

Child Protection Centre Zagreb, Croatia

Child Protection Centre in Zagreb is a health institution. It started working in December 2002. The founder was the City of Zagreb. The Centre is in contractual relationship with the Croatian Institute for Health Insurance. The key purpose of the work of the Child Protection Centre is providing help and support to children with various traumatic experiences, which include neglected and abused children, children at risk of abuse and their families. Every child and his/her family are welcome in The Centre, regardless the difficulties concerning them. Every child is provided with multidisciplinary approach by educated professionals. Experience of similar institutions abroad shows that the most effective approach to children suspected of having been abused in any form is the multidisciplinary approach. Multidisciplinary team consists of psychologists, psychiatrists, a pediatrician, social workers, rehabilitators and social educators, nurses and a jurist. All mental health professionals are trained to conduct forensic interviews, conduct clinical assessments, and provide crisis support interventions and long term treatment. Gordana Buljan Flander, Assoc. Prof., PhD. is director of the Child Protection Centre.

Multidisciplinary team of the Child Protection Centre



Primary activities

- ✓ conducting clinical and forensic assessments
- ✓ providing treatment of children and families
- ✓ research and scientific work
- ✓ publishing and raising public awareness
- ✓ education and training of students and professionals
- ✓ conducting forensic evaluations

We place the same emphasis on each one of the activities above in order to protect children.

Assessment and Treatment of Children and Their Families

Aims:

- individual assessment and diagnosing the difficulties of children referred to the Centre for suspected abuse, exposure to traumatic experience, difficulties indicating risk of abuse and other difficulties related to stressful circumstances in children's development
- planning treatment for every child
- conducting individual treatment according to the child's needs
- organizing and conducting group psychotherapy of children, support groups of children with difficulties and socialization groups
- organizing and conducting support groups and personal development groups for parents

The Centre provides services to 1100 to 1140 new clients (children and their families) per annum in addition to those who are already in the treatment. More than 40% of children came to the Centre from other parts of Croatia, since in our country it is the only specialized institution of this kind. Children referred to the Centre for assessment, live in various family contexts. Almost half of them live with both parents (42.9%), 39.9% live with their mothers, 9.3% with their fathers. About 6% of children live with foster parents or in children's homes. Figures where 31% of these children experienced parental divorce, 15.5% were experiencing

it currently, and 17.8% experienced the loss of a close person, indicate stressful development contexts. The primary aim of the Child Protection Centre in Zagreb is working with children exposed to stressful and traumatic circumstances. Besides the aforementioned most frequent reasons for referral, children were also included in assessments due to developmental status, parenting problems, children's emotional difficulties etc.

The most frequent reasons for referring children for assessment and treatment in Centre

- suspected abuse and/or neglect
- high conflict divorce
- witnessing domestic violence
- traumatic event
- complicated grieving
- behavioral difficulties
- ADHD
- learning disabilities
- problematic sexual behavior
- bullying
- developmental disabilities

Child referred by the initiative of...

- parents 40.9%
- social welfare Centre 32.4%
- physician 6.6%
- school 9.3%
- other (e.g. court,...) 2.2%
- police 3.3%
- home / institution 3.3%
- kindergarten 2,1%

