

**INTEGRATED APPROACH
TO CHILD VICTIMS OR WITNESSES
OF DOMESTIC VIOLENCE
CENTRED AROUND THE CHILD'S NEEDS
AND BEST INTERESTS**



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BODROZI



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A large, light gray keyhole graphic is positioned in the lower half of the page, with its circular head at the top and its shaft pointing downwards.

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Integrated Approach to Child Victims or Witnesses of Domestic Violence Centred around the Child's Needs and Best Interests

Training Material

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ABBREVIATIONS

CC	Criminal Code
CCAS Zona ZaKрила	Child Centre for Advocacy and Support Zona ZaKрила
CCP	Code of Civil Procedure
CM	Coordination Mechanism under Art. 36 'd', Child Protection Act
CPA	Child Protection Act
CPC	Criminal Procedure Code
CPD	Child protection departments
CPD/DSA	Child protection departments/ Directorate Social Assistance
CSC	Community Support Centre
DV	Domestic Violence
EC	European Commission
EU	European Union
PaDVA	Protection against Domestic Violence Act
SACP	State Agency for Child Protection

Introduction, purpose, definitions

Prof. Nelli Petrova-Dimitrova

Domestic violence prevention requires joint work on the part of various institutions both because of the fact that children are always a victim of such violence, no matter whether it is directly targeting them or not, and because children are highly vulnerable to secondary victimisation, and also because it is precisely via children that the vicious circle of violence could be broken. Thanks to the efforts of government and non-government social, education, justice, health, cultural, etc. structures, there is serious progress in these joint actions.

Equally, this joint work, being based on different and general provisions, still does not always clearly define the objectives towards child wellbeing. Sometimes the routine, understanding the interests of the respective institution, the institutional hierarchy, the shortage of professionalisation, among others, lead to general or single interventions that deteriorate rather than improve some children's situation.

One of the main roads to change is joint multidisciplinary and interinstitutional training, as per Art. 6, Item 3 of the Protection against Domestic Violence Act (PaDVA), as well as specific trainings aimed at the special role of the various players in the process of joint work. There is shortage of shared knowledge and principles to support the setting of common objectives in the course of the joint work of the institutions on cases involving child witnesses or victims of domestic violence.

In response to this, the aim of the training of experts from various institutions is to achieve a common understanding of domestic violence, exchange of information and coordinated response in casework involving child victims or witnesses of violence.

The purpose of these guidelines is to support the training activities targeting the main institutional and community players who intervene in cases of domestic violence involving child victims or witnesses of violence so that these players' interventions are centred around meeting children's needs and corresponding to their best interests.

These guidelines rest on the principles of interinstitutional interaction and multidisciplinary approach, child-centred integrated approach, training of all

professionals dealing with children, meaningful participation of children and parents in the joint work of institutions.

Definitions of the main concepts reflecting the team's understanding of the basic terms used – it is important to reflect on these and achieve shared understanding as a first step towards reference to shared principles and knowledge.

Art. 2 of the Protection against Domestic Violence Act contains a definition of domestic violence

“(1) Domestic violence shall denote any act of physical, sexual, mental, emotional or economic violence, as well as attempts of such violence, coercive restriction of personal life, personal liberty and personal rights committed against individuals, who are related, who are or have been in a family relationship or in de-facto conjugal co-habitation.

(2) Any domestic violence committed in the presence of a child shall be considered mental and emotional violence against said child.”

Interinstitutional interaction and multidisciplinary approach – organisation of the work of the various institutions as undertaking activities aimed at exchange of information among individual players; at consulting/agreeing individual players' actions or at achievement of objectives agreed among the players.

At this stage institutions demonstrate different practice of joint work in the different locations, based on the understanding of the respective institutions, possibly because the primary and secondary legislation provide a broad framework in which agreement should result from the decision of the local structures of national institutions and local government, as envisaged within the Coordination Mechanism for Interaction in Casework Involving Child Victims of Violence or Children at Risk of Violence and for Interaction in case of Crisis Intervention (the Coordination Mechanism – CM). It makes sense to consider putting in place the following when planning such interaction:

- a mechanism for joint reporting and mobilisation in case of a report registered with any of the institutions working against domestic violence;
- a mechanism for exchange of information;

- a mechanism for joint decision-making to agree activities aimed at achieving the agreed objectives centred around the best interests of the child;
- a mechanism for involvement of the child and his/her parents.

The integrated approach or the integrated interaction presuppose provision of care and protection, access to child-friendly justice and support for recovery using a set of tools and methods based on knowledge and joint work – initial overall assessment of the risk to the life and health of the child with a view to termination of violence, managing the risk of secondary victimisation and planning the actions on the part of the institutions arising from this risk (medical care, protection, hearing/interview, etc.), thorough in-depth assessment of the needs of the child and his/her family so as to plan the recovery/therapeutic and psychosocial work.

The so-called child-centred approach is a range of actions, interventions, methods which, as research indicates, “shows respect for children and promotes their entitlement to be considered as persons of value and persons with rights”.¹ The child-centred approach treats the child as a right-holder and the most well-known document introducing this approach is the UN Convention on the Rights of the Child.

Goodyer (2011) wrote: “There is no general agreement of what a child-centred approach is, but the basic principle involves engaging with children and their families, understanding and providing services that reflect their individual needs and taking into account their wishes and feelings, but remaining aware that they may not yet fully understand the risks involved in their choices.”²

The child-centred approach presupposes knowledge of human needs and their manifestation as the child's needs, and aspiration towards their fullest satisfaction possible. The child's needs are a manifestation of the link between his/her mental and social functioning and are not equivalent to the wishes directly expressed by the child. Understanding and identifying those needs is a difficult process requiring professionalism and a multidisciplinary approach.

1. Brian Merriman et al. The Irish Journal of Psychology Volume 27, 2006 – Issue 1-2. Published online: 21 Nov 2012
 2. Author: Vivienne Barnes, Publisher: Macmillan Education UK, ISBN: 978-1-137-60641-9, Electronic ISBN: 978-1-137-60642-6

The child-centred approach regards the child not merely as an individual but it also takes account of the role of the context which might facilitate or hinder the realisation of the rights of the child. This understanding about placing the child at the centre of the broader context of the social systems surrounding him/her demonstrates how the child him/herself contributes within his/her own social reality, while, equally, being affected and served by it.

"It has come to be recognised that social workers cannot make an assessment or intervene to safeguard children and promote positive outcomes without engaging with the children themselves. This involves recognising the rights of the child, getting to know who he/she is, what he/she needs, how he/she feels about his/her situation, and what he/she wants for his/her future".³

Participation of the child and his/her family. The child-centred approach presupposes joint work with the participation of the child and his/her family throughout the process (report, initial risk assessment, participation in proceedings, undertaking of measures, assessment of the needs of the child and his/her family, planning and implementing interventions) of seeking his/her involvement in taking any decision concerning the child.

It is important to note the need to have a hearing of the child, to explore his/her opinion and wishes, together with those of his/her parents. Along with this, it should be emphasised that there can be cases when risks are not fully appreciated, in other words the involvement of the child and his/her parents does not absolve professionals from their responsibility in decision-making. It should also be noted that wishes and opinions should be viewed in light of the best interests of the child.

Training of all professionals involved in casework. The child-centred approach in domestic- violence cases presupposes the presence of competencies for violence detection, for identification of the effects of violence and the child's needs to cope with these, as well as the child's needs in general terms. It also requires competencies for provision of an opportunity for the child to be heard, and be heard in a way in which he/she can express his/herself, be understood. Last but not least, this approach allows for differences between the interests of the parent/parents and the child.

3. Child-Centred Practice, A Handbook for Social Work, 2017, Authors: Tracey Race, Rebecca O'Keefe. Publisher: Macmillan Education UK, Print ISBN: 978-1-137-59702-1, Electronic ISBN: 978-1-137-59703-8

Reporting about a child victim of domestic violence

Darinka Yankova, SAPI and Katya Krastanova, AAF

Report, post-report check-up

A report about a child victim of domestic violence can be addressed to one of the institutions of primary importance for responding to domestic-violence cases – Regional Police Directorate – a Child Pedagogical Unit Inspector and an Investigating Police Officer on Duty or a Police Officer from the Security Police, the Child Protection Department at the Directorate for Social Assistance, a Prosecutor on Duty at the respective Prosecutor's Office, the Regional Court. In some cases, the mother victims of domestic violence involving children too, dial 112 to report the case, directly address a provider of specialist social services to obtain support or they report the case during a medical check-up when seeking medical aid following a beating. There are cases when the child reports to the school psychologist or a teacher that he/she has come to be witness of domestic violence. Another option is to report on the national help-line for children with the State Agency for Child Protection (SACP) – 116 111.

A report on domestic violence against a child can take any form, oral or written; it can be submitted by telephone or electronically. It can be a report from the non-abusive parent, the child him/herself or other physical persons, for example relatives, neighbours, etc., state bodies or legal entities, or it can be an anonymous report. According to Art. 10, para 5 of the Rules on Implementing the Child Protection Act, anonymous reports are considered only in case of violence against a child.

The member of staff in the protection authority which gets the report registers the case of violence against a child and he/she cannot refuse to take the report, even if oral. He/she is to complete a form in order to collect initial information on the following: 1) time, date, reported by (institution, citizens), type of report (anonymous or not), type of violence, details of the child victim – age, gender, name, address, parents. 2) type of violence, when it was committed and if it is still on-going; 3) how the reporting individual found out about the violence (from the child – he/she him/herself reported it, from another person, from external or other signs of concern); 4) the type of injuries

to the child and the need for immediate medical aid: 5) the location of the child at the moment of reporting should be established, if possible; 6) it is recommendable to gather also information on other children at risk. If possible, it should be established if the child victim of domestic violence has siblings who could also be at risk of domestic violence.

A report of violence against a child victim of domestic violence can be received or identified while communicating it in a timely manner to the competent child protection authorities and planning the way and timeframe for the check-up. Keeping each other informed and good interinstitutional cooperation are a safeguard for bearing institutional responsibility and decision-making for coordinated response and interventions in the best interests of the child. Children and parents benefit as much as possible from good coordination among the responsible institutions. In all cases where the report has not been addressed to the CPD, following the collection of initial information, the member of staff who received the report should immediately communicate to the CPD within the meaning of the Coordination Mechanism under Art. 36 'd' of the Child Protection Act.

