

TOGETHER AGAINST VIOLENCE

**Compendium
of research
reports and
recommendations**

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Fundació Resilis was set up as a non profit-making entity in 2006 under the guidance of the Fundació Plataforma Educativa (Educational Platform Foundation). Our main objective is the management and development of projects, programmes and care services for children and young people in situations of exclusion, risk or serious difficulty. RESILIS Foundation develops projects and programmes for the comprehensive care of youngsters and children in situations of social risk or those likely to suffer it.



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The Federal Association of Therapeutic Communities of Austria is a Non-Governmental Organization (NGO) founded in 1999 in Austria to support the upbringing and education of children and adolescents, in family-like structures. With continuous exchange of the experiences and findings within the team, the organization develops, strengthens and stabilizes collective knowledge. The Therapeutic Communities endeavor to put the knowledge to use. Currently the team is working on various projects in Austria and abroad to establish more places for children in residential care.



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Dear readers,

Have you ever asked yourselves what are the reasons for children's aggressive behavior? What makes the children use violence over and over again, despite the severe consequences upsetting their lives? How to support them to get out from the vicious circle of repeated rage, pain and sense of guilt?

An international team of experts working in the care system of children at risk in Austria, Bulgaria and Spain is trying to find the answers to these complex questions within an international project.

Every child has the right to have a happy childhood and to enjoy love. The children – victims of violence and those perpetrators of violence deserve special attention. In order to support these children to have dreams and new perspectives, it is necessary for the adults to understand their needs and problems.

The project "Together Against Violence" is funded by DAPHNE III Programme of the European Union. The association for pedagogical and social assistance "FICE-Bulgaria" is implementing the project in partnership with the "Resilis" - Spain and the "Federal Association of Therapeutic Communities of Austria" - Austria. All partners are members of the Federation of Educative Communities FICE International. This international organization works for supporting children, growing up in out-of-home care wards and making sure these children have decent and happy life and good opportunities for their future. FICE – international gathers professionals from all over the world aiming to carry out research, good practices exchange and create partnerships leading to improvement of well-being of children and their families.

The main goal of the project is to contribute for the prevention of cases of repeated violence by children and youth at the age of 14-18 in

Bulgaria, Spain and Austria with a specific focus on children, living in residential institutions.

Is it possible that just one international project achieves the change of the legal framework, the social services systems and the daily work with children perpetrators of violence?! Probably it is not. However, the recommendations of the international team in these main areas of the child care system could lead to a better consideration of the current situation not only in the three partnering countries, but also on a wider international level.

The team hopes that the conclusions and recommendations of the project will support the positive change of the situation of the children in conflict with the law.

***Dashenka Krалеva**
Project manager of TAV-project*

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FOREWORD

The project “Together against violence” focuses on the prevention of cases of repeated violence by children and youths aged 14-18 years in Bulgaria, Spain and Austria. The main goal of the project is to increase the effectiveness and efficiency of the work with children and youths by improving the prevention activities and the intervention in view of reducing subsequent violent behaviour.

The specific goals of the project are related, mainly, to research and assessment of the factors that lead to children using violence; description and analysis of the system of service provision for children perpetrators of violence in order to determine its effectiveness; improvement of the effectiveness of prevention of repeated violence by developing a set of recommendations in the form of working standards; informing the professional community in Europe in order to reduce the acts of repeated violence committed by children. The recommendations are aimed at all the professionals working with the target group in the three countries; institutions and organizations – governmental and non-governmental, at a national and European level; universities and science organizations, engaged in research and training processes.

The current publication, called Compendium consists of information about the two international reports: The systems for providing specific services and practices towards behaviour change of the children perpetrators of violence; The prerequisites and factors contributing to violence perpetrated by children, as well as the recommendations for increasing the effectiveness and efficiency of the work towards prevention. They are presented in separate chapters, including reasons, methodology, main findings, analysis and conclusion. This approach was chosen because the topics are relatively separate and they can be used separately. The recommendations part is based on the results from both of the researches and the analyses of the two reports. It answers many of the questions in the reports.

RESEARCH METHODOLOGY

Research objectives

The main research objectives were 1) to gain better understanding of the violent behaviour of adolescent perpetrators of violence in residential care (14–18 years old) in Austria, Bulgaria and Spain (with a focus on Catalonia); and 2) to analyze the existing youth violence prevention programs and the services for social intervention coping with violent behaviour of adolescents in order to come up with effective ways of dealing with repeated youth violence. Thus, the studies aimed to identify: 1) the best practices, new directions and approaches to be used in the programs and services for social intervention, and 2) stronger strategies to prevent repeated violent behavior.

To reach its main research goal, the study examines the social contexts, situations and mechanisms, which contribute to the phenomenon; it explores the risks and protective factors breeding youth violence, as well as the various responses of state-actors, ranging from the perception of the phenomenon, the applicable laws and regulations, and the measures taken to quell the issue.

In the course of the research, each country team attended the following tasks:

- A quick overview of youth violence in terms of extent, type and structure;
- Description of the system for handling adolescent violent behavior and its main strengths and weaknesses;
- Identification of the gaps between the systems/prevention services in place and the actual demand for services; the

likelihood of the occurrence of violence and the violent acts actually committed. Reviews were made of the existing programs, prevention services and intervention measures to combat repeated violent behavior of adolescents.

In pursuit of the main research objectives, efforts were focused on the examination of the approaches, practices, methods and settings of prevention and intervention, which help decrease the repeated use of violence by adolescents in residential care. In greater detail, this meant that researchers were looking into the situations, the emotions, the learning patterns and changing processes, which had caused the adolescent perpetrators of violence to resort to aggressive behaviour repeatedly. Also, attention was given to coping strategies, resources, situations, relationships and supporting networks, which helped them to harness and lower the incidence of repeated violence. In the light of the context, the following points were addressed:

- Adolescents' perceptions of and attitudes towards violent behaviour;
- The risk and the factors at play in the outbreak of youth violence;
- For each of the three countries: the social context of the phenomenon and the state's perception and attempt to regulate it;
- Elements of residential care facilities, which help decrease the acts of violence amongst inmates.

Methodology

The study uses qualitative research methods as they fit best to the research objectives. The qualitative approach helps to understand the social context, the social mechanisms and processes related to youth violence, the factors that influence adolescents' violent behavior, the laws and regulations regarding the perpetrators as well as to gain

information on prevention and intervention programmes for repeated acts of violence committed by minors.

Desk research of youth violence

The first step of the research is a desk research of the issue. It uses different sources of information – statistics, official documents, previous research done on youth violence, etc. in order to gain the necessary initial information and to be able to draw the picture of youth violence in Bulgaria, Austria and Spain in terms of volume, type and structure.

Analysis of the laws and regulations

At this step the laws and regulations regarding the adolescent perpetrators of violence in each country are analyzed in terms of understanding how youth violence is defined by the state and what measures for prevention and intervention are provided by the national laws and regulations in each of the three countries.

Qualitative study among adolescent perpetrators of violence in residential care using biographical research method

The qualitative study among adolescent perpetrators of violence allowed the researchers to understand the behavior of violent youngsters both in terms of rational components of their actions and emotional experience, motivation and needs that drive their perceptions, attitudes and conduct. The use of the biographical approach helps understand the violent behavior in its social context, enabling the researchers to understand the interference of macro social, micro social, psychological and biological influences that shape the perceptions, attitudes and the conduct of the youngsters. Thus, through the knowledge about the adolescent perpetrators' background, the social processes and

mechanisms that lead to youth violence are understood and the risk and supportive factors are recognized and illustrated.

Semi-structured, problem-centred interviews (Witzel, 1982, 2000) were used to gain access to the subjective reality of the youths participating in the study. The open, biographical initial question and the semi-standardized format render it easier to compare the interviews with one another and provide a basis for a flexible, process-oriented use of inductive and deductive procedures in the data analysis. Mayring's (1993, 2000) qualitative content analysis method is employed to analyse the interviews with the youths, inserting an intermediate step in which the case is contextualised in an interplay of deductive and inductive thinking based on the open and axial coding procedures used in Grounded Theory (Strauss, 1987), in order to open up more room for aspects of the participants' life histories and an exploratory approach (cf. Mayring & Gahleitner, 2010). Moreover, the choice of adolescents with aggressive behavior in residential care gives the researchers the opportunity to focus on children who have often experienced different prevention and intervention services (including the residential care), which allows the qualitative evaluation based on case study of those programs as well.

Qualitative study among parents of adolescent perpetrators of violence in residential care

For the sake of triangulation of the information gathered with the qualitative methods, providing higher reliability and pertinence of the conclusions, the perspective of the parents of adolescent perpetrators of violence is taken in consideration. Their experience and opinions, especially regarding the programs of prevention and intervention provided for violent youngsters, their judgment of the way the system works, their perceptions of its weaknesses and their feeling of what is more supportive for the families with children at risk of aggressive behavior is of great value for the understanding of the phenomenon of

youth violence and the effectiveness of prevention and intervention services.

Qualitative study among stakeholders/ experts in the field of adolescent perpetrators of violence in residential care

Using the method of problem solving – centered interviews and focus group discussions, the researchers understand the perceptions, opinion, practices and projects of the experts involved in the field of youth violence and who have experience with adolescent perpetrators of violence in residential care. The point of view of the stakeholders and experts, representatives of national and local governmental institutions, NGOs, experts from the social system, and social workers in residential care helps understand youth violence better as well as the systems for combating the antisocial behavior and the programs for prevention and intervention for aggressive youngsters, the best practices and unmet requirements in the three countries.

PART I. The prerequisites and factors contributing to violence perpetrated by children

1. Research Questions

The main research question for the current study was what approaches, practices, methods and settings of prevention and intervention decrease repeated violent behavior of adolescents in residential care. Regarding the context, the following questions were addressed:

- What are adolescents' perceptions and attitudes towards violent behavior?
- Which are the risks and the protective factors involved in the occurrence of youth violence?
- What is the social context of the phenomenon and the way the state perceives it and regulates it in the three countries?
- Which elements of residential care institutions lead to decrease in the violent behavior of the residents?

2. Definition of key concepts

Violence. In the Daphne project, it's defined as given in the World Report on Violence and Health (WHO, 2002; 4), namely:

“The intentional use of physical force or power, threatened or actual, against oneself, another person, against a group or

community, or against property that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, deprivation or damage.”

The definitions of antisocial behavior given in sources such as the Diagnostic and Statistical Manual of mental disorders (DSM, 2013), the International Classification of Diseases – ICD-10 (WHO, 1990), and other sources were also taken into consideration.

The given definition includes interpersonal violence as well as suicidal behavior (that is, violence against oneself), covering a wide range of acts not only physical, but including threats and intimidation as well, against individuals, families and communities (WHO, 2002).

The violence against property has been added by the team of researchers because of the high incidence of such cases in the researched environment.

Adolescents, youngsters, youth. It concerns mainly the group of underaged between 14 to 18 years old, age group object of the research.

3. Main findings

In this chapter are exposed the main factors that explain the development, prevalence and maintenance of violent behavior in the youths studied, according to their personal descriptions, as well as those given by parents, caregivers and professionals altogether.

First of all, we present the principal sources of this misconduct with detailed descriptions, followed by an outline of the main aggressive and violent behaviors that characterize these children.

FOCUS POINT:

Dysfunctional environmental dynamics

From an ecological approach, we can classify the explanations and categories in several factorial levels. But before listing and detailing the traits and elements that make these children violent, we'd highlight a general reflection regarding the importance of understanding the problem more as a **dysfunctional environmental dynamic**, not (or not only) focusing on the individual child as 'the' problem. Even though the violent adolescent is indeed the core instance of the issue studied and expressed, we understand him or her as **the result** of a confluence of various problems and processes occurring contextually. As a result, their individual behavior, even biological predispositions, are always influenced (if not determined) by the environment, in all the levels in which the kids develop – i.e., the family, groups and society; detailed next. We must remember that, as under aged, they are particularly sensitive and subject to the rearing practices, faults or influences of the adults and institutions that rear them.

3.1. Factors for violence and violent behavior.

3.1.1. Personal factors

The children studied are characterized by certain traits they have developed, that were later manifested in violent outbursts, such as low frustration tolerance, low self-esteem, self-regulation problems, or disproportioned reactions in general. Many of them have also developed inadequate relationship patterns, mainly due to the dynamics of their relationship background (i.e., systematically dysfunctional interactions between individuals), more than due to an 'original personality predisposition' establish such relationships.

Many **unsatisfied needs** are manifested in the resulting aggressive acts. In many cases this does not even concern actual everyday

necessities, but the more basic, structural and non-material things; flaws which may have never been satisfied or repaired but still exist even the pass of time. From this point of view, their personal construction is weak in the sense that all their future development and behavior falls into *'failure'*, and certainly is failure:

“Many of the children want attention. [...] Or perhaps they also need to hear that they are good, that they are worthy of it. Because they don’t appear to have heard that so often in their lives. Attention, physical contact.”

(Therapeutic Community caretaker, Austria)

We mentioned that unsatisfied needs refer to more immaterial things. Even though disadvantaged social and economic conditions constitute of course a risk in general, the children from the residential examined centers are **not particularly characterized by an outstanding materially deprived background**. As a matter of fact, some of the Bulgarian interviewed come from (adoptive) families that are quite well-off. The same tendency has been noticed in Spain - the profile of the kid attended has been changing in the last years to a non-materially deprived one. Therefore, the researchers decided to analyze the relationship patterns and educational practices more than just economical deprivation. Professionals from the three countries mention that the lack of attention, parental absence and incapacity to conduct and limit the children has a central role in the explanation of the problem. It is quite outstanding that many of the children developed inadequate relationship patterns just because they **didn’t have any adequate or stable role model to follow**; not necessarily because they learned to misbehave from a bad one. On the other hand, the non-active role of their parents in conducting and controlling their kids’ energy, occurrences or actions, sometimes ‘spoiling’ them, is indicative of **negligence and of lack of loving-care**, as can be seen in further consequences (we retake this issue in the next point). Taking this in consideration, we may realize why a supportive factor and an adequate

applied service is one that gives **stable conditions, positive role models, and external limits while learning to apply self-regulation.**

Apart from this pattern, the interviewed professionals also mention as a recent **profile shift**, the higher frequency, diversity and coexistence of mental diseases; apparition of these and of violent conduct at younger ages, accompanied by higher levels of violence. Also, gang membership and immigration background is very frequent (particularly in the Spanish case). The number of attendees (or demanders) of the services is increasing instead of decreasing in all countries. Many of them have a relatively long story of **substance abuse and consumption** related to or a leading factor for uninhibited impulses. Psychiatric (medical) treatment seems to be of help in general, always accompanied by psycho-educational interventions. At this point, it is important to say that some children who engage in violent behavior against themselves – as considered in the research structure and profiling “*due to heavy substance consumption*”- do not consider themselves aggressive; not seeing the harm they make physically by drug abuse (this issue is discussed further in the contextual factors point).

Going deeper in the examination of personality traits and profiles, low self-esteem is expressed not only by self-harm antecedents, but also explicitly mentioned by the interviewees; as a past factor or still present. **They feel and are convinced of their negativity or low value as a person** (for example, some interviewees from Spain say they do not have any good qualities) and accept, with different levels of recognition, the actions and antisocial acts they have committed in the past. The lack of healthy self-esteem is sometimes expressed and explains their participation in property destruction, robberies, quarrels: it reflects their need of recognition and attention, which they haven’t been capable of satisfying by other means. At a time, this is connected to their constant academic flaws at school and in other organized contexts (retaken below). The long lists of self-reported defects also refer a commonly negative self-concept; some find themselves stubborn, obstinate or obsessive; tend to show negativity; hyperactive but sometimes lazy; all things contributing (according to their own descriptions) to the violent

acts they've committed. Even though, not all find it easy to describe themselves.

Besides, they are especially sensitive children, who frequently report a feeling of loneliness, or of not having received adequate or enough love and understanding; scornful towards people and the whole world, all perceived as being against them. Scorn, anger or rancor many times bottled-up (as frequently mentioned by the Austrian sample) that then "exploded" in different outbursts.

They have **internalized** that the normal or adequate response to conflicts is reacting with more conflict and aggression, as in many cases their family relates commonly. Self-control just has not been developed or has been developed inadequately, giving space to uncontrolled reactions of anger, hitting, disrespect, etc. Educators see that **alternative ways of conflict solving and frustration canalizing in general** is one of the key necessities they need to develop in priority for their future, in order to 'survive' socially and in order not to experience relapses.

Finally, other **milestones** in their lives have marked them and thus contributed indirectly to the apparition and maintenance of violence. Deaths of important relatives, divorce or absence of a parent, important developmental lacks (of affection; experiences; opportunities), traumatizing changes in living conditions, dwelling, or long-lasting runaways from home, all usually leading to instability in many aspects; of special importance is the case of attachments, lost relationships or belonging to groups which were meaningful for them.

3.1.2. Family factors

The vast majority of children who have developed violent behavior come from disintegrated, split, torn and / or conflictive families, structured in different ways (e.g., several half-siblings from different parent living together; extended family; several step-fathers, etc.) but having in common that **their members tend to relate with noticeable levels of aggressiveness** and have **violent antecedents as well**, with a

general conflictive dynamic of relationship, as we said before. Usually one or both parents, step-parents and other individuals in the household have exteriorized this kind of conducts or patterns, afterwards repeated similarly by the child. Substance consumption, alcoholism, self-harm, violence towards others, robberies and property destruction have been frequent, but also **other psychosocial problems** are present, such as gambling, unemployment, prosecution, heavy maltreatment, abusing or being abused (in most cases - the mother).

The **absence** of at least one of the parents is also common. In such cases, usually other family member (often the grandmother) has actively raised the child, functioning significantly as a **substitute figure** for attention, care, understanding and support; with whom nonetheless the child sometimes has had important conflicts or maltreatment suffering. The children interviewed gave many arguments that depict an **idealized image** of the parents (absent or not) or the substitutive figures, even though they could at a time recognize or blame them for the maltreatment or misbehavior, detachment or rejection towards them or in general. Certainly, witnessing separations, comes-and-goes of members, instability of all kinds or family disintegration entail part of the traumatic trace these adolescents show.

As we first mentioned the majority of cases come from families with some or most of the traits described, but there are cases in which the children explicitly maintained not having lived in a violent family environment at all (for example, some of the Bulgarian interviewees are adopted children and the new family hasn't shown violent antecedents). In these cases, it is quite outstanding not the inadequate but just **lack of presence and developmental guidance** from the adults in the family. As a matter of fact, arguments from the interviews with professionals and youths (and more stressed in the Spanish ones) are very often in terms of a general **indulgent and weak discipline** raising pattern. Some other filial relationships and parenting styles are characterized by **severe strictness and conservative principles and limiting** – e.g., in immigrated families with different cultural values. The overall trait is

that in almost every case, the styles showed are characterized by **borderline patterns, situations and experiences; taken to the limit.**

When parents talk about this issue, they tend to deny, minimize, trivialize or justify some of these factors or realities, as repeatedly reflected the analyses of arguments from all the three nations. Some of them, anyhow, accept having ‘done it wrongly’ – a recognition that, evidently, means accepting their own personal mistakes and problems. In the case of some Bulgarian parents, for example, they are aware that their overprotection, ‘loving’ intention to control and suffocating way of raising the sons had much to do with the further problem apparition in them; even though, they put a big amount of the blame in the ‘other’ kids as the responsible of driving their kid to the bad way:

“I always remind him to be careful where he goes, what he does. Sometimes too much. /.../ Many of the problems are because of his friends. /.../ He got friends with this boy... and the troubles began...”

(Father of 18 y.o. boy, Bulgaria)

In other cases, the parent, often alone, has found herself **unable to either cope with the raising of the kid** and has given him/her in a home for children deprived of parental care; **or to control the child’s aggressiveness** (often towards the parent too), asking therefore for help to the system after trying to control it with different punishments, lecturing and limiting. So in these cases underaged don’t arrive for neglect but because of a real incapacity of the caregiver, usually also in deprivation situations, to endure the situation or find alternative nearer support.

FOCUS POINT:

Uncommon developmental pattern of reference figures.

Apart from the absence or strong inadequacy of parental figures during earlier development, some of the adolescents studied have arrived to this stage with a lack of them. In fact, for some the opportunity of meeting an educator in the residential centers with whom build up a secure, deep and strong bond is a new experience, never lived before, and very revealing. Moreover, many of them have found out in the center which is the adequate role of an underage semi-dependent person, according to social and legal standards, when living in a home. This is because they use to come with **problems of role definition, confusion or impersonation** within their past family structure. Children with marked basic communication problems; forced to have sibling quarrels; or acting as parents of their parents; at times, deeply embedded in the conflict dynamic of the couple, forced to standing for one of the members, or used by the father or mother to manipulate or extort the other, are illustrative examples of this inadequacy. Thus, they many times harbor future hatred, or feel relief once separated from the other parent, but with ambivalence and possibly intense guilt or rancor feelings:

“My mother and I used to drink and smoke ‘pot’ together /.../ I’ve seen her being raped by my father in front of me /.../ he’s the only referent I don’t want to be like; not finish like him... To have, to do something with my life...”

(14 y.o. boy, Spain).

Of course, the lack of opportunities to find different, positive reference figures has also to do with their belonging to equally deprived or disrupted social and cultural environments.

