

## CASE MANAGEMENT IN CHILD ABUSE

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**Abstract:** *In this paper we approached a case study of child abuse and neglect from the case management perspective. The objective was to describe the development of a case of child special protection, starting from the evaluation and the intervention steps, until its completion, following the stages of case management. The responsible institutions and the normative acts that were the basis of the protection measures taken were highlighted and analyzed from a critical perspective. Here we consider relevant the possibility of effectively coordinating the efforts and work of the specialists from the various institutions responsible for the special protection measures for children, respectively what shortcomings they had encountered in order to make social work intervention more efficient in the future.*

**Keywords:** child abuse, child protection, family placement, residential care, case management.

### 1. Introduction

Child protection in Romania is ensured by the state through several laws and regulations, the most relevant of which being Law no. 18/1991 for the ratification of The United Nations Convention on the Rights of the Child (UNCRC), and Child Law (272/2004). In addition to the Child Law, in cases of ill-treatment, Order no. 288 of July 6, 2006, for the approval of the Minimum Mandatory Standards regarding case management in the field of child rights protection that gives the general framework for intervention is of special relevance.

In the case of children maltreated in their own family, specialists are looking, first of all, for a supportive parent with whom to collaborate in the idea of keeping the child in the family and counselling and monitoring its members (through a service plan SP), all actions being taken according to the principle of the best interest of the child. Preserving the family and preventing separation of children from parents or caregivers comes along with the UNCRC recommendation of key steps in intervention, as long as it is feasible in a specific case. This implies that assistance procedures do not involve, encourage deliberate separation from parents unless necessary. When the child is endangered in his own family, emergency placement is ordered according to the principle of the best interest of the child in social assistance (article no. 2(1), Child Law) and an individual protection plan (IPP) is developed.

According to Child Law (L72/2004 updated) emergency child placement is proposed by the case manager and approved by the director of the General Directorate of Social Assistance and Child Protection (GDSACP) from the county level if there is no opposition from the parents, and from the Court of Justice if the parents don't agree with the proposed measure. Concerning regular child placement, the decision is taken by the Child Protection Committee or by the Court, the latter being necessary if parents oppose the decision.

In "World Report on Violence and Health", from Geneva, violence is defined as "the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation" (WHO, 2002:5). Child maltreatment includes various forms of abuse and neglect. Maltreatment can take the form of physical, emotional or sexual abuse. It can occur separately or in more than one form at once.

If we are referring to physical harm, child physical abuse is defined by the World Health Organization as consisting in “acts of commission by a caregiver that cause actual physical harm or have the potential for harm” (WHO, 2002:60).

Estimates of physical abuse in high-income countries range from 4–16% (Lane, Bair-Merritt, Dubowitz, 2011:264). Worrying data shows that abused children, compared to children with accidental injuries, have elevated risks of morbidity and mortality. Physically abused children are more likely than children with accidental injuries to have severe injuries, to be admitted to intensive care, and to die (DiScala et al, 2000:16).

If we look at the statistical data published by the National Authority for the Protection of Children's Rights and Adoption (NAPCRA) for 2021, we notice that a number of 15,925 cases of ill-treatment were reported, of which 51.6% took place in rural areas. The cases of sexual abuse recorded an even greater difference between urban and rural areas, with those from rural areas covering 62.78% of the total. It is worrying that most of them took place inside the family (89.4%), which is the environment that must ensure, foremost, the protection of the child. Regarding the nature of ill-treatment by age group, we find that both physical and sexual abuse have the highest frequency in the age group between 14 and 17 years old, respectively 34.46% for physical abuse and 58.93% in the case of sexual abuse. Emotional abuse occurs most frequently in the 10 to 13 years old age group, followed by the 14 to 17 age group (<https://copii.gov.ro/1/date-statistice-copii-si-adoptii/>).

## **2. Method**

The problem addressed in the present paper is that of the ill-treatment applied to children, the direction of action being that of the emergency placement measure followed by family placement. We will illustrate, in what follows, using the case study method, a case of maltreatment committed by parents, for which emergency institutional placement was the first measure taken, followed by family placement.

We aim to explore social reality through an inductive type of approach which, by studying the details of the case, will bring more consistency to the knowledge of the manifestation of some social phenomena. If the quantitative approach aims to highlight how much, how often, etc. a social fact is manifested, through our approach, we will try to provide pertinent explanations beyond the descriptive level.

The case study is an excellent qualitative method in which the approach of a social entity is attempted "with the aim of reaching the most complete (holistic) image" of it (Ilut, 1997:105). Robson (2002) considers the case study as a "well-established research strategy, focused on a concrete case (...) taking into account all its contextual peculiarities" (Robson, 2002:180).

