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CAN surveillance in Germany: current policies and practices

Country Profile

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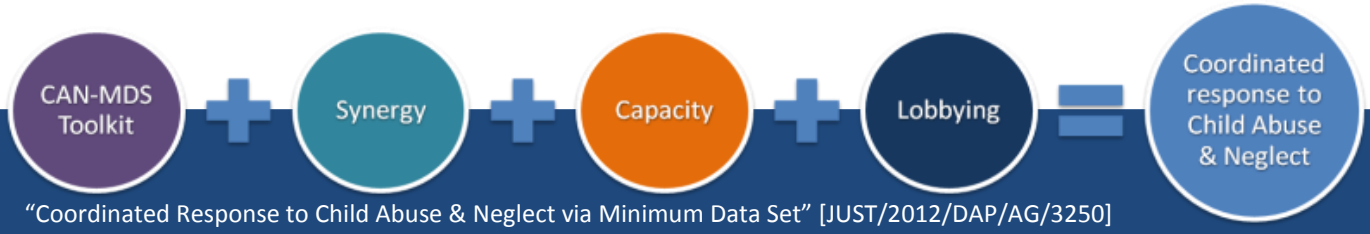

"Coordinated Response to Child Abuse & Neglect via Minimum Data Set" [JUST/2012/DAP/AG/3250]

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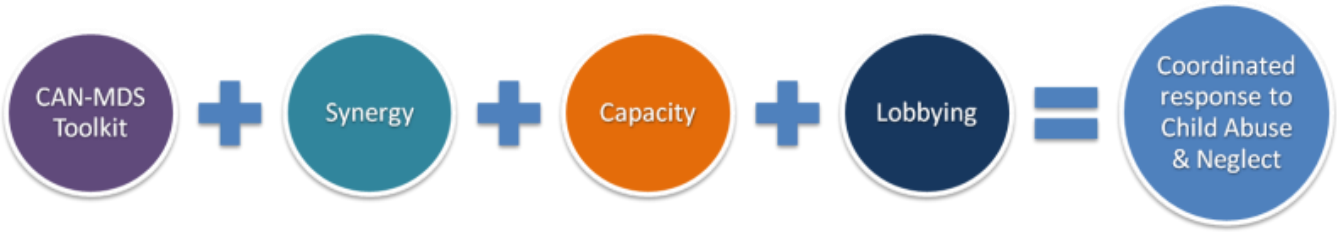

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Coordinated Response to Child Abuse & Neglect (CAN) via Minimum Data Set (MDS)

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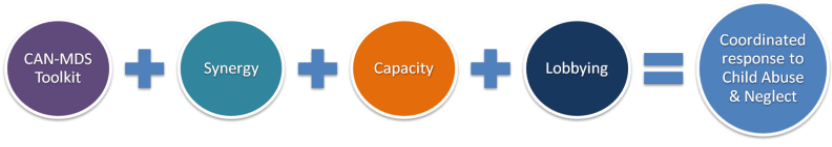

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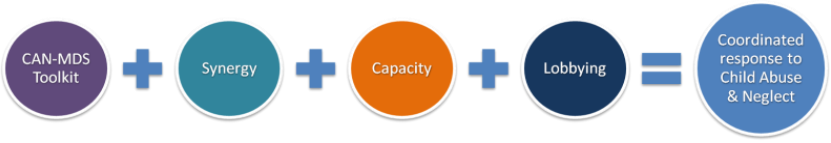

1 –The rationale for a CAN-MDS in Germany

Nationally and internationally comparable data on child abuse and neglect (CAN) in Germany are not available so far. There is no mandatory reporting of CAN in Germany. Prevalence estimations either have to rely on criminal records, acknowledging the extreme selectivity leading to a severe underestimation of the prevalence of CAN, or on survey studies with defined samples, often with adults being retrospectively investigated regarding their adversities during childhood (Pillhofer, Ziegenhain, Nandi, Fegert, & Goldbeck, 2011). Recent efforts by the German Federal Statistical Bureau aim to evaluate and monitor child welfare interventions for children in danger annually on a national level. Also, within the German healthcare system efforts emerge to improve the documentation of CAN in clinical contexts. However, these activities are not coordinated between the child welfare system and the healthcare systems, they lack clear and consistent definitions of cases, and international convergence is outside of its scope.
Thus, the implementation of an EU-wide consented MDS is considered to improve the standard of CAN documentation and surveillance in Germany and to harmonize German methods of data collection with other European countries to facilitate international comparisons.

1.1 - Aims & Objectives of developing a CAN-MDS at national & Community level

The Daphne III programme, part of the General Programme "Fundamental Rights and Justice" aims to contribute to the protection of children, young people and women against all forms of violence and to attain a high level of health protection, well-being and social cohesion.

The Project "*Coordinated Response to Child Abuse and Neglect via Minimum Data Sets*", co-funded by the EC under the Daphne III Programme, aims to contribute to the protection of maltreated children and children at risk and to improve child protection services by creating the scientific basis, necessary tools and synergies for establishing national child abuse and neglect (CAN) monitoring systems using minimum data sets (MDS). Such systems are expected to provide comprehensive, reliable and comparable case-based information at national level for children who have used child protection services. The data that will comprise the CAN-MDS could be used in multiple ways: for development of annual country profiles indicating current needs for services in the field, exploration of the relationship between specific factors and types of child maltreatment and as a point of reference indicating the priorities arising at local, national and international levels (benchmarking). Moreover, it could support the development of CAN National Surveillance Mechanisms. Lastly, CAN-MDS data could be used as a baseline for services and interventions' effectiveness evaluation, identification of good practices and for planning future policies and legislation.

