

Experiences of Professionals Ensuring the Protection of Children from Violence

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crossref <http://dx.doi.org/10.5755/j01.ppa.21.3.30893>

Abstract. *Violence leaves long-lasting scars on children's lives and protecting children from violence remains an important and pressing issue for researchers, public policy makers and public service professionals. This article aims to reveal the experiences of professionals who ensure the protection of children from violence. The following tasks have been set: first, to define a theoretical approach to the practical protection of children from domestic violence; second, to determine the peculiarities of ensuring the protection of children from violence by means of analysis of the experience of specialists. The study used semi-structured interviews. The research in municipality N revealed that various specialists from state and non-governmental institutions are involved in the process: psychologists, child protection specialists, social workers, social educators, employees of medical institutions, mobile teams, police representatives and children's day care centers. The study results showed that one of the most significant positive aspects of ensuring the protection of children from post-reform violence is an established case management position and having a mobile team. The following advantages of providing mobile team support tools have emerged: identifying the initial difficulties of family members and a thorough, in-depth analysis of the problem across a wide range of areas of life; intensive involvement of professionals in assisting the family and the child. The study highlighted the main work challenges that professionals have to overcome: quality assurance at work, emotional experiences at work, the need for psychological support, the ability to manage stressful situations, working with problem adolescents, parental aggression and the reluctance of children and parents to accept help. There are various obstacles in implementing the assistance plan for professionals (unopened investigation, lack of services and availability of services) and therefore it is necessary to find ways to overcome these obstacles.*

Keywords: *violence, child protection, municipality, specialist experience*

Raktažodžiai: *smurtas, vaikų apsauga, savivaldybė, specialistų patirtys*

Introduction

In 1989 the UN General Assembly adopted the Convention on the Rights of the Child (United Nations, 1989) which defined in detail the child's civil, political, social, economic, and cultural rights and changed the understanding of the rights of the child. Debowska, Boduszek (2017) state that child protection is a global phenomenon that can be seen as a significant societal problem. Ensuring child protection from violence is the responsibility of the society as a whole. Still, according to Maalla M'jid (2020), half of the world's children fall victim to violence every year. Strikingly, a child dies from violence every five minutes. In 2021, 6,130 persons who had been victims of domestic violence were registered in Lithuania. Moreover, 768 (12.5%) victims were children under 18, of which 86.7%

were children who suffered from parents or adoptive parents (Domestic Violence, 2022). This confirms that violence against children is widespread and not always visible. Violence leaves long-lasting scars in children's lives; therefore, protecting children from violence remains an important and relevant issue for researchers, public policy makers and public service professionals.

Researchers in various fields have been researching violence against children (Krupskiene et al., 2016; Kosher, Ben-Arieh, Hendelsman, 2017; McGuire, London, 2020; McGoron, Riley, & Scaramella, 2020, etc.). The research covers a great number of aspects; for example, Maalla M'jid (2020) discussed the global situation of violence against children and the search for solutions. The legal aspects of ensuring child protection were examined by Falch-Eriksen and Backe-Hansen (2018); Kendall-Taylor, Lindland, O'Neil, & Stanley (2014) discussed the issue of child neglect in the UK. The protection of children's rights in Lithuania was discussed by Dromantienė and Šalaševičiūtė (2006); Tamutienė (2018a) analyzed the effectiveness of child protection in Lithuania, an interdisciplinary perspective on child protection and well-being was revealed in the study of Tamutienė, Kirka, Jogaitė, & Auglytė (2020). Krupskienė et al. (2016) state that the actual extent of violence against children is higher than the statistics, since there are also cases of violence against children that remain unreported. According to Tamutienė and Auglytė (2018, p. 2), the indicators of violence against children are growing, and "practical child protection is not effective enough".

In addition, Falch-Eriksen and Backe-Hansen (2018) indicate that the protection of the rights of the child is somewhat contradictory. Therefore, it is essential at the level of all areas of the government to analyze and conduct comprehensive research, showing how the protection of the child's rights from violence works and what challenges emerge in protecting children, i.e., the weakest link in society.

In 2018, the reform of children's rights was implemented in Lithuania. In this context, different problems arise: What challenges do professionals face in protecting children from domestic violence? How do specialists assess the changes in the reform? This article aims to reveal the experience of professionals who ensure the protection of children from violence. The following tasks have been set: first, to define a theoretical approach to the practical security of a child from domestic violence; second, to determine the peculiarities of ensuring the safety of children from domestic violence by analyzing the experience of specialists. A qualitative research strategy and semi-structured interviews were chosen to achieve the goal. The study was conducted in municipality N.

