



Supported by
the Criminal Justice Programme
of the European Union

LISTEN TO THE CHILD - JUSTICE BEFRIENDS

THE CHILD contract No JUST/2013/JPEN/AG/4601



This publication has been produced with the financial support of the Criminal Justice Programme of the European Union. The contents of this publication are the sole responsibility of Social Activities and Practices Institute and can in no way be taken to reflect the views of the European Commission.

1. Methodology of the study

This section presents various practices for safeguarding children's rights, for protection of and support to child, in some cases female, victims and witnesses of crime. The study covers the six European countries where also the national studies of the situation of child victims or witnesses of crime were conducted. The practices described are not necessarily exhaustive or representative of the situation at the national level in the respective country. The selection of practices was based on one main criterion, namely the application of an integrated approach to guarantee the protection and recovery of child victims or witnesses of crime, as well as operating in the best interest of justice.

The study has two main aspects to it:

- 1) presentation of practices for child-friendly hearing and accompanying during legal procedures;
- 2) presentation of protection and recovery services for victims.

2. Best practice for safeguarding the rights of the child and supporting children involved in legal procedures: the Pediatric Medico-Legal Units in France

Marie-Laure JOLIVEAU
Olympe IDRISSE
Martine BROUSSE
Odile MAURICE
Claudine BURGUET

As a whole, France has a satisfactory range of legal and administrative tools in place for protection of child victims. However, their use is not unproblematic and a number of deficiencies have been registered in this respect. For example, the French legislation does not contain provisions for individualised needs assessment. Furthermore, the specific child protection needs are not taken into account. Nevertheless, the initiative of some local professionals working with and for children, who have implemented projects in this field, should be mentioned.

The administrative protection of children is meant for all children in danger or at risk of being in danger. Child protection and the aims of Aide Sociale à l'Enfance (the Social Assistance for Children) are provided for in the Social Assistance and Family Code. The various protection and prevention measures seek to guarantee

the role of the family and the inclusion of the family, to offer individualised care, provide early prevention and safeguard the interests of the child.

From a legal point of view, the protection of children in danger should be guaranteed by the Juvenile Judge when *“the health, safety or morale of an unemancipated child is threatened or if the conditions under which their upbringing or their physical, emotional, intellectual and social development take place have strongly deteriorated”*⁴¹. In order to assess the child’s situation, the Juvenile Judge decides on legal measures for initiation of investigation with a view to gathering information related to some social and educational aspects of the child’s life. The judge delegates the implementation of these measures to a particular service unit with the Aide Sociale à l’Enfance (ASE) under the umbrella of the District Court or to an association. In addition, they take action seeking to assist children and their families in their attempts to overcome the difficulties and they order that the child’s upbringing and education be under supervision.

A child who is a victim of maltreatment and/or sexual abuse is above all a suffering child; only then is it a claimant or a plaintiff!” Taking into account the child’s distress, as well as the quest for formal legal truth, requires that barriers to the authorities or services be removed so that they can take good care of the child victim.

It is important that these suffering children are provided with an overall and multidisciplinary support. For this purpose the Federation of Associations Voix De l’Enfant (The Voice of the Child) decided to develop projects based on an integrated and multidisciplinary approach whose goal is to make sure child victims of sexual abuse and other forms of maltreatment are heard.

2. 1 **General context for setting up Pediatric Medico-Legal Units (PMLUs)**

In 1997 combating child maltreatment and abuse was declared a national priority. Significant deficiencies in the provision of care to child victims were registered, both from a legal, as well as from a medical and social point of view. The following simile could be used to describe the situation at the time: “a station with trains, each on their own track, the tracks never crossing each other”. Children, however, are a sensitive and vulnerable group of the population which deserves care and special focus due to their weakness. This calls for recognition of the fact that child victims need special treatment.

Legislative context during the specified period

This is why in order to ensure child victims of abuse are protected, law-makers included a number of provisions with legal and administrative protection measures. From a legal point of view, **Act 98-468 of 17th June 1998** introduced in

the Criminal Procedure Code a number of provisions pertaining to the prevention of and penal measures for sex crimes and the respective protection of children.

More specifically, pursuant to the above law the Regional Prosecutor or the Investigating Judge appoints an *Ad-Hoc* Person-in-Charge of the Child when the protection of the child's interests is not fully guaranteed by their lawful representatives as a group or individually. The possibility to make an audio-visual recording or just an audio recording of all interviews/ hearings of child victims of sex crimes is provided for.

On the other hand, even though the Act of 1998 does not provide for specific venues to conduct hearings of child victims, **Circulation Letter CRIM 99-4, dated 20th April 1999**, on audio-visual recordings or audio recordings of hearings of child victims of sex crimes lists the venues where such child interviews can be held (the police station, a court institution, purpose-built facilities). The above circulation letter also allows the presence of a third party to accompany the child should the judge decide so.

Equally, in **Circulation Letter DACG No. 2005-10, dated 2 May 2005**, on improving trials for sex-related crimes it is recommended to improve the support and care for child victims. It makes a special point of the importance of a third party's presence since this can calm down the child and facilitate the work of the investigating staff during the interview.

Furthermore, the Act of 1998 provides for the following: *“child victims can be asked to undergo a medical and psychological examination in order to evaluate the nature and severity of the harm inflicted upon them and establish if it requires a suitable treatment or care of some kind”*.

Finally, **Act No. 2007-291, dated 5 March 2007**, aimed at redressing the balance in criminal proceedings, introduced new protection measures for child victims of sex-related crimes.

On the one hand, it provides for the legal requirement to record child interviews² and allows the use of video-conferencing for confrontation with the defendant or for interviewing the child during the court sitting³. On the other hand, the law provides for a requirement to provide support to the child victim by a lawyer during their interview with the Investigating Judge.⁴

As regards the administrative protection of children in danger, **Act No. 2007-293, dated 5 March 2007**, which seeks to reform child protection, introduced basic guidelines in the administrative system. It focuses specifically on improvements to the warning system used for children in danger or children at risk of being exposed to danger by introducing the term “alarming information”.

The legislation also improves the processing of information concerning such children by setting up Units for Collection, Processing and Assessment of Alarming Information (AIUs) – a single centralised place managed by the District Council. In addition, the Chair of the District Council is in charge of children's supervision and ensuring the continuity and consistency of actions. The law also introduces a requirement for setting up a Child Protection Observatory in each district.

2. Art. 706-52 of the Criminal Procedure Code

3. Art. 706-71 of the Criminal Procedure Code

4. Art. 706-51-1 of the Criminal Procedure Code

Finally, the Act of 5th March 2007 introduced a change to what constitutes a “professional secret” and to the exchange of information. The professional secret principle still applies; however, exceptions are envisaged: on the one hand, for any professional in case of deprivation and abuse the child suffers and, on the other hand, for doctors in case of physical, sexual, psychological or other type of abuse. In addition, there is a requirement for immediate communication of alarming information and for exchange of secret information in order to judge the situation.

Deficiencies found in the general context of the period

All professionals working for and with children are now obliged to provide special treatment of child victims. Immediately after detecting a crime or in case of a suspected crime, it is necessary to do a social, medical and psychological evaluation of the victim and their family environment. Nevertheless, the deficiencies and weaknesses in this respect are substantial.

As regards the requirements for conducting an interview with child victims, recording the interview is obligatory and is to happen during the preliminary investigation. Despite this, there are no requirements as to the number of interviews to be conducted, which is left at the discretion of the investigating staff and magistrates.

Furthermore, despite the fact that the French legislation sets out a requirement that the first interview be recorded, there are no such provisions for the interviews to follow. It should be noted, however, that this recording is rarely used at the next stages of legal proceedings, thus putting the child in a situation where they get heard more than once or are confronted with the alleged offender in the office of the Investigating Judge first and then there is another hearing before the criminal court or the criminal court of appeal.

As regards the conditions under which the interview with the child victim takes place, the Act of 17th June 1998 does not provide for special facilities. Children are most often than not interviewed at police stations, and recordings are not made systematically either due to lack of equipment or the poor quality of such. Despite this some police teams have the so-called “Melanie rooms” at their disposal, which are equipped with the relevant interview recording equipment.

One of the deficiencies in the French system is the lack of coordination between the child’s reception, the interviewing process and the medical examinations. Because of this the child often enough has to repeat their story and relive the experience.

In addition, preparing the child for the interview is not a recommendation in any of the documents. In actual fact, at police stations often there are neither specialised teams, nor special reception, nor preparation for interviewing of child victims.

Often enough, these children wait in the corridors and sometimes they are there together with the alleged offender.

In conclusion, it is unfortunate that no uniform practice is introduced nationally, within the competence of each District Court, to be used by the professionals working in this field.

So, the team of the French federation of associations Voix De l'Enfant (The Voice of the Child) found that the information gathered from the child is not sufficient; neither are the conditions for this exercise suitable. In addition, the division between the participating institutions does not allow for an overall and multidisciplinary consideration and satisfaction of the child victim's needs.

This is why in order to ensure the protection of child victims and in pursuance of the Act of 17th June 1998, Voix De l'Enfant set up Pediatric Medico-Legal Units (PMLUs) under the umbrella of the hospital-based centres for child victims of sexual abuse or other violations.

Besides, in the District Court and the Police Station of the town of Angers rooms for protected interviews and confrontation were set up recently. Voix De l'Enfant believes that this initiative is in line with the objective to provide overall support to child victims from the first discovered facts of a suspected crime all the way through the court proceedings.

PMLUs and the rooms for protected interviews and indirect confrontation with the offender were selected for inclusion in the best practice presentation regarding care for child victims of crime in the French justice system. Even though all of these institutions have their specific role, it is important to note that all of them participate in the process of providing protection, each of them being a full-fledged player in the provision of full and effective care for the child victim.

2. 2

Goal and/or objective

First and foremost, the role of AIUs needs to be stressed upon as a player intervening at the start of the protection process. Alarming information means *“any item of information, including medical, which gives reasons to believe that the child is in danger or at the risk of being exposed to danger, that they might need help and that they need to be transferred to the district unit for assessment and next steps”*.⁵

The purpose of the AIU is to centralise at the district level and collect in a single place all the alarming information concerning children in danger or at the risk of being exposed to danger in order to prevent the loss of this information. In addition, this unit processes and assesses the alarming information. This processing and assessment takes some time, the aim being to come up with an evaluation of the situation (a diagnosis) to decide whether the child is in danger or at risk of danger.

5. Practical Manual on Child Protection, Ministry of Health and Solidarity - District Units for Collection, Processing and Assessment http://www.social-sante.gouv.fr/IMG/pdf/Guide_Cellule_depart_3_BAT-3.pdf

As regards PMLUs and the rooms for protected hearings and indirect confrontation, the purpose of these places is to receive a child victim in a secure and safe environment and for them to be heard under the best possible conditions by trained multidisciplinary professionals. In as much as it is possible, the child should be protected from further trauma during the different stages of criminal proceedings, bearing in mind that repeated statements means reliving the experience.

More specifically, the PMLUs designed and set up by Voix De l'Enfant are based in a hospital setting, often in pediatric wards. They offer a unity of place, time and action for professionals and child victims, as well as provision of overall care in a safe and peaceful place. These specific places provide a suitable response to the needs of the child from a medical, social and judicial point of view, both in terms of investigation and establishing the truth.

Indeed, the hospital is believed to be the most suitable place for provision of support to child victims of sexual abuse or maltreatment. The aim is to prevent stigmatisation and preserve anonymity since there the child will not be recognised as a victim of abuse.

Another objective of PMLUs is to decide, straight upon the child being admitted to the ward, on their possible judicial or administrative protection and launch the provision of multidisciplinary support. This support to the child at the PMLU makes it possible for the child to be interviewed in a suitable environment by criminal or regular police officers accompanied by a psychologist. This also allows for all medical or psychological examinations required for the investigation to be carried out on the spot.

On the other hand, in order to provide such conditions to the children throughout the legal proceedings, Voix De l'Enfant and all interested professionals looked for a better-adapted response to the interviews before the Investigating Judge and during confrontations with the offender. As a result, the Federation created the first protected interview room in the District Court of Angers, as well as an indirect confrontation room at the Central Police Station.

These special places improve the conditions for provision of support and for interviewing child victims throughout the pre-trial stage. In practice, they make it possible for children to be heard by an official or magistrate without them having to confront in person the alleged perpetrator of the crime and make their statements without being physically present in the court room.

2. 3

Practice

Upon the issue of a signal or the lodging of a complaint with the Prosecutor's Office, the latter approaches the competent police authority so that the child (a supposed victim) can be taken to hospital and admitted in a PMLU. This allows for medical examinations to be carried out, psychological support provided and the child referred to qualified professionals, all in one single place.

Most often than not the child victim and their family or the person holding parental responsibility in relation to the child, are met by (a) social worker(s), (a) nurse(s) or (a) psychologist(s). Then they get familiar with the setting and the staff. Next the child is prepared for the interview. The aim is to give the gist of the procedure and dispel the child's fears as much as possible. The child's trust should be gained and they should be informed about the way the interview goes, about the purpose of the audio-visual recording and what the next stages of proceedings hold for them. The child's preparation for the interview is an opportunity to find out about the child's feelings, their state of mind, none of the disturbing events being discussed in the course of this conversation.

It is possible to have another type of preparation before the judge prior to the interview. It can be undertaken by the *Ad-Hoc* Person-in-Charge of the Child in addition to his initial tasks or by the child's lawyer or by a victim-support association in the event that no *Ad-Hoc* Person-in-Charge of the Child was appointed. This is meant to prepare the child prior to the trial by giving them the opportunity to see the premises and explaining to them the consequences of the trial outcomes.

With a view to eliminating the shortcomings arising from lack of coordination, in each PMLU there is a Coordinator (who is a social worker or a psychologist) in charge of the link between the various professionals involved. On the one hand, the Coordinator is the first to establish contact with the child so as to gain their trust; on the other hand, they receive the child's family in order to decide if they can protect their child. If required, the Coordinator can write a report on the child's and/or the family's behaviour to be sent to the Regional Prosecutor.

Once the child is prepared for hearing, a criminal police officer holds the interview, which is recorded, often in the presence of a child psychiatrist, a psychologist or a social worker behind a Venetian glass. If the child needs calmed down, the presence of a third party can be considered. This person, however, should remain silent and not intervene during the interview. This is about providing support to the child, not to the investigating officer.

If required, however, and with a special order issued by the Prosecutor's Office, a psychologist can be requested to help by advising the interviewer on the way the interview is conducted. Since the child does not always express themselves verbally, the intervention by a psychologist is needed at times in order to analyse the child's verbal behaviour and behavioural attitudes. With very young children the body language allows collecting information on different aspects.

The interview facility at the PMLU is a soundproof room suited to the child's needs. All that could be done for the child to feel comfortable, at ease and safe is in place. The interview room contains a portable camera and microphones, a system of headphones, toys, a glass-top table and some chairs. The room with the technical equipment is equipped with a digital terminal with two DVD-recorders, a control monitor and PC, as well as earphones for contact with the interview room. The two rooms are separated by a Venetian glass. A copy of the

recording is made and filed with the case documentation for future reference. The original is sealed.

During the child interview the PMLU Coordinator talks to the person accompanying the child to make a social assessment. This stage is of crucial importance since it allows gathering information about the circumstances the child victim lives in and the capacity of their close relatives to provide support. Based on the information thus collected, a referral to support structures is recommended (a Medico-Psychological Centre, a Victim Support Association, social and education institutions). In addition, psychological observation is proposed; however, it is not imposed, if rejected. In some cases after the hearing the care specialists get in touch with the family in order to make sure the required observation is organised.

As regards the medical examination carried out at the PMLU, it is preferably undertaken after the interview so that the pediatrician or the gynecologist examining the child does not have to ask them questions again, unless findings are required urgently. In reality, during the child's preparation for the interview all professionals involved in providing support to the child are informed of this. The medical examiner is warned too about the need for a medical examination and could participate in the interview from behind the Venetian glass or they can observe the interview prior to examining the victim. The aim is for the child not to be asked to make their statement repeatedly and relive the experience.

The support, care and observation offered at the PMLU prevent further trauma, alleviate the suffering of the children, while contributing to establishing the truth.

At the procedural level the stakeholders sign a protocol thus laying the foundations of a multidisciplinary approach. The protocol sets out the role of each professional in receiving and supporting child victims. Besides, the Managing Committee comprised of representatives of the parties who signed the protocol, meets many times throughout the year. It is tasked to develop and implement procedures, as well as evaluate the activities carried out in the PMLU.

As regards the confrontation between the alleged perpetrator and the child victim, the French law does provide for such a confrontation between the two parties. It can take place during the investigation and/or during the pre-trial phase. If watching the recorded preceding interviews is crucially important so as not to ask the child to go repeatedly through it all and gradually start to internalise the wording of adults, the use of a video-conferencing for confrontation purposes is needed too at all stages of the legal procedure.

This is why in order to improve the conditions for providing support to and conducting interviews with child victims, the Regional Prosecutor and police officers from the town of Angers, together with Voix De l'Enfant staff, installed in designated rooms at the District Court and the Central Police Station innovative digital recording equipment, as well as a system for video-conference calls.

In the court house the equipment is fixed in the office of the Investigating Judge and there is a link with a waiting room where, accompanied by their lawyer, the child can get heard or meet the alleged perpetrator without direct physical contact. At the police station the equipment is installed in two premises designated for the Family Protection Team.

Each room not directly accessible is linked with an audio-visual system, which enables, on the one hand, the child to see on a screen the Investigating Judge or the police officer, and the defendant, and, on the other hand, it enables the defendant, who is sitting before the Investigating Judge or the police officer, to see the child on screen. Finally, the Investigating Judge or the police officer can see on screen the child and the alleged offender, which gives them the opportunity to observe the reactions of each of the two parties as they emerge. All interviews and confrontation exercises taking place in court or at the police station are recorded and they can be watched at a later stage.

The room for conducting indirect confrontation at the police station in the town of Angers, which is identical as the one in the District Court (these represent a new development for France), is made available to police officers in the Family Protection Team who have to hear the child as part of an interview or a confrontation with the alleged offender without any direct contact between the offender and the child victim. As regards the protected interview room at the District Court in the town of Angers, it is made available to the Investigating Judges who need to interview the child in order to get further details or complement existing statements obtained as a result of the interview at the PMLU or during confrontation, or as part of the court proceedings.

Furthermore, through this mechanism, unless the child does want to appear before the court, they will not be forced to do so and produce their testimony at a court sitting. For this purpose, Voix De l'Enfant fixed screens in the Criminal Court and the Criminal Court of Appeal in the town of Angers.

On the other hand, hearing a child victim requires specialisation on the part of the interviewer and the magistrates. Members of the Family Protection Team at the police station in the town of Angers should complete a 29-hour training consisting of 6 modules, 2 out of which concern the psychological and technical aspects of child victim interviewing. There are optional modules too, allowing interested police officers to expand on their knowledge.

Magistrates who regularly interview child victims can build on their initial training received at Ecole Nationale de la Magistrature (The National School for Magistrates) by participating in training as part of continuous training programmes. For example, training is available on the following topics: *Abused Children: Judicial Challenges; The Word of the Child in the Administration of Justice; Court Hearing: Approaches and Methods.*

It is also important to note that Voix De l'Enfant is called upon to organise and deliver multidisciplinary training modules meant for PMLU professionals.

Finally, as regards the various professionals participating in the provision of the services described, it should be emphasised that observing the complementarity-of-competence principle preserves the specialist nature of the work of each professional: be they magistrate, pediatrician, police officer, doctor, medical examiner, social service official, child protection or victim-support association member of staff.

So, with this multidisciplinary approach designed jointly by all professionals involved, the child's interests and protection are taken into account, together with their right to protection and the needs arising from ascertaining the truth. This entire mechanism - from PMLU to protected interview room - allows for children to be protected from further trauma and facilitates, through a safe environment, the hearing and interviewing processes as part of the pre-trial proceedings.

2. 4

Results

Since the protected interview room and the indirect confrontation room have been set up only recently, at this point in time there are no results, data or a survey, based on which to analyse the efficiency and the advantage of having such structures. Nevertheless, PMLUs allow the development and implementation of various studies which confirm the need to set up such units.

Data collection on the way PMLUs operate happens by means of completing a standard matrix circulated by Voix De l'Enfant to each unit. This data makes it possible to come up with statistics on the reception, care and hearing of children in PMLUs.

In addition, at PMLU level a Coordination Committee or a Managing Committee comprised of all types of professionals from the units meets annually. This committee does the annual evaluation of the work and makes recommendations for improving some elements, should any difficulties be faced or some new needs be identified.

6. National Observatory for Children in Danger, La documentation Française, May 2014 – Taking into Account What the Child Says. A Survey of PMLUs.

On the other hand, in 2014 at the request of Voix De l'Enfant the National Observatory for Children in Danger (NOCD) published a survey on PMLUs⁶ from the perspective of the status of the child victim in criminal proceedings. The results varied among the units.

The NOCD carried out a quantitative survey sending out a standard questionnaire covering various topics (data on the work of PMLUs, organisation of the work, the operation of and practices within PMLUs). The survey is also based on a qualitative approach, including visits to various structures, discussion with experts and review of a number of administrative documents.

On the one hand, this survey brings clarity as regards the achievement of various PMLU objectives and, on the other hand, it makes recommendations aimed at the child. Thus, the NOCD proposes: „analysis of the conditions allowing or failing to allow PMLUs to meet in the best possible way the demands of the

*judicial authorities as part of the process of establishing the legal truth, taking into account the best interests of the child who needs to be assessed holistically as an individual, not as a victim alone*⁷⁷.

Finally, the importance and expertise of the AIUs and the District Observatories should be noted in relation to collecting data on child protection at the district level. In reality, in order to track the development of children in danger in the respective district, the AIU passes anonymous data to the District Observatory, as well as the NOCD, which in turn makes it possible to adjust the local child protection policy.

The District Observatory bases its work more specifically on the work of the District AIU which provides the data related to the alarming information it received and processed. The data submitted is entered into a database managed by the District Observatory. In addition, data concerning children in danger in the district is passed to the NOCD which studies it in compliance with its mission for consistency of digital data. The data collected in this way is fed in to create the big picture of children in danger at the national level.

2. 5 **Basic principles and relation to international standards**

The PMLUs, as well as the protected interview rooms and indirect confrontation rooms discussed above, can be regarded as best practice compatible with international standards in several aspects.

In the beginning, in 1990 France ratified the **UN Convention on the Rights of the Child (CRC)** approved in November 1989. In this first international document, which provides specially for the rights of the child and is legally binding, the child is recognised as a legal entity, thus a right holder. The French legislation, as well as the practices described above, are undoubtedly imbued with these values because they assign the child an active part in court proceedings.

More specifically, the subject and mission statements of the PMLUs is a reflection of the **Guidelines on Child-Friendly Justice**, adopted by the Committee of Ministers of the Council of Europe in 2010, which require the setting up of *“child-friendly, multi-agency and interdisciplinary centres for child victims and witnesses where children could be interviewed and medically examined for forensic purposes, comprehensively assessed and receive all relevant therapeutic services from appropriate professionals”*. In this case there is an obvious alignment of the PMLUs with this provision.

As regards the right of the child to be informed, **General Comment No. 12** of the Committee on the Rights of the Child states that the child should be informed *“about issues such as availability of health, psychological and social services, the role of a child victim and/ or witness, the ways in which “questioning” is conducted, existing support mechanisms in place for the child when submitting a complaint and participating in investigations and court proceedings (...)”* (Item 64).

The Convention on Protection of Children against Sexual Exploitation and Sexual Abuse (hereafter called the Lanzarote Convention) of 2007 sets also a requirement informing children *“of their rights and the services at their disposal and, unless they do not wish to receive such information (...), the general progress of the investigation or proceedings, and their role therein (...)”* (Art. 31, Para. 1, Sub-Para. a).

In the case of the practice described, upon the child’s arrival at the PMLU, the care staff and the criminal police officers explain to them in more detail why they need to stay in the unit, how their hearing will be conducted and the course of the proceedings. During the investigation phase and during the interview, the Investigating Judge, the lawyer or *Ad-Hoc* Person-in-Charge of the Child, if they have one, inform them about the way the proceedings develop.

As regards the support and observation of child victims, the document **UN Principles and Guidelines on Access to Legal Aid in Criminal Justice Systems**, approved in 2012 by the UN, reads as follows: *“Appropriate advice, assistance, care, facilities and support are provided to victims of crime, throughout the criminal justice process, in a manner that prevents repeat victimisation and secondary victimisation”* (Para. 48 a). Equally **the Lanzarote Convention** provides for *“measures to assist victims, in the short and long term, in their physical and psycho-social recovery”* (Art. 14).

In the case of the practice described, the initial emergency care or the care required for the investigation are provided immediately at PMLUs. Psychological support and psychological observation are always offered, which the child or their representatives can refuse. In addition, the child and their family get counselling.

As regards the support provided to child victims, according to **General Comment No. 13** of the Committee on the Rights of the Child: *“child victims of violence should be treated in a child-friendly and sensitive manner throughout the justice process, taking into account their personal situation, needs, age, gender, disability and level of maturity and fully respecting their physical, mental and oral integrity”* (Item 54, Sub-Item b). Indeed, the Lanzarote Convention reminds that it is necessary to set up *“multidisciplinary structures to provide the necessary support for victims, their close relatives (...)”* (Art. 11) and adopt *“a protective approach towards victims, ensuring that the investigations and criminal proceedings do not aggravate the trauma experienced by the child (...)”* (Art. 30, Para. 2).

In the case of the practice described, the setting up of the different structures described ensures compliance with these provisions since the situation and distress of the child are taken into account in a holistic and multidisciplinary manner. The best interests of the child are safeguarded, bearing in mind their individual needs too. All possible steps are taken for the child to feel safe, protected and heard in compliance with the procedure.