We consider case study to be one of the approaches of the qualitative method in research which allows us to highlight the way in which the theoretical-methodological aspects in the field of assisting vulnerable people to interact with the pragmatic aspects, the realities of a specific case. From the typology of case studies, we have chosen to illustrate, in the current approach, the individual case study that will detail the stages of case management in children's rights protection. We consider case management to be the way to approach a social assistance intervention through which the resources and issues of the client system are evaluated in direct relation with its beneficiaries and through which a direct action is elaborated, coordinated, implemented and monitored. Case management is regulated by Order no. 288 of July 6, 2006 for the approval of the Minimum Mandatory Standards regarding case management in the field of child rights protection.

## **3. Elements of research ethics**

For the processing and presentation of the case data, the anonymization procedure of personal information was respected by real names being withheld, the case manager having the consent of the beneficiaries for the collection and use of data within the case management

and the agreement of GDSACP from the county level, for their use for scientific purposes.

#### **4. Case presentation**

Ana N., a 14-year-old teenager, is the daughter of Marc N. and Aura N. By Civil Sentence no. xx/2016 of the G. Court the dissolution of the marriage of the minor's parents, the exercise of a joint parental authority over the two children and the establishment of Ana's domicile at the mother's address in E. village, M. County were ordered. For Ana's brother, Patrik, aged 16, the Court established the domicile at the father's address, in C. County, J. village.

*Case history.* In February 2017, during the mid-semester vacation, Ana informs her father of sexual abuse from her mother's partner, which led her father to file a report at the E. Police Station, in whose administrative area the alleged abuse happened, and brings Ana to J. village to live with him. A criminal case is opened on the name of the alleged aggressor, who is being investigated for the crime of rape. A few days later, the father submits a request to the G. town Court requesting custody of his minor daughter. The girl tells the father that the mother's partner abused her emotionally (insults, swearing) and physically (beating), both before and after the sexual abuse.

A few months after Ana came to live with her father and older brother, she was hospitalized at the C. Child Psychiatry Clinic, following a suicide attempt (she swallowed an entire box of pills), being diagnosed, at that time, with depressive episode, mixed disorders of scholastic abilities, and personal history of sexual abuse. The suspicion of abuse in the case of a child with depression was also consistent with research results, among them a recent investigation that shows that there is important evidence of the association between higher children ill-treatment scores and depression (Humphreys et al, 2020). Given the depressive episode and the suspicion of sexual abuse, the case was referred to GDSACP C. in March 2017.

*Evaluation of the beneficiary's situation.* The social worker responsible for the case, from GDSACP C. County, started the procedure to assess the minor's situation, requesting a social investigation by the J. Public Social Assistance Service (PSAS) and from E. village Police, from M. County, where the mother's residence is located, information regarding the criminal file in which the mother's concubine is accused of the crime of rape against the minor (Ana). As Child Law stipulates at art. 4(f), a service plan has to be drawn up in order to carry out services and benefits, based on the child's psychosocial assessment and family assessment, in order to prevent abuse, neglect, exploitation, of any form of violence against the child, as well as the separation of the child from their family. If this is not recommended for the child safety, an individualized protection plan (IPP) has to be elaborated in order to plan services, benefits and special protection measures, based on their psychosocial evaluation and their family, regarding the integration of the child who was separated from their family into a stable family environment permanently, in the shortest possible time (L272/2004, art. 4e). At first, the social worker from GDSACP proceeded with a general evaluation of the case and drafted a complex evaluation report that included recommendations. An official paper was sent with the summary of the evaluation results and recommendations to PSAS from J. village.

*L272/2004 art. 58*

1) *The general directorate of social assistance and child protection has the obligation to draw up the individualized protection plan, within 30 days after receiving the request for the establishment of a special protection measure or immediately after the director of the general directorate of social assistance and protection ordered the placement of the child in an emergency regime.*

After the teenager was discharged from the Psychiatric Clinic, a first visit of the GDSACP Cluj social worker was arranged at the family's home in J. and a preliminary discussion took place with Ana, in the presence of the social worker from the PSAS in J., at the end of March. Given the fact that the family no longer lives at the home address, but at a sheepfold where the father works, this discussion took place at the social worker's office from the City Hall. An

attempt was made to contact the father, who was not at home. Given that Ana had answered the phone, she was invited to a meeting with GDSACP representatives at J. City Hall in the presence of the local social worker. Ana reported that their home was broken into by neighbors, devastated and various things were stolen. The teenager had a neat physical appearance, but her jacket and boots were dirty with mud. Dad couldn't make it to the meeting at City Hall because he had to stay with the sheep.