When asked about their mid or late future plans, many of the adolescents studied stress their necessity not only of reuniting with their parents and family, but making really important efforts to reunite members and recompose relations. Also, they stand on their partner strongly to build up a tight compromise and found a family of their own, and to pose it in- and as the center of their lives. As the analyses of the three countries returns, **they transfer their need for family affiliation to their ideas and dreams for that family they will create someday.**

Finally, we could find out that the link between family problems and commitment of violent acts has sometimes come not only by ‘modeling for the child’ with their example, but also by **encouraging them directly or even forcing violent or illegal behavior on them.**

3.1.3. Peers and significant networks

The last mentioned factor for parents also applies in the case of peer or other social groups to which the violent child has belonged. The profile of the adolescent attended in the residential centers approached to, shows a **vulnerability to be strongly influenced, catapulted to and driven through antisocial behavior or used as delinquent.** It’s not that the child doesn’t have an inner locus of control, but they seem to accept or even rely on the ‘suggestions’ of the peers or adults that push them. This happens even more in the case of coming from an environment where this kind of behavior prevails; and more even when the kid shows strong antecedents of negligence, failures in situations and structured activities –i.e., school and other institutions, or both. As we know, peers in the adolescent period may mean a lot in their lives, so they would just act in determined ways by contagion or under peer or group pressure, without questioning themselves too much before acting. It is relevant that very rarely the interviewees mention other good friends besides those who drove them into antisocial behavior, with whom they have done other things and shared other values. When they have had the opportunity to choose the right people, they would rather **prefer the thrill and attraction of the ‘bad friends’**, which is too strong to be resisted; though the other half agonist of violence is the

lack of positive constructive relations and activities. They also show a **necessity** of being recognized or approved, show self-determination, exercise leadership and compensate other flaws; enthroning violence as a desirable thing, regardless of (without caring about) the consequences of the acts... and what better than the peer group to find the way for it:

“So I started to rise there. When I became 13-14 years old I started to manage the other kids, to decide which house or shop to rob, how, when, who to do it. When I was 10-11 years old, the others told me what to do, then I got to be the boss there.”

(Boy, 18 y. o., Bulgaria)

Moreover, the analysis showed that the ‘*bad*’ friends’ environment strengthens its pressure at any hesitation of the child and often makes it clear that it shall keep him or her even by force if necessary.

We mentioned school as one of the contexts where many times violence is nested and expressed; an easy to understand reality considering the amount of time passed there. Numerous youths have **long school conflict and failure history**; not only in terms of time of apparition, but also for the threading that this history has woven for future schooling complications. Many times they arrive to another school or activity with a tainted ‘presentation letter’, because institutions might often know the antecedents of the cases when they arrive. Besides, dragging their lack of study habits, unattained grades, makes each time the problem bigger and narrows their future possibilities. In sum, we wouldn’t focus just in the conflicts at school, truancy commitment, or specific academic failures, because it is rather **the whole situation which is full of conflict; anomic.**

In this sense, we must reflect that suffering rejection, prejudices, discrediting, lack of understanding or denial for help from teachers or leaders, as well as being part of different dynamics of abuser-abused, have a lot to do with the **miss or lack of opportunities** lived. That, in fact, turns into a form of institutional abuse and a factor for violence

apparition itself, and indeed has contributed to a negative self-concept in the child. This way, **violence might come increased or reinforced by the consequences of the acts**, which not always or certainly produce the effect they firstly would be intended to: expulsion and punishment may not work in a positive way, just as one mother of an 18 y.o. boy from Spain clearly exemplifies:

“Even I went to ask for another opportunity, they expelled him from the football team because somebody ‘said’ he stole a mobile phone; nobody knows if it happened like that; he cried and swore he didn’t do it. I asked the municipal social educator for help so he could enter another team; she said that if he robbed nobody would let him in. –So, he didn’t train ever again...? –But where...? In my sons’ schools they always talk of mobile thefts; why aren’t kids thrown out?? In any case, we must punish them, but not take away what is their life... They said that if in my country [Morocco] everybody steals, here they didn’t need another thief ‘Moor’. /.../ nobody helped him. Children should be forgiven and supported and helped; if they are rejected, they’ll hate everybody; and that’s where everything began /.../ he never overcame that.”

We would insist as well that **frequently violent outbursts appear in violent environment** and are not – or not only – an *individual ‘act of meaning’* or issue to analyze and focus on. In many cases, violent events and relations have been part of the general climate at schools, some other type of social services, and even in centers of the protection system where they have been firstly attended; part of the *‘normal’* interaction there before the interviewees arrived or became an outstanding problem.

As the analysis of interviews to Austrian parents revealed too, **there is an overall shortcoming at the family-school-psychosocial interface**, which is then concreted and visible in the child's behavior. Also, the constant breaks in the social networks, as suggested before, **hinders the development of sustained and secure attachments and relationships** with friends or other adults; including the lost contacts with effective staff members when roaming through many public, residential and/or anti-violence housing services. These problems are object of analysis in the next chapter.

3.1.4. Society / Context

Running through different stations and being constantly **rejected** from structured environment, as we just analyzed, considerably explain why the child reacts with violence on many occasions. But, as we found out through the research, apart from rejection often the **violent relations or niches attract or inspire** the child in order to put in act aggressiveness, not finding an agent of control or a better option.

This is because there is certain **tolerance, plausibility, and even, promotion of violence** within the kid's community, and even beyond. Therefore, we ought to focus consciously and attentively on the environmental elements that contribute.

The social and cultural factors are often so broad, that they are difficult to perceive, and hence control, at individual levels. For instance, we are all used to **violent images, actions and interactions in the mass media in so many forms**, that it results in a difficulty to split or isolate the non-violent elements from the violent ones. These violent elements even constitute part of the **promoted models of behavior**, since, for example, without violence it is difficult to **achieve and show their power and success**.

It seems as well, in the postmodern world we live in, that everything is in some way valid, because everything is initially questionable, so violence might be valid for many, when chosen consciously as **an option to be like and act**. The evolution in the apparition of the

problem mentioned before: earlier ages, combined types of violence, greater aggressive challenging attitudes with high questioning of norms and authorities, among others, are somehow a reflection of this eco-cultural broader situation. Evidently, all of the societies in the different historical periods put limits and are aware of the necessity to redirect the violent conduct of their underrated population. We have found out that, to a certain extent, in the nations studied there tends to be some **relaxation of norms and firmness of educational practices** and, as we said, praiseworthiness and promotion of, if not violence directly, at least the agents of its appearance or demonstration:

“It’s this pattern of lack of limits, so they say ‘if others do it [a violent act], I can do it as well. I want to be the leader’. And the leader is the one who breaks the law, or consumes. – It’s also the permissiveness, familiar and social... institutional, as well... –Which elements of society? Could you clarify? –In the past delinquent children were brought in front of the judge, and they’d shiver... Nowadays they laugh, because they know that the Law for the Minors is very soft, and they laugh at this /.../ there’s no impact for them; they know how to elude things, until they reach intimidation robbery; until they reach imprisonment...”

(Direct attention professionals; Spanish focus group)

In all this context, also of **growing individualism and stressed competitiveness**, the child tends to find himself or herself at a time very alone; while showing every time less and **less empathy, consciousness and consideration for the Other**. But usually in proportion to the degree of neglect they have suffered by the system. Parents blaming teachers, teachers blaming social authorities and these calling parents as responsible for their offspring’s misbehavior... at the end the individual child finds him/herself disoriented; on some occasions mixed up with **heavy guilt feelings**. It is very interesting the high proportion of adults

attending children, with lots of people and resources moved or spent to attend the problem, and the child feels deeply neglected by everybody; both before and after being attended by the protection system. The aim of the coming chapter is to analyze this issue.

FOCUS POINT:

Social tolerance, indulgence and negligence.

All these seem to be a constant and contribute to the development of violence in every systemic level. In many cases, violent children show having been neglected because limits weren't imposed on time, for numerous reasons. Their gross misbehavior was tolerated as any other way of behaving; as if it wasn't something necessary to stop in order to prevent it from growing. Many weren't seriously confronted on time to make them reflect about its consequences. But this pattern of lack of control is much beyond the parents' non-guidance; it involves all the social circles in which the child has been developing; and even the macro system. Ultimately, it is a **social responsibility** to assume the point where the violent children have come to; to assume not be constructing enough appreciable alternatives that don't even make violence attractive.

Things such as school and centers professional's avoidance; or authorities occasional concealment of the problem behind numbers, non-actively constructing useful alternatives of guidance; compliance of institutions with their bureaucratic delays, making the child accumulate scorn until a point of explosion; tolerating little episodes of aggressiveness in everyday interactions; or making marketing of violence as a nice behavior, are just examples of how **all individuals in the system are implied** in its permanence and, moreover, to assure future new cases. The change should come even at a cultural level; at the most deep elementary level of meanings and value coding.

Furthermore, the lack of opportunities mentioned occurs not only within organized activities but is a general trait of societies, in groups suffering

social exclusion. This appears in many varied forms –i.e., lack of integration, acceptance, or prejudice; not only lack of money; and shows its importance as a factor in the apparition of violence when we can explain this as a consequences of social exclusion.

3.2. Violent behaviour outline: triggers, responses, soothing and coping strategies.

As we analyzed in all the factors, the situations lived before entering care centers have triggered violence in the children. We go deeper in this triggering now, the most common violent behavior shown, their consequences and what helps them overcome and cope. These are both described for their life before entering the protection/correction system and within the centers.

3.2.1. Triggers for violence.

It seems that throughout their younger years some kids have been developing violence as **a common and ordinary outlet, a form of expression**; even more, as mentioned before, when all the systemic levels in which they develop, use it too.

Either the stimuli that trigger violence are over-dimensioned, or the own violent responses are not seen as such. We could find numerous cases and arguments that show the interviewees are **unaware of their own limits**, where there is not a perception (a real self-assumption) of being violent; in some cases, only accepting it until an external power has been used to stop the behavior; and sometimes as a surprise, because some kids really didn't realize their way of expressing, (over)reacting or responding could be called violent: **they just hadn't learned any other way of reacting**. In these conditions, it is comprehensible that anything can initially be triggering for violence.

Violence has been used as a solution to diverse situations and states, both **related to their internal world and to the interaction with other**

people. In the first case, **negative thoughts** associated with **feelings** of hopelessness, indifference, overwhelming anger or impotence; everyday boredom and malaise can trigger minor limit violations, producing diverse and numerous **outbursts**, without any external stimulus, behaving in a violent way ‘just because’, as an Austrian caregiver mentioned, “...*physical boundary transgressions only happen for the sole reason that someone wants to pester someone*”.

The kids have at times also learned that it was the way **to get their way**, until some external human source or situation stops them, as said before. In this case, the thing or state of things desired makes them ‘put the energy in action’ to achieve it. Furthermore, many have been repressing **emotions and repeated tough situations**, swallowing them until their endurance is insufficient, so a new event (e.g., a violent scene at home) triggers a response when it turns impossible to put up with. As a matter of fact, occasions when violence erupts, coming out at the least provocation, are associated with issues that are sensitive due to **the young person’s history**:

“Ye-es, what usually made me mad [before turning violent] was that my Grandma kept comparing me with my mother because, to be honest, people say you can’t hate your own mother, but I hate her.”

(17 y.o. girl, Austria)

These triggers are thus often used to **legitimize violent acts**, particularly in the case of violence against others.

In the case of triggers externally originated, the children would blame these others for “provoking” them, seeing their outbursts as the logic, fair or proportioned adequate defensive reaction to the stimulus sent. They’d justify themselves arguing that they had just responded when being victimized with physical abuse, teasing, ridicule, etc., not only against them, but also against others, case in which they had acted aggressively to protect or defend other people, finding there a sense of

justice, as some parents described. In many unbearable situations, they would give warnings, but thereafter reacting due to being ignored or misunderstood.

Within the residential care, some interviewees would mention also reasons for violence, when feeling **unfairly treated by the educators**, when these act negligently, commit injustices or trivialize what is important to them. With regards to the peers, they are guided (or were initially, when first entering the centers) by the logic of responding with the same degree of aggression they are treated with.

3.2.2. Behaviour and consequences.

What comes clear from the aforementioned facts is that these juveniles' first violent acts constituted **decisive turning points**, especially when those permitted a change in a situation that they found uncomfortable – in the broad sense: dispensing from something they'd like to experiment; stop an abusive or demanding situation; desiring something only achievable by robbery, etc. At this point, committing offenses or acting against themselves or others, is often related with good sensations or apparently beneficial consequences. Usually, **the beginnings of antisocial behavior and petty crimes have been an inspiring path.**

As the analyses of the Bulgarian and Spanish information concluded, **escapes are common of the first antisocial behavior shown** – from home, school or care institutions. Many of these escapes are planned with friends, to avoid rules, norms or prohibitions, and to have fun together. Gradually, the fun starts to include thefts, sometimes accompanied by property destruction, beating other people and prostitution (girls). Some children leave school (in the Bulgarian case, considered as an antisocial behavior by the law) or run away from home when threatened to be put in a correctional residential care institution.

We specify the following broad categories given that we established the cases study parting from this classification.

Violence against oneself

Takes diverse forms of self-harm, mainly **body bruising, hitting and cuts**, as well as **substance consumption**; which is not usually recognized as an effective way of harmful long-lasting conduct, as suggested before. The sample even included subjects that have committed suicide attempts. On the other hand, in several cases the self-harm is not serious and the effects of their uncontrollable cries and somatization don't last long. A convergent result between the three countries is that **directing aggression to oneself is more typical of girls** who were placed in centers. The aggressive style passes into auto-aggressive when emotions "boil over" and the kids feel they have to react, and all other resources to deal with the critical situation (including verbal and physical aggression) have been depleted without resolving it. They usually also direct their aggression towards themselves when the person causing a sense of frustration is the parent or other significant adult, who they find more powerful or is unaffordable.

Violence towards others

Many youths use violence in their everyday interactions and as a **communication style**. Thus, they find normal to react this way and don't feel guilty for the 'accidents' since they consider (or are convinced) that they have been provoked; that someone has made them angry so they had to respond. Subsequently, they act equally if there's no outside intervention for moderation. But even when this is present and the 'social machinery' has all been put into functioning and social workers and educators talk to them, the children would not only blame the other participant(s) about the conflict, but moreover feel not understood or even **interpret that the system is against them**; what at times provokes more scorn accumulation and further aggression deployment. When they've accepted rules, questions, prohibitions and sanctions, it has been rather **in a hostile way** and under the interpretation of **an imposition of someone else's will**. At

a time this can make them feel alienated, punished or trying to be really affected, thus opting for the new ‘good sensations’ that their violent behaviors have been bringing:

“I had an argument with a teacher... because she started to insult me and this made me very angry... so this turned into a beating, an incident, you know... Because she doesn’t have the right to hit me or to insult me. She hit me so I had to act too. Then of course she blamed me for everything so she wouldn’t be ashamed in front of her colleagues...”

(Girl, 17 y.o., Bulgaria)

Some interviewees mentioned that apart from insulting, hitting and hurting their ‘victims’, peers and teachers, they **have maltreated and insulted their parents or family adults**, especially the mother. This sometimes had as consequence the parents’ complaints that drove them to the net of educational semi-closed centers, asking for help when they felt overwhelmed by their kids’ outbursts. The children from time to time confronted their parents with reproaches and questions as to why they could no longer live at home.

Professionals describe how within the residential care there are everyday situations in which aggression is put into a **wide range of escalating acts** – i.e., treating someone roughly □ insulting □ menacing □ spitting □ kicking, hitting, biting and pushing; occasionally going beyond, exhibiting sturdy fights. With the care staff an **ambivalent relation** of attachment and reproach-manipulation (or intents of) can be established, and from time to time they’ve been also object of the children’s aggressions. In the case of school violence, expulsion had been the most common consequence of their acts; even though the kids made a **clear differentiation between effective and ineffective measures or punishment** in general; a not really positive discipline application which to a certain point could be considered a reinforcing of

violence, in the sense that the subject doesn't develop an image of inadequateness of their responses:

“– What happened when you did things like these [hitting somebody for vengeance, or throwing the ball far away]? – The teachers came and that's it. – So...? What would they do? – “What are you doing? [they'd say]” – I mean, was there no consequence? – Expelled, or... – If they did so, that would work so you'd quit [doing that]? – No; I thought “hey, 3 days without school... holidays!” – Did you see it as something good, then? – No, but neither as something bad. – And now..? – Now yes; if they expel me there are more consequences.”

(15 y.o. boy, Spain)

Violence against property

Boys and girls with history of property destruction, drug dealing, robberies and stealing many times repeat these acts before being stopped. When they are not punished for a long time or when they are punished inadequately, it creates in **an impression of impunity in them**, which soothes their sense of guilt and gradually **strengthens their idea of thefts as normal and acceptable actions**. A self impoverished image might be constructed (and assumed) in order to justify their “necessity” of having the thing(s) desired. It is here where we can see very clearly how when a behavior is not affected by its consequences, it will be seen as normal or not problematic. In this case, **the youths could even see the stealing act as just**, under their perspective that they deserve what they're looking for.

3.2.3. Soothers and other supportive factors.

A) The ways the interviewed kids coped with their boiling emotions, violent behavior and precipitating thoughts in the years **before entering**

closed residential centers used to be isolation, moving away from the situations, talking in order to eliminate the sources of conflict or changing relations that resulted harmful, as the **non-aggressive strategies**. But on the other hand they might react in difficult situations by bigger hitting, fighting and/or substance abuse. Lowering the consumption would be sometimes of help, but in other cases, on the contrary, what they would find “helpful” to feel better would be consuming more. They report as the most outstanding feelings those of impotence, strong frustration, and death wishes; along with fear towards the possibility of being sent to residential centers, which at times resulted to be a deterrent resource.

Interviewees describe that in all these situations – at the time when “everything started” – it might have been of help to apply **an approach based on understanding, acceptance and support**; which in turn should sensitively point to new opportunities that provide a strong sense of belonging, personal expression, confidence in their own abilities, development of new skills, self-improvement and recognition from their significant others. In numerous cases, children from the three countries express a feeling of **not being understood or helped** by members of the protection and intervention system, who supposedly work for their welfare. They appreciate some interventions made previously; for example, the Bulgarian youths, when evaluating the Juvenile Pedagogic Department and the Local Commission for Combating Juvenile Delinquency, evaluate these professionals as ‘good people’ with ‘good intentions’ towards them; though they don’t understand their lives, their motivation, their needs and therefore could not really help them:

“The people from the Local Commission, they are trying to help... I had consultations with them, went to sessions, talks, they told me I have to stop behaving like this, that a day will come when I’ll be sorry... I kept promising them that I’ll stop, that I’ll change... but after a while I was always going back to my old ways...”

(Girl, 18 y.o., Bulgaria)

Throughout the years many have developed their own **personal resources** to lean on, and report in the interviews that these have been determining in their achievement of emotional maturity and their coping with their harsh life, conflicts and crisis situations. They feel as if they have developed a noticeable resilience and thriving capacity, and big sense of responsibility for their age, especially towards the family. For this, as well as for their present (ameliorated) situation, their **positive qualities of character** have been helpful; such as being kind, comprehensive, affectionate and cheerful. They also describe themselves as sportive and very active, hard-working, strong willed, perseverant, with a fighting spirit, strength of character and obstinate (in a sense of constructive effort).

B) Anyhow, generally they tend to associate their qualities potentiating, actualization and usefulness with the behavioral changes they've been making since they entered the protection system, visualizing **a clear difference between past and present effectiveness**. The later improvements in their aggressive behavior, thus, have been mainly due to the interventions of the staff and **within the context of residential centers**. The next chapter explains deeply in detail these improvements; but in general and at the most behavioral level, some elements that the youths find as soothing and protective against violence are:

- **Disengaging from or leaving situations** where they can't control themselves –or predict they won't be able to. When this is not possible, also ignoring people who cause negative feelings and aggressive behavior.
- Related to that, **'hooking up' with other activity or ritual** that results relaxing, calming and interesting in order to sublimate all their aggressive energy –i.e., listening to music, drawing, jogging, eating something, etc. More specifically, several children find it soothing to have time to stay in privacy, alone, until the strong emotions are over; in it, they might apply the

relaxing techniques they have learnt, adapting them in a personally effective way.

- Consciously **experimenting, suffering and/or thinking about the provoked feelings and perceptions**, in order to deal with their boiling emotions.
- The aforesaid tends to be helpful as well when thereafter talked with educators, the psychologist or other children from the boarding schools. **Sharing their experience** usually deals to focus the triggers from another perspective and give new meaning to them and how to face situations.
- **Making a call to the educators** when, within residential centers, they feel a violent outburst can eventually or momentarily come out, in conflictive situations with peers.

Overall, **relationships with the supportive people** in the young person's environment are used to avoid triggers. Not only the subjective feeling of having someone to rely on, to trust or **someone who could make them feel content**, but specific patterns of conjoint behavior too. For instance, in Austria the care staff has a very scheduled relationship work, in which they make a deep **conjoint reflection process** in order to focus on the explanation and interpretation of the behavior so the children can adjust it appropriately in further situations and develop coping strategies. In this context, to keep busy learning the basics of order, discipline and primary school knowledge (usually heavily flawed) **soothes indirectly when distracting to help constructively for new developments**. Processes such as accepting imposed rules, attending school units and engaging in extracurricular activities are therefore soothing and in turn protective factors, conjointly with all the mentioned.

It's important to point out here the importance of the **physical aspect** in '*terms*' of soothing and protecting. Not only the youths use deliberately their body to protect either themselves or other people from harm; it also seems to be a key element when working in residential setting to

de-escalate violence when the staff touches them, and also when the kids ask actively for physical contact; *“and what often helps them is if you really sit down and hold them in your arms and simply give them physical support [...]”*. On the other hand, the body itself symbolizes a brake to violence in cases where it is necessary to pin down the child to ground by force, in order to control them when embodying an outburst:

“And if the worst comes to the worst we have to hold them down. [...] So that they can’t harm themselves or anyone else. Which of course is very strenuous, for both parties [...] That can go on for up to 3 hours.”

(Idem)

Even though all the interviewees recognize **difficulties in managing violence**, the professionals and parents report clear **changes in the children after their stay**. For instance, the Spanish parents see a big motivation to thrive and for achievement; also bigger responsibility for themselves, centeredness, calm, obedience, happiness, confidence, gratefulness; less reactivity to anger, aggressive and impulsive behaviors. Professionals mention too noticeable anxiety decrease, compensation in their basic needs, and values and norms internalization. Most of all, what seems to really sooth violent behavior from the basis, protective and functional from the beginning is **working with the whole environment where the violence factors appear and are constructed, as well as giving these adolescents the adequate strategies and tools** in order to develop successfully beyond the residential context. In the coming chapter we analyze more deeply the programs and services of direct attention and that pursue these goals too.