Multidisciplinarity is an important concept as regards treating child victims. This idea was specifically grounded in the **UN Guidelines on Justice in Matters Involving Child Victims or Witnesses of Crime**, approved by the UN Social and Economic Council in 2005. They read as follows: *“In assisting child victims and witnesses, professionals should make every effort to coordinate support so that the child is not subjected to excessive interventions”* (Para. 23) and *“to adopt an interdisciplinary and cooperative approach in aiding children (...)”* (Para. 43).

In the case of the practice described, all professionals described above who take part in the mechanism for child victims’ protection do cooperate with each other, applying a multidisciplinary approach. Magistrates, criminal police officers, doctors, psychologists, social workers work together, each in their own area, in the interest of the child. More specifically, this approach is made possible thanks to the use of protocols, which promotes cooperation among various structures (PMLUs, the police station, the District Court) providing support to the child and their family.

The individualised assessment of the child’s needs is mentioned in many international documents. According to the **UN Principles and Guidelines on Access to Legal Aid in Criminal Justice Systems** there is a requirement: *“to obtain a comprehensive understanding of the victim, as well as an assessment of his or her legal, psychological, social, emotional, physical and cognitive situation and needs”* (Guideline 7, Para. 48). In addition, in **General Comment No. 14** of the Committee on the Rights of the Child it is specified that: *“As far as possible, a multidisciplinary team of professionals should be involved in assessing the child’s best interests”* (Item 94).

In the case of the practice described, when the child receives support at the PMLU by a multidisciplinary team, based on the initial care provided and the discussions held with the child and their family, an assessment is undertaken of the child’s situation and needs. It enables specialists to decide on the urgency of the situation and then order accordingly medical, social, psychological and/or legal observation, referring the child and their family to structures that can help them into the proceedings or after the trial.

It is important to remind that the environment in which a child victim is heard should be favourable and encouraging. In fact, the importance of this is stressed in the **UN Principles and Guidelines on Access to Legal Aid in Criminal Justice Systems**: *“use child-sensitive procedures, including interview rooms designed for children, interdisciplinary services for child victims integrated in the same location” (...)* (Art. 30, Item d).

According to the **Guidelines on Child-Friendly Justice** *“Every effort should be made for children to give evidence in the most favourable settings and under the most suitable conditions (...)”* (Para. 64). Obviously, child hearings should be conducted *“in premises designed or adapted for this purpose”* (Art. 35, Para. 1, Item b of the **Lanzarote Convention**).

In the case of the practice described, the setting in which child hearings take place at the PMLUs is undoubtedly favourable since the hearing rooms are specially adapted for the purpose and made safe. The rooms are painted in various colours, the furniture is suitable, and the toys are at the children's disposal to make them feel good. Besides, in these rooms they cannot possibly meet the alleged perpetrator of the crime. The protected interview/hearings rooms or the indirect confrontation rooms are designed for child victims in such a way as to avoid any direct contact with the offender, more specifically by means of screens (monitors) installed in the rooms.

Incidentally, many international documents contain a recommendation to video record interviews with child victims or witnesses. **The Lanzarote Convention** sets a requirement for states to put in place the necessary measures so as to ensure that: *"all interviews with the victim or, where appropriate, those with a child witness, may be videotaped (...)"* (Art. 35, Para. 2) so that the *"number of interviews is as limited as possible and in so far as strictly necessary for the purpose of criminal proceedings"* (Art. 35, Para. 1, Item e).

The Guidelines on Justice in Matters Involving Child Victims or Witnesses of Crime too set a requirement: *"to limit the number of interviews: special procedures for collection of evidence from child victims and witnesses should be implemented in order to reduce the number of interviews, statements, hearings and, specifically, unnecessary contact with the justice process, such as through use of video recording"* (Para. 31, Item a).

In France the Act of 17th June 1998, as amended and supplemented by virtue of the Act of 5th March 2007, sets a requirement to record hearings and interviews with child victims. The implementation of this requirement is guaranteed through the provision of digital recording equipment in PMLUs, as well as at the Police Station and the District Court in the town of Angers.

More specifically, in the international standards it is recommended *"to ensure that contact between victims and perpetrators within court and law enforcement agency premises is avoided (...)"* (Art. 31, Para. 1, Item 'g' of the **Lanzarote Convention**). This safeguard is also to be found in the **Guidelines on Justice in Matters Involving Child Victims or Witnesses of Crime** (Para. 31, Item b) and the **Guidelines on Child-Friendly Justice** (Para. 68).

In the case of the practice described, these provisions are specifically implemented by means of the protected interview room at the District Court in the town of Angers and the indirect confrontation room at the Central Police Station, which allow for a confrontation exercise to take place between the child and the alleged offender, without any physical or even visual contact between them.

The Lanzarote Convention too sets out that: *"the victim may be heard in the courtroom without being present, notably through the use of appropriate communication technologies."* (Art. 36, Para. 2, Item b). This practice is made possible in the town of Angers thanks to the videoconferencing system installed in the office of the Investigating Judge by means of which the child victim can give evidence without being present in the courtroom.

Therefore, this compilation of international standards in the field of protecting child victims made it possible to establish the compliance of the services in this field, as presented here, with specific provisions in these documents.

2. 6 Interaction

In the course of the trial and the preliminary investigation in the pre-trial period the PMLUs, the Police and the District Court work together cooperating with and supporting each other.

The players in this interaction are the professionals since, were they not willing to work applying a multidisciplinary approach, their operating as a team would be difficult, provided there is no legislation to this effect.

Interviews of child victims are undertaken at the request of the Regional Prosecutor or by order of the Investigating Judge and conducted by criminal police officers. Even though police stations have their own recording equipment, it is not state-of-the-art as the digital equipment at the PMLU, while the interview room at police stations is not always suited to children. This is why the interview rooms at PMLUs are made available for use by police officers.

The magistrates liaise with the criminal police officers who in turn collaborate with staff from the units. For example, during the interview/hearing of a child victim, the investigating staff work in close cooperation with doctors, psychologists and social workers.

Besides, within the PMLUs themselves interaction among all health professionals happens all the time. They organise regular meetings to discuss cases and problems encountered. These professionals also work in cooperation with the magistrates and, having seen the child, they pass on different data and information about them: medical findings, observation outcomes related to the child's behaviour, the nature and severity of the harm suffered and the care or treatment possibly required.

This interaction is possible thanks to the introduction of protocols to be applied by the various institutions. These protocols undoubtedly require joint work and an interdisciplinary approach. Indeed, the plan is to set up a Monitoring Committee comprised of the parties who signed the protocols; it is to meet several times a year in order to evaluate the application of the protocol under consideration. These meetings will be an opportunity for experience sharing among all professionals and for identification of further needs.

2. 7

Funding

The setting up of PMLUs, as well as protected interview rooms and indirect confrontation rooms, is primarily funded (over 85%) through private donation by enterprises and foundations.

On the other hand, it is important to note that the families of child victims are not required to make any financial contributions for the care these institutions provide to their child. The costs of the support offered to children and parents are covered by the state in these times of difficulty and distress for them. This task is the role of the public service for reception and referral.

The PMLUs are funded by private partners on a long-term basis. The source of funding for the various types of jobs of the professionals involved with the PMLUs is different, depending on the type of professional. For example, the majority of the funding for the positions of the medical professionals (pediatrician, medical examiner, gynaecologist, psychiatrist positions) is provided by the hospital-based centres.

The psychologist positions at the PMLUs are either co-funded by various partners (the state, the District Council, the local authority, the Regional Health Agency, the Ministry of Justice) or funded by the District Councils. Half of the funding for most of the social-worker positions is provided by the District Councils, the other half being paid by other institutions (the hospital-based centres, the Ministry of Justice).

It is not uncommon for funding for the coordinator positions to be covered by Voix De l'Enfant in the transition period from the stage of setting up the PMLU to the stage of securing funding for its operation from some institution.

2. 8

Sustainability

As regards the sustainability of these structures, PMLUs are already popular and the frequency of approaching them for consultation is on the increase. They have a promising future, even though some of them are threatened by lack of funding.

Despite this, the sustainability of the protected interview rooms and the indirect confrontation rooms cannot be evaluated yet, since they started operating only recently. It should be noted, however, that professionals do wish these structures to be under their jurisdiction.

Therefore, it seems reasonable to roll out the protected hearings/ indirect confrontation rooms throughout the country. All professionals using these services stress on their added value for the criminal investigation in child-abuse cases.

In order to roll out the PMLU practices and share the experience of the professionals involved, the Voix De l'Enfant Federation and its member associations organise national and regional seminars. For example, in March 2015 the Fourth National Seminar *PMLU: A Multidisciplinary Approach to Promoting Child Victim Protection and Establishing the Truth* was held.

The Voix De l'Enfant member associations take the torch passed on to them locally and have committed themselves to activating the regional PMLU networks and to contribute to their functioning. In November 2014 in cooperation with the SOS Association – Children in Danger, the First Seminar for the Grand West Region took place (Breton – Pays de la Loire).

3. Best practices from Italy to support victims of crime and other forms of violence

3.1 “Pink Code” Best Practice at Umberto I Hospital in Rome and “Differenza Donna” Association (Rome, Italy)

Daniela Lorenzetti, Il fiore del deserto

Vittoria Quondamatteo, Il fiore del deserto

The Pink Code Project results from the understanding that the scale of the problem of abuse against children and women is strongly underestimated. It is estimated that only around 15 % of the cases are solved. The reasons for this are many and different, be they cultural or psychological, and come combined with the victim's fear that no one will believe them or their fear of revenge on the part of the offender. The role the Emergency Care and Hospitalisation Ward in hospitals can play is important since there abuse can be detected and the victims supported via referral to residential and protection services.

In this sense, in July 2013 a Joint Protocol between the *Umberto I* Hospital in Rome (the largest hospital in Europe) and *Differenza Donne* Association (Rome) was signed.

The Protocol envisages training of all hospital staff to participate in the project and building a permanent network including the Court for Minors, the Social Services, the Anti-Abuse Centres, the regular and criminal courts, the Qeusture (the Police), associations working with victims by providing legal and psychological support, and accommodation at suitable structures.

The Pink Code is gaining popularity as best practice and is rolled out to other hospitals in the Lazio region, since detection of abuse and provision of proper support to victims admitted to the Emergency Ward, who are often frightened and threatened (in some cases accompanied by the abusers), is found to be a complex issue and requires adequate training of health specialists.

The difficulties and limitations in the application of the Protocol are along the following lines:

- Lack of medical staff in the Emergency Ward sufficiently qualified in abuse issues;
- Often child victims of physical abuse do not get to the Emergency Ward;
- Difficulties in establishing a relationship of trust between a doctor and a child at the Emergency Ward;

- Resistance of healthcare staff to admit to the existence of the abuse phenomenon;
- The premises in hospitals are not suitable enough to guarantee confidentiality;
- Often the victim or their closer relatives or friends conceal abuse;
- Doctors' failure to act on their obligation to signal about the abuse, even if it is only suspected abuse.

The working group who drafted the Protocol used the definitions in the *Provision of Health Care and Support to Victims in Crisis Situations* Recommendations developed by Lazio Region.

Physical abuse is the deliberate use of force in respect of a child, which can lead to their health, dignity, development being harmed or pose risk to their life.

By sexual abuse we mean engaging the child in sexual activities which they are not in a position to understand fully, for which they cannot give their consent or for which they are not sufficiently mature or which violate the laws or social norms, on the part of one or more individuals who are in a position of responsibility, trust or power in relation to the child. Most often than not sexual abuse happens in the family, and, unlike the situation with adults, often abuse does not necessarily involve physical contact (excessive "attention", exposure to pornographic materials or sexual acts...)

The Protocol targets female and child victims of sexual abuse and/or domestic violence and stalking.

In addition to the types of abuse characteristic of mature age (physical, sexual and emotional abuse), with children we can also talk about pathological care where parents or the persons responsible for the child, who take care of them, do not satisfy the child's physical and emotional needs. Examples of pathological care include: incuria, inappropriate or insufficient care as regards the physical and psychological needs of the child; discuria, care inappropriate for the development of the child; ipercuria, pathological overcare, which includes the Munchausen syndrome, medical shopping and chemical abuse, pathological medicalisation of the child who is subjected to unnecessary or harmful treatments and tests; assisted violence, when the child is a witness of abuse.

Guidelines for the application of this practice are drafted, and they form an integral part of the Protocol:

GUIDELINES for providing Pink Code Emergency Care to Female and Child Victims of Sexual Abuse and/or Domestic Violence (for use by the Emergency Care and Hospitalisation Ward (ECHW), the Pediatric ECHW, the Obstetrics and Gynecology (O&G) Emergency Ward (EW), the Ophthalmic Emergency Ward (OEW) **and to Victims of Stalking** (not for non-EW staff).

Team

A doctor from the ECHW, an Emergency Room (ER) doctor, a doctor from each of the following: the OEW, the O&G EW, the Pediatric ECHW; social workers, psychologists, a pediatric nurse, nurses/ obstetricians from the O&G EW.

Consultants

Consultants (*Umberto I* Polyclinic)

Medical Examiner, Pediatrician, Psychiatrist, Pediatric Neuropsychiatrist, Surgeon, Pediatric Surgeon, Maxillofacial Surgeon, Cultural Mediators, Clinical Laboratory Specialists, Histology Specialists, Toxicologists.

Consultants (social services)

Local Social Services, Family Counselling Centres, Mother and Child Departments, Mental Health Psychiatric Unit, Psychological Centres for Children and Young People, Pediatric Neuropsychiatry, residential structures and NGOs, Cultural Mediators.

Admission to Hospital

Victims of sexual abuse and domestic violence are in urgent need of help in a location where the health staff are competent not only in conducting a medical examination but also in meeting the emotional needs of the individual.

Staff have completed training on gender-based abuse and child abuse; their behaviour should have an emollient effect; they should be ready to hear the individual, providing a secure and comfortable space. The provision of relevant information during all steps is of crucial importance.

In cases in which the victim is accompanied by the Police, the doctor should make sure they give precedence to emergency medical care over the needs of the investigation process. The examination and interview should be conducted in a secure environment, without the Police being present, devoting to it as much time as required.

Protocol

The Hospital Dossier is compiled, which contains:

- A description of the mental and physical status (sexual abuse and domestic violence)
- Photographic proof (sexual abuse)
- Testing – bacteriological, toxicological, bio-chemical tests, tests for infectious diseases, examination for body fluids (based on the narrative about the event) (sexual abuse)

Each EW should organise a network for dispatching and storing biological material and the patient's clothes, decide on the laboratories in which toxicological testing and genetic typing could take place, should such be requested by the judiciary.

Abuse analysis

It should include:

- Date, time and venue of the event

- Number of abusers, known or unknown, possibly other information about the abuser(s)
- Presence of witnesses
- Threats with or without physical injury
- Robbery, armed or unarmed, alcohol consumption and substances use
- Loss of consciousness
- Enclosure in a confined space; if yes, for how long
- Vaginal or anal penetration, single or multiple
- Is the victim undressed, partially or completely
- Object penetration
- Use of condom

Physical symptoms

Headache, painful face, neck, chest, abdomen or limbs, pelvic pain, genital or perianal abnormal conditions, pain with urination or defecation, defecation urge.

Psychological symptoms

Fear, helplessness and terror at the time of the trauma, disengagement, lack of emotional reactivity, dizziness, dissociative amnesia with inability to recall important aspects of the traumatic event, reliving the event over and over through images, thoughts, dreams, retrospections, symptoms of anxiety and heightened alertness, insomnia, inability to concentrate, restlessness, overreactions, crying, sadness, fear of future consequences, other.

Medical examination

It is important to specify:

- The time passed between the examination and the abusive act
- Preceding visits to see medical persons
- Washing the injured parts of the body/ places of penetration
- Change of underwear or other clothes
- Urination, defecation, vomiting or cleaning the oral cavity (depending on type of abusive act)
- Taking medicines (possible toxicological testing)
- Informing about sexual contacts prior or after the abusive act (with the consent of the victim)

Gynecological and external genital examination

It is necessary to look for, describe and photographically document all injuries, specifying type, shape and colour, the size and location of these, preferably with a colposcope and by means of photographs (often traces on genitalia are small-sized and difficult to interpret. The use of a colposcope enhances the visibility of smaller-sized injuries. It is rarely the case that the examination leads to firm

conclusions about the presence of sexual abuse; the lack of genital injuries and injuries on other parts of the body does not preclude sexual abuse).

The presence of recent trauma and bruises (erythema, scratches – surface or deep ones, swollen areas, bleeding, etc.) should be registered and their location specified (labia majora or minora, clitoris, meatus, perineum, anus).

Tests (sexual abuse)

Depending on the time that has elapsed since the abusive act (up to 7 days at the most):

- Collection of three samples to look for semen
- collection of at least three samples for semen cytology test

Depending on the story, it is possible to look for biological traces of the offender on the skin (dried swab and premoistened swab with sterile physiologic saline solution) and under the victim's fingernails (obtained in the same way); toxicological blood and urine tests can be undertaken.

Examination for sexually transmitted diseases (STDs)

It makes sense to examine the vagina and/or cervix for:

- Gonorrhoea, trichomoniasis, chlamydia, bacterial vaginosis
- Blood samples are to be repeated quarterly or 6-monthly for VDRL-TPHA, HIV, hepatitis;

Blood tests

The following blood tests should be undertaken urgently: blood count, PLT, glucose, uric acid, creatinine, ALT, AST, GGT, FA, bilirubin, serum amylase.

Antibiotic prophylaxis (sexual abuse)

- Prophylaxis against various STDs
- Prophylaxis against tetanus and hepatitis vaccination, if required
- Prophylaxis against HIV (decision to undertake such is based on the narrative and the abusers' origin)

Guidelines for storing the findings

Storage at – 20°C

This storage method refers to the samples from the biological testing in cases where there is no data for ejaculation: storage is meant for later search of semen and semen genetic typing.

Clothes storage

If there are suspicious traces, the clothing should be kept at room temperature (no higher than 18-20°C), without folding it so that the traces do not get to

the remaining part of the particular piece of clothing. If it is a wet trace it is recommendable to dry it up before putting it away for storage purposes. Staff should avoid contamination and use touch-restricting means (single-use disposable gloves, gowns, masks, caps).

Nail bed examination

Samples should be taken from each finger separately, if required nails being cut first (with the person's consent); storage is at room temperature; if there are any macroscopic findings (hair or body hairs) they should be described using the fast procedure before they get separated (photo documentation is useful).

Security chain

Collecting findings for an event of judicial significance should be done guaranteeing the possibility to trace both the finding and the member of staff who performed the collection. Any handling by other members of staff (for example, justice police staff nominated by the court), should be documented by virtue of a hand-over protocol.

The child victim of abuse or maltreatment (as regards physical, psychological, sexual abuse or suspected maltreatment) is referred to the pediatric EW, once the initial assessment is made by the central EW.

What the service offers

1. The telephone lines are active 24 hours a day, 365 days a year; they are managed by social workers, a psychologist and Differenza Donna Association who provide admission and information to:
 - Healthcare staff
 - Women and children who turn to hospital staff with problems related to sexual abuse and/or domestic violence.
2. Monday to Thursday, from 9.00 to 17.00 and on Fridays from 9.00 to 14.00 the hearings telephone line managed by the Psychosocial Centre is active and is used for provision of information for citizens directly or indirectly associated with gender-based abuse;
3. Outside the specified times the service is provided over the phone by Differenza Donna Association.
4. Psycho-social projects, both in an emergency situation and at a later stage, using the internal resources of the service "Pink Code Emergency Care" and the external resources of the network of social services of the municipality and the healthcare system, as well as of the network of NGOs working on abuse prevention.

3. 2

Verification of Authenticity of the Testimony of a Suspected Child Victim of Abuse, and Incidente Probatorio⁸

Vittoria Quondamatteo, Il fiore del deserto

Greta de Santis, Il fiore del deserto

8. A legal instrument allowing collection of evidence prior to the official launch of the legal proceedings by judicial authorities

The Italian legal system includes provisions to the effect that in order to establish the trustworthiness of the statement of a child victim or witness, the judge can order appropriate verifications in order to establish the ability to testify or “the physical and mental capacity of the legal person to testify”. This evaluation seeks to explore the mental capacity enabling the legal person to testify (perception, memory, consistency and continuity of thought, understanding and language skills, ability to differentiate between reality and fantasy).

The legislators should make a distinction between the evaluation of one’s ability to testify (Art.168 of the Criminal Procedure Code (CPC)) and the evaluation of the reliability of the witness’s testimony (Art. 236 of the CPC, Para 2 – for minors Art. 498, Para 4 of the CPC).

In addition to the evaluation of the legal person’s ability to testify, the judge can order a psychological expert evaluation in order to establish the extent of reliability of the testimony given in the course of “incidente probatorio”, with the following being specifically examined:

- Precision / the ratio between subjective reality, or what the legal person believes to have perceived, and objective reality;
- Plausibility / the ratio between what is believed known and the motivation to say it;
- Reliability of and consistency of the narrative/ the possibility that testimonies have the same characteristics, even when given in different places, at different times and before different interviewers.
- Validity/extent of correspondence between what was stated during the hearing and the actual facts to which the child’s testimony relates.

The psychological advice or expert evaluation can study the precision and reliability of the testifying exercise but cannot possibly decide on the certainty of the factual truth. Assessment of the certainty and evidence justification are the job of the magistrate, not the expert.

The Prosecutor or the Judge in the preliminary investigation can request a Technical Consultant or an Expert to (a criminal psychologist or a child’s psychiatrist) to judge via clinical discussions or psycho-diagnostic testing if the legal person has a current or previous disorder/ disease that can render their testimony unreliable or if other factors exist (suggestions or external influences) that can affect the reliability of the child’s account, together with the sexual abuse hypothesis.

In the event such an expert evaluation is assigned by the Preliminary Investigation Judge, the appointed professional should announce, under oath, to the respective experts of the parties (plaintiff and person under investigation) the launch of expert evaluation activities and the methodology they intend to use.

Discussions for expert evaluation purposes in relation to a particular child should be video-recorded and the minutes of the meetings should be signed by those present and attached to the expert evaluation report, together with the video-records.

In order to assess the child's ability to testify, the child's knowledge, ability to memorise and knowledge of the language, as well as their affective and emotional development, should be explored.

In the event of a technical consultation being assigned, the professional is not obliged to announce the launch of the expert evaluation activities; they do their work independently, without reporting to the consultant of the party, who is appointed by the defence, because the measure is based on what is still a secret investigation, namely the alleged abuser has not yet been informed about the launch of legal proceedings against them. Indeed, in order to protect the child victim of abuse and "protect" them from the gaze of the defendant, a protective legal instrument for preliminary collection of evidence is put in place ("incidente probatorio protetto" – protected hearing). It is provided for in Act 269/98 and is to be applied in cases of sexual-related crimes involving children aged under 16 years (in some special cases also juveniles under 18 years). More specifically, the legislator, having regard to the need to protect the child, has provided for the possibility to obtain the testimony of the child victim of sexual abuse when the process is still at the preliminary-investigation stage or the immediacy of detecting a suspected abuse is a valid consideration, without having to wait what are definitely longer periods for the case to be heard; this can happen as part of a special sitting presided by the Preliminary Investigation Judge, this sitting being known technically as "incidente probatorio".

The motivation to have this preliminary 'sitting' is to avoid traumatising the child by asking them to take part in repeated hearings, whilst this also allows not to lose such an important evidence and obtain it as part of an interrogation/interview between the defence and the prosecution under the strict control of the judge over the way this evidence is to be obtained. Child hearings as part of the protected legal instrument "incidente probatorio" are conducted via special "protection" methods provided for in the law (Art. 398, Para. 5 of the CPC):

- The requirement for full documentation – sound- and video recordings.
- The need (especially for young children) of psycho-diagnostic expert evaluations aimed at assessing the child's ability to testify, as well as the psychological reliability (not the legal one).
- Strict observance of the "genuine" statements principle (ban on asking questions that lead to or prompt the answer);

- More specifically, respecting, when interviewing each of the parties, the actual possibility for the defendant to have sufficient contact, albeit limited and mediated by the judge, with the interviewee (the counsel for the defence should be allowed to ask questions, if necessary, to go deeper, and also respecting, of course, the relevant agreed methods).

The testimony given during “incidente probatorio” is included in the case file and represent admissible evidence for the judge dealing with the case, who, as a rule, does not resort to repeated hearings, unless there are some unforeseen, extraordinary circumstances: when the new testimonies obtained in court refer to facts or circumstances, different from the ones in the preceding testimony, or if the judge or some of the parties believe it necessary, based on specific requirements (Art. 190 of the CPC).

“Incidente probatorio” is an evidence instrument which is not legally binding for the Prosecutor but is legally binding for the Judge, meaning when the Prosecutor requests it because of crimes in which the child is usually the affected party (sexual abuse, maltreatment in the family, sexual acts with the child, etc.), the Judge should allow it.

4. Best Practice from Romania for Managing Cases Involving Child Victims or Witnesses of Crime

Daniela Nicolăescu, expert at the Secretariat to the High Representative for Child Protection, Prime Minister's Office

Introduction

9. ANPDCA (2014). www.copii.ro/statistici

According to the statistical data of the National Authority for the Protection of the Rights of the Child and for Adoption (NAPRCA)⁹, in Romania in 2014 depending on the type of abuse against children cases are divided as follows:

1. physical abuse – 1 049 cases;
2. emotional abuse – 1 680 cases;
3. sexual abuse – 562 cases;
4. neglecting – 8 817 cases;
5. labour exploitation – 236 cases;
6. sexual exploitation – 28 cases;
7. criminal exploitation – 170 cases.