The case manager from the CPD is in charge of coordinating the casework, gathering more detailed information; he/she plans the first meeting with the child victim and the non-abusive parent. Agreed action is undertaken with a view to protecting the child in compliance with the CM.

In cases of emergency, in no less than an hour's time from the report being checked up, if the risk is assessed as 'high', a multidisciplinary team meeting under the CM is to be summoned. In this case the initial risk assessment is made immediately.

CM meetings should by all means include representatives from the main institutions: a representative of the Police Station of the Regional Directorate of the Ministry of the Interior - a Child Pedagogical Unit Inspector and an Investigating Police Officer on Duty or a Police Officer from the Security Police (Regional Police Inspector), and in domestic-violence cases, the Child Protection Department at the Directorate for Social Assistance, the regional Prosecutor's Office and the municipality. At the discretion of the team leader, representatives also from the institutions non-mandatory for inclusion can be invited to participate - the school, the GP, a provider of services for child victims of violence, etc., a doctor (paediatrician), a Prosecutor on Duty at the respective Prosecutor's Office, the Municipality, as well as other representatives, as necessary. In domestic-violence cases it is important to in-

volve a doctor and a judge, and in cases reported by the school or if the child goes to school, it is a mandatory requirement to include also a teacher who knows the child.

At the interinstitutional meeting under the CM, information on the case is presented, together with the initial assessment, and agreed decisions are taken in order to provide maximum support to the child victim of violence and his/her family. The 'best interests of the child' is the lead principle in the course of the work, its observance being ensured through decisions taken by the multidisciplinary team for casework.

The main purpose of this meeting is to ensure the child's security and safety and prevent any new incident of violence. Based on a discussion with the non-abusive parent, it is decided who should initiate a request for imposition of protection measures under the Protection against Domestic Violence Act addressed to the Regional Court. Should this not be done by the non-abusive parent or should there be no such parent, the request to the Regional Court is to be submitted by the Director of the Directorate for Social Assistance, at the proposal of the case manager from the CPD. In cases where there are indications that the reported violence is a crime, this should be immediately communicated also to the Prosecutor on Duty and the Police, if they are not already informed or are not present at the meeting.

The first meeting with the child is the launch of his/her individual assessment. The social worker from the CPD writes a position paper on the child's situation, highlighting the risks he/she is faced with. The information collected at the time of the initial assessment **does not include a discussion with the child** on the reported violence; other sources of information and observation are sought. This is done with the exception of cases where the child initiates the report or shares information about the violence him/herself.

The purpose of the first CM meeting is for the multidisciplinary team to obtain most detailed information on the case and the situation of the child victim and what the first measures undertaken are. The objectives of the initial meeting are as follows:

- to provide immediate measures under the PaDVA in order to ensure the safety and security of the child and his/her non-abusive parent;
- to decide on the need to undertake protection measures under the CPA, police protection and guaranteeing the protection and security of the child in case there are circumstances precluding the implementation of measures under the PaDVA;

- to provide immediate medical consultation and follow-up care if needed (if this is not done);
- to decide on the need for crisis intervention for the child victim and the parent victim of domestic violence so that the latter can continue to support the child;
- to allocate the casework tasks among the representatives of the institutions, nominating persons in charge and fixing deadlines;
- to judge the capacity of the non-abusive parent to safeguard the child from subsequent victimisation;
- to clarify details concerning support measures in planning the child's hearing under the terms and procedures of Art. 15 of the CPA or an interview with the child as a participant in legal proceedings;
- to plan the implementation of an overall individual assessment and the drawing up of an action plan;
- to decide on the way to work with the parents – the non-abusive and the abusive one, with a view to the measures under the PaDVA ordered by the Court;
- to discuss the need of an ad-hoc representative of the child to be appointed by the respective body, as well as the need and readiness of the child to participate in legal proceedings;

As a result of the agreement reached on the short-term and long-term casework objectives, each of the above listed participants in the multidisciplinary team is to take up specific tasks on the case, which he/she is to carry out in compliance with his/her powers and the legislation. The specific tasks for implementation should be defined in such a way so that each participant can act in accordance with his/her operational independence, the implementation of the specific activities and tasks being supported by the remaining participants' cooperation, while this contributes to the achievement of the end result – a long-term objective which should guarantee to the greatest extent the interests of the affected child.

The decisions taken are documented in Minutes of the Meeting and are kept within the child's dossier with the CPD and the Police.

Participants in the meeting agree on regular multidisciplinary meetings of the respective casework team. A date for the next meeting on the case is fixed. Later meetings can be held online too, using suitable platforms.

In line with the decision taken at the CM meeting, the CPD issues a referral or order to the social services provider to carry out a thorough, in-depth needs assessment, psychological support and accompanying of the child victim or witness for participation in legal proceedings.

In correspondence with the measures ordered by the court in response to the request under the PaDVA, the CPD/DSA issues a referral for the use of the respective service as per Art. 5, para. 1, Item 6, if required.

In the event that the Court **does not** order measures under PaDVA for the use of services as per Art. 5, para. 1, Item 6 of the PaDVA, the CPD issues a referral for support to the parents (or the people who will take care of the child victim of violence). The support of the non-abusive parent is key for the child's recovery from the trauma. It is also very important to work with the abusive parent in case the municipality/region has an appropriate service in place. Should a child victim of domestic violence be accommodated alone in a Crisis Centre, the CPD in the parents' location of residence shall bear responsibility for issuing the referral and monitoring the social service to which parents are referred.

When proposing support, the fact that sometimes several administrative procedures and court proceedings work in parallel within a single case of domestic violence should be borne in mind. This is why it is absolutely necessary to have communication within the multidisciplinary team on the case so as to avoid overlap of services or contradicting court decisions or orders. Issuing an order for protection against domestic violence under the terms and conditions of the PaDVA is one of the most common measures. If there is a marriage, there could be divorce proceedings underway. Parental rights are also subject to court proceedings. A number of victims also initiate legal proceedings within the meaning of the Criminal Code when the violence committed represents a crime.

It makes sense to bear in mind the subordination and specialisation of the various laws when implementing court decisions. **For example:** *When a measure under the Protection against Domestic Violence Act is imposed under Art. 5, para 1, Item 3: "Prohibiting the perpetrator to come close to the victim, the dwelling, place of work and the locations of social contacts and recreation of the victim under conditions and for a term, specified by the court", the rights-of-access-to-the-child regime ordered by virtue of a decision under the Family Code is terminated.*

For reports on which, following the assessment, no risk is found for the child or the initial information is not confirmed, the work on the case is discontin-

ued. A position paper and a professional conclusion on the actions undertaken as part of the check-up and on the information gathered is developed by the social worker from the CPD, this paper being kept at the CPD. *It is important to keep in mind that even 'false' reports by children signal a need for attention and it always makes sense for these cases to be carefully assessed, even if there is no evidence of domestic violence.*

Guidance on first contact with the child victim of violence

The main shortcomings of the process of service provision are falling short of informing and advising about the victims' rights, failing to produce an individual assessment at the time of first contact with the institutions, insufficient coordination and professionalism in providing the support. The challenges emerging in the practice of provision of prevention and support services to victims of domestic violence are the shortage of resources, the frequent failure to regard victims as harmed individuals who deserve attention and support, the practice of lengthy moving out of the victim instead of the abuser, the insufficient safeguards for the victim against his/her abuser.

The outcomes of the offered professional support to the child victim of domestic violence are directly related to the way the first contact/meeting with the child is held. This meeting is important in view of the child's building up trust in the institutions and giving the former a sense of being understood and accepted with his/her suffering and a sense that he/she can be supported. All actions undertaken with the child at the time of this initial contact, the communication and interaction should happen in a child-sensitive way, corresponding to the best interests of the child in what is a secure and comfortable space. This is a get-to-know meeting, a meeting for the professionals to present themselves and for the child to know what to expect from them. An underlying principle is respect for the child's dignity, thoughts, feelings and opinion, and participation of the child in the decision-making process. The child could be accompanied to this meeting by the non-abusive parent or another close relative or friend with whom he/she has a relationship of trust.

It is important that professionals recognise that children act, think and respond in their own way, which depends on their age, development, gender, among others, and in this sense, adults need to get to know the child first by means of general questions, finding out about his/her level of development and understanding. Child-friendly communication requires professionals to adapt their language and attitude towards the child's individual charac-

teristics, which will help them be sure what the child is telling/showing them and what the child understands. The non-verbal communication is important too – what messages the behaviour, tone of voice, facial expression, mimics and gestures send to the child and to what extent the messages from the verbal and non-verbal communication coincide. The mismatch between verbal and non-verbal communication could be confusing and stressful to children, so what is shown and what is expressed cannot possibly be at odds or ambiguous.

The key messages child victims or witnesses of domestic violence should hear since the early stages of a meeting are: *"It is not your fault"* and *"I trust you"*. It makes sense that these two messages are sent out in as natural a context as possible, the verbal and non-verbal communication being at one.

When professionals who communicate with child victims or witnesses of domestic violence do this in a way inappropriate to him/her, without the required skills, this could lead to secondary victimisation of the children. In order to prevent secondary victimisation of children (further stress and suffering to children resulting from interaction with institutions), it is important that professionals reflect on their own involvement in the process – they should develop sensitivity in respect of the communication process and their own impact on it.

Children who suffered violence, as well as their parents, have the right to be and should be informed about the rights of the child as a victim as early as possible during this first meeting. They have the right to get the full information in a way understandable to them about all actions and procedures/proceedings applicable to the specific case and, respectively, the procedures that they can initiate. It is important to keep in mind that it is not only the parent who suffered domestic violence who can initiate a request for protection measures under the PaDVA; this could also be done by a child above 14 years of age. It makes sense to explain in a calm and accessible way all proceedings under the CPA, the PaDVA and the amendments to the Criminal Code concerning domestic violence.