4. Conclusions

- The study shows that the main factors leading to effecting acts of violence in all three countries are similar - personal factors, family, peers and significant networks and society. The influence of these factors is different. Neither should they be considered separately, nor analyzed out of their context.
- After understanding all the factors that explain and contribute to the apparition and expression of the kids' behavior, we certainly understand this as a result of the confluence of all these elements. As said at the beginning, we cannot just focus on the individual child when trying to find solutions, but we have to influence all the elements of which their violence is just the 'explosive outcome'.
- With regards to the parents, we shall understand and integrate the idea that they need support and, in certain way, their children are "everybody's"; offspring of the whole society. Because fathers and mothers have also their own limitations and are subjects in development, who learn to rear their kids every day and are developing their self as parents too.
- Foremost among the factors leading to violence is the family environment that creates conditions for illegal activities and acts of violence by emotional distress, where children are placed (unstable environment, lack of care, attention, love, support, security and predictability) and by behavioural patterns that this family environment creates (conflicting relationships, lack of tolerance for others' opinions, resolving disagreements with scandals, physical abuse). Thus, it's important to think of doing intervention with all members of the immediate system of the children; very central with their parents due to the strong linkage they share.
- At personal and emotional level, frequent violence acts are an expression of the sensitivity and susceptibility of these children; as a result of traumatic experiences in the family, lack of communication culture and low tolerance for different opinions and criticism due to internalized values and styles of behavior, a complex emotional response to negative experiences of stigmatization and rejection by the

community, and high irritability and reactivity coming from specific character and learned behavior. This makes children who are perpetrators of repeated violence to a high extent constantly exposed to situations in which they tend to react aggressively. On a personal level, they have almost no resources to deal with these situations without aggression (as emotional maturity and competence and learned behavior patterns). Such conflicts can be mastered only with external interference.

- Another factor is the need for self-affirmation and recognition from their peers. Interviewed parents reported that their children seek self-expression, independence and a need to prove themselves to others, to show their skills in order to gain popularity and other signs of approval from their peers. Parents describe them as very energetic and dynamic, even too "wild" and "turbulent", in need of constant motivation to maintain their interest. According to the mothers and fathers, the fact that they have too much energy and do not know how to channel it into something positive or helpful is somewhat reason for their deviant behavior.

- The analysis of the interviews with all the samples revealed every now and then the importance of the reference figures and the effectiveness of its interventions when carried out within the residential settings. Therefore, we must contemplate its potential, promotion and possibilities as a preventive factor in the broader context, in the normal environment of the child and previous to the development of violence.

- In all the countries it is quite evident that the residential settings that house children previous to the "great misconduct" ones have a weak impact on the readdressing or diminishing of violent conduct; therefore, it is necessary to parallel their way of functioning to the settings where intensive work is being carried out. Clear programming to work purposefully against the problem of violence has to be elaborated, including set indicators that let us determine whether residential centers prove to be effective in this respect.

- It is priority to promote post-care support, which is not being supported in many (or any) ways by institutional procedures, activities and services. The youths can count on support from their family, and

some education that through work can help normalize their lives; but without social participation-responsibility it is impossible to take out fruitful outcomes. Additionally, social stigmatization, prejudiced attitudes and discriminatory treatment make it difficult for them to find a job in their early adulthood.

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PART II. Systems for providing specific services and practices for behavioral change of the children perpetrators of violence

1. The current situation in three countries

1.1. Supply situation in Austria

There are three systems available in Austria dealing with adolescents inclined to use violence: **psychiatry, legal system and youth welfare system**. The efforts to react to the increasing demand were until now successful only to a limited extent. The strategies of the federal ministry of health intend the construction and expansion of stationary psychiatry for children and adolescents and concern better maintenance as well as increased training of specialists, since it can be expected that currently only about 50% of the required places for treatment in the stationary sector and in day clinics are available. **Simultaneously, there is a lack of a sufficient amount of settled child- and youth psychiatrists that can be consulted by the patients and their families in problematic situations (ibid.)** Therefore, the psychiatric and psychotherapeutic supply in Austria can still be described as deficient. Juvenile criminal law plays an important role in the “public“response to violent young offenders. In Austria this is governed by a separate law, the **Juvenile Court Act of 1988 (JGG)**. The law defines the following age categories:

- Children, up to an age of 14 years, are not legally responsible for their actions.

- The unlawful acts of youths from the age of 14 to 18 years fall under the juvenile criminal law.
- Adult criminal law is applied to 18 to 21 year-olds, with some special regulations.

The penalties under the Juvenile criminal law have a primarily educational objective (reparation of damages or community service). Judges and prosecutors are required to have a necessary pedagogic understanding. Experts, usually psychiatrists and psychotherapists, specialized in the field of children and youth, can be consulted to evaluate the physical, cognitive, social and emotional development of the juveniles. Within the juvenile criminal law system the juvenile court support services play an important role. They are regulated by the sixth section of the Federal Act of October 20, 1988, Federal Law Gazette 599 on the administration of justice cases of juvenile criminality (Juvenile Court Act of 1988 – JGG). The courts and prosecutors can entrust the bodies of the juvenile court support services to investigate all circumstances and facts surrounding the juvenile that are pertinent for:

- the judgment;
- the life situation;
- the ability to take part in the restorative justice;
- the placement in and fulfilling of a community service;
- taking part in trainings or courses and
- removal of any dangers for the upbringing or health of the juvenile,
- the decision about the release of the accused according to §35 abs.1.

The juvenile court support services can also make suggestions to the guardianship court or the youth welfare institution, take appropriate steps in case of an impending, immediate danger, and provide legal counsel in juvenile justice cases on the level of district courts. Among the main legal procedures employed to deal with violent juvenile offenders is restorative justice (for every-day offences). This means that restorative justice can be chosen as an alternative to a trial. A mediator establishes contact between the accused and the victim and tries to

achieve a settlement or reconciliation together with both of them – without a court trial and without a conviction (NEUSTART). Thus the accused are not criminalized and are spared having a criminal record. Providing the prosecutor classifies the guilt as “not severe” and the Organization NEUSTART agrees to take the case. The court may also decide initially not to pass a judgment and instead to order the offender to undergo what is referred to as anti-aggression training. In Austria such training is offered by various associations and counseling centers. Most of them are run by counseling centers for men or centers providing counseling for men with violence problems. If an adolescent fails to complete such a training “successfully”, he runs the risk of having his proceedings resumed and thus of being sentenced.

Aside from the legal system, the youth welfare department and the educational system are predominantly affected by the problem of violent youth. In the autumn of 2012 a “Co-ordination centre against violence” was established at the Austrian Federal Criminal Office, which coordinates all activities and under whose direction the strands are brought together centrally. This was done with a view to closing information gaps and launching and supporting concrete plans and projects. Based on the idea that more can be achieved collectively than singly, last year departments, ‘Länder’ (federal states) and numerous organizations and institutions that were already successfully addressing the problem of the prevention of violence were invited to present their approaches and projects in a programme entitled “Bündnis gegen Gewalt” (Alliance against Violence). This way 650 schemes and initiatives from all parts of Austria were presented and were evaluated by an external scientific team according to criteria such as innovation and sustainability (BM.I, 2012).

More and more children and adolescents can therefore not be treated sufficiently in this way and have demand for long-term stationary or part-stationary accommodation in the youth welfare system. In 2007, about 10.000 minors have been in out-of-home or alternative care in Austria (after the 6th report about the situation of young people; every

168th minor in Austria (0, 60%). The tendency is qualitatively as well as quantitatively increasing. This situation in Austria is shared by its neighboring countries Germany and Switzerland. The concentration of severe problems in the family of origin of those children and adolescents is high – according to research results in Germany. Over 60% of the adolescents in out-of-home care show youth-psychiatric conditions that require treatment, almost 80% have had traumatic experiences, and many are systematically traumatized). An important role in the “public” social interaction with juvenile offenders is played by the juvenile criminal law. In Austria it is regulated in a specific law, the Jugendgerichtsgesetz (Juvenile Courts Act) of 1988 (JGG). The sanctions in juvenile crime law are mainly educational (compensation for damages or community services).

Within the juvenile law the Jugendgerichtshilfe (juvenile legal support agency) is playing a superior role. This is regulated in the sixth part of the federal act of October 20th 1988, BGBl 599 and standardized by the administration of justice in the cases of juvenile crime (Jugendgerichtsgesetz [Juvenile Courts Act]; JGG). Within the legal possibilities in the interaction with juvenile offenders, the so called offence resolution plays a central role (criminal offence in every-day life), as well. Thereby, a person regulating the conflict establishes a contact between accused and victim and tries to jointly find a balance or reconciliation – without a trial and without a conviction (Organization NEUSTART). The accused are thereby not being criminalized and can avoid receiving a criminal record.

Additionally, there is a possibility for the court to abstain from conviction during a trial and instead of giving a directive that requires “compulsorily” participation in the so called anti-aggression trainings. In Austria these trainings are provided by various clubs and information centers. The dense supply of these courses can be found in the so called Männer-Beratung (men-counselling) or Männer-Gewaltberatungsstellen (information centers about violence for men). If adolescents do not complete this training “successfully”, they face the threat of their trial being reopened and risk conviction.

Every adolescent that, due to acts of violence, cannot live in his/her home anymore but is not appropriately placed neither in the clinic nor in the penal system, is accepted in stationary facilities of the youth welfare. Consequently, more and more children and adolescents with aggressive behavior get treated there but there is no nationally coordinated approach available yet and controversy still exists about which concepts should be underlying these efforts. **The following project tries to question the addressees and the parents as well as the professionals working there and to answer this question.**

1.2. Supply situation in Bulgaria

International legal basis for the Bulgarian legislation in this area, which is binding for Bulgaria, provided by the UN Convention on the Rights of the Child. According to the current Penal Code (Art. 31, paragraph 1) criminally responsible is an adult –over the age of 18, who in sound mind commits a crime. Paragraph 2 provides that a minor –over 14 years, but under 18 years of age– is criminal responsible, if he could understand the character and meaning of the act and was able to control his or her activities.

At present there are two current laws that operate simultaneously – ***Law on Child Protection***, which regulates the social relations pertaining to protection of the normal physical, mental, moral and social development of a child and, valid as of 1961, ***the Law on Combating the Anti-Social Behavior of Minors and Under-aged*** (LCABMU) which regulates in details the activity for prevention and counteraction to anti-social behavior of under-aged and minors and is supposed to ensure normal development and education of the offenders. In order to meet the changed situation after 1989 the LCABMU underwent two major reforms – in 1996, when Labor Educational Schools have been renamed in Correctional Boarding Schools (CBS) and judicial review was introduced of the decisions for placement in them, and in 2004 – when judicial placement in CBS and Social-Educational Boarding Schools (SEBS) has been launched.

Residential institutions for children with anti-social behavior have been described in the Rules for Implementation of the Educational Act (adopted in 1999) – Art. 73, as follows:

Organization and structure of CBS and SEBS is regulated by the Rules of Structure and Activities of Correctional Boarding Schools. Although in the legislation there is no concrete definition of the term anti-social behavior, **its content can be derived from the practice of local commissions for combating anti-social behavior**, as reflected in the statistics of “National Statistics Institute”. According to it anti-social behavior is running away from home, wandering, drinking, drug use, prostitution, homosexuality, truancy and begging.

If a child applies violence, i.e. has a deviant or delinquent behavior, it becomes subject of attention of the child protection system or of the system for combating anti-social behavior upon receipt of a signal for its negative acts. Such a signal can be initiated by parents/ relatives of the child, state authorities and institutions or any natural or corporate body.

Both systems have defined their priorities – one is based on the child’s rights and the other one on maintenance of public order. Accordingly, the Child Protection Act and related subordinated acts and ordinances regulate operation of the first, and the LCABMU and related acts – the second system. They are supposed to function in interaction and with good communication, information exchange on children and families in need of protection and social support, as well as actions’ coordination, but at the moment both systems are rather working in parallel.

A child falls in the system of child protection when a signal arrives at the Directorate “Social Assistance”. A social worker from Directorate “Social Assistance“ conducts investigation and evaluation of the signal by collecting the necessary information from the family, child, school, nursery and garden, specialized institution, family, neighbors, other directorate “Social assistance “, general practitioner and other sources if necessary.

Based on the completed assessment the social worker prepares an action plan that includes long-term goal and short-term objectives, activities for their achievement and protection measures. Protection measures under the Child Protection Act (CPA) are implemented by providers of social services for children or by Directorate “Social assistance“.

First, protection measures are implemented in family environment, and placement of child outside family shall be imposed as protection measure after exhausting of all other options for family protection except the cases when an urgent placement is required.

Placement of the child in a specialized institution is applied as a last resort for protection after exhausting the cultivation possibilities of relatives, adoption and in case of lack of suitable host family, except in cases of emergency placement. Emergency accommodation outside the family shall be applied in cases where there is danger to life and health of the child. It takes place immediately after receipt of a signal upon order of the director of Directorate “Social Assistance”. In case of placement in an institution (in an emergency or after exhausting of all other possibilities), Directorate “Social Assistance” requests the court to impose such measures.

When the Child Protection Department (CPD) faces a case with a child who has committed delinquent activities, the Directorate “Social Assistance “(DSA) and CPD inform the Municipality commissions for combating anti-social behavior of minors and under-aged to take the necessary actions. A child comes in the system for combating anti-social behavior of minors and under-aged when it gets the attention of Juvenile Pedagogic Police Department (JPPD) of the Ministry of Interior or of the Municipality Commission for Combating anti-social behavior of minors and under-aged (MCCABMU) to the respective municipality or region.

The Law on Combating Anti-Social behavior of Minors and Under-aged (LCABMU) envisages for the Municipality Commission a more pro-active and wide-ranging role than the CPA does it for the Child

protection Department. They organize and coordinate social-preventive activities on the territory of the municipality, seek and identify (together with inspectors to Juvenile Pedagogic Police Department and Directorates “Social Assistance”) minors and under-aged who needs help and take measures for their social protection and development.

In addition, Municipality commissions are called upon to follow-up the behavior and development of children, placed in SEBS and CBS (through their participation in meetings of these institutions, through proposals for termination of the educational measures, which they address to court as well as through control which they perform on these institutions), to assist children who left educational institutions to solve their (domestic) problems and to “closely monitor behavior and development of minors and under-aged, who left correctional boarding schools and reformatories , as well as conditionally sentenced or of earlier released from reformatories, and to take measures for their further proper development” (LCABMU, Art. 10, para 6).

Also, the Municipality Commissions deal with correctional cases of antisocial behavior committed by minors and juveniles, and crimes, committed by juveniles released from criminal liability under Art. 61 of the Penal Code. Local committees help and support parents who have difficulties in their children’s upbringing. Separately, they study the situation and the reasons for delinquency of minors and under-aged in the municipality and make proposals to the relevant state bodies and public institutions. Signals for a child with violent or delinquent behavior the Municipality Commission receives by court or prosecutors bodies, police offices, officials and citizens. The commission member initiate correctional case and appoint a date for its reviewing, and promptly notifies the juvenile, his parents or the persons substituting them, and also the respective Directorate “Social Assistance”.

The correctional case is judged in closed session with obligatory presence of the child and its parents and with optional presence of a lawyer or a trusted person, representative of Directorate “Social Assistance” and other experts invited at the discretion of the

Municipality Commission (psychologist, teacher etc.) and the victim of the offense.

Correctional measures which might be imposed on the child are: warning, obligation to apologize to the victim; obligation to participate in counseling; trainings and programs to overcome behavioral deviations; placement under corrective supervision of parents or persons substituting them, with duty to implement intensified care; direction to corrective supervision of a public educator; prohibition of the juvenile to visit certain places and facilities; prohibition to the juvenile to meet and establish contact with certain people; prohibition to the juvenile to leave the current address; obligation of the juvenile to remove by his labor caused damages if it is in his power, obligation of the juvenile to perform work for benefit of society ; placement in social-educational boarding school; warning for placement in correctional boarding school for a probation period of 6 months; placement in correctional boarding school.

When the correctional measure is placement of the child in a specialized institution, the Municipality Commission makes a proposal for such a measure, and the decision is taken by the district court. If after examination of the correctional case the Municipality Commission considers that the committed act constitutes a crime, it forwards the materials to the prosecutor, except in cases, where the juvenile is released from criminal liability under Art. 61 of the Penal Code.

1.3. Supply situation in Spain

In Spain, the regional governments have the duties in child protection and tutorship institutions, within a general constitutional statewide frame and respecting the civil, criminal and penitentiary laws. Therefore, all the management, actions, and specific regulations depend of the Catalan government (and some, of even more local authorities); so all the explanations in this document refer to the data and treatment of juvenile violence in Catalonia, except when differently specified. On

the other hand, the legal system in this subject developed in Catalonia has been the basis for the Spanish general and other regional ones. Three principal laws regulate and manage this subject:

1. The Regulatory Law of Penal Responsibility of Minors (2000), of statewide level, is guided by an educational-sanctioning nature of the procedure and the measures applicable to the underaged, considering disciplinary and procedural effects according to different age categories, with flexibility in the adoption and implementation of the recommended measures according to the case, and regional adoption of decisions. The implementation of the educational measures is determined by specialized technical teams in order to avoid any kind of counterproductive effect in the child's welfare and to induct the assumption of responsibility, respecting the best interest of the child (UNICEF, 1989/2006) In fact, the Law is innovative in taking in account the "supportive responsibility" of the parents, tutors or caregivers and the whole society when considering the reparation and assistance to the victim. It is also flexible in the use of the minimal intervention principle (GENCAT, 2000), giving relevance to the possibilities of resignation or not even opening a penal procedure, an anticipated restoration to the victim or a reconciliation between them and the offender, and the conditional suspension or substitution of measures.

Youngsters under 14 years old have no sanctioning responsibility, and the Law is differently applied to adolescents aged 14-16 and older; considering that violent, intimidating or hazardous-to-people crimes have an aggravation when committed by youngsters over 16 year. In the cases of people aged 18-21, judges may decide on its application, taking in account the personal circumstances, maturity of the author, nature and seriousness of the facts. A specific answer is given in cases in which the underage presents with alienation or mental disorders, or other special circumstances that modify their responsibility. This law states that reckless actions or omissions cannot be sanctioned with closed regime measures. It also details the concrete finalities and intended purposes of the measures listed, required by the behavioral

sciences. Finally, a special interest is given to the possible conciliatory agreement the victim and the offender might reach, in terms of repentance, apologizing and reparation, this last by working for the benefit of the community or the victim. The internment is for the most serious cases, aiming to give the adequate educational conditions (detailed below) to redirect the antisocial behavior and assuring restricted liberty. Attendance to a day care centre is a common measure, since it is the environment where the social-educational program for the offender is carried out.

2. *The Juvenile Justice Law* (GENCAT, 2001), of Catalan scope, parts from the necessity of separating the protective and reformatory functions, considering internment of adolescents as the last option and constituting expert teams to attend this population and also to carry out the mentioned priority of open environment measures. The outcome of the political application of this law is that only 10% of judicial resolutions of juvenile offenses end in an internment in a residential centre; that is, that most of the measures faced by adolescent offenders are within their own social and family environment. The main alternative resources and programmes that have made this possible are probation (“watched liberty”), mediation, and the formerly cited services for the benefit of the community and reparation of the victim.

This law establishes a series of action principles which come directly from international recent juvenile justice norms, declarations and recommendations. It promotes and regulates the resources that accomplish the social integration and reinsertion of the population treated, mainly from an educational perspective and respecting their rights thoroughly. Certainly, the “educational intervention” programmes are given in a penal context, hence of control. The answer to the penal infraction must therefore help the youngsters feel responsible for their own actions and understand their effects over other people to stimulate a behavioral change. So the recognition of their capacity to assume the consequences of their own actions is in the basis of the educational intervention towards or applied to them. This is also characterized by the individualization of the interventions, according to the

circumstances of the case; the specialized training of the professionals and teams for each phase, and the promotion of the participation and collaboration of other public and private instances in the interventional processes. The implementation of the open environment measures is intended to affect the youngsters' socialization process, in close coordination with institutions, organizations and professionals from the individual's community that might also have a positive impact by promoting collaboration and participation of the family and using, preferably, the communitarian resources and services. Finally, this law regulates:

- a) The action of the cautionary or final internment in specialized centres, according to the resolutions of the judicial authority.
- b) The support to the individual processes of the adolescents' reinsertion, establishing the actions that the professionals must follow prior the finalization of the measures, in order to facilitate their integration to their own social and familiar environment.
- c) The inspection functions that the public administration must follow to ensure the work of the centres and professionals, in line with the principles of this law, respecting all the adolescents' rights and warranties, and the data management to warrantee confidentiality.

3. *The Catalan Law of Rights and Opportunities of Childhood* (GENCAT, 2010), innovatively promotes and actualizes the children's right to participate and to develop their personality in the familiar and social context. Not only in cases of unprotected or at risk populations, but for all children, working from a preventive view and with preventive systematized actions and giving opportunities for their health and well-being. It also gives primacy to the best interest of the child (UNICEF 1989/2006) in legal proceedings, making this a transverse axis in all actions regarding their care. In short, this law pursues to give an ordered framework to improve programs of promotion, prevention, care, protection and participation for all the children and adolescents in Catalonia; providing also a framework for coordination and cooperation

to address and prevent social risk situations, as suggested before. In relation to violence, the law considers its prevention, treatment and coping in the following aspects:

- a) Against child maltreatment, dedicating a complete “chapter” to this issue.
- b) Another one to regulate and address actions at risk and helplessness situations, derived partly or completely from a context of violence; prioritizing the stay of the children in a family context free of violence.
- c) Violence incitation and/or use of violent, pornographic or degrading images or contents in publicity, publications, spectacles, audiovisual material or any other mean. Also, violent games or incitation to violence in gaming machines.
- d) The identification and citizen action on violent behavior among adolescents.
- e) Eradication of violent behavior, situations, attitudes and male violence within the educational system, community and curriculum.
- f) Self-inflicted violence and violent practices (i.e., contention and isolation measures) in residential care centres.

General conclusions:

1. The factors that exert influence in the cases of children perpetrators of repeated violence are complex, and must be examined separately for each case as work should be done on each of them separately.
2. Professionals outline that preventive work with children, perpetrators of repeated violence, is of key importance.
3. Work with the parents as well as work with all the members of the extended family is of key importance, too.

4. It is evident that the residential settings need clear programming to work purposefully against the problem of violence, including set indicators that let determine whether residential centers prove to be effective in this respect.