This means that in 2014 the total number of NAPRCA-registered cases in the country is 12 542. The following services were provided to the child victims of the above types of abuse: psychological counselling – 7 131 children, psychological therapy – 49 children, medical services – 221 children, education services - 250 children, legal advice - 6 075 children.

10. Prosecutor's Office (2014). www.mpublic.ro/raportari.htm

The Prosecutor's Office Report for 2014¹⁰ stresses the large number of crimes committed within the family, more specifically children victims to parents: 105 child victims of crimes against the person; 7 child victims of homicide; child maltreatment – 22 cases; 27 rape victims, 26 out of whom minors; 778 child victims abandoned by their families; 21 child victims of battery or other types of assault.

The number of child victims participating in court proceedings in 2014, as registered by the Prosecutor's Office, was 903 – quite small in comparison to the number of NAPRCA-registered cases, namely 12 542.

It should be noted that the number of domestic violence cases registered by NAPRCA nationally “does not reflect the actual size of this phenomenon; it is just indicative of the number of cases that were reported and registered by local bodies (...), the actual number of domestic violence cases being much larger” (...); the 2013 – 2017 National Strategy for Domestic Violence Prevention and Combating states.

According to the statistical data provided by UNICEF Romania:

- In Romania 1 in 100 000 children aged 0 to 19 years commits a suicide due to maltreatment;
- Domestic violence is regarded as normal and 60% of the population are tolerant of abusive behaviour within the family;
- Over 30% of parents believe that punishment is a necessary evil and that they use it to discipline their child;
- In 2014 in Romania 1 in 5 children experience behavioural problems as a result of maltreatment.

4. 1

Best practice concerning case management of child victims and/or witnesses of detected crimes

11. Fusu-Plaiasu, G., Manole, M., (2012). Justice in Favour of the Child – Perspectives and the Experience of Romanian Specialists. Summary of Results. Centre for Legal Resources Foundation

According to the findings of the survey entitled „Justice in Favour of the Child – Perspectives and the Experience of Romanian Specialists“, conducted by the Centre for Legal Resources Foundation¹¹, Romania demonstrates a number of best practices and makes efforts to protect children and guarantee child-friendly justice; these practices sometimes even question or trespass the established rules and procedures.

Some judges, for example, take the child victim to their office before the interview so that the child does not meet the offender whilst they are waiting. In Timișoara some victims of child trafficking are heard by the police in premises of an NGO providing support to these victims.

There are also judges who would take off their gowns, offer goodies or apples to the children and court institution staff would bring them toys that belonged to their own children; social workers would show children who are about to get their hearing pictures of the courtroom, etc.

These efforts, however, are made by proactive and devoted professionals or they rather represent isolated small-scale initiatives compared to the standard initiatives of the system.

Availability of a regulatory framework allowing a multidisciplinary and integrated approach to cases involving child victims and/or witnesses of crime

In view of the existing legislation in the area of child protection (more specifically AG49/2011-<http://lege5.ro/Gratuit/ge2daobxgu/hotararea-nr-49-2011-pentru-aprobarea-metodologiei-cadru-privind-prevenirea-si-interventia-in-echipa-multidisciplinara-si-in-retea-in-situatiile-de-violenta-asupra-copilului-si-de-violenta-in-familie->), the work methodology used in cases involving child victims and/or witnesses of crime is the case management methodology.

The case management method is a coordination method for all medical, psychological and social support services; it consists in identification of the needs of the domestic violence victim/ the attacker in the family in the course of planning, coordinating and monitoring the implementation of the measures contained in the individualised plan for victim support, depending on the resources available, the objective of which is:

- Prevention of the domestic violence phenomenon
- Assistance to and protection of (from a medical, psychological, legal and social point of view) the victim of domestic violence who is in a state of crisis or in a pre- or post-crisis state.
- Assistance to and protection of the remaining family members who are indirectly affected by domestic violence
- Support for social and professional reintegration of victims of domestic violence / family members indirectly affected by domestic violence, as well as for the steps undertaken by professionals working in this field in various public or private bodies or institutions.

The main principle of the case management practice consists in allocation of resources in compliance with the needs of the individual so that both parties are satisfied: positive outcomes for the assisted individuals and low costs for the institutions.

Case management as a work practice offers needs assessment of the respective individual, assessment of their social environment and the network of existing services, based on which the Case Manager will prepare an individual intervention strategy depending on the priority needs identified and the resources available. This approach to work shows that the social worker who is in charge of the case should no longer focus on selection of eligible beneficiaries for a particular service but on identifying the problems the supported victim experiences and the services from the network that can effectively be used to meet their needs. The stress is now on establishing the extent of urgency and the severity of maltreatment, thus the identified victims being given priority in the use of these services.

The Case Manager (CM) is a professional who coordinates the work on supporting and providing specialist social protection to the victim, which is carried out by a multidisciplinary team and a Person in Charge of the Case (this can be the Family Assistant as provided for in the existing legislation).

The Case Manager (a social worker /psychologist /educational psychologist or other specialist in the social humanities who is competent on issues of domestic violence as provided for in the law), who drafts, together with the provider of domestic-violence-related social services, the eligibility criteria for access of the client to the services and provides assistance to the Person in Charge of the Case, facilitates the interaction among specialists from various institutions involved in the victim support process, be they government or non-government.

Main responsibilities of the Case Manager:

- coordinate all activities related to providing support and special protection to the victim and make sure that the stages in case management are observed
- prepare an individual intervention plan/ the other specialised plans provided for in the Law on Social Services, decide on the composition of the multidisciplinary/ interdisciplinary team, appoint the Person in Charge of the Case, organise case-related discussions
- ensure coordination with all players regarded as important for the management of the situation arising from the abuse or related to the social and professional reintegration of the victim (institutions, family, perpetrator, professionals)
- coordinate the Person in Charge of the Case (PCC), facilitate the communication of the PCC with the important players whose involvement is required for managing the abuse situation
- prepare a safety and risk assessment plan
- communicate the decision to close the case
- monitor the implementation of the intervention plan or the other plans developed as required for managing the domestic-violence situation.

The Person in Charge of the Case (PCC) (a social worker /psychologist /educational psychologist or other specialist in the social humanities who is competent on issues of domestic violence as provided for in the law) is a professional working on domestic violence who, in view of the fact that the CM delegates responsibilities to them in respect of the case, coordinates the activities and implementation of the specialised intervention programmes (individual intervention plan; recovery, and social and professional reintegration plan; plan for prevention of case reopening; and safety and risk assessment plan, etc.).

Responsibilities of the Person in Charge of the Case (PCC):

- ensure the implementation of the individual intervention plan /other intervention plans provided for in the law/ the safety and risk assessment plan, ensure the provision of social services required to manage the domestic violence situation/ or needed for social and professional reintegration in compliance with the developed intervention plan
- prepare/update the case file
- communicate the decisions and inform about the services relevant to the victim of domestic violence (explain to the beneficiary everything undertaken for their benefit so that to facilitate their understanding and only if the victim agrees to use the proposed services) – also facilitate the communication among all players in solving the case/ the mediation within the family and cooperate with the interdisciplinary team

- monitor the implementation of the proposed services as per the individual intervention plan

Stages in case assessment and evaluation:

1. initial assessment;
2. preparation of intervention plan;
3. overall assessment;
4. preparation of individual support and care plan;
5. implementation of the measures included in the intervention plan and the individual plan;
6. monitoring;
7. review of assessment;
8. evaluation of the beneficiary's opinion.

Any signal concerning child maltreatment leads to an initial assessment of the case as soon as possible by the professionals from the Social Assistance and Child Protection General Directorate (SACP GD; Romanian abbreviation DGASPC) who are attached to the Support Service for Child Abuse, Neglect, Trafficking and Exploitation (SSCANTE; Romanian abbreviation SASANTEC) under the umbrella of the SACP GD or to the Emergency Intervention Department within the SACP GD, should the nature of the reported situation require this.

While the relevant authorities are being addressed, the Initial Assessment Stage is launched. It is a quick, summary process by means of which information related to suspected or actual case of child maltreatment or domestic violence is collected and verified as an early step.

The Initial Assessment finds out about the following:

- whether it is actually a matter of abuse, if so the case is dealt with by the SACP GD;
- if still in doubt (for example, in the case of suspected sexual abuse), but there is no sufficient evidence, the SACP GD decides that it is about an active case, they reopen it and launch a detailed assessment;
- if the child is at risk of abuse / an adult is at risk of domestic violence, the SACP GD returns the case to the Public Service for Social Assistance (PSSA)/ to persons with social assistance powers;
- if the signal is not substantiated/ or, if necessary, the SACP GD approaches other institutions.

Who takes part in the initial case assessment?

The initial assessment is undertaken by the social workers of the Public Service for Social Assistance (PSSA) or the staff in the Mayor's Office who have social assistance powers. If there are no such professionals, the recommendation is to approach with a request to deal with it the experts (social assistants, psychologists) working in public or private organisations specialising in care for child victims of maltreatment, neglect, exploitation and/or human trafficking or the experts working in public or private structures specialising in combating and prevention of domestic violence. The assessment in cases of urgency is an exception – it is undertaken by a mobile intervention team under the umbrella of the 'green' free-of-charge telephone line for child-related issues. The case for which a signal is reported is registered with the SACP GD, upon which it is delegated to the competent specialist department. The head of the specialist department appoints a person who should do the needful to get the initial assessment. This person, by virtue of notification over the phone, demands that the above mentioned persons make the preliminary assessment. If it is a case returned by the PSSA/ the persons with social assistance powers (who have been approached about the case), the initial assessment will be sent without any need for the SACP GD to submit an initial request. In certain cases, with the consent of the head of the department, a decision can be taken that the PSSA / the persons with social assistance powers make the initial assessment together with a person appointed by the respective SACP GD department. After the initial assessment is ready, this person is to decide if the SACP GD should reopen the case or not.

In the course of the initial assessment the same recommendations should be observed as the ones arising from the principles and rules for interviewing the child and discussing with the contact persons.

Following the filing of the signal via registration of the signal fiche, a detailed assessment of the situation of the child under consideration is undertaken. The same applies for domestic violence cases in which, following the registration of the case with the SACP GD, an assessment of the adult and/or child victim of domestic violence is made. The SACP GD Director appoints a Case Manager who could be a member of staff in the SACP GD, or of an approved private organisation, an approved NGO or some other form of practicing the social worker profession approved by law.

The detailed assessment of the case requires a detailed, multidimensional study of the child's family and social environment. The professionals who participate in the case management team seek to gather relevant information on all aspects covered by the assessment exercise (medical, social, psychological, etc.) via individual conversations with affected individuals, whose behaviour is observed, reference being made to received acts and documents or other specific tools used (such as visits, researching the case players socially, telephone conversations, information requests or written statements obtained by sympathetic individuals or other individuals aware of the child's situation, tests or specific techniques, etc.). Meanwhile, at this stage the *child's dossier* is being compiled and the relevant documents gathered together.

The Case Manager/ the Person in Charge of the Case together with the case management team make the assessment and decide on the extent of detail and depth of the assessment, as well as on the weight of each area of assessment for this particular case, depending on the requirements of each individual case (type of issues for consideration, identified needs, the actual state of affairs, pertinent elements of the system).

Upon completion of the detailed assessment, the multidisciplinary team comes up with a clear diagnosis (conclusion) as to: presence of any abuse against the child and the form of this abuse; the child's needs in the broader context of the family and the community; priority intervention areas as regards the child, the family and the alleged offender. These conclusions represent a necessary basis for approval of a special protection measure targeting the child (that the child be moved out of the family or remain in their usual family environment) or for making a decision about the services needed by the child, their family and close relatives or friends, or, if necessary, about an intervention required in relation to the alleged offender, both from a judicial point of view and as regards the adapted services.

Multidisciplinary and inter-institutional team

The situation of a child victim of abuse is characterised by complex aspects related to the child, the family or the alleged offender and this is why it is neither sufficient, nor recommendable for one single professional to make the child's assessment. This holds true also in cases where the victim is an adult suffering from domestic violence, which can bring about problems related to housing, social and professional reintegration and continuous recovery. The involvement of a multidisciplinary team in the assessment of these cases reduces the tension on the child or adult and enhances the quality and the quantity of the information received, as well as the relevance of the decision. The assessment can involve a multidisciplinary and inter-institutional team; so can the provision of specialised services.

There is no standard formula as to the composition of the team depending on its objectives – to do assessment or implement an intervention; however, there are several types of professionals who should be included on the team by all means, and as a minimum these should be as follows:

- 1. a social worker** who is usually also the Case Manager (if they possess the competencies required by law);
- 2. a psychologist** (who usually works in a specialist department/ service office of the SACP GD);
- 3. a doctor** (who usually works in a specialist department of the SACP GD). When the victim is a child, it is recommended that a paediatrician is included in the team. If required, they can request a specialist medical examination and/ or an examination by a medical examiner in compliance with the existing legislation. When the victim is an adult, it is recommended that a doctor from the Emergency Ward is included in the team, when such an intervention is required or the doctor is attached to a Domestic Violence Prevention and

Combating Unit; depending on the case, other medical specialists can be consulted: a gynaecologist/ obstetrician, a psychiatrist, etc.

4. a police officer. Depending on the type of case, one or more police officers can cooperate, more specifically such who work in the following structures: Criminal Investigation; Public Order (municipal police or police stations); Research, Prevention and Study; Criminal Prosecution; and Combating Organised Crime, as well as a police officer who is nominated as a member of the Child Protection Committee (CPC).

5. a legal adviser (more specifically the Legal Adviser of the SACP GD). It is recommended that the social worker, the psychologist and the legal adviser are employed by the SACP GD, while the doctor and the police officer participate in the regular meetings of the team as representatives of their institutions and upon invitation from the Case Manager. SACP GD can draft cooperation agreements with the institutions where the members of the multidisciplinary team work, based on a provided list of named individuals who can join the team at any time, depending on the case to consider. The work they do as part of the team is regarded as part of their work obligations and the related responsibilities are included in their job descriptions. If required, a member of the teaching staff and/ or the School Adviser at the child's school can be asked to join the multidisciplinary team (which is obligatory in cases of labour exploitation, trafficking of children, and repatriation of Romanian children of migrants who are victims of any kind of abuse on the territory of another state).

Other professionals can join the team comprised of the minimal number of members so as to enhance, through their professional training or role, the quality of the services offered by the multidisciplinary team. These professionals, who in this way will become members of the intervention network, can include:

- members of the teaching staff;
- съдебни лекари;
- medical examiners;
- specialist therapists;
- probation advisers;
- lawyers;
- priests;
- the person taking care of the child;
- the contact person for the child.

The Case Manager ensures the coordination of the multidisciplinary team and the services provided by the other professionals in the intervention network and seeks information on each procedural phase of the proceedings.

The multidisciplinary and inter-institutional teams, which are operational teams, can get assistance as provided for in the law from the **intersectoral local teams (ILTs; Romanian abbreviation EIL)**.

The composition of the ILT is determined by virtue of a decision of the District/ Local Council for Bucharest precincts. ILT is coordinated by the SACP GD, its members being representatives of the following institutions:

- the SACP GD;
- District Police Inspectorate / General Police Directorate for Bucharest and precinct police stations
- District Gendarmerie/ General Directorate of the Bucharest Gendarmerie;
- District Directorate of Health/ Bucharest Directorate of Health
- School Inspectorate at the district level/ Bucharest Chief School Inspectorate
- Regional Employment Inspectorate;
- NGOs.

Principles of Assessment

- Any information about the assessment findings is confidential.
- The results of the assessment are not final; assessment should be made regularly.
- The assessment addresses all needs of the child, as well as their development perspectives.
- The assessment should be uniform and should be aimed at and based on the same objectives, criteria and methodologies for all children.
- The assessment requires joint efforts within the multidisciplinary team and in the network with the active and responsible participation of all professionals involved.
- The assessment is based on a real partnership with the beneficiaries: the child and the individuals looking after them.

Confidentiality

- The professional carrying out the assessment of the child and/or adult victim, as well as the contact persons, communicate to the Case Manager and the multidisciplinary team any relevant information which facilitates arriving at conclusions and taking respective decisions.
- The assessment results are recorded and communicated to the family and the child, depending on the reached extent of maturity, or to the adult victim, depending on their judgemental capacity. The communication of such data happens upon completion of the detailed assessment. The Case Manager, together with the team, decides if the information should be communicated by a team member to be selected in line with the type of assessment or by the Case Manager alone.
- The Case Manager may communicate the information they learnt in the course of the assessment to other professionals who are part of the intervention

network, if they are to participate personally in the detailed assessment or the provision of services to the child and/or adult victim, to the family or to other contact persons. The multidisciplinary team decides what information to communicate.

- According to Act 677/2001 on Consumer Protection as Regards Personal Data Processing and Free Movement of such Data, as later amended and supplemented, the entire bulk of case-related information is confidential as far as the public, the media and other professionals not involved in the case under consideration are concerned with the exception of the control/ inspection teams as provided for by law.
- There is information that cannot be disclosed to the multidisciplinary team or other professionals involved in solving the case, such as the name of the person who sent the signal for suspected or actual child maltreatment or domestic violence. This type of information can be disclosed only to the competent court if expressly requested.

Questions the multidisciplinary team should find the answer to as part of the assessment of child-maltreatment cases:

- Has the child been actually maltreated now or in the past?
- Is the child's situation as serious as to require their separation from their environment?
- What arguments can be provided to prove the child is/was maltreated?
- How does/did the child respond to their maltreatment?
- Is there a risk to the child's safety at present or in the future?
- What is the likelihood that the situation will arise again?
- Could we assume that the persons taking care of the child can be guided through specialised services towards changing their behaviour in respect of the child and the child's conditions of life so that there is no longer any immediate threat to the child's life or development?
- Are the proposed opportunities resulting from the intervention indeed better, compared to the child's pre-intervention situation?
- Is the matter addressed to the criminal prosecution authorities in the cases where a crime is believed to have been committed?
- Does the committed maltreatment require an indictment against the offenders?
- What acts have the alleged perpetrators actually been involved in?

4. 2

Services offered by the Social Assistance and Child Protection General Directorates (SACP GDs)

The main services offered by SACP GDs for child victims and/or witnesses of abuse are as follows:

- The “green” free-of-charge Telephone Number of the Child for reporting any cases of child maltreatment and, if necessary, cases of domestic violence is a service under whose umbrella a mobile emergency intervention team operates.
- The Centres for Emergency Admission of Child Victims of Maltreatment, Neglect and Exploitation whose activity covers all forms of child maltreatment;
- The Centres for Advice to Child Victims of Maltreatment, Neglect and Exploitation whose activity covers all forms of child maltreatment;
- The Transit Centres for Protection of and Support to Repatriated Children and/or Child Victims of Trafficking

The Assessment, Information Provision and Counselling Centres of the SACP GDs for child victims of maltreatment

Stage	Action
Development of promotional materials	<ul style="list-style-type: none"> • The District Intervention Centre for Child Victims of Maltreatment (DICCVM; Romanian abbreviation CJICA) develops promotional materials, brochures for children, parents, professionals and other community members containing important information about its role in the community.
Planning the services and interventions	<ul style="list-style-type: none"> • The Counselling Centre (CC; Romanian abbreviation CC) conducts information, education and communication campaigns on issues concerning maltreatment, neglect and exploitation; • The CC integrates families and other institutions in the process of conducting the campaigns for awareness and prevention of maltreatment, neglect and exploitation; • The CC conducts campaigns for the prevention of maltreatment, neglect, and exploitation on every suitable occasion, on the occasion of international and national days devoted to this phenomenon; • The CC provides important information to the media and draws their attention to the events it organises – this information is communicated by the spokesman of the SACP GD with the Director General’s approval;

	<ul style="list-style-type: none"> • The CC is in charge of raising the awareness of government institutions/ NGOs on involvement in information campaigns and campaigns for prevention of Maltreatment, Neglect and Exploitation (M/ N/ E).
Cooperation with other specialists	<ul style="list-style-type: none"> • The DICCVVM cooperates constantly with professionals, local authorities and the specialised services provided within the M/ N/ E intervention network in view of the child's recovery and reintegration in the community. • DICCVVM staff who suspect or detect a M/ N/ E case among the direct requests they receive, should signal the competent authorities and report the case – to the Police, with the local Mayor's Office as per permanent address • DICCVVM specialists conduct campaigns for awareness raising and prevention of M/ N/ E, cooperating with specialists from other competent institutions • draft Cooperation Protocols for organising action for prevention and combating of Child M/ N/ E

4. 3

Specialist jurisdiction when hearing cases involving children – the Court for Minors in Braşov

Currently in Romania there is only one specialist court for hearing cases involving minors.

The Court for Minors and Family Cases in Braşov was set up as a specialist court by virtue of Order 3142/C/22 of November 2004 issued by the *Ministry of Justice*; *the Court started its effective operation on 22nd November 2004.*

In accordance with Act 304 on the Judiciary, dated 28th June 2004, as promulgated for the second time, specialist courts have no autonomous legal capacity.

Set up as part of a pilot programme, the specialist court started operating with three judges due to the limited competence at that point in time of the Court for Minors and Family Cases which looked solely into first-instance cases concerning children and families.

Upon entry into force of Act 247/2005, the specialist court becomes a jurisdiction competent to exercise judicial control, its competence being expanded up to the phase of appeal as a method for legal protection against court decisions made by judges on civil and criminal cases at first instance (but exclusively on cases dealing with minors and relations within the family), which led to improving the personnel structure with a view to the specifics of the methods of appeal (the appellate jury consists of two judges, while for appealing against a decision the

requirement is three judges).

In pursuance of Art. 37 of Act 304 on the Judiciary System, dated 28th June 2004, as promulgated for the second time, specialist courts can be set up in the districts/ regions as per Art. 36, Para.3, including for dealing with cases involving minors and the family.

Specialist courts are jurisdictions which have no autonomous legal capacity; they can operate in various districts and in Bucharest and they are based in the main town/city for the respective district. **Specialist courts look into cases for which the court is competent in areas for which they are set up to work.**

The report on the work of the Court for Minors and Family Cases in Braşov for 2014 reveals that this court has no divisions since this is practically impossible with such a limited number of judges. Every magistrate in this court gives rulings both on criminal and civil cases (related to children and the family), on which there is a first-instance decision and against which a standard or urgent appeal is lodged, in accordance with the schedule completed by the head of the college of judges. Starting in 2014, following the entry into force of the Penal Code and the Criminal Procedure Code, specialist divisions of judges were set up with new judiciary functions provided for in the law. This is how the Court for Minors and Family Cases in Braşov ended up with specific panels of judges dealing with rights and freedoms, panels of judges doing pre-trial sittings and giving rulings on the case upon its merits and panels of judges who give rulings on challenged decisions as protection methods with criminal cases.

Depending on its substantive competence, the Court for Minors and Family Cases in Braşov is a jurisdiction for judicial control over criminal cases solely in respect of prevention and safety measures, and restrictive measures ordered for cases for which a first-instance decision is taken by the instance courts located within the territorial scope of the court which heard the defendants and/or the affected minors.

4. 4

The AUDIS Project: For More Child-Friendly Hearing of Children in Romania

The AUDIS Project: For More Child-Friendly Hearing and Interviewing of Children in Romania is a pilot project aimed at improved practices for child hearing in Romania in order to make progress towards child-friendly justice.

The Project is coordinated by the NGO Federation for the Child (NGOFC; Romanian abbreviation FONPC) and is implemented in partnership with the French Embassy to Romania, the „La Voix de l’Enfant” Federative Association (France), the Ministry of Labour, the Family, Social Protection and the Elderly (MLFSPE; Romanian abbreviation MMFPSPV) - the National Authority for Protection of the Rights of the Child and for Adoption (NAPRCA; Romanian abbreviation ANPDCA), the Ministry of Justice (MJ), the Ministry of the Interior (MI, Romanian abbreviation MAI) – Chief Inspectorate of the Police, Romania (Romanian abbreviations MAI

–IGPR and DGPMB), the Ministry of the Interior – the National Agency against Human Trafficking (NAAHT; Romanian abbreviation MAI-ANITP), the Terre des Homes Foundation, the Dolj SACP GD and the Cluj SACP GD and, since September 2015, the Supreme Council of Judges and Prosecutors.

The Project is funded by the French Embassy to Romania, „La Voix de l’Enfant” (France) and is co-financed by the NGOFC and the SACP GDs.

Context for hearing of/ interviews with children in Romania

At the time of project implementation i.e. 2012, the Romanian Criminal Procedure Code had no specific provisions on procedural treatment of child victims and/ or perpetrators of criminal-code- and civil-code-indictable acts. There is no separate procedure for hearing children. Due to their nature children are especially vulnerable also as victims of anti-social acts; they are not in a position to express their feelings and experiences in the “language of power” and they cannot protect themselves.

The legislative provisions regarding child victims are still incomplete. According to the existing procedure the child should appear before several adults in a row, whom they do not know and who work in stately institutions. This situation creates further stress for the child and is a risk factor for amplification of their physical suffering. There is no specific information on the techniques to use when interviewing children.

The audiovisual recording of the child victim’s statement and/or the statements of perpetrators of criminal-code- or civil-code-indictable acts is mentioned in passing as a possibility for child victims of abuse, without providing for the procedure to follow – more specifically, nothing is said about the admissibility of such recordings as evidence.

Aims and objectives of the AUDIS Project:

Aim: Building/ strengthening the long-term human and logistical capacity in Romania, as well as the legislative framework for alignment with the European and international standards in the field of hearing child victims of abuse and/ or perpetrators of criminal-code- or civil-code-indictable acts. Enhancing the knowledge and existing practices in Romania as regards the interviewing of child victims of abuse and/or perpetrators of criminal-code- or civil-code-indictable acts.

