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Child Maltreatment Risk Assessment – migrant families included

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Presented today

- Child maltreatment: Problem worldwide
- Special characteristics of migrant families concerning child maltreatment
- Risk assessment of maltreatment with CAP/BriefCAP
- "Case Finland" as an example
- Conclusion



Child maltreatment worldwide (INSPIRE/WHO 2016)

- Includes physical abuse (also physical punishment), emotional abuse, neglect, also sexual abuse; also seeing violence between parents etc.
- Prevalence: 1 billion children globally –over half of children aged 2-17 years – have experienced maltreatment
- Public health problem worldwide
- Statistics differ/are not comparable in different countries; the same concerns also migrant children experiencing maltreatment
- All forms of child maltreatment are dangerous for children
=> impair e.g. brain development and damage other parts of nervous system, as well as cause mental health problems



Child maltreatment in migrant families (Hassan et al. 2011)

- As said, difficult to say how many migrant children are maltreated
- Screening tools may work differently within this group of children
- Still, screening tools may be most useful as preventive interventions such as identifying high-risk families who may benefit from support
- Must be very careful not stigmatizing families for "being at risk": careful use of screening tools as part of family/child assessment
- Validity and applicability of screening tools has to be accurate
- Language barriers, different cultural meanings, different legislation in different countries: also norms, behaviors and attitudes differ and have to be considered

=> These all are issues which have always to be considered carefully with all children, also in non-migrant families



The Screening Instrument (CAP/BriefCAP) (Milner & Crouch 2017)

- The child maltreatment risk in families will be measured using the internationally validated brief version of Child Abuse Potential Scale (BriefCAP)
- Construct validity of CAP has been described in more than 1400 articles worldwide
- Overall correct classification rate is about 90%
- CAP has been translated into more than 25 languages, the latest one in Arabic (Al Abduwani et al. 2017)
- Elevated CAP Abuse scores have shown to be predictive of current and future child physical abuse
- CAP has also been validated in the Finnish data (N=380 families expecting a baby) (Ellonen et al. 2017, Lepistö et al. 2017), during 2012-2015
- BriefCAP (Ondersma et al. 2005) is the most psychometrically sound scale, of brief versions (Milner & Crouch 2017)



Situation today in Finland, according to the research evidence

- Health care professionals are aware of their important role in identifying and intervening in family violence and child maltreatment
- All families with children visit in maternity and child welfare clinics which offers great possibilities to work with families also concerning sensitive issues like family violence, and risk of it
- Identifying has become easier, according to professionals
- National guideline concerning identification of child maltreatment is widely used in Finland (Paavilainen et al 2014):

National Guideline: Effective methods in identifying child maltreatment in social and health care (2015):

http://www.hotus.fi/system/files/SUOSITUS_lasten_kaltoinkohtelu_ENG_LANTI%20%282%29.pdf



However:

- Intervening in child maltreatment is still complicated and difficult, and
- Multiprofessional collaboration, within health care and also other services, does not work as well as it should for helping families and children
- We do not know enough how to identify families with child maltreatment risk, and we do not use risk assessment tools systematically, as a part of family assessment
- We need help children and families as early as possible



Research and development project about risk assessment with a risk assessment tool

- Aim of this project is to conduct, describe and evaluate the process of implementing a child maltreatment risk assessment tool (BriefCAP) in maternity and child health care settings,

and later:

- national clinical use of this tool in child and family services in Finland
- Research is funded by Ministry of Social Affairs and Health, Finland, for 2016-2018



Methods

- The BriefCAP scale was offered for parents in the ordinary clinical care, in maternity and child health care settings, during 2017 (e.g. maternity outpatient clinic, ICU/babies, children's ward in hospital, and maternity and child primary health care clinic)
- Attached to BriefCAP, also parents' empowerment in using services was measured by Generic Family Empowerment Scale (G-FES)
- Before and during the implementation, face-to-face training of the participating staff was conducted, started from September 2016
- Web-based training (4 hours) supports the process, in 2018
- Also a survey measuring staff attitudes towards this kind of risk assessment practice has been conducted in 2016, and will be followed in April 2018
- Parents' BriefCAP data (N=444) have been preliminarily analysed for this presentation



Results

- Parents (N=444), 83% female, 17% male
- Parents' worries (=sum variables of the scale) include loneliness (15%), rigidity (23%), poverty (16%), problems with other people (7%), family conflicts or quarrel (6%) and anxiety (16%)
- 5% of families reported ≥ 6 / 25 different worries



Next Steps/Conclusion

- Data will be analysed in more detail during 2018, e.g. concerning validity of the brief version, and associations between risk and empowerment
- BriefCAP with electronic manual will be published in October 2018, for making possible the national use, as part of Finnish health and social care reform
- Collaboration concerning BriefCAP, and e.g. data collection in Japan is beginning soon
- Maternity and child health care staff is motivated in using BriefCAP with families expecting a baby or living with children; also in child protection services and day care
- BriefCAP has shown to be useful tool in finding family worries, and as a starting point in discussing about them: family/parental worries as e.g. loneliness, rigidity and poverty, are quite universal
- When BriefCAP is used carefully, and also cultural aspects considered, respectfully together with families and as the basis of discussions in child and family services, it is valid and useful, also with migrant families who use services in whatever country they are



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