5. It is priority to promote post-care support by institutional procedures, activities and services. The youths can count with support of their family, and education that through work can help normalize their lives; there is need for developing of social participation-responsibility to take out fruitful outcomes. The work with attitudes of society regarding stigmatization of children perpetrators of violence is important in order to provide them with prospects of professional realization.

2. Main findings

2.1. Preventive programs and services.

In the three countries there are preventive programs and services provided by the Youth Welfare System (Austria), General Directorate for the Care of Children and Adolescents (Spain), Child Protection Offices and Local Commissions for combating antisocial behaviour of minors (Bulgaria). Those institutions are supported in their offer by relevant services provided by NGOs.

The research shows that in Spain, Austria and Bulgaria, most of the measures faced by adolescent offenders are within their own social and family environment. The services within the community are intended to **support the violent youngsters' socialization process, rebuild family ties and attachment to significant adult(s), and redirect the young person to new activities and opportunities** through the communitarian resources and programs. There is a palette of services that vary on design, philosophy and methodology applied, target group, provider, etc. They prove to achieve different levels of effectiveness working with violent youth. The results of the study also show that a **key for**

effectiveness appears to be integral solutions envisaging comprehensive work with all the systems in which the child develops. The research reveals as well that more **flexible services, tailored by the individual needs have much more efficiency than pre-defined programs.**

Intervention at school appears to be crucial for the violent child's future development and trajectory. This is where the child's problems usually become evident, where the young person might feel pressure, disapproval, rejection from teachers and/or peers, where the parents have to face criticism about their offspring and/or their child rearing; and it is the institution that reports children's first problematic behaviour to the authorities. The social environment of school provides a fruitful setting for intervention activities and programs for children with violent behaviour, but overall **the education systems in the three countries prove to face difficulties to meet the needs of children with deviant behaviour and to interfere effectively,** so as to provoke positive change at an early stage of the manifestation of the problem.

School staff seeks the assistance of parents, but often the family already has exhausted its resources to master the situation and cannot take action. Parents react with much shame to the request to come to their child's school and talk to the teaching staff and representatives of social system. As said before, the analysis of the interviews with parents shows that in this regard there is a **shortcoming at the school-family- psychosocial care interface.** Parents report that decisions are made rapidly and prematurely, without them being able to participate.

Many of the interviewed children experience **disappointment with their teachers at school** because they feel that they have not shown understanding or given support to them while they were going through difficult time.

The supportive role of police in prevention programs for youth violence (especially in cooperation with school and local community) seems to be quite valuable as the young people could benefit from another

perspective towards the challenges, perils and opportunities in the life of the teenager.

Social counseling, leisure programs, workshops prove to be very useful as preventive measures for repeated violent behaviour as most of the contemporary youngsters with aggressive attitude have a lot of uncontrolled energy, feel bored, and lack self-expression and development of their talents. BEST PRACTICES of work with children with history of violence include **basic habits and skills compensation, dynamic healthy activities, education in values, social & communicative ability teaching**. It appears to be crucial for the child **to be starring in their own process of change** and growth – considering, moreover, his/her superior interest and participation as an exercise of their rights. Different community services and NGO supplied programs have done a lot of important work in this field in all of the three countries. Yet, often **financial challenges, lack of trained professionals or bureaucratic obstacles** impede the effective implementation of valuable preventive services. The resultant categorical analyses of the three nations surprisingly showed convergent problems in these issues.

The early diagnosis and treatment is another preventive measure that was revealed to be very helpful for the violent children. **Psychotherapy** is one of the main ways for the child to realize his/her needs, to stop sources of frustration or dissatisfaction, to be able to verbalize it and find coping strategies for moments that trigger their aggression. The keys for successful intervention seem to be **well-trained professionals, flexibility and enough resources** so such services could be available and approachable for everyone who needs them. The medical care is another approach for treatment of violent youth, commonly used in Austria (with sometimes the problem of high dose of the medicine and long stays in psychiatric clinics) and Spain, but possibly not enough applied in Bulgaria.

The importance of the work with the family is stressed by all the professionals who took part in the research. Although, in all the three

countries there is (some) assessment, support and treatment for the family, more needs to be done for the effective prevention of youth violence on family level. The study suggests insufficiency of services providing **training of child rearing, positive resolution of family conflicts, or dealing with youth violent behaviour**. While Spain and Austria have established certain best practices of support for the family and parents implication in the process of work with the violent child, in Bulgaria this area of prevention and intervention remains quite poor.

The research results show that in the three countries parents don't have enough information about the support they could get in case of violent or antisocial behaviour of their children (or in case of any problem with the child rearing they face) and don't feel comfortable asking for help. From the interviews with the parents it is evident they count on having good interpersonal connection with the social worker or the representative of the institution who leads their case, and that they would like to be given information and detailed explanation about the decisions made for themselves and their children. The parents appreciate when the professionals show interest and engagement with their case and assist them with what they need without limiting themselves within their institutional role.

Austria, Bulgaria and Spain face common main challenges for providing more efficient preventive services and programs:

- Insufficient financial resources, lack of investment in preventive programs
- Deficiency in training for professionals working with violent youth, e.g. social workers, educators, care takers
- Devaluation & burn out of professionals and vulnerability of staff.
- Unsatisfactory cooperation between the different institutions, poor regional coordination.

- Discontinuity of the connection and cooperation between the professionals working with the youngsters
- Often processes incompleteness due to age – all services are limited to the age of 18, with few options of supporting the child’s processes to adult life.
- In the three countries, there is a need of professional foster parents prepared and willing to take in youngsters with violent behaviour for determined periods of time.

2.2. Residential care institutions

A) Many residential care institutions fail to help youngsters with violent behaviour.

Sending the child with deviant behaviour to a residential care institution is the last resort, after exhausting all possible measures and services within the community – unfortunately, sometimes this happens much before that, due to lack of adequate services, rash decisions, systems impotence. Many of the interviewed children have spent much of their lives in institutions. The research shows that **resident care institutions without specialisation on violence do not have the capacity to manage children with aggressive and antisocial behaviour and often seek a solution in the transfer of the "problematic children" in another institution.** Thus, the children live “institution-hopping careers” with constant moves and stays in various different institutions. These constant breaks in the continuity of their life trajectories **reveal the breaks in their social networks, as a result of which they can hardly develop or sustain attachments to and relationships with friends at school, other residents and care staff,** as was suggested in the previous chapter.

The stories of the children testified that **they often felt misunderstood** in the previous institutions they lived in, and that they could not find attention and support by a significant adult there. They also often criticized **the lack or, on the contrary, excess of control; the**

behaviour and attitude of inefficient, negligent and abusive staff members; high conflict situations, stigmatization, iniquities, robberies, and abuses, both from the personnel and among/between other teens. The various way stations that the children have experienced have also left their mark on their parents' life histories. The families felt helpless, confused and disappointed by the institutions that failed to help their child.

B) Residential institutions attempt to provoke significant change in aggressive youth.

The residential care institutions specialized in violent, antisocial and/or criminal behaviour aim at helping the youngsters realize their needs, adequate their reactions, feel responsible for their own actions and understand their effects over other people; learn coping mechanisms, social skills and competences for independent living so to stimulate attitudinal and behavioural change in the violent youth and make possible their reintegration to the community. The research results show that the different residential institutions that were included in the study in the three countries have different philosophy, methodology and organization of work with aggressive children, and respectively their effectiveness varies. Yet, from the interviews with the young people who currently use the residential services, parents and experts, it is evident that the **KEY ELEMENTS** that help children discontinue their violent conduct **are very similar**:

1. Stabilizing and normalizing environment: structure, firm rules, adequate measures that promote self-control.

2. Integral and individualized education: workshops and classroom, valuable and diverse spare-time activities, sports, positive value transmission.

3. Attachments: trust, personal relationships with the staff (better when finding one or more reference stable figures), and friendships with other children in the centre.

Many examples from the interviews with children provide an overview of the organizations, structures and house rules of the residential institutions. The interviewees reported how the house rules provide them with a **good structural basis and can be considered an indirect and effective support for order in their life worlds.**

“Here I’ve learnt how important is to have order and structure.”

(Girl, 15 y.o., Bulgaria)

The importance of structure, adequate everyday routine and habits and skills for independent living for the behavioural change in the violent youth is also emphasized by many of the experts and some of the parents who participated in the study. Some professionals also speak about the value of youth active participation in making the rules in the institution and / or their group, in the elaboration of their program of activities, social work and school classes, in the choice of staff members to work with them (as mentors) or having a youth committee at the institution.

“We believe it is very beneficial for the children to be part of the decision-making in the institution. We have a children’s council, the youngsters elect several kids to represent them, we meet once per week and we discuss everything they want to regarding the organisation, rules, classes, they suggest solutions, we see what is feasible and then we apply it.”

(Professional, Bulgaria)

The narratives of children who took part in the research show quite **positive evaluation** of the education and the leisure time activities they have in the residential care institutions. Many young people share they have rediscovered school, started to **appreciate learning** and want to complete an educational degree. The leisure activities are revealed to be very helpful for them as well, making them feel more active and

involved in their own lives, inspiring their confidence **in their own abilities and availability of opportunities that life presents to them too**, motivating them to demonstrate and improve their skills.

To children proved to be interesting and meaningful, both in terms of their future realization and in terms of calming aggressive behaviour, to get labour training so as to develop work habits and acquire professional skills:

“– Tell me about the things of the programme that you see as good... – Yes, I find it good, because I’m busy all day; in other centres I was all the time thinking ‘I’m here locked up, I don’t see my family...’ In the morning I do my homework at the school unit; in the afternoon I take care of the animals, clean the swimming pool, or I’m doing sports... then we have supper. When I realize it’s time to go to bed! /.../ I learn things in the workshop, which is good so if for example in the future I want to have an orchard, I might know how to take care of it“.

(15 y.o. boy, Spain)

Professionals speak a lot about the essential role of education and valuable spare-time activities for the work with violent young people. They believe that participation in diverse extracurricular activities such as sport, workshops, cultural programs, excursions, scout organizations, and programs for integration with the local community through community services, performances, etc., is very beneficial for the youngsters in residential care as these help them **realize their abilities and talents, to make them feel capable and proud with themselves, channel their energy** in a positive way but also make **a personal contribution, feel part of something, or experience the appreciation and gratitude of others**. Experts mention also the value of forming professional competences in the young people, work habits and therapeutic effects of work with youth with history of violence.

In addition to the structure provided by the rules and events such as excursions or infrastructural elements such as leisure facilities, the youths also considered the aspect of **their** relationships and attachments to their educators as a fundamental element. They all talk about how much they value that they have someone to **trust**, with whom to **share** their joys and worries, on whom to rely to understand them and **stand "on their side"**, who will do everything possible to help them. In staff they find people who give them **attention, respect, understanding, support and assistance**. Many of the children placed in residential care feel **they have a real trustful relationship with a significant adult for the first time in their lives**. This possibility to talk openly about their problems, to feel accepted and understood, to have someone with whom to jointly seek solutions, **helps them rethink many things in life, achieve peace with themselves, build self-confidence and have a more open attitude** towards new and different directions for their own development. The tutors' and educators' interference and influence are also constantly highlighted when valuing them and detailing the behaviours of their **positive reference figures**.

“– How do you get along with all the members of the staff...? – Well; with some better than with others. – Who do you trust here? – In my tutor, I. [name]. He’s as if he was... my father. – That much...? – Yes. – Do you love him? – Yes, very much!”

(16 y.o. boy, Spain)

This attachment aspect is judged by some of the professionals to be much **more important and helpful than measures oriented towards behaviour change or control**. In this context the dimension of trust plays a crucial role. Very valuable in this aspect is the work done by the residential care institutions in Spain, and in the Austrian therapeutic communities. They clearly set their goal –the relationship work between the care staff and the residents and eventually, if possible, the return of the young people to their families of origin and use their methodology to achieve it.

The idea of the therapeutic communities leads to pressure to bring about a behaviour change. According to the programme this should take place by means of **intensive relationship work**. The group discussions with care staff clearly revealed that the main emphasis is laid on **detecting and reflecting on triggers for possible violent acts**. Young people's needs and their understanding of them in the moment play an important role in this. The idea is that these should be **recognised and expressed together with the care staff with a view to prevent a violent outburst**. In addition to these efforts to understand the triggers and causes it seems to be a central element of the relationship work to give the youths advice as to how to react in certain situations, that is, to draw their attention to the response options open to them and to assist them with implementing those considered adequate:

“[I tell them] ‘If you’re angry, go away, go outside. Do something else in the garden. Shout or do something else rather than breaking things up or going for other people’. And if they remember it or still have a modicum of awareness amongst all this anger, they do it, too”

(direct attention professionals; Austria)

What seems to be important here is the care staff's **secondary prevention approach**, according to which they are called to “wake the youths up” in the actual situation so as to reduce the anger that gets dammed up or to protect themselves, the other residents and the premises of the therapeutic community.

This procedure is more or less similarly followed in the Spanish case, with the ultimate and main goal of returning the child to the original family as soon as possible; but the problem often is that **the family problematic situation tends to be worsened rather than solved**.

The **social network** both inside and outside of the institution also proved to be an essential and useful element of the context of care.

Making friends with their fellow residents is not always easy for the children. Many of them have trust issues because they felt betrayed many times –by friends, by family, by various members of the community. Many of them neither have experience of strong trust relationship and do not know how to build a relationship that is based on respect, reliance and selfless and unconditional support. But several interviewees shared they have managed to establish true friendships. Experience from the establishment and exploration of these friendships can be very **valuable for the personal development** of these youngsters.

In addition to the social contacts within the supported institutions there are also the **relationships with resident families**. For many residential care institutions the contact and the work with the family is quite problematic (Bulgaria), while others have established good practices of regular meetings, thus managing a **constant attachment and stable relationship between the young people in the centre and their relatives** (Austria, Spain).

Some of the residents mention the supportive effect of their therapies in direct connection with a new way of dealing with situations that lead them to get violent:

“Now I go to therapy with /.../ every once a week and I think in general if you talk to somebody like that then you learn to talk. Because before I used to bottle it up and I never wanted to talk.”

(Girl, 16 y.o., Austria)

The dampening effect of the medication was also evident in the interviews from Austria. The results show the **need to provide the young people with support for finding their own, inner resources and potential for change**.

Overall the young people explicitly addressed **their own change processes** in regard to aggressive behaviour during the interviews.

These process descriptions usually had to do with using different **ways of dealing with tense situations** and associated explanations. The youths told in vivid terms why they now act differently from before. Some of them also get their motivation from a **hope that their lives will improve**, i.e. from goal-setting processes. Some of them **do not want to face judicial charges again** or **want to have a good chance of learning an occupation**. However, their narratives also show how important it is that their social environments note that they have changed or improved. In their own reports they attribute partly their new ways of handling violence to **their own maturation**.

The interviewees mentioned **as positive effects of their stay** a large list of things. Apart from the re-education measures, responsibility promotion and family environment mentioned before, they had achieved a **deep change of vision of life and themselves (self-reflexivity)**; also **improved their self-concept**, with a much **bigger self-regulation and self-control**. Other things they will “take with them” is the possibility of **withdrawing from past or new bad influences**, the **transcendence of the values learned** and even, as a “secondary effect”, the help the stay has given to restore their family relations.

Overall, the parents who participated in the research **perceive the residential care institution as beneficial for their children**. They talk about its effectiveness in terms of behavioural change –discontinuation of violent or antisocial behaviour, family relation restoration, resocialization, attitudinal change– positive attitude towards opportunities in their life, interest in school, or motivation for a professional qualification and a career. Parents are content that due to the stay in the institution –as a result of its structure and regime, its activities (classes, excursions, hiking, theatre, courses, etc.), psychological therapy and relationships with educators, their child realized the harm of their actions (for themselves and for others) and opened them to more positive life paths. Parents tend to evaluate positively the residential care staff as well as to value the attention given to families.

“– I value that educators would get up to give him food at 4 AM. – But have you seen anything that is wrong or needs to be improved or changed...? – I cannot comment; when I talk with the directors, all perfect, when I call and ask for something, they have treated me very well. I started and finished trusting them, I cannot complain at all. The only thing was that H. sometimes said "this ..." but I do not trust much the child, who likes to be on the street... you know? But for me, all they have told me, they have really done it; they have never lied to me”

(mother, 17 y.o. boy, Spain)

2.3. Post residential care services

Professionals emphasized the strong need of services at the exit of residential care. It appears that in the three countries there is considerable **lack or insufficiency of support for the youngsters who have turned 18 years old**. The young people also reported that it would be helpful if some elements of the support provided were **sustained beyond the point where they move out of the residential institution**. According to the interviews it makes sense to continue providing the youths with suitable professional support, assistance for further living arrangements and job assignments in order to enable them to live self-determined lives.

On the one hand they expressed **fears and anxieties** about future events – e.g. unemployment, bad influences, and going down to the same path again- and on the other hand they were quite confident that there will be positive developments. Developments and fears go hand to hand, since the same things they are eager to construct actively might entail other they can't control, or they don't see how in this moment of their lives: failure to thrive, rest unprotected, work adaptation, success in pending trials, or different relational problems (affection losses, disappointments, new family problems) are some of the mentioned.

They often talked of career prospects, e.g. starting an apprenticeship or a university course and also wishes to have a partner with whom one can be oneself as well as reintegration into their families of origin.

When asked about the **out-of-centre antiviolence resources that might be helpful** for them in the future, the interviewed youngsters clearly mention on one hand some self related, such as having a clear vision of (their) life, being capable of controlling themselves (self control) and being active, in a physically sportive way, doing many things, that for sure would be of help. On the other hand, resources **more related with the interactions with the others**, are avoiding bad influences, having, oppositely, the support from their partner, friends and family, as well as establishing one of their own.

3. Conclusions

The comparative analysis shows that in terms of legislation, policy and services have significant similarities and some differences. Differences are in the degree of development of the systems and methodology. In all three countries, there are various services to support the perpetrators of violence and their families. They are at three levels:

- Preventive programs
- Resident settings
- Post residential care services

In all three countries various systems are involved in this support: educational, social and justice. All three countries have legislation that makes it possible to work with this target group. Different is the extent to which this legislation regulating effective support models for prevention of repeated events. In terms of effectiveness of the services the results of the study show that a **key for effectiveness appears to be integral solutions envisaging comprehensive work with all the systems in which the child develops. The research reveals as well**

that more flexible services, tailored by the individual needs have much more efficiency than pre-defined programs.

3.1. Preventive programme

The preventive programs, developed in the three countries are effective in regard to the support of the family, the early diagnostics and measures in a family environment. They are:

- The early diagnosis and treatment
- The supportive role of police
- Intervention at school
- Social counseling, leisure programs, workshops
- Work with the family

Their success is due to the fact that they support all family members and work on changing the environment as a whole. Though these programs are not developed enough and not always provide the necessary and specific support. The main challenges are in terms of support in the school and family inclusion.

3.2 Resident care institutions

Resident care institutions without specialisation on violence do not have the capacity to manage children with aggressive and antisocial behaviour and often seek a solution in the transfer of the "problematic children" in another institution. Thus, the children live "institution-hopping careers" with constant moves and stays in various different institutions. These constant breaks in the continuity of their life trajectories **reveal the breaks in their social networks, as a result of which they can hardly develop or sustain attachments to and relationships with friends at school, other residents and care staff,** as was suggested in the previous chapter.

The research results show that the different residential institutions that were included in the study in the three countries have different philosophy, methodology and organization of work with aggressive children, and respectively their effectiveness varies. The research shows that in Spain, Austria and Bulgaria, most of the measures faced by adolescent offenders are within their own social and family environment. The services within the community are intended to support the violent youngsters' socialization process, rebuild family ties and attachment to significant adult(s), and redirect the young person to new activities and opportunities through the communitarian resources and programs. There is a palette of services that vary on design, philosophy and methodology applied, target group, provider, etc. They prove to achieve different levels of effectiveness working with violent youth.

3.3. Main challenges

Austria, Bulgaria and Spain face common main challenges for providing more efficient services and programs:

- Work with the family, especially in cases where the child has to be removed from the family environment.
- The inclusion of all family members and determine the significant adult when the child has to be removed from the family environment.
- Insufficient financial resources for the development of various preventive support programs in various cases.
- Deficiency in training for professionals working with violent youth, e.g. social workers, educators, care takers.
- Devaluation & burn out of professionals and vulnerability of staff.
- Unsatisfactory cooperation between the different institutions, poor regional coordination.

- Discontinuity of the connection and cooperation between the professionals working with the youngsters.
- Casework as the process of setting clear goals, objectives and indicators for measurement of the achievements and changes.
- Participation of children and young people in the process of planning and decision-making about their lives.
- Development of various models of residential support to ensure a change of the behaviour of the child.

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PART III. Recommendations for raising the effectiveness of the work towards prevention of repeated violence

1. Background

This document was developed from an international expert team of the project "Together against violence". The expert team was composed by representatives of FICE-Bulgaria, Bulgaria, Foundation Resilis, Spain, and the Federal Union of Therapeutic Communities, Austria.

The specific goals of the project being to research and assess the factors that lead to children resorting to violence and to describe the system of services provision for children perpetrators of violence in order to determine its effectiveness, the aim of this document is to improve the effectiveness of prevention of repeated violence by developing a set of recommendations on the basis of the research results.

2. Key findings and conclusions of the research

For the purposes of the research, the team has adopted the definition of violence given by the World Report on Violence and Health (Krug et al., 2002, p.5): violence is "the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that either results in or has a high likelihood of resulting in injury, death, psychological harm, problematic development, or deprivation". The research team agreed to include one additional element in this definition – violence against property or the

destruction thereof, which appears to be typical for the group of children targeted in the study.

2.1. Understanding the violent behaviour of adolescent perpetrators in residential care

1. The research reveals a similarity between the main factors leading to acts of violence in all three countries: personal factors, family factors, peers' influence and the significant impact of networks and society.

Personal factors: The children studied are characterized by having developed determined traits expressed through violent outbursts, such as: low frustration tolerance, low self-esteem, self-regulation problems or disproportional reactions in general. Many of them have also developed inadequate relation patterns, mainly due to the dynamics of their relational environment (i.e., systematically dysfunctional general interactions between individuals), rather than to an inherent personality predisposition. It is an obvious fact that many of the children developed inadequate relation patterns just because they had no adequate or stable referent to follow, rather than having learned to misbehave from a bad one. Their parents' failure to assume an active stance in steering and reining their children's energy, behaviors or actions, or their tendency to 'over spoil' them, is rather a sign of neglect than of loving care, which manifests itself in further consequences.