Objectives of the AUDIS Project:

- Assess the situation of interviewing children in Romania for legal purposes, as well as assess the priority needs in relation to interviews in line with the best interests of the child;
- Organise training for professionals from the justice administration system, the police and the social assistance/ child protection system, NGOs, and for

psychologists, on the psychology of the child victim, aggression within the family and networking.

- Reduce the negative impact on child victims and/or perpetrators of criminal-code- or civil-code-indictable acts by creating favourable conditions for hearing/ interviewing these children.
- Support for introducing interviewing practices for children in Romania which meet the European and international standards in the field, proposals for legislative amendments on interviewing children being made before the completion of the project.

Project beneficiaries (direct or indirect):

- Professionals working in the field of care for and interviewing of child victims and perpetrators of criminal-code- or civil-code-indictable acts: policemen, prosecutors, lawyers, judges, psychologists.
- The Romanian Ministry of Justice, the Romanian Ministry of Labour / Directorate for Child Protection, the Romanian Ministry of Administration and the Interior
- The NGOFC and its network comprising 97 NGO members in Romania
- Child victims and/or perpetrators of criminal-code- or civil-code-indictable acts in Romania and the families of these children
- Child protection experts.

Planned and implemented project activities (March 2013 – November 2014)

3-4 April 2013: Launching the AUDIS Project – Round-table discussion on the conditions for interviewing children in Romania, France and Bulgaria + Terms of Reference for setting up interview rooms in Cluj and Craiova

Summer 2013: Signing Cooperation Protocol between the Ministry of Justice, the Ministry of the Interior, the Ministry of Labour, the NGOFC, the French Embassy to Romania and Voix de l'enfant

June 2013: Developing and presenting 2 projects for European funding, together with the NGOFC, Terre des Hommes, the Bulgarian organisation Social Activities and Practices Institute (SAPI) and Voix de l'enfant

April to October 2013: Monthly meetings of the Central Management Committee and setting up the local committees in Cluj and Craiova for establishing child interview rooms. These should meet once a month.

September 2013: First multidisciplinary training on interviewing children, complete with training in the Pediatric Medico-Legal Units (PMLUs) of Voix de l'enfant and a trainer from the National Training Centre for Justice Police (NTCJP) at Fontainebleau

5-8 November 2013: Study tour to Paris and Angers of Romanian/ Moldovan delegation to visit interview rooms and meet with professionals from various sectors (the Court for Minors, Social Services and the Police)

March 2014: Second multidisciplinary training on interviewing children with expert trainers from France (judges on cases for minors with the District Court in Nancy, a child psychiatrist, a PMLU expert)

April 2014: Opening the child interview rooms in Cluj and Craiova

June 2014: Round table discussion at the Court of Appeal in Bucharest – analysis and assessment of the needs of child victims and/or witnesses of crimes and decisions towards a more child-sensitive justice for children in Romania.

June to November 2014: Exchange of position papers among Bulgarian, Romanian and French experts on the conditions for child interviewing – an evaluation of the operation of the interview rooms in Cluj and Craiova.

September 2015: Signing a second Inter-Agency Cooperation Protocol to continue the implementation of the AUDIS Project between the NGOFC, the French Embassy to Romania, Voix de l'enfant, the Supreme Judicial Council, the Romanian Ministry of Justice, the Ministry of the Interior - Chief Inspectorate of the Police and the National Agency against Human Trafficking (NAAHT), the Prosecutor's Office, the Ministry of Labour - National Authority for Protection of the Rights of the Child and for Adoption (NAPRCA).

September to December 2015: Setting up a third child interview room at the Prosecutor's Office in Bucharest.

Main results:

Since February 2012 to date the following main results have been achieved as part of the project: setting up two specialised interview rooms for children involved in court and/or administrative proceedings, located at the Social Assistance and Child Protection General Directorates (SACP GDs) in Craiova and Cluj-Napoca, complete with audiovisual equipment; training delivered to 30 professional (judges, prosecutors, social workers, probation counsellors, psychologists, etc.) on child interviewing techniques and the way the child interview rooms operate (a series of two training courses); exchange of information on best practice between a group of 10 professionals from Romania involved in the hearing and interview procedure for children in Bulgaria and the Republic of Moldova, during their trip to France, and French professionals (magistrates, police officers, doctors, social workers, etc.). The two child interview rooms are beginning to function well, using also judges, prosecutors and police officers to hear the children. In the September 2014 – September 2015 period 36 interviews were conducted in the interview room in Craiova and 38 interviews in the respective room in Cluj. Most of the interviews refer to cases of child victims of crime, sexual abuse and trafficking.

5. Best practices from Bulgaria for child-friendly justice

5.1 Participation of child victims of abuse or crime in legal proceedings

Dr. Nadya Stoykova, SAPI

*Prof. Nelly Petrova-Dimitrova, SAPI, Sofia University
"St. Kliment Ohridski"*

1. Name of the service “Interviewing/hearing of a child in a “blue room””

The service has been available since 2009 and was initially provided in three towns, while currently - in 14 towns in the country.

2. Context

As demonstrated by a Survey of SAPI and the Bulgarian Judges Association from 2008 the current practice in the country for that period did not guarantee the rights of the child; it was not consistent with their best interests and created a high risk of repeat victimisation.

Usually a child victim or witness of crime is interviewed repeatedly before nearly ten different adults. Data shows that 55,2 % of children were interviewed three or more times over the whole period of proceeding the case from the pre-trial to trial phase. It should be noted that these are the officially recorded interviews, and the practice shows that very often they are not all the interviews conducted. In fact prior to the pre-trial proceedings, there are a number of checks, including child interviews (providing evidence, information, etc.) not registered in this statistics, and often not registered anywhere. Data also showed that in the case of almost every third child (31 %) **there was a 2-year period** from the time that child was abused to their court hearing. Last but not least it must be pointed out that children are being interviewed in the police premises or in the courtroom, which causes additional uneasiness and stress to them. This practice results in further traumatizing the children, and the collected information cannot serve the justice. Children are being interviewed by police officers, specialised to work with children (inspectors from the Child Pedagogical Room) and by police officers who are not specialised, i.e. the police investigators. And they both are not trained to interview a child victim, they have no training in the specifics of child development. Interviewing a minor (under 14) in accordance with the Criminal Procedure Code (CPC) shall be obligatory done in the presence of a pedagogue or a psychologist which most

often means in the presence of police inspectors from the Child Pedagogical Room. According to the Bulgarian legislation “a pedagogue” is mostly a teacher, somebody who has graduated in chemistry, physics, philology, history, etc., with a minimum range (pedagogical minimum) of psycho-pedagogical training. The absence of specialised training in interviewing children, as well as using for this purpose police officers with teacher’s education makes the participation of a pedagogue or a psychologist a formal one, rather than really ensuring the child protection. Too many children are interviewed also in the trial phase, i.e. by a judge in the presence of the defendant and the participants in the court proceeding. Children are being interviewed in the police premises, in the courtroom, in other institutions generally without child-friendly settings, which usually causes further stress to them.

3. Service goal and objectives

The service goal is to ensure child-friendly practice of interviewing and hearing which guarantees the rights of the child victim or witness of crime and provides reliable information for the purposes of justice.

The service **objectives** may be indicated as:

- achieving minimum number of interviews of children, in the best case – only one. Further interviews to be conducted in case of new circumstances. To stop repeating the same information, answering the same questions;
- providing child-friendly settings, which would not stigmatise the child;
- training the professionals involved in the investigation and the protection of the rights of the child in the pre-trial and trial proceedings;
- preparing a specially trained team to facilitate the interviewing of children.

4. Service nature, activities:

Providing a child-friendly place for interviewing/hearing.

In 2008 in Pazardzhik and in 2009 in Shumen and Sofia were build the first specialised premises for interviewing children, the so called “blue rooms” which besides child-friendly environment¹², made it possible to avoid the direct contact of the child with the accused person or defendant, and at same time guaranteed their rights to a fair trial. These so called “blue rooms” consist of two-part premises divided by a one-way mirror. Thus the child and the interviewer are in one part of the premises, furnished so as to support the emotional comfort of the child, and in the other part are all the participants required at the respective trial phase. The one-way mirror allows them to see

12. There were already several child-friendly premises in some institutions, however without possibility to meet all the requirements for the participation in the interview of all interested parties.

everything that is going on in the room where the child is, and by means of audio equipment to hear and be able to ask questions through the interviewer. The rooms also allow video recording of the interview. Particularly important is also the availability of two separate points of entry for the child and for the rest of the participants, mainly the accused person which prevents the direct meeting between them. Precisely the direct contact is the most common reason for the child to be finding it difficult to repeat in the courtroom or to withdraw their testimony or to refuse to talk.

In other words the specialised premises for interviewing children:

- meet the formal requirements of the criminal proceedings for participation of all parties and a fair trial;
- meet the requirements of the Child Protection Act for a protected environment providing psychological comfort to the child in a familiar and friendly setting;
- protects the child from direct contact with the alleged perpetrator, while at the same time ensures the rights of the accused person and the defendant to a fair trial. The child is protected from the direct contact by the one-way mirror, the two separate points of entry, and the protected waiting area;
- guarantees the right of the child to protection and to safeguarding from a repeat victimisation.

The rooms in Pazardzik and Shumen were built in the Complexes for Social Services for Children and Families (CSSCF) where there is a 24-hour access; a team; and they are located close to the CPD/DSA, which are in the same building. In Sofia the room was built in the building of Metropolitan Directorate of the Ministry of Interior, at the request of the colleagues from the police.

Provision of specially trained psychologists and social workers to “conduct” the interview or hearing of the child.

In parallel to building the “blue rooms” started trainings in the multidisciplinary approach for groups of psychologists and social workers, police officers, judges, prosecutors.

The training programmes aimed at creating of a professional community and environment ready to work for a real change of the child hearing practice. In terms of content the trainings cover knowledge from different disciplines, identified by a competency-based approach for the competencies needed in:

- child abuse, nature, types, symptoms, consequences;
- international standards for the rights of the child in the area of justice and the rights of the child in Bulgarian proceedings;

- specifics of the child witness, child psychological development, how the child shares about the experienced abuse;
- specifics of interviewing a child (preparation, methodology of the interview, supporting the child after the interview, etc.)

“Interviewing child victims of sexual abuse” training

- 2008 - by a team of Nobody’s Children Foundation, Maria Hamela, over 60 hours of training in total (30 for Pazardzhil and Sofia teams, and 60 for Shumen team)
- 2009 – started the trainings of magistrates with Martin Henry and with the participation of Bulgarian trainers as well.
- 2010, Prof. Kevin Browne together with Bulgarian trainers delivered advanced training for psychologists and social workers participating in interviewing children
- 2011 - Orthodoxy Salomon, together with a team of Bulgarian trainers delivered a training in how to work with child victims of sexual abuse, and with abusive parents
- In the period 2009 – 2013 the teams for interviewing children received over 50 hours of supervision by international experts working on the issues of child victims and child-friendly justice from Poland, France, UK, Finland and other.

The development of the SAPI expert and training team was supported by the joint trainings with international experts, but also by the continuous own training through studying international experience, participation in seminars and forums, conducting international and national research.

13. According to our research the practice in Iceland, Poland, Finland, the USA is similar.

SAPI position¹³ has been and continues to be that there is a need for professionals to facilitate the interviewing of children and that they should be from the helping professions – psychologists, pedagogues, social workers, who should get specialised multidisciplinary training, and be systematically accompanied methodologically.

Facilitating means the child to be prepared for the interview, the questions prepared in advance by the investigative police officer, prosecutor or judge to be asked by the professional, who would word the questions in a comprehensive for the child form and in respecting their dignity way.

The team is working in close collaboration during the entire period of the case development. The activities carried out by the team are:

- Receiving the report
- Holding a working meeting with the party making the request.
- Preparation of the child for the interview/hearing.
- Conducting the interview/hearing.
- Provision of support for the child, if requested by the CPD.

5.

Description of the practice, and the professionals involved

At the Centres for Services, where a specialised room for interviews is built, the following services are provided for the purposes of the justice:

- **The service “Preparing the child for participation in legal proceedings and accompanying them in the course of legal proceedings”**

This service seeks to reduce the stress the child is experiencing and the risk of secondary victimisation due to the child’s participation in legal proceedings. The service encompasses activities and measures preparing the child for interview or for hearing by a judge. The preparation involves one or more counselling sessions with the child, depending on the state they are in, their age, cognitive abilities, the assessment outcome on their capacity to be included in legal proceedings.

During the counselling session in preparation of the child, the latter is fully informed about the legal proceedings, the court proceedings, all actors involved, together with their respective roles, as well as about the role of the witness in revealing the truth. In addition to the general information the child is provided with about their participation in legal proceedings, the latter’s duration and the way these run, *during the preparation the professional taking the lead in the provision of this service familiarises themselves with the child’s overall state.* The counselling session to inform the child and familiarise them with the legal proceedings is also used to make an *initial assessment of the child’s state, their psychological readiness to testify or be heard in court, as well as an assessment of their emotional state and the psychological effect the child’s inclusion in legal proceedings is likely to have on them.* This initial assessment of the state of the child also takes into account the risk factors that might impact the child psychologically, in situations of conflict of loyalty and of risks for their life and health, when testifying as a crime witness or a victim of a severe crime. In this way the initial meeting with the child as part of the preparation for inclusion in legal proceedings enables the expert to get to know the child, their language, their overall capacity to express themselves and produce a narrative, to assess their overall psychological state and familiarise the child with the interview procedure and its place in the proceedings.

Following the first meeting with the child, the expert conducting the preparation decides on the need for a **follow-up** meeting and the time required for the child’s preparation for inclusion in legal proceedings. An official statement on the child’s readiness to be interviewed or, respectively, heard by a judge, is produced by the expert and submitted to the authority requesting the Service (court, prosecutor’s office, Child Protection Department or Regional Directorate of the Ministry of the Interior). The costs of the child’s preparation for inclusion in legal proceedings are covered by the provider of the service.

In some cases the preparation might cover a longer period of up to 4 or 6 sessions, this being a requirement in situations when the crime has seriously impacted the psychological status of the child victim and they find it difficult to talk or need some further support to stabilise their emotional state, which will then allow them to get included in legal proceedings and reveal before the judicial authorities about the crime committed. Preparation for interview or hearing by a judge is intended for all children under 18.

The Service is provided by trained social workers or psychologists in Centres for Social Services for Children and Families such as Community Support Centres, Complexes for Social Services, etc. Access to the service is provided by referral from the Child Protection Department, or at the request of the court, the prosecutor's office or a Regional Directorate of the Ministry of the Interior, as well as at the request of a parent or guardian.

- **A service provided for the benefit of the justice “Assistance for an interview under a child-friendly procedure respecting the best interests of the child”**

This service seeks to gather reliable information about the child for the purposes of justice administration, protecting the child's psychological status. In this sense, the aim is also to reduce the stress of the child involved in legal proceedings and to avoid or minimise the risk of secondary **victimisation** of the child due to their inclusion in legal proceedings. The service is fully consistent with the child's specific needs as a witness and participant in legal proceedings. *The service also seeks to guarantee a number of rights of the child*, as provided for in legislation: the right of the child to be heard and express their views and concerns about events important for their life; the right to be treated with dignity and compassion; the right to protection from discrimination; the right to be protected from hardship during the justice process, as well as the right to effective assistance.

The service encompasses activities and measures for providing assistance to the respective authority to **conduct an interview with the child in a specialised room** for interviewing children, the procedure for conducting the interview being fully consistent with the principles and methodology of justice consistent with child psychology and the special needs of child witnesses and participants in legal proceedings.

The service includes the following activities:

- Involving a specialist trained to interview children in a way which meets the judicial requirements for gathering reliable information, on the one hand, and on the other hand – protect the child from further psychological trauma during the interview;
- The use of child-friendly procedures that facilitate the child's testimony, as well as better opportunities for the child to express themselves through additional tools – pictures, dolls, etc., experts being trained in the use of such tools;

- The use of specialised premises for interviewing children – premises adequately furnished and equipped to guarantee the quality of the interview conducted and the recording of this interview; restricting the direct access of the perpetrator (the accused or defendant) to the child; respecting the dignity of the child by ensuring privacy and calm atmosphere, separate points of entry and separate places for the child and their family to wait under protection;
- Focusing the attention on the child's interests and welfare, ensuring a multidisciplinary and multi-institutional approach is in place for conducting the procedures involving the child – the use of the specialised premises provides the opportunity for all stakeholders and the institutions responsible for further measures and procedures to be present during the interview, so that the child is not repeatedly interviewed.
- Technical support for conducting the interview and making the video and audio recordings for the purposes of justice administration and for protection authorities, as well as for minute-taking and printing the minutes out.

The interviews are conducted following a specialised child-interviewing methodology consistent with child psychology and children's self-expression and communication skills. The costs of child interviews are covered by the party requesting the service. This service is meant for any child under 18, who are victims of sex crime, as well as for any child under 14. The Interviewing Methodology is an adapted version (T. Lion, 2005) of the *Interview Protocol of the National Institute of Child Health and Human Development (NICHD)*, which is developed and submitted to the SAPI by its author.

The service is provided by trained social workers or psychologists specialising in interviewing children in specialised rooms for interviewing children built in Community Support Centres or Complexes for Social Services. Access to the service is provided by a referral from the Child Protection Department, or at the request of the court, the prosecutor's office or a Regional Directorate of the Ministry of the Interior, as well as at the request of a parent or guardian to use child-friendly procedures.

- **A mobile team for interviews and hearings of children**

In order to support the roll out of the pilot practice at national and regional levels in 2008 and 2009 mobile (outreach) teams to work at regional and national level were set up for the specialised premises for interviewing children. These teams acted on request from the court and the prosecutor's office throughout country. The teams consist of social workers and psychologists with hands-on experience in working with children, who have completed specialised training, work under supervision, using additional methodological support. Currently the total number of mobile teams under the umbrella of the SAPI alone is 6 and they comprise of 20 professionals (psychologists and social workers). The total number of such teams as at December 2015 was 12.

6.

Case study, best practice

A case from the practice of the professionals from the SAPI team on hearings of children

In relation to a pre-trial proceeding the mobile team for interviewing children received a request by the Regional Police Department (RPD) for preparation and hearing of a child, placed at a Home for Children and Young People with Disabilities. The child victim was located in a different settlement and had to be visited by the mobile team. Two experts were nominated – a social worker and a psychologist, to take part in the preparation and carrying out the interview with the child. In the phase of preliminary activities the professionals from the mobile team had a working meeting with representatives of the institution the child was placed in, to collect more information about the intellectual, social and emotional development of the child. Then a meeting was held with the party requesting the interview, to clarify the goal, questions and the factual situation to be checked. This allowed the experts from the mobile team to prepare for the interview, and decide how and what adequate techniques to use for the interview of a child with intellectual difficulties. In the phase of preparing the child various items (dolls, pictures, books – consistent with the child's intellectual level) were used. This approach allowed the child with a disability and deficit in the communication skills to tell with additional support about the violence experienced by them.

Main results and achievements

The experience showed that it was a good choice for the room to be located in a social service. Eleven more rooms were made, with 10 of those located in social services. The advantages are in:

- the building is friendly, i.e. it is intended for children and families and everything in it is consistent with this mission; for example the waiting period (where necessary) is much different for the child compared to the waiting in the police premises.
- the building is not stigmatizing, the visit may be for various reasons, unlike the visit to the room in the police premises;
- there is a 24-access due to the nature of the social services (because in both CSSCFs there are 24/7 services; the access to the police building is also provided, however it goes through all the procedures required for an access to police premises);

- efficiency of the services for the justice system – no special staff is needed to cater for the premises, to provide access, to conduct interviews, etc.
- closeness to the protection system and provision of protection for the children moved out of family environment. In the CSSCF there is an “Emergency Reception” service, intended for child victims of abuse.
- efficiency of the rooms – higher commitment on the part of the social workers, mainly from social services, for ensuring the rights of the child, which makes them more active and perseverant in this activity, and using the rooms for other activities as well, like as a place for psycho-social work and counselling of children, protected meetings of a parent with a child, supervision, etc.

The changes in the child interviewing practice in the period 2009-2014 may be seen in several directions:

- there is an evident increase in using child-friendly practices where a child is involved in legal proceedings, both in criminal and civil cases;
- for the first time interviews are conducted by professionals trained for conducting child hearing, in other words it is not only the room that is being used, but also the specially trained social workers and psychologists.
- the scope of the hearings and the use of the room is expanded. Along with the preparation and interviewing, the specialised room and the professionals are used in new practices – interview for expertise, meetings in protected environment between children and adults.
- developed and piloted were “Standards for interviewing child participants in legal proceedings”.
- amendments to the CPC allowing the reduction of the number of interviews, facilitating the interviews via the participation of trained professional, conducting the interview via video conference.

7.

Financing

The introducing the new practice of participation of children in legal proceedings is made through a series of SAPI projects with the financial support of OAK Foundation, different EU programmes. Since the practice is performed on the territory of specialised social services for children and families at risk, the costs for the teams, for maintaining the premises are covered by the financing for the services, which a state delegated activity.

8.

Sustainability

The practice is still a “pilot” one; the sustainability is defined by the fact that SAPI is a provider of social services in 6 towns around the country and through projects and other financing managed to support methodically also the work of the other “blue rooms” in the country. We are currently participating in a working group for amends to the CPC related to requirements of Directive 2012/29/EU and expect these amendments to provide for an overall sustainability and development of the practice towards an integrated service.

5.2 Best practice of an integrated approach

Darinka Yankova, Coordinator of the Service, SAPI

1. Name of the service

The Child Advocacy and Support Centre – Protection Zone is developing as an innovative integrated service for child victims and/or witnesses of abuse or crime and their families.

2. Background

Currently, there are so many authorities engaged in various activities involving working with child victims of abuse and crime that sometimes there is overlapping of powers, which very often results in disputes over competency or in the development of different local practices. The shifting of responsibilities between protection authorities and the Prosecutor's Office as well as the failure to act on a shocking case of a little child victim of sexual abuse by the father, united the relevant state institutions so that in 2010 was signed an Agreement for Co-operation and Co-ordination of the Work of the Territorial Structures of the Protection Authorities in cases of child victims of abuse or at risk of abuse and in Crisis Intervention. By signing the document, the parties agreed while exercising their competencies and powers to adhere to the principles of respecting the best interests of the child, sharing of information between partners and interaction, multi-institutional approach at national and local level, timeliness and flexibility of decision-making, upholding moral principles while working on each individual case to ensure efficient prevention system and control for observing the children's rights. The Agreement served as a basis for the setting up of a Coordination Mechanism for Inter-institutional Interaction in cases of child victims or at risk of abuse, and for interaction in crisis intervention. The Coordination Mechanism envisages the participation of professionals from various institutions depending on what intervention a particular case requires. The social worker from the Child Protection Department (CPD) has a leading role and in practice they are the ones who manage the case and are responsible for setting up the team of professionals for the child, as well as for engaging social services providers for the relevant measures for the child victims. The CPD social worker can refer the children and families for assessment and intervention to the social services, which are managed by the municipalities and have a delegated state budget allocated to them. The legal framework which is in place in the country entitles the municipalities to delegate the management of social services to non-governmental organisations through a competitive contracting-out procedure.

Based on this procedure, the Social Activities and Practices Institute, in its capacity of an NGO, manages the Complex for Social Services for Children and Families (CSSCF) in the municipality of Shumen, CSSCF in the municipality of Vidin, CSSCF in the municipality of Stara Zagora, Community Support Centre (CSC) in the municipality of Sofia, Child Centre for Advocacy and Support in the municipalities of Montana and Shumen, Child and Youth Zone in the municipality of Sliven. As a service provider, the Institute is focused on the implementation of innovative practices, related to a great extent to safeguarding the rights of the children involved in legal proceedings. The variety of projects implemented in this field made it possible in 2015 to analyse the organisation's experience and develop a model of integrated services for child victims or witnesses of abuse at CSSCF - Vidin. The integrated services package comprises protection services, child-friendly justice and psychological rehabilitation, while integrating inter-institutional efforts and covering both children and their families.

On the basis of their experience, the Institute committed to support the Bulgarian state in implementing Directive **2012/29/EU of 25 October 2012** establishing minimum standards on the rights, support and protection of victims of crime by introducing an integrated approach to the child, based on individual assessment of their specific needs. The model is being implemented in CSSCF - Vidin under a Listen to the Child – Justice Befriends the Child project, with the financial support of the Criminal Justice Programme of the European Commission.

At present, the Social Activities and Practices Institute, in partnership with UNICEF – Bulgaria, is piloting the first Child Advocacy and Support Centres in the country for child victims and/or witnesses of abuse or crime in the municipalities of Montana and Shumen.

3. Goal and objectives of the service – the Child Advocacy and Support Centre for child victims and/or witnesses of abuse or crime and their parents, called Protection Zone

The goal of the service is to ensure security, impartiality, approaches and practices, whereby each intervention undertaken is focused on the best interest of the child victim.

The following **objectives** can be set out:

- ensure timely protection and psycho-social support to the child victims of abuse and crime;
- inform the children and their parents of their rights during participation in pre-trial and trial proceedings;
- judicial proceedings;
- ensure child-friendly justice;
- ensure timely medical help;

- ensure psychological and long-term therapeutic support in processing the traumatic experience;
- accompany the family to offer support to the child victim.