The qualifications and training of professionals related to the following is of crucial importance for establishing the first contact/holding the first meeting with the child:

- Understanding and knowledge about the age specifics of children and the perception of events depending on the level of development;

- The types of violence and how its forms are perceived by children especially when it comes to lack of understanding of sexual violence in the family as abuse against children below 7;
- The consequences of violence against children – physical, emotional, behavioural and cognitive ones.
- The specific response of children to trauma depending on their age;
- The loyalty of children to their parents;
- The ambivalent attitude to the abusive parent or the parent victim.

The legislative framework and the powers of the various institutions instrumental in the response to cases of domestic violence, more specifically the Child Protection Department. The team of professionals who established the first contact with the child are to launch the initial assessment centred around the risk to the child's wellbeing and needs. When it is a case of intimate partner violence, it is very important to assess the risk of murder too. The assessment is the basis for undertaking an emergency crisis intervention, for imposing protection measures, measures for moving out the abuser and/or other necessary measures related to the child's safety.

Based on the initial assessment and following the launched emergency interventions aimed at safety, a team is also assigned to continue with the assessment centred around the child's and his/her family's needs of support for violence termination and recovery from the consequences of violence, and referral to appropriate services.

Risk assessment in relation to the child's safety and readiness to participate in legal proceedings

Prof. Nelli Petrova-Dimitrova

In domestic-violence cases the child can be the victim or witness of the violence which could be of criminal nature. The child is treated as a victim of domestic violence by virtue of Art. 2, para. 2 of the PaDVA.

Irrespective of the specifics of the case, depending on the legislative framework in which the risk assessment is carried out, there are certain methodological steps which are important to know and follow. These steps can be summarised as follows:

Initial risk assessment

This assessment is centred around identifying the child's needs for security and safety and the extent of his/her readiness to participate in legal proceedings, if required.

The assessment is carried out by the CPD/DSA who can choose to contract it out to a representative of the social service. It is advisable that this assessment is completed prior to or at the time of the first meeting under the CM.

The initial assessment of the child victim of domestic violence is a set of professional conclusions and positions about the risk to the child's life and health, the risk of intimidation and manipulation, of secondary victimisation. The most important aspect initially assessed is the safety and this is done on the basis of several key criteria (the research areas are given separately):

- Violence in the family and its effect on the child i.e., if it is physical, emotional, sexual;
- The child's needs for security, physical and emotional, and safety; extent of readiness to participate in legal proceedings – emotional, cognitive;
- The resources of the family, the immediate environment;
- Institutional resources – social services, integrated services, including access to child-friendly justice;

- Risks to the child – of further violence; of secondary victimisation via the protection measures and via the child's participation in legal proceedings; other risks.

The risk assessment is made through observation, interview, and other specialized methods.

The research areas in the assessment exercise cover the following:

- the violence – type, by whom, against whom, frequency, etc.
- the care for the child (who is taking care, how, where, in what conditions)
- the child's overall state (physical, health, emotional, belonging, relationships); cognitive and behavioural development, characteristics of communication with the child, capacity to understand and answer questions, speech development/readiness in place to tell about what happened;
- relations within the family, family situation, extended family.

The preliminary assessment by the professional/team of professionals is meant to provide answers as to the following:

- A)** Whether the child needs medical care, special protection; is there resource in the family environment for the violence to be terminated and the traumatism overcome; what needs for support the child has; what information the child needs in relation to the situation of violence; is it in the child's interest to be heard, interviewed, are there conflicting interests with the family members.
- B)** Whether protection measures under the CPA or measures for protection under the PaDVA are needed and possibly what they should be. Often enough, in the case of domestic violence the child/children are moved out of the family, when the non-abusive parent does not agree to initiate a request for a protection measure under the PaDVA. Very often the CPD/DSA does not initiate proceedings as per Art. 8, Item 4 of the PaDVA for issuance of a restraining order; instead, it directly implements protection measures under the CPA, which most often means moving the child out of his/her home and a subsequent placement. In this situation ensuring the security and safety can lead to neglecting the emotional and social needs of the child, who has to leave his/her home and change his/her school. In this situation the child might look upon being moved out as a punishment because of the inaccurately undertaken intervention since the child's safety can be achieved also by means of a restraining order initiated by the DSA.

- C) The preliminary individual assessment is an assessment of the child's readiness (emotional, cognitive, social) to participate, of his/her needs and the risks of participation in legal proceedings. In the course of the hearing, it is important to consider the child, adapt to the child in correspondence with the assessment of his/her emotional, cognitive and social development and the risks identified. It can be made some time before the hearing, or else immediately before it as part of the preparation of the hearing. The guiding principle is the right of the child to be heard and in this sense its purpose is rather to identify the child's needs and guide one as to what to do and how so that this right is guaranteed. **The assessment does not seek to find out if the child is 'fit' (to be heard); in practical terms, if the approach is professional, any child can be heard.**

The preliminary assessment should provide an answer to the question what measures are needed for prevention of secondary victimisation or instrumentalisation of the child, as well as for reducing the risks entailed in a hearing or interview, such as:

- to clarify/clearly define the child's role in the proceedings and focus the attention on it so that there is no mixing of hearing and interviewing;
- to what extent the hearing or interview are in the interest of the child (risks of secondary victimisation, emotional violence/abuse, etc.);
- who guarantees the interests of the child during the legal proceedings, if the child needs an ad-hoc representative as per Art. 29, Item 4 of the Code of Civil Procedure (CCP);
- a venue where there is no risk of direct contact with the perpetrator of the violence/crime;
- a setting adapted to the child's needs;
- professionals who can mediate during the hearing or interview, ensure adapted language, questions as per Art. 15, para. 4 of the CPA, also as per Art. 140 of the Criminal Procedure Code (CPC).
- other.

Hearing or interview of children in domestic-violence cases

Prof. Nelli Petrova-Dimitrova

Status of the hearing of the child

The hearing of a child in domestic-violence cases should always happen as an act of his/her participation. This hearing can also form part of the assessment.

The first option is for the purposes of the CPD, as part of investigating the report, which can happen with most children older than 3 years. It should be in compliance with Arts. 12, 13 and 15 of the CPA.

The second option in domestic-violence cases is about hearing of the child, which can happen at the judge's discretion. The hearing again takes place by virtue of Art. 15 of the CPA. What the child says has not got the status of a statement/testimony; it serves as a guide to undertake measures under the PaDVA, primarily the measure under Art. 5, Item 4 - "provisional designation of the place of residence of the child with the victim parent or the parent, who did not perpetrate violence, under conditions and for a term, specified by the court if this would not be against the child's interests", or under the CPA.

It is also possible that the interview with the child has the status of a statement/testimony i.e., we mean **an interview/interrogation under the PaDVA or the CCP.**

An interview is to be undertaken also when the violence is classified as crime. In such cases the child is interviewed as a witness under Art. 140 of the CCP. **What the child said has the status of a statement/testimony.**

With all of the above options, it is about specific child interviewing with different objectives but with some shared requirements that will be looked into here:

Opportunities and risks associated with the hearing or interview⁴

Hearing and interviewing children have advantages and bring about opportunities both for the proceedings wherein they happen and for the children. Equally, risks are often discussed, again from the point of view of the proceedings and the child.

› *Advantages and opportunities with the hearing and the interview*

The main advantage of the interview and the hearing is that the child has the right to be heard, that in this way he/she effects his/her entitlement to this right. This is the means for the society, the law to pay respect to children, recognise them as human beings, sends them a message that what they say is important, that their feelings, experiences and wishes do matter.

If things work well, it is also an advantage from the point of view of the place of the child in the family system when the other family members too honour the child and his/her right to share what he/she would like to share about what happens in this family. Sometimes, the hearing can calm down the child, if conducted well, since it can prove the only place where he/she can talk about his/her experiences. Besides, it can also help him/her understand, reflect better on his/her own needs.

One can say that it is an opportunity for the child to express his/her 'pain', his/her fears from what happens at home.

With the interview, the main advantage is the opportunity for the child to provide valuable evidence, proof, which can facilitate justice; he/she can understand the value of his/her statement, its importance for establishing the truth. We know that for a long time now and even today still, children's testimony has been underestimated, precisely because it comes from children.

On the other hand, the interview and the child's participation in legal proceedings under the Criminal Code allow the child to find out about the public reaction to a crime he/she or a close relative of his/hers is a victim to, to cope with the sense of guilt, to accept retribution also from a therapeutic point of view, etc.

4. Appendix "Child Interviewing as Part of the Process of Investigating the Child's Best Interests"

➤ ***The risks arising from or in the course of an interview or a hearing of a child***

Most research points out the risks associated with child hearing in the case of parental conflicts and domestic violence, which arise from possible instrumentalisation, parentification, alienation of one parent, stress from participation in the proceedings.

The instrumentalisation of the child is a phenomenon where the child is used as a means to achieve the ends of the legal proceedings, without taking into account the effect of the proceedings on the child him/herself. The child is loyal to both parents and the understanding of the hearing as empowerment to testify to the guilt of one parent, to take a decision with whom the child wants to live, put this loyalty to the test, places the child in conflict with his/her loyalty to one of the parents, which burdens the child with hardly bearable guilt.

Parentification is defined as "assigning a parental role to one or more children in the family system". We mean assigning which happens systematically and goes beyond the child's growing up since he/she is expected to perform functions atypical for a child. These children seem forbidden to be kids, they become the partner of one of their parents, they take care of them or instead of them for the other children, control the latter's loyalty to no other but this parent. When hearing a child in such a situation, it is evident that the child will be excessively overpowered, this will only intensify the risk for him/her and the suffering he/she will experience. It is also very important that this child is heard following serious preparation by a person who can lead an interview with a child and that confidentiality is ensured. It is important to ensure that children who live in a family operating like this are interviewed individually, at different times, not accompanied by family members.