From what Ana reported, it was noted that the father is the one who carried out the formalities for her to be transferred from the school in E. village to C. town at Samus High School where her brother is also a student. Ana asked to stay at boarding school during the week and come home only on weekends. Also, she told the fact that at the previous school, her colleagues laughed at her and called her "stupid". During the time she lived with her mother, she repeated the fifth grade, and at the moment she seemed very eager to start attending school to avoid failing school again.

Regarding the relationship between her and her father, Ana stated that she gets along well with him and that, although he sometimes consumes alcohol, he does not become violent with her and her brother, and even behaves nicely with them.

As for the relationship with the mother, it appears that she had not tried to act for her daughter regarding the alleged rape committed by her concubine.

Given that Ana was not feeling very well when the case manager from GDSACP C. met her at J. PSAS it was not possible for them to have a more in-depth discussion. Their meeting took place a few days after her discharge from the hospital due to her suicide attempt. The case manager from GDSACP C. could not make a visit to the family's makeshift home at the sheepfold because Ana's father was not at home. However, the social worker from the J. Public Social Assistance Service (PSAS) confirmed the unsanitary conditions in which the family lived, the insufficient space as well as the lack of utilities (gas, running water and sewage). Ana was restrained in her statements and did not provide much information to the social worker regarding the relationship she has with her father and the responsibilities she has in the family.

At that time, the only data about the case were obtained from the information received from the Child Psychiatry Clinic, from Ana, from the E. Police Station, M. County, and from the reports of the social worker from J. The social survey from J. Public Social Assistance Service from City Hall had not yet been received, it was requested in mid-March and received at the end of the same month.

While the evaluation of this case was ongoing, six days after the meeting between the case manager and the minor, GDSACP C. was informed that Ana was admitted to the Emergency Medical Unit (EMU) in a nearby town. She presented multiple cuts, hematomas, edema, as well as a wound at the level of the left arch, multiple bruises on the trunk and limbs, the wounds being caused by a beating from the father. From the EMU, Ana was transferred again to the Child Psychiatry Clinic. She was diagnosed with acute reaction to stress, mild depressive episode, and polytraumatic due to physical aggression.

The assessment of the situation continues, this time with meetings between the case manager, Ana, the medical staff and the Clinic's social worker.

The case manager of the GDSACP, corroborating the information obtained, concluded that two days before hospitalization, Ana left the house late in the evening under the pretext of going to the toilet in the yard and did not return for approximately 2 hours. Her father, being worried, started looking for his daughter, and at one point he saw her coming into the yard and they both entered the house. Ana failed to explain to him where she was all this time. At one point, she began to speak incoherently, according to the father's statements, and he says that he lost his patience and began to hit his daughter with a stick which he used on sheep (the father is a shepherd), with fists and feet, and then threw a jar of pickles in her face, which caused her multiple cuts. Following this incident, the teenager ran away from the house, met a neighbor who called the Emergency Medical Unit (EMU) and, in this way, Ana arrived at the EMU in a nearby town that night. Here the doctor sutured the frontal wound, and she was later

transported to the aggressor's home address (the father's home) without reporting the abuse. L272/2004 art. 89(3) stipulates that "employees of public or private institutions who, by the nature of their profession, come into contact with the child and have suspicions about a possible case of abuse, neglect or ill-treatment have the obligation to notify the general direction of social assistance and child protection urgently".

The next day, Ana entered a state of psychomotor agitation with crying, tremors, the feeling that she was being followed by someone, which is why the father's employer requested the intervention of the ambulance service. Afterwards Ana was transferred to the C. Child Psychiatry Clinic which notified the GDSACP again.

Following this new situation, it was obvious that the minor could no longer be left in the father's care and another solution had to be identified for her. Thus, several steps were started in parallel:

1. Evaluation of the mother's situation to appreciate the possibility of establishing the minor's domicile with the mother; in this regard, a social investigation was requested at the mother's home in M. County, and several telephone discussions and meetings with the mother took place.

2. Requesting information from the E. village Police Station regarding the steps taken in the criminal case of committing the crime of rape against Ana, the accused person being the mother's concubine.

3. Evaluation of the father's situation by requesting information from the J. village Police Station about the complaints/reports registered at this Police Station regarding the father's person, and through the social investigation that had already been requested from the City Hall and, respectively, the discussions with him.

After Ana's admission to the Child Psychiatry Clinic, she was accompanied by the case manager to the Institute of Forensic Medicine for a medical evaluation and the issuance of a Medico-Legal Certificate. At the same time, the psychological evaluation of the minor and the counseling sessions for processing the traumas she went through began. The social worker consistently maintained contact with Ana, with the specialists from the Psychiatry Clinic and with the minor's parents.