4. Target groups:

Protection Zone integrated advocacy and support service is aimed at child victims of all types of abuse or crime, regardless of whether committed in the past or recently. The group comprises also children witnesses of domestic violence and subjected to school bullying. There are no age limits imposed. The service is available to children falling within the legally defined age range for a child of 0 to 18 years and the approach applied is systematic, involving at the same time work with the child and with child's parents. The focus on this target group arises from the necessity to meet the child victims' specific needs of security, recovery, coping with the trauma and safeguarding of their rights during legal proceedings.

5. Nature of the services, activities:

The integrated advocacy and support service Protection Zone introduces a specialised approach and services for child victims of abuse, bringing together good legal, medical, psychological and social practices with child-friendly procedures and environment. Children and their families are provided with constant support and advocacy throughout the whole process of work on the case – from the moment of receiving the report of abuse and the start of the investigation till the end of the process and the recovery of the child victim. The service involves a multidisciplinary team and inter-institutional interaction, with the service team assuming the coordination of the work in close cooperation with a representative of Child Protection Department. The involvement of professionals from various fields in all interventions ensures that the children's complex and unique needs will be identified and met. This means that informed and justified decisions are made throughout all stages of case work and both children and families receive maximum benefit from the good coordination. The service is implemented in accordance with the current Coordination Mechanism for Inter-institutional Interaction in cases of child victims or at risk of abuse and for interaction in crisis intervention. This means that the partnering authorities include Child Protection Department with the Social Assistance Directorate, Ministry of Interior Regional Directorate (investigating officers and inspectors from Child Pedagogical Room - CPR), representatives of the team of the Child Advocacy and Support Centre, representatives of services with the municipalities, a prosecutor, a medical doctor, a judge, a teacher, etc. Teams are set up in the very beginning, just in case, on a case-by-case basis, engaging various representatives of the partnering authorities depending on the case specifics and the child's situation. The team works in close cooperation throughout the whole period of case work.

The activities that the team conducts are as follows:

Conducting an individual integrated assessment of the child victim, which is agreed upon at the first meeting under the Coordination Mechanism. The assessment is a professional conclusion based on information, observation, hypotheses and facts related to the child's health, psychological, emotional and social state, the resources and risks associated with the environment where the child is raised. The assessment is a process which commences at the very first meeting with the child and is amended whenever there is a change in the circumstances. It can be provisionally defined as initial assessment which aims to identify the risk to the child and a subsequent in-depth one aiming to examine various issues and enable the drawing of a conclusion. The purpose of the assessment is to identify the child's specific needs of support (treatment and psycho-social accompanying, child-friendly practices for participation in legal proceedings, protection and safeguarding, as well as the level of risk of secondary victimisation, intimidation and retaliation by the perpetrator or other persons sent by him. The assessment has to outline what kind of special protection measures are to be undertaken with respect to the child victim. The assessment has to focus on the parents' capabilities (in the cases where they are not the perpetrators) to support the child and adequately meet their need of care, emotional warmth, the parent's resources to raise their child in a safe and secure family environment. So the assessment comprises the following mandatory components to be examined:

- Assessment of the child's needs with relation to the abuse they were subjected to and the family's capacities to meet adequately these needs with a focus on the best interest of the child;
- Assessment of the risks to the child: the risk of repeat victimisation, intimidation and pressure, which can be the result of various factors (the victim's personal characteristics; type and nature of the crime; circumstances) and the risk of secondary victimisation which is due to the child's vulnerability as a witness and participant in legal proceedings.
- Assessment of the harm done to the child and the specific needs of the child victim of abuse for treatment, rehabilitation and special support for their physical recovery. Medical expertise.
- Specialised psychological assessment of the child and their family.

The team of *Protection Zone Child Centre*, assisted by a paediatrician, coordinates also the drawing up of a medical assessment.

The individual integrated assessment has to provide an answer to the following questions to ensure the coordination of interaction and the child's protection:

- Is there an option for the child to remain in the family or to be taken care of by the extended family;
- Which interventions should come first: the interview or support activities;
- Is there a risk of intimidation or continued abuse;

- What special protection measures to be undertaken.

The initial risk assessment is made immediately after the check into the report received by the key social worker from the Centre jointly with a CPD social worker, within 24 hours, as set out in the Coordination mechanism.

The comprehensive assessment is conducted by a multidisciplinary team within 4 weeks of identifying child abuse in accordance with a specially designed framework. Should the case require any urgent actions, the timeframe for the conduct of a comprehensive assessment can be reduced. This is agreed at the first meeting of the multidisciplinary team.

On the condition that the assessment allows, the child is then interviewed in their capacity of a witness under the guidance of the supervising prosecutor and before a judge.

The victim's individual assessment is required to be implemented in practice also in accordance with the requirements of **Directive 2012/29/EU of 25 October 2012** establishing minimum standards on the rights, support and protection of victims of crime, which Bulgaria had to transpose in 2015.

Drawing up an integrated case plan.

Based on the action plan developed by the CPD, the key social worker from the Centre draws up the service provision plan. All professionals from the team for the child should be involved in the drafting of the plan: from the Centre and from the other institutions; the plan is then consulted with the parents/carers and the child, in case their age permits them to participate. The plan is based on the conducted integrated assessment. The plan describes all activities related to provision of the service and having to do with the child's protection, participation in the proceedings, working for their recovery and processing of the traumatic experience, working with the parents. When planning the interventions, it is of key importance to take into account the potential risk to the child:

- of repeat victimisation;
- offender's access to the child victim;
- offender's access to other children who might be harmed;
- age and vulnerability of the child victim of abuse;
- other children in the family, in case the offender is a parent of the child victim or a member of the extended family, who require protection and support;
- more than one act of violence against the child, regularity or a combination of various types of abuse the victim has been subjected to;
- past or current abuse.

Planning requires answers to the following questions:

- Where will the child be able to live in a secure and peaceful environment?

- Child's participation in legal proceedings
- Supporting interventions for the child and parents.

It is of key importance, when planning, to take into account the child's individual needs, their age and capacity to engage and benefit from the professional support they are offered.

Conducting an interview/hearing.

The activities that are carried out in Protection Zone involve providing information and preparation of the child for participation in legal proceedings (interview or hearing). As part of the individual assessment, the team draws up a conclusion on the child's readiness to engage in legal proceedings and encloses it to the child's individual assessment of their specific needs of special measures and support during the interview. The child's preparation is part of the assessment of the child's readiness and capacity to participate in legal proceedings. The preparation takes place immediately after the child's individual assessment and makes it possible to assess to what extent the child needs extra measures and support so that they can tell about the abuse. The child's preparation for participation in legal proceedings is performed under a methodology consistent with the child's state of mind and is a mandatory procedure as part of the special protection measures available to the child as a participant in legal proceedings. The preparation is carried out by the child's social worker from *Protection Zone* and in the case of very young children and children experiencing difficulties to verbalise – by a *Protection Zone* psychologist. Protection Zone provides a mobile service for preparation and assessment of the child's and family's specific needs when the preparation cannot be conducted in the Centre due to various reasons. When planning the interview, it is particularly important to consider the child's daily routine, especially in the case of younger children – when the child would be most able to concentrate in order to be interviewed. The timeframe of the interview has to be chosen with the child's age in mind so that they can provide a detailed account of the crime. When interviewing the child victim of abuse, special attention needs to be paid to their emotional state and to consider whether psychological intervention by a psychologist is required before the child is interviewed.

The child is interviewed in the specialised premises designed for hearing and interviewing of children – a Blue room in the *Protection Zone*. The child is interviewed by their designated key social worker. This approach helps limit the child's contact with various members of Protection Zone team and reduces the child's stress level and fear of the actual interview.

The working task of the professional facilitating the interview is on the hand, to gather reliable information as required by the justice, and on the other, to be gentle with the child and spare them the stress. The interview goes through a number of basic stages: encourage the child to give a free narrative of what has happened: at this stage the child presents their version of the course of the events, at their own pace and of what they remember. The child reveals which details of the events are of significance for them, deserve attention, evoke

emotions. This is the time when the professional provides an opportunity to the child to tell at ease what they remember about what happened. The professional mostly listens, observes the child's non-verbal response, lets them have a break and makes pauses. This phase is therefore relatively relaxed for the child. The next stage of the interview includes posing of specific, probing questions. During this stage the interviewer moves on to complementing the account of the child about the events provided by the child during the stage of the free narrative, in order to get a full picture. At this stage the professional should be ready to move straight on to the questions which would encourage the child to tell the facts. It is important that the professional follows the child's pace without putting pressure on them, to give the child feedback while putting them at ease and encouraging them. The interview closure phase involves final actions which are of significant importance for protecting the child's psychological state. The interviewer thanks the child for the efforts made and asks them how they feel, if they have any questions to ask or something to add. It is important to spend enough time on providing an accurate and clear idea about what will happen after the interview.

Support for adequate medical care.

When applying the integrated approach, the multidisciplinary team ensures the access to medical and health services from the time of reporting the case throughout the whole process of working with and supporting the child. The key social worker from the Centre's team accompanies the child victim in order to ensure that they are provided with all necessary medical examinations. Whenever the child requires urgent medical help, they are accompanied to a hospital unit to receive aid and primary medical care.

Therapeutic support and rehabilitation.

Cases involving abuse require a specific approach which includes a specialised psychological assessment, crisis intervention and therapeutic recovery work. While ensuring the implementation of a special approach to the child victim of abuse or crime, it is necessary to provide support to the family or the carers in case they have not abused or violated the child's rights. This creates a better environment for recovery. The therapeutic interventions offered by the service include individual consultation and group programmes such as Programme for child victims or witnesses of abuse and for their families; Psychological support for parents, whose children are victims of abuse; Psychological support for non-abusive parents in domestic violence cases; Programme for child victims of bullying and of the environment; Violence prevention programme; Programme for child victims of sexual abuse, sexual exploitation and trafficking; Programme for work with perpetrators of abuse.

Legal counselling and advocacy.

The integrated service provided to the child and their parents includes consultation on the child's rights and their participation in pre-trial and trial proceedings. One

of the key responsibilities of the service's team is accompanying and advocacy for protecting the child's rights for child victims and ensuring their access to child-friendly justice.

Case work, review and closure.

Team work on a case ensures a combined and coordinated approach by the multidisciplinary team, aiming to meet the individual needs of the child victim and their family in adherence to the procedures and terms of the Case Management Procedure, which complies with the legal regulations. The case is reviewed at periods no longer than three months and whenever a change in circumstances occurs. The case is closed when the team is unanimous that there are no risks to the child's health and safety and that they are raised in a safe family environment.

6. Description of the practice and the professionals involved

The specialised team providing the integrated service in Child Advocacy and Support Centre - *Protection Zone* in the municipality of Montana consists of: Head, 3 social workers for children and families, 2 psychologists, 1 part-time lawyer, 1 part-time therapist, 1 part-time nurse when required. The professionals working directly with the children and families have been recruited on the basis of selection criteria related to their adequate qualification: social pedagogy, social activities and psychology, holding at least a bachelor's degree and a minimum of two years of experience in the social field with children and families. The visiting professionals possess the following qualifications: law degree, certified therapist, nurse – professional bachelor's degree.

The development of the team members is carried out pursuant to a competency-based approach for the various positions: social worker, psychologist and therapist – a competency profile is in place for each of them i.e. what each professional should be able to do within their professional competencies in the Child Advocacy and Support Centre – *Protection Zone*. This approach was implemented during the team's training and the training programmes development, which focus on: working with child victims of abuse, types, specific characteristics; psychoanalytic theories providing an in-depth understanding of the phenomenon of violence; resiliency-oriented approach to working with child victims of abuse; systematic approach to working with child victims of abuse and their families, working with abusive parents; aspects of statutory framework concerning activities and measures aimed at children who have experienced violence and their families – Child Protection Act, Domestic Violence Act; Family Code, international standards; interviewing or hearing of child victims or witnesses of abuse and crimes.

Another form of support are the team meetings, methodology meetings and supervisions – individual and group supervisions on a particular case of a child. The Centre's team works in close cooperation with the Child Protection Department, Ministry of Interior Regional Directorate, Regional Prosecutor's Office, Regional Court, Crisis Centre, doctors and teachers. Similar inter-institutional cooperation is required also for cases which are not on the territory of the municipality of Montana since the integrated service model is implemented at regional level. A multidisciplinary and multi-institutional team is set up for each case involving a child victim depending on the specifics of the particular case and the child's situation.

7. Case study, best practice

An 11-years old girl is reporting to the Child Protection Department (CPD) about a systematic psychological and physical abuse by her father who threatens and beats her up. The child has been living with him and his parents for the past three years. The mother left the family after being severely beaten up by her husband, which resulted in her being hospitalised. Neither of the parents has undertaken steps to settle the parental rights through the court. In the beginning of the year the girl has been placed at a Crisis Centre (a service aimed at child victims of abuse) for a short period of time, after being beaten up by the father, having visible marks of injuries on the body.

Description of inter-institutional interaction: players, case management, procedures, institutional support

Upon receiving the child's report, a first meeting was immediately organised at CPD under the Coordination Mechanism, attended by CPD head of department and a social worker, a head and a social worker from the Child Centre for Advocacy and Support – *Protection Zone*, a social worker from the Crisis Centre with the municipality of Montana, inspector from the Children Pedagogical Room with the Ministry of Interior (Mol). First meeting with the mother and the child was organised as well at CPD. The mother gave an account of what has happened and told the family history. The multi-institutional team for the child carried out an initial assessment of the risk to the child by gathering information according to the areas in the specially developed framework for assessment of a child victim and/or witness of a crime.

Having analysed the initial information, the team came up with the conclusion that this was a case of recurring domestic violence against the child by the father even though in this case there were no visible signs of violence. The child has been living in an insecure environment and a high risk of repeated violence is

established; the child is capable of participating in legal proceedings but has to be prepared. The mother is identified as a resource and she can provide a supporting environment for the child.

The decisions made at this initial stage of assessment were firstly to ensure the child's protection, with an arrangement made that the child's care will be taken over by the mother who has been prevented from doing so by the father. The mother received consultation and was supported in drafting of a request to the Regional Court (RC) for a restraining order to be issued against the father in accordance with the requirements and regulations of the Domestic Violence Act. The team was joined by an on-duty-judge from the Regional Court who was made familiar with the case. As a result of the meeting, the mother submitted a complaint to the RC and an hour later the on-duty-judge issued an order for the child's and mother's immediate protection from the father. The mother and the child were advised of the child's rights during participation in legal proceedings and the opportunities for support on the part of the Child Centre team. Based on the initial assessment made at the first meeting, it was agreed that the mother and the child will use the services of Protection Zone. At a later stage, the team had a meeting with the father and they notified him of the restraining order and offered him to be included in a programme for abusive parents run by the Child Centre. The meeting of the multidisciplinary team was closed with an agreed distribution of the research for the individual integrated assessment which includes:

- Data of the child;
- Personal characteristics of the child;
- Information concerning the child's legal status; who is exercising the parental rights?;
- Who submitted the report? What provoked it?;
- Description of the child's current situation: have any visible marks of abuse been identified, what is the type of violence, severity of the crime, who is the perpetrator, how are they related to the child, length of time and intensity of violence, where is it committed, have any legal proceedings been launched; if so, what stage are they at; who safeguards the child's rights;
- Description of the child's state: health, social, cognitive, behavioural, level of development, what language they speak, language development, how do they take the violence committed, is any symptomatic behaviour displayed, who takes care of the child, is the child in a protected and safe environment, education and social integration;
- The child's life story – early childhood, family structure, family relations, family dynamics, relations and attachments, conflicts and crises, stability of care, is the child subject of alternative care out of the family, type, duration, relations with adults and peers;
- Personal resources for coping and recovery;
- Social resources for support and coping.;

The team's next meeting was planned to take place in four-day time. CPD issued a referral to the Child Advocacy and Support Centre – Protection Zone for individual integrated assessment of the child victim of abuse, preparation and hearing of the child in specialised premises, for individual psychological support of the child and the mother.

The Child Advocacy and Support Centre has already started working on the case. The Centre coordinated the second meeting of the multi-institutional team: representatives of CPD, CC, CPR and the Centre's professionals and lawyer. The participants discussed the already gathered information in the areas of the child's integrated assessment. Interaction at the next stage of the case work was agreed. The plan envisaged that the Centre's lawyer would consult the mother on the forthcoming domestic violence trial and would prepare the explanations with her.

The lawyer consulted the mother and the child on the rights of the child as a participant in legal proceedings and took up the role of the child's advocate.

A third meeting of the multidisciplinary team was held the following week in Protection Zone to coordinate interaction. The girl's current situation was discussed, with the preparation and hearing of the child in the specialised Blue room being planned. The hearing was ordered by an on-duty-judge for the needs of the court proceedings in accordance with the Domestic Violence Act.

The professional starting the work with the child followed the systematic steps described above: initial assessment of the child's readiness to be heard, organising and carrying out the hearing – preparation for the interview (agreement and adaptation), carrying out the hearing. One of the professional's main concerns was that there was a risk the child to be intimidated by the father and his mother. Two meetings were held with the child who told about telephone conversations with her paternal grandmother, trying to convince her that her father did nothing wrong i.e. to manipulate the girl how to tell the story and the facts.

The hearing was conducted by the Protection Zone professional in the specialised premises in the presence of the judge on the domestic violence case, CPD representative, CPR inspector, representative of CSSCF Montana, a prosecutor, the child's mother and the father's legal counsel. The hearing was audio and video recorded so that it could be used as evidence in the courtroom. Supported by the professional facilitating the hearing, the girl told that her father had often been under the influence of alcohol and then became aggressive, losing control and beginning to insult her and sometimes beating her up severely.

The lawyer represented the mother and the child at the domestic violence trial in the Regional Court in Montana. Taking into account the child's account of the events during the hearing conducted in a child-friendly environment, the Court confirmed the restraining order issued against the father for a period of eight months.

The Centre's psychologist provided to the mother and the child individual psychological support. The psychologist worked with the child in order to help her process the traumatic experience of the abuse and to recover. The psychologist

supported the mother as well, who was also a victim of domestic violence, to recover and enhance her ability to take care of the child, with a focus on the child's safety and support.

Main outcomes and achievements under the case

- Legal advice and advocacy for the child during participation in legal proceedings provided;
- Child-friendly justice ensured. Single interview of the child in specialised premises Blue room by a trained professional conducted. The child's recorded interview is admitted as evidence in the court proceedings on the Domestic Violence Act;
- Psycho-social and therapeutic support to assist the recovery of the child and the mother victims of domestic violence provided;
- Multidisciplinary and multi-institutional interaction ensured to guarantee the child's rights and the conduct of interventions in the child's best interest;
- The individual integrated assessment, the integrated interaction and interventions model applied with relation to the child victim, comply with international standards.

8. Funding for the service

The pilot model of Child Advocacy and Support Centre - *Protection Zone* is implemented under a project carried out by the Social Activities and Practices Institute in partnership with the municipality of Montana and with the financial support of UNICEF – Bulgaria.

9. Sustainability

Two options can be considered in terms of ensuring the sustainability of the innovative model of the integrated child victims advocacy and support service: the existing Bulgarian legislation provides an opportunity to implement it as a Specialised programme for work with child victims and/or witnesses of crimes at the Community Support Centre service; the other option is amending the legislation to regulate the new service - Child Advocacy and Support Centre – *Protection Zone*, to ensure funding from the state budget and rolling the model out on a national level.

6. Examples of Best Practices in Providing Support to Victims of Crime and Violence in Northern Ireland

Adélaïde Vanhove, International Juvenile Justice Observatory

Cédric Foussard, International Juvenile Justice Observatory

6.1 Multi-Agency Risk Assessment Conference

14. <http://belfastdvp.co.uk/themainevent/wp-content/uploads/MARAC-Professionals-A5-Booklet.pdf>

A Multi-Agency Risk Assessment Conference (MARAC)¹⁴ is a meeting where information is shared on the highest risk domestic abuse cases between representatives of local police, probation, health, child protection, as well as housing practitioners, Independent Domestic Violence Advisors (IDVAs) and other specialists from the statutory and voluntary sectors. After sharing all relevant information they have about a victim, the representatives discuss options for increasing the safety of the victim and turn these into a co-ordinated action plan. The primary focus of the MARAC is to safeguard the adult victim. The MARAC will also make links with other fora to safeguard children and manage the behaviour of the perpetrator. At the heart of a MARAC is the working assumption that no single agency or individual can see the complete picture of the life of a victim, but all may have insights that are crucial to their safety. The victim does not attend the meeting but is represented by an IDVA who speaks on their behalf.

15. http://www.endvawnow.org/uploads/browser/files/security_marac_case_study.pdf

The MARAC Model¹⁵

The primary focus of the MARAC is to safeguard the women survivors of abuse, while linking with other agencies to safeguard children and manage perpetrator behaviour. High-risk domestic violence is a pattern of abuse, which presents a risk of serious harm or homicide; approximately 10 percent of all domestic abuse in Northern Ireland results in serious harm and death. Only high-risk cases are referred to the MARAC given limited resources. Organizations are legally able to share information on high-risk cases, through the Information Sharing Protocol, which aims to facilitate the exchange of information for the purposes of prioritizing the safety of the domestic violence survivors and their children. Coordinated action planning is an important way of reducing the potential danger to high risk survivors and improving the safety of other family members, especially children. As every case is different, the representatives present at the MARAC discuss each situation and identify appropriate actions accordingly, which often fall within the scope of the respective mandates of the participating agencies.

Typical actions might include:

All agencies: Identifying high-risk victims through files so they can provide an enhanced and responsive service in the event of an incident.

Police: Placing the survivor's home on 'cocoon watch' (a measure established with a victim's consent), where immediate neighbours or those with a direct view of a woman's home watch the property to prevent the risk of future trespassing or contact from the perpetrator. Any suspicious activity is communicated to a local police officer responsible for taking further action against the perpetrator if required. Other crime prevention measures include increasing the security of a building or a survivor's home to prevent further attacks; or providing panic alarms.

Health: Ensuring that the survivor is separated from the perpetrator during medical visits so that health care workers can provide confidential treatment and support to women and girls.

Independent Domestic Violence Advisors (IDVAs): Providing women an update on the actions to be taken by the MARAC where safe; providing ongoing psycho-social support; assisting survivors to attend legal, medical and other appointments; seek legal assistance; identify new housing and education or employment opportunities; follow-up coordination and communication with all agencies; ongoing risk assessment with survivors; and providing updates on repeat victimization to the MARAC.

Children and Young People's Services: Agreeing to undertake an initial assessment of children involved in MARAC cases as appropriate; making referrals to children and adolescent mental health services; and providing additional support to the family. **Housing Authorities:** Assisting survivors to find alternative accommodation; processing applications for housing benefits and services for the homeless; and implementing safety devices on the home property.

Education Administrators: Sharing information with appropriate staff to support children effectively; and monitoring school performance and behavioural issues. **Probation:** Using information from MARAC for pre-sentence report writing.

Adult services: Making referrals to vulnerable adult teams and/or non-governmental organization support.

Shelter: Providing safe accommodation; and providing ongoing psycho-social, legal, referral and other support.

Drug and Alcohol team: Fast tracking access to specialist services and support.

Structure and Process

Cases can be referred to a MARAC by any frontline agency that has agreed to the Information Sharing Protocol and has undertaken a risk assessment with a survivor that determines the case meets the high-risk threshold. CAADA developed risk identification tool for determining high-risk cases, although the police and health professionals also refer high-risk survivors to the MARAC. MARACs are chaired by the Detective Inspector of the Community Safety Unit of the local borough police. The local borough police usually have a dedicated MARAC coordinator or a Domestic Violence Project Officer, who is responsible for the coordination of the MARAC partnership and administration of the monthly meetings. Independent Domestic Violence Advisors are trained specialists responsible for case management of all MARAC cases, liaising and providing a single point of contact between victims and the MARAC partner agencies, with a focus on ensuring the safety of survivors. A variety of organizations supporting domestic abuse survivors may have an independent advisor who works directly with survivors to assess the level of risk they are facing, provides advice and support by discussing the range of options available to them and helps develop coordinated safety plans. Independent advisors often work very closely with the police. During MARAC meetings, relevant information regarding each case is shared, options for increasing the safety of the survivor are discussed, and a coordinated action plan is created. Actions related to the police might include: pursuing the perpetrator and working in partnership with the Advisor on engaging with survivors to support safety planning and supporting the prosecution of the perpetrator. All agencies, including the police, are responsible for ensuring their actions are carried out and for recording the outcome of their actions, which are reported to the MARAC Coordinator to electronically record as actions that have been 'completed' or are 'in progress'. In the event of a Serious Case Review or Homicide Review, this information would be requested as an indicator that all was done to help protect the victim. This accountability has improved the practice of all agencies.

The process of the MARAC starts from case identification to the final stage of follow-up:

Step 1. IDENTIFY: MARAC agencies such as the local police, healthcare professionals, housing practitioners, IDVAs, child protection, other specialist from the statutory and voluntary sectors identify victims/survivors of domestic violence.

Step 2. RISK ASSESS: Once identified from domestic violence abuse, the risk identification checklist is used to establish if the victim/survivor is at high risk of harm. If high risk, immediate safety measures are provided to the victim/survivor.

Step 3. REFERRAL: Whichever agency identified the case completes the Referral form and sends it to the MARAC Coordinator. IDVA contacts the victim/survivor to offer support and identify key risks and fears.

Step 4. RESEARCH: All agencies receive MARAC meeting agenda from MARAC coordinator and agencies research all cases in the agenda.

Step 5. MEETING AND INFORMATION SHARING: MARAC representative presents information at the meeting on the agency's referral. IDVA presents information on behalf of victim/survivor.

Step 6. ACTION PLANNING: Actions are volunteered on behalf of agencies and opportunities are identified to coordinate actions with other partners. IDVA confirms that in their opinion the action is as safe as possible.