Family factors: The most critical factor leading to violence is the family environment, which creates conditions for illegal activities and acts of violence resulting from emotional distress (unstable environment, lack of care, attention, love, support, security and predictability) and from behavioral patterns stemming from this family environment (conflicting relationships, lack of tolerance for others' opinions, quarrelling or fighting over disagreements, physical abuse). On a personal and emotional plane, frequent acts of violence are the expression of children's sensitivity and susceptibility, which result from traumatic experiences within the family, from the lack of communication culture arising from internalized values and styles of

behavior; they are a complex emotional response to negative experiences of stigmatization and rejection by the community, and ensue from the condition of high irritability and reactivity of a person's specific character and learned behaviors. Thus, children perpetrators of repeated violence are highly exposed to situations where they tend to react aggressively.

The big majority of children who develop violent behaviors come from disintegrated, split, torn and/or conflictive families of varying structures (e.g., several half-siblings from different parents living together; an extended family; several step-fathers, etc.), which, however, share the pattern of members' interacting with noticeable levels of aggression and a line of violence antecedents with general conflictive dynamics. The link between family problems and committing violent actions often stretches beyond the mere 'model imitation' on behalf of the child, but is further reinforced by direct prompting or even the child's coercion into violent or illegal behavior.

Peers' influence and the significant impact of networks and society:

As a profile, adolescents in residential centers tend to be highly susceptible to influences, strong enough to get them catapulted and driven through antisocial behavior. It is not that these children have no inner locus of control, as much as they seem to accept or even rely on the 'suggestions' of their peers or adults that push them. Their need for self-affirmation and recognition by peers is also an important factor. By their search for self-expression, independence and by trying to prove their worth and show their skills, they seek to gain popularity and elicit the approval of their peers. Frequently, violent outbursts occur in violent environments and are not – or not only - an individual 'act of meaning' or an issue to analyze and focus on. In many cases, violence, as a sequence of events and relations, is just an element of the school's or other type of social service's overall climate, or had even been the case in the early-years care facility, where the child was first placed through the child protection system; violence had become the interviewees' 'normal' way of interaction, even before they had arrived or become an outstanding problem.

2. Violence had been the usual solution tool to diverse situations and conditions, of relevance to both **their inner world** and **their interaction with other people**. In the first case, **negative thoughts** are associated with **feelings** of hopelessness, indifference, huge anger or impotence; everyday boredom and malaise can trigger minor limit violations, producing diverse and numerous **outbursts** without any external stimulus, while acting out in a violent way may occur **‘just because’** “...*physical boundary transgressions only happen for the sole reason that someone wants to pester someone*”. Where the triggering event is of external origin, the children would blame these **others** for “provoking” them, seeing their outbursts as the logical, fair or commensurate defensive reaction to the stimulus sent. They would justify themselves arguing that they just responded when being victimized with physical abuse, teasing, ridicule, etc., not only against them, but also against others, in case they had acted aggressively to the defense of other people, so as to attain a sense of justice (as some parents described). In many unbearable situations they would give warnings, but would still react thereafter, as their warnings had been ignored or misunderstood.

3. The research shows that the different residential institutions covered by the study in the three countries approached their work with aggressive children from different philosophical, methodological and organizational perspectives, with varying degrees of success. Yet, from the interviews with the young people who currently use the residential services, with parents and experts, it is evident that the **KEY ELEMENTS**, which help children discontinue their violent conduct, are very similar:

- **Stabilizing and normalizing environment:** structure, firm rules, adequate measures promoting self-control.
- **Integral and individualized education:** workshops and classroom learning, valuable and diverse spare-time activities, sports, positive value transmission.

- **Attachments:** trust, personal relations with staff (finding one or more stable ‘reference’ figures feels a lot better), and making friends with other children in the center.

Examples from the interviews with the children provide an overview of the organization, structure and house rules of residential institutions. The interviewees reported that house rules provide them with a good structural basis and can be considered as an indirect and effective support for setting their life to order.

4. For triggering a behavioral change in violent youths, many of the experts and some parents included in the study emphasized the importance of having a structured and adequate everyday routine and acquiring habits and skills for an independent life. Some professionals also speak about the value of youth’s active participation in devising the rules of the institution and/or their group; in the elaboration of their program of activities, social work and school classes; in the choice of staff members to work with (as mentors) or having a youth committee within the institution. The narratives of children who took part in the research show quite a positive evaluation of learning and extracurricular activities arranged for them in residential care institutions. Many young people share they have rediscovered school, started to appreciate learning and wanted to earn an educational degree. Leisure activities have also proven quite helpful in making them feel more active and involved in their own lives, building confidence in their own abilities and allowing them to appreciate the opportunities that life presents to them, motivating them to demonstrate and improve their skills.

Children proved to be interested and motivated both for the sake of their future realization and for calming aggressive behavior, to get labor training so as to develop work habits and acquire professional skills. With regard to working with violent young people, professionals attribute great worth to the essential role of education and valuable spare-time activities. They believe that participation in diverse extracurricular activities such as sports, workshops, cultural programs, excursions, scouts’ organizations and programs aimed at integration

within the local community through community services, performances, etc., is very beneficial for the youngsters in residential care as these help them show their abilities and talents, they feel capable and take pride in themselves, they channel their energy to a positive aim but also make a personal contribution, they feel a part of something or experience the appreciation of others. Experts also acclaim the value of acquiring vocational competences and working habits, as a therapeutic routine in their work with youth, who have a history of violence.

5. In addition to the structured agenda of rules, events (e.g. excursions) or infrastructural elements (like leisure facilities), young people considered that relationships and attachments to their educators also presented a fundamental element. They all admitted how valuable it is for them to have someone to trust, to share their joys and worries with, to rely upon for understanding or standing "on their side", who would do everything possible to help them. In members of staff they find people who give them attention, respect, understanding, support and assistance. For many children in residential care this comes to be first time, when they have established a really trustful relationship with a significant adult. The very possibility of talking openly about their problems, feeling accepted and understood, having someone to seek joint solutions with, gives them a nudge to rethink many situations in their life, come to peace with themselves, build self-confidence and open up their attitude for new and different development perspectives. Appreciation for their tutors' and educators' influence, as their positive reference figures, is even more expressed when they value them and detail their behaviours.

Some professionals assume that the aspect of attachment is much more important and helpful than measures intended to change or control behaviour. In this context, the dimension of trust plays a crucial role. In this respect, the work done by residential institutions in Spain and in the Austrian therapeutic communities is really noteworthy. They had set a clear goal for themselves: to work between staff members and care inmates to build relationships and, eventually, arrange for the young people's return to their families of origin, if possible. The dynamics of

therapeutic communities results in pressure, which brings about a behaviour change. According to the programme, this change is fostered through intensive relationship work. Group discussions with care staff show that the main focus falls on the identification of triggers for possible violent acts and reflection over them. Young people's needs and understanding of their reasoning for the time being play an important role in the process. The idea is to recognise and express their triggering motives before members of care staff, so as to prevent a violent outburst. In addition to the effort of understanding behavioural triggers and causes, another critical element of relationship work is to advise young people about their reaction in certain situations, and, in particular, to draw their attention to the response options open to them and assist them in putting to practice the ones they deem adequate.

Additionally, and quite importantly, care staffs employ a secondary prevention approach, whereby they have to "wake the youths up" to their actual situation, which helps reduce built-up anger and protect them—selves, the rest of the residents and the premises of the therapeutic community. In the context of care, the social network branching in and out of the institution is also an essential and useful element of proven value.

6. Making friends with their fellow residents is not always easy for the children. Many of them have trust issues because they felt betrayed many times – by friends, by family, by various members of the community. Many of them have had no experience of strong trust relationship, nor do they know how to build a relationship based on respect and unconditional support. However, several interviewees shared that they have managed to establish true friendships. The experience of establishing and exploring these friendships can be of great worth for the personal development of these youngsters.

In addition to the social contacts within supporting institutions, the residents also maintain relationships with their families. Many residential institutions face problems in their attempts to contact and work with the family (Bulgaria), while others have established good

practices of regular meetings, thus managing a constant attachment and stable relationship between the young people in the centre and their relatives (Austria, Spain). Some of the residents mention the supportive effect of their therapies in direct connection with a new way of dealing with situations, which had previously driven them to violence. The dampening effect of the medication was also evident in the interviews from Austria.

7. As a whole, in their interviews, young people explicitly addressed their own change processes with regard to aggressive behaviour. These process descriptions usually dealt with using different ways to handle tense situations and the corresponding explanations. In vivid terms, young people pointed out why they acted differently now. Some of them also find motivation in the hope that their lives will improve, i.e. they involve goal-setting processes. Some would rather not face judicial charges again, but need a good chance to master a profession. However, their narratives suggest that they deem it important if their change or improvement is being noticed by their social environments. In their own reports, they partly attribute their new ways of handling violence to their own maturation.

The interviewees drew quite a bulky list of positive effects resulting from their stay. Apart from the aforementioned re-education, responsibility promotion and family environment, they had achieved a deep change of vision of life and themselves (self reflexivity); they also improved their self-concept, acquiring much a better self-regulation and self-control. Another set of things “to take home” would be their ability to shed off past or new bad influences, the transfer of newly acquired values and even the “side effect” of having restored their family relations in the course of their stay.

2.2 Prevention of youth violence

The comparative analysis shows that the legislation, policy and services in the three countries demonstrate significant similarities and some differences. The systems differ in their degree of development and their

preferred methodologies. In all three countries, a range of services is offered to support children perpetrators of violence and their families. Services are provided at three levels:

- Prevention programs
- Residential facilities
- Post-residential care services

To ensure this support, all three countries rely on various systems: educational, social and legal. They have legislation, which makes it possible to work with the respective target group. There is a variation of the extent to which effective support models for prevention of repeated violence are regulated by the law. In terms of service effectiveness though, the results of the study suggest that integral solutions involving comprehensive work with all the systems in charge of raising the child, were of key significance. The research reveals as well that more flexible services, tailored by the individual needs have much more efficiency than pre-defined programs.

Prevention programs

The three countries apply prevention programs, which are effective with regard to family support, early diagnostics and measures in a family environment. Their success is due to the fact that they support all family members and work on changing the environment as a whole. However, these programs are not sufficiently developed and sometimes fail to provide adequate and specific support.

1. All three countries run prevention programs and services, which are provided by: the Youth Welfare System (Austria), the General Directorate for the Care of Children and Adolescents (Spain), the Child Protection Departments and the Local Commissions on Juvenile Delinquency (Bulgaria). Auxiliary services are delivered by NGOs in support of these institutions.

2. The research shows that in Spain, Austria and Bulgaria, most of the measures addressing adolescent offenders are applied within their own social and family environment. Community-based services are intended to support the violent youngsters' socialization process, rebuild their family ties and attachment to significant adult(s), and redirect the young person to new activities and opportunities through the community resources and programs. There is a palette of services that vary on design, philosophy and methodology applied, target group, provider, etc. The key to effectiveness lies with integral solutions involving comprehensive work with all the systems in charge of raising the child.

3. The Intervention at school appears to be crucial for the future development of a violent child. This is where the child's problems usually become evident, where the young person might feel pressure, disapproval, rejection from teachers and/or peers, where the parents have to face criticism about their offspring and/or their child rearing; schools are the first institution to report to the authorities about children's problematic behaviour. The social environment at school provides a fruitful setting for intervention activities and programs for children with violent behaviour, but, as a whole, education systems in the three countries find it difficult to meet the needs of children in conflict with the law and to interfere effectively, so as to provoke a positive change during the early manifestations of the problem.

4. School staff turns to parents for assistance, but families are often found to be out of resources to control the situation and cannot take action. Parents feel ashamed at the request to visit their child's school and talk to the teaching staff and to representatives of the social support system. Interviews with the parents show that, in this respect, there is a shortcoming in the school-family-psychosocial care interface. Parents report that institutions tend to make their decisions rapidly and prematurely, without allowing them to participate. Children usually get disappointed with their school teachers because they receive no understanding or support while going through difficult times. The supportive role of police in youth violence prevention programs (especially in cooperation with schools and the local community) seems

to be quite valuable as the young people could benefit from another perspective towards the challenges, perils and opportunities in their life.

5. Social counseling, leisure programs and workshops prove to be very useful as measures for preventing repeated violence, as most contemporary youngsters with aggressive behaviour have a lot of uncontrolled energy, feel bored, and lack the skills of self-expression. The best practices of working with children with history of violence include basic habits and skills compensation, dynamic healthy activities, education in values, social & communication skills teaching. It appears to be crucial for the child to be starring in their own process of change and growth, considering his/her best interest and participation as an exercise of the child's rights. Different community services and programs offered by NGOs make an important addition to the work in this field in all three countries. Yet, financial challenges, the lack of trained professionals or bureaucratic obstacles often impede the effective implementation of valuable prevention services.

6. Early diagnosis and treatment is another measure of prevention, which turns out very helpful in coping with violent children. Psychotherapy is one of the main ways for the child to realize its needs, to avert the sources of frustration or dissatisfaction, to be able to verbalize it and find coping strategies for moments that trigger aggression. The success of such intervention depends primarily on well-trained professionals, on flexibility and sufficiency of resources to access such services and make them available and approachable for everyone who needs them. Another approach to violent youth treatment is medical care, which covers situations of high crisis or psychiatric differential diagnosis, and is used in Austria and Spain, but less so in Bulgaria. Additional services could minimize the duration of stay in psychiatric hospitals.

7. The importance of the work with the family is stressed by all professional respondents in the research. Although all three countries make assessment and provide support and treatment to the families, there is demand for more services to ensure the effective prevention of

youth violence at family level. The study reveals a lack of services in various areas, such as training in child rearing, positive resolution of family conflicts, dealing with youth violent behaviour, etc. While Spain and Austria have identified certain best practices of support for the family and the parents' significance in the process of work with a violent child, in Bulgaria this area of prevention and intervention remains quite poor.

8. The research results for the three countries show that parents do not have enough information about the support available to them in the case of violent or antisocial behaviour on behalf of their children (or where they face a problem rearing the child) and feel uncomfortable to ask for help. From the interviews with the parents it is evident that they count on having good interpersonal connection with the social worker or the representative of the institution leading their case, and that they would like to receive information and detailed explanation about the decisions made for them and their children. Parents appreciate it when professionals show interest and commitment to their case and assist them with what they need without limiting themselves within their institutional role.

Residential care institutions

1. Residential care institutions without specialisation on violence do not have the capacity to manage children with aggressive and antisocial behaviour and, as a solution, often seek to transfer "problematic children" to another institution. Thus, the children live "institution-hopping careers" with constant moves and stays in various institutions. These constant breaks in the continuity of their life trajectories reveal the breaks in their social networks, as a result of which they can hardly develop or sustain attachments to and relationships with friends at school, other residents and care staff.

2. Sending a child with deviant behaviour to a residential care institution is the last resort, provided that all possible measures and services within the community have been exhausted. Unfortunately,

such placements often happen much earlier, due to the lack of adequate services, rush decisions, systems impotence.

3. Residential care institutions specialising in violent, antisocial and/or criminal behaviour aim at helping youngsters satisfy their needs, balance their reactions, assume responsibility for their own actions and understand how they affect other people; they get to learn coping mechanisms, social skills and competences for independent life, which fosters an attitudinal and behavioural change and makes it possible for a violent youth to reintegrate into the community.

Post-residential care services

Professionals emphasized the strong need for services upon exit from residential care. It appears that all three countries fail to offer sufficient support for the young individuals, who turn 18.

1. The young people would certainly benefit if some elements of the support provided were to be sustained beyond the point of their departure from the residential institution. It makes sense to continue providing the youths with suitable professional support, assistance for further living arrangements and job assignments, in order to enable them to live self-determined lives.

2. Young people were anxious about the future – e.g. unemployment, bad influences or fear of going down the same path again. However, they were quite confident that there would be positive developments. Developments and fears go hand in hand, since the things they were eager to construct actively might yield effects out of their control or beyond their scope of control at this particular moment in life.

3. Concerning the out-of-centre antiviolence resources that might be helpful for the future, the youngsters clearly mention: having a clear vision of (their) life, being capable of controlling themselves (self control) and being active, in a physical/sports-like manner, doing many things that were sure to help. Among the resources attributable to their interactions with others, they list: avoiding bad influences, receiving

support from their partner, friends and family, establishing a family of their own.

2.3 Main Challenges

Austria, Bulgaria and Spain share a common set of challenges in their endeavour towards more efficient services and programs:

- Working with families, especially where children need to be removed from their family environment.
- Involving all family members and identifying the significant adult where the child's removal from the family is required.
- Ensuring sufficient financial resources for the development of various preventive support programs.
- Overcoming the deficiency of professionals trained specifically to work with violent youth, e.g. social workers, educators, care takers.
- Coping with the devaluation & burnout of professionals and the vulnerability of staff.
- Ameliorating the cooperation between different institutions and making up for poor regional coordination.
- Dealing with the discontinuity of ties and cooperation between the professionals working with the youngsters.
- Introducing casework as a process of setting clear goals, objectives and indicators for measurement of the achievements and changes.
- Ensuring the participation of children and young people in the planning and decision-making processes affecting their lives.
- Developing various models of residential support to ensure a change in children's behaviour.

- Overcoming the incompleteness of processes due to age: all service provision is limited to the age of 18, with few options of supporting the child's advancement into adult life;
- Overcoming the shortage of foster parents, who are professionally trained and willing to assume charge of youngsters with violent behaviour over fixed periods of time.

3. Principles of operation for the prevention of repeated violence

Amongst the major reasons lowering the effectiveness of some of the work with problematic children is the involved professionals' inability to imagine the fulfillment and protection of the rights of the child within the framework of a specific social service. The development working standards reflects the ideal situation, which has to be achieved but there is no clear idea how this will happen. In order to clarify the practice and to ameliorate the effectiveness of the work with children and youth perpetrators of repeated acts of violence, the team of experts proposes not only its conclusions on the suitability and efficiency of the services for the target group, but also some principles of operation connected to the necessary standards as well as guidelines and recommendations for their implementation in the everyday work with children and their families. The principles are as follows:

3.1. Necessity

This principle raises the question about necessity and sufficiency of the available services for the support of the child's entire development. The principle focuses on:

- Providing services, after consultations with the family and children;
- Providing support for the family as a primary intervention;
- Strengthening the families and reintegration as a priority;

- Changing the negative factors, which lead to violent activities and provoke recidivism.

3.2. Relevance

This principle raises the questions about whether the available measures are appropriate, whether they lead to a change of behaviour, whether the planned goals and results are measurable and sufficient. The principle focuses on the individual approach, the needs assessment and planning for every child, depending on his/her needs.

3.3. The best interest of the child and his/her right to participate

This principle raises the questions whether and to what extent the available services and support correspond to the best interest of the child; whether and to what extent the child is provided with the right to participate in all the decisions affecting his/her life and future. The principle focuses on the child's right to participate actively, to be heard and to initiate specific goals and activities supporting his/her development with a view of preventing repeated acts of violence.

3.4. Right for protection and a safe environment

This principle raises the questions whether the available measures and services guarantee the child's protection from violence and encroachment against him/her; whether the available service offers opportunities to live in a safe environment. The principle focuses on the design of the services, the main rules and routine of life, communication with peers and adults in terms of protection and inviolability.

3.5 Inclusion of the significant adults

This principle raises the issue of including the adults in the process of providing support for the children and the agreement of all the topics

concerning the life of the children with the adult members of the family. The principle focuses also on the necessity and commitment of all the professionals to provide and support the connections of the children with the family and/or the significant adults. Following these principles the team of experts developed specific recommendations detailed below.

4. Structure of the recommendations

The recommendations are developed as a number of work standards and recommendations for their implementation. This structure is planned with a view to provide information and possibilities for the direct introduction of changes both in the regulation and in direct work with children in the services.

5. Standards

The standards are divided in groups differentiated according to support and service provision. A group of standards refers to the content and process of support.

5.1 Work with families and significant adults

This group of standards refers to the process of supporting children and young people. The change of their behaviour needs to occur with the family and for the family in order to stop the cycle of violence. The following reasons come in support thereof:

- Family factors and personal factors are key in the formation of violent behaviour.
- It is necessary to deal with the causes of their behaviour, not just the consequences.
- 3. Change of behaviour is related to a change in the environment and the factors causing it.

- Work actively with the families of children with violent behaviour.
- Ensure a connection with significant adults who would provide stability.
- The support fits exactly the individual situation of the child and his/her familial reference.
- The individual responsibility of each family member and significant adult in the process is encouraged.

5.2. Services and planning

This group of standards suggests a process of providing individualized support based on needs assessment and an individual plan. The reasons for this are:

- Personal factors are essential in the development of violent behaviour.
- The role of prevention programs is essential to stop this behaviour.
- Individualization of support, needs assessment and clear planning with measurable outcomes are essential for behaviour change.
- Plan help/support for every child.
- The planning is flexible and modifiable to accommodate the current problems and the development of the support process.
- Develop services for prevention of the repeated acts of violence including specific activities to increase the level of social competence and aid the child's cognitive development.
- The process of support is subject to continuous control and evaluation by all stakeholders (client, family, professionals).

5.3. Participation

This group of standards is linked to the understanding that the clients' (children and adults) participation is essential to achieve sustainable behavioural change. The reasons for this are:

- The factors that influence the development of violent behaviour are diverse and their influence varies from one specific case to another.
- The severity of the behaviour problems implies that clients have to be motivated actively to correct their behaviour.
- The effectiveness of the services and the connection to the measures is direct, whether or not the client is included in the planning process.
- Include families in the process of planning and the provision of prevention and residential-type services.
- Include children in the process of planning and implementation.
- The support is guided by the rights, needs, interests, talents, abilities and resources of the child.
- The participation of the children and the adolescents is broadened, promoted and supported.

5.4. Residential settings

This group of standards relates to the purpose and results of the provision of residential services. Special attention to the inclusion of this group is related to the following:

- Residential service as a last measure for children perpetrators of violence has controversial implications to changing their behaviour.
- The quality of these services is crucial for the correction of their behaviour.

