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*Identifying and Reporting Child Abuse and Neglect*

**SUMMARY OF THE Ph.D. THESIS**

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**Key words: abuse and neglect, abuse indicators, reporting of the abused and neglected children**

The abuse and neglect of children is one of the most discussed research topics in the field of child welfare protection systems. In this thesis I discuss the topic of abuse and neglect of children from a less analyzed perspective in Romania, but frequently researched in other fields, namely the issue of recognition and report of the cases of abused and neglected children (CAN), by the professionals who have, according to the law, the obligation to inform the competent authorities, when there are suspicions that a child is abused or neglected.

The value of approach of this theme, by the first step that must be taken in order for the children who are in situation of risk to have access to specialized services, respectively reporting the cases of CAN, is emphasized by the fact that the child protection responsibility is of everybody, abuse and neglect being a complex social issue (Giovanoni, 1989) that affects the entire society and that can be diminished only by way of an early response of the society to the suspicious abuse cases.

I approach therefore the idea of responsibility for child protection, starting by this thesis a discussion anchored in two opposite poles, justified due to the fact that lack of action in the first pole, may lead to disastrous effects in the second.

At the first pole we find a subject approached in detail throughout the research, that refers to the stage previous to the taking over of the child protection cases by the social services – the stage of acknowledgment and report of the cases of abused and neglected children. This stage is investigated from the point of view of the legal obligation of the professionals who get in contact with the children, to notify the authorities regarding the CAN cases. At the second pole we find the failure in child protection, failure leading to their death. The relation between the two poles is emphasized by the fact that killing by abuse occurs more frequently in those families in which there is a history of abuse, the mortality rate being 50% higher with maltreated children than in among those in control groups (Johnson-Reid, Chance and Drake, 2007).

*The cases of abuse brought to attention* or reported constitutes a key concept connecting the two subjects found at opposite poles, due to the fact that it indicates the relation between the phenomenon of abuse report and fatal abuse. The research of Brandon (2009) supports this relation highlighting the fact that for a half of the children who died as a result of abuse, the maltreatment was not notified to the social services. World Health Organization draws attention on the relation between the two subjects emphasizing that, in the case of children who had suffered an abuse at some point, there is a high possibility for them to become victims of fatal abuse and that early detection of the cases of abuse may help in the reduction of the number of children who are victims of fatal abuse (WHO, 2006).

In Chapter 1, in order to introduce the research and in order to underline the importance of the topic of the research, I approach the concept of child abuse neglect (CAN), by definition of the social issues, underlining with the help of the general theoretic frame of the social issues (according to Rubington & Weinberg, 1989), the manner in which the society can be a silent witness to the maltreatment events, as well as determining factor in the notification of the CAN cases, to specialists who can intervene to protect the children. Social issues are generally defined by the existence of law punishing those who generate such issues. Child abuse being a delicate issue, in whose definition enter in conflict the traditional values with those regarding child rights, need more than the presence of law allowing the authorities to take action in the cases of abuse. The action, in these cases needs a reaction at a general level, taking responsibility at the level of the society, this meaning that child abuse is not only the responsibility of the authorities, but also the responsibility of those who are witnesses of the abuse. Being a socially constructed concept, maltreatment of children is not defined easily due to the fact that the concept is influenced by social, political, legislative changes, that take place in each territory (Vallance, 2011). The definitions approved at the level of every state differ from state to state. What these definitions have in common is that they start from what is accepted at the society level as being a standard of a secure environment for the child, in which he can grow up and develop as a totally functional member of the society (Bond and Webb, 2011). In a wider meaning, maltreatment of children are defined as criminal behavior, including physical, sexual, emotional and/or psychological abuse and neglect (Pierce, 2011). A certain definition draws our attention for this research owing to the fact that the author emphasizes the fact that the evaluation of the abuse is to be done by the professional, this being the one who is in charge of the case, or more, the professional who notifies the case or has the possibility to recognize a case of abuse, professional whose professional judgment on the differences between good treatment and maltreatment is essential in order for a decision of notification to be taken seriously and at an appropriate time. This approach of maltreatment is influenced by more variables, such as: “the moral limit between good treatment and bad treatment, the duration of the maltreatment, the social-cultural context”, and nonetheless “the objectives of the professionals” (Ionescu, 2001, pg.14).

The professional context of child protection can be a context that can act as a problem adjacent to the issue of child abuse (in the case in which the development of the protection system of children is not according to the reality presented in that social issue, in that certain space), or, on the contrary, it may function as a solution to the child abuse issue (in the case in which it allows a good management of the issue, starting from the management of each case in particular). Although it adheres to the universal human and children rights, it could be a clue of the fact that abuse must also

be regarded and treated uniformly at the level of each country that adhered to these conventions, the legislation regarding the management in case of child protection differs from a state to the other. The approach of the abuse cases depends in all of the states on their notification to the specialized services. Therefore, the definitions of abuse and their indicators are concepts that must be known by the entire community in order for this to comply with its responsibility to protect the children, together with the specialized services.

Further on, in the first chapter of the thesis, are described the theories and concepts which the analysis of the phenomenon of reporting these cases of abuse and neglect is based on. The complexity theory and the ecologic theory, chosen as fundamental for the analysis of the recognition and report of the abuse and neglect cases, refers to a multitude of relations and connections which once evaluated can influence the decisional process regarding the report of a case of abuse and can help planning the management of the case. The process of approach of a case of abuse and its management is not a linear one, due to the fact that the dynamics of the circumstances of the child's life is not predictable; therefore the protection plans must be reviewed and modified according to the dynamics of the case. Nonetheless the complexity theory draws attention on the fact that detailed evaluation of simple relations between the child and those surrounding him can generate information on the complexity of the case. The ecology theory supports the inter-institutional approach and underlines the importance of implication of professionals from different fields in the approach of maltreatment cases. Closely related to supervision process are discussed the risk assessment, decision taking and inter-institutional collaboration in relation to the reporting process of the cases of abuse and neglect. Risk assessment helps the evaluation of danger to which the children are exposed (Cradcock, 2004) and this involves a considerable professional judgment (Darlington et al., 2010). The professional judgment begins in the moment in which a professional has suspicions regarding signs of abuse. It is important to mention related to the abilities to professionally judge a case, the fact that access to information helps the risk assessment, while its absence determines lack of knowledge regarding the complexity of the case (Darlington et al., 2010). For these reasons inter-institutional collaboration offers crucial advantages by way of helping in a holistic approach, to proactive answers, and, the most important, contributes to the low levels of anxiety of the professionals, regarding the approach of CAN cases (Darlington et al., 2010). Complex assessment of the risks a child is exposed to require the recognition of the interaction between more factors regarding the child, the parent, the family and extended social environment. For example the existence and the access to family support services may influence the decision in risk assessment. To put it another way, risk is difficult to assess and to predict due to the fact that on one hand the abuse indicators are at their turn imprecise (for example in the case of

neglect there is subjectivism in the definition), and on the other hand the lack of a good collaboration between the institutions and professionals limits the access to information. For these reasons the assessment and the investigation process of the risk is a social process, influenced by subjectivity and errors (Darlington et al., 2010). Therefore, the inter-institutional collaboration for risk assessment becomes a key element in child protection. This help in the identification of risks, in the identification of the cases of abuse and neglect and their report, risk management and decision taking for the progress of the case towards the supreme interest, that of the child. Thus, we are taking within the approach of cases regarding abused and neglected children, about a complex process in which more components interact, contributing individually, as well as by way of their interaction, to a good development of the intervention. Professionals may help a series of concepts that at their turn help in a better approach and management of the cases of abused children. This management is not possible if CAN cases are not reported.