Step 7. FOLLOW-UP: IDVAs liaise with partner organizations to coordinate action plan. IDVA keep victims/survivors informed of the plan, where safe to do so. Colleagues and MARAC coordinator are informed when actions are completed.

The costs incurred to implement the MARAC model are relatively low. The police and/or the local authority fund the position of the MARAC Coordinator or the Domestic Violence Project Officer, which is the only direct cost for the MARAC. The Independent Domestic Violence Advocates, who are also central to the process, may be funded from a variety of agencies and local borough funding streams. For example, Advisor teams may be resourced by a local government agency (particularly if the Advisor is based within the local police). Advisory services may also be provided by a non-governmental organization and receive funding from grant-making trusts and foundations. All MARAC representatives attend the monthly meetings, track progress on actions, and raise institutional awareness of the MARAC as part of their mandated role within their respective agency/ organization; which is each agency's in-kind contribution to the mechanism, requiring no additional funding. The Coordinator and Advisors provide free training as part of their role to all participating agencies in the MARAC, eliminating ongoing training costs resulting from staff turnover.

6. 2

Support for women and children victims of domestic violence: "Women's Aid"

Women's Aid is the lead voluntary organization in Northern Ireland addressing domestic violence and providing services for women and children. The Women's Aid is made up of ten local Women's Aid groups and Women's Aid Federation Northern Ireland. Women's Aid in Northern Ireland, including Women's Aid Federation Northern Ireland and the local Women's Aid activities include:

- *Provide refuge accommodation to women and their children suffering mental, physical or sexual abuse within the home.* Refuges cater for women who are alone and also those with children. Length of stay depends on each woman's needs and those of her children. The refuges are run by and for women and children suffering domestic violence. There are currently 12 Women's Aid refuges across Northern Ireland. The refuges are modern, well appointed buildings. Some have been purpose built. All refuges employ a team of highly

skilled and trained staff to respond to needs. Child workers plan an ongoing programme of play and social activities which can help children relax and get the support they need. Many women stay in refuges more than once as part of the process of ending a relationship with an abusive partner. Refuge addresses are kept confidential to protect women's safety. Women choose whether they wish to stay in a refuge close to their home or further away. The 24 Hour Domestic & Sexual Violence Helpline can help victims to find suitable refuge accommodation to meet their specific needs such as location, size of room, accessibility, children's special requirements, cultural needs etc. Some Women's Aid groups provide move-on houses as a temporary option for women and children who are preparing to move on from living in refuge. Women's Aid provides support for women and children leaving refuge in the form of resettlement and aftercare services. Women are assisted in moving and settling into new homes and aftercare provides ongoing support and also enables women to support one another.

- *Run the 24 Hour Domestic & Sexual Violence Helpline.* The Helpline is a 24/7 service, and is a freephone support, advice and signposting service for all women and men who have been affected by domestic or sexual violence. The Helpline is free to call from all landlines and mobile phones and is a completely confidential and caring service.
- *Provide a range of support services to enable women who are leaving a violent situation to rebuild their lives and the lives of their children.* Women's Aid groups provide information and advice to women on legal, welfare, housing and money matters. This can also include representation at appeal tribunals and case conferences. Women's Aid supports women through civil and criminal legal proceedings. This can include briefings on what to expect at a court hearing, meeting with court personnel before the day of a hearing and accompanying women to court, to her solicitor or barrister etc. Some courthouses provide waiting facilities for women being supported by Women's Aid. Women's Aid can also provide support for women and children while advocating on their behalf with other agencies, for example at case conferences. Emotional and practical support is offered with legal, welfare, housing and money matters and making safe arrangements for children.
- *Provide a range of support services to children and young people who have experienced domestic violence.* Women's Aid provides age appropriate, specialised services and support for children and young people who experience (or are at risk of experiencing) domestic violence. Needs are responded to at all points of service delivery, including refuge and in the community. Group work, with children and young people is a valuable element of support and a range of programmes has been developed to meet the needs of children and young people. A full overview of service provision is reflected in the document entitled 'Our Place – Safe Space: Strategy for Children and Young People'¹⁶.
- *Run preventative education programmes in schools and other settings.* Women's aid has been delivering preventative education programmes at primary and post primary levels since 1996. These programmes present an

16. <http://www.womensaidni.org/themainevent/wp-content/uploads/2012/06/our-place-safe-space-strategy-for-children-young-people-2012-2017.pdf>

early intervention for those who may be experiencing domestic violence and also those who may be at risk. Women's aid work with children and young people in primary and post primary schools and community settings across Northern Ireland, using creative education programmes such as Helping Hands and Heading for Healthy Relationships (H4HR). This area of work was developed in partnership with the Department of Education to ensure it complements the curriculum. Helping Hands is a preventative education programme, developed by Women's Aid Federation Northern Ireland for primary school aged children at key stage two and three. The overall aim of the programme is to: increase children's understanding of feeling safe and to explore and promote behaviours which will contribute to a safe environment. The objectives are to develop children's levels of self esteem and confidence, enable children to explore and express feelings, inform children of the right to feel safe at all times, increase children's ability in safety planning, empower children to identify their own personal support network, explore how choice of behaviour can affect the feelings of others, and identify healthy ways to manage conflict.

- *educate and inform the public, media, police, courts, social services and other agencies of the impact and effects of domestic violence*
- *advise and support agencies in the development of domestic violence policies, protocols and service delivery, and work in partnership with relevant agencies to ensure a joined up response to domestic violence.*
- *work in partnership with relevant agencies to ensure a joined up response to domestic violence.*

7. Examples of Best Practices in Providing Support to Victims of Crime and Violence in Finland

Adélaïde Vanhove, International Juvenile Justice Observatory

Cédric Foussard, International Juvenile Justice Observatory

The actual victim services in Finland are organised by civic organisations. Ensuring the access to the victim support services which are free of charge corresponds to the Article 8 and 9 of the DIRECTIVE 2012/29/EU OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL of 25 October 2012 establishing minimum standards on the rights, support and protection of victims of crime, and replacing Council Framework Decision 2001/220/JHA.

7.1 “Victim Support Finland”: supporting and accompanying victims of crime

17. <http://www.riku.fi/en/in+english/>

The main organisation for crime victims is “Victim support Finland”¹⁷. Victim Support Finland offers practical advice and support to victims of crime including a helpline (Mon-Tue 13:00-21:00, Wed-Fri 17:00-21:00), a legal advice helpline (Mon-Thu 17:00-19:00) and support workers. Victim Support Finland provides its services on a voluntary basis in cooperation with The Federation of Mother and Child Homes and Shelters, the Finnish Association for Mental Health, the Mannerheim League of Child Welfare, the Finnish Red Cross, the Finnish Federation of Settlements, the Finnish Association Union and the Church Council. VS guides and supports crime victims, their close ones and witnesses of crime. VS services are strictly confidential, with the approach that is client-based in all cases, meaning that the client decides on what action to take. All VS services are free of charge (except local telephone costs.) Crime victims, their close ones and witnesses may obtain a support person provided by VS when necessary. The support person can accompany the victim/witness of crime when attending police hearings or court sessions and assist in applying for restraining order or compensation. With support person victim/witness of crime may discuss about his/her experiences and consider further actions. Support persons are carefully chosen and trained volunteers. The Mannerheim League of Child Welfare and the Red Cross also have separate helplines. There is also an on-going development project 2012-2015 that aims to increase young victims’ support. State officials working in fields such as social services, health care and education have the duty to report cases where a child is in need of child welfare to the municipal child social services. Cases where a child is suspected of being a victim of sexual offences are reported to the police.

7. 2

The Federation of Mother and Child Homes and Shelters: supporting victims of domestic violence

18. http://www.ensijaturvakotienliitto.fi/in_english/

The Federation of Mother and Child Homes and Shelters¹⁸ upholds 14 shelters around the Finland (in addition there exist about 20 other shelters in Finland). The shelters are service centres in which persons either suffering from or threatened with family violence can find help in overcoming a crisis. All the parties involved in the family violence situation receive attention, the primary objective being to safeguard the interests of the child at all times. The shelters are on duty round the clock. The organization also provides community care services.

The community care services include:

- Alvari family welfare in the client's home
- A Baby blues service for exhausted families with babies
- Counselling and groups for abusive men
- Family groups
- An SOS and counselling telephone service
- Discussion and action groups
- Kiddies' clubs
- Child contact centre
- Housing services

7. 3

The “Children’s House: transferring the Barnahuset model in Finland

Based on the US Child Advocacy Centre model, and in order to improve the investigative interviews and clinical treatment and support, the Finnish government implemented a pilot Barnahuset project (Child Advocacy Centre) in 2014. The project is carried out in co-operation between the Ministry of Social Affairs and Health, the National Institute for Health and Welfare, the Ministry of the Interior and the Ministry of Justice. After 18 months of positive results, the pilot project will be developed as a model in the country and probably implemented at the end of 2016.

19. <http://mattforde.tumblr.com/post/103042175843/18-november-the-barnahuset-model>

The ‘Children’s House’- The Barnahuset Model¹⁹ provides services for child victims of sexual or other violence. This is a way of organising care for abused children in the investigation phase by bringing them to a single point where all professionals that need to be involved – health, social work, police and prosecutors – work together in a single team. It is increasingly in use across Scandinavia. In Finland’s case there is an initial test going on of the model in the Turkü region. The project provides a framework for official state cooperation, as well as a common physical space. It includes police investigation services under which

the police can consult health care and social service officials, legal and psychological examinations, somatic examinations and cooperation with child welfare authorities from the child's municipality. Their focus is intensive forensic interviewing and formulation of case analyses. The child's crisis treatment and need for further health care is assessed and the child is referred to further care. Also the whole family is supported and directed to further care. The house also gathers and produces research information and training for state officials. In practice, the police or the child welfare service contact the centre when abuse is alleged. The Barnahuset then calls a meeting with the police and the child welfare service. The meeting takes place at the Barnahuset with one of the staff members appointed as the child's contact person. The reported case is then discussed and case-relevant information given by the child welfare service to the police. After the meeting the police consider how to proceed before calling another meeting to explain their decisions. The forensic interview is then planned in detail, where the police officer gains valid information about the alleged offence and the mental health worker focuses on the child's psychological well-being, with contact between the prosecution and the judge leading the interview.

Representatives of the judicial system, social services, child psychiatry and medical services collaborate with focus on the child's best interest. An interrogator/interviewer from the police meets the child alone, while in another room, social secretary, lawyer and prosecutor follow the interview via monitor. Two consequences are supposed to be fulfilled; firstly that the child does not have to repeat her or his story for several persons, and secondly that the social services has an opportunity to find out about the child's social situation and the need for immediate protection. Apart from the interest of legal system, the child's narrative is important for the social services, as an authority with responsibility for the child's situation, to learn about how the child's needs should be fulfilled not only now, but also in the future.

At Barnahuset the forensic interview, medical examination and therapeutic consultations all take place under the same roof. There is a specially designed interview room that allows the interview to be recorded directly to DVD, with video links to a conference room at Barnahuset. The conference room serves as a courtroom, with all legal representatives present (judge, prosecution, defence lawyer and state-funded counsel to the complaint). The interview process and the presence of observers in the monitor room are normally explained to children in developmentally appropriate terms. The interviewer first conducts an interview in accordance with his/her professional skills and when he/she considers it complete, the interviewer takes a break to consult counsel and the judge, leaving the camera running. The judge gives both parties the opportunity to suggest topics or identify contradictions that they want investigated. The interviewer then returns to the interview room to address these issues and then consults the observers again. This process continues until the judge and counsel are satisfied. The child then leaves the interview room, meets his guardian and the interview is finished. The child can be re-interviewed, in which case the process will be followed, but re-interviewing is very rare. At the Barnahuset some judges also allow representatives of the child welfare service

to monitor investigative interviews; however some judges exclude them from the monitoring room.

The process of the interview is the following:

Step 1. Rapport: The interview opens with discussion of a neutral topic to relax the child and settle them in. The interviewer bridges this phase to the free narrative by stating the purpose of the interview. This should be done in a way that is age-appropriate.

Step 2. Free narrative: In this second phase, the child is encouraged to provide a free account of the events, with as little input from the interviewer as possible.

Step 3. Questioning: The aim of the questioning phase is to clarify what the child has said in his or her free narrative account. This is the time for questions addressing any evidential matters, the detail of any alleged offence and clarification (such as body parts, for example).

Step 4. Close: This phase consists of a summing up of the key points made by the child, along with a return to more neutral topics to allow the child some recovery time before leaving the interview.

An extended forensic interview is a multi-session structured interview. This model recognizes that some children may need more than one session to talk about allegations of abuse and increases the number of interview sessions with the child to as many as four. An extended forensic interview is generally considered for children with special developmental considerations or children who are particularly anxious or frightened.

After the forensic interview of the child, a medical doctor can (if necessary and if he or she is present) consult and physically examine the child. The findings are documented by paediatricians through the use of a colposcope, state-of-the-art equipment that records the examination on a video. The House also provides treatment services for child victims of sexual abuse and their families. The child is assessed for therapeutic purposes. Barnahuset has very good facilities for medical examinations. A gynaecologist, paediatrician and registered nurse administer the examination. Barnahuset provides assessment and treatment in the child's home area, if requested. Then an individual treatment plan is created and provided either at the facilities or, if the child lives outside of the capital area, as near to her/his home as possible.

Following a detailed study in the six EU member states of the justice and protection systems operating in cases involving child victims or perpetrators of crime or other forms of abuse and following the presentation of some best practice on integrated interventions for protection, support and recovery of the victims, the experts from France, Italy, Bulgaria and Romania prepared recommendations for the future improvement of the systems in their own country.

The pages of the Handbook to follow present the national recommendations of the project counterparts. Based on the international comparative study conducted and the individual national sets of recommendations, some overall recommendations are drafted for implementation at the European level.

1. Recommendations for the Development of an Integrated System for Protection of Child Victims of Abuse and/or Crime in Bulgaria

*Prof. Nelly Petrova-Dimitrova, SAPI, Sofia University
"St. Kliment Ohridski"*

Dr. Nadya Stoykova, SAPI

Darinka Yankova, Coordinator of the Service, SAPI

Having regard to the:

- **UN Convention on the Rights of the Child**, adopted by the UN General Assembly on 20 November 1989, ratified with a decision of the Great National Assembly (GNA) on 11 April 1991, State Gazette (SG), issue No. 32 of 23 April 1991, promulgated in SG, issue No. 55 of 12 July 1991, entered into force on 3 July 1991;
- **Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography**, ratified with a law adopted by the 39th National Assembly on 31 October 2001, SG issue No. 97 of 13 November 2001, issued by the Ministry of Foreign Affairs, promulgated in SG No. 28 of 19 March 2002, entered into force on 18 January 2002;
- **Council of Europe Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse**, ratified with a law adopted by the 41st National Assembly (NA) on 2 November 2011, SG No. 90 of 2011, entered into force in the Republic of Bulgaria on 1 April 2012;
- **Convention on Cybercrime**, adopted at the 109th session of the Committee of Ministers of the Council of Europe and opened for signature in Budapest on 23 November 2001; ratified with a law adopted by the 39th NA on 1 April 2005, SG No. 29 of 5 April 2005; issued by the Ministry of Justice, promulgated in SG No. 76 of 15 September 2006, entered into force in the Republic of Bulgaria on 1 August 2005;

- **Council of Europe Convention on Action against the Trafficking in Human Beings**, ratified with a law adopted by the 40th NA on 7 March 2007, SG No. 24 of 20 March 2007; issued by the Ministry of Justice, promulgated in SG No. 63 of 3 August 2007, entered into force in the Republic of Bulgaria on 1 February 2008, amendment, issue No. 101 of 25 November 2008.
- **Guidelines of the Committee of Ministers of the Council of Europe on child-friendly justice**, adopted by the Committee of Ministers of the Council of Europe on 17 November 2010;
- **Guidance Note of the UN Secretary-General: UN Approach to Justice for Children (2008)**;

- **Guidelines on Justice in Matters involving Child victims and witnesses of crimes** (ECOSOC Res 2005/20, 2005);
- **UN Committee on the Rights of the Child (CRC), General comment No. 10** (2007): *Children's Rights in Juvenile Justice*
- Proposals and recommendations to Bulgaria by the Committee on the Rights of the Child, 2008;
- **Directive 2011/92/EU of the European Parliament and of the Council** of 13 December 2011 on combating the sexual abuse and sexual exploitation of children and child pornography, and replacing Council Framework Decision 2004/68/JHA;
- **Directive 2012/29/EU of the European Parliament and of the Council of 25 October 2012**, establishing minimum standards on the rights, support and protection of victims of crime;
- Bulgarian legislation;
- **Agreement on Co-operation and Co-ordination** of the Work of the Territorial Structures of the Protection Authorities in cases of child victims of abuse or at risk of abuse and in crisis intervention, 2010.

1.1

Introduction

1. As an organisation, having as our mission the support of implementing modern social work in Bulgaria, and having been contributing for over fifteen years to social work development and rolling out, and to the introduction in the Bulgarian judicial system of the principles of social work, human rights, the rights of the child, we consider that it is necessary to **introduce an integrated professional approach of protection and safeguarding of the rights of victims of crime and especially of the those most vulnerable – children, women, people with disabilities, victims of domestic violence, victims of gender-based violence, etc., which would enable the integration of the efforts of the universal, social and rehabilitation services.**

2. We contribute and we are willing to continue contributing to the actual establishment of high European-level practice when handling cases of child victims of crime, which is based on their best interests, on the right of the child to be heard in a friendly environment, the right to security and protection as well as the right to be informed of their rights in a suitable manner.

Thanks to the support of EU, OAK Foundation, UNICEF-Bulgaria programmes, we developed a practice in the past ten years, which not only meets the requirements of the Directive, but also introduces a model of integrated individual assessment and an integrated approach **based on this assessment, bringing together services and activities ensuring child-friendly justice, protection and recovery from traumas.**

We support the adoption of legislative amendments to the Penal Procedure Code (PPC) to ensure mandatory individual assessment of all child victims of crime.

We support the changes requiring joint work of Social Assistance Directorate (SAD)/Child Protection Department (CPD), police, medical services, providers of specialised social services for child victims of abuse and crimes.

3. We would like to express our concern about the delay in the transposition of Directive 2012/29 for which financial sanctions have already been imposed on Bulgaria; we are also concerned about the lack of support on the part of government institutions for the Directive's transposition. We consider that the delay is due to insufficient intersectoral and inter-institutional collaboration in the best interests of the victims. We are strongly concerned that the insufficient collaboration is very often manifested as a lack of commitment and even resistance to the implementation of a directive concerning rights to justice, support, treatment of victims.

We support the adoption of legislative amendments to PPC to ensure mandatory individual assessment of all child victims of crime. We support the changes requiring joint work of Social Assistance Directorate (SAD)/Child Protection Department (CPD), police, medical services, providers of specialised social services for child victims of abuse and crimes.

It is our opinion that the amendments to the PPC should most of all ensure that the child, their parents or guardians are informed of the child's rights, including their right to individual assessment, which reflects the child's readiness to participate in judicial proceedings, the risk of being exposed to repeat or secondary victimisation. We consider that the assessment should determine the type and sequence of child protection activities and measures, of child-friendly procedures during the interview and procedures for recovery from the psychological trauma experienced. This can indeed enable the implementation of practices which are based on the best interests of the child.

The experience of working to amend the existing legal framework reveals the necessity of expert support for the changes, which is most of the time unavailable. There is clearly a discrepancy between the current penal theory, inherited from the soviet period of law development in Bulgaria, and the need to introduce amendments in order to ensure the best interests of the child as a leading principle, recognised by the country through the Constitution. Most of the efforts to introduce change to that effect face resistance and reluctance to change the penal doctrine. It is our opinion that this is the main reason for the delay in the transposition of Doctrine 2012/29 EU.

4. We are seriously concerned by **the insufficient initiative for change in the key ministries and especially by the some manifestations of resistance to such change displayed in various ways.** Resistance is justified with the lack of resources in the field of social work and social services, with the fact that change is perceived as a threat to the functioning of the judicial system and to

a great extent as a wishful thing, etc. It is greatly disturbing that the Ministry of Health show no interest at all in this matter, and that a commitment to provide psychotherapeutic support continues to be lacking.

1. Participation of children in judicial proceedings – analysis of change, SAPI, 2011

5. Our recommendations to the responsible government institutions are based on analysis¹ of the activities and practices of introducing child-friendly justice, on the annual analysis of the work done in the so-called “Blue Rooms”, and most of all on the **analysis of the model piloted in Vidin under the *Listen to the Child – Justice Befriends the Child* project.**

The model is based on an integrated approach to child protection, which according to us shall comprise protection, child-friendly justice and social and psychotherapeutic support for overcoming the consequences, with all those being based on individual assessment of the risk to the child, of their needs and the resources of the child, the family and the community.

2. A total of 20 in-depth interviews with children and parents of child victims have been conducted in the course of the implementation of Listen to the Child – Justice Befriends the Child project.

6. The recommendations have been consulted with child victims who have been involved in judicial proceedings as well as with their families². The children express their anxiety about the way they have been interviewed, the fear of the things that are happening and of the unknown; usually, there is no one to explain to them what is going on, what they can expect, who the people asking them questions are, why they ask them questions, what all this will result in, etc.

1.2

Recommendations on the Development of an Integrated System

Recommendation No. 1. Undertaking of meaningful political and professional commitment on the part of the government to introduce child-friendly justice practices; persistence on the part of the key ministries and government structures - Ministry of Justice (MJ), Ministry of Interior (MoI), Ministry of Labour and Social Policy (MLSP), Ministry of Health (MH), State Agency for Child Protection (SACP) in reforming their own practices.

1.1. Pilot practices have been developing in the country over a period of nearly ten years to introduce change in the participation of children in judicial proceedings, mainly during interviews and hearings in specialised premises, by specially trained impartial psychologists and social pedagogues and social workers. The implementation of such practices expands through the initiative of local authorities, NGOs and individual professionals from the judiciary. The involvement and leadership of MJ, MoI, MLSP, MH, SACP in the process of **rolling out pilot child-friendly justice practices on a national level** is of great significance. We consider

that there is a need of a meaningful implementation of a targeted reform in each of these ministries, focused on the reform's substance, through clear ideas, concept and action plan, which are to become part of the National Violence Prevention Programme.

1.2. We support the active role of the MJ and their efforts for the introduction of child-friendly justice. We think that it is necessary to engage leading professional associations of judges, prosecutors, legal counsels to support the reform and enable the professional community to take an active part in the process of change.

1.3. We think that MoI should consider doing away with the practice of "detaining" child victims of crime in police stations even though the intention is to offer them protection, where there is a possibility to offer shelter and emotional support in social services for children at risk.

1.4. It is extremely important as soon as a report of a crime against a child is received to forward it to CPD/ SAD, and this is to be regulated by the internal police procedures.

1.5. We believe that MoI should make a definite and clear commitment to cease carrying out actions as part of a preliminary investigation, which are in practice interviews of the victims but which do not have the legal value of an interview and which increase the risk of secondary victimisation of the victims of crime. It is our opinion that this investigation can be conducted by applying other approaches and methods, and that the victim's interview, to be carried out in the presence of a judge, can launch the pre-trial proceedings.

1.6. It is also necessary that MoI requires from its structures to cease the practice of engaging inspectors from Children Pedagogical Room in child interviews as psychologists and pedagogues in accordance with Art. 140 of PPC; even though they are specialised in working with children, they do not guarantee independently at this stage the use of child-friendly approach.

1.7. We also consider that MLSP and the Social Assistance Agency (SAA) have to engage in the overall process of safeguarding the rights of child victims of crimes and of ensuring their protection. Children and their families are not advised of their rights to child-friendly justice, protection and support or if they are, this is done formally and partially. Children and their families get informed of their rights in a child-friendly manner only occasionally by NGOs.

1.8. We consider that it is namely MLSP and SAA that have to initiate and act as advocates of the introduction of integrated services for child victims of crimes or abuse and for their families. According to us, this would mean reconsidering generally the policy of dividing competencies based on the children and replacing it with a policy of differentiating the powers based on competencies.

1.9. We consider that it is necessary for the Ministry of Health and health structures to make a clear commitment of ensuring psychotherapeutic support to victims of crime. It is possible to use other countries' best practices where access to psychotherapeutic support for victims of crimes is guaranteed on the basis of an arrangement similar to our clinical pathways.

Recommendation No. 2. Undertaking a clear professional commitment and a leading role on the part of the Supreme Prosecutor's Office of Cassation (SPC), the Supreme Judicial Council (SJC) and magistrates' professional associations to seeking adequate legal solutions with relation to the required reforms.

2.1. We consider that it is necessary for prosecutors to exercise regular and direct control over the actions of the police with relation to reports and cases involving child victims of crime or abuse.

2.2. We believe that such leadership is necessary in order to ensure a significantly shorter timeframe for the conduct of the first interview during the pre-trial proceedings stage since very often it takes months before the first interview is carried out, which benefits neither the victim of crime nor justice. The experience gained in working with child victims of sexual abuse, exploitation and trafficking shows that delayed proceedings increase the risk of repeat victimisation, intimidation and pressure on the victim and discourages them from co-operating with the judicial system.

2.3. Introducing the individual assessment of victims of crime depends to a great extent on the commitment of the prosecutors to require and use this assessment for actual implementation of protection measures at the earliest possible stage of judicial proceedings.

2.4. We consider it important that judges engage as professionals with the child victims of crimes by contributing to the implementation of judicial procedures in the interest of the child, complying with the principles of avoidance of the risk of repeat and secondary victimisation as well as of intimidation and retaliation; to that effect judges to ensure protection of children's psychological state by conducting hearings and interviews of children in specialised premises, adapted to children's needs.