The need for working towards the development of such national systems derives from the current situation in the EU countries where CAN case-based data are derived from a variety of intersectoral sources and follow up of victims at local and national level is not sufficiently coordinated among the involved services. Specifically, the main barriers for effective CAN monitoring concern a. the lack of common operational definitions, b. the lack of common registering practices and c. the use of a variety of methods and tools for data collection and sharing among stakeholders.

The establishment of a CAN registration mechanism via MDS at national level could be part of the routine administrative process in all child protection services and the MDS could be uploaded in a single database operating via a restricted-access on-line network. National child protection services that would initially join these MDS collection/sharing of information would also be expanded to include more services, with an

ultimate aim being to capture the entire EU area. Insofar efforts for unifying European CAN related information resources have focused mainly on judicial cases or cases involving authorities' involvement; this project targets at providing a common ground for CAN cases that do not involve legal or public order authorities as well and will be handled and managed by services in the health, welfare and educational sectors as evidence suggests that the vast majority of CAN cases fall into this particular category.

To this end, a Toolkit will be developed consisting of the necessary protocols, tools, a short-training module and a Guide for potential operators of a CAN-MDS system, namely professionals who will be in charge of collecting and registering data. Partners serve as national "focal points" who have undertaken the initiative to create and train their national "core" groups of operators (social/health/other professionals working in the field of child protection or with child victims) as well as to promote the Policy Manual for the establishment of national CAN-MDS systems.

Specific objectives of the project are:

- Development of the methodology for defining a minimum data set on child abuse and neglect (CAN-MDS)
- Mapping of national child protection related services, case-based follow up and CAN monitoring mechanisms
- Development of a CAN-MDS Toolkit and evaluation of its quality
- Formation of national core groups of professionals-potential operators of CAN-MDS
- Building the capacity of professionals working in child protection and CAN prevention related services for collecting and sharing CAN-MDS via a short-training course conducted by trained facilitators and Evaluation of trainings' effectiveness
- Creation of a Policy and Procedures Manual addressing policy makers and other related stakeholders towards the establishment of national CAN-MDS and adaptation of the Manual according to country specifics
- Conduction of a variety of dissemination and lobbying activities for the adoption of CAN-MDS in participating countries

For lobbying towards a uniform systematic registry and monitoring of abused children at local and national levels (also facilitating international comparisons), a *Policy & Procedures Manual* including ready-to-use tools is going to be created addressing policy makers and other related stakeholders.

1.2 – Ethical Considerations

Ethical challenges have to be faced by dealing with CAN-cases in a standardized format, registering cases, and monitoring CAN indicators. Especially, the collection, storage and transfer of personalized information of victims or perpetrators have to be handled carefully and in full accordance with the legal framework to avoid any harm to the individual children and families. The purpose and the benefits of the data system have to be declared in accordance with the national policies and laws. Procedures have to be developed to assure a sufficient validity and quality of the data. As a consequence, procedures and staff involved to implement them should be guided by a well-defined set of ethical standards. In particular, registering practices of actual or suspected CAN cases can trigger ethical concerns and dilemmas in terms of ethical soundness of proposed procedures, confidentiality and accessibility issues, issues of potential misuse of data, and impact on professionals dealing with sensitive data (World Health Organization, 2012). Ethical issues are especially apparent in the administration of a systematic and uniform collection of CAN-data. Fundamental rights like the informational self-determination have to be considered especially for the implementation of a register. Ethical Guidelines therefore have to follow the legal frameworks that apply for the professionals. The legal

framework is provided in section 3. Therefore an ethics code should be strictly articulated to be followed by the professionals working in that field.

For the CAN-MDS Toolkit, the user guideline and the training module for practitioners will include specific sections dedicated to ethical issues related to the operation of such a system. Moreover, during training of trainers and national core groups of potential CAN-MDS Operators, one session is being exclusively dedicated to ethical issues.

2 - Country Profile

2.1 - *How well known is the CAN problem in Germany?*

So far there is no systematic collection of case-based data on CAN in Germany, though first steps have been taken. For an estimation of the scope of CAN in Germany one either has to rely on public criminal records or scientific studies. Therefore only rough estimations of the prevalence can be made, with criminal records not being very reliable since only small margins of cases are reported to the police. Prevalence rates based on criminal records only show indices of less than 1‰, while scientific studies indicate a lifetime prevalence of more than 10% for a history of CAN, with a broad range of estimates due to different definitions and assessment methods across studies (Pillhofer et al., 2011). A monitoring of trends in CAN on this basis is not possible. Because of the use of inconsistent definitions data from different sources are not comparable nationally and internationally. In the following the available data will be summarized.

A recent study from Germany conducted by Häuser et al. (2011) assessed a representative sample of a total of 2504 adolescents and adults from the general population for a history of child abuse and neglect. Participants above the age of 14 filled in the Childhood Trauma Questionnaire (CTQ) to report whether they had been exposed to different forms of child maltreatment. The CTQ is the internationally most widely used screening instrument for CAN up to the age of 18 (Bernstein et al., 2003). The scales of the CTQ cover abuse (with subscales for emotional, physical, and sexual abuse) and neglect (with subscales for emotional and physical neglect). In the study 15% of the participants reported emotional abuse, 12% reported physical abuse and 12.6% reported sexual abuse. The rates for neglect were quite high, so 49.5% reported about emotional and 48.4% reported about physical abuse. Analyzing only severe forms of maltreatment, as indicated by the highest point on the CTQ response scales, the authors found that 1.6% of the participants reported severe emotional abuse, 2.8% reported severe physical abuse and 1.9% reported severe sexual abuse. In terms of severe neglect, 6.6% of the participants reported severe emotional neglect, 10.8% reported severe physical neglect (Häuser, Schmutzer, Brähler, & Glaesmer, 2011).