- Residential settings provide possibilities for change in the behaviour of the children.
- Residential settings provide opportunities to work with the family, guaranteeing the development of positive behaviour models both for the child and his/her family at the same time.
- Residential settings deliver psychological support and support for integration.
- The process of support is based on an intensive and trustful relationship between the client, the family and the professional.

5.5. Professionals

This group of standards is related to the key role of professionals in the process of changing the behaviour of children and young people. The reasons for this are:

- The need of using appropriate methods and approaches to work with clients.
- The need for permanent professional evaluation and support to improve the effectiveness of services provided.
- The professionals who work with children perpetrators of violence are trained in accordance with the main functions they fulfil.
- The professionals have additional training in the use of specific methods and techniques for support and behaviour change.
- The necessary support is provided through independence, supervision and assessment of professionals' interventions, in order to prevent professional burnout.

6. Recommendations

Recommendations related to achieving higher effectiveness in the prevention of repeated violence by children have been developed in the following areas:

Regulations: recommendations are addressed to legislative change the perception of children who have used violence: not as criminals but rather as needing support in order to change their behavior and develop coping skills.

Processes: recommendations are directed to the procedures in the social systems and their response to the cases violent acts involving children (the path of signals to the respective system, timeliness and quality of needs assessments, adequacy or referrals, availability of appropriate services, planning and monitoring of cases, etc.).

Content: different approaches and work methods corresponding to the needs of the target group are proposed.

The development of the Standards and the recommendations for their implementation are oriented mainly towards the content because of the bulk of practical experience of the team of experts.

6.1. Work with families and significant adults

Regulations

Make specific legislative changes to ensure the effective provision of services for adolescent youngsters, perpetrators of violence. Ensure social or socio-educational integration. Regulate the engagement of social workers to work with the family. When family problems are identified such as violence against a child or a child perpetrator of violence, support and services to prevent recidivism shall be provided. If the services are not effective, the family should be engaged in the search of options and development of their own resources, supported by professionals and institutions. The first step should be to protect the child or adolescent. In other context or settings, protocols of

intervention shall be put into action where violence appears to be at considerable levels. The role of teachers, educators and other significant educational agents of the settings must be clearly delimited. These interventions should, if convenient, include the family to face the problem. Besides, the support of the network of services shall be broadly integrated into the protocols – i. e., social services and other specialized personnel such as pediatricians. Provided that the general limitation in all three countries is the **lack of sufficient resources** to ensure support, the recommendation addresses the clear regulations of financial support.

In Austria if the welfare of a child or an adolescent is endangered and there has to be an intervention or a placement, the parents' consent in writing or that of responsible relatives has to be ensured. If no consent is granted, the local judge has to deliver a decision about the intervention with regards to the endangered child or adolescent. The decision process involves all relevant adults and the child (if over 10 years of age), who have to be given a hearing according to the law. Therefore, the clear regulation of participation set forth in the Children and Youth Welfare Act should be thoroughly implemented.

In Bulgaria, when a court has ruled for placement outside the family, the work with children - perpetrators of violence is entrusted to educational services, namely, closed-type schools. Legislative changes are recommended in order to change the status of these services and to allow for work with the family, which is of key importance. It is recommended to introduce new legislation upholding the rights of the child and corresponding to the existing social reality, fully aligned with international legal standards and with the established best practices applicable abroad.

In Spain, the Law of Rights and Opportunities of Childhood, of regional application, promotes the right to development and participation within the family with the aim to ensure prevention and allow opportunities for well-being. The child's long-term establishment in a violence-free family context is a key goal within the scope of the

law, which thus pursues the provision of support as a means of warranting the well-being of underage individuals. It is recommended to ensure sufficient financial resources to sustain the wide net of support and the diverse social services that children and adolescents attend with their families; ensure an equitable ratio of attendees and the actual attention given to them.

Processes

The need of intervention becomes obvious through monitoring the behaviour of the child or the adolescent. The change in social behaviour like retreat, physical or verbal aggressive behaviour, specific narration or the existence of physical injuries, a drop in school achievement, etc. could be some of the indicators for the necessity of external intervention. These can be recognised by teachers, medical doctors, relatives and friends of the family. There is a reporting obligation with all adults in the case of suspicion that the welfare of the child or youth is endangered. Reporting is due to the local department for child and youth welfare.

In Austria, if mobile service intervention is impossible, in view of the minors' safety and adequate child care, a transfer to residential care may be necessary. For the success of the intervention of residential care it is necessary to have a continuous cooperation with the parents. In the true sense of participation, all involved persons, such as the child, the professionals, the teachers, the medical doctors, the parents, the therapists, the psychologists have to develop, execute and evaluate the plan of support.

In Bulgaria the applicable law allows for placements with boarding schools pursuant to a court ruling, but only where the community-based measures listed in article 13 of the JDA were to no effect. What is needed is new legislation to link the 'punitive measures' to the child protection services for children in conflict with the law. The JDA attributes important and responsible functions to the local commissions on juvenile delinquency. However, it is necessary that these functions are supported by adequate resources or trainings and regulations to

ensure coordination with the child protection administration. It is also important to take into account the parents' opinion in deciding the measures for care or reprimand of the child or the adolescent perpetrator of violence. A set of alternative measures should be available for children and parents to choose between, with view of each specific case. These alternative measures have to be tailored to the child's behaviour and the resources of the family, so as to motivate them to participate actively.

First and foremost, **Spain** is faced with the need to promote stronger social inclusion policies; thereafter, more intensive work with the family and / or significant adults in the child's life is required in order to preserve and strengthen this bond. It is also crucial to ensure sufficient financial resources for programs and services working with families; this would cause a drop in the workload of professionals and allow them better availability to attend their cases with higher frequency and dedication.

Content (approaches, work methods, etc.)

Generally it is recommended to take into account that a family is a live system, subject to changes or in a position to make them, given determined life events (situations of violence; separations).

In Austria there is a need for therapeutic interventions to address cases of disorder, stress and tensions within the family system. It is necessary to empower the caregivers & relatives in their competence of education and parenting.

Bulgaria has to focus on applying the systemic approach, which regards the family as a system influenced externally by such factors, as the environment, society, culture and other systems, and internally, by the development of its own members and the relationships between them. It is recommended to develop a genogram (a family diagram) and an ecomap of the family. The personnel of all institutions and services should undergo regular training in using different techniques and methods of

interviewing, talking with parents and gathering information on the family system.

Spain is recommended to make an accurate diagnosis of the situation of the child perpetrator of violence; the solution needs to consider all the parties involved, including the family and the reference figures.

Detailed recommendations for the implementation of the Standards

1. Work actively with the families of children with violent behaviour.

1.1. The uncovering of behaviour patterns, the description of the family role and interrelations within the family stand for one part of problem recognition. Once detected, intervention planning with professionals should be undertaken, including a clear objective and follow-ups.

1.2. Incorporate methodologies to analyse parental capacities and competences and undertake punctual interventions in weak areas, such as parent role definition, habits needing development or correction, training in social competences and other measures for family education.

1.3 Give support in all areas of the daily routine and develop strategies for better, independent handling of daily challenges, as a part of the supportive process. This needs to be done by working on causes and not only with a view of the facts or consequences.

1.4. Leave when behaviour changes become consolidated. Report.

2. Ensure a connection with significant adults who would provide stability.

2.1. Analyze the environment of the child in order to detect the reference and attachment figure (extended family, school, neighbourhood, local community...), among the adults meaningful for him/her. Monitor the results of this analysis.

2.2. Once this person is detected, address him/her with a proposal to participate, explaining their role, the importance of the role to develop;

once you have arrived at agreement, work out a plan together with this person.

2.3. Give support to the significant adult during all the process.

2.4. Establish follow-ups and planning of terms, ensuring possible contact after withdrawal.

3. The support fits exactly the individual situation of the child and his/her familial reference.

3.1. Incorporate the family in activities of groups of parents of the community and / or the surroundings.

3.2. Participate in the social network and use of the social resources existing locally (previous analyses, project results) that give access to different rearing models.

3.3. Develop formulas (and document them) to ameliorate the assistance of networks, settings and services avoiding, therefore, usual absences and drop-outs.

3.4. Look for, promote, develop and coordinate participation of other individuals, besides the proximity of the family, in the well-being and routines of the children.

3.5. All specific and individualized intervention plans must specify the weaknesses of the family system, in order to seek solutions for its problems.

4. The individual responsibility of each family member and significant adult in the process is encouraged.

4.1. Analyze significant adults and family members in order to reach the potentially participative ones.

4.2. Encourage them to participate and agree on the process goals. Explain and, as much as possible, assist them in understanding the actions involving maltreatment; make family members engage as the protagonists of the solution.

4.3. Provide therapeutic intervention in the form of a family therapy. Emphasis is laid on the identification of inadequate relation patterns and the rearrangement of family roles with the active involvement of all family

members. The aim is to encourage development and to strengthen communication competences and the relations in the family system.

4.4. Clear the role models in the family, explaining the relation in which the role request matches and best interacts with the role model, to ensure better understanding of the behaviour of all family members.

6.2. Services and planning

Regulations

Create new specific services to support children perpetrators of violence. The methodology of service provision should be devised with view of **the process of individual assessment and planning**. In further detail, this will result in the creation, continuation or extension and specialisation of a wide complex of services in response to the needs of children with behavioral deviations. **The services in the community** should be prioritized, as well as the possibility for suitable institutional care, including such services as to be offered during and after any intervention for behavior modification or correction, if undertaken. Provided the existence of several services and planning approaches, which are highly developed (in many cases and settings), that, which is worth a regulatory and concreting effort, is a real economic compromise to **invest in them and enable their functioning**.

Austria lacks adequate temporary placements for juvenile perpetrators of violence, as well as assisted accommodations, psychiatrists specializing in children and adolescents and preventive community services. The strengthening of capacity in all of the above sectors is recommended. Also, the education of psycho-social professionals should be focused and extended to include work with juvenile, aggressive perpetrators of violence.

In Bulgaria children's cases are not given differentiated evaluation and there is a shortage in the range of services aimed at behavioral change in the community. Children perpetrators of violence and their victims, as well as children with status offenses, are being placed together in

residential care services, such as socio-pedagogical boarding schools (SPBS) and correctional boarding schools (CBS). No special methodology or services are in place to address specific delinquent acts. Recommendations are extended: to develop community-based services for diagnosis of the child's behavioral problem and his/her needs, such as Diagnostic centers for short-term stay, where a child would be supervised; to develop a Work Plan for the child and refer him/her to a suitable service. The diagnostic units should provide a report for the needs of the Court deciding the case of the child, for the social service taking over the case thereafter, or eventually, following the child's return to the family. It is necessary to develop programs suitable for all service types: community-based and institutional, which are devised to change the specific behavior of the child in conflict with the law.

For Spain, it is first recommended that community programs should be developed, since the community can serve as a regulatory element and prevent social situations generating youth violence. It is also recommended to establish a network of interdepartmental programmes: social and family well-fare, education, health and work placement. It is necessary for residential services to be closely linked with the other support services for the young people and their families in order to ensure a smooth transition and proper monitoring, once the young person leaves the centre. Specialized centres (residential centres bridging the residential centre with autonomous life) need to handle the elements of transition in case the young people cannot return to their families. Where the aim is de-institutionalization, it is important for specialized centres to employ professionals to work through the process of transition. The professionals will monitor the transition process and will be the person of reference for at least a year.

Processes

Each service should develop and maintain its own quality standards, innovation factors, impact indicators and continuous evaluation processes of procedures in order to validate its practice. These actions should include the assessment of each and every individual's work, the procedures for applying corrective measures, and preventive actions

aimed to ensure the success of the professional's interventions. This follow-up can be made through processes of external supervision, as well as "intervision" (e.g., Erpenbeck, 2001) – a very effective and specific way of conducting "internal supervision", within and between the members of the services.

In Austria, evaluations should be made by all involved experts, such as therapists, psychiatrists, psychologists, social educators and social pedagogues.

In Bulgaria, the services should be prioritized based on the needs analysis; first use should be made of those services, which provide support in a family environment and prevention of violence. Every intervention should be planned based on the same needs analysis.

In Spain, the concept of support should be based on an extensive evaluation of the biological, psychological and social status of the case. The manual "Good Practices Guide for Centres of the Protection System for Childhood and Adolescence" should be thoroughly implemented and used.

Content (approaches, work methods, etc.)

Early intervention is critical. Therefore all professionals who have been involved in the care for the child in one way or another should be capable of perceiving the indicators of a possible behavioural problem. The aim would be to undertake prevention and treatment as soon as possible – through schools of parents, skills building workshops, participation in network and community resources, etc. It is important to be able to guide, provide educational guidelines and action alternatives to parents and alternative guardians (grandparents, uncles) when the solutions that have been tried have not been successful. Biographical work has to be done with the children perpetrators of violence, so they can understand the pattern of their own behaviour. One important tool thereby is trauma-pedagogic orientation. In very critical extreme cases it might be necessary to separate the child/adolescent perpetrator from the group. This child/adolescent needs temporary single care (case work).

Therefore, the main approach and method should be the individual work on a case – assessment of the needs, which includes analysis of the environment, the strengths and weaknesses and possibilities for development, planning, realizing the plan, monitoring the realization, assessment of the achievements and development of a new plan. The impact of the service and interventions in each phase of the process should be evaluated.

Detailed recommendations for the implementation of the Standards

5. Plan help/support for every child.

5.1. Name a leader in charge of the process, in order to centralize the help and support process. This leader will make decisions, have responsibilities, and coordinate the support and development of the care activities towards the child.

5.2. According to an initial analysis, define competences to develop, related to the following areas: social skills, education in values, conflict resolution, empathy and assertiveness and individual capacities. Clearly write the competences in the action plan according to the developmental state of the youngster. Convey short, mid- and long-term aims and procedures among all agents. The analysis should consider the strengths and not only weaknesses or problems of the child.

5.3. Disseminate the appropriate individual working plan and implicate all intervening agents. This planning must be integrated in the case management plan.

5.4. Consolidate results, establishing indicators in order to provide an effective follow-up for a period of time.

6. The planning is flexible and modifiable to accommodate the current problems and the development of the support process.

6.1. Establish and specify the continuous evaluation of the work plan and the results, in order to introduce modifications in it and/or in the non-

consolidated areas. These should be considered as necessary preliminary steps in order to achieve the objectives.

6.2. Pay attention to new elements that could conveniently be integrated to the process. Always be aware of the importance of the support process and of the correct distribution of resources made in its development.

6.3. The planning and development of the supporting process has to be communicated regularly to all involved professionals (teachers, therapists, care givers, psychiatrists), as well as to the family and the child.

6.4. Case review, evaluation of the psychological and social status quo of each child/adolescent has to be done regularly, using questionnaires.

6.5. The plan of support has to be regularly modified and communicated through all professions and with all concerned professionals.

7. Develop services for prevention of the repeated acts of violence including specific activities to increase the level of social competence and aid the child's cognitive development.

7.1. Revise existing programs and procedures in other services for prevention and restoration. Extend their use and analyze their impact.

7.2. Clearly differentiate short-term and long-term tasks, interventions, support and prevention processes. Include these time frames in every planned action.

7.3. Assess the impact in each phase of the support process, with qualitative and quantitative indicators in particular, through general reports regarding standard case documentation.

7.4. Implement a structure for daily routine.

8. The process of support is subject to continuous control and evaluation by all stakeholders (client, family, professionals)

8.1. Control and monitoring process. The protection of the rights of the child should be ensured and controlled by specialized state and public bodies.

8.2. All regulations, requirements and approaches of the different state institutions should be synchronized and recommendations of the body specialized in child protection should be compulsory for all of them.

8.3. Terms and regulations used by different institutions should be synchronized in order to avoid the philosophy of punishment and amendments should be guided by the best interest of the child. In this regard, different definitions and diversity of interpretation lead to mixing corrective and supportive views and measures.

8.4 Define clearly educative measures towards children in conflict with the law, specifically for those who are perpetrators of repeated violence.

8.5. Develop and adapt suitable approaches to measure the progress in case work, which should be adequate to the possible progress, to the efforts and the financial resources, necessary for every specific case.

6.3. Participation

Regulations

The involvement of children and young people has to be regulated by law. In accordance with Article 12 of the Convention on the Rights of the Child, the inclusion, involvement and participation of the child and adolescent shall be regulated by law and regulations (rules, methodologies), when solving all the problems regarding their future, providing health, educational and social services, and other. The child should be included in the process of decision- making, and not merely informed about them. Even though all three countries have ratified the Convention on the Rights of the Child, the actual development of its principles regarding participation is pending to varying degrees and aspects for each country. Irrespective of legal recognition and the existence on paper of statutory provisions about children's manner of participation, the appropriate **spaces and viable channels** for thorough implementation **are missing**; actions, if taken at all, are of rather improvised form, without a strong structure for action development.

In Austria the participation of parents, relevant adults and children aged above 10 is clearly regulated by the provisions of the Children and Youth Welfare Act. Where a child or an adolescent has their welfare at risk, calling for an intervention or placement, the written consent of the parents or responsible relatives is invariably required. If no written consent is provided, the local judge is competent to rule on the

intervention for the endangered child or adolescent, in lieu of such consent. All relevant adults and the child (if aged above 10) are entitled to be given a hearing in the course of the proceedings. The regulation for this group of standards is satisfactory.

In Bulgaria, children in conflict with the law are usually treated as offenders and are imposed with punishments. This is why they are not considered entitled to participate in the planning and decision-making process concerning their future. Regardless of the official recognition for the right of the child to participation, these children have no possibility or channels of expressing and conveying their views. The lack of mentors in residential services, to act as a link between the child and the multidisciplinary team dealing with the case, as well as the absence of a requirement for the SPBS and CBS to draft individual plans and implement them jointly with the children, the non-existence of children's councils or other bodies to voice the opinion of children in residential care result in the impairment of the right of the child to be heard. The introduction of a mentorship system is recommended, whereby the State should provide a lawyer for the lawsuits involving children in conflict with the law. The involvement of judges and prosecutors should be made conditional on their special training in child hearings. The participation of the children in the drafting of their individual plans should be made compulsory. The setting-up of children's councils and other bodies allowing child participation should be encouraged.

In Spain, this issue falls within the scope of a set of articles and provisions in the 2010 Catalan Law of Rights and Opportunities of Childhood and Adolescence. Elaboration and specific rendering is given to issues like: the right to be heard (Article 7), to exercise rights on their own (Art. 17), the national and territorial participation councils of children (Art. 27), the general right to participate (Art. 34) irrespective of certain limitations or barriers (Art. 42 & 50), or to decide in pregnancy conditions (Art. 47). A chapter refers specifically to their role as full-fledged citizens (Art. 53). Other provisions further specify the conditions to be ensured or limited for the appropriate exercise of their

right to participate (Chapters VII-X). Finally, Article 134 deals with the exercise of this right while in custody and in residential centres. Notwithstanding the considerable legal development on the participation of the underage persons, children's **real and effective** participation has yet to be consolidated and carried further forward.

Processes

Considering the developmental status of youngsters, characterized by palpable immaturity (childhood) or changes in mood and judgment (adolescence), democratic participation and functioning are to be foreseen and implemented in residential care and educational settings, regarding all decisions affecting their lives. Intensive and considerable work has to be done, in the field of the ways in which participation is displayed and consolidated, in general and within residential centres. One possibility of participation for the children and adolescents is to bring them into the process of development of goals together with the tutors, mentors and / or reference figures. The child's opinions, points of view and broad preferences and previewed decisions regarding their life might and shall be strongly taken into account in all steps of establishing and implementing the working goals. These steps are:

- Exploration and definition of the individual target for the children and adolescents
- Achievement of goals, for instance, in individualized educational projects, periodical tutorship, therapy, etc.
- The child must participate as well during the implementation and assessment of the changes and results.
- Basically, the process has to be flexible in dimensions of time and content. Unexpected and urgent situations always have to be minded carefully and thoroughly.

Also, children must participate in a structured way and by previewed means in the **functioning of the settings**. It is fundamental to consider the mentor(s)/tutor(s) and all the educational staff as the child's companions and accompanying people in the process. Specific direct

work has to be done to maintain this role. The child participates **as the central figure and the protagonist** of his or her own process.

Content (approaches, work methods, etc.)

The main methodological approach should follow the levels of **inclusion** of the young person: informing, consulting, cooperating, and initiation in the decision making process.

In order to do all this, the professionals, who work on a case, should be prepared for specific methods and techniques to **promote** this participation – e.g. visualization, support for opinion making, building skills for decision making, projective techniques and team work: identifying a topic, actions, assessment of developed actions. Focused family work requires participation of the youngsters in order to optimize the understanding of the process; strengthen self-confidence and self-responsibility, and discover and learn to use the resources.

Detailed recommendations for the implementation of the Standards

9. Include families in the process of planning and the provision of prevention and residential-type services.

9.1. Make a case Plan with the family. Their participation should start at an early phase of the planning, by asking them about the processes including their child (future decisions, therapeutic measures, schooling), and their opinions regarding the overall process. Having their feedback enriches further work, as well as giving them positive feedback. It is important to include all members, especially both parents, as much as possible.

9.2. The case Plan for the family shall be developed both at the level of prevention and in residential care. The process comprises three key moments: firstly, an initial interview, in order to detect strengths and weaknesses; secondly, a therapeutic intervention including all family members; and finally, evaluation. The role of the professionals is to support the family throughout the process. In the case of residential care, special attention has to be driven to retaining the family's involvement throughout the whole process.

10. Include children in the process of planning and implementation.

10.1. Pay attention to the child's opinion on every planned action and intervention.

10.2. Convey planned objectives and aims to the child, as well as their relevant timeframes; in diverse areas such as individual education, periodical tutorship or continued mentoring, daily activities and other standard dynamics related to the settings.

10.3. Include the child in the periodical revision of the case plan. This raises the effectiveness of the case work.

11. The support is guided by the rights, needs, interests, talents, abilities and resources of the child.

11.1. Gather and make explicit the rights, needs, interests, talents, abilities and resources of the child in a case plan, taking into account the evaluation synthesis of the case.

11.2. All the actions should be agreed with the family and the professional teams attending the case.

11.3. Empower the child by managing a broad, holistic concept of education, including attitudes, skills, alternative strategies, etc. The participation of the child is crucial for his/her development.