Parental Alienation

The concept of 'parental alienation' is a very contentious and debatable term used in the Bulgarian child protection system. It comes to describe the situation in which the child is alienated and totally distanced from one of the parents, does not want to see him/her, does not want to communicate with him/her and has only negative stories or recollections associated with that parent. In this situation, the child refuses to communicate and be with that parent. Three levels of parental alienation have been described – initial, moderate and severe. The final stage of the child rebuffing the parent is very definitive and is due to

a number of factors, among which: alienating tactics by the parent with whom the child lives, personal characteristics of the way each of the two parents functions and poor coordination in the work of institutions. In Bulgaria there is no methodology for parental alienation assessment. Due to the lack of sufficiently qualified experts and court experts (a mandatory requirement being to have a degree in "medical psychology"), often parental alienation assessment is undertaken with no methodology, qualifications or experience. This leads to wrong judgments and many times children with a traumatic experience of domestic violence are assessed as children suffering from parental alienation. The opposite is also possible - in proceedings for hearing child victims or witnesses of domestic violence, due to faulty judgment, to get a child involved in parental conflict who shows indications of parental alienation. In such situations children who show indications of parental alienation and such are found in the course of the preparation for hearing, it is better that the interviewer is adept at setting limits and leads the discussion away from the topics of the relations between the parents and the decision where the children will live.

Risk of additional stress from the hearing itself

Children are nervous when they have to participate in such proceedings, they feel the tension in others, the expectations of them, which is highly stressful. The impact of the court room, the judge, the proceedings themselves, the persons who affect them is also clear. Trauma can be caused if the proceedings are not adapted to the needs of children, if the venues are inadequate and the professionals involved are not qualified.

The risks of the interview are associated primarily with **secondary victimisation** of children by all institutions and structures, including protection and assistance ones, which do their job insufficiently competently. Secondary victimisation is a result of the numerous times of telling the story (at the police station during the preliminary check-up, before social workers, education, medical professionals, court experts, etc.); the extremely slow progress of legal proceedings, the consequences being both for the child's participation and the launch of the recovery work; onset of serious consequences of the violence⁵, regarding the child as 'unfit' for the justice-administration system,

5. An 11-year old child sexually abused by her brother in the course of several years, which was possibly known to the mother, developed a psychosis following an extended stay at a Crisis Centre and while the case was considered by the court, the brother and mother were at liberty, they had not changed their lives, or at least the girl thought so.

rather than looking at it the other way round; the child is not trusted in what he/she says, which emerges in the attitude and methods of interviewing; allowing manipulation and intimidation during legal proceedings due to lack of an integrated approach to bring together all systems, due to failure to ensure protection measures and child-friendly proceedings, etc.; treating the child solely as a victim on the part of the helping and protecting authorities during legal proceedings and after them too, etc.

Requirements for conducting a hearing of or an interview with a child in domestic violence proceedings⁶

It is very important to have clarity about the legal framework for interviewing the child – do we mean an interview as part of penal or administrative proceedings where the child is in the role of a witness and gives testimony or do we mean a hearing taking place with a view to delivering on the right of the child to an opinion, to participation in making decisions that affect him/her.

➤ *Objectives of the hearing or interview*

The hearing should contribute to the court determining the best interests of the child, while guaranteeing the latter the right to an opinion on all issues that affect him/her. This means that the information collected is directed to the needs of the child, instead of to the decisions that should be taken. The aim is for the court to get a better understanding of the child's needs in a situation of domestic violence, reflect on the scale of the violence and the effect on the child.

➤ *The hearing and the interview are conducted in a child-friendly venue by a professional trained in child interviewing*

Unlike interviews conducted as part of penal proceedings where there is a requirement for the interviewer not to have been in another professional contact with the child, for example psychological or psycho-social support, in the event of a hearing, a former contact could be an advantage, since there is a relationship of trust already in place and the aim is not to gather evidence but understand the child's needs and the events around the violence. This does

6. For further information see the Appendix "Child Interviewing as Part of the Process of Investigating the Child's Best Interests"

not pertain only to cases of proceedings initiated against the parents or one of them within the meaning of the Criminal Code (severe neglect; criminal acts of domestic violence; violation of a court order). Still, an interview should not be conducted by the professional who will work therapeutically with the child.

► ***Where does the interview/hearing take place?***

The venue for the hearing also matters, especially for reducing the child's stress and tension. In our country it is a common enough practice to have an interview conducted by a trained social-services professional by using the so-called 'blue rooms' which, although set up for the needs of penal proceedings provide good conditions for hearings within civil proceedings. They represent a child-friendly setting, are available mostly in buildings visited also by other children and parents, such as the various centres for social services, have the technical capacity to video record, which allows the use of this information by other experts, at the discretion of the court, and have trained professionals in their teams.

This practice is less frequent with child hearings, where a CPD representative is the main participant. Their involvement, however, is not always truly in the interest of the child, inasmuch as they are not sufficiently trained, there are no clear requirements as to their role during the hearing exercise. They could use the opportunities enabled by para 4 of Art. 15 of the CPA, where it is admissible for another professional to participate. This is very important in cases when the child is using a social service, he/she has formed a relationship with a professional and the latter is trained to mediate in child interviewing for justice purposes.

► ***The child is heard/interviewed alone in the room***

It is important that at the hearing the child is alone with the interviewer. When using specialised premises too, it is important to decide who will be behind the (Venetian) glass. In our country there are cases where this is not observed, possibly because the meaning of this requirement is misunderstood.

► ***It makes sense for the child to be accompanied by a trusted individual, a professional or a close relative or friend***

In most cases the child is accompanied, most often by the non-abusive parent with whom he/she lives. It makes sense for the parents not to talk with the child about the hearing neither before nor after it; this can be a requirement of the judge.

The role of the professionals is essential. These are the social workers, mediators who work both with the child and the parents. The team approach is very important too and the fact that professionals should not take sides; they should support the child in his/her role as a child and support the parents not to use the child as an instrument.

➤ *Ensuring confidentiality at the hearing*

It makes sense to think about how to ensure the confidentiality of what the child said, primarily in light of his/her sense of guilt. It is not about not disclosing things to the parents but what to disclose and how to share it. Direct access to the protocol in the case of domestic violence would not enable making the child's needs visible; rather, it will place the child at risk of being accused. A possible way out is for the hearing to be conducted by a third person who is under no obligation to inform the parents fully.

Conducting the hearing/interview⁷

Provisionally, we can divide the interview in several stages, each of them having different objectives and achieving those being a requirement for moving on to the next stage.

➤ *Preparation for the interview*

The preparation presupposes preparation on the part of the interviewer him/herself, for whom is best to review all case-related materials, reports and tests/examinations of the child. The preparation also refers to the whole team who organise and participate in the hearing; they are best to meet up and decide on the roles of everyone, the venue and time for the interview, who will accompany the child, who will deal with the parents. The child can be prepared too, especially if the hearing is to take place in the courtroom. His/her preparation is directed at familiarising the child with the court, the courtroom, who is who there, what each of them does, what is expected of the child. **The legal consultation is provided in a language accessible to the child and corresponding to his/her level of development.** As part of this

7. The interview is conducted primarily using the NCAC and NICHD protocols and the Unified Methodology for Evaluating the Best Interests of the Child developed under the Children in Focus in the Judiciary Reform Project. In both cases, the interviewers should undergo special training.

preparation, the child could also be assessed. The preparation does not cover issues constituting the contents part of the hearing.

If it is about domestic-violence penal proceedings, of course, the respective additional legal advice is provided too.

At this stage it is most important that the child understands the purpose of his/her own participation in the legal proceedings, which happens precisely by means of the support he/she gets from the professionals as a child. It is important that the child feels in control of the situation. He/she understands that he/she can share in line with his/her own psycho-emotional state (via a narrative; via projective techniques) but he/she should also be relieved by having a boundary set to be reassured that his/her statement will not be the reason for the final decision of the court i.e., the child should be relieved from a sense of guilt about possibly harming his/her parent.

Assessment of the needs of the family where there is violence

Prof. Nelli Petrova-Dimitrova

1. Aim and objectives of the assessment

The aim of the assessment of families is to facilitate planning of interventions targeting the family as a system, the individual family members, based on their needs, and to take account of the existing risks. The assessment is primarily focused on the needs of the victims of violence, on identifying their strengths and resources that could help, on their empowerment. Such an approach would reduce the risk of restoration of the family ties when the violence model is repeated and would open the difficult road to separation or restoration of the family ties in a model of respect, honouring the individual dignity of each member of the family, of spousal and parental relationships based on closeness, trust and non-violence.

2. Researching families where there is violence for the purposes of assessment.

The areas for researching the family are important to guide professionals in collecting information. They are brought together in a single framework which should neither restrict one to stay within it, nor oblige one to include strictly all research areas.

2.1. The first area which is good to survey is **the family history** which allows gathering information on the childhood of each parent, the story of the family and the relations within it, affiliations, being brought up in a family or an institution; details of significant people, significant relationships; details about the creation of the nuclear family, about the emotional ties between the partners and the milestones from that moment up until the present situation such as family achievements, happy times, celebrations, separations, times of mourning, coping mechanisms, traditions in the family; interests and resources of the family; details about the criminal past of some parent or within the family; do they have problems with the use of alcohol - have they ever had some; other dependencies; has there been violence in their families.

This information is important for understanding the personal history which each spouse in the couple brings into their new family, a story that is integrated in a different way in the nuclear family. A lot of data shows that eight abusers in ten have been a victim of violence in their childhood, primarily within their own family. Equally, research in the area of resilience indicates that the majority of the people cope without replicating the violence model of their childhood, which goes to show that change is not only possible, it is also the more likely scenario. It is also important to understand how the family originated, what brings them together, what they cherish as their happy times, etc. In practice we usually focus on research into the difficulties and challenges, which makes empowering people more difficult; this is why the emphasis on strengths and resources is very important.

2.2. When researching the family history, it is best to study also the **history of the care for the child because of whom the assessment is undertaken, during his/her early childhood.** It is important to try and understand if the child is desired, if the kin of the father and the mother 'own' the child, whose family name he/she bears, how and who took care of the child during his/her first year of life, if he/she had permanent figures around him/her or not, if there have been separations, basic care and safety; emotional bond and characteristics of the attachment; skills for identification of the child's needs; evidence of violence, neglect. This information is necessary to understand the child's needs, the family relations and ties, the performance of parental roles.