Practical insights into ensuring the protection of children from domestic violence at the municipal level

Pereda, Díaz-Faes (2020) argue that violence against children and domestic violence are one of the most severe forms of victimization in terms of frequency and impact. Violence is understood as one of the most powerful human rights violations which has a psychological, social and economic impact on the child (Šumskaitė and Namicheishvili, 2017). According to Šumskaitė and Namicheishvili (2017), the political responsibility of the state is to educate the society about what constitutes violence against a child, to identify and investigate the causes of violence, and to provide as much real help and support to the child as a person (Šumskaitė and Namicheishvili, 2017).

The analysis of literature revealed the diversity of concepts of violence against children:

- Child abuse. This term defines an inappropriate physical behaviour or sexual abuse of children, physical and sexual abuse (Tamutienė, 2018; McGoron, Riley, Scaramella, 2020; Shuman, Johnson, Lively Cookson, and Gilbert, 2020).
- Maltreatment, also known as a cruel, violent treatment of children (Kendall-Taylor, Lindland, O'Neil and Stanley, 2014; Brandon, Bailey, Belderson and Larsson, 2014; Ben-David, 2015; Wamser -Nanney, Campbell, 2020 et al.).
- Child violence. This concept includes all forms of violence against children (Šumskaitė, Namicheishvili, 2017; Debowska, Boduszek, 2017; Taylor, Bergin, 2019).

- Child neglect. This definition is increasingly being analyzed in scholarly research, focusing on child neglect as a form of violence (Tyler, Allison, and Winsler, 2006; Tufford, Bogo, Asakura, 2015; McGuire, London, 2020; Zietz et al. 2020).

Šumskaitė and Namicheishvili (2017) consider the concepts of violence as the emergence of a child's specific needs without satisfying a child's basic needs. According to Kendall-Taylor et al. (2014), the society seems to understand that children need to be cared for and protected, but it does not always ensure this.

It is important to note that violence against children is also a social problem. It is not limited to the violent event itself, but has long-term negative consequences for the child's life. According to Kendall-Taylor et al. (2014), public institutions, non-governmental organizations, the society, and the families that face violence against children daily need to understand the problems that arise and what solutions need to be applied in social practice. It is essential to understand the causes of domestic violence and the risks that the family faces. According to Axford (2009), the family may be at risk of social exclusion based on social structures such as unemployment, lack of money or morals. Kendall-Taylor et al. (2014) argue that poverty is the most commonly identified source of stress that leads to risk and causes domestic violence. Poverty, according to Axford (2009), puts children at risk of violence in a low-income household and an environment with a low standard of living. According to McGoron et al. (2020), the combination of various risks in the family correlates with an increased potential for violence against children. Research shows that the accumulated risk index consists of various risk factors, such as parents' marital status, the number of children in the family, education, family income, employment, family psychological experiences. According to Taylor Bergin (2019), these can be family's mental health problems, poor socioeconomic status, chronic systemic stress, constant anxiety caused by inter-family conflicts, and low income.

An important factor in protecting children from violence is systems and measures that work effectively and ensure that children are protected from violence. Analyzing the issue of child protection revealed that researchers see child protection as part of a child-friendly environment (Vorevičienė, 2016). According to Falch-Eriksen, Backe-Hansen (2018), protecting the child's rights ensures a safe environment for the child to grow up and live in a family, and that is the task of relevant institutions. Kay (2009) argues that the protection of the child's rights is based on ensuring safety and health and the pursuit of the well-being of the child.

According to Dromantienė and Šalaševičiūtė (2006), the child protection system includes:

- the development and coordination of unique children's policies;
- systematic collection of information on children;
- the establishment of an independent monitoring body for the rights of the child;
- the participation of children in family-related decisions;
- encouraging greater public participation in the process.

Tamutienė (2018a) analyzed the cases of families at risk and conducted qualitative interviews with children from these groups and found that child protection is ineffective and, in some cases, completely useless. Although the goals of the child protection policy have been legally defined and the system of institutional implementation is in place, the practical protection of the child is not sufficiently adequate (Tamutienė, 2018a). Tamutienė (2018a, p. 27), examining why the implementation of the safety of children's rights is ineffective, refers to the principles recommended by Munro (2011), which must be the basis for the effective implementation of child protection policy: "These principles are based on the categories of the UN Convention on the Rights of the Child and the most important of which is that support systems would work for the child's best interests. It is acknowledged that the family is the best place for a child to grow up, but it can also be unsafe" (Tamutienė, 2018a, p. 27). If necessary, the child's safety must be ensured by specialists of relevant institutions.

