



PULSE Foundation

MY PERSONAL BODY – RESPECT AND SELF-ESTEEM

Practical Guide for Trainers



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“My Personal Body –
Respect and Self-Esteem”

AUTHORS AND PROJECT

The Practical Guide for Trainers has been prepared by the “Positive Personal Skills in Society” (PULSE) Foundation Team – town of Pernik, Republic of Bulgaria, and represents one of the key outcomes of the project: Let’s Open a New Chapter “Children Help Movement against Physical Threatening and Emotional Repression”. The project has been implemented with the financial support of the EU’s Rights, Equality and Citizenship Program: Daphne call – Action grants to support transnational projects on the elimination of corporal punishment for children - JUST/2015/RDAP/AG/CORP, funded by the European Commission.

The aims of the project: Let’s Open a New Chapter “Children Help Movement against Physical Threatening and Emotional Repression” include:

- ▶ Improving the knowledge and skills of the authorities in the field of efficient and positive parenting and education in the sense of mutual respect, acceptance and support;
- ▶ Creating a unitary methodology for the presentation of the problem and the re-evaluation of corporal punishment;
- ▶ Increasing the awareness of society regarding the traumatic experiences and consequences suffered by children and adolescents as a result of corporal punishment;
- ▶ Studying and incorporating “the best practice” on an international scale in three EU Member States characterized by a strong patriarchal stereotype in the process of upbringing;
- ▶ Coordinating the efforts of various social structures and communities, so that they can work towards legislative changes and the elimination of the problem.

The expected final results of the project include the creation of a comprehensive program of initiatives aimed at empowering children and their parents, as well as the establishment of a closed cycle of prevention, rehabilitation and integration of children and young individuals suffering from all forms of corporal punishment and offences against the person.

The coordinator of the project is the “**Positive Personal Skills in Society**” – **PULSE Foundation** - a Bulgarian non-governmental organization working with children and individuals – victims of violence or at risk of such. Since 1999, the organization and its team of professionals have fully devoted themselves to: decreasing the risk of violence against children within the family and in society; developing and implementing projects, prevention and rehabilitation programs targeting children, their parents and the authorities; establishing and developing programs for rehabilitation of individuals – victims of violence, trafficking or other forms of exploitation and specialized programs for perpetrators of violence.

The mission of the PULSE Foundation is to advocate change in the family and society towards equality, understanding and humanity. By developing the emotional and psychological potential of people, it aims at creating the conditions needed for the development of harmonic relationships between people, based on equality, understanding and tolerance, leading to a successful integration and realization in the society.

The highlights in the work of PULSE Foundation are the programs for primary, secondary and tertiary prevention at schools, kindergartens, institutions and directly “on terrain” in the community.

Our partners in this project are:

Evris Foundation (Iceland). The team of the Evris Foundation features some of the most experienced experts in Iceland in the field of child protection initiatives on a national and international scale. In addition, they have valuable experience in the transfer, adaptation and piloting of efficient work models on the problem in EU Member States, the development of local methodologies for work with different target groups, methodical support and supervision.

National Network for Children (Bulgaria). NNC is a union of civil organizations and associates, working with and for children and families all over the country.

“Hope for Children” UNCRRC. A political center (Cyprus), member of multiple national and international networks. “Hope for Children” works towards humanitarian and developmental policy related to child protection and advocacy of children’s rights.

ADFP Foundation (Portugal). The largest non-governmental organization for social solidarity in the Coimbra Region.

UMAR Association (Portugal). An organization with a nearly 30 years of experience, publicly engaged in the promotion of gender equality, non-discrimination and equal rights within the family and the Portuguese society.

All the results of the project are accessible on the webpage of the PULSE Foundation - www.pulsfoundation.org, e-mail: pulse.women@gmail.com.

FROM THE AUTHORS

Hello, dear parents, teachers, and leading authorities who share our concern about children development!

The source provided here is a program called “My Personal Body - Respect and Self-esteem”. It is intended to help us create a loving and creative future for our children.

Let us, already grown-ups, turn our attention back to our childhood and remember:

- ▶ *our needs;*
- ▶ *our expectations;*
- ▶ *our interests and how complicated and, at the same time, interesting the world appeared through our eyes.*

How important it was to have adults (maybe even just one) by our side, so that we could ask them all our questions;

- ▶ *the one who would respond with his/her own answers and how that would be enough for us;*
- ▶ *the one who would welcome us with an open heart and would love us without asking or expecting anything in return;*
- ▶ *those who would give us what they had, and we would accept it, being confident that it was the truth defining the world;*
- ▶ *those who would give us a promise and fulfil all their promises, thus giving us the basic assurance that the world is a protected place;*
- ▶ *those who would defend us and would thus shape us as people who believe in security and provide it to the ones we love.*

Dear grown-up children, dear responsible parents and authorities who believe in the good of our children, who believe in the future – let us open our hearts and set a new beginning in the understanding of the upbringing of our children!