A previous study conducted by Wetzels et al. (1997), based on a survey study conducted in 1992, provided rates that are not fully comparable with the study of Häuser et al., since different definitions of child maltreatment had been used. Wetzels et al. (1997) retrospectively surveyed 3289 subjects about a history of child abuse and neglect. They found that 74.9% of the participants reported that they had experienced physical violence during childhood. 10.6% reported physical maltreatment by the hands of their parents, while physical abuse was defined as any act ongoing beyond the parents' right to discipline their children as defined in law. Experience of sexual abuse (with physical contact) before the age of 16 was reported by 8.6% of the women and 2.8% of the men.

Even more recently, the workgroup at the Institute of Criminology in Hanover collected representative data of 11.428 people from the general German population on child sexual abuse (Stadler, Bieneck, & Pfeiffer, 2012). For female children and adolescents under the age of 16 they found a prevalence of 6.7% for sexual

abuse and for male children and adolescents under the age of 16 a prevalence of 1.4% for sexual abuse with body contact. In comparison with the data from Wetzels et al. (1997) they found a decline of prevalence rates, which is in contrast to the results of Häuser et al. (2011), who did not describe a decline of rates. In comparison with international data (Finkelhor, Turner, Ormrod, & Hamby, 2010; May-Chahal & Cawson, 2005; MacMillan, Tanaka, Duku, Vaillancourt, & Boyle, 2013), similar rates of child maltreatment can be found. What becomes obvious is that most maltreatment is not a single event, but that children and adolescents with a history of CAN have a higher risk for revicitimization (Fergusson, Horwood, & Lynskey, 1997; Häuser et al., 2011; Stadler et al., 2012; Finkelhor et al., 2010).

An analysis on behalf of the independent commissioner of the German Governor for sexual abuse of the data of people contacting the commissioners' helpline during the years 2010 and 2011 (Fegert et al., 2011) revealed that 89% had been revictimized and only 11% reported a single event. In 56.6% of these self-selective cases, the abuse took place in families, in 29.3% in institutions and 8.4% in the social environment. In only 5.7% the perpetrators were unknown. Similar to other studies the majority of the perpetrators have been male (87.6%). The consequences were also various. 43.1% reported somatic consequences, 41.6% reported problems in relationships, 30% reported an impairment of performance, 29.2% flashbacks and nightmares, 17.3% problems in sexuality, 17.1% problems in self esteem and 13.2% reported an impaired quality of live.

More recent data were published by the federal German Statistical Bureau (Statistisches Bundesamt, 2013a). On basis of legal clarification of the German Child Welfare Act, anonymous data on the incidence of child endangerment and its response by the child welfare agencies were reported for the first time to the Federal Statistical Bureau in 2012. Cases, that were proceeded on the basis of the current Child Welfare Act (§ 8a SGB VIII, protection in case of child endangerment) by local child welfare agencies during the year 2012 were registered. Preliminary results of this emerging registry show that an evaluation of endangerment was conducted in 107.000 cases. In about 17.000 cases acute endangerment was stated. About 21.000 cases were labeled "latent endangerment", and in about 68.000 cases the cases have not been confirmed after evaluation, but further preventive services by the youth and child welfare authorities were initiated. Of the children that were at acute or latent child endangerment, 66% showed signs of neglect, 26% showed signs of physical abuse and signs for sexual abuse was reported in 5% (Statistisches Bundesamt, 2013a).

When it comes to measures being taken in child protection it becomes apparent that the numbers of takings into custody ("Inobhutnahme"), a short term measure, steadily rose over the last decade (see figure 1). Compared to 2007, the number of children and adolescents taken into custody increased by 43% (Statistisches Bundesamt, 2013b). In addition an increasing trend in the numbers of out-of-home placements is also apparent (Fendrich , Pothmann , & Tabel , 2012) (see figure 2). In view of the fact, that numbers of children living in Germany decreased from about 15 192 000 in 2000 to about 12 954 000 in 2011 the trend is even more striking.