During the hospitalization, Ana presents ideas of uselessness and devaluation, a pessimistic view of the future and suicidal ideation, feelings of discouragement and shame. She states that she has seen "a black figure" several times only in the evening, both in the room and outside, which she says, "I know is not true", but which causes her fear. She painfully remembers events from her childhood, relives these events with dissatisfaction and anger.

From further information obtained, the history of the teenager was better outlined: Ana grew up in a conflictual family environment, marked by alcohol consumption and the aggressive behavior of the father, as well as the extramarital relations of the mother. In 2014, the girl's father went to work in Italy, from where he periodically sent money to the family. Throughout this period, Ana had a rough time, her mother had relationships with several men, relationships to which Ana was a witness. When her father returned to the country, the divorce of the two parents occurred. Ana agreed to go with her mother to M. County, where she settled, and Patrik stayed with his father. In this way none of the parents had to pay alimony to the other.

*The problem-solving process. Intervention.* Considering the fact that the girl could not be discharged to the father's residence -due to the physical and emotional abuse committed by him-, but also not to the mother's residence because she lived with her concubine who allegedly sexually assaulted Ana and because social services did not identify, in such a short time, any relatives willing to take on the girl's upbringing and care, the only solution was an emergency placement in an residential center in C.

Given the girl's age (14 years old), it was explained to her why she cannot be left in the care of her parents for the time being and what the measure of protection through residential placement means, obtaining her consent for the proposed measure.

She was told about the residential center where she was going to go and was given some details about the other children in this center and the daily schedule and activities from there. Thus, an attempt was made to prepare the minor for the change that was to occur in her life.

The emergency placement decision was carried out on the basis of the Emergency Placement Provision of the general manager (director) of GDSACP C. no. xx/14.04.2017. According to art. 69(1) of Law 272/2004, the placement decision when there is no opposition from the parent or legal guardian, can be taken by the GDSACP general manager.

*L272/2004 art. 69*

*(1) The emergency placement measure is established by the director of the general directorate of social assistance and child protection in the administrative-territorial unit where the child is located (...) if there is no opposition from the representatives of legal entities, as well as persons who have in care or ensures the protection of the respective child.*

From the hospital, Ana went to the Emergency Placement Center. The discharge from the Clinic took place in the presence of the case manager within the GDSACP who presented the emergency placement decision papers to the attending physician. In this situation, the presence/agreement of the parents was not required for the discharge because during the emergency placement, the parental rights and obligations are suspended, and these rest with the Head of the Center where the placement of the child is established.

Ana spent the following months in the Center, together with the other 6 children from here. The accommodation took place relatively quickly, with the mention that she would have liked not to stay alone in the room, because, she declared, she was bored. Also, she would have liked to be visited more often by her mother, her brother and the M. family from J. village, a family with which she had developed attachment relationships. During the time she lived here, contact was made with the school where Ana was enrolled so that she could continue to attend. An educator was assigned to accompany her to school daily, the psychological counseling sessions continued, and the girl tried to comply with the Center's daily schedule.

Ana's favorite leisure activity was walking or playing games with the other children in the parks that were close to the Center. She enjoyed a trip that was organized on the Black Sea coast in the summer of 2017, a trip in which the other children from the Center also participated. Since Ana stayed in this unit for a long time (3 months) and was involved in various enjoyable activities, at one point she mentioned the fact that she no longer wants to leave. It was explained to her that the Center is one for emergency situations, and that children can live here only until a long-term solution is found for them. At the Center, Ana was visited by her brother and the M. family.

*L272/2004 art. 68*

*(5) During the entire duration of the emergency placement, the exercise of parental rights is legally suspended, until the court decides on the maintenance or replacement of this measure and on the exercise of parental rights. During the period of suspension, the parental rights and obligations regarding the child are exercised and fulfilled, respectively, by the person, the family, the maternal assistant or the head of the residential service who received the child in emergency foster care, and those regarding the child's assets are exercised and, respectively, fulfilled by the director of the general directorate of social assistance and child protection.*

The girl's psychological counseling process began at the Child Hospital and continued during the period in which she was in the center. The psychologist who worked with Ana found that she shows self-rejection beliefs stating that her parents "don't want me in their family" and "don't care" about her. Ana was told by the case manager from GDSACP that her parents do not have the right to visit her at the center. She continues to show ambivalence, saying that "only my mother didn't let me down" but she refuses to live with her, and her Dad is "bad" but immediately states that she wants to live with him and has unrealistic expectations about the

father's drinking problem and how he would act in the future. Furthermore, it justifies and normalizes the abusive behavior of the father. These manifestations of ambivalent attachment are specific to children who have gone through situations of abuse and neglect.