Shuman et al. (2020) emphasise that the state has a significant responsibility in protecting children from domestic violence. Researchers say that choosing an individual child protection plan often focuses on helping the family, but not on helping an individual child. On the one hand, by

providing support to the family, politicians and the society believe that this will provide practical support for the family; on the other hand, this also ensures that children in such families are not abused or killed. In order to create a continuously functioning system of the protection of the rights of the child that ensures the formation and application of equal practices in protecting and defending the rights and legitimate interests of the state, timely response to violations of children's rights and prompt decision-making in Lithuania, a new system for the protection of the rights of the child, which was due to protect the interests of children more effectively, entered into force on July 1, 2018 (edited on 11 April 2019) (Reform of the System for the Protection of the Rights of the Child, 2021).

According to Tamutienė, Kirka, Jogaitė, and Auglytė (2020), child protection policy is a complex area that includes conflicting policy goals, because, on the one hand, children must be protected by providing them with a safe environment, on the other hand, the child is best brought up in the family. Tamutienė (2018a) states that adequate child protection must integrate child- and family-oriented protection systems, emphasizing the priority of solving the child's needs and adult problems.

Going deeper into the practical process of child protection, it is essential to mention the need for cooperation between the institutions ensuring the legal and social safety of the child's rights. Tamutienė (2018a) developed a practical model of child protection implementation that can be applied in the municipality. The model states that the protection of children is ensured by dividing the aid measures into three groups: notification, investigation and protection measures. These measures work together as one comprehensive child protection plan. Tamutienė (2018a) states that child protection specialists, policymakers, employees of non-governmental organizations, daycare specialists, doctors and other specialists play a crucial role in the policy of child protection. The primary and necessary factor in protecting a child is the observation of neglect, violence, and other difficulties experienced by the child and the notification of the relevant services. After reforming the protection of the child's rights in Lithuania, the boundary of legal and social assistance to the child and their family is established. Case management plays an essential role in ensuring the protection of the child.

With the reform of the protection of the child's rights, the emergence of a case management position, and the formation of an assistance plan in the family case management process, it becomes relevant to discuss the challenges municipal specialists face in ensuring the protection of children from violence. The analysis of professionals' experience can help find solutions that help to improve the provision of assistance to children and their families.

Municipal institutions have a unique role in protecting children from domestic violence. Protecting children from domestic violence involves children's rights specialists, policymakers, NGO specialists, doctors and other specialists. According to Tamutienė (2018a), "a child protection specialist, after receiving a notification, typically contacts various formal institutions: a social services centre (asking a social worker to assess the need for social services), an educational institution attended by the child (to receive information about the child's care and school attendance), the health care institution (about the child's health and preventive examinations), the police (about violations of the law, criminal offences), the addiction centre (the diagnosis of alcohol use disorders), the prosecutor's office (about possible physical and sexual abuse of children)" (Tamutienė, 2018a, p.30). To reveal the experience of the specialists ensuring the protection of a child from violence, the method of semi-structured interviews was used.

Methodology

Research methods. A qualitative research strategy was chosen to reveal the experience of the specialists ensuring the protection of children from violence. The survey data were collected using semi-structured interviews. According to Bitinas, Rupšienė, Žydžiūnaitė (2008, p. 106), the validity and reliability of the research are ensured in the following aspects:

- Criteria-based selection of the study participants was used, which made it possible to select study participants who could most accurately answer the questions of interest to the researchers (internal validity);
- Interview data were recorded using the Zoom platform (interview recording). The text of the interview was transcribed (internal validity);
- A detailed description of the study design and process steps to allow the study to be replicated by other investigators (repeatability principle/ external validity);
- The involvement of different study participants (age, education, professional experience in different organizations) in the study (reliability) (Bitinas et al., 2008, p. 106).

The survey sample. The authors used two research sampling methods to select the study sample: criteria and convenient selection, which were used to consider the study object's specificity. Specialists (specialists in child protection, social workers, social pedagogues, NGO specialists) working with families at risk and children experiencing domestic violence were selected for the study. In order to select a sample for the qualitative study, the first selection was made on the basis of the following criteria:

- an NGO specialist working with the family in city municipality X;
- a specialist working in the municipal institutions of the city X;
- work experience of at least three years.

The research sample consists of interviews with 11 participants (specialists), detailed data of the informants are presented in Table 1.