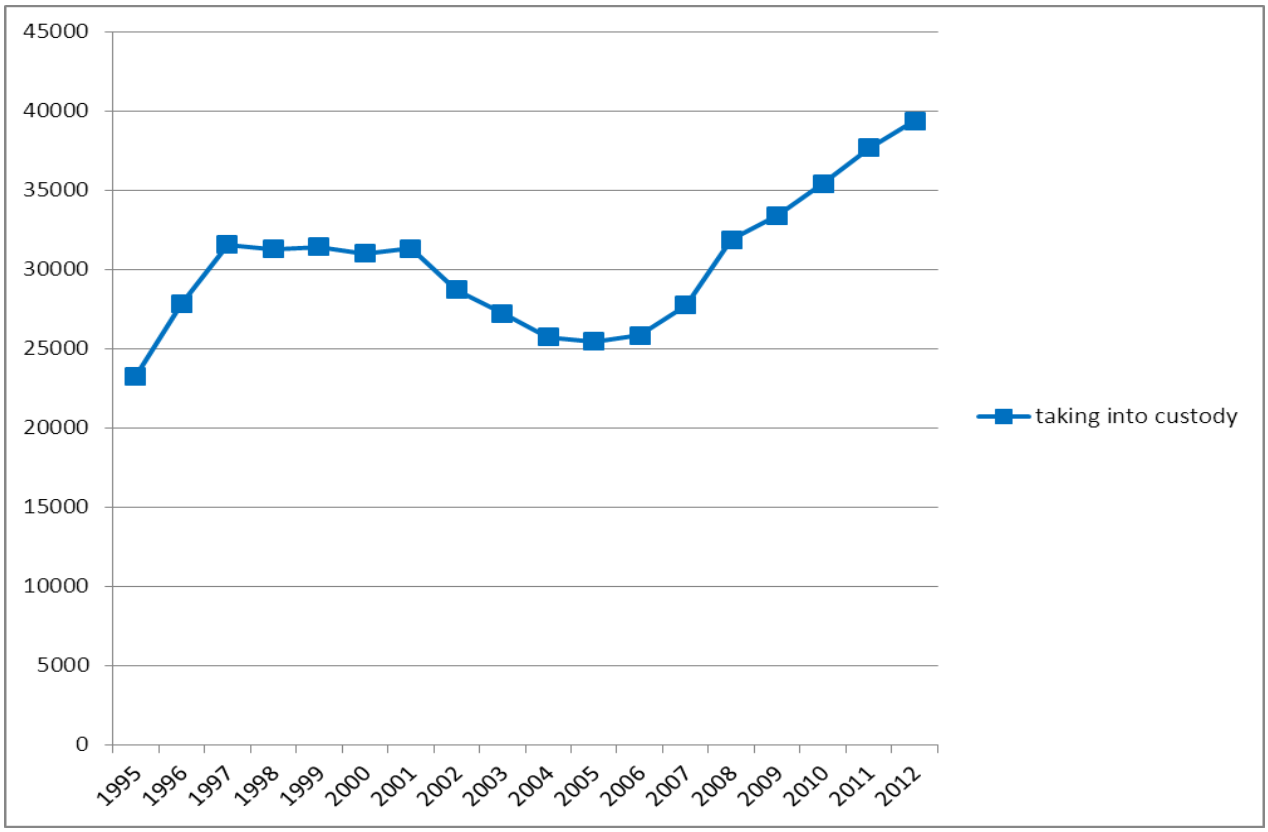

Figure 1. Numbers of taking into custody (source: Statistisches Bundesamt)

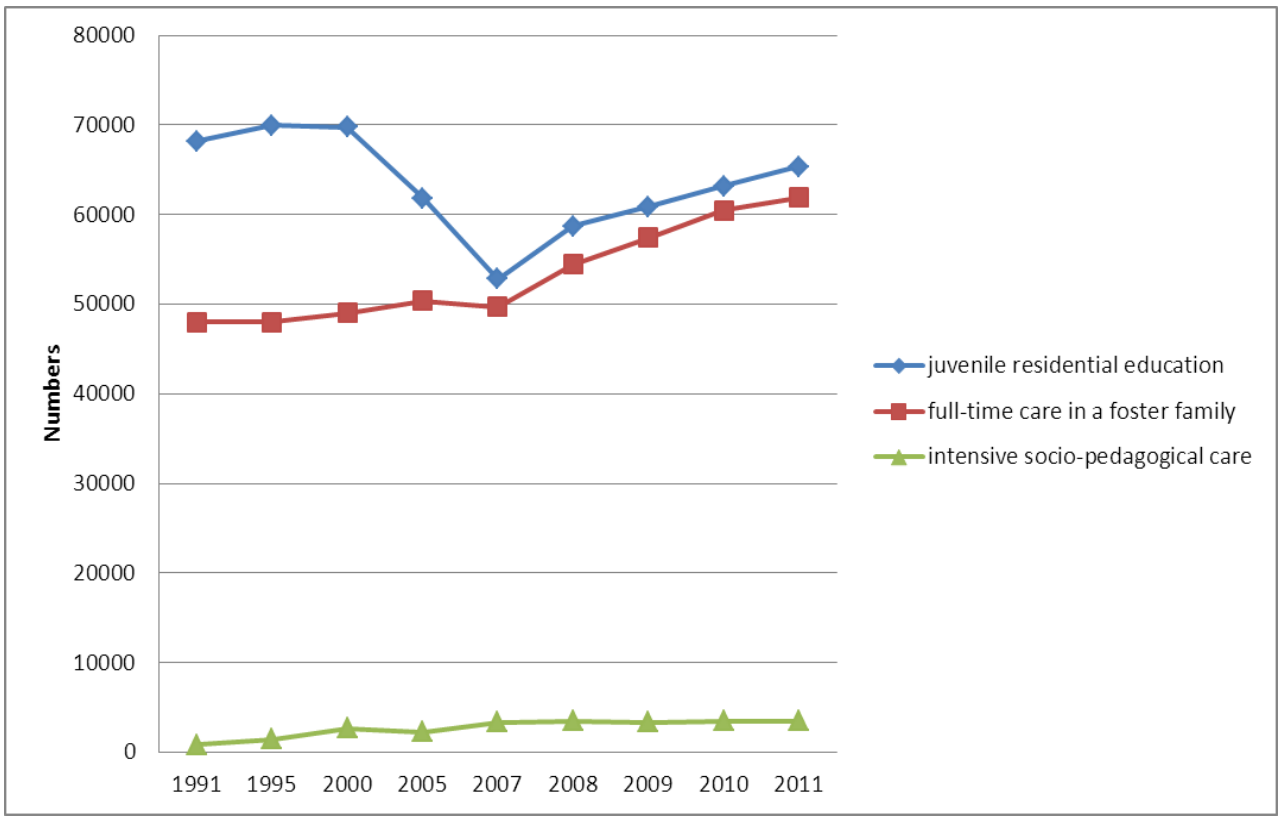

Figure 2. Services provided by child welfare agencies (source: Statistisches Bundesamt)

Factors associated with the risk to be victimized by maltreatment, abuse and neglect can be identified at different levels. Factors on child, parent, and community level are distinguished. At child level especially being younger than 4 years, a smaller birth weight, having a chronic disease, or being developmentally delayed or disabled, were associated with a higher risk of child maltreatment. Additionally, female children and adolescents tend to have a higher risk for sexual abuse, although information on male victims is rarely included in studies of child sexual abuse (CSA). At the level of parents, young age at parenthood, being less educated, having a history of CAN themselves, being unemployed, being a single parent, and especially for sexual abuse, being male were associated with becoming a perpetrator. At community level, poverty, being socially isolated and confined living situations constitute risk factors for CAN (Häuser et al., 2011; Fegert, Rassenhofer, Schneider, Seitz, & Spröber, 2013; World Health Organization, 2002; Wu et al., 2004; Leeb, Paulozzi, Melanson, Simon, & Arias, 2008; Statistisches Bundesamt, 2013a).

