



Acquiring knowledge and
raising the quality of services
targeted to minors victims of violence



MAPPING QUALITATIVE REPORT

WP 4.1

(partner coordinator: Synergia s.r.l.)

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1. INTRODUCTION

The mapping of the experiences of the services promoted by local health authorities, municipalities, social private sector organizations or other actors for the benefit of abused children in the framework of Phase 4 of the Daphne III Program “*ACQUIRING KNOWLEDGE AND RAISING THE QUALITY OF SERVICES TARGETED TO MINORS VICTIMS OF VIOLENCE*” took place in the Lombardy Region (for Italy), in the Valencia Region (for Spain), in the Ile de France Region (for France), in Bucarest e Timisoara Districts (for Romania), in Sophia e Burgas (for Bulgaria) with the cooperation of different actors. The core of this action was the identification of services and an information gathering both from institutions active in the field and directly from In each partner country about 20 referees has been interviewed, following a common interviews outline, see Appendix, and methodology, in order to obtain comparable results.

These k-persons has been selected within these following groups:

- Institutional Referees of the regions/municipalities, responsible of the coordination and management of health and social services and of monitoring institution/observatories selected in the geographical areas of inquiry.
- Personnel of local services (e.g. social assistants, teachers and personnel of schools of any level, police operators, first-aid operators, etc.).
- Personnel of social and health services directly targeted to minors victims of violence and other figures of specialist and referees of pilot and experimental programmes targeted to minors victims of violence developed in the geographical areas of inquiry (e.g. psychologist, psychotherapist, neuropsychiatrists, paediatricians, etc.).
- Referees of national and local associations responsible of awareness campaigns against minors abuse, of action in support of minors and families in the care process (eg. associations of families, organizations of foster families, awareness groups, etc.).
- Users of services.

The interviews mainly contributed to support each partner in elaborate a first check list of services to map, understand the set of local actors involved in the whole process of care of the abused minors (detection, protection, evaluation, treatment); to gain information for the selection of good practices (Phase 5).

Here following the report collects the interviews results of each AKNOW MV partners country (Italy, Spain, France, Bulgary, Romania) and a comparative scheme of conclusions, identifying the main attention points to the following project phases.

2. THE ITALIAN CASE

1. The phenomenon of violence against children

- No significant increase in the phenomenon is stressed, but changes in the context: some interviewees notice an increase in the **conflict within couples** and, accordingly, a **conflict during separations**, which carry with them exploitation of children, witnessed violence and psychological abuse over minors.
- Migrant families are also having problems (stress and difficulties in families reunions).
- Sexual abuse is across social classes, whereas other forms of maltreatment are more spread within low status families.
- Some territories observe an increase in **sexual abuse by under 18 over other minors**.
- Some **adoptions are difficult** also due to prior abuse of the adopted children.
- In general, the **increase of detections and alerts** is seen as a positive sign of emergence of the phenomenon.

2. Organisation of the services

The main actors dealing with the problem of violence and having direct responsibility over cases are **Municipalities** and **Local health authorities**, but **the organisation and supply of services is not homogeneous among territories**. The relationships between these subjects are often difficult.

The desirable integration of social and health services targeted to minors and their families (see the regional guidelines), which would require a strong central coordination or a clear division of labour is hampered by a division between social and health competencies which risks creating **scarce continuity of care, fragmentation of actions, overlap among actors, incoherence among services**, conflict regarding the paying responsibility, especially in the current situation of scarce money investments.

The Region is experimenting district teams called Etim, composed by professionals from municipalities, hospitals, mental health and drug prevention wards. The actual implementation of these mixed teams is again not homogeneous on the territory and diversified but it could be a good starting point for a more strong governance and integration.

Generally speaking, the local health authorities have in charge (but this point is not always true in all territories) the clinical evaluation and therapeutic treatment competencies, although in some cases implements also prevention actions, whereas beforehand (before the 2001 law) they had a larger responsibility in this field.

This change in the law provoked a **dispersion of skills**. Some referees stressed the important role that *family planning centres* (consultorio familiare) could in theory still assume for a good alert system and diagnosis aid in this specific policy field.

Neuropsychiatry, according to some, is not always able to deal with cases of violence and ends up externalising this function to specialized centres.

Municipalities **organise their child protection service in different ways**: some, especially small ones, supply the service at a district level through special bodies which group more municipalities together; some keep it internalised. Some would like, because they have internal competencies, to supply also health services (like psychotherapy) by are not allowed by law to do so.

There are also third sectors private organisations, specialised in the field, who collaborate with public bodies (municipalities and health authorities), by whom they are paid, to supply specialised services. Milan is a strong centre of activity in this respect.

In this situation of services organization the referees asks for a reduction of fragmentation and stressed the importance of setting resources to improve coordination between the different actors of the children care system (schools, family centres, neuropsychiatric services, etc.) and also with the different Justice Authorities. In this direction the referees aims at avoiding overlaps of functions, problems of conflicts of responsibilities, dispersal of resources, fragmentation of care paths. The possibility of a stronger coordination within different actors is also strategic to improve the constitution of

multiprofessional staffs or territorial pool able to connect different disciplinary background and approaches (psychiatric, psychological, sociological, educational, juridical, etc.) to reach a deeply understanding of the social, economic and cultural contexts of families and minors and reconstruct the framework of resources and relationships around the minors victims of violence.

To understand the variety in territorial organization of services, see the report regarding the services mapped in Wp 4.2.

3. Specialised services

Because of the specific and multidimensional problematic of the phenomenon the referees underline the **strategic importance of the presence of specialised services** (i.e. in Bergamo there is a specialised centre for sexual abuse, which implemented also prevention campaigns in schools).

There are also different **organisations of the third sector**, that have existed for a long time, are specialised on the issue and supply services, on behalf of public bodies as well as for private clients (i.e. CBM, CTA, Centro TI Ama, etc. with different specializations and approaches in delivering services).

Due to the reorganisation of the public supply – the dismantling within the local health authority of the child protection unit (UTM), which used to have a coordinating role and employed for instance the services supplied by the centre for psychology for children and adolescents (CPBA), the role of the specialised centres managed by organisations of the third sector is very important, because of their experience in the field.

However, also these centres suffer for the **decrease of economic resources** invested on the subject and are not able to supply services for free. The referees of these centres underline the importance of prevention, information and sensitisation strategies.

4. Prevention projects

Expert witnesses account especially for actions within the **school context**, that are considered necessary for the emergence of the phenomenon. Teachers are the main target of these campaigns. Some referees stressed in particular the importance of working directly with the children and they complain of the scarce effectiveness of press campaigns or of awareness campaigns addressed to a too generic audience.

The body in charge of prevention can be the municipality or the local health authority, but funds are little.

Another important target is the **police force**, who need to be able to detect signs of violence. Also health services, such as first aid, need to be sensitised.

5. Strengths of the services network

- **Innovative methods** (at least for Italy) which prove efficacious, such as group therapy for authors and victims;
- **Motivation and experience of single workers**, which is a key factor for success in working with families;
- The presence of **well-established private organisations**, with strong competencies;
- **A good level of collaboration between public and private organisations**;
- The presence, in some bodies, of **multi-professional teams**;
- The presence, in some territories, of **prevention projects**, especially in schools.
- At institutional level the existence of well-established **guidelines on services organization and development**

6. Weaknesses of the services network

The legislative changes, which shifted the division of labour between public bodies, created a **dispersal of competencies**.

The division of labour between social and health sector, together with the **absence of a strong coordination of actions**, can produce weak integration of services and difficult collaboration.

Local health authorities in particular complain about municipalities: the lack of prevention campaigns by municipalities; a waste of economic resources; a failure in taking responsibility over the initial evaluation and in implementing social and educational services and the heavier stress over the safety of the child instead of the general strategy for the family.

Municipalities complain about the local health authorities that they are too far from the territory, they take too long for diagnoses and are not willing to pay for necessary therapies.

The **relationship with the judicial system is also critical**, especially due to long and bureaucratic procedures for the decisions regarding the child victim of violence.

The **different organisational solutions adopted by municipalities** and situations of territories where the actors are still looking for a new organization of services and competences and did not yet reach an agreement about the division of labour and economic competencies in this field at the time of the interviews.

Monitoring and follow up on cases is seldom implemented.

Life-long learning and supervision of the public services personnel are often overlooked due to lack of resources. European funds are rarely used.

7. Indication for good practices

Many respondents explicitly referred to guidelines as benchmarks for identification of good practices. For a better clarity, we divided indications collected in some different dimensions, as reported below:

a) Resources

In this dimension we take a look at the means fielded for the achievement of institutional objectives (e. g. child protection and care, recovery of the family, etc.). The resources counted here declined into:

- Financial resources;
- Organizational resources;
- Professional resources.

In this dimension we consider also working methods.

1. Guarantee of social workers and professionalisms exclusively dedicated to the service;
2. presence of coordination figures (for management, evaluation and support to operators)
3. introduction of specific person for the coordination of services with the Juvenile Court
4. introduction of professional person and tools careful to cross-cultural aspects and issues related to migration experience in working with immigrant families
5. Introduction of case manager figures who can follow cases to ensure the continuity of care and to avoid fragmentation
6. research methods which take into account the socio-economic context of the family and of the subjects involved, for a proper evaluation of conditions in which violent behavior do originate
7. holistic approach that takes into account the complexity and the multidimensional nature of determinants
8. intervention methods which ensure ongoing and ex post evaluation and follow-up
9. resources dedicated to a communication targeted to presentation of services offer and to awareness related to these issues

b) Provided services

In this dimension we consider activities carried out by services to reach institutional objectives. Here we take into account also socio-economic characteristics of the users and different kind of problems they show.

1. provision of training initiatives and support for foster families to prevent failures of foster care
2. development of specific interventions to support the parental role (prevention)

3. supply of interventions more specialized and more careful to emerging issues
4. supply of specialized training and refresher courses for social workers and school operators
5. range of prevention projects for children and families.

c) *Services network*

This dimension refers to characteristics of relationships and the composition, which services start up in the area, for the coping of phenomenon (both in the operative aspect and in the local planning).

1. introduction of a relationship protocol to contain or prevent fragmentation and dispersion
2. introduction of a case management that aims to enhance the continuity of care
3. introduction of protocols for the management of relations between other local resources.

Some experiences suggested as good practices –or, simply, as some good experiences – by privileged witnesses in phase WP 4.1:

Prevention: *Lupus in fabula* project

Training: *Pollicino* project

Intervention: *ASL Bergamo – Centro per il minore e la famiglia*

Territorial organization: *ASSEMI – San Donato Milanese*

Coordination: *ETIM – Regione Lombardia*

Specialization: *Pool Famiglia* of police force.

8. The voice of users: the case of the clients of Centre for child and family of Bergamo

During the mapping phase two focus groups (one involving a group of parents and one involving a group of minors victims of violence) has been developed in Centre for child and family, a care unit of the Health Local Authority of Bergamo.

Here following we report shortly the main issues underlined during the groups discussion.

Regarding the stage of contact with services, the users have declared the importance of these qualities in staffs: kindness, willingness, quietness, capacity of listening, capacity to understand the situations. More than one of the participants have expressed the displeasure for the end of the treatment process.

Regarding the care phase the clients has discussed the importance (and the real capacity of the Centre) of guaranteeing a service really tailored to the specific needs of the minors and their families, composing different intervention strategies and approaches (individual therapy, group therapy, etc.). In terms of organizations and resources these following are the main features indicated by users: a good structure provided with places able to protect privacy, a proper number of staff components, a proper availability of time (because of the difficulties related to the expression of problems and communication of them).

3. THE SPANISH CASE

1. The phenomenon of violence against children

In the field of minors victims of violence, the main important problems in this region are:

- the lack of specialization of the personnel who attends to the minors, both for his detection and for his treatment (of professionals or host family),
- the rise of bullying,
- the few formation and the bad coordination of the different administrations.