Table 1. Demographic characteristics of informants

NO.	GENDER	EDUCATION	OCCUPATION	WORK EXPERIENCE	CODE
1.	Female	Higher university, (BA)*	Social pedagogue	9 years	SP1
2.	Male	Higher non-university, (BA)	CRPD specialist	3 years	VT1
3.	Female	Higher university, (MA)**	CRPD mobile team specialist	14 years	MB1
4.	Female	Higher university, (MA)	CRPD mobile team specialist	3 years	MB2
5.	Female	Higher university, (MA)	Social worker at the Family Crisis Center	15 years	SD1
6.	Female	Higher non-university, (BA)	Social worker in the neighbourhoods	5 years	SD2
7.	Female	Higher non-university, (BA)	Social worker in the neighbourhoods	3 years	SD3
8.	Female	Higher non-university, (BA)	Social worker in the neighbourhoods	7 years	SD4
9.	Female	Higher non-university, (BA)	Social worker in the neighbourhoods	3 years	SD5
10.	Female	Higher non-university, (BA)	Social worker at a children's day center	5 years	VD1
11.	Female	Higher non-university, (BA)	Social worker at a children's day center	12 years	VD2

Note: *BA bachelor's degree; **MA master's degree; CRPD- Child Rights Protection Department

Source: composed by the author.

The study was conducted in city municipality N in Lithuania in March-April, 2021. The data of the partially structured interview were collected by author Linkienė. The average duration of interviews was 1 hour 10 minutes (the duration of the shortest interview was 39 minutes, and the duration of the most extended interview was 1 hour and 56 minutes). Prior to interviewing the study participants, they were provided with information about the purpose of the study, its relevance and the format of the data submission. It was emphasized that the presentation of the research results would preserve their anonymity and confidentiality. With the consent of the study participants, all their answers to the questions asked by the researcher were recorded.

Research ethics. In order not to violate the ethical requirements and the rights of the research participants, the research was based on ethical principles (Žydžiūnaitė, 2012):

- the principle of voluntariness (consent of the research subject). Potential study participants were then asked about their participation in the study, and their consent was obtained;
- the principle of confidentiality. The study participants were informed that the obtained data would be used only for the analysis of the study and would not be published in public; no one else

would be able to use the information obtained during the interview without the consent of the study participants;

- the principle of anonymity. The study participants were assured that their names would be changed and that the organizations they represented in the study would not be mentioned.

Limitations of the study. The survey was conducted in only one Lithuanian city municipality; therefore, the obtained survey results concerned only this municipality. The investigation was carried out when quarantine was introduced in Lithuania. The interviews were conducted using the Zoom platform: therefore, there were some challenges. In collecting the survey data, there was a problem that the survey was conducted using visual material remotely rather than live direct communication. Without seeing a person's dynamic work environment, it was challenging to make a closer connection. This made it more difficult to gauge the research participant's emotions in a more in-depth way. Still, according to Gaižauskaitė and Valavičienė (2016, p. 304), "it is easier to protect the identity of research participants during remote interviews", and the research participants remained anonymous online.

Findings of the study

To reveal the problems that specialists face in their work practice and to delve deeper into the protection of children from domestic violence in the municipality, the interviewers asked the following question: What challenges do you experience when working with families to protect children from violence? The analysis of the obtained data revealed the category of work-related challenges and seven subcategories (see Table 2).

Table 2. *Challenges of specialist work*

CATEGORY	SUBCATEGORY
Challenges of specialist work	Quality assurance of work
	Emotional experiences at work
	The need for psychological support
	Ability to manage stressful situations
	Work with problematic adolescents
	Parental aggression
	Reluctance of the child and parents to accept help

Source: composed by the authors.

First of all, ensuring the quality of work reveals that due to the heavy workloads and responsibilities, it is difficult for professionals to do their job appropriately and provide families and children with quality services. According to the description of the work procedure, the maximum number of families per social worker is 15, but this number is too high and often exceeds the limit. Thus, it does not ensure a proper assistance process: "15, 16 families are too many. And the fact that you must have a high-quality consultation with all of them is not quite what you get" [SD5]. The participants in the study said that it was challenging to meet the deadlines set out in the work descriptions to ensure timely assistance: "we miss the deadlines and this is sometimes annoying, because we sometimes have to delve into the situation, but there is no time" [VT1]. To provide proper support for the child and the family, the study participants say the work should be done with five, seven families: "having five or seven families would be ideal as there would not be so much haste involved; and that is only in the case of working online. But if you have to drive, then the maximum is five families" [MB2]. In addition, the participants noted that the quality of work is challenging to ensure due to the amount of time spent travelling to families.