Let's open a new page in our minds and hearts and start looking with loving eyes to the world!

OUR MOST SINCERE THANKS

The practical methodologies on the prevention of child abuse and the creation of this Guide for specialists working in the field of education and support would not have been possible without the help of a wide and diverse network of professionals. All of them provided their own creative ideas and contributed to various stages along the long road towards the development of this methodology, bringing their valuable experience on board.

The methodologies were collected on the basis of years-long creative work, tested methods of Bulgarian and foreign specialists, working in the field of parenting, education, working with traumatized individuals and rehabilitation. The source was further enriched by our colleagues working directly in the community, who contributed with their knowledge and first-hand experience and provided their valuable work and expertise on the efficiency of the proposed methods for work with the different target groups. Although we were unable to incorporate every contribution which we received, each and every individual who voiced his/her position and provided his/her feedback was of great help for the shaping and enhancement of the source. As a recognition of the numerous diverse contributions, PULSE Foundation would like to thank:

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This is the place for us to thank all specialists, experts, administrators and all our partners and friends who provided support to the children from the cases presented in the Methodology. All of them provided their valuable contribution, so that all these children could stop playing the role of “criminals prosecuted by the Law”; “people with psychiatric disorders”, persecuted by society; or people with “immoral behavior”. They succeeded in this by identifying such behavior as a “CALL FOR HELP” while working tirelessly and professionally day and night!

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The Secondary Professional Educational Boarding School “Hristo Botev”, Podem village,

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You can find all apps on WWW.PULSFOUNDATION.ORG AND WWW.ENDVIOLENCE.BG

INTRODUCTION

The Practical guide for trainers “My Personal Body – Respect and Self-esteem” is a pilot educational initiative. It is aimed at arming different target groups against corporal punishment – by using the power of teaching in respect, self-esteem and preservation of the personal boundaries of each one of us.

The Guide targets professionals working in the field of child well-being and has the following aims:

- ▶ Establishing an **universal understanding** of the problem of corporal punishment of children and reevaluation of the methods for tackling this problem in the society.
- ▶ **Increasing awareness** regarding the traumatic experiences and consequences suffered by children and adolescents as a result of corporal punishment.
- ▶ **Improving the knowledge and skills** in the field of efficient and **positive parenting** and education, in the sense of mutual respect, acceptance and support.
- ▶ **Improving the knowledge and skills for work with children in kindergartens and schools** in the direction of empowering, self-reflection and creation of a risk-free relationship based on confidence.

The methodology is intended for professionals **who have undergone a preliminary training on how to utilize it**. Training includes skills for group guidance in different age groups (specific characteristic features and techniques), communication skills, leadership, techniques for the incorporation of games, etc. Training also includes a special chapter focusing on the topic of corporal punishment – working on the problem (identification and support), standards for efficiency and ethical standards.

In its essence, the Guide is a methodology, which incorporates a number of methods for work with children, adolescents, their parents and the authorities. All the methods have been tested and proved in practice.

The methodology includes 3 (three) **practical methodologies** for work with:

- ▶ Children (aged 3-6)
- ▶ Children (aged 7-18)
- ▶ Young people in higher education (future parents) and parents.

The practical methodologies for professionals provide guidelines for work on primary, secondary and tertiary prevention by emphasizing on the identification of the problem, accepting and empowering children, parents and authorities. In addition, they propose alternative models of education in order to avoid the position of inertly following the dysfunctional model of education and, respectively, the forms of violence against children. In exchange, our methodologies support the movement towards positive parenting, respect, self-esteem and observance of personal boundaries.

For the development of the methodology aimed at the work with children aged 3-6 we used the method described by **Dr. Lory Freeman**, Director of the Program “Relief Nurseries” in Eugene, Oregon, which teaches young children how to protect their personal boundaries (physical and emotional) by resisting any undesired touch. As a supplementary source, we used the **book “It’s MY Body”** by Dr. Lory Freeman Britain (1982). The proposed method for action has been adapted for the Bulgarian conditions by experts in the field of

child health.

Based on 20 years of experience and after hundreds of seminars conducted by the Team of PULSE Foundation, we established a “good practice” for work in kindergartens with the certain age group, which was tested and proved to be successful over time.