Sequelae of CAN as described in German studies are diverse and far-reaching. A history of CAN is a risk factor in the development of children (Schmid, Petermann, & Fegert, 2013). Consequences can manifest in psychiatric and somatic disorders that may persist and lead to impairment in adulthood. The widespread consequences of CAN lead to high treatment costs. Due to the lack of reliable data on CAN in Germany an estimation of the costs arising from the problem is difficult. According to the estimates of one study, annual societal costs in Germany for the consequences of CAN range from 11.1 to 29.8 billion €, representing between 134.84 €and 363.58 € per capita (Habetha, Bleich, Weidenhammer, & Fegert, 2012). Considering the predominant impact of CAN on general psychiatric morbidity, socioeconomic costs might even be higher. It has to be stated, that these data have to be handled with care, since many of the variables used in the calculations underlie uncertainties or are based on experts opinions. The calculations were conducted conservatively, so these numbers rather underestimate the real costs of the consequences of CAN in Germany. Compared with international studies, the costs of the consequences of CAN in Germany range in middle level corresponding with numbers from Australia and Canada (Habetha et al., 2012).

2.2 – Critical review of the available data

In general, the empirical basis to describe the phenomenon of CAN in Germany including changes over time is very limited so far. In summary the available studies in Germany reveal that prevalence rates are comparable to rates found in the US, Canada and the United Kingdom (Finkelhor et al., 2010; May-Chahal & Cawson, 2005; MacMillan et al., 2013). Trends of changes cannot be monitored in Germany, due to the poor database. Repeated survey studies with different samples from the general population suggest that there might be a decline of physical maltreatment, as victimization by physical abuse is less frequently reported by younger age cohorts. This observation is consistent with the ban of corporal punishment in the German law in 2000. Changes in the prevalence of sexual abuse in Germany cannot be determined as well. Some authors report a decline (Stadler et al., 2012), whereas others report a stable number of cases. Child sexual abuse in institutions has only recently come to the attention of researchers and authorities. An option to determine trends in CAN like in the USA or Canada would be needed. A major focus in the research of child abuse and neglect has been laid on sexual abuse, whereas other forms of child maltreatment so far are under researched. Especially data on exposure of children to domestic violence is lacking, because this type of maltreatment has not yet been addressed.

Thus, it has to be concluded that in spite of the huge dimension of the societal, legal, and health problems associated with CAN there is insufficient monitoring and surveillance on a national level in Germany. The implementation of CAN-MDS in the context of national, state and community level of systematic data collection could therefore contribute to more evidence-based evaluation and planning of prevention and

intervention programs in German child welfare and child healthcare services. Resource allocation of social, child welfare, and healthcare services might be adapted to the needs of children in danger.
Specifically, the following gaps in our knowledge about CAN in Germany have to be addressed in future:

- Primarily, a systematic collection of CAN-related data on national, state and community levels would be necessary. The current systematic collection of data on child endangerment should include more reliable information about child maltreatment, and it should be extended from child welfare system to the healthcare system.
- A national monitoring of the incidence of CAN as it already exists in the USA or in Australia would provide the opportunity to map out national and regional trends of CAN.
- A systematic follow-up of cases after their first identification would help to inform agencies and policy makers about the persistence of CAN on case level and about effectiveness of secondary prevention strategies. So far little is known about chronic cases of CAN, although research reveals that CAN mostly is not a single incident but many victims are being revictimized.
- In addition to the general shortcomings in the German system that have already been mentioned, more information about regional distribution of the incidence of CAN could help to plan allocation of services in line with the demand.
- International comparisons have to be based on cross-national studies using the same definitions of CAN and same methods of data collection. Therefore, it would be necessary to harmonize national German data collection strategies with other countries.

3 – Legal Framework

3.1 - Legislation, policies and mandates for reporting and recording of CAN cases in different professional fields

First of all, Germany underlies international law by signing the United Nations Human Rights Convention. Therefore the human rights treaty from 1948 with its 30 articles stating all humans to be born free and equal and in dignity in rights, applies. Additionally, Germany also signed the UN Children's Rights Convention with its agenda to emphasize the rights of children. In the convention it is set that the parties undertake measures to ensure that children are protected from harm and are provided care as is necessary for his or her well-being. In Article 9 the interference of the states is regulated. On national level in Germany particularly the German Constitution ("Grundgesetz"), decided on in 1949, applies. In the German Constitution the human right on dignity is stated in accordance to the human rights convention. With regard to child maltreatment, especially Article 6 of the German Constitution is of interest. In this Article the interference of the federal state and the family is stated. In word the content of the Article 6- Marriage, Family, Children of the constitution is:

(1) Marriage and the family shall enjoy the special protection of the state.
(2) The care and upbringing of children is the natural right of parents and a duty primarily incumbent upon them. The state shall watch over them in the performance of this duty.
(3) Children may be separated from their families against the will of their parents or guardians only pursuant to a law, and only if the parents or guardians fail in their duties or the children are otherwise in danger of serious neglect.
(4) Every mother shall be entitled to the protection and care of the community.

(5) Children born outside of marriage shall be provided by legislation with the same opportunities for physical and mental development and for their position in society as are enjoyed by those born within marriage.