The subcategory of emotional experiences at work shows the emotions experienced at work: "when there is so much work, you are under pressure and think about what should be done" [VT1]. The participants in the study said that the work is emotionally challenging, there is a threat of not being able to control themselves: "emotionally, it is very difficult [VD2]; "I just couldn't handle my emotions once" [VD1]. The research showed that professionals lack experience in applying emotional self-management methods at work. It should be noted that professionals often experience insecurity

when going to families. This feeling is created because specialists go to families alone, and there are no safety measures at work. They go to families having addictions which are openly demonstrated: "We drive alone, although the situation is terrible there, the parents can be very aggressive" [SD5].

The participants in the study identify the need for psychological support: "it is not only the child that needs a psychologist, but me as well because I just don't know what to do sometimes" [VD1]. The subcategory of the need for psychological support confirms the difficulties experienced by professionals when it comes to coping with emotional outbursts. It can be assumed that to achieve emotional stability at work, professionals need psychological support.

The participants in the study indicated that when working with a compassionate and vulnerable group of people, the ability to manage stressful situations is crucial. According to the study participants, managing stressful situations is one of the essential skills in providing support to a family, especially children. Specialists state that managing stressful situations is critical in providing support to children and families, as the specialist is the counterweight to the family in helping to overcome crises in the family. Generally speaking, the ability to manage stressful situations determines the family's trust in the specialist.

The subcategory Work with problematic adolescents indicates that professionals experience challenges working with adolescents: "some adolescents simply do not want to have a conversation" [SD4]. The results of the study show that adolescents growing up in at-risk families do not attend school, run away from home and often use psychotropic substances: "I see adolescents who run away from home, use drugs, alcohol and so on" [SD4]; "Teenagers don't want to go to school, even though you try to help as much as you can, they don't want anything" [SD2]. The results of the research show that insufficient attention is paid to assessing their situation in the family, and to help them, "little attention is paid to adolescents" [SD4]. Adolescents have complex personalities, behavioral problems; therefore, the participants of the study face serious self-management challenges and are not always able to respond appropriately to the child's / adolescent's situation, target children's aggression appropriately and cooperate properly with the family.

The subcategory Parental aggression indicates the demonstration of parental aggression experienced by social workers, including threats, the reluctance to meet specialists at home and specialists call for the assistance of police officers: "there are cases when parents, being drunk or under the influence of drugs, do not let you in" [SD5]; "They did not let me enter, then I called the police, the officers who came there were knocking at the door until it was opened" [SD2]. Summing up, such aggressive parental behaviour prevents professionals from helping children and their parents.

The subcategory Child and parent reluctance to accept aid revealed that parents do not want to allow their child to be included in the help plan. Specialists need to contact the family and convince parents that a help plan is necessary for their child and family. The participants in the study stated that without family support measures, professionals could not help the family because it is the family's decision to accept help or not. Participation in ongoing programs is a voluntary option: "we can no longer help anyone if they do not accept help" [SD2]. This makes it difficult to assist, as parents not participating in the assistance program are not liable in any way.

The municipality involves many different professionals in order to ensure the protection of children from domestic violence. Analyzing the research data, the category of specialists and the following subcategories were distinguished: a child rights protection specialist, a social worker, a social pedagogue, a doctor, a mobile team specialist, a police representative, a child day center employee and a psychologist.

The essential thing in the work of a child rights specialist is how quickly they can respond to a child's situation. These specialists decide on the risk factors for children: "if we see that the factors are recurring and recurring, we write down all those factors specific for the child's deprivation" [VT1], and then decisions are made. The social worker is involved in the organization of the work process through support measures for the child and the family: "a child rights specialist and we have to provide the case manager with information about the family and how we are doing and how well we are implementing the help plan every six months, ... if there is a crisis, we review the situation, then we

have to provide the information" [SD4]. The study results show that the work of a social worker is affected by the workload of working with families. Apparently, there was a shortage of staff in some institutions due to heavy workload.

Speaking about social pedagogues, they are specialists working in educational institutions. They learn about children's problems from teachers: "first of all, as you know, this is what teachers clearly say" [SP1]. Initial care is a conversation with the child: "we always try to talk to the child at the beginning" [SP1]. A school psychologist assists the social pedagogue. In more complex cases, social pedagogues turn to specialists for the protection of the rights of the child: "I collect all the necessary information and hand it over to the child's rights" [SP1]. However, educational institutions rarely address the specialists of other institutions for help and problems arising from violence are solved within the educational institution.