2.3. Understanding the needs of the family as a system could be facilitated if information is gathered on the **up-to-date structure of the family and family relations.** The composition of the family (two parents, single parent, separated, etc. parents, extended family) is important to grasp the family dynamics. The relations within the couple affect parenting and it is important to research if there is understanding, how they talk to each other, who talks more, who takes up what roles in the family such as being the breadwinner, providing care and bringing up the children, etc. (democratic, power-and-subordination-based, apathy-and-indifference-based, other). How are the roles within the family 'played'? (spouses and parents, children, relatives, etc.) – is there clarity about the roles, is there dichotomy of the roles. Relations with the child, characteristics of the parent-child bond, place of the child/children in the family system – these are all very important too. The boundaries within the family at the individual level are important i.e., to what extent each family member has his/her own place, to what extent his/her personal boundar-

ies are respected. In families where there is violence, individual boundaries are infringed on; inviolability, privacy/personal intimacy is not guaranteed. Boundaries at the subsystem level (what the ties and relations in the subsystem of the couple, of the parents, of the children are) are also important, as well as if there are boundaries between them. Often in families where there is violence, boundaries are unclear. They can be too pervious or too rigid. Sometimes we come across families where one parent (more often the mother), due to chronic violence and devaluation in the couple, loses his/her parental role and seems to be transposed to the subsystem of children. The effects from the violence against the mother find expression in her becoming depressive, impassive and hardly responding to the emotional needs of the children. Her total emotional exhaustion from taking upon herself the abuser's outbursts of anger lead to her sometimes responding aggressively against the children themselves. The children do not get the security, love and limits they need from their parents and one of them seems to be 'called upon' in the subsystem of parents assuming the role of protecting a sibling or the abused parent.

The good parental treatment of children (parental *bienveillance*) presupposes love, affection, care but also limits, clear boundaries between spouses, parents and children. In domestic- violence cases social workers identify themselves with the victim of domestic violence and they do not realise that the victim responds emotionally in respect of his/her children as an abusive parent. In this way, the victim's problems and needs are not taken into consideration as a priority, as such of a responsible player of a parental role, which, paradoxically, is maltreating to him/her too, in the sense of continuing to treat him/her as a victim. The approach of empowering the victim of violence as a parent requires staying within the "well-intentioned neutrality" and orientation in the family relations dynamics.

It is important to understand also how parents stimulate their children, to what extent they recognise their cognitive and social needs, their spiritual needs. *Bienveillance* presupposes tolerating the child's successful learning and other achievements. In families where there is violence, difficulties in meeting the child's affective needs are often accompanied also by cognitive development difficulties, challenges in liaising with other people, in learning. They are manifested in the gradual development of a "poor" self-image.

When researching the family, it is important also to study the links and boundaries with the external world, with the extended family. Besides, it is important if there is a clear boundary between different generations within the family, as well as if conflicts are solved where they emerge.

The boundaries with the external world show also the family's social inclusion or exclusion. It is important to study these both in terms of resources – ties with friends, close relatives, and availability of universal and social services. Housing conditions are important, it is significant who owns the housing, if it has basic amenities such as water, heating, cooking appliances, a refrigerator, beds, if hygiene is up to standard. It is also good to find out if there is a private space for the child/children. Social inclusion is linked to the family's social status, the parents' education, qualifications, incomes, employment. As regards physical violence and corporal punishment, numerous studies show that there is a link between the parents' belonging to the low social strata and manifestations of violence. This link goes through the parents' dissatisfaction with and suffering from their achievements, from their job/lack of job, poverty and misery. It is important to remember that the conviction that domestic violence in its physical form happens only in poor, low-income families is a stereotype.

2.4. It is necessary to study the **type of violence**, if it is physical, psychological, sexual or all of the above. It should be known when it started; also it is important to study the frequency, the severity of the violence, which will help professionals assess the risk for the other family members.

2.5. Details of the abusive parent that would allow one to understand what violence there has been in his/her life, what is "in it for him/her", which would allow to identify his/her main problems, resources and needs for support. It makes sense to obtain information on his/her health status, psychological issues, dependencies, alcohol, etc., which are often associated with acts of violence. It is good to understand the attitude of this person towards him/herself and towards violence. Whether there have been any other measures against the abusive parent is an important piece of information in determining the risk; it is especially important to see how the parent regards the measures.

2.6. Details of the other parent, who he/she is, how he/she reacted to the violence, what he/she thinks of violence, in what terms he/she is talking about it now with the child/children, if the parent has demonstrated capacity to take good care, if the parent wants to take care of the child/children, if he/she thinks the child will feel good with him/her. Does he/she believe he/she can provide love and rules?

2.7. Details about the attitude of the other members (extended circle, if any)

of the family to violence

- what they think of violence;
- how they treat the abuser, the other parent, the child/children.

It is very important to note down the data and facts in a most authentic way, providing the source.

3. An assessment of families where there is violence

The assessment is a **professional understanding of the meaning** of the information gathered via an interview, observation or other specialist methods. Understanding the meaning of ambiguous data is a complex process requiring competence. In essence, it is a **range of hypotheses, recapitulations, theses** formulated, based on the professionals' knowledge and professional experience. One of the key rules for making the assessment is to accept its probabilistic nature and make sure one does not word it to sound as a diagnosis.

Analysis and interpretation make the assessment subjective; it is a **professional opinion, a position**. Analysis and interpretation should be based on as much information as possible and they should cover the whole information available. This subjective nature requires **sharing and discussion** within the professional team, as part of supervision.

It is essential to **share the assessment** with the people it refers to. This does not mean that we need to 'attune' the assessment to those people's wishes. It means to inform people about our professional position and, naturally, to check the extent to which it is 'owned' by the people. When the assessment is made to facilitate decision-making, we can stay at the level of informing when sharing; however, when it is meant to be used for planning the service, it is necessary to achieve mutual understanding on the main theses so that we can plan together with the client.

In broad terms, assessment in social work contains elements such as:

- Overall description of the client (an individual, family, group);
- Problems identified, which can differ from the initially stated and which express not so much the manifestation but the "personal meaning" of these difficulties;

- Needs identified on the basis of identified difficulties and problems, as situated in the context of age-related development and leading needs. Establishing the client's needs is key to the choice of support services and activities; they actually represent the contents of the work plan.
- Identifying the strengths and resources of the client him/herself, in his/her social network, in his/her institutional social environment (universal, social services, mental health services, etc.);
- Establishing the risk which depends on the consequences of the problem identified and the link to intervention or the lack of such.

The assessment of families where there is violence can include recapitulations, hypotheses, positions on the type of family structure, relations within the couple; nature of the communication (functional; dysfunctional); quality of the emotional climate (cordial, hostile, depressive, presence of humour in the family); limits (fuzzy - clear; rigid - flexible); boundaries between the nuclear and primary families; peculiarity of the personal space of each member; level of individualisation in the family (capacity to express oneself clearly and stand up for one's position; respect for diversity, for what the other holds as 'personal'); roles, clear or fuzzy, mixed; fixed or flexible; alliances and coalitions (temporary or standing/passing or lasting/; overt or covert); family rules; hierarchy, etc., delineating **problems, needs, resources, risks**.

Assessment of the violence – type of violence (physical, sexual, economic), frequency of the violence, severity of the violence (risk for the victim), etc.

The assessment also includes characteristic of the victim in the couple, identified problem with the victim of violence in the couple, identified needs with the victim of violence in the couple, identified resources, risks.

The assessment of children too includes description of the situation of the children, identified problems with the child/children, identified needs of the child/children, identified resources and risk.

The same elements form the content of the assessment in relation to the abusive parent - identified problem with the abusive parent, identified needs of the abuser, identified resources and risk.

The assessment can end with proposed action and support to all – aimed at the family as a system, at the victim and the children, at the abuser.

Assessment of a child victim of violence

Prof. Nelli Petrova-Dimitrova

The international documents⁸ definitely require all actions in relation to the child to be based on an assessment of his/her needs. In other words, the assessment has to precede interviews, hearings and other interventions with the child. **The overall in-depth assessment of the child's needs** is carried out by a social service provider in coordination with the participants in the multidisciplinary team. The assessment is made with the participation of and in negotiations with the child and the non-abusive parent.

1. Purpose of the assessment – the assessment is meant to justify the future interventions in the three areas:

- › protection
- › justice
- › support for recovery.

The assessment of the child is centred around his/her needs. It should be based on information gathered through interviewing the child, observation, specialist methodologies.

2. Research areas when making assessment should cover:

- › Child's overall development – physical condition and health status; emotional development, cognitive development; behavioural development;
- › Child's current emotional state and experiences;
- › Relationships and attachments of the child;
- › Social situation (available social network and access to services);

8. Directive 2012/29/EU establishing minimum standards on the rights, support and protection of victims of crime

- › Characteristics of the child's communication, language development, capacity to understand questions, speech development;
- › Readiness to talk about what happened and possible consequences for the child.

3. Assessment content

The assessment should provide more in-depth answers to the following questions:

- › Does the child need protection; are there resources in his/her family environment to ensure his/her safety?
- › What support needs does the child have and how urgently should they be met?
- › What information does the child need in relation to the violence situation (legal, social, etc.)?
- › Is it in the interest of the child to be interviewed before or after the launch of the supporting activities, as part of what proceedings?
- › Are there conflicting interests with the family members?
- › Does he/she need legal or social accompanying?

Guaranteeing an integrated approach to the child presupposes clear mechanisms of interaction. They should be based on the Coordination Mechanism for interaction in case of violence; however, it is necessary to continue with the joint action throughout the period of intervention in whichever area – protection, justice, recovery.

Assessment of murder risk in cases of domestic violence

Katya Krastanova, Maria Chomarova

The assessment of (murder) risk in cases of domestic violence is a process that includes various types and sources of information. Generally, it is based on real-life facts, but must also take into account the subjective experiences of those involved in the situation, first and foremost victims. As subjective as their experience of fear might be, it conveys key messages informing the final choice of action that must be taken to protect the lives and health of victims.