2.5. We consider that it is important for judges to engage actively in the meetings of the teams for territorial collaboration on cases of child abuse, paying special attention to the cases of domestic violence in order to safeguard the best interest of the children participating in judicial proceedings.

Recommendation No. 3. Actual implementation of multidisciplinary and multi-institutional approach by encouraging the development of working agreements and protocols for taking actions on national level in accordance with Art. 11 of the Agreement on Co-operation and Co-ordination of the Work of the Territorial Structures of the Protection Authorities in cases of child victims of abuse or at risk of abuse and in crisis intervention (Coordination Mechanism).

3.1. The Coordination Mechanism is a good basis for co-ordination and collaboration in each case involving child victim of abuse or crime. It sets the framework of local institutions' powers to determine the specific mechanisms and steps of interaction. There is a need to add some important provisions to the text of the current Agreement for territorial co-operation so that it includes not only the protection measures under the Domestic Violence Act but also the protection measures stipulated in Chapter 4 of Directive 2012/29 EU concerning victims of crime.

3.2. It is necessary to move on from having a general agreement on joint actions to adopting additional working rules (protocols), comprising clear commitments, steps and procedures to be followed by each party engaged. Without adopting such a co-operation protocol on cases of crimes committed against children, it is not possible to ensure efficient interaction and integrated approach. We suggest that existing good practices for signing of additional co-operation rules (protocols) in accordance with Art. 11 of the Agreement on Co-operation and Co-ordination of the Work of the Territorial Structures in force since 2010 are multiplied at national level.

3.3. Ensuring interaction and case management throughout the whole period - from the moment a crime or abuse is reported till the completion of all judicial procedures and the child's recovery.

3.4. Providing training and continued support to the local teams for interaction in the cases of abuse or crimes against children.

Recommendation No. 4. It is necessary to improve the practices of informing the child and their family of the child's rights so that they include:

4.1. Providing information about the right to assessment, right to special protection measures, right to participate and to be heard by the judicial system as well as of the rights to protection and support.

4.2. Providing information about the reasons to participate and the purpose of each procedure engaging the child.

4.3. Providing information about the rights of the child at all stages of justice being administered and of the management of the child's case.

4.4. Providing information in such a way so that the child and their family can understand it. It is necessary to develop information materials suitable for children of various ages, to be distributed and accessible to all participants in legal procedures.

Recommendation No. 5. It is our opinion that it is necessary to make serious efforts to introduce/use the individual assessment of child victim of crime and/or abuse in the criminal proceedings of each member state.

5.1. The assessment is one of the tools ensuring the right of the child to be heard. Its purpose is to show how to adapt judicial procedures to the child's needs so that the child can be heard.

5.2. The assessment has to be conducted prior to the undertaking of any intervention on the part of the institutions, with the exception of the urgent medical intervention. The initial assessment, identifying the needs of protection and protection measures during participation in legal procedures, has to be carried out as early as possible on the basis of information shared by the social services, police, a health worker.

5.3. It is necessary to adopt at national and local level a knowledge-based methodology for individual assessment of a child victim of crime and/or of abuse. A particular recognisable knowledge is required to conduct the assessment.

Recommendation No. 6. Participation of children in every decision that affects them. During the initial contact with the child, it is necessary to advise them of the situation, of the possible actions, of their rights; to seek and respect their opinion.

6.1. Children's participation and their right to express opinion on each important issue related to their life, is a principle which is to be adhered to and safeguarded also in the cases of child victims of crime.

6.2. As an important part of the quality monitoring and assurance system, of the safeguarding of the rights, support and protection of child victims of crime,

options should be considered for the participation of the children who have already been through the system. This could be done by introducing various assessment approaches and by obtaining feedback from the child victims and their parents.

Recommendation No. 7. The preparation and the interviewing of a child victim or witness of a crime is to be conducted in accordance with an accredited knowledge-based methodology, adopted by the competent authorities on national and local level.

7.1. There should be a methodology/ies for preparation and interviewing of a child victim of a crime and/or abuse, adopted at national level by the protection and judicial systems.

7.2. Control on the implementation of the adopted methodology for preparation and interviewing of child victim of crime and/or abuse should be in place at local level.

Recommendation No. 8. Necessity of introducing modern approaches to the specialisation of staff working with children – need of new standards.

8.1. There is a need of standards for professionals facilitating the interviewing/hearing. The requirement of the PPC for a psychologist or pedagogue should be changed since not every psychologist or pedagogue is capable of facilitating the interview or the hearing in a professional manner. What is more, in Bulgaria every qualified teacher in geography, chemistry, sports, etc. is a pedagogue, which does not mean that they know about early childhood development, specifics of communicating with children, specifics of expression, manifestation of the effects of trauma, etc. It should also be taken into consideration that in the recent years the key profession for working with children at risk is that of the social worker, whose professional qualification obtained at universities is a good basis for continued training in interviewing or hearing of children.

8.2. There is a need of new practices in the selection and accreditation of training programmes for inter-institutional interaction of professionals facilitating the interview as well as of magistrates and police officers; introduction of market-based principles in their implementation.

8.3. It is necessary to introduce a common minimum competency standard for all professionals working with child victims of abuse and/or crime: social workers, paediatricians, specialised and investigating police officers, prosecutors, judges,

expert witnesses. The standard should include knowledge about child development, types of abuse and the consequences of it; knowledge about communication with children, the rights of the child, the ethical principles ensuing from the rights of the child, from their best interest.

8.4. It is necessary to ensure regular and continued training and support of the teams working at local level in the fields of intersectoral interaction, conduct of assessment, implementation of protection measures.

2. Recommendations for applying a multidisciplinary and integrated approach in Romania in managing cases of child victims or witnesses of crime

Daniela Nicolăescu, expert at the Secretariat to the High Representative for Child Protection, Prime Minister's Office

The Directive of 25 October 2012, establishing minimum standards on the rights, support and protection of victims of crime is to be transposed in all Member States until 16 November 2015. The Directive contains many new provisions, the content and scope of which have to be carefully studied before they are effectively implemented in the national laws of the European Union Member States.

3. Editor's note: The text was drafted before the expiry of the official deadline of 16 November 2015. These recommendations are intended for both the institutions in charge of harmonisation of Romanian legislation with the European law and for the professionals working with child victims and witnesses of crime and of other forms of violence, who are expected to implement the new legal framework at a later stage.

Member States' lawmakers are currently considering the various possibilities for changes to the victims' rights on the basis of the existing rights³.

The Directive's main goal is to ensure that victims' specific needs of support will be taken into account. This will be achieved by way of an individual assessment (see below) and an approach based on participation, ensuring the right to information, support, protection and respect for the victims' rights in the course of the proceedings.

Art. 22 of the Directive, titled *Individual assessment of victims to identify specific protection needs*, highlights a significant aspect of the Directive, namely the requirement that victims are considered individually, on a case-by-case basis. The document draws attention to the need of individual assessment so that the victims' specific needs can be identified and in particular the need of specific measures in the course of the criminal proceedings or a special approach to minor victims (in accordance with Art. 1, 23 and 24 of the Directive).

The Convention on the Rights of the Child, ratified by almost all countries, contains general provisions concerning child victims of abuse and justice for children. Many other mandatory international instruments contain provisions on protection of victims: The Rome Statute of the International Criminal Court, United Nations Convention against Transnational Organised Crime and the Protocols Thereto, as well as the UN Convention against Corruption.

In Resolution 2005/20, the Economic and Social Council adopts Guidelines on Justice in Matters involving Child Victims or Witnesses of Crimes (hereinafter referred to as the Guidelines), intended to fill in significant gaps in international norms concerning the treatment of child victims or witnesses of crimes.

The guidelines describe the good practices, integrating contemporary knowledge and relevant international and regional norms, standards and principles. The adoption of the guidelines aims to provide a practical framework to achieve the following objectives:

- assisting the reviewing of national laws, domestic procedures and practices so that these ensure full respect for the rights of child victims and witnesses of crime and contribute to the implementation of the Convention on the Rights of the Child by the countries which are parties to the Convention
- assisting Governments, international organizations, public agencies, non-governmental and community-based organizations and other interested parties in drafting and implementing legislation, policy, programmes and practices that address key issues concerning child victims and witnesses of crime
- providing guidance to professionals and, where appropriate, volunteers working with child victims and witnesses of crime in their day-to-day practice in the adult and juvenile justice process at national, regional and international levels, consistent with the UN Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power
- assisting and supporting those caring for children in dealing sensitively with child victims and witnesses of crime.

This document requires that professionals make every effort to adopt an interdisciplinary approach, based on cooperation, in providing assistance to the children by applying a wide array of available services, such as: victim support and counselling, advocacy, protection of their rights, economic assistance, education, health, legal and social services. This approach may include development of protocols for the different stages of the justice process to encourage cooperation among entities that provide services to child victims and witnesses. The approach may involve also other forms of multidisciplinary work engaging police officers, prosecutor, psychological, medical and social services personnel working at one and the same location.

While fully respecting the child's rights to private and family life, the close cooperation **of the various professionals** should be encouraged in order to ensure comprehensive understanding of the child and assessment of their legal, psychological, social, emotional, physical and cognitive state.

A **common assessment framework** needs to be established to be used by the professionals working with or for children (such as lawyers, psychologists, doctors, police officers, immigration service personnel, social workers and facilitators) in the course of the proceedings or during actions affecting the children directly or indirectly so that decision makers can receive adequate support and the procedures and actions serve the best interest of the child victims. To succeed in applying a multidisciplinary and integrated approach, it is required first of all to establish a multidisciplinary team.

What is a multidisciplinary team handling cases of child abuse?

- a) Definition.** The multidisciplinary team is a group of professionals, comprising representatives of the health sector, social services, law enforcement agencies and institutions providing legal services. Its purpose is to co-ordinate the assistance required in handling cases of child victims of abuse.
- b) Format.** These teams can be organised in various formats, for example, a format facilitating the conduct of the joint investigation, led by a representative of the child protection services and of the law enforcement agencies; and another one engaging personnel of the child protection services, states institutions, prosecutors and other professionals, who meet regularly in order to consider cases of child abuse or discuss general policy issues. The multidisciplinary approach can also involve the setting up of a Child Protection Centre so that there are suitable premises available for hearing of child victims of abuse.
- c) Goal.** To ensure the security and welfare of the child in the course of the proceedings in order to guarantee the reliability of their testimony. The teams should seek to:
- i. reduce to a minimum the number of the meetings required with the child in order to minimise the risk of influencing them;
 - ii. provide the child with the service they require; and
 - iii. ensure the child's security and welfare at all times.
- d) Role.** The teams should provide a particular number of services among which:
- i. co-ordination and support to the case manager;
 - ii. medical diagnosis and assessment;
 - iii. consultations by phone in case of emergency;
 - iv. medical assessment in cases of abuse or negligence;
 - v. psychological and psychiatric diagnosis and assessments;
 - vi. medical, psychological and professional expert examinations;
 - vii. training of judges, lawyers, court personnel, etc., involved in the process.
- e) Setting up.** One of the options is to convene an official meeting prior to the launching of the investigation in order to consider the data included in the initial report or provided upon reporting the case, and to take a decision on the opportunities for joint work in the course of the investigation. A specialised multidisciplinary training in communicating with children is required. Another measure which could ensure the right of child victims to be treated with dignity and compassion is for children to be interviewed only by specially trained professionals. This measure can be applied at all stages of the proceedings.

General recommendations for applying an integrated multidisciplinary approach in conducting an individual assessment of the needs of child victims and witnesses of crime:

1. The first recommendation for Romania is to support the implementation of the existing legislation in the field of protecting child victims and/or witnesses of abuse/crime (HG49/2011 in particular). The existing legislation is very good but it is not implemented in a consistent and uniform manner to ensure the victim's effective protection. HG49/2011 is a normative act providing a framework for the establishment of a multidisciplinary team as described above.
2. Improvement of the legal framework by establishing and developing procedures and standards, specially meant for identifying, registering, referring and following up of cases of child victims and/or witnesses of crimes.
3. Most often, the co-operation among the various professionals involved in the management of cases of child victims and/or witnesses of crime depends on the professionals' informal/interpersonal contacts. This co-operation should constitute a professional obligation in compliance with the existing legislation and in accordance with the child's best interest.
4. The studies which have identified inconsistencies in the identification and reporting of cases of child abuse by the medical or educational personnel, have established the need of setting up standard procedures to be followed by all professionals who are required to report such cases. In order to ensure fulfillment of the obligation to report about cases of child abuse, doctors and medical personnel, teachers and educators, social workers, police officers, municipal police officers, lawyers dealing with cases of divorce and domestic violence, etc. have to be trained how to apply these procedures. These standard procedures should provide instruments, with the minimum information required for initial assessment by the General Directorate for Social Assistance and Child Protection.
5. Organising training sessions and practical workshops on working in a multidisciplinary team: introductory and follow-up training. Developing a national level training system and curriculum. It is particularly important that all practitioners (police officers, judges, prosecutors, lawyers, social workers, NGO representatives) working with victims, requiring specific protection needs, receive appropriate level specialised training to enable them to work with the victims in accordance with Art. 25 of the Directive. The training is meant to help practitioners, at their particular level, to identify and provide care to the victims with specific protection needs, to assess the crime's impact on the victim, to recognise the coping mechanisms and to identify and reduce the risk/risks of repeat victimisation, which would enable them to provide the victim with the most appropriate referral.
6. Developing formal protocols for inter-institutional co-operation, providing a clear description of each institution/professional/specialisation in the management of cases of child victims and/or witnesses of crime. The role of each of the public institutions involved in the protection of the child has to be clearly defined and complying with the strategy's more general goals. It should be clearly specified in the institutions' powers that they have to co-operate with the co-ordinating agency and with all the other participants

and institutions, including the civil society. The description of the duties of the institutions' personnel has to correspond to the powers which they have.

7. Organising the inter-institutional co-operation is one of the most important aspects of the professionals' training. Mutual understanding, motivation, sensibilisation, knowledge and the capacity to act contribute to better co-ordination and child protection. The multidisciplinary approach enables the easier overcoming of the following stages: getting to understand the problem; assessment of the risks to the child; making sure that the child receives the assistance they require but also to offer support aimed for their family; facilitating the reporting of an alleged abuse or negligence; proving the child's need of protection; facilitating the solving of the crisis (assistance by the police, prosecutor, medical and social sector, the mental health sector, school, kindergarten, institution, family). The professionals' training has to familiarise them also with the other services available and with their own role in the interaction with the other entities to enable the joint protection of the child's interest. It is of great importance to ensure co-operation with the judicial system, provision of assistance to the child in the course of the trial and implementation of measures to protect the child if necessary.
8. Participation of the child victims and/or witnesses and of their families in the case management/finding a solution, in improving the means/procedures and practices of managing and caring for the child victims.
9. Taking into account the best interest of the child in all actions and decisions affecting them.
10. Avoiding and preventing intervention leading to the child's repeat victimisation.
11. Providing and facilitating children's fast access to services of support and protection for the child and their family.
12. The initial detailed assessment of the child has to take into account also the special protection measures in the course of the judicial proceedings (hearing of minors in a specialised room, hearing of minors by police officers trained in listening techniques and in the child's psychological development, measures to avoid direct contact between the victim and the offender, etc.). A common assessment framework needs to be established for use by the professionals working with or for children (such as lawyers, psychologists, doctors, police officers, immigration service officers, social workers, facilitators) during the proceedings or the actions affecting the children directly or indirectly so that decision makers can receive adequate support and the procedures and actions serve the best interest of the child victims.
13. Improving the system for data collection and follow up work on the cases of child victims and/or witnesses of crimes in order to find the best solutions in the management and prevention of child abuse cases.
14. It is necessary to adhere to the principle of urgency in any special protection measure applied (ex. urgent placement of a child).

15. Developing a methodology for assessing the individual needs of the child victims in accordance with the methodology model developed within the framework of *Listen to the Child – Child Friendly Justice*.
16. Establishing whether General Directorates for Social Assistance and Child Protection, which are the child protection institutions/structures in charge, are the authorities competent to conduct individual assessment as provided for in Art. 22 of Directive 2012/29 to ensure protection of victims and in particular of child victims, in the course of the criminal proceedings (preliminary inquest, investigation or trial). The purpose of this assessment is to identify the special protection needs and to determine whether and to what extent victims will need special protection measures. The specific needs of protection for the victim have to do with the risk of secondary or repeat victimisation, of intimidation and retaliation. It is assumed that minor victims have specific needs of protection (see Para 4, Art. 22 of the Directive). Analysing the practical aspects of conducting an individual assessment of child victim's needs as set forth in Directive 2012/29, namely:

The individual assessment has to be conducted at the earliest opportunity.

In some cases the victims might not be able to provide information (for example, they might be seriously injured or very little children). In such case, a family member, relative, social worker or other qualified person may be able to give information. Emotionally unstable persons, for example, also might need more time or help from a professional.

If it is not possible to conduct individual assessment, practitioners can seek information from other sources in order to assess the immediate risks.

Individual assessment is not static. It has to be updated (if necessary) when change in circumstances occurs.

The assessment can be updated at the initiative of a public institution and/or of the victim. Victims have to be encouraged to refer to the authorities in case of change in their circumstances.

The assessment can also be updated in the course of the proceedings depending on the individual case. Good practices recommend that the competent authorities ensure an ongoing review of the individual needs assessment so that the services offered can be changed to match the victim's process of recovery and the change in their needs.

It is important that the person conducting the assessment considers whether the **venue for the assessment** is appropriate. For example, it might be inappropriate to conduct the assessment at the crime scene or in other places where the victim feels uncomfortable and does not feel free to speak.

The victim's specific needs have to be taken into consideration (for example, age, gender, etc.); a welcoming environment has to be secured so that the victim can feel at ease as much as possible. A separate room might be needed, for example, in order to guarantee protection of the victim's private life. When an assessment

of a minor victim is conducted, a good option for a venue might be the victim's home or the child protection centres applying integrated and multidisciplinary approach.

Some victims might want to be accompanied by a person of their own choice. In any case, it is important to establish whether this measure is appropriate for all cases (in accordance with Art. 3 Para 3) – in particular for cases concerning organised crime, violence in close relationships or sexual abuse since the victim might be under great pressure as to what to communicate to the authorities.

It is appropriate to provide special care when conducting assessment of victims of human trafficking, organised crime, domestic violence, sexual abuse or exploitation, gender-based violence, hate crime, of victims with disabilities and minor victims.

While conducting the interview, the assessor has to explain in clear terms that the purpose of the assessment is to identify the specific protection needs or the special measures.

Characteristics of the individual assessment:

1. The individual assessment covers two points of view and presents two different aspects:

- related to the type, nature or the circumstances of the crime committed: all victims regardless of the type of crime,
- related to the victim themselves: all victims regardless of their status in the proceedings (witness, plaintiff...)

2. The individual assessment has to assess the victim's specific needs of protection at every stage of the criminal proceedings: the special measures can be applied immediately after the filing of the complaint by the victim or when authorities launch the criminal proceedings (but not earlier). Protection measures have no minimum duration since they are related to the needs of the criminal proceedings.

3. As stipulated in Art. 22, the individual assessment has to be "timely i.e. to be conducted at the earliest opportunity in order to establish the risk of secondary or repeat victimisation, intimidation and retaliation. The Directive's major contribution is the requirement that the victim's specific needs should be determined as soon as possible.

4. The victim's individual assessment should take into account the victim's wishes and in particular whether they wish to benefit from special measures. Special protection measures are not effective if applied without the victim's consent. Thus in some cases the individual assessment can be very short.

5. The individual assessment is personalised and done in modules:

Its extent varies depending on the severity of the crime or of the apparent harm suffered by the victim. Each individual responds differently when experiencing a crime and it is the individual assessment alone that can identify how

vulnerable each victim is. The Directive favours a case-by-case based approach, without defining priority categories and without organising victims in some hierarchy. Certain main factors are still to be taken into consideration:

- The victim's personal characteristics (such as age, gender, gender identity, etc.);
- The type or nature of the crime (for ex. violence in close relationships);
- Circumstances of the crime (such as organised crime, victim's dependence on the offender).

It is assumed that child victims have specific protection needs (Art. 22, Para 4).

In fact, Para 57 of the Preamble comprises a list of a number of crimes (terrorism, trafficking in human beings, organised crime, violence in close relationships, sexual abuse, gender-based violence...); there is a strong presumption that the victims of such crimes will benefit from special protection measures.

6. The purpose of the individual assessment is to identify the vulnerable victims "due to their particular vulnerability to secondary and repeat victimisation, to intimidation and to retaliation" (Art. 22, Para 1).

This special vulnerability enables authorities to determine whether a particular victim, who has special protection needs, will benefit from the special measures in the course of the criminal proceedings. The protection provided as a result of the individual assessment and the criminal proceedings are closely related in the sense of what Para 58 stipulates: "The victims' concerns and fears in relation to proceedings should be a key factor in determining whether they need any particular measure.

7. The individual assessment is not static and it has to be updated in the course of the proceedings which would enable reviewing the victim's status, which can change after the first assessment.

Recommendations for better understanding of what the child victim says/of what is said during the hearing of minor victims and/or witnesses of crime in Romania

1. The hearing of the child victim in the criminal proceedings aims to describe the reported crime and to gather information which would enable the identification and bringing of charges against the offender. If the hearing does not coincide with the start of a recovery process or provision of psychological care to the minor, and having in mind their special vulnerability, it is appropriate to ensure that the gathering of the necessary information in the course of the investigation does not traumatise the child or contribute to the harm caused by the aggression against them. The victim's vulnerability requires that the hearing is organised in a suitable setting and is conducted by trained professionals. It is the responsibility of the investigating services and the judicial authorities to create the best possible conditions enabling the establishment of the circumstances of the abuse committed against the minor.

On the other hand, as stipulated in Directive 2011/93/EU on combating the sexual abuse and sexual exploitation of children and child pornography, it is recommendable that interviews with the child victim take place without unjustified delay after the facts have been reported to the competent authorities. The same persons, if possible, should conduct all interviews with the minor victim in case of consecutive interviews.

2. A legal requirement has to be introduced concerning the specialisation of the investigating officers and the training of magistrates since the hearing of minors requires specific knowledge and methods. In that sense, it is appropriate, as far as possible, to assign the investigation of crimes committed against minors to specialised investigating services or investigators.
3. A legal requirement should be adopted concerning the audiovisual recording of the hearing/interviewing of minor victims and/or witnesses of crime.
4. Development of hearing/interviewing methods. Numerous hearing protocols have been developed, for example, a modified cognitive interview and a National Institute of Child Health and Human Development (NICHD); all those are structured on the basis of 4 main phases: building a rapport, free recall of facts, specialised interviewing and closing of interview.

During the rapport building phase, the investigating officer or the judge have to gain the minor's trust and to make them feel at ease. The judge has to encourage the minor to give an account of a neutral event such as a favourite activity. This will give an idea of the child's capacity to tell about an event and of their vocabulary. It is appropriate to introduce to the child those present at the hearing as well as the materials used; the child is explained about how the hearing will proceed. Apart from this, it is necessary to familiarise the child with the hearing rules and most of all to let them know that when asked a question which they do not understand, they can say so or state that they do not know the answer to that question. The free narrative stage gives an opportunity to the victim to provide longer answers unlike the specialised interview phase at a later stage.

NICHD protocol recommends prior to this phase to go through an episodic memory preparation phase by asking the victim to provide a detailed narrative about a particular event, which took place during the same period when the facts explored occurred. Asking open-ended questions during the specialised interview phase, formulated on the basis of information elicited earlier from the minor, is not recommendable. It is good also to avoid forced choice questions, containing several ideas/topics and the word "why", which can be interpreted by the minor as accusation. The interview's closing phase provides an opportunity to summarise the information provided by the minor so that they can correct or add something; the outcomes of the procedure are explained to the minor. According to various studies of this protocol, it helps reduce the occurrences of suggestive behaviour on the part of the persons interviewing the minor and improve the quality of the witness testimony by providing numerous accurate details.

No matter what technique is used, what is most important is to follow the minor's pace, not ask them numerous questions, give them time to think over their answers and wait even if the child makes a long pause.

Nonverbal techniques are also employed, mostly for hearings of very little children who have not mastered the language well enough yet or those who do not speak.

There are two types of nonverbal techniques: techniques aiding the communication by using for ex. anatomical dolls and human body drawings, and techniques aiding the recollection of the facts such as drawings or sketches.

There is not a single study proving the effectiveness of the first group. As for the use of gender-typed dolls, some studies conclude that these might lead to mistakes or false details.

It seems that the use of anatomical drawings is less criticised and that it can even help elicit further details if the minor is able to understand that the drawing is a symbolic representation of their body and if the interview conducted on the basis of this drawing has been adapted and does not include open-ended questions. The second group of nonverbal techniques enables the minor to generate indicators themselves, which facilitate the process of recollecting facts. They help elicit a more detailed account both while the drawing or sketch is being made, and while the child describes it later. These techniques can be used to supplement the verbal techniques during the free narrative phase.