The items most difficult to prevent are the abuses over short age minor, the abuses inside the families or institutions and the ill-treatment psychological.

In this field the actions most urgent are:

- to find more specialized resources,
- to carry out a protection plan for each minor,
- to carry out specific plan to youth-children's mental health,
- to support a better coordination between administrations, to rise if nurseries and day care centres,
- to increase of inspections.

2. Services organization in the territories

Three main groups of services:

a) SEAFI'S (specialized services of family and childhood attention)

Specialized municipal equipments which its object is the intervention in families that they find in situation of vulnerability or conflict. They realize an attention specialized after a intervention the Municipal Equipments of Social General Services. The services attend vulnerability or familiar conflict, which could be solved by means of orientation psychosocial, familiar mediation, or familiar therapy.

b) Day care centres

Preventive resources for minors in situation of risk in order to anticipate or prevent any potential situation of risk or abandonment, giving priority to the educational, social and therapeutic interventions. They can be public and private, though they must join the actions and be coordinated by the local's social equipments.

c) Residential care centres

Residential welcome of a minor whose guard or guardianship has been assumed by the Regional Government. There are different kinds of centres: receipt center (or the first reception, of immediate attention), reception centres (depending on ages and profiles in some cases, for minors of all the ages and with maximum capacity of 30), functional homes (3 and 5 minors where live with an educator) and the emancipation centres (young people between 16-23 year-old where there are some labor insertion plans)

3-Specialized and prevention services

Five main groups of services are related to this area:

a) Psychological Advice service to Minor Victims of Sexual Abuses

Service realized by clinical psychologists specialists, that he attends to minors of the Protection system, assuming his diagnosis and treatment. The professional actions are based on the diagnostic assessment, the treatment of minor victims and appearance in court.

b) Labor guidance and insertion service to minors belong public protection system

The aim of this service is to promote personal and labor improvements in these young people by the accompaniment and advice in searching formative actions.

c) Minor's telephone number

It is a free public telephone (900 10 00 33) who works uninterrupted 24 hours a day, offering an immediate answer.

d) Services for Educating families

Equipments of intervention and follow-up of the minors' familiar welcomes and guard in foster family (foreign family), that one that does not have relation of kinship with the minor.

e) Familiar meeting points

Neutral place for the fulfilment of the rate of visits of the minors with juridical measure of protection, with his progenitors or other family.

4. Strengths-weaknesses of the services

On the basis of observation collected from referees and k-experts is possible ot individuate the following aspects, elaborated following the Swot Analysis scheme:

Strengths:

expand and theoretical legal base; big net of experts, existence of action plans.

Weaknesses:

a slow system to make decisions, bad coordination among public administrations, a less specialization in ill-treatment (examination and treatment)

Opportunities:

good and fast results, good local services net, fast protection actions.

Threats:

if the system fail the consequences are very serious, following different coordination lines between local and regional services (less coordination).

5. Proposals for the improve of the system and indication of good practices

5.1. *Collected indication for the improvement of the system:*

The system must be: Accessible, multidisciplinary, individualized plans for each person, to give priority to victims of violence, who establish a few clear aims.

5.2. *Good practices*

Home assistance of pediatrics nurse to children till 2 years old. Evaluation system of the centres. A manual of Management Good Practices of Minors' Centers.

4. THE FRENCH CASE

The purpose of the Phase 4 was to map out, based on questionnaires, different existing caretaking services concerned with children victims of violence, to analyze their operation and the coordination between them.

Several trends emerge from the questionnaires: first of all, the different types of physical or psychological violence against children are exercised within the family, between young people (including in school) and within the institutions.

Concerning responses to these types of violence: although there are very different structures present, the majority of those involved knows little about them. One reason is the lack of coordination between services and probably the lack of centralized information. Finally, it appears that certain categories of victims of violence are very poorly protected, particularly the unaccompanied minors.

1. Local contextualization of the phenomenon

- The form of violence most regularly reported is that within the family.
- Besides physical violence, psychological violence is almost always mentioned.
- Violence between young people is very frequently reported.
- Apart from these classical findings several new issues are emerging: the communal violence (especially religious) and the institutional or societal violence.
- All this stems from the model of support service or from the racism or xenophobia present in society. In the end, respondents are concerned by two types of target population: the unaccompanied children and children exploited in networks.

a) Forms of violence that require implementation of solutions very quickly: are family violence (psychological, physical, sexual) and psychological violence. A particular attention has to focus on violence related to trafficking of children (child prostitution, forced labour, slavery,...).

b) The types of violence that is most difficult to tract are in particular violence within family and psychological violence. Particular attention has to be dedicated also to the institutional and societal violence.

2. Identification of services or programmes and their characteristics.

a) Listing according to the institutions Welfare for Children - Judicial Protection of Young Persons – Associations, and indicating DK:

- Alarming Reports Reception Unit: collection, processing and evaluation of alarming reports at the departmental level
- Welfare for Children: prevention, protection and fight against the mistreatment of minors
- Various associations authorized and mandated by Welfare for Children for:
- Measures of keeping children at home: Educative Action in Open Custody (AEMO – judicial) et Educative Action at Home (AED – administrative)
- Protective measures with separation: placements (Foci, Welfare Home for Children, Children's Villages, Host Families...)
 - Various prevention structures: Mother and Child Care, Specialized Prevention Clubs, Emergency Accommodation Services...
- The service of Unit for Accommodation of Children at Risk of University Hospital Centre Nantes provides multi professional consultation to children who are victims or who are at risk
- Police
- Social workers
- Child Abuse Hotline Call 24 h/24
- Free-Call Number: 119
- Call Number Youth Health in the School of Parents and Educators Free-Call Number: 0800 23 52 36
- SOS Violence Call Number: 0801 55 55 00

- French Union for Children's Rescue 53 rue Reaumur 75002 Paris Tel: 01 42 21 02 13 or 01 42 36 05 84
- The Foundation Movement for Children's Villages is protecting for over 50 years children in danger by hosting children and adolescents entrusted by the courts of justice. Within its Children's Villages and homes, groups of victims of abuse or serious neglect find happiness and grow together in a family environment, in calm and stability.
- Associations of psychosocial support: Primo Levi, the centre of psychological trauma, Parcours d'Exil, Minkowska Centre
- House of adolescence (reception, monitoring...)

b) Through legal support:

- The Network Education Without Frontiers (RESF): network of activists fighting for the education of children regardless of their origin and their situation in France.
- Movement against Racism and for Friendship among Peoples (MRAP): non-governmental association which fights for equality among citizens. Legal aid and support in some administrative procedures.
- Specialised bodies to combat violence against minors or involved in tracking and guidance:
 - Juvenile court judge: protection of minors within judicial procedures
 - Judicial Protection of Young Persons: operates in all matters involving juvenile justice.
 - The Brigade for Minors: reception, receiving complaints, referral for minors. The brigade is equipped with qualified personnel; it ensures protection and relay on the management of care and accommodation of a minor in an emergency situation. We work in conjunction with this service.
 - Judicial Medical Unit: units within hospitals dedicated to children that are victims of abuse and/or sexual violence.
- VERSINI system: Protection of children in Paris
- Hors La Rue (HLR): An association which takes action concerning foreign minors, especially from Romania, who are homeless, isolated and/or in danger in the Paris region.
- The daytime care platform France Terre d'Asile: reception, company and legal assistance and monitoring of unaccompanied minors seeking asylum
- Enfants du Monde - Droits de l'Homme (EMDH): an association acting to protect children at risk and to recognize the child as an individual subject of law. The daytime care activity was recently adopted by the French Red Cross.
- Parcours d'Exil: reception and treatment of victims of torture.
- Psychotrauma Centre: centre specializing in the treatment of psychological trauma disorders (Adult Department and Child Department).
- Foreign Unaccompanied Minors Reception Centre (Welfare for Children): Cell Home unaccompanied foreign minors within Welfare for Children of Paris.
- Paris Teen Service: place of reception, listening, evaluation and guidance for young people age 13 to 21.
- Prevention Club: a team who proposes to young adolescents and their families group or individual educational actions known as "specialized prevention".
- Advocate for Children
- Médecins du Monde: treats the most vulnerable populations, victims of armed conflicts, natural disasters.
- Médecins sans Frontières: international humanitarian organization providing medical assistance.
 - Maraudes of Samu Social de Paris: mobile teams to help people living in the street who appear to be in physical or social distress.
- The public hospital / child psychiatry: CIAPPA: Reception within the specialized care for teenagers; CPOA: emergency reception for mental disorders; Judicial Medical Unit Hôtel Dieux: assessment of violence, abuse (legal framework)
- GISTI, information and support group for immigrants, legal and administrative assistance to foreign minors including administrative procedures (regulation, appeals to the Administrative Tribunal, frequent contacts with teachers from Foreign Unaccompanied Minors Reception Centre or Judicial Protection of Young Persons) as well as their general rights.
- Welfare Childcare Home (M.E.C.S.), requested by the town council or the juvenile court judge in order to remove the child from his the family for a period of time. Private entity with public funding.

2.1. Specialized services

- Departmental services for domestic violence.
- Specialised Prevention Club that attempts to influence the relations of neighbourhood youth
- Some associations and groups acting on discriminatory violence.

a) Care Centre :

- association Parcours d'exil: victims of torture
- Primo Levi: political violence and torture
- psychotrauma centre: various traumas (immigration, torture, domestic violence ..)

2.2. *Experimental projects on violence against minors*

- 7 No A remark underlining the fact that the current period tends to favour the closing of these centres.
- 3 DK
- Hors La Rue: identification and support of foreign minors in danger, including victims of trafficking and exploitation
- SAHP: short term care for adolescents in emergency situations
- Paris Ados Service: support for minors without mandates
- The Houses of Teenagers (e.g. house of Solène, house of Val de Marne): the purpose is to bring together various partners around the situation of a minor to foster the relationships, the consistency of the system, taking into account overall dimension of the individual.
- VILLA PREAU: welcomes teenagers considered "unreceivable" through a flexible and responsive system.

Concerning the network, all those interviewed agree that the legislative conditions are met. However, in practice there are large gaps. In addition to problems of coordination, lack of means and reduction of jobs are presented as the main causes.

Coordination is often poor and presented as a weakness of protection.

2.3. *Information and awareness*

- A toll-free number, 119 "Hello Abused Children", was set up to support the campaign.
- There are also campaigns and prevention interventions in high schools on drugs, alcohol, traffic violence, and sexually transmitted diseases.
- Several advertising campaigns have also emerged: against verbal abuse, against poor housing, against maltreatment...
- In schools and recreation centres, the theme of the International Convention on the Rights of the Child is regularly raised (especially in November 2009, the 20th anniversary of the CRC), as an opportunity to talk to children about their rights and discuss instances where they can express themselves if necessary.
- Since 2008, the first week of December is declared "equality week ", and aims to fight against various forms of discrimination. Thus, Ile de France includes events around this theme
- Domestic violence against children (advertising campaign, free number)

Everyone stresses the training of foster families in terms of psychology and to a lesser extent in terms of intercultural knowledge.

2.4. *professionals most often combined to assess the situation of violence*

The professionals most often involved in assessment of violence situations are: psychologists; educator; paediatrician, child psychiatrist, social worker), psychiatrist; teacher; nurses; social worker; juvenile court judge; police; gendarme; Judicial Protection of Young Persons.