In the present methodology, the next age group, **children aged 7–18**, has also received the necessary attention. It targets children in pre-adolescent age and was developed for use directly at schools as the place where children create their basic social contacts, build their skills for respect, self-esteem and tolerance, and form their basic identity.

An alternative for work with **young men and women over 12** is the presented group work with volunteers in the form of **Youth Club “2BFriends”**. The **Youth Club** is an informal group of young people united by the idea of living in a world free of violence. The proposed method for action has been thoroughly examined in the present guide.

A large part of the practical methodologies in the Guide is based on the **Icelandic model and Iceland’s experience in positive parenting** – “Program for Enhancing and Improving Parent Education in the Icelandic Healthcare System for Infants”¹.

The aim is to support parents and to improve their parenting skills, so that they can deal with everyday challenges and prevent the occurrence of problems. The highlight is the use of positive, rather than negative parenting practices. The program for parents is largely based on the book “Parenting That Works; Building Skills That Last a Lifetime”, translated into Icelandic as part of the parenting project. The authors of the book are two experienced American pediatric psychologists, E. R. Christophersen and S. L. Mortweet.

(The positive parenting program will be reviewed in the Methodology for development of positive parenting skills²).

The PULSE Foundation is the main implementer and distributor of the methodology presented in the Guide in Bulgaria.

A trained team of specialists from all over the country possesses the abilities and skills to train, distribute and conduct seminars with the various age groups, parents and authorities. The available set of sources – methods, materials for presentation and visualization, brochures and videos, represent the main supplementary materials in the organization of the sensitizing seminars focusing on the social and emotional education of children and authorities.

1 <https://childwelfare.gov/topics/preventing/prevention-programs/parented>

2 Keep in mind that in the presented sources on positive parenting, the word “book” refers to the book mentioned above.

ABBREVIATIONS

ADHD - Attention Deficit Hyperactivity Disorder

CCS - Center for communal support

CP - Corporal punishment

CPA - Child Protection Act

CPC - Corporal punishment of children

CRC - Committee on the Rights of the Child

CRCPA - Child in risk according to the Child Protection Act

DCP - Division of Child Protection

DSA - Directorate Social Assistance

ECnHR - European Convention on Human Rights

ECtHR - European Court of Human Rights

EU - European Union

FC - Family Code

MCPABJM - Municipal Committee for Prevention of the Anti-Social Behavior of Juveniles and Minors

NGO - Non-governmental organization

NNC - National Network for Children

RDMI - Regional Directorate of the Ministry of Interior

RDSA - Regional Directorate "Social Assistance"

REB - Regional Educational Board

SACP - State Agency for Child Protection

UNCRC - The United Nations Convention on the Rights of the Child

Module 1

Understanding the Notion of “Corporal Punishment”

In brief – what does this Module include?

This Module provides information on the nature of corporal punishment and how it is perceived as a method of education of children as they grow up.

This Module covers:

- ▶ Understanding the meaning of “corporal punishment” (CP)
- ▶ Spread and types of CP
- ▶ A connection between “corporal punishment” and “violence”
- ▶ Reasons for, contributing factors and consequences of CP

Aims

By the end of this Module, we will try to:

- ▶ Define “corporal punishment” (CP)
- ▶ Get an idea of the common categories of CP
- ▶ Review the main reasons behind practicing of CP (such as habits, frustration and power)
- ▶ Identify similarities between CP and violence
- ▶ Determine the potential consequences of CP

Context

This Module lays the foundations of all other Modules in the Guide for trainers by emphasizing on: awareness, technical knowledge, recognizing the indicators and the meaning of the term ‘corporal punishment’, as well as the definitions related to it.

This Module will help us build our own expertise and understanding of corporal punishment of children as a form of abuse, the reasons for it and the consequences stemming from it. It will teach us about the similarities and differences between corporal punishment and violence so that we can start applying our knowledge towards efficient interventions for prevention and reaction in cases of corporal punishment.

Connection to other topics...

The prevention and reaction in cases of corporal punishment includes a specific set of interventions which must be well planned and coordinated.

Before establishing what these interventions might be, we need to understand the problem in its core, which will reflect on our own expertise, attitudes and views on the issues of education, rights of the child, discrimination and violence based on age differences.

Self-reflection

In order to start dealing with the problem in an efficient way, we must first become aware of our own prejudices and attitudes regarding corporal punishment as a method of education and upbringing.

Please read all the statements below and mark whether you agree or disagree with what is written, or whether you are unsure about it.