While her staying at the Center, Ana engaged in self-aggressive/suicidal behaviors: she voluntarily ingested a large amount of shampoo and cut her wrists. The psychologist noted the presence of suicidal ideation and recommended increased monitoring of the girl. The psychological counseling took place with great difficulty, Ana did not cooperate and refused to communicate with the psychologist, according to the data recorded by the specialist. At the end of one of the counseling reports, the psychologist recommended the appointment of another specialist to work with the child, but no other specialist was appointed.

During the period in which emergency placement was being established for the girl, her father expressed his concern that his daughter had started a relationship with R. (a former colleague of the father), with whom she wanted to run away from the Center. Mr. M. confirmed that on Ana's phone there is an exchange of messages with R. in which they planned to leave together. A question arose here: how come M. family had access to Ana's phone and messages? The case manager further explored this information and drew the conclusion that Ana was confident with M. family and confessed to them often about her life. From the official research undertaken, it was found out that R. is employed as a caretaker at a cow farm, has psychiatric problems, but they are kept under control by medication. R. is a young adult who was previously employed by the M. family, whom they say received him out of pity 4 years ago because he was beaten and abused in his own family.

According to the provisions of Child Law, art. 70 par. (1), within 5 days from the establishment of emergency placement, the proposal regarding the placement of the child (to a person or family/professional maternal assistant/residential type service) or its reintegration in family must be submitted to the Court.

Therefore, the two opportunities offered by the law for establishing Ana's future situation were analyzed. For family reintegration Chil Law, art. 58(4) stipulates that "child reintegration into the family, as an objective of the individualized protection plan, is established with the mandatory consultation of the parents and extended family members who could be found". When considering the possible reintegration into the mother's family, it was taken into account that the mother had visited Ana at the hospital several times, and the teenager enjoyed each time and wished that the mother would come to visit her more often. The mother, however, remained constant in her wish for a protective measure to be instituted for her daughter. She also gave a written statement to this effect from the time when Ana was hospitalized at the Child Psychiatry Clinic. She also stated that she does not believe her daughter was sexually assaulted. The mother was informed by the case manager that Ana will be able to return to live with her under one condition: the alleged aggressor of the girl leaves the mother's residence (a reintegration into the family cannot be achieved when the child-victim will live together with the alleged abuser). The mother has firmly stated that she does not want to separate from her cohabitant, even if this means that her daughter will end up in the child protection system and will no longer be able to exercise her parental rights and obligations towards her. In the discussions she had with the case manager, Ana's mother, always maintained the idea that her daughter was not sexually abused. She expressed her belief that if there were sexual relations between Ana and the alleged aggressor, they took place "on the initiative" and "with the consent of the minor". At one point, the mother claimed that Ana would have received money for having sex with her concubine. From the discussions with the girl's mother, the case manager was able to notice the detachment, almost indifference, the lack of empathy that she showed when talking about the alleged sexual abuse to which her daughter had been subjected, a fact recorded by the case manager in the mother's psycho-social evaluation report.

Question risen: At that time, was the mother advised on how to break away from the relationship with the allegedly abusive adult if she so wanted? In 2017 she was living with her

concubine and had no job. Case manager reported several direct counselling meetings and discussions over the phone with her. During these meetings, one of the topics was the financial, material, emotional etc. support that she can receive if she decides to become independent. At the time, the PSAS in E. did not make any attempt of counselling the mother because a possible Service Plan (SP) was excluded due to the Individual Protection Plan (IPP) from the GDSACP that had already been developed because of the ill-treatment suffered from her father and the suspicion of sexual abuse at the mother's home.

From the discussions with the mother, it was found out that the history of sexual assault is older in Ana's case. Her mother stated that two years ago (when Ana was 12 years old) Ana ran away from home with a boy and was allegedly raped by him. There are reasons to believe that the event happened because her father provided the information that while he was working in Italy, Ana became pregnant and asked for money from the M. family to terminate the pregnancy. Question risen: Why is the mother willing to consider her daughter's sexual relationship with a boy as rape and the sexual relationship with her concubine as a consensual relationship? Is this a signal of the fact that she is financially, but not only, dependent on him?

Her mother requested the establishment of a protective measure for Ana and she did not change her decision even though she was told that, in this way, she was willingly renouncing her parental rights towards her daughter.

Regarding the sexual abuse that Ana claims she suffered, a response to GDASCP C. was received from the E. village Police Station according to which the criminal case was still being judged, not having been finalized at that time. We used the term "abuse she claims to have suffered" because there were no data to officially confirm it at that time, and not because the girl's testimony was not believed. Later, when the case was taken over by GDSACP M., and Ana was already living at her aunt's home, the sexual abuse was officially confirmed.