2.6. *Training needs of social workers*

- Intercultural training in order to have a comprehensive understanding of the family situation and of the ways children are raised in the culture of origin.
- Training on the ways of dealing with violence, conflict and acting out of minors
- Training on the operation of the various mechanisms of child protection
- Training to learn to measure our words, which can sometimes be violent to children, although often without us being aware (devaluation of the parents, unconscious discriminatory language...)
- Medical training and, often, a sociological perspective.
- Training of social workers on ways of listening, gathering information
- Special training should be related to the interview during the aid relationship

- Training on systems analysis
- Training for “reception” of the first evidence provided by the child no matter the type of violence
- Training on different types of violence, but also exchanges between professionals from different institutions and associations.
- Legal and cultural education

3. Strategy and quality.

3.1 Tracking

a) Services and structures involved in this stage:

- Alarming Reports Reception Unit
- Welfare for Children
- Mother and Child Care
- Services Educative Action in Open Custody / Accommodation of Children at Risk
- Specialized prevention clubs;
- The services of the General Council (local social worker, Mother and Child Care)
- University Hospital Centre (paediatric emergency services, paediatrics, Unit for Accommodation of Children at Risk)
- School facilities
- Social Worker of the Police office
- School
- The family doctor
- The family Gendarmerie services Associations (FTDA, Hors La Rue, EMDH)

b) Necessary skills :

- Locate, identify, evaluate, guide. Empathy, analysis of situations
- knowing the mechanisms of child protection,
- tracking behaviour or physical symptoms.
- Knowledge of child development;
- knowledge of different forms of violence and their mode of development;
- knowledge of the environment, of people’s culture;
- (verbal/nonverbal) observation and analysis skills;
- ability of distancing;
- ability to conduct interviews.
- Attentive, listening, discretion, insight,
- multidisciplinary team work, use of mediation.
- Knowledge of the territory and populations

Most examples deal with physical and not psychological violence. As far as prevention is concerned, the weaker points regard the lack of training and coordination. For the more specific public of foreign isolated minors, intercultural training is deemed insufficient.

c) Strengths:

- 6 DK
- close contact with the field
- competent associations in this area
- interdisciplinary professionals

3.2 Protection

a) Services and structures involved in this stage:

- Juvenile court judge
- Welfare for Children

- Mother and Child Care
- Services Educative Action in Open Custody/Accommodation of Children at Risk
- Emergency Accommodation Services and Welfare Childcare Homes and Hostels
- University Hospital Centre (providing hospital care and security)
- The General Council through the signalling platform (Children at Risk Watch Centre)
- Hosting centres, places to live, host families, foster care, accommodation centre
- Judicial Protection of Young Persons
- Provisory or short-term or long-term emergency accommodation centre
- Minors' Protection Brigade,
- Independent associations performing missions of support and protection of children (France Terre d'Asile, Enfants du monde droits de l'homme etc ...).
- The departmental general councils through their service departments for children, childcare institutions like the Children's homes
- Alarming Reports Reception Unit, for guidance
- Foreign Unaccompanied Minors Reception Centre, for the unaccompanied minors

Currently, a child is admitted into an accommodation facility if this does not involve "too many" troubles. A child with complicated behaviour due to the violence suffered is most often to be found out of the services for accommodation or under special care services. The accommodation facilities are often not adapted to the management of psychological/psychiatric disorders and the psychiatric sector does not admit anymore but "serious and disabling" pathologies. Mixed structures should be developed.

Similarly, young offenders who are often victims are considered just as perpetrators and thus excluded from the systems of protection and care. Structures combining protection and care for the adolescents that are under authority of the penal framework should be developed.

b) Necessary skills:

- Identifying the problem, assessing, taking into account systematically the overall situation of the minor, in order to meet his needs, creating an environment of trust where the young person would feel understood and protected, taking into account the family, defining the goals
- Ability to quickly provide adapted solutions for accommodation.
- Multidisciplinary team, providing educational, social, psychological and emotional support to the young people
- Welcoming attitude, caring and empathetic approach, educative observation and psychological adaptation
- Non-formal competence (empathy)
- Efficiency, timeliness, skilled professionals,
- Individualization of care / knowledge of specific issues / small units / Ability to impose a framework and to keep to it / Tolerance and steady work / association of families or working according to family history / holistic approach (health, education, school, integration ...)
- ability to establish efficient partnerships, to promote continuity of care, to create a bond.
- Educators trained with real degrees, not just people "acting as",
- social workers, medical or paramedical personnel, psychologist

Many of the interviewees seem not to know the prevention measures. Other examples revolve around the identification of physical abuse through various services.

c) Main weaknesses:

- The duration of steps involved (for lack of resources) is sometimes too long, and the minor will remain under risk during this time.
- Sometimes, the measures of protection are not adapted to the situation, and the minor remains in danger.
- Not enough accommodation spaces in host families or hostels.
- Lack of prevention, but institutions do not always have adequate human and financial support for optimum protection of minors.
- Inadequate training and insufficient networking
- Lack of therapeutic areas, of hidden accommodations
- lack of specialized structures, with a high level of tolerance.

- quantitative shortage of structures.
- Lack of facilities for homeless wandering teenagers, who can not fit into the classic functioning of institutions.
- Lack of facilities responding to issues of risk behaviour, addiction, dangerous situations.
- Lack of structures combining education, training, care and protection.
- Lack of monitoring services for young adults.
- Coordination, continuity of care remains to be developed between the structures (continuity of care, of created bond), and professionals (accommodation, non-institutional environment).

d) Strong points:

- The situations are considered on a case by case basis, the measures are well-considered, many solutions are possible, the methods of taking under care are diverse, the family is taken into account
- Observance of the protocol, the work done in the interest of the child
- Committed professionals.

3.2 Evaluation

a) Services and structures involved at this stage:

- Juvenile Court Judge
- Welfare for Children
- Mother and Child Care
- Services of Educative Action in Open Custody/Accommodation of Children at Risk
- Judicial Protection of Young Persons
- Associations primo Levi, Parcours d'Exil, Centre for psychotrauma, Medical-psychological Centre, the Centre Minkowska, the Centre Georges Devereux
- Associations: day-care, psychiatrist, *maraudes*, etc.
- On the evaluation of trauma: care services (medical, psychological, Judicial Medical Unit) / public social workers, psychiatrists of public institutions.
- Adult offenders monitored by the Service for probation and integration, minor offenders monitored by the Judicial Protection of Young Persons.

b) Necessary skills:

- Knowing the situation, assess and reassess the situation, identifying developments, taking into account the views of different professionals, redefine goals accordingly.
- Openness, benevolence, understanding, empathy, attentive observation
- Educational and psychological
- Ethno-psychiatry (clinical methodological proposal that can be applied to various issues and populations depending on their multiple attachments - to language, places, deities, kinship, ancestors, rituals and institutions.)
- Training, specialized knowledge, according to problems.
- Capacity of analysis and empathy, comprehension / adaptation.
- Professionals who must have legal expertise in addition to educational and social "classical" skills

Few of the agents seem informed, and examples of tracking show that there is rarely a well-identified service Respondents point primarily to the lack of resources as the main weak point.

Few people answer the question. There are mainly DK answers or examples that are not really on the strong points. This shows a general dissatisfaction on this issue.

3.3 Attendance

a) Services and structures involved at this stage:

- Mother and Child Care
- Services of Educative Action in Open Custody/Accommodation of Children at Risk
- Welfare Childcare Homes and Hostels, Specialized prevention clubs
- The referent of the child, hosts
- Health professionals who monitor the child

- The juvenile court judge
- Parents
- Welfare for Children
- Reception, support and hosting services (official or not).
- Children's Homes in partnership with the juvenile court judge and the family, visit from a social worker in a structure dependent on the protection of children before returning to family.

b) Necessary skills:

- Taking into account the overall situation of the minor, responding to his difficulties, helping him to manage his situation, to rebuild, to regain self-confidence, setting work goals, working on the notion of separation, assuming the functioning of family substitute, creating a climate of stability, taking into account the family
- Working on open custody, I participated in the organization and implementation of the transfer of a 6-year child who was the victim of regular abuse from the part of the stepfather. The child could not denounce him and was justifying each of the traces. The family objected to the transfer of the child but the open custody was not changing their abusive behaviour. Therefore, the family is notified ahead about the expected results of open custody (stopping the abuse), is warned of the risks incurred, the possibility of the child's transfer is mentioned several times; the conclusion of the report for the Juvenile Court is brought to the knowledge of the family and explained. The family is informed of the legislation, is then informed of the rights (appeal, visit, support ...). Several interviews are conducted with the adults to prepare the transfer of the child. The child was asked repeatedly about the choices they he could make (the nature and location of the transfer); he visits the place of the transfer before being escorted there; is comforted about the continuation of the open custody beside the care provided; visit arrangements are discussed and considered before transfer in order to assure the maintenance of the relation... The family and child are involved, taking into account the risks and prerogatives.

Very few of the professionals seem able to provide examples of tracking. This indicates an important deficiency in this area. Very few of the professionals seem able to provide examples of tracking. This indicates an important deficiency in this area. Very few examples, one related to the type of structure and the other to the juvenile court. This reinforces the impression that this stage is neglected.

4. Suggestion of good practices and other indications.

- Take into account what the child has to say, close response to his desires/needs.
- Ability of different services and staff working with these children to work together, think about the interests of children and go beyond the limited logic of individual and closed service.
- Create more links between the various agents or at least facilitate the relay of information.
- Specific training of agents depending on the problems encountered.
- Set individual goals based on the circumstances of the children's situations.
- Questioning, knowledge updating, regular training.
- Monitoring of the child and family.
- Taking into account the specificity of the child, his origins and his way of thinking, his situation and history.
- Flexible framework for action.
- Working for long periods.
- Multi-professional team

Law 2002-2 of January 2, 2002: They participate in a quality action, a constant reflection of professionals on their practice and within a given framework (analysis of practices, supervisions, clinical meetings); they require external exchanges, curiosity, openness (in order not to be confined to one's practice).

The examples are mostly very specialized and socially innovative structures. This can be understood as the necessary adjustment of structures to changing problems associated with cases of abuse.

There is much emphasis on the need for small structure where listening is very good. This avoids questioning children too often and enables good quality care, avoiding a perspective that would be too general or too culturalist.

Training of the agents, coordination of the agents, and, first of all, not segregating children regarding their rights to education and protection...

5. THE BULGARIAN CASE

1. The phenomenon of violence against children

1.1. Common manifestations of "child abuse

According to research findings, the most common manifestations of "child abuse are: negligence, domestic violence, indications for fornication, sexual violence, violence in school, and coercion to begging:

- Negligence - 20 responses
- Domestic Violence -18 responses;
- Indications for fornication -1 responses;
- Sexual violence - 4 responses;
- Violence in school – 8 responses;
- Coercion to begging - 8 responses.

The predominant aspect of violence is identified as negligence; but also any other forms of physical, mental and emotional abuse. Sexual violence in schools is also a problem.

The most frequently occurring problems with the phenomenon of violence can be divided into two groups - children victims of violence and perpetrators.

Regarding children victims of violence the experts identified the following key issues:

- Increased risk of school drop-out - 20;
- Early sexuality -17;
- Public nuisance - 14.

Regarding the perpetrators - the stated main problem is individual motivation for change. According to 8 interviewees by many perpetrators there is no criticality and sensitivity on her/his own actions and on the fact that their acts affect the child. This leads to the reluctance and lack of motivation to support a cessation of violent behavior.

Basic problem for both groups is the non-recognition (or even denial) of violence. One of the stated reasons is that already committed violence acts are difficult to prove, especially when these are acts of domestic violence. Furthermore, there are rare cases of reported child abuse which can be proved by investigators with valid evidences for the court. Also, there is no mechanism for investigating violence committed in the past.

Relevant to the escalating problems of violence against children and the lack of publicity about the problem are cultural characteristics, patterns of family functioning, institutional environment, worsened economic and social status of families. All these result in not recognizing of and further accepting of negligence, which is a form of violence.

Last but not least, a problem exists with the persisting lack of sufficient number of specialized services for children victims of violence and the lack of coordination between responsible entities.

1.2. Urgent aspects of violence

With regard to aspects of violence requiring urgent actions there is a common understanding that in cases of suspected or confirmed child abuse in all its forms always urgent action is required. The approach of establishing sort of ranges or degrees of urgency for this problem is not appropriate, as in all cases of violence there is a risk of harming the health and life of a child victim of violence; therefore, all cases of violence require urgent actions to ensure protection for victims of physical violence, representing a danger to health and even life of a child; on the other hand, the forms of mental violence create conditions for harming psychological development of a child.