The study results show that doctors are more active in informing specialists about the observed cases of violence against children. Physicians are also included in the help plan and are consulted about possible violence against the child, about the child's visit to a medical institution, cooperating in identifying cases of violence against the child and potential social risks: "we send an inquiry to find out if the child went to see a doctor" [SD3]. Specialists help parents to visit medical institutions, to register to medical institutions: "we visited doctors, we went everywhere together" [SD2]. According to the specialist for the protection of the child's rights, the representatives of medical institutions stated that the number of reports of violence against children had increased: "the number of such reports has increased from medical institutions, now there are very many reports" [VT1].

When an offence is detected, a police representative is involved in the child support process, and a pre-trial investigation is launched: "police officers usually go to those hot situations. Everything is captured; if the child says he has been beaten, the police immediately start a pre-trial investigation" [MB1]. Police officers conduct interviews with the child and their family in the presence of child rights specialists. The specialists are also interviewed, "we pass the information on to the police, and they start that pre-trial investigation and interrogation" [VT2]. In the interrogation, those professionals who represent the child's interests ensure the child's rights when the investigator speaks to the child. The study results show that the police also react to the cases where professionals visiting families feel threatened: "the police come with us when we, social workers, are convinced that the situation can be danger" [SD5].

A mobile team of professionals works together to provide support: "Our mobile team comprises three professionals, a psychologist, a social worker and a specialist working with addicted families" [MB1]. The specialists of the mobile team provide intensive assistance: "each specialist consults families in terms of their field, covering a wide range of life spheres. And the person gets help in many ways" [MB2]. The research results show that the mobile team's work is an intensive and continuous involvement of specialists (child protection specialists, psychologists, case managers and social workers).

Employees of non-governmental organizations are also involved in this process. The social activities of these organizations are specific: "We work on projects" [VD1]; therefore, due to the specifics of such activities, support plans are short-term and the benefits of the project for the children attending the children's day center need to be demonstrated rather frequently. The activities of the social workers of the day center are characterized by the fact that the child from an at-risk family is provided with financial support from sponsors to create a safe environment for the child, provide entertainment and help them feel the same as other children. Project funding does not ensure the continuity of the activities of the organizations.

The answers of the research participants showed that the leading service for a child is a psychologist: "for a child, it is a psychologist" [VT1]; "At school, only a psychologist can substantially help" [SP1]. The Children's Day Center staff say they lack a psychologist who can provide services to children and families at the center. As the social pedagogue explains, there is a lack of psychologist services in educational institutions. Social workers emphasize that managing domestic violence requires offering the benefits of both a psychologist and a psychotherapist to the

child and family. The participants in the study noted that the services of a psychologist often last for a short period: "the psychologist wrote a conclusion after four visits" [SD3], and the supply of other services to children is limited: "a psychologist, there is no one else" [SP1]. During the case management meeting, psychologists do not participate. Psychologists do not provide information and thus do not contribute to the implementation of the assistance plan: "Psychologists do not attend the meetings, others do not even provide such information" [SD2].

The participants in the study indicated that there are barriers to ensuring that a child is protected from violence. The study data analysis distinguished the category of barriers that prevent the child from being protected from violence and the accompanying subcategories (see Table 3).

Table 3. Barriers to protecting a child from violence

CATEGORY	SUBCATEGORY
Barriers to child protection	No investigation initiated
	Lack of services
	Availability of services

Source: composed by the authors.

The study results showed that professionals were faced with such situations where the investigation was not initiated. According to the study participants, many unrecognized, unproven violence cases remain unsolved due to insufficient evidence. Often, because of their age, children cannot logically express their thoughts: "children are small, and children will not tell the details" [SD5]. The big challenge is to prove the cases of psychological violence. According to the study participants, the investigation is not initiated in these cases. Another barrier identified by the study participants is service continuity issues. The provision of services is often episodic and limited: "one or two consultations will not help, a long-term process is needed" [MB2], and the lack of the services themselves: "they are completely lacking" [MB2]; "The child needs services, they are lacking" [SP1]; "Lack of services for the family" [SD3]. Apparently, the services are provided without regard to the expectations of the individual child and family: "because all assistance plans are the same" [SD3]. Every family is different, and although the problem itself is similar, the help solutions can be completely different. There is a lack of individualised services: "individualised services are lacking. It's the same everywhere" [SD5]. The analysis of the survey data showed that there is no assessment of the effectiveness of the aid scheme and that the same services and support measures for the family become ineffective over a long period. The study participants stated that the range of services for children is limited. The services provided are the same for all children and parents, divided only according to the respective risks, and the family's individual needs are not considered. Furthermore, the availability of services creates another barrier. The participants noted that: "there are cases when help does not reach the family" [MB1]; "There are services, but there are few of them, the waiting time is long, and it becomes difficult to obtain them" [VT1]; "There are institutions but few services" [VT1]; "It is often the case that the family does not receive help" [SD3].