When considering the possibility of reintegration into the father's family, the fact that the girl's father did not express a clear position regarding his daughter was considered: he had periods when he requested that Ana return to his residence, but also times in which he recognized the fact that he cannot manage the tense relationship he has with her. He admitted that he is an impulsive person who cannot control his anger and is aware that episodes like the one in which he physically assaulted Ana could be repeated at any time, possibly much worse than the one that happened the first time. Moreover, from the address received from the Police Station in J. village, it appears that the father is registered here with several reports regarding the violation of public order and violent behavior in the community and in the family, facts for which he was fined. For the aggression against his daughter, Mr. N. was charged with the crime of domestic violence. For her part, Ana's mother described him as being a violent person with an excessive alcohol consumption, also stating that during the period when he was consuming alcohol, the father used to beat his children.

The severity of the last two abuses to which Ana was subjected: in the father's family, physical and emotional abuse and physical neglect, and - in the mother's family - sexual and emotional abuse, to list only the obvious ones, as well as the parents' lack of willingness to try to offer Ana a secure living environment, led the specialists from GDSACP to the conclusion that it is not possible to reintegrate the girl into her biological family.

During the discussions with the case manager, Ana stated at one point that she has three cousins institutionalized at a family-type home/center (FTC) in C. County and she would like to go and stay with them. In this situation, a request was made to the family-type houses within the GDSACP C. for the identification of the girl's cousins. From the response received from the FTC it appears that two of the cousins indicated by Ana "have no knowledge of the minor N. Ana and have no data regarding the degree of kinship with this child", and the third declares that "Ana is a cousin of hers, spending part of her early childhood with her, but for about ten years she had no contact with her. About a week ago, Ana identified her on a social network, thus resuming contact". The official answer received ends with the mention that, at the present moment, all the places in their family-type house are occupied.



In this situation, Ana's placement in the extended or substitute family was taken into account and the girl's relatives were searched for. Initially, the M. family was taken into account, the family that had employed the girl's father at the sheepfold where he worked. Ana stated that she is very attached to this family, she learned many useful things from them, the M. couple are reference persons for her and she would like to stay in their family. The M. family visited Ana several times when she was at the Emergency Placement Center. The social worker got in touch with the M. couple, but they had declared that even though they will continue to support Ana's family materially/financially, they cannot take on the upbringing and care of the girl. Another impediment for Ana's placement in this family is the proximity of the residence of the two families (Ana's father lives in the courtyard of the M. family).

Since no relatives of the N. family were identified within C. County, with whom Ana's placement could be established, the case manager took into account the possibility of a placement in M. County, since the minor's permanent residence is in this county and from the social investigation carried out at the mother's home, it turned out that Ana has an aunt in the town of R., M. County.

The PSAS from R. City Hall was officially requested to contact the minor's aunt and evaluate the possibility of a placement in this family. The response received was a favorable one, the maternal aunt agreeing with the placement of the niece in her family. In this situation, GDSACP M. was contacted and the evaluation of the maternal aunt's family as a foster family was requested. The evaluation procedure lasted approximately one month, during which the following steps were taken by GDSACP M.: social evaluation - visits to the family to evaluate the housing situation, the family environment, the space that will be intended for Ana to live in and so on -, the financial assessment - the request for income documents for the two spouses -, the psychological assessment of the maternal aunt's family - medical documents were solicited. Documents related to the level of education for the two spouses and their criminal records were also asked for. Later, the GDSACP from M. County received the situation report regarding the evaluation of the maternal aunt's family, a report by which the GDSACP states that this family meets the conditions to receive a minor in foster care. The next action carried out by the social worker was the request to change the emergency placement from the C. city Emergency Placement Center to placement in the maternal aunt's family residing in R. township, M. County.

According to art. 65(2a), the placement measure "is established by the court, at the request of the GDSACP" if it is "necessary to replace the emergency placement ordered by the GDSACP". The request was submitted to the C. city Court, which issued a Civil Sentence in this regard. Ana, Ana's parents, maternal aunt's family, GDSACP C. and GDSACP M. were summoned to the Court. All the cited parties were heard by the judge, and they were asked for their opinion regarding the establishment of this protective measure. All those present agreed with the placement measure, except for Ana and her father: father remained undecided, and Ana stated that she got used to the Center where she lives now, she likes it a lot in C. city and no longer wants to leave here. It should be mentioned the fact that during the emergency placement, the girl constantly affirmed that she agrees with the placement in her aunt's family, and there are written statements of hers in the file.