Passivity and inaction are far more common than rapid intervention and action. The reasons for this situation can be summarized as follows:

- Lack of sufficient awareness about the possibility to report such cases to the appropriate institutions, professionals and community services;
- insufficient public awareness about the types of violence, indicators to identify their possible preventive actions and services provided in the community;
- Limited sensitivity to the problem;
- Professional incompetence;
- Limited powers of social workers and police to take actions to protect a child.

2 respondents shared their own observations about "children prostitution in front of police officers" and inaction by both the police and the public.

1.3. Aspects of violence difficult to be prevented or contrasted

Clearly defined as most difficult to prevent or contrast are the violence caused lasting psychological effects on victims. In addition, the problem mentioned above regarding non-recognition and acceptance of committed violence, including the difficulty to prove with evidences cases of committed violence – especially regarding domestic violence and emotional ones. According to participants in the study, the most difficult to prove are the cases of domestic violence because its signs/syndromes occur over time after the violence acts took place; many and very serious cases remained hidden for years, especially with regard to mental and sexual violence. It is very difficult to prevent because there are no measures to do so.

According to respondents, Child Protection Departments (CPD) should have information about child victims of violence, including both the cases opened in CPDs, and potential victims of violence.

1.4. Monitoring activities about the violence

Respondents unanimously confirmed the presence of institutional activities and monitoring mechanisms. Several of the participants (3 out of 20) indicate as a form of monitoring the presence of information in the Regional Social Assistance Directorates (RSAD) databases that contains information about the number of children victims of violence and information on the type of violence. It is noteworthy to mention that some of the participants have not responded to this question (8 out of 20), other parts have answered "I do not know" and "I am not familiar" (9 out of 20).

2. Organization of the services in the territories

2.1. Technical intervention (also case management)

Technical intervention is processed throughout the following steps:

- Detection / identification of a risk of violence against a child. The detection can be issued by any person, professional, including police, medical staff, neighbors and by the child; the signal is addressed to any relevant entity, such as social service provider, Police Office, Directorate for Social Assistance, Hotline, and/or to Child Protection Department (CPD) so that any of these entities must finally address the signal to the local Child Protection Department (CPD);
- Determination: The CPD is obliged within 7 days to determine the presence / or not of risk of violence against the child. This is done by collecting evidences via on-the-spot visits, interviewees, etc. If the presence of risk is determined to exist, then it goes to the next step;
- Opening of a case in CPD. The CPD opens a file with the respective child related case. The file contains the history and all relevant documents of the case, which remains "open" till the risk of violence is solved;
- Assessment and planning: CPD professional perform an assessment and action planning. In cases there is a local social service provider, the CPD may call their participation in the assessment/planning work. Output – Individual Needs Assessment & Individual Care Plan containing the concrete measures as planned;

- Measures: taking concrete measures for child protection according the established Plan (see the above). Measures to be taken - the removal of the child in a safe environment; establishment for the abuser of restricted and controlled access to the child; placement under police protection; emergency accommodation; therapeutic work with the victim and corrective work with the abuser.
- Closure of the case: when security/safety environment is achieved for the child. The decision for case closer lies within the CPD, which are responsible for the entire case-management cycle.

2.2.Coordination mechanism:

Obligations of the authorities to protect the central and local levels and other entities involved in this coordination mechanism for interaction at work in cases of children who are victims or at risk of violence and of interaction in crisis intervention

- Procedure for interaction in alert for a child victim of violence or at risk of violence
 - If the signal for violence be adopted by the body for protection - is obtained from the CPD / CPD, the SACP or MIA, he must notify the other promptly within 1 hour of recording the signal, including telephone and fax.
 - The signal is sent to the Directorate for Social Assistance at the current address of the child.
 - The Child Protection Department is determined responsible social worker of the case;
 - The social worker carrying out the verification of the signal up to 24 hours of receipt.
 - After the check by the social worker, if the identified risk and open the case to report the results of the examination.
 - A copy of the report and provide the signal required participants in a multidisciplinary team representative in:
 - Mayor,
 - Regional offices of Regional Health Center;
 - GP of the child;
 - Regional Inspectorate of Education at the Ministry of Education and Science;
 - Director of school, kindergarten or servicing unit, class teacher of the child or group counselor, school psychologist (educational advisor) and others.
 - Local Commission for Combating Juvenile Delinquency of Minors;
 - District Court;
 - governing body of social service - residential and at the discretion of the CPD / CPD;
 - specialist in social services provider in the community if and when they should enjoy this.
 - The responsible social worker within 24-hours needed to study the signal convened by phone as soon as possible meeting of the multidisciplinary team.
 - Each of the above participants in a multidisciplinary team, identifying and offering the rest of the team specific tasks appropriate to perform according to its own powers, in accordance with the regulations. Tasks to be performed should be set so that each participant can act according to its operational autonomy, the implementation of specific activities and tasks to be supported by the support of other participants, while it can help end result - long-term goal which must ensure the greatest interests of the child concerned.

2.3.Domiciliary-based intervention

At the level of the child the following actions are prescribed:

- Immediate termination of the current situation of the child.
- Assessment of the specific needs of the child resources to cope with the situation and the availability of supportive environment.

- Psychological counseling and emotional support to children and their parents; the goal is to break the cycle of violence, transmitted through generations and foster positive relationships in the family;
- therapeutic work with children. The aim is to learn to recognize and control their aggressive impulses and to anger;
- Dealing with the manifestations of non-adoptive conduct and support the development of constructive behaviors.
- Issue a signal to the responsible institutions (CPD, Police, school) for intervention and implementation of their powers and conduct working meetings with their representatives on the joint work on specific cases.
- Remove the abuser from the home.
- Show the child in a safe and secure environment - extended family, foster family, placement in a crisis center.
- Work with any supportive environment - friends, relatives, teachers and others.

2.4. Diurnal centers

In Bulgaria there are no day-centers for children victim of violence. Similar form is presented by Crisis Centers: According to "Regulations for Implementation of the Law on Social Assistance" "Crisis Center" is a complex of social services for persons affected by violence, trafficking or other forms of exploitation that is granted for a period of 6 months and are aimed at providing individual support to meet the daily needs and advising consumers or social and psychological support when immediate intervention is required, including mobile crisis intervention teams. The center provides a safe place for children in immediate risk to life and health as a result of coercion. It is a crisis accommodation for women and children who are in a state of acute stress experienced after violence left without shelter, income, emotional or material support from relatives. The period of stay is 3 to 6 weeks. However, sometime children may stay longer - depending on the options for removal of a child in a safe environment. The center provides for a bed, food and basic necessities. The Crisis Center is guarded by police. Typically, his whereabouts are kept secret.

Services provided in the Crisis Center are :

- Psychological counseling
- Social counseling and support.
- Legal advice
- Directing and accompanying to health, social and other services - social mediation;
- Assistance to access medical and health care;
- Provision of cost for initial medical tests carried out risk practices and legal medical expert after experienced violence;
- Inclusion in the support group led by psychologists and social workers;
- Inclusion in a group format for long-term support - art therapy.

2.5. Residential interventions

In Sofia and Burgas there are only 2 special residential forms of services specifically tailored for cases of child abuse (crisis center violence). This lead to the fact, that often children in risk of violence are accommodated with other peers.

Regulations for Implementation of the Law on Social Assistance. 16a. (New - SG. 27 of 2010, with effect from 9.04.2010 on): "Social services – residential type" is a form of social service to meet the daily needs for a limited number of persons - not more than 15, which provide an opportunity to live in an environment close to the family.

2.6. Social services in the community - residential type are:

- a) center for family-type accommodation;
- b) centre for temporary accommodation;
- c) crisis center;
- d) transitional housing;
- e) protected home;
- f) observed home;
- g) shelter;

2.6. Specialized institutions for providing social services/care

Specialized institution for providing social service and care are homes for children:

- a) home for children deprived of parental care;
- b) a home for children with physical disabilities;
- c) home for mentally retarded children;

"Social services in institutions provide after exhausting the possibilities for providing services in the community. "Placement of a child in a family of relatives or friends, and their placement in a foster care family, social service - residential or institutional care are sanctioned by the court with a court decision. The time before the court issuing its decision, the Directorate for Social Assistance can make a temporary placement of the child by administrative order.

Beyond the Crisis Centre (described above) in Bulgaria at present there is no residential services specifically working to support recovery and children victims of violence.

In the current resident services are often children who have been the subject or the object of violence. There is a similar situation with Social-Educational Boarding Homes – offering care for children placed there for delinquent behavior (this is ruled by a special law on so-called anti-social behavior of children and minors. This law is criticized by NGOs and human-rights organizations).

2.7. Ambulatory based intervention

Mobile social work at work in case a child survivor violence and/or subject to such a compulsory part of the work of social worker. Mobile social work include:

- On site visits;
- Monitoring of family life - relationships, style and quality of communication, performance of parenting responsibilities and commitments, methods and style of control, punishments and rewards for children.
- Monitoring of physical characteristics and behaviors – those which are a result of violence acts;
- Conversations with neighbors;
- Conversations with other family members;
- Psychological support on the site;
- Consulting;
- Information;

2.8. Familiar solution

Forms of support under this chapter are entailed in information provided above.

3. Specialized and prevention services

Overall: According to experts interviewed in Sofia, the level of specialization is mostly moderate; and they qualify the specific (professional) specialization as insufficient. Respondents from Bourgas determine the degree of specialization of services as "low".

Preventive services are commonly understood as information/campaigning work, which is done – depending on budgets – via flyers, radio/TV spots, posters, billboards, and similar. One of major challenge with prevention services is the difficulty to measure their effect!

Specific examples of specialized or prevention services:

Examples mentioned in the interviewees:

- 12 of interviewed point out the existing Helpline for children victims of violence. There are no responses indicating other projects;
- 2 of interviewed indicate a project about introducing the hearing of child victims of violence (implemented by an NGO);

Examples added by Report authors:

- Nationwide information campaigns targeting issues such as recognition/identification of violence (i.e. by UNICEF), or promoting the Helpline;
- Local information campaigns – in schools, kindergartens, and similar. Most of such campaigns are implemented by NGO projects or social service providers;
- Lections / team work with school groups – again by NGOs;
- Specific initiatives of “days without violence” in schools;
- Summer camps organized for children in (pre-) school age, which usually entail specific team exercises to prevent from violent behavior (i.e. scout-like activities) or to deal with violent behavior. Such activities are run by NGOs and specialized commercial firms, so that the later could be difficult accessible for families with low incomes.

4. Strengths Weaknesses of the services network

	<i>Strengths</i>	<i>Weaknesses</i>
<i>Detection</i>	<ul style="list-style-type: none"> - timely assistance and prevention of possible serious consequences. - speed and adequacy of provided assistance and knowledge of child protection system. 	<ul style="list-style-type: none"> - the lack of information, - ignorance of violence related information, and - not reporting observed violence
<i>Protection</i>	<ul style="list-style-type: none"> - capacity to ensure a safe environment and to preserve life and health of the victim 	<ul style="list-style-type: none"> - Non-recognition of committed violence and denial of offered support; - Lack of coordination between the relevant institutions; - Underestimation of the situation; - Failure to ensure a safe environment for children; - Making contact with a child abuser; - Inappropriate assessment of the crisis situation; - Non-professional crisis intervention, which should be in the best interest of the child.