The specialists working in city municipality N named the following positive aspects of this reform: the responding process to violence has been accelerated, the assistance plan is being coordinated, and human resources have increased. The study participants indicated that the emergence of case management should be assessed positively. Part of the functions that the social worker had before the reform was taken over by case management: "because all written work, requests, all papers go to the manager. That has made it easier for many colleagues" [SD5]. The social workers mentioned that they do not feel alone with the advent of case management; they can consult and share opinions and practices. The emergence of a unified system is also to be welcomed: "when a centralised system emerged, separate departments are completely independent of municipalities, it is simply such a large organization" [MB1]. The negative aspects mentioned by the specialists is the increased flow of documentation: more papers need to be filled in, more paperwork has to be completed; therefore, more time is spent not on the family, the child, but on the documents, which distances the specialist from the child. The social worker revealed that there was also unavailability

of information with the advent of case management. After the reform, responsibilities and functions have become fragmented, leading to a lack of dissemination of information: "social workers need to search for documents and ask case management every time they send them" [SD4]; "Documents are not available" [SD2]. The most significant changes in work are noticed by social workers and case managers, whose position is one of the innovations of the reform. The research results show that when various organizations (municipalities, non-governmental organizations, children's rights protection departments, medical treatment, the police) are involved in ensuring the protection of children from violence, it is necessary to ensure successful inter-institutional cooperation.

Discussion

The study highlighted that one of the challenges in professionals' work to protect a child from violence is to ensure the quality of work that arises due to the high workload. According to Kosher, Ben-Arieh, and Hendelsman (2017), the application of aid measures suffers from the improper organization of the work because of excessive workload; thus, in the future, it is expected to delve into the redistribution of the workload of aid specialists and the increase of work resources. Then the study results showed that the protection of children's rights is determined by the ability of support professionals to control emotions in difficult situations at work, as this can become a barrier in the provision of services to the child and family. The obtained results confirm the data of Fernandes, Guerreiro, and Sedletzki (2016) that stress at work hurts the quality of work. Thus, it is necessary to look for solutions to ensure emotional support for professionals.

According to Tamutienė (2018a), parental consent is required when applying child protection measures. Moreover, the study found that the voluntary participation of parents in programs when they have the right to refuse services makes it more challenging to assist families. It was shown that the social worker's proper preparation and the ability to motivate the family to accept help play an important role. The study results are confirmed by Shah, et al., (2019), who showed that applying the motivational method effectively provides support measures and professionals must be able to motivate the family to accept help.

The study results indicated that there was a lack of inter-institutional cooperation after the reform, but the opinions of the participating research specialists differed. Some of them said that collaboration is sufficient, others indicated that there is an imbalance in cooperation. According to Dobelniece, Millere, Salmane-Kulikovska (2015), when providing aid measures, it is essential to properly ensure inter-institutional collaboration and coordination of work activities, as this helps to achieve successful results. Professionals working in the municipality of city N should strive for closer communication between professionals.

The results show that the cases of violence are not recorded, investigations are terminated, and the possibilities are not open based on insufficient evidence. The obtained results supplement the research data of Tamutienė (2018a). Investigations of physical and sexual abuse are within the competence of the prosecutor's office, and, according to Tamutienė (2018a), it can be assumed that some cases do not reach the court as the motivation specifies that the child was beaten for educational purposes. Protecting children from physical and sexual abuse is a particularly problematic area that requires more detailed research. However, the qualification and addressing of all specialists involved in child protection is a problem (Tamutienė, 2018a). Child protection professionals are often inexperienced in family situations, with emergency plan cases being delayed, unresponsive, or reacting too late to complex problems. The study results show the social insensitivity of some professionals and the lack of competence.

