immediately after birth. This can hinder the development of parental bonding with the baby. Bonding involves the parent responding to and perceiving the baby's cues, interpreting them correctly, and responding to them appropriately and regularly, which strengthens the secure relationship between the parent and baby. When the parent responds to the baby's cry in a timely manner, the baby begins to trust that the parent is always close by and will provide food, shelter, acceptance, and love. The baby begins to feel important, safe, loved and attached to the parent. If a parent finds it challenging to care for their baby, 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 relationship with your child and talk to your loved ones, and contact the nurse designated to you if necessary so you can assess your potential support needs for yourself and your family with the nurse. 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 personal will depending on the child's age and stage of development. A parent may feel frustrated if he or she cannot cope with a challenging situation with a child. The child may have a challenging temperament (link), and especially babies may have stomach symptoms such as flatulence. A parent may find the baby irritable, overactive, or otherwise difficult to handle. Parents may have unrealistic expectations for the baby's ability to control his or her own behaviour, or feel hopeless when they feel unable to cope with a challenging situation. (Botha et al.2019; Kaźmierczak et al., 2020.) When a baby is constantly crying, the family may feel despair and a sense that their everyday life is in shatters. Excessive crying can also interfere with breastfeeding, isolate parents, strain and break family relationships, cause feelings of parental failure, lead to physical and mental exhaustion, put the baby at risk of child maltreatment or even death, or increase problems later in life. Parents of a crying baby are actively trying to solve the problem and adjust to the situation until time allows them to cope with negative symptoms, emotions, and memories. (Botha et al. 2019.) The best way to deal with a crying child is to go to the child and find out why the child is crying. In a family with a baby, parents learn to observe their baby's cues and respond to them appropriately and regularly. When parents have older children, it is a good idea to have a gentle and calm conversation with the older child and listen to the child's view of why they are 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 shaking a baby 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 seems challenging, and you are not able to overcome it, please seek support, have a discussion with your partner, close relatives or contact your local health care professional, a public health nurse at a family centre, a social worker, day care teacher or volunteer to assess your and your family's possible support needs". You can read more about the shaken baby syndrome here (link). Click here (link) to find help in a challenging situation with a baby or chat to receive advice on dealing with an older child. A guide on the development of interaction and the initial stages of language development can be found here (link).

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. The time you spend with your child is often joyful, but also exhausting. You may find your resources depleting. It is known that children with special needs require significantly more continuous, individualized and immediate care and guidance, repeated health care visits and sometimes have 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. Some parents have described this situation as "Be[ing] stressed, exhausted, drained, or having unreasonable demands, and performing heavy and continuous nursing work 24/7/365

that never ends” (Doig et al. 2009; Nowak 2015). There may be a lack of a parent-child bond due to long hospital stays or the child may demonstrate constantly challenging behaviour (Frederick et al. 2019) that creates a high level of stress (Peer & Hillman 2014) and mental health problems (Barreto et al., 2020). Parents may also find it difficult to balance with the demands by other family members. They may experience isolation and social problems affecting their mental health. They may experience severe mental anxiety and have a higher risk of developing depression than parents without a child with a disability. (Nes et al. 2014; Barreto et al. 2020.) Most parents provide their children with a safe and loving home (Taylor et al. 2016). However, in some cases, high levels of stress can make parents engage in behaviours that can lead to the maltreatment or even the death of their child. (Fredrick et al. 2019). Sometimes parents lack an understanding of the child’s special needs or an ability to respond to these (Frederick et al. 2019.) before they become experts in understanding their child’s needs. Therefore, the parents of special-needs 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. Make sure to often reflect on your situation, and when your child’s, your own, or your family’s situation requires it, please contact the nurse designated to you, a 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 professionals and trainers (not included in the application):

The intensive hospital care needed by a child in the early stages of his or her life or several subsequent hospital periods may lead to an underdeveloped bond between the parent and child. Parents may also experience sadness about “losing” their long-awaited child, and having a child with a disability can affect parents’ mental well-being as well as their 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, in the worst case leading to the child’s death (Nowak 2015). Children with autism have been identified as 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 receive this 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. Revised articles have shown 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 when their child is being examined and diagnosed for 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 parents' resilience. Opportunities for a respite or "short breaks" may be necessary for parents to cope in their role as the child's carers. (Fredrick et al. 2019.) Parents with children with more emotional and behavioural problems have been found to be more likely to experience increased stress and depression (psychological anxiety) and received less support from their families. Parents experiencing high levels of stress and depression have also felt that they received little social support. A child with disability is seen differently in different cultures. Parents of children with disabilities often see their children primarily as children, and the disability as only one part of the child; as a whole, children are considered to have many abilities. While parents are aware of the burden caused by disability, 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, and solving these will help the child 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. This is not always easy. Many things can hamper our efforts. These can include fatigue, a poor relationship with the child, busy life and having little time for the child, mental health problems, difficulty coping with a challenging situation or understanding the child's feelings or 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 busy and stressful, and the family's everyday life can be chaotic and full of conflicts 24 hours per day. These may make cause feelings exhaustion, hopelessness and helplessness, which parents do their best to resolve. Time spent with other family members can become limited, as dealing with various professionals is time consuming. Caring for the child can also disrupt working life. Parents lack understanding from friends, family, professionals and society in general. They may think that they have to fight for support from the education, social welfare and health care systems. Once parents are able to accept the child as he or she is, the parents tend to recover and start to feel more optimistic about their future. (Laugensen et al., 2016.). ADHD has been found to be associated with a greater number of experiences of child maltreatment (Clayton et al. 2018.) This makes providing families with a plenty of preventive family support 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 relatives, contact your health care provider, social worker, or your child's day care instructor 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 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 been found to have similar disorders as those with ADHD, such as behavioural problems, cognitive deficits, and impaired social relationships (Coohey et al. 2011; Kim & Cicchetti 2010), conflicts in relationships, mental disorders, delinquency, family dysfunction, and low socioeconomic status (Banerjee et al. 2007).

Children with ADHD experience significant amounts of abuse. It is therefore important to ask and discuss about the abuse openly and to be aware of the symptoms of abuse when working with children and families with ADHD. In a study, those with ADHD were found to experience abuse 2.39 times more often than a control group. The group with ADHD 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 ODD (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, it is important to respond to this quickly and thoroughly. This makes it vital to get support immediately. For example, the child may have learning problems due to a medical condition, problems in concentration, tiredness, experience bullying at school, problems in the home environment, a lack of emotional support, neglected from guidance and nurture on a daily basis, have poor relationships at home or at school, lack friends, witness 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 a close relative, or contact the staff at your child's school to solve the challenge. You can also contact a public health nurse at a family centre, a social worker, day care teacher or a volunteer 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 down by giving him/her drugs, sedatives or other substances

Your child may have medications prescribed by a doctor. It is important that the child receives all the medicines that have been prescribed for him or her and that these are given correctly. If the child has medications that should be given as needed, these can only be given to a symptomatic child. It is against the law to give any other medications to a child if these are not available to children without a prescription and under the direction of a pharmacist. It is also against the law to give alcohol or other drugs to a child or falsifying the child's symptoms in order to obtain a doctor's prescription. This is also considered a form of violence. If you have any questions about children's medications, find more information [here](#) (link). You can also ask your doctor for advice. (Yates & Bass 2017)

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