However, Ana changed her mind in the meantime and expressed her new option in front of the judge. Faced with this situation, the judge requested a separate hearing of the minor, in order to find out the reasons why she does not agree with the placement. According to the Child Law, the minor is heard in Court from the age of 10, and if his/her degree of maturity allows, even sooner than this age. Ana is 14 years old, so her consent was necessary.

*L272/2004 art 57*

*(2) Special protection measures for children who have reached the age of 14 are established only with their consent. In the situation where the child refuses to give his consent, the protective measures are established only by the court, which, in well-reasoned situations, can override his refusal to express his consent to the proposed measure.*

After the hearing of all parties presented at the trial, a second trial term was not given, the Court ruling within 2 weeks. The Judge concluded for family placement within the maternal aunt family despite the prior refusal of the girl, because art. 57 (Child Law) stipulates that the court can override the refusal to express consent in “well-reasoned situations”. The judge considered that the girl's motivation was not strong enough and, as an alternative, institutional placement was not a priority over family placement.

The Civil Sentence issued by the C. Court established the placement of Ana in the maternal aunt's family, the payment of the placement allowance in the name of the maternal aunt, the delegation of parental rights and obligations to the General Director of GDSACP M., as well as the obligation of the 2 parents to provide a number of 40 hours/monthly for actions/work of local interest throughout the maintenance of the special protection measure in the administrative-territorial area where they have their domicile or residence. The last part of the sentence was possible because art. 67(1) from Child Law provides for the right of the court to request from the parents, in case of placement, a monthly contribution to the maintenance of the child, under the conditions established by the Civil Code, and art. 67(2), stipulates that if the payment of the child maintenance contribution is not possible, “the court obliges the able-bodied parent to provide between 20 and 40 hours a month for each child, actions or works of local interest, during the application of the special protection measure”.

After the issuance of the Civil Sentence, Ana was moved from the Center to the foster family, the minor's file was transferred from GDSACP C. to GDSACP M., as well as the appointment of a case manager for Ana within GDSACP M. The case manager from M. has the task of further monitoring the adaptation and evolution of the child in the foster family. The case manager is also the one who supported the foster family in carrying out the steps to transfer the teenage girl to one of the schools in the municipality of R. town and to a family doctor, the state allowance and the request for the foster allowance.

*Institutions involved in the process of instrumenting this case, where the establishment of a special protection measure of placement was required, were:*

*GDSACP: GDSACP C.* - through the social worker in charge of the case - coordinated all the steps taken. The emergency placement center provided accommodation for the minor during the emergency placement period; GDSACP M. for the evaluation of the maternal aunt's family in view of the agreement for her to become a foster person, for taking over the case of the minor N. Ana following the issuance of the Civil Sentence

*PSAS: PSAS J.* for the evaluation/social investigation carried out at the father's residence, *PSAS E.* for the evaluation/social investigation carried out at the mother's residence, and *PSAS R.* for evaluating the possibility of a placement within the maternal aunt's family. R. City Hall was requested, through an official request, to contact the minor's aunt and evaluate the possibility of a placement in this family.

*Police: J. Police Station* and *E. Police Station* provided information regarding the reports/criminal files in the name of Ana's father, respectively of the girl's sexual abuser and accompanied the social worker and the minor for the Institute of Forensic Medicine expertise

*Medical units: Institute of Forensic Medicine* for the medico-legal expertise required in the Court; *Child Psychiatry Clinic C.* for medical examination and treatment of Ana, referral of the case to GDSACP C., provision of information on Ana's state of health, and collaboration in the social assessment of the family; *Emergency Medical Unit (EMU)* from G. town and C. Town who provided emergency medical services; *Family doctors* from J. village and R. town: for transferring Ana from the family doctor in J. village to a family medicine office in R. municipality

*School units:* for the transfer of the girl from the school she attended in C., to one of the schools in R. municipality

*Law Court: G. Court:* for the custody of the children during the divorce and the girl's change of residence, and *C. Court:* for the replacement of the emergency placement measure with the extended family placement measure (maternal aunt).

## 5. Discussions

This paper tries to illustrate, through the case management method, how a situation of ill-treatment of a minor was and can be solved. The steps taken, the institutions empowered to intervene, the resources involved and the final protection solution that was taken, were included here. As the law stipulates, the first step is trying to reintegrate the child into the natural family and unless possible, integration into the extended family will be attempted, the last resort being a permanent measure in the form of adoption. For this reason, Ana was integrated into the extended family (art. 58(3), Child Law). There are, obviously, some questions that can arise in such situations which can constitute topics for consideration. For instance, how can we effectively prevent such cases of maltreatment? What can be done in practice in order to strengthen primary prevention? For what reason was the 5-days deadline provided by law for emergency placement not respected? How can we improve the intervention so that this term is respected? Alternatively, are the deadlines unrealistic, and should they be changed? Would it be necessary to amend the law so that these terms vary? Under what circumstances and how? Emergency placement lasted 3 months. What is the usefulness of specifying the length of an emergency placement if it may not be respected? Are there legal measures taken when a professional does not notify GDSACP of a case of possible ill-treatment?