11.4. Clarify the real-life situation of the child and the family and prioritize the urgent interventions. Gradually offer the possible resolutions for all the problems thus decreasing the tension both for the child and for his/her family.

11.5. Education should be used as a high factor of resilience and also as a mighty tool for creating different and new future perspectives including education in music, dance, theatre, sports.

12. The participation of the children and the adolescents is broadened, promoted and supported.

12.1. Develop policies in the field of child and youth participation at different levels: local, regional, national, as well as the level of organization.

12.2. Establish and encourage different public forms of participation: youth councils, assemblies and other ways in which planning and decisions reflect children's right to participate. Children propose what they would like to do; give ideas for activities and define the goals to reach.

12.3. Propose and develop new forms and ways of participation. A proper evaluation of different forms of participation has to be carried out.

6.4. Residential settings

Regulations

In general, residential care should be the last option for service provision.

In Austria, it is necessary to develop specialized programs for violence perpetrators aged 10-18, within youth welfare and residential services.

In Bulgaria, it is necessary to develop a completely new model of residential service for children and youth perpetrators of violence. Currently, the services provided for this group are mainly educational and there is no work done on changing their behavior. The country is in a process of introducing a social-service model for children having family problems. The development of specific services for children in conflict with the law is forthcoming. It is recommended that models of residential care services of the open, semi-open and closed type are developed, whereupon children should be referred to different services according to their needs. However, residential educational service should be used as the last resort. Residential educational services of closed type should be reserved only for children presenting danger to themselves or to others and placements should be the shortest suitable for the specific case. Review must be made of the opportunity for children's movement from closed to semi-open and open residential educational services or to other non-residential services in the community, when there is a clear progressive change in their behavior. Such services could be foster care, assisted independent living, daycare centres, etc. Suitable educative services for children in conflict with the

law or perpetrators of repeated violence must be ensured, such as professional training, anticipated by literacy courses and job counseling.

Spain is recommended to set placement time-limits and follow them carefully, with the aim to reduce them as much as possible. Also, provision should be made of the specific demands to be addressed by an integral centre, with view to all the areas of the person (bio-psycho-social). With regard to ensuring the child's right to maintain contact with his/her family, adequate community-based resources and services near their family environment have to be provided. For the cases when this is not possible, enough resources should be available to allow for the family's and/or professionals' mobility. It is important that the government regularly updates the map of resources and services.

Processes

For all three countries, before addressing the cases establish clear parameters (i.e., training, behaviours, and limitations) and guidelines for work (e.g., list of previous aims). The residential services should have clear goals: achieve a change in behavior and return to the community; attain a degree of highly developed and operational residential facilities, a team of professionals, a clear deadline of use, detailed work methods, expected results and periodical evaluation processes. Establish and clearly set the transitional process of exit and reintegration to normal environment and networks, with precise and correct information for the child and the family, taking their opinions into account. All the familial system is implied in the resolution of the child's problem; therefore, educational measures to be taken should **address all the family** in a **multidisciplinary way**.

Content (approaches, work methods, etc.)

The main methods of work in residential settings shall be targeting a change in behavior, including individual and group work, daily routine, rules, activities of interest, education and occupational counseling. Essentially, and in relation to the results of the research, residential services should be able to offer security, including the environment,

rules, professionals and relationships. Residential services have to provide and facilitate children's and adolescents' participation.

Detailed recommendations for the implementation of the Standards

13. Residential settings provide possibilities for change in the behaviour of the children.

13.1. The Social competence model should be used in the residential settings. It gives the opportunities to develop social skills and positive change of behaviour. It has to be used after assessing the level of competence of the child. In addition, it is necessary to have a special system for inclusion of the family in the process.

13.2. The residential services should offer a good structure – daily rhythm and rules, in order to ensure stability and predictability.

13.3. The residential services shall offer an opportunity for developing connections and relationships with significant adults – mentors, educators, teachers, who give them attention, respect, understanding, support and assistance.

13.4. The residential services shall provide opportunities for development of personal interests – out-of-school activities, leisure activities, development of the professional skills and career development.

13.5. The methods used in residential settings must be appropriate to the specific case of the child, including trauma pedagogy, art therapy, etc.

13.6. The achievement of behavioural changes shall be a result of the work of multidisciplinary teams (psychiatrists, psychologists, pedagogues, educators), who can offer different points of view regarding the management of violence.

13.7. Training and education must be integral, aiming at value development, emotional intelligence and self-knowledge; that is, with a holistic view and person-centered. Methodology must as well be flexible and constantly evolving, regulating itself in line with effective new findings.

13.8. The process of behavioural change must be assumed by the protagonist, and he/she should feel responsible for it. Therefore, the staff shall at all times listen, motivate and be aware of his/her interests. Rules and consequences must be clear to the child.

13.9. In order to provoke or induce behavioural changes, different programs and methodologies can be used. The overall perspective shall be to offer a different view and new possibilities

13.10. Establish a clear regulatory frame, with short-term consequences. This must be transmitted to the child and detailed in form and application.

14. Residential settings provide opportunities to work with the family, guaranteeing the development of positive behaviour models both for the child and his/her family at the same time.

14.1. In the cases where the child is separated from the nuclear family and is housed in a residential centre, the family intervention shall consider, at all times and from the beginning, both possibility of reunion or of withdrawal from the family unit and therefore work for the child's autonomy in any case.

14.2. Biographical work with the child and youngster in residential care is a main issue. This work is clearly regulated and the targets, as well as the results, are communicated to all involved persons.

14.3. The continuous communication and information of the whole development process with the parents, nuclear family and significant others are fundamental.

14.4. At the moment of entering the service it is necessary to discuss with the family the rules for the child's stay and other issues, such as the daily rhythm.

14.5. In the period of residential stay parents remain responsible for the educational, health and social needs of the child, while being supported to develop their parenting skills in order to successfully respond to these needs.

14.6. Children pay visits to their families according to the arrangements made and taking into consideration the work plan settled with them. These visits are prearranged in terms of duration and they also follow a model of communication and established rules. The families are supported to develop skills, to plan and develop a daily rhythm, to establish rules and

communicate with the children, which would provide a security environment similar to the one provided in the residential service.

14.7. All the elements of the plan for work and its realization are communicated to the family and the child. This is particularly important with regard to community integration – continuing education, professional development, a place to live, communicating with institutions and authorities;

14.8. A multidisciplinary therapeutic team shall be constituted (psychologists, educators, mentors), to work with the family in order to do intervention work directly and conjointly with the child and his/her family, within the residential centre.

14.9. Specific spaces must be given for therapeutic and training work with the family. All dimensions of the family system must be considered (capacities, competences and shortcomings).

15. Residential settings deliver psychological support and support for integration.

15.1. To achieve the target of reintegration of the child into the nuclear family, the active participation of the youngsters and the children and relevant adults in all steps of the supporting processes is essential.

15.2. Psychological support in the form of all kinds of psychotherapy, diagnostics in psychiatric cases, early diagnoses and psychological and psychiatric treatment has to be standardized.

15.3. Offer specialized service of individual and family therapy, with diverse and integral orientations, as well as constant and programmed follow-up. Specialization shall contemplate all the dimensions of the person that lead to a better self-knowledge and to overcoming violent and aggressive impulses. In order to empower the child, the professionals shall have training and knowledge in social skills, negotiation, relaxation, etc.

15.4. The multidisciplinary team shall support the integration process by embedding the child in different local services and meaningful educational sources.

15.5. The multidisciplinary team shall plan, preview, accompany and follow-up intensively the reintegration and transition process of the child; whether to family or to a different accommodation, or upon reaching of

age. Psychological support must be given throughout the process, and even be warranted in the post-residential phase.

16. The process of support is based on an intensive and trustful relationship between the child and the professional.

The basic tool for a successful decrease of violent behaviour in residential care is the development of a relationship between the child/youngster and the professional.

16.1. Clearly design and follow up the relation between the child and the principal reference figure (“tutor”, “mentor”) within the residential centre, in terms of functions, roles, limits and scope.

16.2. Outline in detail the functions of this professional: mentoring, case follow-up, design of objectives, etc.; always assigning the tutor the central role in the process for the child – though there must be supportive figures in the moments of absence.

16.3. The attachment between professional and child shall continue even after the child’s departure from the centre (at least one year); this will indicate success or failure in the child’s process.

6.5. Professionals

Regulations

It is necessary to train **multidisciplinary staff and establish teams** to work with different kinds of subjects and in different areas. This can only be enough and adequately managed with the proper **specialization and continuous training**. Taking this into consideration, it is necessary to update the regulations. Apart from social workers, social educators and/or pedagogues as basic personnel, psychologists, teachers for adapted educational units and specialized office professionals for specific workshops are **clearly required**. It is possible to integrate these professionals as regular contracted staff, or as external but with a daily or continuous function. Part of the decisions depend on whether the educational units and workshops are structurally integrated within the centers or in rooms specifically designed for this purpose, if the kids receive regular and complementary education and training. Regarding

the issue of specialization and continuous training, legislation should regulate them in its own body, giving clear guidelines, contents, limitations and budget considerations in order to make them possible in the diverse settings.

In Austria children and adolescents have a broad “portfolio” of services for their welfare. The budget for child and youth welfare includes all costs arising during placement. The portfolio of services includes psychotherapy, physical therapy, speech therapy, hippo therapy, house schooling, music education, sports, trainings, holidays, school costs, and costs for school activities, camps and shiatsu. The recommendation insists on maintaining the high profile of the services provided.

Bulgaria experiences a need for developing specific competence profiles of the professionals working with this group of children. Besides, it is good to standardize the process, to have professional standards for working with children, victims and perpetrators of violence. This can be done through a legislative act.

Spain finds it necessary to allocate budget funding for professionals within a range of special profiles and competencies, in order to develop service- specific programs according to the collective target of attention. The Law 17/2007 of 11 October contains provisions on the social services in Catalonia. This is specified in a catalogue containing 138 features of services –economic and technological.

Processes

The preparation of professionals, spanning not merely their educational background, but also **ongoing education and training** with specific approaches and methods, supervision and intervision, is considered to be a process of critical importance. To accomplish such preparation, a research of sources shall be included in the planning. The sources comprise specialization courses in structured settings (e.g., universities, professional colleges associations) as well as a “professional bag” or table which must be detailed and continuously updated.

In Austria, there is a predetermined amount of **advanced training** per year to be undergone by all professionals working in residential care. Permission to work with children and young people is extended only to professionals having specific education together with the required regular course of annual advanced training. Annual control over the process is assigned to the local authority. Advanced trainings need to address the work specific to the residential care settings. This constitutes an element of declared quality management. There is also a regulation on employees ensuring that advanced training can be delivered to them on the job in the working time. Regular **supervision and intervention** procedures are set forth in the Child and Youth Welfare Act, with the requirement of maintaining written record. Annual control over these records is assigned to the local authority. **All professionals working with the children and adolescents should have knowledge about the main therapeutic process, which ensures that the process is supported by all involved professionals.** This allows for smooth, continuous and successful work towards the main goal set for every specific child and adolescent. To fulfill this aim, specific time shall be reserved for these training assignments. Apart from this, the center should also ensure the accomplishment of additional tasks, such as reporting, consultancy, supervision, evaluation, etc. The allocated time has to be subtracted from the time of direct attention work, resulting in demand for additional staff. Planning this task as a standardized process will improve its management and fulfillment potential.

In Bulgaria, there are no education programs tailored to prepare professionals for their work with children perpetrators of violence. The topic is only generally covered by psychology curricula, but the curriculum for social workers and educationalists makes no mention of it. Professionals working with children perpetrators of violence rely on trainings offered mainly by NGOs. No distinction is made between violence and repeated violence and the terms have no practical meaning in educational terminology. The main recommendations in this field are addressed to the system of higher education: to increase the number of hours for lectures and exercises on the recognition and prevention of

violence in the academic curricula for educational specialists, social workers and psychologists. It is important to develop specific modules for working with perpetrators of repeated violence. It is recommended that the personnel of every social (or other) service provided to children perpetrators of violence should undergo basic and advanced training courses specialized on violence prevention. Such special qualifications should be a requirement for appointments to social service units where the specialists get in contact with children victims or perpetrators of violence.

In Spain, the residential centres from Catalonia have widely integrated personnel to do different tasks. But this is not enough and each centre commits part of its budget to fulfil these necessities. It is necessary, therefore, to regulate by law the involvement of these basic professionals: psychologists to do therapy, pedagogues to take care of special needs regarding education, staff in charge of developing sports and health education. It is important to take into consideration the different professional profiles in order to ensure the most efficient planning of work.

Content (approaches, work methods, etc.)

Learn and know **how to listen**. Professionals should be capable of detecting explicitly or implicitly the demand that parents or teachers can have in order to address the situation, avoiding interventions when the facts or situations are already too severe and often more complex. Skills and knowledge of the different professional groups should be developed for: working on cases and with the family; assessment and planning together with the child; changing models; individual approaches for behavioral change; and for the work in multidisciplinary teams itself. The main approaches and methods of training have to be therefore training in **the process of working, supervision and other dynamic inter-professional processes**. The key asset of professionals is **relationship**. The importance of relationship in work with children and adolescents has to be transmitted. The basic of social, therapeutic and pedagogic work is to get into a stable and trustful relation with the client. It is necessary to allow more time to develop, design and think

about the activities to do, and to make evaluation. The exact times of these tasks should be specified in the working hours. By schedule, half of the time should be devoted to planning and evaluation of the activities.

Detailed recommendations for the implementation of the Standards

17. The professionals who work with children perpetrators of violence are trained in accordance with the main functions they fulfill.

17.1. Universities and main training programs shall broadly include in their curricula subjects which specifically address violence treatment, teaching techniques and specific methodologies for behavioural change.

17.2. The authorities responsible for the management and the monitoring of social services' provision (such as the municipal councils, the education inspectorates etc.) should be familiar with the educational needs of professionals working with children and adolescents and offer them the appropriate training programs and resources.

17.3. The fulfilment of this requirement should be assessed and updated periodically in order to give and receive feedback to and with institutions.

18. The professionals are trained additionally in using specific methods and techniques for support and behaviour change.

18.1. Continuous training and “recycling” of professionals shall be systematized through specialization courses which allow addressing the specific cases of young perpetrators of violence.

18.2. To facilitate training and recycling, some methods to reach it must be developed by the managers – for example, through an annual training plan; database of specialized experts in the field that may be reachable periodically; etc.

18.3. The fulfillment of this requirement should be assessed and updated periodically in order to exchange feedback with service providers and inform planning.

18.4. Professionals shall participate in the organization and structure of the projects, so as to allow them to put into practice and experience what they learn. In turn, they will contribute by training other professionals initiating their practice.

19. The necessary support is provided through independence, supervision and assessment of professionals' interventions, in order to prevent professional burnout.

19.2. Centres should be flexible, in order to let professionals adjust some of their functions where interventions turn out insufficiently effective. Such adjustments will be shared with the work teams and conveyed to the directions. The aim is to involve everybody in the development of criteria and empower the professionals.

19.3. Give (more) curricular recognition to training and codify it for promotion considerations. Establish internal quantitative means of considering them.

19.4. Perform internal and external assessment: intervision and supervision. Intervision shall employ techniques based on theoretical references, based on the study of principles and applications of peer assistance and inter-colleague regulations (e.g., Erpenbeck, 2001). The model and frequency of supervision is decided by service management, whereby its conclusions should be duly reported. Annual information meetings or activity reporting sessions need to account for the benefits and results of supervision as well.

19.5. Create nice and constructive team atmosphere, applying the principles and knowledge acquired through relevant training. In general and in working environment sessions, claim the right of everyone to be listened to.

Conclusion

The team of the project “Together against violence” believes that the knowledge and the understanding of the legislation, the contributing factors and the practices involving children perpetrators of violence are essential for the improvement of effectiveness and efficiency of the professionals’ work with them.

The formulated standards and recommendations for their implementation in the social and other relevant services ensure consistency and holistic approach to the work with children. Underlying and stressing the important role of the family at any time of handling a specific case ensure long-term sustainable positive development of the child. This is a prerequisite for the general enhancement of the child’s life and perspectives for future development.

This document is addressed at professors of social work and pedagogy; practitioners working in childcare services; decision makers and politicians responsible for the drafting, amendment and harmonization of the legislation dealing with children perpetrators of violence and, in particular, perpetrators of repeated violence.

The conclusions and recommendations are based on the experience of Austria, Bulgaria and Spain, but undoubtedly there is a bulk of experience in this field in all European countries. The exchange of knowledge and practices in solving the problems of child’s violence is important for the development and amelioration of the working practices towards clients in this specific professional field. The wish and recommendation of the team of experts within the project “Together against violence” is to continue its work in the future and develop a special Handbook for the implementation of the recommendations and the standards for services addressing children perpetrators of violence.

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Правилник за устройството и дейността на възпитателните училища-интернати и социално-педагогическите интернати

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ZUSAMMENFASSUNG

Dieses Kompendium wurde von einem Expertenteam im Rahmen des Projektes "Together Against Violence" entwickelt. Das Projekt wurde finanziell unterstützt durch das Programm Daphne III der Europäischen Kommission und implementiert von FICE - Bulgarien, Bulgarien, der Stiftung Resilis, Spanien, und dem Bundesverband der Therapeutischen Gemeinschaften, Österreich. Der Projektfokus liegt auf der Reduzierung von wiederholter Gewalt durch Kinder und Jugendliche im Alter von 14-18 Jahren in Bulgarien, Spanien und Österreich. Das Hauptziel des Projekts ist es, die Effektivität der Arbeit mit Kindern und Jugendlichen durch die Verbesserung von Prävention und Intervention im Hinblick auf die Reduzierung gewalttätigen Verhaltens zu erhöhen.

Die spezifischen Ziele des Projekts waren vor allem mit der Erforschung und Bewertung der Faktoren, die Kinder zu Gewalt führen, verbunden. Sie umfassten Beschreibung und Analyse des Systems der Dienstleistungen für gewalttätige Kinder, um ihre Wirksamkeit zu bestimmen. Die Ziele waren auch auf Verbesserung der Wirksamkeit von Prävention von wiederholter Gewalt durch die Entwicklung einer Reihe von Empfehlungen in Form von Arbeitsnormen gerichtet. Die Ergebnisse werden im Fachbereich kommuniziert, um die von Kindern begangene, wiederholte Gewalt zu reduzieren.

In **Österreich, Bulgarien und Spanien** wurden parallel drei Studien durchgeführt. Die Hauptforschungsziele waren ein besseres Verständnis des gewalttätigen Verhaltens von Jugendlichen (in der Altersgruppe von 14 bis 18 Jahren) in stationären Betreuungseinrichtungen in Österreich, Bulgarien und Spanien (mit Schwerpunkt Katalonien) zu gewinnen, die bestehenden Programme für Jugendgewaltprävention als auch die Interventionen gegen gewalttätiges Verhalten Jugendlicher zu analysieren, um Empfehlungen für den effektiven Umgang mit wiederholter Jugendgewalt zu entwickeln. Daher zielten die Studien darauf ab, die besten Methoden, neue Wege und Ansätze in den Programmen und

Dienstleistungen für soziale Intervention zu ermitteln und wirkungsvollere Strategien zu entwickeln, um wiederholtes gewalttätiges Verhalten zu verhindern.

Die Studien untersuchten die sozialen Kontexte, Situationen und Mechanismen, die zu diesem Phänomen beitragen. Sie ermittelten die Risiken und Schutzfaktoren für die Vermehrung von Jugendgewalt sowie die verschiedenen Interventionen staatlicher Institutionen. Diese umfassen ein breites Spektrum, von der Wahrnehmung des Phänomens über die geltenden Gesetze und Vorschriften bis zu den getroffenen Maßnahmen, um das Problem zu lösen. Hauptaugenmerk lag auf den Ansätzen, Praktiken, Methoden und Einstellungen von Prävention und Intervention, die dazu beitragen, wiederholte Anwendung von jugendlichen Gewalttaten in stationären Einrichtungen zu verringern.

Forscher schenken ihre Aufmerksamkeit den Situationen, Emotionen, Lernmustern und den Veränderungsprozessen, die die jugendlichen Gewalttäter zu wiederholt aggressivem Verhalten geführt haben. Besprochen wurden auch Bewältigungsstrategien, Ressourcen, Situationen, Beziehungen und die Unterstützung von Netzwerken, die ihnen geholfen haben, Ausbrüche von rezidivierender Gewalt einzuschränken und deren Häufigkeit zu senken. Die Forschung zeigt eine Ähnlichkeit zwischen den Hauptfaktoren, die Gewalttaten in allen drei Ländern verursachen: persönliche Faktoren, familiäre Faktoren, Einfluss Gleichaltriger und die wesentlichen Auswirkungen von Netzwerken und der Gesellschaft. Das ist ein Beweis dafür, dass die verschiedenen Betreuungseinrichtungen, erfasst durch die Studie in den drei Ländern, ihre Arbeit mit aggressiven Kindern aus verschiedenen philosophischen, methodischen und organisatorischen Perspektiven mit unterschiedlichem Erfolg praktiziert haben.

Die vergleichende Analyse zeigt, dass die Gesetzgebung, Politik und Dienstleistungen in den drei Ländern signifikante Ähnlichkeiten zeigen und nur einige Unterschiede vorweisen. Die Systeme unterscheiden sich in ihrem Entwicklungsgrad und ihren Methoden. In allen drei Ländern wird eine Reihe von Dienstleistungen angeboten, um gewalttätige Kinder und ihre Familien zu unterstützen. Sie wenden Präventionsprogramme an, die im Hinblick auf die Familienunterstützung, frühe Diagnose und

Maßnahmen in einem familiären Umfeld effektiv sind. Ihr Erfolg beruht auf der Tatsache, dass sie alle Familienmitglieder einbinden und Arbeit für die Veränderung der Rahmenbedingungen als Ganzes leisten. Allerdings sind diese Programme nicht ausreichend entwickelt und manchmal bieten sie zu wenig spezifische Unterstützung.

Die Präventionsprogramme und Dienstleistungen in den drei Ländern werden von folgenden Institutionen bereitgestellt: Jugendwohlfahrtssystem (Österreich), Generaldirektion für Betreuung von Kindern und Jugendlichen (Spanien), Kinderschutz -Abteilungen und lokale Ausschüsse für Jugendkriminalität (Bulgarien). Zusatzleistungen werden von NGOs zur Unterstützung dieser Institutionen angeboten.