In the second chapter of the thesis I approach the issue of the legislative frame in child protection and realize a comparison between the practices associated to the approach of the cases of abused children in Romania and England. Equally, I bring to discussion once again the supervision process. It is emphasized the development of child protection in England, starting the fact that the recent legislative frame is folded on what was found to be less functional in practice and that the development of the legislative principles are anchored in the reality found in practice, as mentioned by The Children Act 1989, which presented a legislative reformation subsequent to a fatal case, where errors in practice had been investigated. Regarding the evolution of child protection in Romania, there is a legislative evolution in this field, but reformation is not based on investigation of cases where lack of good practice in child protection had been established. The comparative analysis of the cases of abused children in Romania and England, is valuable, taking in consideration the fact that there are similar legislative principles in the child protection system in England and the one from Romania, moreover, because the authors who had analyzed the Romanian system as well as other systems, recommend the adoption of the *Framework for the assessment of children in need and their families* in our country (Leveille și Chamberland, 2010). This analysis emphasizes the major differences remarked in the approach of child protection in the two systems chosen for comparison. The differences related to the denominations used for the working tools, time of action within the assessment and implementation of intervention, as well as the denominations of those investigating the case, either directly or indirectly. The management standards described in OUG 288/2006 is found in the methodology of the English system, with differences regarding the time of action and organization of meetings and with differences in the emphasis of the approach and inter-institutional collaboration in solving the cases of abused and

neglected children. The existence of a clear work procedure to insist of the responsibility of all the professionals involved in the development of children, to work together in its major interest, would be beneficial in the Romanian system in order to develop the work principles present in OUG 288/2007 and Law 272/2004 completed by Law 257/2013.

The concept of supervision in child protection is analyzed thoroughly, because regarding the approach of maltreatment cases, the responsibility regarding the supervision is of both participants in the supervision process – the supervisor has the responsibility to ensure that the supervised develops his work in the spirit of good practice and the beneficiary's interest are respected and promoted and the supervised has the responsibility to share information with the supervisor in order to ensure that it benefits from a decisional process anchored in the reality of the case, and within the work procedures.

According to the study from the year 2007, led by Goldbeck, Laib-Koehnemund and Fegert, study that examines the effects of two risk assessment patterns, supervision is an effective approach in the approach of child protection cases due to the fact that practitioners may be overwhelmed in the reporting and process of maltreatment cases (Goldbeck et al 2007). Thus, decision taking regarding the reporting of abuse may be influenced by suggestive factors such as the severity or perception of the severity of the suspected act of abuse. In order to reduce such subjective influences it is proposed a practice based on records and decision taking anchored in evidence, requiring a system or revision of the cases (Goldbeck et al 2007). The supervision thus becomes a tool of approach in maltreatment cases, within the child protection services as well as within the universal services, where there might be suspicions related to a possible case of abuse or neglect that must be taken to the attention of the protection service.

In the third chapter of the thesis I bring into discussion the topic of failure in child protection, starting from the idea that the legislative principles in England are based on the analysis of cases in which such failures led to a tragic end for the child, and from the specialized studies indicating the fact that these children who had suffered an episode of abuse are more exposed to fatal abuse than children who had not been submitted to any form of abuse. The analysis of fatal abuse cases present in the reports of the English system, although indicate different circumstances, they underline considerable common points in the manner in which issues were managed in each case, or better said, in the manner in which the authorities did not answer promptly to the children's right to be protected. These refer to: lack of inter-institutional collaboration, lack of experience and ability of the social workers, lack of supervision and errors in the organization of the services (House of Commons Health Committee, 2003).

In Romania although there are cases of fatal abuse, presented at national level in the media,



there is a lack of thorough investigation in the procedures applied by the professionals involved in the severe cases in Romania, or if these investigations do exist, their publication do not. This is important because the investigations and case studies are reference points in the analysis of Romanian reality, not only regarding the social issue of abuse, but regarding the practical application of the management methodology of the case.

The studies sustaining the idea according to which where there is abuse, there might be a victim of fatal abuse, bridge between the phenomenon of abuse reporting and fatal abuse. In the support of this theory comes Brandon's study (2009) in which it is emphasized the fact that for half of the children who had died as a consequence of abuse maltreatment had not been reported to the social services. WHO (2006) supports these conclusions sustaining that in the case of children who had suffered an abuse, there is a high probability for them to become victims of fatal abuse, that these children of up to 5 years of age (among which the children who cannot report the abuse by themselves) are the most exposed to severe abuse and death (as a consequence of repeated abuse), that early detection of the abuse cases and early intervention may help to minimize the possible future episodes of abuse and implicitly may help in the reduction of the number of children who are victims of fatal abuse. The analysis of studies on the fatal abuse phenomenon draws the attention on priority issues to be taken into consideration in the research of this phenomenon and abuse in general. The first priority involves the high risks for smaller children to be submitted to fatal abuse within the family, the risk increasing inversely proportional with the decrease of the age of the child. The factors relating to the abusive parent are not to be neglected either, being the highest where the abusive parent has mental health issues. This risk factor draws the attention on the fact that in the case of fatal abuse in which the abusive parent is known to the mental health authorities the risk on the child can be prevented if child protection services are notified regarding the existence of that risk within the family. In the third place, fatal abuse is associated with past episodes of violence or abuse. This factor may constitute an opportunity of prevention in those reported cases of abuse exposed to fatal abuse risks. The real difficulties regarding this premise start from those cases in which there is an episode of abuse, but which remain unreported to specialized child protection services.

The majority of the studies regards the topic of fatal abuse, underline that there are difficulties in the correct assessment of this phenomenon, as well as difficulties regarding the professionals who find it hard to believe that a parent could be capable of fatal abuse by maltreatment. It is underlined the fact that in the cases of fatal abuse there are errors of the system, regarding the documenting of non-accidental wounds, and their reporting to child protection agencies. Even in the reported cases there are difficulties in the correct assessment of the risk the

child is exposed to, due to the fact that the professionals concentrate on the present situation, letting aside a part of the information regarding the history of the family which might increase the risk levels to which the child is exposed. The difficulties related to the value of the mortality rate by fatal abuse, according to the recommendations of the researchers, can be easily removed by establishment of multi disciplinary teams that review the fatal abuse cases. Equally, it is appreciated that autopsies in these cases may reveal more regarding the cause of death of the children and therefore the real value of this phenomenon, from the statistic point of view, can be achieved by mandatory autopsies. The alarming numbers presented in the analysis of the available data at WHO, and the Institute of Forensic medicine in Cluj-Napoca (with the mention that they are not the closest to reality due to the difficulties of assessment of the abuse in general and fatal abuse in particular) draw attention on the necessity of prevention of this phenomenon. The recommendations of the studies indicate that an early response to identified risk factors may lead to the reduction of rate of fatal abuse. Early response refers to the response of the child protection system to the reports received and not only; has this early response started before the report, from the moment in which a professional has the suspicion that a child is submitted to maltreatment. The investigation of the phenomenon of recognition of the cases of abused and neglected children is one of the fields that may bring recommendations regarding the improvement of the response of the society to abuse against children. The improvement of this response contributes to the facilitation of access of the children to protection services, and by this the deduction of the risk to become one the fatal abuse cases.