5. From their very first contact with the judicial system or with other competent authorities and in the course of the trial, the children and their parents have to be provided with prompt and appropriate information about all aspects of the process and especially about:

- their rights, and in particular the rights they have as participants in judicial and extrajudicial procedures which concern or might concern them, as well as about the instruments available for assistance in case their rights are violated, such as opportunity to initiate judicial or extrajudicial proceedings or other actions. They can also be informed of the probable duration of the proceedings or the opportunities available to access assistance or of independent support mechanisms;
- the system and the proceedings, while taking into account the child's special place and the role they might have, as well as the various stages of the proceedings;
- the mechanisms for accompanying available to the child during their participation in judicial and extrajudicial proceedings;
- the possible favourable and unfavourable consequences of a particular judicial or extrajudicial proceedings;
- if necessary, about the charges brought against the offender and about the progress on the complaint submitted;
- the date and venue of the judicial proceedings and of other events, as appro-

priate (for example, interviews in case the child is personally affected);

- the general development and the outcome of the proceedings or the activity;
 - availability of protection measures;
 - existing review mechanisms for decisions concerning the child;
 - available options for receiving compensation from the offender through judicial or alternative administrative procedures;
 - availability of services (medical, psychological, social, interpreting and accompanying, etc.) or organisations which can provide support and access to these services, and if required – to urgent financial assistance;
 - each individual decision intended to protect their best interest as much as possible;
6. The information and advice are to be provided to the children in a way appropriate to their age and maturity, in a language they understand and which takes into account the cultural and gender differences.
 7. Cases involving children are to be considered in a non-threatening environment, suitable for the child.
 8. Hearing methods such as audio and video recording made in camera prior to the trial have to be used and considered admissible evidence.

3. Recommendations for an integrated and multidisciplinary approach in France in support of child victims or witnesses of crime involved in legal procedures

Martine BROUSSE, La Voix de l'Enfant

Alice CHAILLOU, La Voix de l'Enfant

Odile MAURICE, La Voix de l'Enfant

Claudine BURGUET, La Voix de l'Enfant

Concerned about improving the conditions under which child victims of sexual or other abuse are heard as part of preliminary investigation, La Voix De l'Enfant initiated and set up Pediatric Medico-Legal Units (PMLUs) so that child victims of abuse can use judicial, medical, psychological and social protection aligned with their needs.

The hospital-based interview rooms for child victims of abuse appear in a draft law of 17th June 1998. After their visit to and meeting with representatives of the MONTEFIORE Centre in New York, the team of La Voix De l'Enfant were convinced that such rooms needed to be set up. This Centre, which brings together in a single building a team of professionals - police officers, magistrates and doctors working as a team, takes care of the child from the first revelations and accompanies them all the way through to their coming of age. As a result of this visit, La Voix De l'Enfant developed their own project and proposed to the Keeper of the Seals and Minister of Justice, Ms. Elisabeth Guigou, to set up 3 pilot places for Multidisciplinary Services involving admission to existing hospitals where multidisciplinary emergency wards for child victims of sexual abuse were opened. These services need to be in place so as to conduct hearings of child victims in a peaceful environment.

In January 1999 the first service for hospital admission of child victims of sexual abuse was launched, today called Pediatric Medico-Legal Units (PMLUs). Often set up at the initiative of a prosecutor, doctor or justice police officer, today there are 56 PMLUs, two of them being in Romania – in Craiova and Cluj and one in Russia – in Moscow. In addition, some ten projects are currently being implemented.

The purpose of the PMLUs is not only to provide overall care for the child victim and hear them in a safe environment, but also, as soon as the child is admitted to the Unit, to assess their judicial and/or administrative protection and provide multidisciplinary support.

Conscious of the needs of the investigation, La Voix De l'Enfant seeks to improve the proceedings at all stages and the conditions of work for investigators and investigating judges, whilst protecting the child. During their hearing the child can express clearly what they would like to, in words or gestures, before trained specialists.

The specialists – a medical examiner/ a forensic expert, an expert or a juvenile judge, can watch the recorded hearing, thus familiarising themselves with the facts but also the behaviour and gestures, which cannot possibly be rendered in a written text. Used well, this instrument will safeguard the child from repeating what they have already said, thus avoiding memory alterations and new trauma.

It is important to remind that in France the hearing of minor victims aims to obtain information in the course of police investigation, called preliminary investigation, and during the inquiry i.e. most often than not, minor victims get heard at police stations or gendarmerie offices which are rarely suited to receive children. Besides, the recording equipment is often of poor quality or out of order. Despite the fact that there are fewer drawbacks with the introduction of PMLUs, child victim hearing is still incomplete and this calls for new recommendations.

Over the past few years, La Voix De l'Enfant realised that the PMLU protects the child during the preliminary investigation but not in the course of the inquiry and the trial, the child being repeatedly heard and subjected to confrontation with the defendant. This is why, together with judges, police officers and the gendarmerie, La Voix De l'Enfant proposed setting up and furnished the first Protected Interview and Confrontation Room in the District Court and, recently, at the request of police officers from the Family Protection Team at the Police Station in Angers, also an Indirect Confrontation Room. The latter enables the child not to be in direct contact with the defendant. The setting up of a second Indirect Confrontation Room at the Police Station of Orléans is forthcoming.

Today, each of these Rooms (the PMLU, the Indirect Confrontation Room, the Protected Interview Room) is regarded as a “vehicle” of best practice.

Still, it is important to emphasise that only the consistent use by the child and professionals of the three types of interview rooms can constitute “best practice”.

At this point in time, the three services are launched only in one location – in the town of Angers in Western France.

The review of the evaluations undertaken, and the changes these places bring about in the work of professionals, inspire even further La Voix De l'Enfant to set up new Protected Interview and Indirect Confrontation Rooms in additional cities and towns in France.

The first recommendation is to assist the work of and replicate the interview rooms and protected confrontation rooms, which correspond to the needs of child victims and the investigation.

Progress in this important area is still unsatisfactory – only one single Indirect Confrontation Room is launched.

3.1 **Need for a specialised assessment of the child**

As regards the administrative and judicial protection of the child, there is clearly a lack of specialised assessment of child victims of sexual or other abuse. Provided in the course of the criminal proceedings, this type of assessment is rarely made at the request of the Social Protection of Childhood.

In order to reduce the deficiencies in the protection of child victims, it is necessary to introduce provisions for “specific assessments” of minor victims immediately, in addition to the “general assessments” pertaining to children in danger. The “specific assessment” takes account of the needs of the child, namely the need for care and protection.

It is recommendable that for each child victim or child in danger a specific assessment exercise is undertaken, and, if necessary, an expert evaluation report can be requested.

The assessment exercise is undertaken to obtain a reliable picture of the situation and take decisions in line with the aims and objectives of the course of action. Assessment is about measuring the covered distance towards progress, adaptation to the circumstances, agreement.

As a concept, assessment is about assessing the child’s needs, the risks they face and the consequences of the crime they experienced. The assessment outcome is a reliable picture arrived at by professionals, based on their general conclusions and assumptions expressed as a result of their interaction with the child and learning about the family and social context in which the child is developing.

It is important that PMLU professionals differentiate between the “specific assessment” undertaken as part of the child’s reception by the Social Protection of Childhood or as part of the judiciary and administrative follow-up of the child and the “expert evaluation report” developed solely by an expert at the request of a prosecutor.

In actual fact, even through these expert evaluations are often done at the PMLUs, the Units have not been encouraged to participate in the “specific assessment” exercises.

The PMLUs aspire to become resource centres for professionals who seek advice but also, in specific situations, make extrajudicial assessments.

It is recommendable that PMLUs are resource centres for all professionals involved in child protection, both administrative and judicial.

On the other hand, as early as the start of the investigation in criminal proceedings, a needs assessment is required. The main thing is that the basic needs of the child (care, food and protection) should be assessed within the first 48 hours following the signal for a suspected child victim. It is imperative to check without delay if their needs are met sufficiently satisfactorily.

Upon the launch of criminal investigation the child's individual assessment is initiated at the PMLU and it is important for it not to be discontinued after conducting the hearing and the required examinations. The child should be cared for during the entire length of the legal proceedings, including the trial. Only when such comprehensive care for the child victim is being provided throughout, can we assume that the consistent use of the three types of Rooms constitutes "best practice".

In order that individual assessment of the child victim is made, it is recommendable to build a network to take account of the child's needs – a network that will make it possible to ensure that every single need of the child's is considered and assessed.

In order to achieve this, the network for assessment should take the following needs into account:

- **Need for protection**

In its responses to the Lanzarote Committee questionnaire, France stated that the provisions of the Criminal Procedure Code pertaining to evaluation of the victim's vulnerability and the risk of repeat victimisation are in the process of being improved⁴. Besides, by virtue of a Circulation Letter, dated 2nd May 2005, it is recommended that the accompanying of minors and the care for them is improved, specifying that the presence of a third party is important since this might calm down the child and also "benefit the investigating staff in the course of the hearing".

La Voix De l'Enfant supports the redrafting of the provisions in the Criminal Procedure Code and the improvement of accompanying minor victims, as proposed by the French government, since this will support the programme for setting up Interview Rooms at the Police Station and the Court, on the one hand, and, on the other hand, the follow-up on the child upon their return to the family or placement elsewhere, if there is one.

The legal proceedings are painful for the child victim, especially when they take place in an unfamiliar setting. This is why it is essential that the profes-

4. Voir le projet de loi portant adaptation de la procédure pénale au droit de l'Union européenne : <http://www.senat.fr/dossier-legislatif/pjl13-482.html>

sionals and the persons accompanying the child (a psychologist or a specialist doctor, a member of the minor's family, the Ad-Hoc Person in Charge of the Child or a person to whom the child is entrusted by the Juvenile Judge) are trained so that they can be as protective and promoting stress reduction as possible, both during the hearing and as regards the child's behaviour resulting from their vulnerability.

This need for protection can be felt even if the child's immediate surrounding does not seem weak. Some children may be afraid of pressure when the aggressor comes from their family or school environment, where the risks of intimidation or revenge are higher.

The assessment should enable professionals to decide whether it is safe for the child to return to their home or they should be placed in a protected environment, such as a hospital or a service, by the Social Protection of Childhood.

For the above reasons it is important and necessary that accommodation in a protected environment is secured for the child, which will guarantee them effective protection.

The Protected Interview Rooms are regarded as part of a successful mechanism for protection of minor victims, by means of which children are kept separately from the defendants.

It is recommendable that the child victim's needs are taken into account and they should be the 'scarlet thread' throughout the entire administrative and judicial procedure.

- **Need for care**

Up until the issue of the Circulation Letter, dated 2nd May 2005, expert evaluation exercises were undertaken to determine if the child is characterised by some pathological issue such as mythomania and/or fabrication. The child's trauma was not taken into account. On the contrary, often the child was additionally burdened.

Nowadays, the best interests of the child come first. Still, even though the experienced trauma, both physical and psychological, is better taken into account, it should be emphasised that this happens in a somewhat disorganised way. The trauma resulting from the crime and the psychological repercussions should be assessed in order to offer suitable care, which is to remain so in the long run.

It is recommendable that a care protocol corresponding to the needs of the minor victim is developed to include also medical care adapted to the child's specific situation.

- **Need for stability of the family**

The child cannot be moved out of the family environment unless their parents are the defendants. In order to be able to support their child, the family should be accompanied too. Sometimes we can see child victims providing support to their parents, who experience a mental breakdown triggered by their children's revelations.

It is important to make efforts to preserve the social relationships of the child with their family during the legal proceedings unless there are allegations against the family (especially relationships with their siblings) but also relationships with close relatives or friends, such as their classmate friends.

It is recommendable that an assessment of the child's social life, of their family and environment is made to decide if the family or social context is detrimental to the child and they need moved out; this should be complete with an assessment of the needs for support.

- **Need for preservation of "points of reference"**

The child should not be victimised a second time – as far as possible they should be supported to lead a normal social life, the life of a child.

Desocialising the child, depriving them of their school life should be avoided. The child should keep their "points of reference", be they curricular or extracurricular, such as sport, cultural and other activities. Maintaining their routines allows the child to live like the rest and not feel different. The professionals who are near them, especially at school, should carefully trace any changes in their behaviour or academic achievements.

It is recommendable that an assessment of the child is made at the school level in order to establish if there are any changes to their behaviour and their academic achievements, and if the child experiences any difficulties.

- **Need for representation and support**

„It is the responsibility of the State to enable the child to exercise effectively their rights as a whole, more specifically their rights in the family procedures they are involved in, be it through direct access to justice or through providing a substitute mechanism”, G. Favre-Lanfray, Ad-Hoc Person in Charge of the Child declares. It is not always the case that at the launch of the proceedings an Ad-Hoc Person in Charge of the Child is appointed, even though the child victim needs supported and accompanied in an effective and suitable way throughout the legal procedure.

Whether the child will be able directly or indirectly, depending on their nationality, to assert their rights, depends on the decision of the French State and its Departments. This is why the French legislator included a provision on resorting to the services of an Ad-Hoc Person in Charge of the Child in the event of impossibility on the part of the family. The role of an Ad-Hoc Person in Charge of the Child, as far as civil or criminal legal procedures are concerned, is to provide legal, administrative and social accompanying of the minor. They receive the child, they build a relationship of trust and understanding with them, they answer their questions and respond to their fears. They make sure that the child's statements and rights are respected. Meanwhile, they have an explanatory role in relation to the competence of each participant and to legal-procedure matters. More specifically, they accompany the minor during court sessions and meetings with a lawyer. The Ad-Hoc Person in Charge of the Child is appointed by virtue of a court decision. As part of the legal procedure, the Ad-Hoc Person in Charge of the Child can request that a lawyer is provided for the child. The assessment should also take account of the most specific personal needs of each child, such as impairment, culture, disorder or disease, language, etc.

It is strongly recommended that an Ad-Hoc Person in Charge of the Child is appointed systematically in view of the imperative need for protecting the child victim's interests, especially if their parents are not around.

- **Other needs**

In France it is often the case that a child victim's testimony does not lead to the launch of a legal procedure. This is why many child victims will never see their situation considered by a criminal court.

In case of no legal redress or a decision for no need to adjudicate, it is recommendable that a new assessment of the needs of the child victim is made and that these are met in some other way, be it via a civil-law case or education-related, psychological or other activities.

3. 2

Will for comprehensive and multidisciplinary care for minor victims

Comprehensive care for the minor victim is essential so that the child does not have to repeat their story during the various medical examinations, the hearings conducted by an investigator and by others. The lack of coordination between the child's hearing, the expert evaluation reports, the socio-educational and psychological guidance can cause further trauma to the child.

Therefore, teamwork on the part of all participants is required so that they can reach an agreement on their views and assess comprehensively the needs of the child in order to provide agreed and structured care. A practice for joint meetings

for agreement purposes needs to be established to achieve this.

Multidisciplinary work allows professionals to meet within their competencies and roles. This multidisciplinarity is also a recognition of their complementarity, which favours a better approach to the child victim's needs. Multidisciplinarity as a main vehicle of agreement in the course of the individual assessment makes it possible to arrive at an overall clinical picture.

It is important to emphasise that the interaction between the Juvenile Judge and the Prosecutor's Office needs to be improved, as well as the one between the Juvenile Judge and the Social Protection of Childhood services so that the child is always protected.

It is recommendable that all professionals working with a child victim use a multidisciplinary approach.

- **Systematisation of assessments and evaluations**

In criminal proceedings the lack of coordination among the various assessment and expert evaluation exercises leads to unequal treatment of child victims.

In order to reduce the deficiencies resulting from the lack of a common tool to use, it is recommendable to approve a uniform reference tool for making assessments and evaluations.

Professionals should get into the habit of automatically going to their colleagues to agree on the needs of the child. A child subjected to lack of *bienveillance* (good treatment) is a suffering child, not a plaintiff.

In order to ensure that a child's situation in the event of suspected maltreatment will be assessed multidisciplinary, it is recommendable to open PMLUs in the Protection Services with the Departments.

In order to involve all professionals in assessment and evaluation exercises, irrespective of which Department deals with the child, a national reference tool needs to be proposed to serve as an example and a model.

- **Follow-up throughout the legal procedure**

The legal proceedings can take a very long time, and the needs of the child change with time. It is dangerous to rely solely on the assessment at the launch of the judicial proceedings.

Therefore, in the course of the investigation or inquiry, a new assessment needs to be made. During the criminal proceedings it is important for the victim to be accompanied and prepared for the decision to prosecute or not. The role of the Ad-Hoc Person in Charge of the Child and the child's lawyer on this matter is crucial. In order for this to happen, these two professionals need to be trained in assisting the child victim in the best possible way.

Since legal procedures are relatively long, and the child is changing meanwhile, it is recommendable to make a new assessment at the time of court proceedings. Indeed, it is recommendable that in the introductory and continuing training of the Ad-Hoc Persons in Charge of child victims and children's lawyers specialised-training and multidisciplinary-training modules are included to cover child psychology and child assessment as well as the lack of bientraitance.

- **Post-hearing follow-up**

After the hearing, out-of-court legal proceedings or trial, or even if the inquiry for felony is discontinued due to declared lack of crime or the decision is a no-redress one, the minor might need social and medical follow-up or care for what might be a shorter or longer period of time.

It is recommendable to establish a post-hearing follow-up service to take the child through the entire legal procedure, the social services committing themselves to the provision of psychological care and other treatment initiated by a doctor.

3.3

Required alignment of legal provisions

The needs assessment of child victims revealed some material needs that can improve the care for minor victims substantially.

These needs are as follows:

- Reserving one or two beds in each hospital for use in the event of admission of minor victims of abuse who need refuge and/or assessment. This will make it possible for child victims to get into a protected place in cases of emergency and receive care from competent professionals.
- Circulation Letter DHOS No. 2004-517, dated 28th October 2004, recommends that: "in the event of suspected maltreatment, the admission to hospital can be an immediate response to make it possible for the child to be assessed and referred to services. The provision of care via external consultations does not lend the same extent of clarity; it hampers the multidisciplinary approach and protects the child less".
- Joining an international protocol setting out the role and mission of each professional involved via the PMLU in the work of the Indirect Confrontation Rooms in court or the police station.

- Sharing tools, at Saint-Malo PMLU, via a questionnaire to establish level of satisfaction. It would be useful for it to be circulated and used as a common tool.
- Establishing a national reference framework for needs assessment of children, as well as for job descriptions and lists of required competencies.
- Supporting international multidisciplinary cooperation in order to identify innovative projects, transfer and replicate various professional practices, promote the basic rights of child victims.
- Raising the profile of PMLUs as resource centres as regards child maltreatment. It is desirable that the Reception/ Admission Units are not specialised and that they are used not only to hear child victims. It will be a favourable development if the PMLUs are open to work with the child protection authorities not solely in the event of criminal proceedings, the aim being to capitalise on the experience of PMLU professionals.
- Support for training the professionals
 - Systematisation of the initial training on detecting signs of abuse/crime, provision of care in case of maltreatment and victimology for all professionals who liaise with minor victims: nurses, doctors, educators, social assistants, social- and family-economy advisers, psychologists, investigators, judges, ad-hoc persons in charge of the child, lawyers and other specialists involved with child victims.
 - Provision of more training to investigating staff on hearing child victims and systematisation of assessment and evaluation exercises, based on their practical experience. On the other hand, the best practice introduced by the Prosecutor of Saint-Malo should be considered. He requested that minors be heard by investigating staff who had completed specialised training.
 - Multidisciplinary development of continuing/ follow-up training

The Pediatric Medico-Legal Units, the Protected Interview Rooms in court and the Indirect Confrontation Rooms at police stations are means facilitating the child victim to express themselves; they safeguard them and reduce their stress; equally, they are a “vehicle” used by professionals during the hearing, the preliminary investigation and throughout the legal procedure, including the trial, to foster the manifestation of the truth.

4. Recommendations for applying an integrated multidisciplinary approach for protection of the rights of children in Italy

Vittoria Quondamatteo, Il fiore del deserto

Greta de Santis, Il fiore del deserto

Emma de Leo, Il fiore del deserto

Child hearing is not only an obligation but also a right and an opportunity, as stated in Art. 12 of the Convention on the Rights of the Child.

Today, we can claim that the way the hearings of child victims of crime happen does not simply rest on the procedures applied in the area of justice administration, where things are based primarily on judging the facts related to the minor, but it also rests on a method and approach aimed at knowing and understanding the mental and emotional states of the individual.

The merger of the two modes of operation in respect of child hearings, the legal and the psychological one, increasingly calls for an in-depth and much-needed reflection on the recommendations and procedures to apply in a proper and effective hearing process.

The World Report on Violence and Health issued in 2002 by the World Health Organisation (WHO) includes best practice in hearing child victims of abuse/crime and maintains that:

” *„Child abuse or maltreatment constitutes all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child’s health, survival, development or dignity in the context of a relationship of responsibility, trust or power.”*

Protected child hearing should fit in a continuous process of interventions and safeguards triggered by a single comprehensive system for care, safeguard and protection of children and juveniles, which is in a position to detect, follow-up on and heal rape (abuse) and maltreatment situations via operational guidance very much focused on hearing children and adolescents.

As evident in the respective reference literature and the international legislative sources, child hearing in a judicial environment is presented as a dual requirement which needs to be met in the course of protection. On the one hand, the primary goal of the criminal process needs to be delivered on i.e. to establish the factual truth, while, on the other hand, it is necessary to gather informa-

tion with great care with the aim of protecting a child in a vulnerable state both from triggering their traumatic experience and from any subsequent action that might harm them, such as emotional stress, even if it comes to protecting their personality.

The first act in the Italian legislation concerning the protection of the child's personality in the process of collecting evidence is Act No.66, dated 15th February 1996, entitled the Sexual Abuse Act. Art. 392 of the Criminal Procedure Code (Para. 2) includes a provision that the Prosecutor or the party under investigation can request a child hearing with the aim of obtaining the child's testimony in a protected manner using a preliminary, evidence-based legal tool.

Art. 398 of the Criminal Procedure Code provides for the possibility that the child might be heard in a location different than the court, using specialised support structures, the child's statement being sound- and video-recorded and the judge of the other parties being allowed to be present at the interview behind a Venetian glass; this judge is allowed to talk to an expert psychologist over the phone, all of which minimises the interventions with and inconveniences for the child.

This procedure eliminates the possibility for the child to be subjected to traumatic participation in the interview when they give their testimony. This precaution included in the legal procedure makes it possible to neutralise the risk of evidence-giving being traumatic and unsatisfactory in terms of the proceedings outcome.

In support of this, with the Lanzarote Convention entering into force, a greater commitment is secured for the protection of minor victims from the risks associated with a possible traumatic clash with the judiciary system by introducing the use of an expert psychologist to assist the magistrate or the justice police officers in the course of obtaining evidence.

Hearing the child victim of violence or abuse is a very important and complex operation, which requires that experts in the field of child psychology from a judicial point of view should have specific knowledge, sensitivity, and empathy and should maintain on an on-going basis their professional competence in all technical, investigative and procedural aspects.

Generally speaking, bearing in mind the differences in the child hearing process for the purposes of criminal vs. civil cases, when a child victim of crime is heard in court, it is necessary and desirable not only to take account of the overall state of weakness of the personality of the minor but also to consider the fact that the child, under stress and exposed to traumatic and unpleasant experiences as they are, can act in a post-traumatic mode of operation, which might affect the legal proceedings and the outcome of the case, as well as the very process of evidence-giving.

Meanwhile, child hearing should happen bearing in mind this important prerequisite and children should be eased into the process in such a way as to avoid turning the hearing exercise into secondary victimisation and a further destabilising experience; rather, it should be regarded as an act leading to legal redress.

Meanwhile, in light of the expressed positions, an open hearing process, which is

both emphatic and effective, should be put in place, the duration of the obtaining-of-evidence period from the moment of notification of suspected crime to the time of delivery being shortened.

As far as child hearing is concerned, the Italian legal system includes a prerequisite and an essential recommendation: **child hearing seeking to make a psychological assessment cannot be about fact finding, which is the purpose of legal proceedings and a task for the competent courts.**

Specific recommendations as regards the rights of the child during child hearing

- The child should be informed in advance (preferably by their parents or their guardian) about the judge/ expert and the conditions under which the interview under consideration is to be conducted, as well as about the actions that are about to be taken;
- The child's hearing should be conducted in a child-friendly place suited to their needs and it should be video-recorded;
- When summoned, the child should not be kept waiting for long (in this sense, office hours and the length of various stages should be considered in order to avoid verbosity in view of children's limited concentration span);
- The child should be put at ease; this is why careful efforts should be made to make the child feel accepted, motivating them and explaining to them the responsibility they hold as regards making a statement;
- The approach to the child should be based on simple language, as appropriate as possible for their age, the interviewer seeking to avoid legal or psychological terminology, which distances the child from the other parties;
- Preferably, the child should interact with only one clearly identifiable interlocutor (a judge or a person authorised by them) to remain as their main point of contact with the system over time;
- The child should be provided with the space and time they need in order to produce their narrative; in this sense, the judge/ expert or the justice police officer should assume the role of an 'active listener' and formulate their questions only after they have established a relationship of trust with the child.

During the hearing process the expert who is appointed to support and facilitate should bear in mind that the majority of children summoned to give evidence have been exposed primarily to traumatic or unfavourable experiences and concerns that were inopportune for their development.

For this reason, prior to the start of the hearing process, it is important that the expert summoned by the competent authorities to facilitate the process of obtaining evidence from the child victim is clear about the reasons and facts leading to the hearing process; above all, they should have familiarised themselves with the child's past experiences (possible separations from the family, placements in

a family-type residential centre, traumas and/or other events of significance) by means of accessing the child's dossier.

In this sense, it will be useful to regard the following guidelines as the main framework of reference:

General recommendations

The expert nominated by the Judge to hear the child should:

- have completed specialised training on the post-traumatic behaviour of child victims of Unfavourable childhood experiences (UCE; Italian abbreviation ESI) and should constantly expand their knowledge on the subject;
- produce psychological assessments, taking account of the child's stage of development; make a video recording of the child's statement and the activities implemented, ensuring the safekeeping of the recorded video material and passing it on the Court and the respective services;
- guarantee in the best possible way the achievement of the investigation objectives and conduct an effective and proper investigation, avoiding questions and behaviour that might compromise the **spontaneity, sincerity and reliability of the answers**, without burdening the child with any responsibility about the way the proceedings will develop.