Österreich, Bulgarien und Spanien stehen vor einer Reihe von gemeinsamen Herausforderungen in ihrem Bestreben nach effizienteren Dienstleistungen und Programmen. Einige davon sind:

- Arbeit mit den Familien, besonders mit jenen, deren Kinder fremduntergebracht sind
- Sicherstellung ausreichender finanzieller Mittel für die Entwicklung von verschiedenen, unterstützenden Präventionsprogrammen
- Reduktion des Mangels an speziell geschulten Fachkräften, die mit gewalttätigen Jugendlichen arbeiten, z.B. Sozialarbeiter, Erzieher, Betreuer.
- Lösung der Probleme, die bei Fachkräften zu Burnout und erhöhter Krankheits-anfälligkeit führen
- Maßnahmen gegen die Diskontinuität in der Zusammenarbeit zwischen den Fachkräften , die Jugendliche betreuen .
- Einführung der Einzelfallarbeit als Prozess zur Festlegung klarer Ziele und Anwendung von Indikatoren zur Messung von Leistungen und Veränderungen.
- Sicherstellung der Beteiligung von Kindern und Jugendlichen bei Planungs- und Entscheidungsprozessen, die ihr Leben betreffen.
- Entwicklung von verschiedenen Modellen stationärer Einrichtungen in der Jugendhilfe, um eine Verhaltensänderung der Kinder zu gewährleisten.

- Überwindung der Unvollständigkeit der Prozesse aufgrund des Alters: alle Dienstleistungen sind mit dem Erreichen des 18. Lebensjahres begrenzt. Es gibt nur wenige Möglichkeiten der Unterstützung des Jugendlichen beim Wechsel in das Erwachsenenleben.
- Reduktion des Mangels an Pflegeeltern, die professionell geschult und bereit sind, Verantwortung für Jugendliche mit Gewaltverhalten über definierte Zeiträume zu übernehmen.

Unter Berücksichtigung der 5 Hauptprinzipien (Notwendigkeit, Relevanz, das beste Interesse des Kindes und sein / ihr Recht auf Teilnahme, das Recht auf Schutz und sichere Umgebung, Einbindung des signifikanten Erwachsenen) hat das Expertenteam eine Reihe von spezifischen Empfehlungen zusammengestellt. Die Empfehlungen werden in 5 Gruppen aufgeteilt (1. Arbeit mit Familien und relevanten Bezugspersonen, 2. Dienstleistungen, 3. Partizipation, 4. Fremdunterbringung, 5. Fachpersonal), **die insgesamt 19 Arbeitsstandards und Empfehlungen für ihre Umsetzung beinhalten**. Diese Struktur wurde im Hinblick auf Information und die Möglichkeiten zur direkten Umsetzung von Änderungen, sowohl in den gesetzlichen Verordnungen als auch in der direkten Arbeit mit betreuten Kindern, geplant.

Das Projektteam glaubt, dass das Wissen und das Verständnis für die Gesetzgebung, die Einflussfaktoren und der Methoden zur Betreuung von gewalttätigen Kindern die Schlüssel für die verstärkte und effizientere, professionelle Arbeit sind. Die Schlussfolgerungen und Empfehlungen basieren auf den Erfahrungen von Österreich, Bulgarien und Spanien. Zweifellos gibt es eine Menge an Erfahrungen in diesem Bereich in allen europäischen Ländern. Der Austausch von Wissen und Praxis für die Lösung der Probleme von Kindergewalt ist wichtig für die Entwicklung und Verbesserung der Arbeitsmethoden in diesem spezifischen Berufsfeld. Der Wunsch und die Empfehlung des Expertenteams ist, diese Arbeit auch in Zukunft fortzusetzen und ein spezialisiertes Handbuch für die Umsetzung der Empfehlungen und der Standards für Dienstleistungen für gewalttätige Kinder herauszugeben.

RESUMEN

El presente compendio ha sido elaborado por un equipo de expertos en el marco del proyecto "Juntos contra la violencia", financiado por el Programa Daphne III de la Comisión Europea. El proyecto ha sido elaborado conjuntamente por la Asociación para la Asistencia Social y Pedagógica Infantil FICE – Bulgaria, la Fundación Resilis, España y la Asociación Federal de Comunidades Terapéuticas de Austria.

El proyecto se enfoca en la prevención de casos de violencia por parte de niños y jóvenes de entre 14 y 18 años de edad en Bulgaria, España y Austria. El objetivo principal del proyecto es el aumento de la efectividad en el trabajo con niños y adolescentes a través de la mejora de las actividades de prevención e intervención, con el fin de disminuir la conducta agresiva posterior. Los objetivos específicos del proyecto son la investigación y evaluación de los factores resultantes en actos de violencia, la descripción del sistema actual de provisión de servicios y su eficacia, la mejora de la eficacia de dichos servicios a través de la provisión de recomendaciones y la información a la comunidad profesional.

Fueron realizadas dos investigaciones paralelas en **Austria, Bulgaria y España**. Por un lado la investigación se focalizó en lograr un mejor entendimiento de la conducta violenta por parte de los jóvenes en régimen de acogida residencial de entre 14 y 18 años en Austria, Bulgaria y España (poniendo el acento en Cataluña). Por el otro lado se analizaron los programas existentes de prevención de la violencia entre los jóvenes así como las intervenciones de lucha contra la conducta agresiva de los mismos, con el objetivo de llegar a una propuesta de medidas efectivas para combatir la reincidencia de la violencia entre los jóvenes. De esta manera las investigaciones fueron encaminadas a la identificación de buenas prácticas, nuevas direcciones y enfoques que se apliquen a los programas y servicios de intervención social, así como a las estrategias de prevención de la conducta violenta repetitiva. Las investigaciones exploran el contexto social y las situaciones y mecanismos que originan el desarrollo del fenómeno violento. Se estudian los riesgos y los factores de prevención de

la conducta violenta entre los jóvenes, así como las diferentes acciones de abordaje por parte de los actores estatales que varían desde el registro del fenómeno, el cumplimiento de las leyes y regulaciones aplicables y las medidas correctivas emprendidas para solucionar el problema.

En el marco del proyecto, los esfuerzos se han enfocado en la investigación de enfoques, prácticas, métodos y organización de acciones de prevención e intervención que facilitan la reducción de comportamientos violentos por parte de jóvenes en régimen de acogida residencial. Los investigadores exploraron las situaciones, emociones, modelos educativos y dinámicas de los procesos que sirvieron de estímulo a los jóvenes perpetradores de violencia para desarrollar las conductas agresivas. Asimismo se prestó especial atención a las estrategias de superación de las situaciones generadas por las conductas agresivas, incluyendo los recursos, situaciones, relaciones y redes de apoyo disponibles que ayudaron a reducir la frecuencia de los actos violentos.

La investigación revela similitudes entre los principales factores que conducen a manifestaciones violentas en los tres países implicados: los factores personales, los factores familiares, la influencia de compañeros de edad similar y la influencia significativa de las redes sociales y de la sociedad. Así, las diferentes instituciones residenciales involucradas en la investigación en los tres países, han incluido en su trabajo un espectro de puntos de vista tanto a nivel filosófico como metodológico y organizativo.

El análisis comparativo demuestra que la legislación, la política y los servicios en los tres países muestran similitudes significativas y pocas diferencias. Los sistemas se diferencian en su nivel de desarrollo y en sus metodologías. En los tres países se ofrece un conjunto de servicios de apoyo a niños perpetradores de violencia y sus familias. Se aplican programas de prevención que son efectivos a través del apoyo a las familias, el diagnóstico precoz y la generación de un entorno positivo adecuado. En ocasiones dichos programas no están suficientemente desarrollados por lo que a veces no logran desarrollar de forma efectiva un apoyo específico adecuado.

Los programas de prevención y los servicios que se desarrollan en los tres países implicados fueron proporcionados por: el Sistema de bienestar

juvenil (Austria), la Dirección General de Atención a la Infancia y Adolescencia (España), los Departamentos de protección de menores y las comisiones locales de lucha contra la delincuencia juvenil (Bulgaria). Como apoyo a estas instituciones se presentan también los servicios adicionales ofrecidos por parte de las organizaciones no gubernamentales.

Austria, Bulgaria y España, en su deseo por ofrecer servicios más efectivos, afrontan un conjunto de retos comunes. Algunos de ellos son:

- El trabajo con las familias, especialmente cuando los niños y jóvenes deben ser separados de su ambiente familiar.
- La obtención de recursos financieros suficientes para el desarrollo de los diferentes programas preventivos de apoyo.
- La falta de profesionales con formación adecuada para trabajar con jóvenes violentos, por ejemplo trabajadores sociales, pedagogos y educadores.
- La devaluación y el desgaste de los profesionales, así como la vulnerabilidad del personal.
- Los problemas generados por la ruptura de las relaciones y los niveles de cooperación entre los profesionales que trabajan con dichos jóvenes.
- La introducción de procesos de trabajo específicos relativo a la fijación de objetivos claros y la definición de tareas estratégicas e indicadores cualitativos para medir los logros y cambios.
- Garantizar la participación de niños y jóvenes en los procesos de planificación y toma de decisiones que afectan sus vidas.
- El desarrollo de diferentes modelos de apoyo residencial con el objetivo de garantizar un cambio en la conducta de los niños y jóvenes.
- Superar la falta de procesos y recursos generados por la edad del joven. Generalmente la prestación general del servicio está limitada a los 18 años de edad, con algunas oportunidades de asistencia a los jóvenes durante su vida adulta.
- Hacer frente al déficit de padres adoptivos con formación profesional dispuestos a asumir la tutela de jóvenes con conducta agresiva durante un periodo de tiempo determinado.

En base a cinco principios fundamentales (la necesidad; el grado de importancia; el mejor interés del joven y su derecho a participar en las decisiones; el derecho a la protección y a un entorno seguro; la integración de adultos de referencia de los niños y adolescentes), el equipo de expertos elaboró un conjunto específico de recomendaciones.

Las recomendaciones están divididas en 5 grupos (1. Trabajo con las familias y los adultos de referencia; 2. Servicios y planificación; 3. Participación; 4. Organización de la atención residencial; 5. Profesionales), que en total contienen 19 estándares laborales y las recomendaciones para su aplicación.

Esta estructura está planificada con el objetivo de facilitar la información y posibilitar la integración de cambios de forma efectiva, tanto en el reglamento como en el trabajo directo con los niños y jóvenes en régimen de acogida residencial. El equipo del proyecto considera que los conocimientos y el entendimiento de la legislación, así como de los factores y prácticas de apoyo, relativos a niños perpetradores de violencia, son elementos clave para un trabajo profesional más intensivo y eficiente.

Las conclusiones y las recomendaciones se basan en la experiencia de Austria, Bulgaria y España, pero sin embargo en todos los países europeos se dispone de una enorme experiencia en este campo. El intercambio de conocimientos y buenas prácticas en la solución de los problemas de violencia por parte de niños es importante para el desarrollo y la mejora de las prácticas laborales para los beneficiarios de este campo profesional específico. El deseo y la recomendación del equipo de expertos es que este trabajo continúe desarrollándose en el futuro. Con este objetivo se propone la elaboración de un Manual para el cumplimiento de las recomendaciones y los estándares de servicios destinados a niños y jóvenes perpetradores de violencia.

РЕЗЮМЕ

Този компендиум е разработен от екип от експерти в рамките на проекта „Заедно срещу насилието”, финансиран от Европейската комисия, по програмата Daphne III, и осъществен от ФИЦЕ-България, България; Фондация Резилис, Испания, и Федералната асоциация на терапевтичните общности, Австрия.

Проектът е съсредоточен върху превенцията на случаи на повторно насилие от страна на деца и младежи на възраст 14-18 години в България, Испания и Австрия. Основна цел на проекта е да увеличи ефективността на работата с деца и младежи чрез подобряване на превантивните дейности и намесата с оглед на намаляване на случаите на последващо агресивно поведение. Конкретните цели на проекта са свързани главно с проучването и оценяването на факторите, които водят до употребата на насилие от деца; с описание и анализ на системата за грижа за деца, извършители на насилие, за да се установи ефективността ѝ; с подобряването на ефективността на превенцията на повторни прояви на насилие, разработвайки набор от препоръки под формата на работни стандарти; с информиране на професионалната общност в Европа, за да се намалят проявите на повторно насилие от деца.

Две паралелни проучвания са проведени в **Австрия, България и Испания**. Основните цели на проучването са да се постигне по-добро разбиране на агресивното поведение от страна на младежи, настанени в институции за резидентна грижа(14-18 години) в Австрия, България и Испания(с акцент върху Каталония); и да се анализират наличните програми за превенция на младежкото насилие и намесата за справяне с младежкото насилие, за да се измислят ефективни начини за справяне с повторните прояви на младежко насилие. Следователно целите на проучването са да се установят най-добрите практики, нови направления и подходи, които да бъдат използвани в програмите и услугите за социална намеса, както и по-добри стратегии за справяне с повторното агресивно поведение. Проучванията изследват социалния

контекст, ситуациите и механизмите, които допринасят за това явление; те изучават рисковете и факторите, които спомагат за появата на младежко насилие, както и различните начини за реакция от страна на държавните институции, които варират от възприемане на явлението, приложимите закони и разпоредби и мерките за справяне с проблема.

Усилията са насочени към изучаване на подходите, практиките, методите и условията за превенция и намеса, които спомагат намаляването на повторно използване на насилие от страна на младежи в институции от резидентен тип. Изследователите са проучвали ситуациите, емоциите, моделите на учене и променящите се процеси, които са довели до повторно агресивно поведение от страна на младежи. Също така, се обръща внимание на стратегиите за справяне, ресурсите, ситуациите, връзките и подкрепата, които са им помогнали да поставят под контрол и да намалят разпространението на повторното насилие.

Проучването разкрива сходство между основните фактори водещи до прояви на агресия в трите страни: лични фактори, фактори в семейството, влиянието на връстниците и важноста на влиянието на връзките и обществото. То показва, че различните институции от резидентен тип включени в проучването в трите държави, подхождат към работата с деца с агресивно поведение от различни философски, методологически и организационни перспективи, както и с различна степен на успеваемост.

Сравнителният анализ показва, че в законодателството, политиките и услугите в трите държави се проявяват значителни прилики и само няколко различия. Системите се отличават в своето ниво на развитие и методологии. И в трите страни се предлага спектър от услуги за подкрепа на децата извършители на насилие и техните семейства. Те прилагат програми за превенция, които са ефективни по отношение на подкрепата на семейството, ранна диагностика и мерки в семейната среда. Техният успех е следствие от подкрепата на всички членове на семейството, както от работата върху променящата се среда като цяло. Въпреки това, тези програми не са достатъчно развити и понякога не успяват да предоставят адекватна подкрепа. Програмите за превенция

и услуги, осъществявани от държавите, се осигуряват от: Системата за благосъстоянието на младежите (Австрия), Главната дирекция за грижа за деца и младежи (Испания) и Отделите за защите на детето и Местните комисии за борба с противообществените прояви на малолетни и непълнолетни (България). Допълнителни услуги се предоставят и от неправителствени организации, подпомагащи тези институции.

Пред **Австрия, България и Испания** стоят общи преизвикателства в техните усилия към по-ефикасни услуги и програми. Ето някои от тях:

- Работа със семейства, особено в случаи, когато детето трябва да бъде изведено от семейната среда.
- Осигуряване на достатъчни финансови ресурси за развитието на различни програми за превенция.
- Преодоляване на недостига на недостига на професионалисти, обучени конкретно за работа с младежи с агресивно поведение, т.е. социални работници, обучители, възпитатели.
- Справяне с професионалното изтощаване и уязвимостта на персонала.
- Преодоляване на липсата на координация и съвместна работа между професионалистите, работещи с младежи.
- Въвеждане на работата по случай като процес на поставяне на ясни цели и показатели за измерване на постиженията и промените.
- Осигуряване на участието на деца и младежи в процесите на планиране и вземане на решения, засягащи техния живот.
- Развитие на модели на подкрепа в резидентна услуга за осигуряване на промяна в поведението на детето.
- Преодоляване на непълнотата на процесите свързани с възрастта: достъпността на услугите е ограничена до 18 години, като има само няколко възможности за подкрепа на детето при навлизането му в живота на възрастен.
- Преодоляване на недостига на приемни родители, които са професионално обучени и с готовност да поемат отговорност за младежи с агресивно поведение за точно определени периоди от време.

Следвайки 5 основни принципа (необходимост; приложимост; най-добрия интерес на детето и неговото право на участие; правото на защита и на безопасна среда; включване на близки и роднини) екипът от експерти разработи набор от конкретни препоръки.

Препоръките са разделени в 5 групи (1. Работа със семейства и близки 2. Услуги и планиране 3. Участие 4. Резидентни услуги 5. Професионалисти), съдържащи общо 19 работни стандарта и препоръки за тяхното осъществяване. Тази структура е планирана с оглед на предоставянето на информация и възможности за непосредствена работа с деца в различни услуги.

Екипът, работещ по проекта вярва, че знанието и разбирането на законодателството, допринасящите фактори и практиките включващи деца, извършители на насилие, са ключови за подобряването на ефективността на професионалната работа.

Заклученията и препоръките са основани върху опита на Австрия, България и Испания, но несъмнено всички европейски държави имат голям опит в тази област. Обмяната на опит и практики за разрешаване на проблемите свързани с насилие от страна на деца, е важно за развитието и подобряването на практиките за работа с клиенти конкретно в тази професионална сфера. Пожеланието и препоръките на екипа от експерти са свързани с продължаване на работата в тези насоки и за в бъдеще, както и за разработването на Наръчник за осъществяване на препоръките и стандартите за услуги, насочени към деца с прояви на агресивно поведение.

COMPENDIUM

of chapter terminology

Participation. Everything children do, individually and collectively, in order to influence and transform their society, their environment, their relations and opportunities for personal and collective development. Therefore, it is everything that makes children actors of their own life and of their environment. Participating is choosing and deciding (Cots, 2005). Children can decide on issues within their reach, if they have previously reliable information; it is a matter of respect and naturalness.

Socialization. Lifelong process of inheriting and disseminating norms, customs and ideologies providing the individual with the skills and habits necessary for participating within his or her own society, as well as the internalization of the values and motives that justify their maintenance.

Indicators. Measurement tool to assess and monitor the work; it is used as a part of a monitoring system. The indicators should have the following characteristics: objectivity, creativity, and relevance, validity of the obtained results, consensus, clarity, consistency, flexibility, profitability and consolidation.

Professional burnout. Syndrome of emotional exhaustion, depersonalization and reduced personal achievements that occurs to professionals caring for other people. Three relevant dimensions can be specified: the emotional exhaustion, refers to the feeling of being emotionally overwhelmed from the contact with children and adolescents and other people; the depersonalization, refers to the lack of sensitivity in dealing with people; and reduction of the feeling of

personal achievement, refers to the underestimation of the level of competence regarding the professional work.

Adolescents, youngsters, youth. It concerns mainly the group of underaged between 14 to 18 years old, age group object of the research in Daphne Project; though it may refer to the limiting ages as well, when considering the applications of these recommendations guidelines.

Violence. In Daphne project, it's defined as given in the World Report on Violence and Health (WHO, 2002; 4), namely: "The intentional use of physical force or power, threatened or actual, against oneself, another person, against a group or community, or against property that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, deprivation or damage." There were also taken into consideration definitions of antisocial behaviour given in sources such as the Diagnostic and Statistical Manual of mental disorders (DSM, 2013), International Classification of Diseases –ICD-10 (WHO, 1990), and other sources. The given definition encompasses interpersonal violence as well as suicidal behaviour (that is, violence against oneself), as well as against property; covering a wide range of acts not only physical, but including threats and intimidation as well, comprising individuals, families and communities (WHO, 2002).

Intervision. An incidence method with its own epistemology and methodology, that helps to work and think about work. It is a tool for assessment, counseling and guidance between members of the same group, usually (but not necessarily) with supervisory experience. Also known as "peer assistance", to do collaboration among colleagues.

Early intervention. Clinical, educational or social action taken in early phases of any process, generally regarding disabilities, risks, or developmental disturbances or delays. In the context of this Guide, this intervention is considered critical in the sense of taking actions to

manage difficulties regarding the child's well-being in maltreatment or violence situations and predictors, as soon as they appear.

Biographical work. Process of development; start up with an anamnestic paper at the beginning of placement; the enlargement and completion of the individual biography proceeds through continuous cooperation and information transfer with all related persons of reference (family and professionals and children/adolescents).

Trauma-pedagogic orientation. Working method that gives the possibility to implement the trauma in the personal life story; Change of dysfunctional believes and approaches; finding sense in living here and now; development of body perception and body care; self regulation of traumatic memory; confidence in relations.

Article 12 on the Convention of the Rights of the Child. The right of the child to be heard. In Paragraph 1, it assures the right to express his or her own views to every child capable of forming them, in all matters affecting their life, given due weight in accordance to age and maturity. Paragraph 2 of the Article states in particular that the child shall be afforded the right to be heard in any judicial or administrative proceedings affecting him or her. Link for consultation: <http://www.coe.int/t/dg3/children/participation/CRC-C-GC-12.pdf>

Tutorship. Referring to the office, duty or care of a tutor, it might be also generally identified as guardianship or tutelage, or as the individual pupil teaching. In the context of this Guide, it can be understood as the action of the child's principal reference figure, both in structural planned intervention and in everyday accompanying and task as a principal reference figure. Among the principal functions are mentoring and giving a strong safe bond to the child; plan and follow-up its process within the center and beyond; establish objectives and work goals together with the child. The figure of the tutor centralizes most of his/her process.

Social Competence model. In each stage of personal development the human being needs some social skills in order to be able to achieve his/her goals in all spheres of life. The development of these skills is influenced by different factors: the affective attachment of the young kid to some significant adult, the living environment, the communication with peers and adults, the health status and physical development. There are different models of Social Competence, all of them related to the age and life tasks that the person has to fulfill.

Autonomy. Capacity of a subject to assume and elaborate socialization and sociability in a personal manner both from an internal/psychological or external/social perspective.