In chapter 4, I underline the importance of the mandatory stage of reporting the abused and neglected children for the professionals who come in contact with the children. Starting from the results of the studies made in this field, the conclusion is that without a proper knowledge of the signs of abuse and neglect, without assuming responsibilities to protect the children and without complying with the legal obligation to report suspicious cases, for many children, the chance of access to specialized services is null. For these children the risk of ending up as victims of the protection system or examples of failure in the field of child protection is high. The recognition of the abuse is the first step towards a realistic image of the incidence of the cases of abused and neglected children and nevertheless, the first step in respecting the children's right to protection. In order to put in discussion the reporting of abuse to services specialized in the management of such cases, are important indicators of abuse on one hand, but also the ability of the professional to analyze these indicators in relation to the risk factors that can be recognized in the child's family. The table of abuse indicators based on international studies that approached this topic is a useful tool for this discussion:

**Table 1. Physical and behavioral indicators of child abuse and neglect**  
(according to Gregg, 1968, Cates, 1995; Hinson & Fossey; 2000, Lau et al, 2009)

Physical indicators	Behavioral indicators
<b>EMOTIONAL ABUSE AND NEGLECT</b>	
Height and weight below age Improper clothing for weather/season Poor hygiene Unpleasant smell Child left unsupervised or totally neglected Lack of safe shelter and hygiene Uncovered medical needs Development delay Unusual habits or change of habits Unexplained wounds Lack of adequate supervision Neonatal drug addiction Malnutrition Bruises Continuous and permanent tiredness Dull look	Begging, stealing food Aggressiveness Missing from school Chronic hunger Runs away from home The child says nobody is caring for him Sudden behavior changes – extreme behaviors (restless behavior) The child is unusually anxious when another child is upset Alcohol or drug abuse. Delinquency Over dependent of parents Depressive or passive behavior Proof that is involved in dangerous and/or unsupervised activities The child is not normally developed, is retarded, proof of improper interaction between the parent and the child
<b>PHYSICAL ABUSE</b>	
Frequent wounds – cuts, bruises, burns The child wears long shirts even during summer Pain despite the lack of visible wounds Incapacity of finishing tasks involving fine motor abilities due to hands and finger aches Walking or sitting difficulties Unexplained wounds or fractures, burns of different kind and age, appearing after a period of absence from school Bites Induced illness <sup>1</sup> The wound that is not consistent with the explanation or with the development stage of the child Wounds difficult to explain for a child of young age Radiology analysis indicating fractures at the level of the skeleton, previous incidents Aspect of the skin (wounds, burns, redness, dirt, poor hygiene, proof of neglect of the needs at the level of the skin's aspect, bites, bruises indicating grabbing of the child, belt marks, contusions, hematomas) Aspect of the bone system – swelling, difficulties of walking and sitting, deformation of the bones, aspect of the head-indications of wounds at the level of the skull or intracranial, aspect of the eyes Aspect of the ear – broken ear drum, aspect of the face – wounds, bruises, jaw fractures, nose bleeding, aspect of the mouth- wounds, fractures, teeth missing, signs at the level of the abdomen-hematomas, or indications of internal wounds Aspect of the chest- signs of broken ribs, aspect of the central nervous system – signs of neuronal	Missing from school Refuse to change clothes for the physical education classes The child finds reasons to stay at school instead of going home, fear of going home Fear of adults or cautious in front of adults The child complains frequently that parents are hard on him The child has a weird behavior when another child is upset Fear of parents Drug or alcohol abuse Delinquency although he is hurt, pretends not feeling the pain Does not want to discuss about the pain he has Social anxiety Aggressiveness Depression Suicidal tendency Tendency to run away Self blaming Hiding of wounds  -history of the family – other documented abuse of neglect events - stress factors – economic stress, multiple tasks, absence of the father, addictions - special factors – parental practices using physical punishment, unrealistic expectations from the child

<sup>1</sup> Induced illness is a rare form of child abuse. It happens when the person taking care of the child pretends that the child suffers from a disease or induces the symptoms of an illness to the child (conform NSH, National Health Services, UK, [www.nsh.co.uk](http://www.nsh.co.uk))

paralysis resulting from blows at the level of the skull	
<b>SEXUAL ABUSE</b>	
Urinary of fecal incontinence Underwear stained with blood Venereal diseases Pain, bruises, or itching at the level of the anal and genital area Bleeding or secretions at the level of the genitalia Difficulties of walking and sitting Adolescent pregnancies Somatic symptoms, complains of pain without an obvious cause for this Repeated urinary infections Oral wounds	Excessive fear of people Cautious in front of adults Unusual knowledge or sophisticated about sexual behavior / unusual sexual behavior Extreme sudden behavior changes Missing from school The child finds reasons not to go home but to remain at school Alcohol or drug abuse. Delinquency. Withdrawal. Infantile behavior. Refuses to change clothes at gym classes. Reports that he is abused by those who take care of him Sudden withdrawal from school activities. Depression. Artistic manifestations in school (drawing, poetry, stories) with sexual content Seductive behavior. Explicit descriptions. Promiscuity, prostitution Does not want to be left alone with certain adults Sleeping disorders Behaves like an adult.

This collection of indicators used as base for the realization of the questionnaire used in research but also for the interpretation of the answers of the participants in the research, together with other relevant studies for the research topic. The professionals who were included in the research team are represented by the medical and educational staff that according to the law has the obligation to report the cases of abused and neglected children. According to the literature studied, among the factors influencing the reporting process of the cases of abused and neglected children, in the case of the medical and educational staff are the following:

In the case of the medical staff:

1. Preparation, training and experience of the professional, his abilities in the work with abused children (Terao et al. 2001; Ward, Bennett, Plint, King, Jabbour, Gaboury, 2004; Belcher, Berg, & Inui, 1988; Fox, Mazimanian, & Putnam, 1989 -apud Socolar and Reives, 2002; Socolar and Reives, 2002).
2. The attitude of the physician towards the case (Terao et al. 2001). This attitude refers to the fact that although the professionals declare that they have suspected cases of abuse, they chose not to report them (Van Haeringen, 1998).
3. The safety level the professional has towards the identification and reporting of the abuse and negligence cases is another factor that influences the decision of reporting it. The medical staff admits in high percentages that it is difficult and very difficult to recognize abuse indicators (Escobar, 1995; Tilden et al 1994, apud Terao et al. 2001; Paavilainen et al. 2002). Physicians has reduced knowledge regarding sexual abuse (Ladson, Johnson, & Doty, 1987;

Lentsch & Johnson, 2000; Socolar, 1996 apud Socolar and Reives, 2002) and the medical staff is more predisposed to reporting the cases of physical abuse (Saulsbury & Hayden, 1986 apud Socolar and Reives) in the detriment of those of sexual, emotional abuse, or negligence.

4. The professional's perception towards social services, the lack of trust or the trust in their intervention and previous experiences the professional had related to situations of abuse reported or unreported (Levi & Crowel 2011, Van Haeringen, 1998, Lagerberg, 2001, Flaherty et al 2002, Gunn et al 2005, Vulliamy & Sullivan, 2000; Zellman 1990 apud Socolar and Reives, 2002)
5. The uncertainty of the diagnosis, the lack of recorded information, influence the decisions to report or not a CAN case (Theodore & Runyan 2006; Zellman 1990 apud Socolar and Reives 2002).
6. The characteristics of the person suspected to have committed an abuse, the degree of seriousness of the case, sufficient proof for reporting, data regarding previous abuse, the young age of the child suspected to be the victim of an abuse, the type of abuse – physical abuse or imminent danger influence the reporting decision (Terao et al., 2001).
7. The fear of the physicians that the reporting of the case would lead to the deterioration of their relationship to the parent, the fear of court trials (Vulliamy & Sullivan, 2000), the time necessary to assess a CAN case (Flaherty et al., 2004).

In the case of the educational staff:

8. The type of person suspecting the case (Kenny, 2001; O'Toole et al., 1999), parental status (O'Toole et al., 1999), the years of experience (Kenny, 2001; O'Toole et al., 1999), the context of teaching (Beck, Ogloff, & Corbishley, 1994; O'Toole et al., 1999)
9. The access to training regarding to the child protection issue (Zellman & Bell, 1990).
10. Interestingly the more educated professors do not predict the detection and reporting of the abuse and negligence cases (O'Toole et al., 1999) but the desire of the professors to comply with the legal obligations of reporting have a greater influence on the detection and reporting of the abuse (Walsh et al., 2008).
11. The level of safety of the professional regarding the observed case has an impact on the decision of reporting (Crenshaw et al., 1995; Kenny, 2001)
12. Past experiences in detecting and reporting the cases are associated with the detection and reporting in the present (O'Toole et al., 1999).
13. Research indicates that the principals of the schools are those who report more the CAN cases (Zellman, 1990).