Lane, Bair-Merritt & Dubowitz (2011) underlined the importance of surgeons in identification and management of child physical abuse due to the fact that child maltreatment may be associated with higher rates of morbidity and mortality (2011, p.264). Why didn't the doctors at the EMU report Ana's case when they treated her? Ana's mother claims that, before the age of 14, her daughter suffered a medical termination of pregnancy. How did the doctors record this aspect? Why was it not reported? Child protection rights may not be well known or respected even by professionals that are directly collaborating with social workers (such as doctors, teachers etc.). How can we reinforce children rights if there are no direct consequences of non-compliance with the law?

## 6. Final considerations

In 2017, the Ministry of Labor and Social Justice, through the National Authority for the Protection of Child Rights and Adoption, in collaboration with UNICEF Romania and the Camino Association, published a report entitled «Summative Evaluation of the Model "First priority: No 'invisible' child!"» which reviewed the results of a model of good practices in intervention, called *Aurora*. The project proposed drawing a unified approach in the identification and complex evaluation of the cases of vulnerable children in difficulty and their families. *Aurora* had two components. The first involved the recording of data in electronic format directly on the spot with the help of a tablet, starting from a pre-existing interview guide. After recording the data, a diagnosis regarding the vulnerabilities of children and women in the household and a package of basic services were generated. The second component aimed at a local, county and national unified data registration platform starting in 2014. Among the situations of vulnerable children, according to the project, there are adolescents who have risky behaviors regarding sexual activity, pregnant adolescents, children at risk of violence or neglect in the natural family, children who live in unhealthy living conditions (Summative evaluation of "First Priority: No More 'Invisible' Children!" modeling project in Romania, 2017:p.3). "Hidden in plain sight. A statistical analysis on violence against children" (UNICEF, 2014, p.17) highlighted the idea that states should improve specific data collection and the national information system in order to identify vulnerable children and develop a system of tracking progress over time, to which the Romanian project presented above was congruent.

Despite all the legislative efforts and the establishment of good practice models, there are still many "invisible" children. What else needs to be done to detect maltreatment effectively or to have a fluid, coherent case management, with a good coordination of inter-institutional relations? The World Report on Child Violence (Pinheiro, 2006:21) gives us a

partial answer, recommending a friendlier and more accessible system, both for children and for the adults around them to report cases of ill-treatment of children.

#### *Appendix A*

The timeline of the intervention

2016 - Parents' divorce, the girl moves to her mother's home

09.02.2017 – Request from the father to the court G. for changing the minor's domicile at the father's address for reasons of abuse and neglect while she was entrusted to the mother. She did not end up being entrusted to her father due to the abuse committed by him before the court ruling

09.03.2017 – The girl was hospitalized to the Pediatric Psychiatry Clinic (PPC) for depressive states.

15.03.2017 - An official letter was sent from the Pediatric Psychiatry Clinic to GDSACP for the case to be recorded. The girl's depression, the suspicion of sexual abuse and attempted suicide, the father's alcoholism are cited here.

21.03.2017 - The GDSACP's case manager goes to the PSAS J. for the child's psychosocial assessment, on the basis of which a complex assessment report was drawn up, with specific recommendations to the PSAS J.

2.04.2017 – Ana is physically abused by her father, arrives at EMU G. from where she is discharged and taken to her father's house.

4.04.2017 - Ana went into a state of psychomotor agitation, Mr. M. called emergency services, and an ambulance took her to EMU C. then to the Pediatric Psychiatry Clinic.

5.04.2017 – An official letter was sent from the Pediatric Psychiatry Clinic to GDSACP. Ana was hospitalized for 10 days after the physical abuse

14.04.2017- Emergency placement occurs because of her father's physical abuse at the request of the GDSACP director

24.04.2017 - An individual protection plan for placement was started

18.07.2017- Placement measure decision with the aunt

#### *Appendix B:*

Abbreviations

SP service plan

IPP individual protection plan

GDSACP General Directorate of Social Assistance and Child Protection

NAPCRA National Authority for the Protection of Children's Rights and Adoption

UNCRC The United Nations Convention on the Rights of the Child

PSAS Public Social Assistance Service

FTC Family-type Center

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*Legislation:*

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