A major part of the child protection legislation in Germany is the banning of corporal punishment of children by the parents passed in 2000 (§ 1631 Abs. 2 Civil Rights). Criminal law's major focus is on the perpetrators. In the German criminal law sexual abuse of children under the age of 14 and physical abuse of children all ages are put under punishment.
In family law, §1666 of the Civil Rights regulates state interference with parental rights. This section defines "Kindeswohlgefährdung" (child endangerment) as a threshold for state interference with paternal rights.
In 2005 the Social Code Book, the Social Rights were revised with the introduction of the Law on the Further Development of the Child and Youth Welfare System (Kinder- und Jugendhilfeweiterentwicklungsgesetz – KICK). The law contained a concretization of child protection by the youth and child welfare authorities and put an emphasis on the cooperation between several stakeholders in the field (youth and child welfare, police, family court and health sector). A section of the law requires an assessment if there were concrete hints for any form of endangerment (mandatory assessment). A mandatory reporting, however, was no part of the law.
Another legal initiative to establish mandatory networking structures in child protection has been accomplished with the Federal Child Protection Act (Bundeskinderschutzgesetz) in 2012, as a part of social rights. A right to consult a "in so far experienced professional" has been assigned to professionals who are obliged to confidentiality.
Mandatory reporting for professionals obliged to confidentiality by their profession was only introduced in a few German states and for specific groups of professionals (e.g. Bavaria for physicians and midwives). In most states, pediatricians, day care or school personnel may inform the local child and youth welfare authority if there is no other way to make sure that the child is protected, however, they are not obliged to report.
A collection of data about CAN in the youth and child welfare system started in 2012 based on §§ 98 and 103 social law code book VIII (SGB VIII) (last changes in December 2011) in combination with the Federal Law on Statistics (§ 15 BStatG). These data can be aggregated at different levels (e.g. at the federal level). So far, most of the data being collected focus on services provided.
In summary, the legal framework for child protection in Germany was developed and extended in the past 15 years. However, implementation of legal changes into practice and subsequent improvement of monitoring CAN and associated interventions is still ongoing. Systematic data collection on a national level appears more feasible due to the recent changes of the legal framework, yet there is no common national agenda to monitor CAN in Germany.

3.2 – Legal provisions for administration of sensitive personal data

The legal framework for collecting and administering data on CAN cases beyond the specific institution, which is mandated to provide services, i.e. on a broader level of systems, authorities, or research activities, has to be considered. There is no mandatory reporting of CAN in Germany, and German data protection regulations require the restriction of the collection, recording and analysis of CAN-related data on an aggregated anonymous level.
Data protection in Germany is a fundamental right. In general, everybody has the right to self-determine the use of his/her personalized information. For electronic records of personalized information, there are restrictive regulations on self-determination of the own data. For minors, their legal guardians have to

consent with any use of the personalized information, and minors themselves have to assent once they are considered capable to make an informed decision. Non-personalized information about crimes and services can be collected within specific purposes, e.g. quality assurance of social and healthcare services, or to informing policy makers. Institutions or systems who would like to implement the CAN-MDS must assure the compliance of the indented documentation with German data protection laws. At federal level the Date Protection Act (Bundesdatenschutzgesetz, BDSG) requires standards of data protection for federal agencies and private domains. Additionally, state law regulates data security on institutional agency or community level. The federal Data-protection Supervisor as well as state Data-protection Supervisor ensure the compliance with the laws.
In future, any new activities of data collection, storage and analysis beyond the above described aggregated collection of data related to CAN within the criminal records and the documentation of child welfare activities has to be established within a consensus of stakeholders, national child welfare policies and institutions to be responsible with running a registry. Ethical guidelines and current data protection regulations have to inform any system of German CAN registry that might be developed in future.

4 - Brief overview of child maltreatment prevention and child protection

4.1 – Roles and responsibilities

In Germany child protection is organized in the communities. Local child welfare agencies (“Jugendämter”) therefore are the most important actor and have to be addressed for the aims of CAN-MDS. Local child protection is organized by these agencies in cooperation with non-governmental organizations (NGOs) on basis of the subsidiarity principle in the German system (SGB VIII) and family courts. Although most often there is some kind of collaboration, it is important to note that the healthcare system, the educational system and the police have no strong position within the German child protection system.
The local child welfare agency is in charge of monitoring child protection and of clearing cases of child endangerment. Services that are being applied on basis of the decisions of the local child welfare agency are provided by agencies, mostly NGO’s that have to be officially approved. The most important NGOs as partners of local child welfare agencies are “Caritas” (institutions and programs run by the Catholic church), “Diakonie” (Prostestant church), the German Red Cross, “Arbeiter-Wohlfahrt” and a variety of non-confessional services provided by institutions organized in the “Paritätischer Wohlfahrtsverband” (Statistisches Bundesamt, 2012). There are several smaller and local organizations providing child welfare services at community level. Local child welfare agencies have to provide experts in the field of child protection (“insofern erfahrene Fachkraft”). They might become operators of CAN-MDS in future. In summary, the coordination of child protection in Germany is organized by the local child welfare agencies. Services in child welfare are provided together with NGOs, so called “freie Träger”. Family courts decide on restrictions of parental rights. Family courts however cannot advise the child and youth welfare authority to pay for services. The police and law enforcement authorities prosecute offences, which also applies for child protection to some extent. If the police gets involved in an offence liable to public prosecution like sexual abuse in every case an investigating procedure has to be opened. In cases of suspicion of child endangerment the police informs the local child welfare agency to take further actions for the protection of the child within their responsibility. There are police officers with specific training in forensic interviewing and prevention programs against community and family violence run by the police. The health system is involved in prevention by providing mandatory checkups for children or midwives conducting house calls etc. and when physical or psychological consequences of CAN arise.