14. Professionals choose not to report due to the lack of trust in the social services (Rodriguez, 2002). Other studies mention the difficult relation the school has with social services due precisely to the fact that school have the obligation by the law, to report. This obligation of the professors result in the report of many cases that many times end up being ignored by the services specialized in the investigation of the abuse (Zellman, 1990).

Taking into consideration the fact that teachers and professors are persons who are in daily contact with the children and that all children starting from the age of 3 are in contact with these persons, it would be expected to highest proportion of reports to come from kindergartens and or schools. Despite this, between the years 2008-2010, of a total of 1949 reports sent to Cluj-Napoca Social Work Public Service, only 12 reports came from schools, none from a kindergarten (SPAS, registry of entries 2008-2010). There are therefore dilemmas related to the recognition of the indicators of abuse on one hand, but also dilemma regarding where this suspicion should be reported once the indicators had been recognized. Regarding the situations of reporting the abuse and neglect cases, by the medical staff, I mention by this what that in the period between 2008-2010, of a total of 1949 cases, 144 had been sent by hospitals, the rest of the reports originating from city halls, natural persons, foundations, DGASPC, the police, court of law, school, auto reports (according to the report registry from SPAS Cluj-Napoca in the period 2008-2010).

The researched proposed, intends the exploration of the knowledge of the staff in the educational and medical system, regarding the indicators of physical, emotional, sexual abuse, and neglect. The approach to this topic is complex, combining qualitative and quantitative analyses. The objectives pursued are as follows:

1. Measurement and determination of the general level of knowledge regarding abused and neglected children, as well as the knowledge of the subjects regarding different forms of abuse, depending on the physical indicators and/or behavioral, recognized by these.
2. Establishment of correlations between knowledge of subjects regarding different types of abuse and neglect and their general level of knowledge regarding CAN.
3. The establishment of correlations between the knowledge of subjects regarding CAN and some socio-professional characteristics of these, and related to the approach manner of the CAN cases.
4. The establishment of the predictive value of the socio-professional characteristics of the subjects and of those related to the manner of approach of the CAN cases on their knowledge regarding CAN.
5. The establishment of the predictive value of the socio-professional characteristics of the subjects and of those related to the manner of approach of the CAN cases.

6. Comparative analysis of the answers offered by the qualified medical staff which has a certain amount of work experience and the students who are in training for a medical career.
7. Qualitative exploration of the knowledge of teachers regarding the indicators of physical, emotional, sexual abuse or neglect.

In order to achieve the proposed objectives, I have formulated 3 hypotheses of investigation for the quantitative analysis and a research question for the qualitative analysis. These are:

Hypothesis 1: *The knowledge of the professionals regarding CAN indicators specific to different forms of abuse, are positively correlated to the general level of knowledge regarding CAN indicators.*

Hypothesis 2: *The knowledge of subjects regarding CAN correlate with certain socio-professional characteristics and related to their manner of approach of their CAN cases.*

Hypothesis 3: *There are significant differences regarding the manner in which the subjects approach the CAN cases depending on their occupation, professional experience, and their studies.*

The research question that led to the qualitative analysis is: *what is the level of knowledge of the professionals related to the CAN indicators as compared to the CAN indicators recognized by the specialty literature and what is the risk of suspicious cases to remain unreported?*

The research sample consists of 165 professionals who work in the health of educational system, with different occupation, studies, and work experiences. The quantitative part of the research included all 165 participants who agreed to answer the questions from the questionnaire. The qualitative part of the thesis is based on the interpretation of the answers obtained from two sub groups, part of the 165 subjects. A number of 82 respondents were included in the first group of qualitative research, pursuing the exploration of the knowledge of the medical staff regarding CAN, and for the analysis of the knowledge of the educational staff regarding CAN have been included in a second research group five pre-school and school educational units. The rest of 31 subjects of the research are professionals who filled in the online questionnaire. The sampling was random, based on the access to the units where the questionnaire was applied and the desire of the professionals to fill in the online variant of the questionnaire.

The questionnaire was preferred as a tool for the study for various reasons: the first one was to ensure the anonymity of the participants and to encourage by way of keeping the anonymity the receipt of sincere answers to questions related to the choice to report the abuse. This questionnaire allowed a qualitative and quantitative evaluation of the recognition and reporting of CAN cases among the professionals, questions regarding the signs of abuse being open. The tools contains 17 items, with free answers (where the subjects filled in the requested information) as well as with

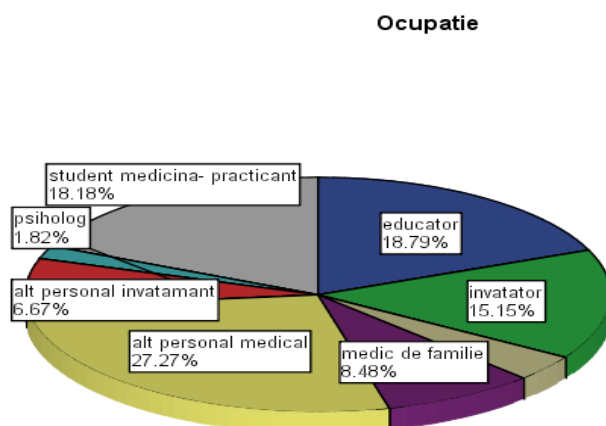
predefined variants (of which the subjects chose one variant by check mark).

After the collection of the data, these were introduced in the S.P.S.S. (Statistical Package for the Social Sciences), respectively their coding. The analyzed variables are the following:

- ♣ Socio-professional label variants: occupation, professional experience, studies, participation to CAN trainings provided at work, participation to CAN trainings outside the work..
- ♣ Certainty in recognition of the CAN signs
- ♣ Suspicion of existence of CAN cases
- ♣ Frequency of suspicions of CAN cases
- ♣ Discussions related to CAN cases
- ♣ Reporting of CAN cases
- ♣ The existence of clear procedures of reporting the CAN cases at work
- ♣ The existence of suspected and unreported cases of CAN
- ♣ Reasons for the failure to report suspected CAN cases
- ♣ Level of knowledge regarding CAN

For the verification of the hypotheses there had been used the bi-varied Pearson correlations as well as T Tests for the independent samples. For the qualitative processing of the answers it was used the model proposed by Goldman (2010) according to the model of Hinson & Fossey (2000).

The general group of participants consists of medical staff (58%), and educational staff (48%), the distribution of participants being as follows:



***Figure 1. Distribution of the subjects depending on their occupation <sup>2</sup>***

<sup>2</sup> Medicine student - 18.18%, Psychologist – 1,82%, Other educational staff – 27,27%, General Practitioner – 8.48%, Primary school teacher – 15.15%, Pre-school teacher – 18.79%.



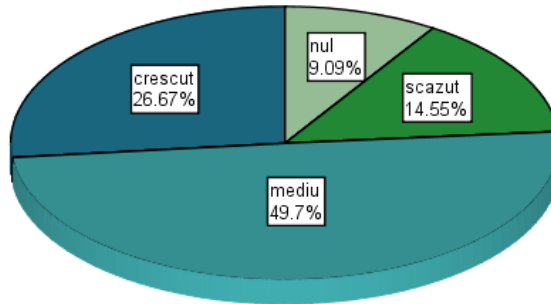
The participants to the study are in almost equal groups medical staff and staff from the educational system, more than half with work experience longer than 5 years, the majority did not took part in trainings regarding child abuse and neglect, and the majority of the participants attended higher education. Regarding the distribution of the subjects from the point of view of the knowledge regarding the behavioral and physical indicators of CAN we observe in Table 2 the fact that 30% of the participants do not recognize any signs of sexual abuse underlining thus the fact that possible cases of sexual abuse may pass unobserved for the 30% of those questioned. If we analyze the percentages of answers regarding the physical and behavioral indicators for all categories of abuse, we observe that physical abuse and neglect have higher percentages are the easiest to be recognized by the participants. Sexual abuse is more easily recognizable for those participants who know the AS indicators, if that abused child presents behavioral indicators (50% recognize the behavioral indicators of sexual abuse) and the emotional abuse may pass unobserved if that abused child presents only physical indicators about which the participants do not show signs of having any knowledge except one, who defines the physical indicators of AE.