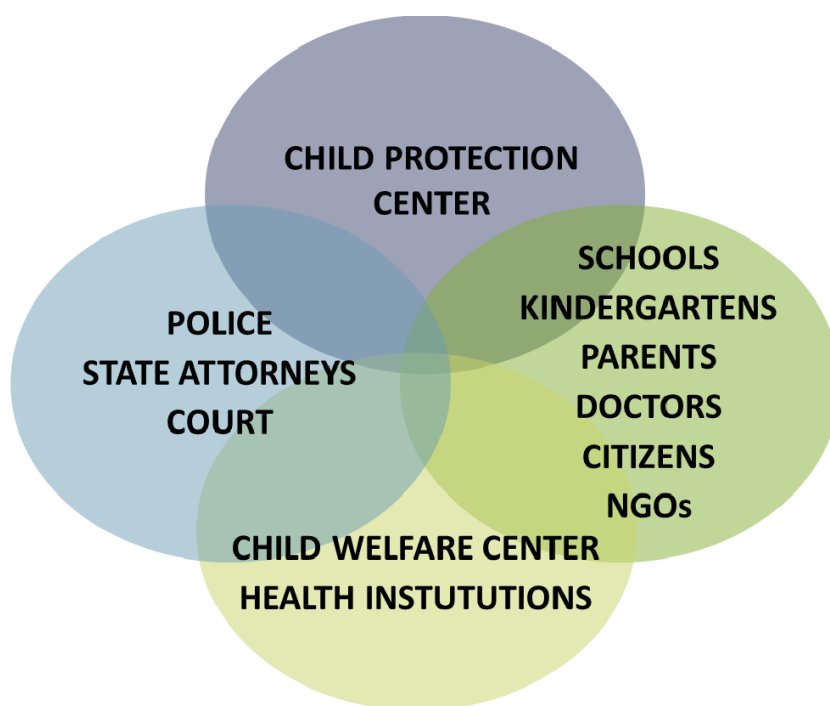
The majority of children came to the Centre initiated by their parents or referred by social welfare Centre's. The majority of children (74.5%) were included in the multidisciplinary assessment. The following overview shows the involvement of multidisciplinary team professionals by profession:

Professional	%
psychologist	90.2
psychiatrist	84.7
social worker	55.7
pediatrician	43.8
rehabilitator / social educator	38.3

Multidisciplinary Approach

Multidisciplinary team work implies the approach to children with specific knowledge and skills of every professional, work is coordinated for the benefit of the child and every professional directly or indirectly contributes to the better quality of assessment and treatment. Relevant documentation is also obtained during the assessment of children who were exposed to domestic violence, usually in collaboration with the concerned social welfare Centre. Aiming at the protection of abused children, the Centre works in close coordination with the social welfare service, Police, State Attorney Office, the Court and professionals from health institutions, schools, kindergartens and children's homes. The process of complete recovery is not possible without coordination of system institutions and cooperation of professionals. Cross – institutional information exchange is often crucial in following purposes: (1) gathering information from other institutions involved in the individual case (e.g. educational institutions, residential care facilities, social services, police) during the assessment; (2) conducting forensic interviews and/or clinical assessments when children are referred to us by police/social services; (3) reporting violations of children`s rights to relevant institutions (e.g. social services, police, state attorney); (4) sharing the information obtained with social services, law enforcement and judicial system.

Model of collaboration



The analysis of data obtained by the multidisciplinary assessment in the Centre, in line with the aims of working with children, shows a prevalence of certain types of traumatic experience.

Exposure	%
traumatic event outside the family (e.g. attack, accident)	14.4
emotional neglect	14
witnessing domestic violence	13.9
emotional abuse	7.8
neglect	7.5
sexual abuse	5.8
physical abuse	4.6
peer bullying	1.8

If exposure to violence and/or abuse is suspected, it is necessary to conduct a forensic interview or elements of forensic assessment besides clinical assessment, in order to dismiss or confirm some of the hypotheses set at the inclusion of the child in the assessment:

- a) the abuse has happened as confirmed by the obtained data;
- b) the abuse has happened, but in a different way;
- c) there is a wrong perception or interpretation;
- d) the abuse has not happened.

Generally speaking, suspicion of exposure to violence and / or abuse is determined in accordance with specific details obtained from the child, developmental factors, psycho-diagnostics and medical diagnosing, emotional content obtained from the child, the existence of alternative explanations and motivation of participants, all of these data being obtained in the course of assessment. In cases of sexual abuse confirmed in the Centre, the sex offender is most frequently a person known to the child and only in 8.4% it is a person unknown to the child, which corresponds to other similar sources of clinical practice and research in the world.

The data show that almost one third of children were referred to the Centre because they were exposed to high conflict parental divorce. There is a clear agreement nowadays that exposure to high conflict divorce disturbs fulfilling the developmental needs and threatens the psychological development of the child. In such situations children are preoccupied with survival in what they see as intimidating circumstances and they are confused with their conflict of loyalty, uncertain of the judgement each parent has about the other parent.