The purpose of the assessment of (murder) risk in cases of domestic violence is to examine the risk of murder and the risk of serious injury to both the child and the parent victim. It is not to be confused with the assessment of risk for a child's wellbeing within the meaning of the Child Protection Act, which is a more comprehensive evaluation of children's circumstances and requires a much longer time to complete. The assessment of murder risk in cases of domestic violence is only an evaluation of life threatening factors and serious injury, and has limited validity. Its goal is to guide practitioners in identifying appropriate protection measures under the Protection Against Domestic Violence Act or the Child Protection Act in order to guarantee safety, security and an end to violence. A short-term assessment that has already been carried out might also need to be modified, as circumstances can sometimes change very rapidly.

Example: A social worker or a police officer has carried out a risk assessment following an instance of domestic violence and has found a high risk to the life and health of a parent and children victims of domestic violence. The parent has received professional advice and has filed a claim with a district court for protection measures under the Protection Against Domestic Violence Act. Despite the high risk found, the court has refused to issue a protection order with immediate effect on grounds of insufficient evidence. The refusal to grant immediate protection and schedule a court hearing will eventually lead to escalation of the already high risk for the parent victim and the children. This increased level of risk will require an instant change of measures: from removal

of the perpetrator of violence (ruled out by the court by the refusal to grant immediate protection) to removal of the victim of violence (in accordance with measures under the Child Protection Act).

In cases of child victims of domestic violence and use of the Coordination Mechanism under Article 36 of the Child Protection Act, it is important to remember that an initial risk assessment is done during the planning of urgent measures, which is then updated prior to each meeting of the Coordinating Mechanism team.

Bulgaria does not have a unified system for assessment of (murder) risk in cases of domestic violence. The main source for local risk assessment methodologies is WAVE's 2012 manual Capacity Building in Risk Assessment and Safety Management to Protect High Risk Victims, a publication of Women Against Violence Europe, the European Network and European Info Centre against Violence based in Vienna, Austria.

It covers five areas of (murder) risk assessment in cases of domestic violence, each of them including specific areas of risk assessment and key risk factors.

I. History of domestic violence, including a number of risk factors:

1. Previous domestic violence

This factor has been found in almost all domestic violence cases with fatal outcomes. The fatal incident is always preceded by a history of domestic violence, which can be of varying length but inevitably involves prior instances. It is important to specify that these need not include prior physical abuse. A number of forms of psychological harassment, such as a sense of possessiveness of the parent victim, controlling, stalking and jealousy, are all types of previous violence.

2. Extended violence towards children and other family members

Frequently intimate partner violence within the home will extend to other family members, including children. Initial concerns for safety of a child can reveal far more extensive patterns of violence within a family involving a wider group of family members, including grandparents. Children may also be used by the perpetrator as a method of emotional manipulation and control over the parent victim by being coerced into observation and control. Another form of child abuse is the involvement of children in conversations against the parent victim and blaming them for allegations made by the abusive parent.

3. Generally violent behaviour

Some perpetrators of domestic violence often exhibit general anti-social attitudes, behaviours and a use of violence outside the family sphere. Such perpetrators are recognisable and known to a wide number of people, as a result of which the extended risk to their victims is also visible. Still, they can be very intimidating to both practitioners and the general public. This is the reason why many choose not to disclose what they have seen or heard about such perpetrators, even if it had happened before their eyes. Thus, despite being acknowledged as dangerous, the behaviour of such perpetrators remains outside the control of agencies, and, even if foreshadowed a long time ago, murder will happen. To get a full picture of the scale of the aggressive behaviour of such perpetrators, a written record of all manifestations should be kept.

4. Violation of protection measures

Violations of protection measures under the Protection Against Domestic Violence Act and contact or non-contact orders are also associated with an increased risk of future violence. Such actions show a lack of respect for the law and are indicative of a tendency to disobey rules, boundaries and legal norms. It is important to remember that any violation of measures under the Protection Against Domestic Violence Act is considered a criminal act within the meaning of Article 296 of the Penal Code and must be reported to a prosecutor's office.

II. Forms and patterns of violence

1. Severity and frequency of violent acts

An increasing severity and frequency of violent acts are one of the most significant factors of severe and potentially lethal assaults. One example of increasing severity is when violence starts as mental harassment, continues as slapping at a follow-up stage, begins to involve hitting in the kidney or another hard-to-see area, until eventually transforming into ruthless physical abuse. This is a sign of increasing probability of a fatal outcome with every incident. As regards frequency, shorter non-violence periods are considered an increasing risk factor.

2. Use of/threats by weapons

The use of, or threats to use weapons are a significant risk factor for serious or lethal violence. In domestic violence all weapons, including fire arms, knives and dangerous objects, that could be used as an instrument to hurt

the victim must be considered. It is important to remember that in cases of protection measures within the meaning of the Protection Against Domestic Violence Act, any weapon that is in the legal possession of a perpetrator will be seized by the police in accordance with the established procedure.

3. Controlling behaviour and isolation

Controlling behaviour is perceived as a significant risk factor for repeated severe and potentially lethal violence. 'Controlling' refers to the practice of a specific type of behaviour towards an adult person having full legal capacity that disrespects his/her personal right to free will and choice. A tendency to exhibit such behaviour towards adults is an indication of a need for abuse of power and control, which can turn into excessively aggressive behaviour towards other family members. Isolation is a common strategy of controlling behaviour and can take on severe forms like deprivation of liberty (parent victim lockdown).

4. Stalking

Stalking is related to lethal and serious violence coupled with physical assault. It is significantly associated with murder and attempted murder. As a form of violence, stalking is generally underestimated by victims and practitioners and by the general public. In Bulgaria, several death instances of children from families with a previous history of domestic violence were preceded by stalking of the parent victim without direct child assault.

5. Sexual violence

Sexual violence is commonly experienced as part of domestic violence against women. Women who are sexually assaulted are more likely to be subjected to more serious injury and serial abuse in domestic violence. In essence, sexual violence is full disrespect of the personal space, both physical and mental, of the victim in a rush for power and control. Therefore, the risk of follow-up physical injury and harm, including murder, is particularly high.

6. Threats to kill, threats to harm, coercion

Practical experience has shown that severe violence is often preceded by threats. The threat to kill is a form of domestic violence that, since the 2019 amendments to the Penal Code, has been given wider consideration, and, according to statistical information, it is the most common reason for reports to prosecutor's offices. A significant number of deaths caused by domestic violence are preceded by a threat to kill, which was often underestimated.

7. Strangulation and choking

Strangulation and choking are very dangerous forms of violence; approximately half of victims of murder face a strangulation attempt in the year before their death. Strangulation appears to be a typical way of committing murder in domestic violence, as, even without prior intent, the perpetrator applies force, which, coupled with the grip of the neck, can prove fatal. Both parent victims and children have been killed in this way.

III. Risk factors related to perpetrator behaviour

1. Issues related to drug and alcohol use

The notion that alcohol is the cause of domestic violence is a widespread national belief. The use of alcohol and other psychoactive substances is a trigger factor but not a cause of aggression. It can drastically 'lower' one's mental defences, releasing aggressive impulses that have previously been successfully controlled. A perpetrator having issues with alcohol and substance use is more likely to engage in severe violence and murder and therefore poses a higher risk to victims at home. It is important to remember that abusers tend to deny the abuse and any degree of dependency.

2. Possessiveness, extreme jealousy and other forms of harmful attitudes

Extreme jealousy and possessiveness are also associated with severe violence to a parent victim when that is a woman. In addition, patriarchal attitudes of perpetrators, such as very rigid concepts of male and family honour and a sense of ownership of women, can impact risk. In ethnic communities having their own religious and moral standards, a careful assessment of potential presence of additional risk factors must be made, such as the threat of honour killings.

3. Issues related to poor mental health, including threats and attempts to commit suicide

Perpetrator mental health problems, including depression, are associated with an increased risk of repeat and severe violence. Threats to commit suicide and the perpetrator's poor mental health are risk factors for murder-suicide cases. This refers to the so-called 'extended depressive suicide', in which, in addition to the parent victim, children can also be killed, after which the perpetrator will take his own life. Depression and the risk of suicide are often underestimated in our culture; therefore, the examination of this factor should not be overlooked when assessing the risk of domestic violence.

4. Economic stress

Changes in the perpetrator's financial status and unemployment are strong risk factors in murder cases related to domestic violence and the link to concepts of masculinity and gender roles. Practical experience shows that job loss in particular is a direct cause for committing a serious incident related to physical violence and murder stemming from a general feeling of loss of control following the loss of employment. This factor should be examined carefully during the risk assessment.

IV. Victim's perception of risk

1. Fear for herself and others

Research shows that there is a strong correlation between the self-assessment of risk by the victim and the actual use of violence by the perpetrator. The majority of victims of domestic violence experience a sense of danger and are able to verbalise risk. Some, however, may minimise and underestimate the violence. Those are cases of particularly long-term violence and chronic trauma for the victims. In such situations they are able to talk about severe and dangerous violence without experiencing fear. This is the result of many years of violence that have suppressed their safety instincts. In a study of femicide by Campbell et al (2003) approximately half of victims did not perceive there to be any risk that the perpetrator would kill them. It is therefore important that both types of perception be considered during the risk assessment, with particular attention to those having a tendency to underestimate danger that clearly appears as significant.

V. Aggravating factors

1. Separation

Separation is commonly understood as a significant risk factor for severe harm or murder. It is an immediate cause of aggression and should therefore be carefully considered in order to avoid additional risk for children. There is a direct correlation between separation and the fear of abandonment, which is a chronic experience for a significant number of perpetrators of domestic violence.

2. Child contact

Conflict in relation to child contact is common following separation and often poses a risk for repeat violence for both women and children. It should be

noted that in certain cases of domestic violence partners manage to officiate their separation by an agreement under the Family Code. Thus, the history of domestic violence remains hidden from agencies, but also from the close circle of family friends and acquaintances. At a later stage, incidents associated with child contact, transfer and negotiation of relations emerge precisely in cases like those. Aggression that has remained practically unaddressed and unovercome finds an outlet in communication about the child.

3. Step child living in the family

Risk factors of intimate partner killing include perpetrator's stepchild/children living in the home. Such statistics are generally not widely known and, hence, not well understood. The stepchild/children is often the root cause of arguments, and their behaviour is a sign of violence in the family. This, however, is not given proper professional consideration; instead, the full blame is pinned on the child and all interventions are directed at him/her rather than the parents. It is therefore important to examine this factor when assessing the risk of domestic violence.