<i>Evaluation</i>	<ul style="list-style-type: none"> - Existence of capacity to determine individual needs and work accordingly; - Dealing with the crisis, therapy for child reintegration in the biological family or provide a substitute family-one; - The assessment allows the child to receive adequate protection and assistance. 	<ul style="list-style-type: none"> - A serious problem at this stage, which experts agree is the non-recognition of committed violence and denial of receiving support offered; - Misunderstanding of the seriousness of the problem and possible consequences, setting unrealistic goals in the plan; - Institutions' own interest coming over the interest of the child – i.e. the assessment is made without taking into account any and all available options; - There are good services designed to care for children victims of violence, the need for crisis centers.
<i>Treatment</i>	<ul style="list-style-type: none"> - sustainability; - durability; - work tailored to individual needs; - learning new behavior patterns; - minimize trauma; - increase the autonomy and independence of the client; - relief from traumatic experiences, acquiring appropriate attitudes and behaviors to achieve independence; - achieve lasting therapeutic result, independence, mastering new patterns of life conduct; 	<ul style="list-style-type: none"> - removal of the victim of violence instead of the abuser; - low motivation and denial of services by the victim; - not understanding the problem; - setting up unrealistic objectives in the service delivery plan; - creation of dependency between the child and the specialist working with it; - seizure of the therapeutic process before its end; - transition of personal responsibility for decision-making from the client to the professional; - failure to meet the set objectives in the plan;

5. Proposals for the improve of the system and indication of good practices

Proposals for system improvements. Overall the good system is defined is one being in capacity to provide timely and comprehensive support in order to ensure opportunities for the child to remain in safe environment. Other characteristics are: Effective, Available and Flexible, and – last but not least – child rights oriented.

Proposals concerning social service providers' capacities:

- Training in:
 - methods and techniques of working with clients,
 - teamwork,
 - phases of a service and case work,
 - changes in legislation;
 - Recognition of the types of violence;
 - Procedures for reporting - how and to whom to report;
 - How to intervene without endangering the safety of the child;

- Besides the above-mentioned - the officers at Ministry of Interior should be trained on characteristics/specifics of the child-witness of violence, which is needed in their involvement with procedures of children victims of violence;
- Work on overcoming the consequences of violence and mental restore of the child.
- social work supervision – which is still insufficient developed, especially in remote areas and small towns;
- Capacity building should not just involve social workers, but also police officers, medical staff (i.e. nurses), teachers, volunteers, journalists.

Proposals concerning institutional and normative framework:

- Making mandatory the “protected child hearing” approach – for cases of court procedure involving a hearing of a child (aim is to avoid additional trauma of a child involved in hearing process in court halls);
- Disseminate information on violence prevention in a systemic way;
- Disseminate information on existing social services;

6. Indicated good practices

- Complex for Social Services - ECIP Foundation, Sofia
- Centres for Community Support, ECIP, ISDP, Sofia
- Crisis Center - Animus Foundation,
- Center «Nadia»
- Crisis Center - Demetra Association, Bourgas

6. THE ROMANIAN CASE

Current report presents the situation of program and services targeted to minors victims of violence, abuse and ill-treatment. The report was elaborated based on the interviews with professionals from the Bucharest (Bucuresti) and Timisoara cities in Romania. By the time of reporting, there was collected information from 16 experts representing specialized social public agencies at the local level, non-governmental organization, public health institution and a private medical center. There was also performed a focus group with children victims of the violence and abuse.

Entering into force of Law no. 272 / 2004 regarding protection and promotion of children rights marks a new phase for the child protection system including development of specialized interventions for prevention and treatment of the abused children and children victims of the violence. Despite the critics of the experts in the field and sometimes weak regulations of the specialized interventions, the Law establishes the institutions in charge with child protection, alternative measures for child protection, describes methods and tools for interventions, a.s.o.

1. The phenomenon of violence against children

The phenomenon of violence against children is related to emotional and physical abuse against them. The specific aspects and emerging problems in relation to violence against children (including abuse, ill-treatment) can be described at two levels:

a) one, directly related to the child: violence (physical, including sexual, and emotional) against children is related to: low social-economic status of parents, risk of abandonment, domestic violence, abandonment of school, involvement of children in criminal activities, abuse of drugs, especially alcohol, mentally -challenged parents. Experts emphasize that most parents who physically abuse their children believe that "beaten comes from heaven" (in the sense that is the best way of disciplining the child)/ "beaten is not a bad thing". However, if a child is not physically abused or the economic status of the family is high or very high, it does not mean that he/ she cannot face the emotional abuse, which is quite frequent in some families due to the fact that parents are too busy to take care of their child and they pass this responsibility to other people, sometimes parents have high expectations for their children and set for them high standards, which comes with the additional pressure on children, or parents are divorced/ separated, therefore children are neglected by one or both parents.

b) the other one involving aspects related to the framework (legislation, child protection system) of specialized interventions addressing needs of children victims of the violence: lack of special projects/ programs for different problems faced by children, lack of specialized services to separate children from the abusing parents (there are only alternative measures provided by the Law, after the Court Decision), lack of special program for teaching parents parental skills (there are developed only from time to time and addressing small groups of parents), low level of reporting of the victims of abuse, weak collaboration of the public institutions (mainly due to lack of legal regulations) in addressing needs of the abused/ victims of violence children, lack of support groups for children with mentally-challenged or drug abusing parents, low involvement of community in reporting the case and collaborating with institutions to support solving the cases. From the point of view of the interviewed experts, the aspects that need urgent actions in relation to this phenomenon are: early interventions, such as educating parents (including listening the opinion of their children), informing people about the phenomenon and its effects on children, prevention campaigns, but most of all, taking out children from the environment that endangers their life, safety and/ or mental health, developing emergency procedures according to the regulations in the Law no. 272/2004.

However, the aspects related to violence against children that are more difficult to prevent are mostly related to life in the families, specifically: domestic violence, cultural "encrypted" behaviors and beliefs regarding the

role and responsibilities of parents towards their children, supporting parents in the therapeutic process, emotional abuse of children by their parents, which is difficult to prove and address.

In relation to regularly monitoring the phenomenon, there is one department of “Service of monitoring and interventions in the emergency” at the Directorates of Social Assistance and Child Protection (DSACP) from each one of the districts in Bucharest and the city of Timisoara in charge with monitoring the situation of children at risk of being abused and after interventions when abuse/ violence was produced against children. There are also developed projects by the DSACP and Save the Children, F.O.C. Organization, some schools, Medcover, a private medical unit, on early detection and reporting violence against children. However, not all the experts involved in answering the interviews agreed there is enough monitoring, and most of all, interventions in the early phases of violence against children, as well as prevention.

2. Organization of the services in the territories

In general, organizations identified at the level of the 2 cities involved in the project are:

- General Directorates of Social Assistance and Child Protection (set up according to the Law no. 272/ 2004) – 1 at the level of Timisoara city and 6 in Bucharest, one for each district – by Law, these Directorates include Departments of Interventions in the Emergencies, of Interventions for Street Children, Center for Children's Assistance in the Emergencies, Day and Night Center for Street Children, including Child's Call service.
- *Directorates of Social Services/ Social Assistance within city halls in Bucharest and Timisoara. In Timisoara, this district provides services of preventing separation of children of their families: Day Center for Children with disabilities (Podul Lung), Service for Children and Families Protection.*
- Save the Children organization - developing projects for prevention and intervention in abuse, counseling for children and families, information about abuse in media and during different events organized for professionals and ordinary people. This organization has branches in Bucharest and Timisoara.
- Missio Link International Foundation, Debora Giarmata House (private, not-for-profit organization, providing residential care for girls victims of the abuse, especially sexually abused)
- S.C.O.P. Timisoara.
- Association for Promotion of Women in Romania – Timis branch (provides services addressed to women and children victims of violence in the family – mostly through group counseling).
- Prevention Department within Timis District Police Directorate.
- Caritas Federation of the Catholic Church in Timisoara, provides a safe environment through residential care of women and children victims of the violence.
- Bethany Foundation
- “ Diaconia” Association of the Romanian Orthodox Church and Sensiblu Foundation that provide residential care to the mothers and children victims of domestic violence.
- PARADA Foundation providing social and medical assistance, counseling and basic needs support to street children and adults, mostly abused in their families and on the street.
- Hospitals for Children in Bucharest and Timisoara

3. Specialised and prevention services

In relation to typical course through the service network that children victim of abuse have to handle with, there are a few main steps, based on the Law no. 272/ 2004:

- a) based on reporting the abuse, such as: the call of victims, including calls to the Child's Call, the victim is in the hospital and doctors confirm the abuse, victims complain to the police, there are complaints from relatives and neighbors, or strangers call and inform about abuse, or professional in their work with children discover the abuse (social workers, teachers, police officers, psychologists, doctors) – there is the obligation to inform the General Directorates of Social Assistance and Child Protection

(GDSACPs).

- b) GDSACPs investigate the case (sometimes with support from the police) and evaluate the situation, confirm the abuse. When situation requires, they involve the Institute of Forensic Medicine to confirm the abuse. The social assistants/ workers which make the evaluation of the abuse identify the abuse and produce a report of initial evaluation. The situation is discussed in the multidisciplinary team and there are produced the Individual Plan of protection for Children and the Individual Services.

Difficulties may occur in the case of emotional abuse which is quite frequent, but is difficult to prove and prevent it, due to sometimes under-reporting.

When abuse endangers life of children and it is necessary an emergency intervention, social assistants and the police take the children from the abusing environment, and if required go to the Institute of forensic Medicine to prove the abuse. After this, children are temporarily placed to one of the relatives in the extended family or to one of the Emergency Centers. In the next phase, the case is evaluated at the level of GDSACPs and with support from Court, if children cannot stay in the family, they are placed under special protection in a placement center or to a relative. Usually, it is supported the idea of re-integrating children in the families, but if this one is the cause of abuse, it is monitored and periodically evaluated.

If decision is to keep the children in their own families, family and children are provided with psychological and legal counseling at home or at the counseling center of different NGOs or GDSACPs.

1.Detection

The organizations and professionals involved in this phase:

- Schools, kinder-gardens, highschoools, family doctors, pediatricians, local services of social assistance/ social services, NGOs, public hospitals, private medical units, police units a.so.
- All of them should report to GDSACPs which evaluates the situation and decides if child should be taken out of the family, proposes measures to prevent the abuse or simply monitor the family for 3 to 6 months (when abuse was produced in the family)

2.Protection

The organizations and professionals involved in this phase:

- GDSACPs might decide children should be provided with counseling or taken out of the family, therefore, they are placed to a relative, in a placement family/ center. In this phase there are also involved NGOs providing psycho-social counseling or residential care.
- GDSACPs might also act against the abuser by comparing in Court and pleading in favor of the child and imposing punishing measures against the abuser.

3.Evaluation

The organizations and professionals involved in this phase:

- GDSACPs and NGOs. NGOs might be firstly involved in this phase, discovering the abuse and referring the case to the GDSACPs . Sometimes GDSACPs collaborates with professionals from NGOs to perform evaluation of cases, especially in situations of abuse which is difficult to prove.

4.Treatment

The organizations and professionals involved in this phase:

- Counseling services provided by GDSACPs and NGOs . These interventions aims at rehabilitating the abused child, working with the the abuser to change his/ her behavior and attitude, reintegrating the child in the family, providing support when necessary to separate the child or the child and the abused parent from the abuser(s).
- GDSACPs are also involved in monitoring the family or the abuser and concluding on the best

solution for the abused children.

4. Prevention activities

Activities to prevent abuse against children are performed by public agencies and non-governmental organizations.

Thus, from district no. 4 and Directorate of Social Services in Bucharest organized campaigns and education programs in schools and high schools to prevent violence against children and trafficking of children. They were developed with support from the police units and NGOs. They tried to increase the awareness of children on violence and trafficking and provide information on the public institutions they can address when having a problem of this kind.

GDSACP from district no. 6 develops an educational program named "You choose – fighting violence in schools". This program is mostly addressed to students in high schools, facilitating dialogue among children, adults (professionals and parents) on violence in schools and its consequences. At the same time, there is developed one competition of arts and sports, as alternative to violent behaviors in schools.