**Table 2. The distribution of the subjects depending on the knowledge regarding physical abuse, sexual abuse, emotional abuse and neglect.**

ANSWER	PHYSICAL ABUSE (PA)		SEXUAL ABUSE (SA)		EMOTIONAL ABUSE (EA)		NEGLECT (N)	
	Freq.	%	Freq.	%	Freq.	%	Freq.	%
Do not know	15	9%	49	<b>30%</b>	24	14,5%	27	16,5%
Physical indicators	52	31,5%	12	7%	0	0%	32	19,5%
Behavioral indicators	23	14%	82	<b>50%</b>	140	85%	36	22%
Physical indicators & Behavioral indicators	75	45,5%	22	13%	1	0,5%	70	42%
Total	165	100%	165	100%	165	100%	165	100%

General level of knowledge regarding CAN is represented in the figure below:

### Nivelul cunostintelor CAN



*Figure 2. The distribution of the subjects depending on the general level of knowledge regarding CAN<sup>3</sup>*

The distribution of the subjects regarding the discussion of suspected CAN cases depending on the general level of knowledge regarding Can (low, medium and high), shows the fact that once with the increase of the general level of knowledge, regarding CAN, also increase the percentages of the professionals who discuss the suspected cases with DGASPC and SPAS, that these professionals with low level of knowledge rather discuss their suspicions with their colleagues and those with a medium and high level of knowledge discuss with the social worker. The analysis of these 3 sub-groups, related to the reporting of suspected cases reflects the fact that once with the increase of the level of CAN-related knowledge increases the frequency of reporting of suspected cases to DGASPC/SPAS, and that those professionals with a lower level of knowledge choose to report to the hierarchically superior the suspected cases, while those with a medium and increased level of knowledge report the cases to DGASPC/SPAS.

In order to verify the accuracy of the first hypothesis we checked the Pearson bi-varied correlations in order to determine the existence of statistically important positive or negative relations between the general level of knowledge of the subjects regarding CAN, and their knowledge regarding the 4 types of abuse and neglect, respectively: physical abuse, sexual abuse, emotional abuse and neglect. We observed that the general level of knowledge of the subjects regarding CAN correlates positively highly significantly with each one of their knowledge regarding the 4 types of abuse and neglect and thus the first hypothesis was confirmed.

<sup>3</sup> High- 26,67%, Medium – 49,7%, Low – 14,5%, Null- 9.09%

Regarding the second research hypothesis, in order to determine the existence of statistically significant positive or negative relations between the knowledge of the subjects regarding CAN and certain socio-professional characteristics and related to the manner of approach of the CAN cases respectively (professional experience, studies, participation to CAN trainings provided at work, participation to CAN training outside work, certainty in recognition of CAN cases, suspicion on existence of CAN cases, the existence of clear reporting procedures of CAN cases at work and failure to report CAN cases) we used the Pearson bi-varied correlation. Depending on the 8 socio-professional characteristics of the subjects and their manner of approach of CAN cases, we divided the general hypothesis I 8 operational hypotheses, for a maximum relevance of the data processing. We observed subsequently to the test that the level of professional experience of the subjects correlates significantly with their knowledge regarding a type of abuse and neglect, respectively the physical abuse. Thus, the professionals with advanced work experience have a higher level of knowledge regarding the CAN indicators; moreover, the professional experience of the subjects correlates negatively highly significantly with their knowledge regarding physical abuse. T test was also used for independent samples, in order to measure the existence of significant differences regarding knowledge related to CAN among the subjects with a professional experience under 5 years, and those with a professional experience of over 5 years. The results indicate the fact that at the level of knowledge of the subjects with professional experience under 5 years and those with professional experience of over 5 years, differs significantly in the case on a type of abuse and negligence (physical abuse). The average of the persons with work experience under 5 years is significantly higher, thus the persons with a professional experience under 5 years have a more advanced level of knowledge regarding physical abuse as compared to the persons with a professional experience over 5 years.

Using bi-varied Pearson correlations, we correlated the level of finalized studies by the subjects with scores obtained by these at each one of the 4 types of abuse and neglect (physical abuse, sexual abuse, emotional abuse and neglect), as well as the overall score reflecting their general knowledge regarding CAN. The level of finalized studies by the subjects correlates significantly with their knowledge regarding a type of abuse and neglect, respectively: sexual abuse. The subjects with a superior level of studies recognize more types of indicators of sexual abuse. T test was used for independent samples, to measure the existence of significant differences regarding the knowledge of the subjects regarding CAN between the subjects with a medium level of studies and those with higher studies and we found that there are significant differences of knowledge between the 2 sub groups, the persons with medium studies and those with higher studies (university and post university) recognize more types of indicators of the sexual abuse, as

compared to those with medium studies. As an average the persons with higher studies (university and post university) recognize more types of indicators of sexual abuse, as compared to persons with medium studies. Keeping in mind the fact that the level of knowledge of the subjects with a medium level of studies and those with a higher level of studies differs significantly in the case of sexual abuse only, we can confirm partially the second operational research hypothesis. Equally, taking into consideration that the average of the professionals with a higher level of studies is significantly higher, we can state that professionals with higher education studies have a more advanced level of knowledge regarding sexual abuse, than the professionals with medium studies.

Further, we started from the assertion that the professionals who have access to training on CAN topics have more advanced knowledge regarding abuse indicators and therefore they can recognize more easily the CAN cases. Using Pearson bi-varied correlations, we found that the participation of the subjects to CAN trainings provided by the institution where they work correlates highly significantly with their knowledge regarding a type of abuse and neglect, respectively: neglect. We used T test for independent samples, in order to measure the existence of significant differences regarding the knowledge related to CAN of the subjects who did not participate to CAN-related trainings provided by the institution where they work and those who participated.

The tests applied also indicate that there is a positive highly significant relation between the participation of the subjects to CAN trainings outside their jobs, and their knowledge regarding physical, emotional abuse, neglect. In order to verify if the knowledge of the subjects regarding CAN differs significantly depending on their participation to CAN trainings outside work, T test was used for independent samples to measure the existence of significant differences regarding the knowledge of the subjects who did not participate to CAN trainings outside work and those who did. The comparisons conclude that the level of knowledge of the subjects who participated to CAN training outside work and those who did not, differs significantly at the general level of knowledge regarding CAN, as well as in the case of the 4 types of abuse and neglect (physical abuse, sexual abuse, emotional abuse and neglect).

To verify if the professionals who are more certain of their abilities to recognize CAN indicators have more advanced knowledge regarding each one of the abuse and neglect categories, and their level of knowledge regarding CAN indicators is higher, we correlated the certainty in recognizing abuse signs and with scores obtained by these at each of the 4 types of abuse and neglect (physical abuse, sexual abuse, emotional abuse and neglect), as well as the overall score reflecting their general knowledge regarding CAN.