4. Violence during pregnancy

About 30% of domestic violence starts in pregnancy. Violence during pregnancy is a risk factor of severe and lethal violence. Pregnant women have a greater risk of both minor and severe violence than non-pregnant women. This risk factor remains unknown and its paradoxical nature continues to cause confusion. The hypothetical emergence of a third party is a reason for growing unrest in the perpetrator, who, feeling increasingly insecure, feels a need to reassert power and control, which can trigger domestic violence. A detailed study of domestic violence during screenings of pregnant women in healthcare centres would make it possible to offer support to numerous couples at the right time in order to help children at the earliest stage and prevent children from being born and raised in violence.

The assessment of (murder) risk in cases of domestic violence is always a complex task. It is a key element in the planning stage of case work, and is of paramount importance for ensuring safety and security and putting an end to violence. It is advisable that murder risk assessments be shared with all agencies so they can align their actions accordingly.

Writing up an individual plan for provision of an integrated social service in support of child victims of domestic violence

Prof. Nelli Petrova-Dimitrova

The writing up of a plan within a social service for each individual case involving child victims of domestic violence is complaint with the needs of and risks for the child, areas of support, and resources, as identified in the individual needs assessment. The plan seeks the achievement of specific objectives meant to have an effect on the child and describes all activities related to the child in the course of the court proceedings, the work on his/her recovery from the traumatic event, the work with the parents, non-abusive and abusive parents. The social service plan is in correspondence with the action plan on the case developed by the CPD. In domestic-violence cases the action plan is directly linked to the abilities and capacity of the non-abusive parent to play a key role in ensuring the child's safety and security. The plan is in compliance with the protection measures imposed under the Protection against Domestic Violence Act, if any.

The drafting of an action plan is led by the case manager from the CPD and is a team effort including representatives from the police, the social service and representatives of other structures and experts.

Based on the action plan by the CPD, the key social worker from the social service develops a work plan for provision of the integrated service. In the work plan for provision of the service, if possible, other professionals such as a psychologist, a medical specialist, a legal adviser, if required, are included too. The plan is prepared with the participation and in negotiation with the child and the non-abusive parent. It is completed within three days of developing the individual assessment and is negotiated and written out at the very case

assessment meeting. The plan contains all objectives and activities related to the provision of the services and the accompanying of the child and the parents over the validity period of the referral for service provision; it also lists who is in charge.

When planning the casework, special attention should be given to the assessment and analysis of the potential risk for the child:

- of repeat victimisation;
- of access of the perpetrator to the child victim of violence;
- age and vulnerability of the child victim of violence;
- other children in the family who might need protection and support, when the perpetrator of violence is the parent of the child victim or is someone from within the family circle;
- combination of different types of violence suffered by the child victim;
- systematic and prolonged occurrence of domestic violence against the child;
- violence between the parents when the children are involved as witnesses;

When planning the casework, attention should be given to answering the following questions:

- Are there any measures imposed?
- Where will the child live so as to be protected from the abuser?
- To what extent does the non-abusive parent ensure the child's safety and protection and safeguard him/her from repeat victimisation?
- If the child is moved out of the family environment, contacts with the parents should be planned.
- Child-friendly participation of the child in the legal proceedings;
- Supportive interventions for the child and parents (non-abusive and abusive one)

When planning supportive interventions for child victims of violence, special attention needs to be paid to the child's individual needs, age and capacity to engage in and utilise the offered professional support. When planning thera-

peutic work with child victims of violence, it should be taken into account that prior to the launch of the recovery therapy, the child should be in a secure and supportive environment and the risks of subsequent victimisation should be eliminated.

All interventions planned in respect of the child should correspond with his/her individual needs and include the non-abusive parent. When planning interventions for supporting and developing parenting competence, attention should be paid to the characteristics and organisation of the family environment, the parents' individual abilities, their current experience and competence in their parental practices and attitudes, as well as their desire to engage long-term with the recommended support.

It is essential when planning supportive interventions for parents to keep the focus on the best interests of the child, as well as on the child's involvement and the negotiation of a timeframe in which to get positive effects from the work with the child and the parents. This is especially important in domestic-violence cases, when the available parental capacity for tolerance to violence and for protection of the child is questionable. The most important factor for the child's recovery is the non-abusive parent's support - to change the latter's position from a non-abusive parent or another victim to a parent understanding and supporting the child. The work with the abusive parent is of particular importance and it makes sense for him/her to get professional support to change his/her parenting approach and communication with the family and to develop self-control.

The plan is to be updated every three months by the key social worker from the social service or whenever important changes of circumstances arise for the child, and it is to be agreed with the stakeholders – all participants in the team.

The Psycho-Social Accompanying of a Child Victim of Violence Social Service

Prof. Nelli Petrova-Dimitrova

Psycho-social accompanying is a specific range of activities organised in line with the child's needs and the available resources.

1. The purpose of the service is to support the child to integrate and reflect on his/her traumatic experiences so that he/she can carry on not merely as a victim but in harmony with the other aspects of his/her personality.

2. The resilience approach as conceptualisation of psycho-social accompanying

2.1. Essence of the approach

Resilience is a concept designating people's ability to recover naturally from trauma and in a way which makes them stronger. This approach defines the personality as unique – the personality traits, talent and opportunities are the strengths we can rely on during the support. Support and accompanying are centred around the opportunities, not the problem. Numerous studies in the field of resilience indicate that childhood trauma is not necessarily of predictive value. It can weaken or strengthen the human being. The main idea is to go for an intervention aimed at the child's self-concept and prevent the risk of the child regarding him/herself as a victim, an object, a creature of no worth, which can be among the consequences of neglect or violence experienced.

2.2. Factors with children for coping with traumatic experiences (experienced resilience)

According to various studies on people who recovered from severe trauma such as violence, including sexual, neglect, abandonment, etc., the resilience factors are: a good relationship with at least one adult; good capacity to face problems actively (coping); ability to develop good interpersonal relations;

recognised competency in some specific area (recognised by the child and his/her environment; social network and regarding the child as a person; ability to find meaning in life; ability for and sense of managing one's own life; pure love, sense of humour, existence of at least one protected area / family, school, neighbourhood, health status/; positive experience in a relationship with adults, with peers, in supportive or valorising situations; a system of beliefs or values which enables making sense of what happened. These factors make the support intersectoral and relying on available resources, and all people have such.

3. Content of the service

High level of competence of the helping individuals who in the course of psycho-social accompanying should:

3.1. Ensure authentic attitude to the child, to the subject as opposed to the victim of violence; the helping individuals have a true relationship with the person and listen to him/her carefully. In order for this attitude to emerge, empathy is required and it is important that the helping individuals develop this ability. The helping individual could be called upon to act as a support, a significant adult, to build relations truly important for the child. It is important to bear in mind it is about real human relations from clear role positions. Such authentic affectiveness should not be mixed up with acceptance of the mother-son, father-son, friend-friend, etc, relations. This is about being able from the stance of your own professional role to build a true relationship with the child. A relationship which would contribute to our playing the resilience mentor or tutor to one of the children.

3.2. The service opens up a protected space for sharing, speaking, listening; a space tolerant to manifestations of 'poor' attitude to the helping individuals; sometimes as a consequence or symptom of the suffered violence, the child can express negative feelings for the helping individuals, provoke them, 'test' the true nature of the relationship. It can be said that such manifestations rather speak for the presence of trust and bonding; they are the expression of such trust.

3.3. It is very important to stimulate the personal narrative as the main means to get to know and assess the person and ask him/her 'resilience-related' questions – "What enabled you to succeed in....?", "How did you man-

age to....?", "Who supported you....?" In this way the child discovers his/her strengths and resources on his/her own. In this way, the process of mentalisation i.e., rethinking what happened will be facilitated, which is a condition for its being accepted and for one to carry on. This does not mean that pain will vanish but it will exist in words and it can be understood;

3.4. If we really have an attitude to the person, not the victim, a psycho-social accompanying is necessary to provide spheres of activity where the person is competent, to be included in **art, creativity, education** activities. In this way the helping individuals open up opportunities for the emergence of self-respect. It is good to provide opportunities also for activities to support other people, the sense of being useful contributing to finding **meaning and projecting** into the future.

3.5. It is important to introduce a **structure, a timeframe, a relationship with props in the past**. The structure provides safety; the props, in addition to safety, could provide a bridge into the future. It is important that people in the team have clarity on their functions and share their ideas and actions. Differences within the team should be taken as wealth, even if valid; the team is a mirror of the multifaceted nature of the human being.

3.6. Psycho-social accompanying can also be direct accompanying of the child to certain institutions – education, health, other, and it can last throughout the entire process of assistance, protection and justice.

Psycho-social accompanying can consist in direct accompanying of the child and his/her parents to various institutions for the purpose of support and advocacy of the rights of the child and the access to rights and resources in society. Such accompanying and advocacy is provided before the Police, the Prosecutor's Office, the court during participation in legal proceedings, the education establishment and the Regional Inspectorate of Education to safeguard the right to education of children, before the social services to obtain benefits or child allowances, the Labour Office to get registered and find a job, the Municipal Administration to get municipal housing or inclusion in a programme for parents, in discussions with employers with a view to supporting the family. Accompanying and advocacy happen through meetings and discussions, as well as through issuing documentation and through official correspondence.

Programmes implemented in specialist services for work with child victims of violence

Darinka Yankova

1. Crisis Intervention Programme

Under this Programme emergency psychosocial help in the form of a crisis intervention is provided, immediately after situations involving a threat or risk to the health and life of children and their non-abusive parents, following a suffered incident of violence.

The crisis intervention involves:

- › Work on overcoming the current situation of violence and coping with the crisis.
- › Identification of the client's needs and available resources in order to cope.
- › Informing the client about the opportunities for protection provided for in the legislation and referral to appropriate authorities and institutions to launch proceedings.
- › Support for meeting the urgent physical and emotional needs of the client.
- › Assessment of the risk to the client's health and life.
- › Developing a safety plan.
- › Consulting close relatives and friends of the victims, if necessary.