4.2 - Agencies mandated with the recording of child abuse and neglect cases

It is important to note that there is no mandatory reporting for CAN in Germany. Child protection is organized on community level. Documentation of child endangerment though takes place on a case level in local child welfare agencies. Recent efforts of data collection have been taken mandated by the Federal Ministry of Family and Youth Affairs by the Federal Statistical Bureau in collaboration with the Institute for Child Welfare Statistics at the Technical University of Dortmund, department of Pedagogics. On basis of the §§ 98 and 103 Social Law Code Book VIII (SGB VIII) in combination with § 15 BStatG, an aggregated and anonymous data collection is possible. This only applies for cases that come to the attention of child welfare agencies and therefore constitutes the bright field of the cases. However, cases not coming to the attention of the local authorities are beyond the scope of this system. Victims do use services provided by NGO's, e.g. Child Guidance Clinics, or healthcare providers, e.g. medical treatment or psychotherapy, and are never being noticed by local authorities.

4.2.1 - Creating synergies: *Who could participate in the CAN-MDS?* Core and extended national CAN-MDS groups

Since child protection in Germany is decentralized and a uniform register of CAN cases does not exist, several levels of inter-institutional collaboration within the German system have to be considered for the installation of a common standard in recording CAN cases. Major actors in child protection are local child welfare agencies, therefore a systematic recording has to be feasible in this setting. Cases of CAN do not only occur in the so called bright field within the child welfare system, but also in the health sector or within services of NGOs and never get into contact with local authorities. To implement a systematic collection of CAN-data the legal framework has to be considered and the feasibility of such a collection across several service sectors has to be ensured, to convince policy makers to take action towards a registry and operators to use such a minimal standard.

First steps towards a systematic recording of CAN data in Germany have been taken by our group, the different institutions to be involved have to be considered in planning and implementing CAN-MDS to create synergies with the project. To cover the complex field of child protection in Germany, policy makers, commissioners for data protection, researchers in the field and operators should be involved in the implementation of CAN-MDS. Invitations will be sent to different stakeholders, child welfare researchers, and representatives of organizations to participate in a national board as consultants. The following institutions will be contacted:

- the Federal Ministry for Family, Seniors, Women and Youth,
- the Federal Ministry of Health,
- the Independent Commissioner for victims of Child Sexual Abuse in Germany, Dr. Rörig,
- the Federal Statistical Bureau,
- and Data-protection Supervisors.

In addition child welfare and child health experts will be invited to the board as consultants regarding the implementation of CAN-MDS in Germany:

- German Youth Institute (Deutsches Jugendinstitut, München, Dr Kindler)
- German Institute for Child Welfare and Women's Rights (Deutsches Institut für Jugendhilfe und Familienrecht e. V. (DIJuF) Dr. Meysen)

- Prof. Dr. Jörg M. Fegert and Prof. Dr. Ute Ziegenhain, affiliated to the University of Ulm, Clinic for Child and Adolescent Psychiatry/Psychotherapy, members of the Federal government's Family board (Familienbeirat).

Since the project aims to create synergies with the data collection on child endangerment, a collaboration with the Institute for Child Welfare Statistics at the Technical University of Dortmund, Department of Pedagogics is intended and the responsible researcher, Dr. Pothmann will be invited to join the steering committee of implementing CAN-MDS in Germany.
Central for success of the future implementation of a national data system on CAN across different systems and institutions responsible to care for victims of CAN is a mandate for an institution to operate such a system, and assigning a budget to this institution.
On an institutional level, a pilot phase of implementation will aim at three types of institutions: local child welfare agencies, NGOs providing services for victims of CSA, and institutions from the child healthcare system such as pediatric clinics and child mental health services. We will use the Competence Centre for Child Protection to be founded in November 2013 for the state Baden-Württemberg and to be located at the University of Ulm, Medical Centre, to support the co-ordination of implementation strategies in the CAN-MDS project.

4.3 – Available infrastructures and resources

As mentioned before first steps toward the collection of data of child endangerment on a national level have been taken by the Federal Ministry of Family and Youth Affairs by the Federal Statistical Bureau in collaboration with the Institute for Child Welfare Statistics at the Technical University of Dortmund, Department of Pedagogics. The available documentation of child endangerment cases is a developing system that has just been recently implemented. All local child welfare agencies are obliged by law to report on a monthly basis about initiated proceedings about child endangerment. The reporting is anonymous and contains a questionnaire with 12 variables in 8 modules that can be aggregated up to community level. The variables, that are collected are gender of the child, month and year of birth of the child, date of the assessment, age of parents, residence of the child, person or institution that indicated the child endangerment, claim of services of the child welfare at the time of the assessment of the potential child endangerment, outcome of the assessment, type of maltreatment, new services installed as an outcome of the assessment and if the family court has been involved.
The data collection also contains an instruction about how to fill out the questionnaire and definitions of "child endangerment" and the types of child endangerment: "neglect", "physical abuse", "psychological abuse" and "sexual abuse". It becomes clear that the definitions are broad and imprecise. Especially "latent child endangerment" stays vague. Questions arise also in the definitions of the types of CAN. Compared to the other types of CAN "sexual abuse" is defined legally. This data collection seems to be a good opportunity to incorporate CAN-MDS in the existing structure. The researchers who are in charge of the design and application of the collection of data on child endangerment have already been contacted and it seems that there is the possibility of a cooperation to create synergies. Yet the system is developing like pointed out in 5.1.

5 - Advocating towards the adoption of a CAN-MDS

For an implementation of CAN-MDS in Germany a wide range of contacts is necessary. Operators in different sectors as well as policymakers in charge and data protection officials have to be involved. To address the different groups different benefits become apparent.