Save the Children Romania organized a national campaign in 2009 on "Violence sets violence" trying to raise the awareness of parents, children and professionals on increasing the phenomenon of violence and preventing measures.

On 5th of June- The Day against Children Violence in Romania, the NGO developed a campaign on promoting the rights of Children.

Save the Children Timis recently organized a project on "Going to school with my father" addressed to abusing parents imprisoned at the Penitentiary in Timisoara. This educational project emphasized on learning parenting skills.

In general, the prevention activities are not coordinated, being an increased need for preventing abuse and raising the awareness of children, parents and professionals about violence in the families, schools, on the street, and the available services to protection and re-integration.

5. Strengths / Weaknesses of the services network

Strengths:

- the existence of NGOs involved in preventing violence against children.
- interventions of multidisciplinary teams, mainly at the level of GDSACPs. Interventions are also specialized for situations when children are in danger or lack the care of their parents.
- rapid interventions of professionals from GDSACPs and effective communication with other professionals
- monitoring the case
- the existing legislation regarding what to do and where to report the abuse
- at the level of GDSACPs, there are specialised persons, usually social assistants in charge with verifying the situation on the field
- GDSACPs has the capacity of preventing and stopping of an abuse in development
- professionals behaving in a very rational way, trying to take distance in judging the situation
- existence of NGOs
- solving the emergencies in relation to health status of the child.

Weaknesses:

- capacity of professionals to understand the situation and obtaining as much information as possible despite the fact that sometimes it is difficult to understand the situation of abuse of a child and causes, what happened exactly;
- identifying the abuse, knowing to whom the profession should address further.
- there are not enough services and specialists in the child protection system
- lack of the judicial system for children
- lack of standards related to treatment
- in different situations, based on the legislation, children have to stay in the families, and sometimes there is no work for preventing the abusing behaviors in the families
- there are also few opportunities for adoption and this is a very long and time-consuming process
- many times the abuser do not enter a program to learn social skills and receive counseling or it is not enough exposed to these services, therefore, that person will produce abuse the first time it has the opportunity.
- sometimes it is difficult for professionals to choose the best solution for the child considering the limited opportunities for child protection
- sometimes, professionals interacting with children misreport the abuse or signs of a possible abuse, despite the legislation that regulates these aspects.
- there is a network of services only inside the GDSACPs, but the public institutions or public institutions and NGOs. Most of the collaboration and activities are developed by professionals based on the informal relationships.
- weak involvement of the public opinion in preventing the abuse
- parents are involved in deciding the future of the child, sometimes they are the abusers
- lacking the Court for minors
- the professional might act in stress, influenced by their own emotions; professionals not being able to do an objective evaluation

6. Best practices

In identifying the best practices, most interviewed professionals had difficulties to express their opinion on this matter. However, best practices means proper identification of abuse, producing an objective evaluation of cases, ensuring adequate interventions, including a psychological and behavioral rehabilitation of the victim, integration in the family (if is possible).

Regarding professionals, it is expected they are specialized to solve the problems in relation to abuse and related to other services developed in this area.

Regarding the existing best practices, GDSACPs representatives consider that needs of the child and families are met, considering also the existing services, therefore these are good examples. There are also few other examples: Save the Children- their counseling centers, Residential Care for victims of the trafficking

According to the opinion of some interviewed professionals, best approaches emphasize on ensuring anonymity of children included in the protection programs.

In the opinion of most interviewed professionals who answered these questions, best practices means: a very well trained intervention team, a specialized department that has the capacity to produce valuable interventions in the shortest amount of time and has the capacity to provide a safe environment for the child, identifying solutions for treatment of the abusers or solving the problems that contributed to the abuse.

One social assistant in the Grigore Alexandrescu Hospital for Children emphasize that services provided to the abused children are example of best practices, because at that level, there is solved the medical situation of the children, and they are also provided with psychological counseling. During this period of time, social assistance performs identification of the children, if the case , and provides social counseling to the families of the children, referring the cases to the GDSACPs and informing police about them.

Those services that proved to best answer to the needs of the beneficiaries can be also considered examples of good practices.

However, in the opinion of most interviewed persons there is a needs for training of professionals, more prevention activities and changes in the population attitude regarding the abuse.

7. User of services: results from the focus group targeted to the teenagers

The focus group was developed with children and adolescents from families and those living on the street who come to the Day Center of Parada Foundation.

Since the beginning of discussion, it was obvious that street children and youngsters do not perceive abuse as a violence, but a part of their life. Some of them live on the street since they were young, therefore following and accepting the rules of the street (including abuse) is their “modus vivendi”.

Children and adolescents do not perceive the emotional abuse as a form of violence against them, they cannot identify any sign of it, despite the fact they are neglected in their families (those who have families), one example would be that one child comes unaccompanied for daily activities to the Day Center of Parada, his mother do not care if he eats anything all day long, she is not taking care if her child goes to school a.s.o. Since the legislation do not punish the emotional abuse and emphasizes more on keeping the child in the family, Directorate of Social Assistance and Child Protection in the area can do only monitoring of the case. For a few days, mother change her behavior to prove she is a good person, later she returns to her previous behavior in relation to the child.

Some of the adolescents living on the street were supervised by the Directorates of Social Assistance and Child Protection and included in placement centers. Since the conditions provided in these centers are not good (some of them complained about the abuse of the personnel against them, lack of care and educational activities) they decided to leave and stay on the streets. If they had a previous contact with the street it is difficult for them to adapt to a new life under strict rules, lacking the freedom of doing whatever and deciding for themselves.

Some of the adolescents are under the supervision of Parada and included in residential centers of non-governmental organizations, specialized in working with street children. Half of those included in the residential home prefer leaving, despite the adapted services. It is that life on the street provides them with emotional support (received from peers), violence and abuse are “normal” things that develop on the street, and they have the freedom to decide for themselves.

It is that social assistants from non-governmental organizations that monitor their situation, people that established with them a relationship based on trust and support. People from these organizations are better accepted due to their adapted style of interacting with the children and youngsters living on the street. It is a fact that when professionals from police or directorates of social assistance and child protection interact with children or youngsters living on the street, at first they try to find out if there is any organization that monitors the activity of the child. It is more often they exchange information and supervise the child or young persons with support or relying entirely on the services of the non-governmental organization that monitors the beneficiary.

Interaction with specialists from governmental agencies occurs when the children or adolescents are in the middle of a domestic conflict or violence on the street. It is that professionals from police and child protection that interact with them. In general, they are well treated, people are kind and try to understand the situation, but solutions proposed are not the very best for the beneficiaries: going back to the abusing families, being

placed in emergency units (when beneficiaries do not have identity papers or need a to be very fast taken a decision concerning them) or placement centers.

Those adolescents living on the street prefer to be accepted in an open residential home (just to stay for the night), taken care of their basic needs, while those in the families would like stay with their families or in the families of some people they know (including the family of professionals from NGOs that take care of them).

8. Overview of decentralization of minors' protection system: from the central government to regional/ local government.

Law no. 272/2004 on the protection and promotion of children's rights, and secondary legislation related to this, provides for organising the specialised services of child protection at the local level. Therefore, under the coordination of the local council (city, or commune council), there are: general directorate of social assistance and child protection (GDSACP), and the public service of social assistance (PSSA). The responsibilities of the GDSACPs are proposed by the Ministry of Labour, Family and Social Protection and approved through a Governmental Decision. Those responsibilities envisages all the actions towards children's right protection, including actions in court to decide special protection or alternative care for children in difficult situations. The PSSAs have responsibilities in monitoring the children's rights and supporting action developed by the GDSACP. In general, the activities developed by PSSAs envisage social assistance activities for population in need, including at-risk children, adults, aged persons a.s.o. The individual plan of services for child protection is elaborated and put into actions by the PSSAs at the city and commune level, except for Bucharest (the capital city), where the GDSACPs of each district are responsible for this. The plan of services should be endorsed by the mayor.

The child protection system is funded from different sources:

the local budget of the cities and communes;

the budget of counties and the Bucharest districts;

the state budget;

the state budget, through the National Authority for Children's Right Protection for national programs regarding child protection and promotion of children rights.

donations, sponsoring, private funds.

In the situation of foster care, the financial responsibility is shared between state, which covers the costs for the placement installments and the local council that covers cost of salaries for foster parents. In the case of guardianship, the costs for the placement installments are covered from the state budget.

At the national level, the Directorate of Children's Rights Protection (Authority for Children's Rights Protection) under supervision of the Ministry of Labour , Family and Social Protection has the responsibility of monitoring of the children rights, as they are stated in the current legislation and the Convention concerning children rights, and coordinating and controlling the protection and promotion of children's rights.

Protection of children's rights in relation to activities developed by the public authorities is under the responsibility of the Ombudsman agency.

7. CONCLUSIONS

1. Comparative Overview of National Contexts

	IT	ES	FR	RO	BG
THE PHENOMENON OF VIOLENCE AGAINST CHILDREN	<ul style="list-style-type: none"> - increase in the conflict within couples and, accordingly, a conflict during separations, which carry with them exploitation of children, witnessed violence and psychological abuse over minors. - migrant families are also having problems (stress and difficulties in families reunions). - sexual abuse is across social classes, whereas other forms of maltreatment are more spread within low status families. - some territories observe an increase in sexual abuse by under 18 over other minors (peer violence). - some adoptions/foster programme are difficult also due to prior abuse of the adopted children. - increase of detections and alerts is seen as a positive sign of emergence of the phenomenon. 	<ul style="list-style-type: none"> - increase of bullying and peer-violence within minors - increase of abuses over short age minor - increase of abuses inside the families or institutions 	<ul style="list-style-type: none"> - increase of peer violence - domestic violence and psychological violence are the prevalent forms observed - raising cases of communitarian violence and institutional/societal violence due to racism, xenophobia, and also to bad process of care services - specific problematic target: unaccompanied minors, working children 	<ul style="list-style-type: none"> - violence (physical, including sexual, and emotional) against children related to low social-economic status of parents, risk of abandonment, domestic violence, abandonment of school, involvement of children in criminal activities, abuse of drugs, especially alcohol, mentally - challenged parents. - cultural dispositions in using violence as educational practice (diffused tolerability of violent practice) 	<ul style="list-style-type: none"> - predominant aspect of violence is identified as negligence; but also any other forms of physical, mental and emotional abuse. - increasing problem of sexual violence in schools - specific issues related to violence against minors are: early sexuality, school drop out, public nuisance - lack of motivation of change in perpetrators - the escalating problems of violence against children and the lack of publicity about the problem are cultural characteristics, patterns of family functioning, institutional environment, worsened economic and social status of families. - difficulty in recognizing negligence ad form of violence

	IT	ES	FR	RO	BG
STRENGTHS OF THE SERVICES	<ul style="list-style-type: none"> - Innovative method which prove efficacious, such as holistic and group therapy for authors and victims; - Motivation and experience of single workers, which is a key factor for success in working with families; - The presence of well-established private organisations, with strong competencies; - A good level of collaboration between public and private organisations; - The presence, in some bodies, of multi-professional teams; - The presence, in some territories, of prevention projects, especially in primary and secondary schools. 	<ul style="list-style-type: none"> - Good and fast results observed in services functioning, - Fast protection action - Good local services network, 	<ul style="list-style-type: none"> - Procedures tailored on specific individual needs - Existence of multiprofessional staffs - Presence of third sector organizations and association with strong competences on the topic - Holistic approach (taking charge of families) 	<ul style="list-style-type: none"> -interventions of multidisciplinary teams, -interventions specialized for situations when children are in danger or lack the care of their parents. - existence of specialized NGOs involved in preventing violence against children. -rapid interventions of professionals and effective communication with other professionals. - good monitoring of the cases - existing specific legislation defining competences and necessary practice related to abuse -presence of specialized persons, usually social assistants in charge with verifying the situation on the field -professionals behaving in a very rational way, trying to take distance in judging the situation. 	<ul style="list-style-type: none"> - timely assistance and prevention of possible serious consequences - adequacy of provided knowledge of child protection system. - capacity to ensure a safe environment and to preserve life and health of the victim in protection process -Existence of capacity to determine individual needs and accordingly work in evaluation step; - Capacity of services in treatment process to develop practices tailored to individual needs of the clients - Capacity of services in minimize trauma and increase the autonomy and the independence of the client, mastering new patterns of life conduct