The intensity of children's experience disturbs their ability of everyday learning, interaction and play. High conflict is often accompanied by manipulation of the child during divorce. Children are at risk of being manipulated, including false allegations (sexual and physical), by inducing negative attitudes towards the non-custodial parent and direct or indirect interference with children's visitation of the noncustodial parent. The assessment of the child is regularly accompanied by coordination with other institutions if needed, in order to provide the estimated necessary protection and to include the child in the treatment. In the cases of child exposure to high conflict parental divorce, the Centre also collaborates with the social welfare

Centers, the Police, State Attorney Office, the Court and professionals from health institutions, schools, kindergartens and others. The assessment of the child results in multidisciplinary report. Multidisciplinary assessment is regularly conducted if the reason for the referral of the child to the Centre is suspected abuse or exposure to traumatic/stressful development context.

Multidisciplinary report consists of data about the child's health status, conditions and dynamics of development, developmental and intellectual characteristics of the child and his/her psychological profile determined by diagnostic procedures, characteristics of social and emotional development of the child and his/her competences, presence or absence of psychopathology (diagnosis according to ICD-10) and suspected witnessing or exposure to violent/abusive behavior in the family, as well as the estimated protection. The report includes recommendations for further protection of the child and for the inclusion of the child in the treatment/therapy in our or some other institution, recommendation of the necessity of parental inclusion in the counselling or treatment, as well as the recommendation that siblings should be assessed if there is a perceived possibility that they may be the victims of violent behavior in the family.

The multidisciplinary assessment based treatment of children in the Centre is conducted by psychologists, psychiatrists and by social educators, speech therapists and rehabilitators. Follow up and counselling by social workers and pediatrician are also provided to our patients. Individual and group treatments of children are accompanied by partner and parental counselling and support groups for children. Centre's professionals are educated to provide treatments (counselling, therapy) based on the postulates of contemporary humanistic psychotherapeutic approaches.

Forensically sensitive treatment

Specific issues of children exposed to violence demand specific planning and preparation of their treatment. It has long been thought that the child should not be included in the treatment before the court proceedings involving the offender have been completed, which proved to be a long period even in developed social contexts. The answer to this dilemma is in the Convention on the 'Rights of the Child' (1989) and the definition of the best interest of the child: *Adults or organizations making decisions which affect children must primarily take the best interest of the child into account.* This is why the meaningful "forensically sensitive treatment/ therapy" (Carnes, 2005), focused on the child recovery, emerged in the context of multidisciplinary teams work, when the results of the assessment show suspected abuse experienced by the child and the child shows signs of trauma. In such cases it is justified that the treatment starts before the court proceedings because the child and the family need as early intervention as possible to prevent the reinforcement of symptoms and to provide the adequate help and support for the child. Since court proceedings take a long time in our circumstances, such an approach proved justified in the Child Protection Centre, too. Most often in these cases we practice cognitive-behavioral approach, in contrast to projective techniques and interpretations, which are avoided.

The follow up activities are provided. A child needs help not only after the abuse, but also in several different phases he or she is going through: during the court process, if the treatment has ended, if new circumstances in child's life appear, assessment in a new phase, another traumatic event, appearance of old or new symptomatology. In case of obtaining information about possible revictimization during treatment or follow up, the therapist is obliged to inform relevant institutions.

The Child Protection Centre also conducts medical - psychiatric and psychological multidisciplinary forensic evaluations ordered by courts. Evaluations are conducted by permanent court evaluators - expert witnesses in the fields of psychiatry, psychology, social care and pediatric. The Centre is recognized as an institution for forensic assessment of children and adolescents who have been exposed to high conflict parental divorce and for assessment of the credibility of testimony, as well as for assessment of parents in various court proceedings (e.g. recommending custody arrangements in divorce, assessing parenting capacity, various types of abuse in the family, etc.). Interviews of children in the Center by two expert witnesses of the Centre and in the presence of the judge, court recorder, state

attorney and the party attorney were conducted in collaboration with the County court in Zagreb in the course of judicial (preparatory) investigation in several cases. In these cases, the issue which is the focus of professional dilemma in Croatia, has been resolved by conducting an interview of the child by a mental health professional once, recording the procedure and using the recorded material in the proceedings, thus reducing a repeated traumatization of children in court proceedings.