In the studied municipality N, families have to wait for some services for a long time (for example, family crisis centers are often overcrowded), short-term projects provide assistance, some services are paid for and challenging for each family to access. The study results confirmed Dobelniece, Millere, Salmane-Kulikovska's (2015) insights that more funded services would be needed for children and their families to improve the effectiveness of support measures. In addition, there is a great need for the services of a psychologist in this municipality. The research results also

showed that the leading services for a child experiencing any violence are the services of a psychologist or psychotherapist. In this context, the services of a psychologist must be available to the child and family members. Finally, the results of this study indicated that the municipality does not have an efficient plan for evaluating the effectiveness of the aid plan, which, according to Butler (2013), is essential as monitoring the effectiveness of the aid plan provides feedback on the service delivery and quality.

Conclusions

The research of the experience of the specialists ensuring the protection of a child from violence in municipality N revealed that various specialists from state and non-governmental institutions are involved in the process: psychologists, child rights protection specialists, social workers, social pedagogues, specialists of medical institutions, mobile teams, police representatives, employees of the children's day center.

The study results showed that one of the most significant positive aspects of ensuring the protection of a child from post-reform violence is the established case management position and having a mobile team. The following advantages of providing mobile team support tools have emerged: identifying the initial difficulties of family members and a thorough, in-depth analysis of the problem across a wide range of areas of life; intensive involvement of professionals in assisting the family and the child.

There are barriers to implementing the aid plan for professionals: investigation cases that are not started, the lack of services and limited availability of services. The main work challenges that professionals need to overcome are ensuring work quality, emotional experiences at work, the need for psychological support, the ability to manage stressful situations, working with problematic adolescents, parental aggression, and the reluctance of children and parents to accept aid.

The study results revealed that some services provided by specialists are short-term; there is no continuity of programs and services. The range of services offered to the family, especially children, is narrow, and more diverse services are lacking. Services are not individualized according to the needs of the child or family. Each case is not considered as an individual one, and the solutions to help are the same for different situations. The study revealed that in the provision of long-term services and without researching the effectiveness of the services, specialists do not apply a different methodology of working with the family and the child. Therefore, feedback on the insurance of the provided services is necessary. In both the public and non-governmental sectors, there is a shortage of qualified specialists and insufficient access to services for children and families. In the municipality of city N, it is more difficult for non-governmental sector professionals to provide services to protect children from violence due to funding problems.

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Karina Linkienė, Edita Štuopytė
Specialistų, užtikrinančių vaiko apsaugą nuo smurto, patirtys

Anotacija

Smurtas palieka ilgalaikius randus vaikų gyvenime, todėl vaikų apsauga nuo smurto tebėra svarbi ir aktuali problema tyrėjams, viešosios politikos formuotojams ir viešųjų paslaugų specialistams. Šio straipsnio tikslas - atskleisti specialistų, užtikrinančių vaiko apsaugą nuo smurto patirtis. Siekiant tikslo išskirti šie uždaviniai: pirma, apibrėžti teorinį požiūrį į praktinę vaiko apsaugą nuo smurto artimoje aplinkoje; antra, analizuojant specialistų patirtį, nustatyti vaiko apsaugos nuo smurto užtikrinimo ypatumus. Tyrime taikytas iš dalies struktūruoto interviu tyrimo metodas. Tyrimas N miesto savivaldybėje atskleidė, kad į procesą įtraukiami įvairūs valstybės ir nevyriausybinų institucijų specialistai: psichologai, vaiko teisių apsaugos specialistai, socialiniai darbuotojai, socialiniai pedagogai, gydymo įstaigų, mobilių komandų, policijos atstovų, vaikų dienos centro darbuotojai. Tyrimo rezultatai parodė, kad vienas reikšmingiausių teigiamų aspektų, užtikrinančių vaiko apsaugą nuo smurto, po reformos yra įtvirtinta atvejo vadybos pareigybė; sudaroma mobilioji komanda. Išryškėjo šie mobiliosios komandos pagalbos priemonių teikimo privalumai: šeimos narių pirminių sunkumų nustatymas ir išsamus problemos nagrinėjimas apimant plačiai visas gyvenimo sferas; intensyvus specialistų įsitraukimas į pagalbos teikimą šeimai ir vaikui. Tyrimas išryškino pagrindinius darbo iššūkius, kuriuos turi įveikti specialistai: darbo kokybės užtikrinimas, emociniai išgyvenimai darbe, psichologinės paramos poreikis, gebėjimas valdyti stresines situacijas, darbas su probleminiais paaugliais, tėvų agresija, vaiko ir tėvų nenoras priimti pagalbą. Įgyvendinant pagalbos planą specialistams kyla įvairių kliūčių (nepradėtas tyrimas, paslaugų trūkumas ir paslaugų prieinamumas), todėl būtina rasti būdų, kaip šias kliūtis įveikti.

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