	IT	ES	FR	RO	BG
WEAKNESSES OF THE SERVICES	<ul style="list-style-type: none"> - legislative changes, with division of labour between public bodies, created in some cases a dispersal of competencies. -division of labour between social and health sector, together with the absence of a strong coordination of actions, produces weak integration of services and difficult collaboration. - the lack of prevention campaigns; - failure in taking responsibility over the initial evaluation and in implementing social and educational services and the heavier stress over the safety of the child instead of the general strategy for the family. - local health authorities are perceived too far from the territory, - too long time for diagnoses - critical relationship between local services and judicial system is also critical, (long and bureaucratic procedures for the decisions regarding the child victim of violence). - too differences in organizational solutions adopted - lack of implementation of monitoring and follow up on cases - lack of resources addressed to lifelong learning programmes and supervision of services 	<ul style="list-style-type: none"> - lack of specialization of the personnel who attends to the minors, both for detection and for treatment (both professionals and host family) - bad coordination of the different administrations and institution in charge of services - too slow the system to make decisions addressed to violence against minors and to the practices of care related - less specialization in ill-treatment 	<ul style="list-style-type: none"> - lack of coordination between services and of resources dedicated to it (fragmentation of information) - difficulties in protecting specific targets such as unaccompanied and roaming minors, working children, and also minors authors of violence (when they are also victims) - lack of training and insufficient intercultural competences (for practitioners and foster families) - lack of appropriate institutionalisation for cases with serious psychological problems - Too long evaluation process with risk of minors exposition to dangers - Lack of availability of places in foster families or foyer, secreted place and proper structure in protection process - Lack of structures targeted to minors with risky behaviour, addiction problems, etc. - lack of programme balancing education, training, care, protection, social inclusion - Absence of follow up practices and support to transition for youngsters 	<ul style="list-style-type: none"> - lack of specialized services to separate children from the abusing parents - lack of special programs for teaching parents parental skills - weak collaboration of the public institutions (mainly due to lack of legal regulations) in addressing needs of the abused/ victims of violence children and low involvement of community in reporting the case and collaborating with institutions to support solutions of cases - lack of support groups for children with mentally-challenged or drug abusing parents, - lack of services, limited opportunities and few specialized professionals in the child protection system - lack of the judicial system for children - lack of standards related to treatment - lack in prevention intervention and protection for children who have to stay in the family - few opportunities for adoption and too long and time-consuming process - lack of programs targeted to offenders - lack of formal network and collaboration (except GDSACPs) - weak involvement of the public opinion in preventing the abuse - professionals exposed to stressful condition influencing evaluation capacity and decisions 	<ul style="list-style-type: none"> - persisting lack of sufficient number of specialized services for children victims of violence - lack of coordination between responsible entities -lack of awareness about the possibility to report cases to appropriate institutions, professionals, services - Insufficient public awareness about the types of violence, indicators to identify their possible preventive actions and services provided in the community - Lack of professionals' specialized competences - Non-recognition of committed violence and denial of offered support and underestimation of cases; - failure to ensure a safe environment for children - Misunderstanding of the seriousness of the problem and possible consequences - Institutions' own interest coming over the interest of the child - setting up unrealistic objectives in the service delivery plan; - creation of dependency between the child and the specialist working with it; - seizure of the therapeutic process before its end;

	IT	ES	FR	RO	BG
INDICATION FOR GOOD PRACTICES	<ul style="list-style-type: none"> - - Specialized and Long life Training addressed to services professionals and other territorial actors (teachers, policeman, etc.) - Holistic/Systemic approach - Follow up and Ex Post Evaluation of minors and families - Professionals in services specifically dedicated to minors victims of violence - Professionals committed to attend the relationships with Justice system - Special training and tutorship addressed to foster families - Prevention programmes addressed to minors and parents 	<ul style="list-style-type: none"> - Home assistance of pediatrics nurse to children till 2 years old. - Evaluation system of the centres. - Introduction of manual of Management Good Practices of Minors' Centers. 	<ul style="list-style-type: none"> - minors advocacy approach - Working in multiprofessional teams, in network - Circulation/sharing of information within different services and actors - Specialized and Long life Training - Specialization and adaptation of services to the specific evolutions of phenomenon - Small scale structures where it is possible to guarantee quality of relationship and of care (avoiding both a too much generic and culturalist point of you) - Follow up of minors and families 	<ul style="list-style-type: none"> - proper identification of abuse, producing an objective evaluation of cases, ensuring adequate interventions, including a psychological and behavioral rehabilitation of the victim, integration in the family (if is possible). - ensuring anonymity of children included in the protection programs -guarantee trained intervention team, a specialized department that has the capacity to produce valuable interventions in the shortest amount of time and has the capacity to provide a safe environment for the child, identifying solutions for treatment of the abusers or solving the problems that contributed to the abuse 	<ul style="list-style-type: none"> - concrete cases reported in National Report

	IT	ES	FR	RO	BG
PROPOSAL FOR POLICIES	<ul style="list-style-type: none"> - Provision of proper and constant resources focused on the specific policy field - Support and development of prevention programme - Support and diffusion to group-therapy approach - Creation of guidelines and institution of enlistment standards criteria for services - Introduction of formal coordination and partnership protocols 	<ul style="list-style-type: none"> - Provision of resources driven to more specialized and focused objectives, - Protection plan carry out for each minor, - Develop Specific plan to youth-children's mental health, - Support for a better coordination between administrations, to rise nurseries and day care centres, to increase of inspections. - Fostering accessibility, multidisciplinary approach, individualized plans - Prioritising initiatives addressed to victims of violence, - In policy making related to this policy field need of set of few clear aims to be evaluated e monitored . 	<ul style="list-style-type: none"> - Support the development of mix-institutions in pshychiatric sector - Better attention to authors (in particular adolescents who are also victims of violence) and minors in penal system - In training: promotion of intercultural approaches and proper use of language (avoiding discriminatory speech) - support training on different tools and practices for the children protection - Support training on active/partecipatory approach and group therapy and on systemic methodologies - Support training and reflections to understand and share a common definitions of violence within different actors of different policy areas 	<ul style="list-style-type: none"> - Fostering early interventions, such as educating parents (including listening the opinion of their children), informing people about the phenomenon and its effects on children, - Support the provision of prevention campaigns, - Development of practices and services aimed at taking out children from the environment that endangers their life, safety and/ or mental health, - Development of emergency procedures according to the regulations in the Law no. 272/2004. - Fostering procedures aimed at solving difficulties in prevent and prove emotional abuse - Promote training sections for professionals and more prevention activities addressed to population to change diffuse attitudes regarding the abuse. 	<ul style="list-style-type: none"> - Support proposals concerning social service providers' capacities (training on intervention methods and technique, teamwork, legislation, procedures for recognition and reporting) - Support programs aimed at overcoming the consequences of violence and mental restore of the child - Support the development of social work supervision also in remote areas and small towns - Capacity building should not just involve social workers, but also police officers, medical staff (i.e. nurses), teachers, volunteers, journalists. - institutional and normative framework: making mandatory the "protected child hearing" approach for cases of court procedure involving a hearing of a child (aim is to avoid additional trauma of a child involved in hearing process in court halls); Disseminate information on violence prevention in a systemic way; Disseminate information on existing social services;

2. Principal Common Focus Point

a) Phenomenon

- specific attention to be dedicated at domestic violence and violence within parents (and problem of violence against minors related)
- specific attention focused on peer-violence (also sexual abuses)
- attention to raising new phenomena such as communitarian and societal violence (related to cultural practices, xenophobia and racism)
- attention to negative and improper institutionalization
- specific target: unaccompanied minors, roaming street children, street working minors, minors with risky behaviour and addiction problems (attention to experimental strategies and programmes of taking care)
- attention to characteristics of familiar and socio-economic context
- increasing of media violence (evolvement of violence in a number of media formats, violence used by the entertainment and information industries, diffusion of culture of violence, normalization of aggression) and problems related to the minors exposition to the media
- diffusion of educational approaches promoting forms of competitiveness based on the use of violence, overwhelming behaviours, disrespect to cooperative attitudes and civility
- cultural patterns influence in perception of violent behaviour

b) Strengths

- fairly large diffusion of multiprofessional staffs in territorial services
- fairly large diffusion of programmes (when funded) tailored to individual specific situation and needs
- diffused presence of strong motivation and experience in professionals working in the field
- presence of third sector organization and associations with strong specialized competences, promoting innovative practices and able to create flexibly network and patterns of cooperation
- strong potentiality of the institutional public body (at district and regional level) in promoting the coordination of all actors involved in this specific policy field and in steering actions at common planning objectives

c) Weaknesses

- lack and dispersal of specialized competences in local services staff
- lack of resources (economic, human, infrastructural...) and problems related in taking decision
- lack of coordination capacity within institutions, services and actors involved in this policy field
- lack of evaluation and follow up models
- lack of intercultural competences
- lack of appropriate institutionalization (in particular for target with psychiatric problems, risky behaviour, etc.)
- few programmes supporting parental skills
- lack of awareness and local community involvement
- lack of acknowledge of existing practices and intervention experiences due to problems in sharing information and in changing/enlarging partnerships and networks

d) Good Practices Indication

- specialized competences
- personalised practices
- strong coordination of services and good sharing of information
- early intervention and prevention programmes
- support to improve parental skills
- use of standardized and international validated tool
- ex post evaluation and follow up projects

e) Proposal for policies

- definition of services standards and formal criteria for quality supply (fixing also a set of common definition and a shared monitoring system)
- promotion of practices to pool resource belonging from different sources (different private body, different levels of public institutions, charity, etc.)

- provision of proper and constant resources focused on the specific policy field (in particular fostering training, formal coordination within actors, specialized supply, accessibility, multidisciplinary approach, plans tailored to individual needs, evaluation, supervision and follow up also for marginal areas and small town, etc.)
- provision of proper resources to be addressed at specialized training and capacity building for professionals (refresh courses, workshop for updating tools and procedures, etc)
- provision of proper resources for information/training of all territorial actors involved in the process (teachers, policemen, educators, sport trainers, etc.)
- promotion of a common European curriculum and harmonization of skills certification practices for professional figures working in this specific field
- attention to minors authors of violence and improvement and development of programmes addressed to them
- attention to minors advocacy practices in judicial procedures
- promotion of charity work in support to services and to formal and informal network (involving families, neighbours, relatives, etc.) for actions of prevention

APPENDIX A – DRAFT INTERVIEW TO EXPERT WITNESSES OUTLINE

A) A CONTESTUALISATION OF PHENOMENON AND POLICIES AT NATIONAL AND LOCAL LEVEL

This section aims to integrate information (from a practical and operative point of view) about legislative and policies frame work analysed and the knowledge about the phenomenon of child abuse reached in the previous phases of the project.

- What is your opinion about legislative frame work of children victim of violence? And, specifically, what about directives on services and foster care of children victim of violence?
- What do you think about economic and human resources availability and about the way they are assigned by institution and used by services?
- Which are the specific aspects and emerging problems about phenomenon in these territories?
- Which are the aspect of this phenomenon which need more urgent actions?
- Which are the aspect that are more difficult to be prevented or contrasted?
- Which are, in your opinion, useful new contrasting actions?

B) IDENTIFICATION OF SERVICES/PROGRAMMES AND THEIR CHARACTERISTICS

This section aims to frame features of services and initiatives for children victim of abuse and to support identification of agencies, services and projects that may will be the object of mapping. "Territorial structures" means public services and private services that can takeover, signal and safeguard children victim of violence in the area, the project target.