The key objectives of the crisis intervention are:

- › To alleviate the client's symptoms;
- › To recover to the pre-crisis state of the client;
- › To identify the factors that have led to the crisis;
- › To help the client to associate the current stressful event with a past life experience of his/hers;

- To facilitate the client in developing adaptive coping strategies to use in the future;
- Successful reintegration and restoration of the balance.

The principles of crisis intervention are:

- Immediate intervention
- Support
- Focus on emergency problem solving and ensuring safety.

2. Psychotherapeutic Programme for Child Victims or Witnesses of Violence and their Families

The Programme provides psychological counselling or therapy to child victims or witnesses of violence and their parents who have not been abusive to them. The Programme seeks to provide an opportunity for short-term and long-term work for victims of violence and their families to recover from the trauma.

The therapeutic work enables the child to process the trauma of the violence suffered by expressing his/her traumatic experiences, fears, memories and misgivings in the way he/she finds possible. Integrating the traumatic experience helps the child understand the events, overcome what happened and move away from repetitive behavioural models.

Psychotherapeutic support to a child victim of violence is, metaphorically speaking, to cleanse the child's wound and for the child to live on with the scar.

Psychotherapeutic support is guided also by the method and approach the psychotherapist is trained to apply – cognitive behavioural, psychodynamic, etc. therapy.

The Programme benefits not only children but also their non-abusive parents and close relatives or friends. The most crucial factor for the child's recovery is the support of the non-abusive parent. The key thing with him/her is to change his/her role from a non-abusive to an understanding and supportive parent. Parents have the opportunity to learn about the possible response and symptoms of the violence suffered, about the behaviour that goes with the process of recovery from trauma and the ways they can follow to protect their children.

3. Psychotherapeutic Programme for Psychological Help of Non-Abusive Parents in Domestic-Violence Cases

This Programme targets parents involved in a domestic-violence situation who are also victims of maltreatment. This Programme seeks to support non-abusive parents to walk out of the violence and ensure a safe environment both for themselves and for their child. The work format is crisis intervention or psychological counselling and includes active interaction with social workers and lawyers.

4. Programme for Work with Perpetrators of Domestic Violence against Children⁹

The Programme targets parents who have abused their children and have been manifesting abusive behaviour to other members of the family too.

The purpose of the Programme is to overcome the social exclusion of families where there is violence. The Programme seeks to improve abusive parents' skills to solve problems by devising plans to control their own behaviour and impulsiveness, to change their thinking about committing violence against children and appreciate the consequences of the violence they committed against a child.

The Programme is accessible to parents who have a measure imposed on them under Art.5 of the Protection against Domestic Violence Act or parents who have been referred or ordered by the CPD at the Directorate for Social Assistance following a discontinued situation of violence or physical separation of the child from the perpetrator of violence, or to parents who are ready to seek specialist support to change their parenting approach and communication. An essential element of the Programme is signing an agreement with participants that there will be no violence on their part as long as the Programme lasts.

The Programme is meant for group work with parents, the group being relied on as an instrument of change through its group dynamic and the influence of group members as a specific condition for personal change. The purpose is to achieve maximum utilisation of the group's resources and the resource of each individual member in it. The group is facilitated by a mediating moderator. The role of the moderator includes aims and objectives related to man-

9. SAPI Team of authors: Prof. Nelli Petrova, Nadya Stoykova, PhD, Valentina Karaganova, SAPI Trainer, Elena Manasieva, Mlivana Panayotova

aging the group process, which is to contribute to the group's achievement of their objectives.

The Programme allows for individual work with abusive parents.

The content of the Programme is structured in 24 sessions. Thematically, the content is split into 5 modules:

Module 1: My social network – how do I communicate, what matters when we communicate, my family, social atom – the closest people, interrelations network;

Module 2: How do I cope with acts of violence – the violence in my life, what is domestic violence, the cases in which I have been a witness or victim of violence, why do we commit violence, triggers of aggressive behaviour, harming people;

Module 3: Thinking skills – our thoughts, controlling our own thinking, being able to tell automatic from rational thoughts, defining the problem, 'stop and think', determining the consequences, choosing the best option, achieving an objective, planning and acting, analysing violence.

Module 4: Coping with one's feelings – feelings, coping with anger, positive and negative aspects of anger, developing a plan for controlling anger, assertive behaviour;

Module 5: Effective change – what roles do I play in the family, good enough parenting, "quality time" with the child, active listening and assertive parenting, solving problems within the family.

The Programme is based on the following principles:

- voluntary participation, which involves preliminary work and motivation of participants;
- compliance of the content with the international standards for fighting domestic violence;
- correspondence with participants' needs – flexibility.

The Programme is implemented at three levels:

- cognitive
- behavioural
- emotional.

The group programme is based on active methods –theoretical sessions, group discussions, work for own experience, presentations, role play, case studies, skills trainings, exercises.

Creativity in the group is the brightest manifestation of its productivity. It can be achieved if the group is facilitated to utilise all available resources and mobilise thoughts, ideas and imagination.

Promising practices of an integrated service for child victims of domestic violence in the Child Centre for Advocacy and Support of Child Victims of Violence and their Families – Zona ZaKrila

Child Participation Group at the *Zona ZaKrila*

Maria Chomarova, Kristina Nenova

The feedback from the child participation group on interview and hearing proceedings corresponds with the observations of the Child Centre for Advocacy and Support Zona ZaKrila. Children reflect on their experience of the interview/hearing proceedings. This allows them not only to think over this experience but also to direct the professionals' attention to what makes the proceedings more child-friendly and enhances the reliability of the narrative. The majority of the participants in the group hesitate to narrate freely before the professional (police officer, psychologist, judge) what they have been through, after the domestic violence was reported. The main reason quoted is the fear they feel for the abusive parent in the family. The fear that the latter will harm the child or the other parent might lead to the child not sharing with the interviewer/hearer about the violence he/she is a witness/victim of. According to the children, what determines the extent of openness with the professional is the respect the latter demonstrates towards them.

Even though most of the children remember to have been informed about the purpose of the interview/hearing, and also report that the professionals have introduced themselves, they share that they do not remember if they have been told that they have the right not to answer questions they do not wish to. The children's explanation of the latter is the serious tension they felt during the proceedings. It is necessary that the professional explains several times their rights and the interview/hearing proceedings in a way which they find understandable.

Another important aspect is to what extent the professional behaves in a way that shows he/she believes what the children say. This, most children believe, is helped both by the extent to which the interviewer has the patience to listen to their stories, and the way in which he/she asks his/her questions. The child-centred approach presupposes that the professional takes care as to how he/she uses his/her voice – softness of tone, use of language appropriate for the child's age, talking not too fast. For children it is important that the professional positions him/herself in the dialogue in such a way as to leave them with the impression that he/she cares about the way the children feel, and not that he/she does it for the sake of the proceedings.

Children from the child participation group on interview and hearing proceedings point out that it is essential that the professional demonstrates that he/she takes what the children say seriously, no matter what the latter's age. They rate this as more important than the venue where the interview/hearing takes place. Children believe that the profession of the professional is relevant to the extent to which they would wish to tell their story (the psychologist is a professional better preferred to talk to, compared to the judge or the police officer because the psychologist creates a sense that he/she tries to understand children).

Even though children share that the professionals' behaviour is more important than the setting in which the interview/hearing takes place, they would like it that the proceedings take place in a space that gives a sense of comfort. Most children believe that large premises and old furniture contribute to the tension they feel.

It is essential for children to know that their opinion contributes to the professionals' doing their job and that it will be taken into account. Despite the fact that most children believe their participation in the proceedings is meaningful for uncovering the truth about problematic situations within the family, children prefer to minimise their participation in interviews/hearings and not to have to answer the same questions over and over again. This, they believe, can happen if information already obtained from them via questions asked at previous interviews is used.

Feedback from the team at the Child Centre for Advocacy and Support Zona ZaKrla and the child participation group on interview and hearing proceedings helps identify opportunities for change both in terms of how the professional is positioned in the proceedings, and in terms of the setting in which children are interviewed/heard.

A case illustrating timely interinstitutional interaction:

A. is a girl who comes to the Child Centre for Advocacy and Support Zona ZaKmila straight after being beaten by her father.

A working meeting of the Multidisciplinary Team under the Coordination Mechanism for interaction in cases involving child victims of violence or children at risk of violence is held, in which a representative of the Zona ZaKmila also participated. A decision was taken for the CPD to issue referrals for use of social services by the child and her mother at the Centre.

A crisis intervention by a psychologist took place at the Zona ZaKmila in order to stabilise the child's state.

Legal advice was provided to the mother and advocacy to her and the child. As a result, the mother submitted a request in her capacity as the child's legal representative for the imposition of protection measures against the father. A forensic medical certificate was issued. A case was filed under the PaDVA. A court order was issued with a request for individual assessment, preparation and hearing of the minor. A restraining order was issued against the father. The child was heard by an expert from the Zona ZaKmila in the 'Blue Room' specialised premises for the purposes of the court proceedings. Following the issued decision of the Regional Court, the father is under obligation to participate in consultations at the Child Centre for Advocacy and Support (CCAS) Zona ZaKmila.

Counselling by a psychotherapist was conducted with the child aimed at reworking negative experiences as a result of the violence against the girl, which proved systematic.

A specialist from the Centre implemented a psycho-social support to the mother so that she can understand and support in the process of the girl's recovery.

Another professional was assigned to work with the father, his work being directed at the father's recognition of his own aggressive behaviour and the impact of the used educational method on the psycho-emotional state of the child and on the parent – child relationship.

Alternative behavioural models were introduced, which were free of aggressive reactions against the girl.

The development of the case and the undertaken interventions are an illustration of the integrated approach to advocacy for the rights of the child and child-friendly participation in legal proceedings, as well as therapeutic support for the girl's recovery from the trauma of violence.

In this case one notes the good interinstitutional interaction expressed in the synchronised and timely actions of all institutions involved in the case, based on shared professional convictions.

Last but not least, the systematic approach in the psycho-social and therapeutic work should be noted. All participants have been involved – the girl victim, the non-abusive mother and the abusive father.



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