**Table 3. Correlation of the certainty in recognizing CAN signs with the knowledge regarding CAN**

	Correlation coefficient (r)	Significance threshold (p) 2-tailed
Physical abuse knowledge	.137	.082
<b>Sexual abuse knowledge</b>	<b>.190*</b>	<b>.016</b>
<b>Emotional abuse knowledge</b>	<b>.246**</b>	<b>.002</b>
<b>Neglect knowledge</b>	<b>.225**</b>	<b>.004</b>
<b>General CAN-related knowledge</b>	<b>.248**</b>	<b>.001</b>

Legend:

\* = r is significant, having  $p < .05$  (the probability to obtain this correlation is smaller than 0,05);

\*\* =r is very significant, having  $p < .01$  (the probability to obtain this correlation is smaller than 0,01)

We observed that the certainty of the subjects in recognizing CAN signs, correlates significantly with their general knowledge regarding CAN as well as with knowledge regarding 3 types of abuse and neglect: sexual abuse, emotional abuse and neglect. The more certain the professionals are of their abilities to recognize CAN, the more advanced their general level of knowledge regarding CAN. T test was used for independent samples to measure the existence of significant differences regarding the knowledge of the subjects regarding CAN between subjects who are uncertain (uncertain and very uncertain) of their abilities to recognize CAN signs and those who are certain (certain and very certain) in this respect. We found that the level of knowledge of the subjects who are certain that they can recognize CAN signs and those who are not certain, differ significantly in the case of general knowledge regarding CAN as well as in the case of 2 types of abuse and neglect (sexual abuse and emotional abuse). The average of persons who have the certainty of recognizing CAN signs is higher, therefore the persons who are sure that they can recognize CAN signs have a more advanced level of general knowledge regarding CAN and specific knowledge regarding sexual abuse and emotional abuse, as compared to the persons who do not have certainty in this respect.

In order to verify if the professionals who prove advanced knowledge regarding CAN recognize more easily possible CAN cases we correlated the suspicions of the subjects regarding the existence of CAN situations at work with the scores obtained by them at each one of the 4 types of abuse and neglect (physical abuse, sexual abuse, emotional abuse and neglect), as well as with the total score reflecting their general knowledge regarding CAN is presented below.

**Table 4. Correlation of existence of CAN cases at work with CAN-related knowledge**

	Correlation coefficient (r)	Significance threshold (p) 2-tailed
<b>Physical abuse knowledge</b>	<b>.165*</b>	<b>.035</b>
<b>Sexual abuse knowledge</b>	<b>.257**</b>	<b>.001</b>
Emotional abuse knowledge	.113	.151
<b>Neglect knowledge</b>	<b>.310**</b>	<b>.000</b>
<b>General knowledge regarding CAN</b>	<b>.288**</b>	<b>.000</b>

Legend:

\* = r is significant, having  $p < .05$  (the probability to obtain this correlation is smaller than 0,05);

\*\* =r is very significant, having  $p < .01$  (the probability to obtain this correlation is smaller than 0,01)

We noticed that the existence of certain CAN situations suspected by the subjects correlates significantly with their general knowledge regarding CAN as well as their knowledge regarding 3 types of abuse and neglect respectively: physical abuse, sexual abuse and neglect, less knowledge regarding emotional abuse are similar with those of neglect, being treated and discussed together with the specialty studies (see table 1) we may assert that subjects who declare that in their work existed situations in which they suspected that a child is a victim of abuse or neglect, recognize more types of indicators for all types of cases.

We used t test for the independent samples, to verify the existence of significant differences regarding the knowledge of the subjects regarding CAN, between subjects who do not suspect the existence of CAN situations at work and those who suspect these situations.

**Table 5. comparison of knowledge regarding CAN –related knowledge of sub groups depending on the existence of CAN cases suspected by the subjects**

	t	Sig. 2-tailed	Average	
			Nu (N=72)	Da (N=91)
<b>Physical abuse knowledge</b>	<b>2,13</b>	<b>.035</b>	<b>1,25</b>	<b>1,46</b>
<b>Sexual abuse knowledge</b>	<b>3,37</b>	<b>.001</b>	<b>0,65</b>	<b>0,98</b>
Emotional abuse knowledge	1,42	.159	0,82	0,90
<b>Neglect knowledge</b>	<b>4,14</b>	<b>.000</b>	<b>1,03</b>	<b>1,47</b>
<b>GENERAL KNOWLEDGE REGARDING CAN</b>	<b>4,27</b>	<b>.000</b>	<b>1,64</b>	<b>2,20</b>

Legend: t = t value ; sig. (2-tailed) = level of significance of 5% of t (certainty interval of 95%)

We observed that there are significant knowledge differences between the 2 sub groups, the persons who suspect the existence of CAN situations at work and those who do not suspect this, regarding the general dimension “the general level of knowledge regarding CAN” as well as in the case of 3 types of abuse: physical abuse, sexual abuse and neglect. We can state that the persons who suspect the existence of CAM situations at work have a higher level of knowledge regarding CAN and specific regarding physical abuse, sexual and neglect as compared to the persons who do

not suspect these situations.

The research continues the verification of the statement the professionals who have an advanced level of CAN knowledge do not face situation in which to suspect a CAN and to report those cases within the second research hypothesis. Pearson bi-varied correlates indicate the fact that the existence of situations suspected of CAN and unreported by the subjects does not correlate significantly none of the analyzed dimensions. The t test used verifies if the knowledge of the subjects regarding CAN differ significantly depending on the existence of situations suspected of CAN and unreported by these. It was measured the existence of significant differences regarding the knowledge of the subjects regarding CAN between the subjects who declare that there were no CAN suspected and unreported situations and that those who declare that there have been. Analyzing the information resulted after test t the conclusion is that there are no significant differences regarding CAN between the 2 sub groups, the subjects who declare that there have not been suspected and unreported CAN situations and those who declare that there existed.

The last analysis within the second research hypothesis verifies if the knowledge of the subjects regarding CAN differ significantly depending on the existence of clear procedures regarding the reporting of CAN suspected cases at work by use of test t for independent samples. Subsequent to the analysis of the information we found that there are significant differences of knowledge between the two sub groups, the persons who declare that there are reporting procedures of the CAN cases and those who declare that these procedures do not exist, in the case of sexual abuse. The professionals who declare that they have clear procedures of reporting of the suspected CAN cases, have a higher level of knowledge regarding sexual abuse, as compared to the persons who declare that there are no such procedures.

The third research hypothesis, *are there significant differences regarding the manner in which subjects approach CAN cases, depending on the occupation, professional experience and they studies*, refers to the following items defining the manner of approach of the subjects regarding the CAN cases: certainty in the recognition of CAN cases, suspicion of existence of CAN cases at work, the frequency of suspicion of CAN cases at work, the existence of CAN suspected and unreported cases. We chose three criteria (occupation, professional experience and education), depending on which the manner of approach of the subjects regarding CAN cases may vary, and we obtained three analyses.

In order to measure the existence of significant differences regarding the manner in which subjects approach CAN cases T test was used for independent samples. We found that there are no significant differences regarding the manner of approach of CAN cases between the 2 sub groups formed according to occupation (medical staff and educational staff). The tests applied reveal the

fact that persons with a professional experience under 5 years state that they suspected the existence of CAN cases at work more frequently than those with a professional experience of over 5 years, and as an average, more persons with a professional experience of over 5 years that they have suspected CAN cases at work as compared to those with a professional experience of under 5 years. We found as well that there are no significant differences regarding the manner of approach of CAN cases between the 2 sub groups formed according to the level of studies (persons with medium studies and persons with higher education studies).

The research continues with two qualitative studies which intend, according to the analysis models used in similar studies in the specialty literature, the analysis of the level of knowledge regarding abuse and its reporting, in the case of the educational and medical staff.

The first study refers to the answers provided by teachers and professors of some of the institutions of educations from Cluj-Napoca. This study offers a few answers to the proposed research question exploring the knowledge of the teachers and professors from 5 units of school and preschool education regarding the indicators of physical, emotional, sexual abuse and neglect. The conclusions of the study are based on the following categories of data: access of the professionals to child protection training, the knowledge of the professionals regarding the indicators of abuse, certainty of the professionals regarding the signs of abuse, reporting the cases of abuse. Equally it has been analyzed qualitatively the relation between these categories of obtained information. In the case of realization of the table of CAN indicators recognized by the professionals questioned it was realized a comparison of this with table 1. Between parentheses is noted the frequency of the answers received.