- Which are territorial structure that offer real specific services targeted to children victim of abuse? Could you list and describe services you know?
- Do you know any experimental project dedicated to children victim of violence in this area (target area of the project and/or sub-area in which the witness has the best knowledge)?
- What are the services mainly offered by these structure?
- In your opinion, is the range of services in this area adequate to children needs and to the query of local context?
- Is territorial coverage adequate?
- Is there any other initiatives not directly connected with child victims of abuse, but that benefit from them indirectly?

C) STRATEGY AND QUALITY

The questions of this section have the objective to reconstruct from a general point of view intervention strategies and forms, cooperative inter-institutional networks, multidisciplinary, standards of specialisation, pattern of services and intervention considered an excellent level.

- Can you tell me which are the main skills involved in foster care of child victims of violence in different territorial structures? What are the external professional mostly involved?
- Can you tell me how network activity works on the matter of child abuse? Can you make an example? How much are integrate and coordinated the actions in this area? Is there a common strategy or different services operate independently?
- Can you synthetically describe the typical course in network services that child victims of abuse have to run? In your opinion this course should be different?
- What is the specialization degree in local services network that you know? For example, it is possible that services committed to other targets can be used also for child victims of abuse? Which are the

main reasons for these possible practices? Which are the troubles that possibly users promiscuity can cause on efficacy of actions?

- Who is engaged in action planning?
- How does the funding system of the services work?
- In your opinion, what are the training needs of services operators? Generally, are they able to manage the situations that they have to deal?
- Does the service in which you work have a quality evaluation system? Can you describe it?
- Do you usually make awareness campaigns? Who is the target of this campaigns?

D) STRENGTHS AND WEAKNESSES OF TERRITORIAL PROGRAMMES AND SERVICES

This section aims to reconstruct strengths and weakness related both to external obstacles/ opportunities to services and internal constraints/resources.

- What are the services characteristics that, in your opinion, represent strengths points? Why? What are external factors (related to the social/political/economic system) and internal factors (related to the services organization, human resources, relationship with services users, etc.) that contribute to produce the strengths you stressed?
- What are services characteristics that represent weak points? Why? What are external factors and internal factors that mainly contribute to produce the weaknesses you stressed?
- What are the biggest problems for child victims of abuse in access services? And what about foster care? And what about the end of foster care period?

E) SUGGESTION OF GOOD PRACTICES AND OTHER INDICATIONS

In this section we want to collect information about selection criteria of good practices and specific information on existing good practices in territories to be mapped.

- How would you define the quality of a service? What features would you consider?
- What are services and programmes (in Italy and in Regione Lombardia) you consider as good practices?
- Another expert witness pointed the service/programme Xy as a good practice. If you know Xy, do you agree with this definition? Why?
- Which are innovative and effective aspects of these service/programmes you consider could be transferred and replied in other contexts?
- Taking into account all these aspects you stressed, what are in particular the main dimensions policy makers and other responsible of services have to invest in?

F) REQUEST FOR CONTACTS WITH OTHER REFEREES TO BE INTERVIEWED AND COLLECTION OF OTHER DOCUMENTS AND INFORMATION

Using snow ball method, the objective of this section is to collect further contacts with referees and experts on the topic. We suggest to ask accurate information about specific knowledge that new referees suggested are able to bring to our inquiry and all the other information useful to finalize a successful contact. We can ask help to our interviewee in introducing us to the new contact. We recommend integration or replacement of a referee with respect to the methodological criteria established for the selection of expert witnesses. We suggest besides collection of documents and information (report, brochure, planning documents, evaluation paper, etc.) and all other data useful for the mapping fieldwork and services analysis.

- Is there any people you are in contact with, that could be useful to interview for our project? The persons you suggest what service works for? What is the issue that in particular he could enlighten? Can I contact this person? Can you introduce us to this person? Have you his/her e-mail and telephone number?
- Have you got data or documents about territorial services useful in your opinion for our research? Can you please suggest us documents, data, books that you consider helpful for our research?

G) USERS

This section aims to elaborate on main features of the users of services for children victim of abuse and to rebuild users' opinion about the course of foster care. In this section we can value the chance to interview a service user.

- Which are the main features of service users (age, birthplace, economic status, etc.)?
- Do you know their opinion about services received? Do you use any tool to periodically collect users' opinion?
- In your opinion, it could be possible to interview one of your users about his route to foster care?

2. Draft Interview/Basic Outline for Focus Group, targeted to the users of services: teenagers, families

a) Briefly collection of personal information (name, age, working condition)

b) Overview of the stage of contact with services

- How did you get in contact with services? Before that moment, had you ever known that service? Was it your own initiative or other people determined you to start this track? Who was that person?
- In the first stage of contact were you alone or did someone come with you? Who was this person?
- How would you define the behaviour of people that you met the very first time?
- What did the first approach to the service mean to you?

c) Overview of the foster care phase

- Can you tell me briefly what was your relationship course with services after the very first contact? Did someone attended you during this course?
- Can you describe me, if you want, some of the activities carried out during this foster care process? Where did they take place? What kind of person did mostly take care of you?
- How long did your foster care extended? Did the reference persons change in this lapse? Why?

d) Main encountered difficulties

- Looking at your entire experience, can you list which were the main difficulties of your connection with services?

e) Main received benefits

- Looking at your entire experience, which were the main benefits you received in your course with services?
- Are you satisfied? Why?

f) Suggestion for the improvement of services

- In your experience, which are the essential elements for a good service?
- Thinking about the difficulties you mentioned before, which are the improvements that could be improved on the services?

APPENDIX B – LIST OF K-EXPERTS AND TESTIMONIALS WP 4.1

ITALY

N.	Organization	Unit /Function
1	Municipality of Brescia	Office for child protection
2	Local health Authority –Milano 1	Maternal and child unit
3	Local health Authority - Milano	Service for minors and families
4	Local District - Sondrio	Planning Office
5	CBM - (Centre for abused child and care of family crisis)	Responsible for child protection unit
6	Municipality of Milano	Office for family policies
7	ASSEMI – Special Agency for District Social Policies (San Donato)	Office of Direction
8	Local District – Castano Primo	Planning Office
9	“TiAma” Centre	Coordination Unit
10	“TiAma” Centre	Intervention Unit
11	Municipality Lodi	Office for Child Protection
12	Juvenile Court of Milano	Honorary Judge
13	Local health Authority - Mantova	Service for child protection
14	Local District - Cremona	Planning Office
15	Local District - Desio	ISS – Office for social-health integration
16	Local health Authority - Bergamo	Centre for child and family
17	CTA – Centre for adolescents therapy	Direction Unit
18	Municipality of Como	Office for child protection
19	Focus Group	Families
20	Focus Group	Adolescents

SPAIN

N.	Organization	Unit /Function
1	Social Welfare Department – Generalitat Valenciana	Family area
2	Social Welfare Department – Generalitat Valenciana	Legal Minors area I
3	Social Welfare Department – Generalitat Valenciana	Legal Minors area II
4	Social Welfare Department – Generalitat Valenciana	Foster families and adoptions area
5	Health Department – Generalitat Valenciana	Children’s and Women’s health area
6	Education Department – Generalitat Valenciana	Assessment, Innovation and quality education area
7	National Police – GRUME (minors group)	Chief of minors victims of violence unit
8	Local Social Welfare Authority – Valencia	Office of minors
9	Local Social Welfare Authority –Camp de Turia	Family and Childhood office
10	Local Social Welfare Authority –Aldaya	Social services area
11	Day care center Bunyol – Buñol,	Director

	Valencia	
12	Day care center Valencia	Social worker
13	Day care center Les Palmeres, - Alboraya, Valencia	Psychologist
14	Follow-up and intervention team - Valencia University	Psychologist
15	Psychological Advising service to minors victims of violence - Valencia	Director
16	Day care center	Director
17	Guidance and intervention family service EMAUS	Director
18	Guidance and labor insertion service – Foundation Diagrama	General manager
19	Save The Childen Organization - Valencia	Director in Valencia
20	UNICEF- Valencia	Director in Valencia

FRANCE

- Psychologists
- School teachers
- Educators in the child welfare but also associations
- Department managers and educators in the judicial protection of young persons

BULGARIA

N.	Organization	Unit /Function
1	Sofia Municipality	Directorate “Social activities”
2	Directorate “Social support” – 9 office, Sofia	Coordination, planning
3	Child protection departments – 9Office, Sofia	Coordination, intervention, planning
4	ECIP Foundation	Complex for social services for children and families with: <ul style="list-style-type: none"> • Venter for community support • Unit “Mother and child”
5	Animus Association	Centre for rehabilitation, counseling and psychotherapy for women, adolescents and children survivors of violence.
6	Sofia Municipality	Centre for community support
7	Sofia Municipality	Crisis centre for child victims of violence
8	Bulgarian Association for Family Planning and Sexual Health, Sofia	Community work
9	SAPI /NGO/	Center for community support
10	Nadejda Centre Foundation	Centre for consultations and support
11	Karitas	Centre for consultations and support
12	Burgas Municipality	Directorate “ Social Affairs and Employment”
13	Directorate “Social support” – 1 office, Burgas	Coordination, planning
14	Child protection departments – 1Office, Burgas	Coordination, intervention, planning
15	National center for social rehabilitation,	Center for community support with Emergency unit.

	Burgas	
16	Demetra Assosiation, Buirgas	Crisis Center
17	Ravnovesie Assosiation	Advisory Centre, trening, fielwork
18	Sofia Municipality	Directorate "Social activities"
19	Directorate "Social support" – 9 office, Sofia	Coordination, planning
20	Child protection departments – 9Office, Sofia	Coordination, intervention, planning

ROMANIA

N.	Organization	Unit /Function
1	Save the Children, Bucharest Headquarters	Counseling centres for children and parents/ Psychologist
2	Save the Children, Timisoara Branch	Counseling Center / Program Manager (and Psychologist)
3	General Directorate of Social Assistance and Child Protection - Timisoara	Day Center for Children with Disabilities "Podu Lung"/ Head of the Centre
4	General Directorate of Social Assistance and Child Protection from district area 6 - Bucharest	Communication Department/ Head of the Department
5	Directorate of Social Assistance at the Community Level - Timisoara	Social Assistant
6	Caritas Federation of the Catholic Church in Timisoara	Shelter for the Victims of the Domestic Violence / Social Assistant
7	Local Council of Bucharest, General Directorate of Social Assistance	Department for Protection of Children in Difficult Situations / 1. Social Planner 2. Director
8	PARADA Foundation	Psychologist
9	Save the Children, Bucharest Headquarter	Educational Center and Mobile Unit / Social Assistant (and Project Coordinator)
10	Bucharest Public Health Authority	Health Promotion Department / Head of the Unit,
11	Independent expert	Specialist in education programs (former employee of the Save the Children, responsible for campaigns focusing on prevention of violence against children)
12	Hospital for Children "Grigore Alexandrescu" in Bucharest	Emergency unit/ Social Assistance
13	District Hospital in Timisoara/ Save the Children, Timisoara Branch	Pediatric Department/ M.D. Specialist in Paediatrics
14	General Directorate of Social Assistance and Child Protection from district area 4 - Bucharest	Department of Urgent Interventions and Child's Call / Head of the Unit
15	Medicover, Private Medical Clinic	Coordinator of the psychological and psychiatric department and psychologist
16	The Child's Helpline Association	Director
17	Police Unit no. 14 from Bucharest	Officer and Psychologist specialized in working with children in difficulty
18	General Directorate of Social Assistance and Child Protection - Timisoara	Department for Interventions in Emergencies / Psychologist
19	General Directorate of Social	Department of Urgent Interventions and Child's Call / Social Assistant -

	Assistance and Child Protection from district area 4 - Bucharest	involved in pre-testing the questionnaire
20	Sensiblu Foundation	Center for Victims of Domestic Violence / Social Assistant
21	Focus-group	Children