Recent developments in Germany show that the public and policymakers take interest in the topic. Therefore some efforts have already been stimulated to establish a data collection on CAN in Germany. Still the collection is not in line with international standards. A major advantage of CAN-MDS is that it provides a European standard on the recording of CAN data and therefore is the opportunity for Germany to participate in this international trend. So far no nationally and internationally comparable data on CAN is available in Germany. CAN-MDS provides the opportunity for a better evaluation of CAN as an indicator of living conditions within Germany and the EU. On the basis of such data a problem mapping would be possible creating a basis for the allocation of resources. Measures in child protection such as prevention and intervention strategies could be evaluated. In summary an improvement of child protection with the evaluation of latest legal changes and the installation of evidence-based measures could be the consequence of an implementation of CAN-MDS in Germany.

Uniform definitions and a uniform systematic collection of data on CAN across sectors (especially social services, child welfare services, and healthcare) could facilitate the communication and cooperation facilitating the mandatory networking regulated in the Bundeskinderschutzgesetz.

CAN-MDS can and will give impulses for the implementation of minimal standard in the recording of CAN. Yet decision about the implementation of a nationwide tool for the collection of data on CAN lies within the ones that are responsible.

5.1 - Recent and on-going developments

Latest legislative changes have been triggered by spectacular cases of CAN, in part with death as a consequence and the revelation of cases of sexual abuse in institutions. These cases of child abuse in institutions such as boarding schools or in the catholic church were broadly discussed since 2009 in the media and public. Moreover, empirical research aiming to improve the child protection system in Germany has become a federal policy priority only within the last years and only within prescribed areas, especially early intervention/prevention, institutional abuse and serious case reviews (Kindler, 2012).

Subsequently a Round Table dedicated to the problem of child sexual abuse in Institutions was established by three Federal Ministries (the Federal Ministry of Justice, the Federal Ministry of Education and Research and the Federal Ministry for Families, Senior Citizens, Women and Youth) and an independent Commissioner for Matters of Sexual Abuse (Unabhängiger Beauftragter Sexueller Kindesmissbrauch) was installed by the German government. Various initiatives for the improvement of child protection in Germany have been launched as a result of the attention in the media, for example the National Centre on Early Prevention (Nationales Zentrum Frühe Hilfen) for the prevention of child endangerment or the Kompetenzzentrum Kinderschutz in der Medizin in Baden-Württemberg.

In the German healthcare system, CAN can now be coded by the T74 Category of the ICD-10 German version (Graubner, 2013). A new coding guideline of the German Institute for the Reimbursement of Hospitals (InEK) proposed a recording of CAN in the field of healthcare. A code for the accounting of CAN has been introduced to the systematic register of operations- and procedure-codes in healthcare, providing opportunities for hospitals to be reimbursed for CAN-cases.

In terms of the collection of data on CAN the recent publication of the Federal Statistical Bureau has to be named. The collection of data on child endangerment started in 2012 on basis of the legislative changes in

the Bundekinderschutzgesetz. All local child welfare agencies monthly report about assessments of child endangerment to the Statistisches Bundesamt. The design of the reporting was mandated by the Federal Ministry of Family and Youth Affairs by the Statistisches Bundesamt in collaboration with the Institute for Child Welfare Statistics at the Technical University of Dortmund, department of Pedagogics.

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Annex

Agencies working in the fields of child abuse and neglect prevention and child protection AND could be potential allies for the CAN-MDS in Germany

- **Deutsches Jugendinstitut e.V. (DJI)** (German Youth Institute)
  Nockherstr. 2
  81541 München
  Tel. +4989 62306-0
  Fax: +4989 62306-162

- **Arbeitsstelle Kinder- und Jugendhilfestatistik (AKJStat)** (the Institute for Child Welfare Statistics at the Technical University of Dortmund, department of Pedagogics)
  Technische Universität Dortmund
  Fakultät 12
  Arbeitsstelle Kinder- und Jugendhilfestatistik
  Dr. Jens Pothmann
  jpothmann@fk12.tu-dortmund.de
  Tel.: 0231/755-5420

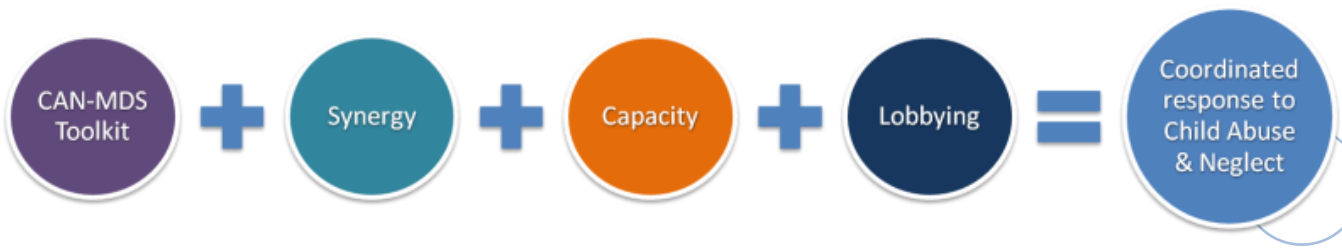
- **Deutsches Institut für Jugendhilfe und Familienrecht e. V. (DIJuF)**
  Postfach 10 20 20 · D-69010 Heidelberg
  Poststr. 17 · D-69115 Heidelberg

- **Nationales Zentrum Frühe Hilfen (NZFH)**
  in der Bundeszentrale für gesundheitliche Aufklärung
  Ostmerheimer Straße 220
  51109 Köln
  Tel.: 0221 8992-0
  Fax: 0221 8992-300

- **Bundesminiterium für Familie, Senioren, Frauen und Jugend** (the Federal Ministry for Families, Senior Citizens, Women and Youth)
  Glinkastraße 24
  10117 Berlin

- **Statistisches Bundesamt** (Federal Statistical Bureau)
  Gustav-Stresemann-Ring 11
  65189 Wiesbaden

- **Kompetenzzentrum Kinderschutz**


CAN-MDS Toolkit
Synergy
Capacity
Lobbying
Coordinated response to Child Abuse & Neglect