**Table 6. Table of the CAN indicators recognized by teachers and professors**

Physical indicators	Behavioral indicators
<b>EMOTIONAL ABUSE AND NEGLECT</b>	
<ul style="list-style-type: none"> <li>- physical neatness, neat physical aspect, poor hygiene, dirty clothes, bad smell (35)</li> <li>- comes without school supplies, without food (11)</li> <li>- lack of shelter (2)</li> </ul>	<ul style="list-style-type: none"> <li>- they cry when they are addressed to with raised tone, they cry easily, increased (25)</li> <li>- separated from the group, isolated (11)</li> <li>- lack of trust, anxiety (5)</li> <li>- aggressiveness (5)</li> <li>- state of fear (5)</li> <li>- aggressive (7)</li> <li>- refuses activities, isolation from group or parents (3)</li> <li>- depression, anxiety, restlessness - (4)</li> <li>- behavioral disorders (4)</li> <li>- timid - (3)</li> <li>- low self image (3)</li> <li>- poor interaction (2)</li> <li>- uncertain (2)</li> <li>- strong attachment towards a person (2)</li> <li>- irascible (2)</li> <li>- improper language (2)</li> </ul>



	<ul style="list-style-type: none"> <li>- lack of collaboration with the school, no involvement in the education of the child by the parent, refuse of remediation of the issues notified in written or over the telephone (9)</li> <li>- absences, arrives late (9)</li> <li>- undone homework (9)</li> <li>- lack of affection/ need of affection (5)</li> <li>- lack of interest, lack of interest by the parents (3)</li> </ul>
<b>PHYSICAL ABUSE</b>	
-Strokes, bruises, cuts, scratches, signs on the body (30)	<ul style="list-style-type: none"> <li>- scares easily, withdrawn in environment with raised voiced discussions, when approaching him fear of being beaten (12)</li> <li>-Violence, violent behavior, violent reactions - (11)</li> <li>- auto isolation, withdrawal (6)</li> <li>- behavioral disorders (3)</li> <li>- seeks attention (3)</li> <li>- depression, suicidal tendencies (3)</li> <li>- hiding harmed parts (3)</li> <li>- does not communicate with those around him, does not play -3</li> <li>- emotional state (3)</li> <li>- anxiety (3)</li> <li>- fear (2)</li> <li>- reaction of the child (2)</li> <li>- emotional (cries easily) (2)</li> <li>- timid and reserved in situations in which is around persons of the opposite sex (2)</li> <li>- avoids answers, does not communicate (2)</li> </ul>
<b>SEXUAL ABUSE</b>	
- apathy (2)	<ul style="list-style-type: none"> <li>- withdrawn in himself, does not take part in activities, (9)</li> <li>- reticent to touch (4)</li> <li>- gets scared when approaching him (3 )</li> <li>- fear, terror (3)</li> <li>- nightmares (3)</li> <li>- low self esteem (2)</li> <li>- sudden screaming for no reason (2)</li> <li>- not communicative (2)</li> <li>- deviant behavior /avoiding relations with the opposite sex (2)</li> <li>- sexual behavior disorders, prostitution, denial of sexuality (2)</li> </ul>

The answers of the professionals denote the fact that each one of them has transposed the CAN indicators through their own experience of witness to those indicators. Although many of the mentioned indicators can indeed indicate a possible abuse, the fact that in majority there is a lack of an exact formula of a possible abuse indicator, denotes the lack of specialty training in this field. However, the professionals notice the indicators that may be alarming signals for the children, when they are seen in the classroom or during the brakes. Regarding the certainty of the professionals in recognizing abuse signs and reporting CAN, out of the 35 respondents certain that they can recognize the signs of abuse, 18 (approximately 50%) declare that they had been in situations in which they suspected that that a child was abused. Of these 8, only one can say that he did not discuss any further the suspicions, 7 of them sate that they had discussed their suspicions with the

either the principal, or the other employees, the school psychologist, the parents of the child, saying that the reporting was made to the management of the school or the school psychologist. Of the 7 respondents, who say that they had suspected the abuse, and that they are certain that they are able to recognize the signs of abuse, only 3 declare that the reported to Child Protection was done by the principal's office. Cates mentions a hypothetical situation of a professor suspecting abuse can report this to the principal and this one does not relay the report forward (Cates 1995). The same author mentions that the suspected abuse is not to be reported to the parents, intervening here elements that belong to the increase of the risk for the child (PACER (1989), CYFD (1992), and WCI (1988), according to Cates 1995).

Fifteen of our respondents mention that they have discussed with the parents about their suspicions regarding a possible abuse and 8 declare that they have reported the case to the family of the child or to the parents. This underlines the increase of the risk for the children suspected of being submitted to abuse within the family. Out of the 8 respondents certain that they are able to recognize the abuse and who had suspicions regarding a child submitted to abuse, 4 declare that there had been in situations in which they suspected the abuse but chose not to report it. We mention here the fact that in the conception of the majority of the respondents reporting means notifying the case to the management of the school, or kindergarten. The reasons for not reporting in the case of two of the professionals are: certainty that he could do something to solve the situation by discussions with the child's parents and the child, or fear that social workers do not get involve could determine the decision of not reporting. Other two teachers do not offer any answer. Of the total number of respondents, 28 of them declare that there had been situations in which they suspected and abuse. Of these, only 3 say that their report was sent to specialized services, without sending it themselves, but only trusting the principal with the sending of the notification. The rest of 25 declare that they have discussed their suspicions with the colleagues, parents, the principal or the school psychologist, the school mediator, and they have reported the case to all these people. A total of 8 professionals declare that there had been situations in which they did not report a suspected case for a number of various reasons: the parents are non-cooperative; they did not have with whom to discuss the case, own safety, observation of an improvement in the child's behavior. 3 respondents, who declare that they chose not to report some cases, do not offer an answer related to the motivation of the reporting.

Of course the reporting of the abuse can be understood differently by different persons. The open question targeted a free answer, but it is found that the majority of the professionals understand that the reporting procedure of the abuse involves discussion with the principal and the

psychologist and reporting the cases to them. It is emphasized here the supervision process and it is beneficial for the children that the suspicions are discussed at institutional level; remains under a question mark though if that case is indeed referred to specialized services, for a thorough assessment of the risks, since the reporting in the majority of the cases is made to the leaders of the school. Other questions remain also, regarding those cases which are not reported on purpose due to the fact that the professionals have an own certainty regarding the fact that it is inappropriate or questions regarding those CAN cases that can pass unobserved due to lack of information regarding possible CAN indicators at some of the professionals.

The conclusions of this first qualitative study underlines the diversity of the answers received, and the fact that many of the indicators of the abuse had not been found at many of the respondents, sustaining the idea that abuse means different things for different people and that in the interpretations of the indicators of the abuse intervenes the professional experience. Regarding the ability to recognize abuse and types of abuse, it is remarked the fact that in the case of sexual abuse were the most non-answers, and the least indicators recognized by the professionals.

The fact that there are answers regarding the reasons for the failure to report the suspicious cases underlines the risk of not acceding to protection services by those children who may be abused or neglected but not observed in the first stage if risk assessment allowing the case to enter the process of case management.

In the second qualitative study of the thesis are explored with the help of the questionnaire attitudes related to the recognition and reporting of abused and neglected children. Answers are analyzed regarding the following variables: the access of professionals to training on the child protection topic, knowledge of the professionals regarding abuse indicators, certainty of the professionals regarding the recognition of the signs of abuse and reporting of the abuse cases.

By this analysis the study contributes to answer the research question. Professionals from three hospitals from Cluj-Napoca city and Brasov responded to our request as well as 30 students attending the medical school, who develop their activity in the hospitals of Cluj and have contact with children patients. A comparative analysis was pursued of the answers within the qualified staff group and the students.

Regarding the answers received regarding physical abuse indicators, only in isolated cases were the indicators enumerated and accompanied by specialized explanations. This confirms to a great extent the lack of training in the field of child protection. A comparison of the table of answers obtained from the two groups of respondents with the one realized subsequent to the study review (see table 1), indicates the fact that the questioned medical staff recognizes more the visible signs at

a medical checkup as indicators of physical abuse than other signs, pertaining to the behavior, of which are physical signs other than bruises, hematomas, concussions, etc. The general observation is that specialty language predominates and signs easily observed in a medical environment in the detriment of other signs which may at their turn indicate a physical abuse situation.

The responses of the medical staff regarding the sexual abuse emphasize the fact that in the case of naming its indicators, as compared to the indicators of physical abuse, there are more respondents who do not succeed to identify any indicators of sexual abuse. Moreover, in the case of the qualified staff group, a high percentage refers only to physical signs left by sexual aggression, mentioning many times the fact that “sexual abuse is hard to be confirmed without a gynecologic examination” The answers given by the students emphasize the fact that the lack of information regarding the indicators of sexual abuse and the fact that they do not concentrate on the behavioral indicators of this type of abuse.

Regarding the knowledge regarding the physical indicators and behavioral indicators of emotional abuse and neglect, 50% of those qualified have knowledge regarding both types of indicators. In 43% of the answers of this group is found knowledge regarding one single type of indicators of emotional abuse predominating the behavioral, the rest do not answer. The students make reference to both types of indicators of emotional abuse and neglect in a proportion of 53%, 33% only refer to one type of indicator and 13% do not provide any answer.

The analysis performed underlines the fact that a high level of certainty regarding the recognition of CAN cases does not coincide with a high level of knowledge necessary for the identification of these cases in reality. The qualified staff very rarely declares that there had been cases in which they suspected abused and neglected children, but chose not to report them, although more than half of them consider that reporting means report the cases within the unit and not to specialized services. A great number demonstrates though that they have knowledge the legal reporting procedure. The respondents from the qualified staff group, who participated to this study, proved overall that they have vast knowledge regarding the possible indicators of CAN. the diversity of the answers received and the fact that many of the indicators of abuse were not found at more than 2 or 3 respondents, sustains the idea that abuse means different things for different people and in the interpretation of the indicators intervenes the personal experience and even professional, if we analyze the differences between the two groups. There had not been great differences in the answers, regarding the quality of the information, regarding the signs of various categories of CAN, even though in the case of sexual abuse there were cases in which no indicator had been listed, and many cases in which one or maximum two indicators were mentioned, counting on the fact that a

specialty medical examination is the only way to confirm this type of abuse.

The images drawn after subsequent to the answers, suggest that the medical staff seems to be more prepared to suspect cases of sexual and physical abuse when these are presented to the medical unit, and that maybe they are less receptive at the behavioral signs of physically and sexually abused children. The image for the signs of emotional abuse and neglect drawn by the respondents is a very complex one. It is noticed the fact that the images of indicators of the qualified staff are richer than those drawn by the students, and this is a cause of probably the lack of work experience in the case of the students. The students prove that they are more centered on behavioral indicators of various types of abuse. Even though the respondents managed to draw together a very vast image of the indicators of abuse, their comparison with the indicators mentioned in the specialty literature denotes the lack of specialty training in this field.

In Chapter 5, the last chapter of the thesis, I present briefly the conclusions of the research, the limits of the research activity, and I add a few recommendations.

The final conclusions I reached subsequent to the testing of the hypotheses and the qualitative analysis of the answers are the following:

1. Those professionals who have a high general level of knowledge regarding the indicators of abuse and neglect can distinguish several categories of indicators for each one of the types of abuse.
2. The professionals with an experience of less than 5 years have a more advanced level of knowledge regarding the physical abuse, as compared to the persons with a professional experience of over 5 years.
3. The professionals with higher education have a higher level of knowledge regarding sexual abuse, as compared to the persons with medium studies.
4. The professionals who participated to CAN trainings have a more advanced level of knowledge regarding the indicators of abuse and neglect.
5. The professionals who are certain that they can recognize CAN signs have a more advanced level of general knowledge regarding CAN and specific regarding sexual and emotional abuse, as compared to the persons who are uncertain in this respect.
6. The professionals who suspect the existence of CAN situations at work have a higher level of general knowledge regarding CAN and specific regarding physical, sexual abuse and neglect, as compared to the persons who do not suspect these situations.
7. The professionals who declare that they have clear procedures of reporting the suspicious cases of CAN at work have a higher level of knowledge than the persons who declare that there are no such procedures.





8. Although there are no significant differences regarding the manner of approach of the CAN cases, between the medical staff and the educational one, the differences are visible when we compare professionals depending on their work experience. Thus, the professionals with a work experience under 5 years suspect the existence of CAN situations at work more frequently as compared to the professionals with an experience of over 5 years, much more with a professional experience of over 5 years state that they have suspected the existence of CAN situations at work as compared to the persons with work experience under 5 years.
9. The diversity of the answers received and the fact that many of the indicators of abuse were not found at many respondents supports the idea that abuse means different things for different people and in the interpretation of the indicators of abuse intervenes the personal experience.
10. Even though the professionals identify the situations in which they ask questions regarding the welfare of children they work with, the fact that their suspicions remain discussed/reported at unit level, endangers the access to specialized investigation and implicitly the access to services.
11. The answers received underline the need of training in the field of recognition of the CAN cases.
12. The fact that there are answers regarding the reasons for not reporting the suspected cases, underlines the risk of not accessing the protection services by those children who may be abused or neglected but unobserved, in the first stage of the case management process.
13. The analysis of the answers given by the medical staff, underlines that the fact that a high certainty level in the recognition of CAN cases does not coincide with a high level of knowledge necessary for the identification of these cases in reality.

Regarding the limits of this thesis, the research is shaded by the fact that the results are based on the answers of a small number of professionals and the fact that the tool used does not allow the clarification of certain answers or exploration of certain response topics. With all these the questionnaire allowed the receipt of answers to questions regarding this topic and can be a milestone towards an exploratory research in the issue of the decision to report or not a potential abuse.

Among the directions of continuing the research in this topic I mention first of all the execution of more thorough investigations on a more extended group, to include subjects from many cities, urban as rural too, and to include as well other professions. Equally, would be interesting to analyze if the level of general and specific knowledge regarding CAN, as well as the

manner of approach of CAN cases differs significantly depending on other criteria, such as gender, age, or own experiences related to abuse and neglect in childhood. The more thorough qualitative analysis by way of a study to pursue the analysis of the decisional process in reporting a suspicious abuse case, within the group of the professionals from the educational system and the medical system, might lead to valuable completions to this work.

Among the recommendations based on the research and also on the specialty literature are:

-  Training of the professionals who have the legal obligation to report the cases of abused and neglected children regarding the indicators of abuse and neglect.
-  Establishment of clear procedures of reporting according to the law in force, procedures to be common for all professionals who enter in contact with children.
-  The use of an interdisciplinary form to report cases of abused and neglected children to contain the list of indicators of abuse and neglect.
-  The necessity to clarify in current legislation the legal consequences regarding the failure to comply with the obligation to report CAN cases by the professionals.

The value of the research is anchored in the fact that in Romania there are no studies regarding this topic and the fact that the results of the proposed hypotheses reach conclusions of other studies of the same kind. The value of the research is determined by the fact that opens the door for various possibilities of further research regarding child protection against the phenomena of abuse and neglect by reporting the CAN cases.

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