- ▶ Adults always know what is best for the child.
- ▶ Adults are solely and fully responsible to make important decisions regarding the well-being of their children.
- ▶ Giving your child a slap is “not a sin”.
- ▶ Most parents slap their children “lightly, just to teach them a lesson”.
- ▶ If corporal punishment is used efficiently, it serves as a good instrument for instilling discipline. Children understand that the particular action is unacceptable, if they have been reprimanded for doing it.
- ▶ Children should not be asked about their opinion, they do not know or understand what is good or bad for them.
- ▶ Children often lie to their benefit and cannot be trusted.
- ▶ Children must always listen to what their parents or the authorities say because they offer them the best.

Topic 1: Overview of the Main Terms

“I met an old pastor’s wife who told me that when she was young and had her first child, she didn’t believe in striking children, although spanking kids with a switch pulled from a tree was standard punishment at the time. But one day when her son was four or five, he did something that she felt warranted a spanking – the first of his life. And she told him that he would have to go outside and find a switch for her to hit him with. The boy was gone a long time. And when he came back in, he was crying. He said to her, “Mama, I couldn’t find a switch, but here’s a rock that you can throw at me”. All of a sudden the mother understood how the situation felt from the child’s point of view: that if my mother wants to hurt me, then it makes no difference what she does it with; she might as well do it with a stone.”

An excerpt from Astrid Lindgren’s speech, Frankfurt am Main, 1978

Despite this inspiring speech under the title “Never Violence” by Astrid Lindgren who created the characters of Pippi and Karlsson and the ban on corporal punishment of children introduced in Sweden back in 1979 – children not only in Sweden but all over the world continue to suffer from various forms of corporal punishment, even though the awareness of its heavy consequences has gained more and more ground.

Key facts

The statistical data of UNICEF, collected in 62 countries between 2005 and 2013 show that approximately four out of five children aged between 2 and 14 have suffered forceful “imposing of discipline” (corporal punishment and/or psychological aggression) at home throughout the previous month. Roughly 17% of children have been victims of severe corporal punishment (blows on the head, face or ears or multiple blows) at home throughout the previous month. On the basis of the data collected from 30 different countries, 6 out of 10 children aged 12-23 months have been subjected to forceful disciplinary methods. Among children at that age, almost half have experienced corporal punishment, while a similar portion have been exposed to verbal abuse.

Only 60 countries have introduced legislation which fully bans the use of corporal punishment of children at home, which leaves more than 600 million children aged 5 and below without full legal protection. Around 1.1 billion (a little above 1 out of 4) of those raising children worldwide say that corporal punishment is necessary for the proper upbringing or education of children³.

A study done in the United States shows that 70% of Americans approve of “proper uncompromising education”, while 94% of parents of children aged 3-4 use “corporal punishment” during the upbringing of their children.

The most often used verbal punishments include criticizing and raising a voice, while the most often used physical ones are spanking, slapping and hitting with a hand/punching. 39% of Bulgarians openly support slapping as a method of education as evidenced by a study of the National Network for Children, Bulgaria, 2012.

3 <https://data.unicef.org/topic/child-protection/violence/violent-discipline/>

A study conducted by The Huffington Post and YouGov in 2017 found that 81% of 1000 interviewed adults believe that slapping should be legal and almost half consider it an efficient form of punishment. Corporal punishment is common as a form of “education” not just at home but also at schools, kindergartens and childcare institutions⁴.

A national representative study was ordered by the National Network for Children as part of the project “Let’s Open a New Page – Children Help Movement against Physical Threatening and Emotional Repression” (CHAPTER), coordinated by the PULSE Foundation and conducted in 2018 by Noema Agency. The study covered more than 1000 individuals and compared the obtained data to those from a study, conducted 5 years ago by ESTAT Agency.

According to this study, 88% of parents realize that slapping their children is an ineffective method of education, yet most of them still do it. Even though applying corporal punishment has decreased throughout the last 5 years, **approximately 2/3 of parents have at some point applied corporal punishment and other traumatizing practices**, such as spatial isolation, failure to interfere when there’s a risk of injury, causing discomfort by making the child stand in an uncomfortable position or forcing the child to eat extremely spicy food.

The share of parents who practice such acts on a regular basis was around 1/4.

► **Parents who have participated in the study, have shared that they use these methods when affected**, feeling powerless or fearing that they will lose control over their child’s negative behavior. Approximately 30% of parents said that anger and insult have caused them to apply corporal punishment.

More and more parents realize the negative consequences and, respectively, have a negative view on the use of corporal punishment and other traumatizing practices.

However, a worrying sign is the fact that the **“firm” supporters of corporal punishment remain a constant share** of current and future parents. It is important to note that **respondents perceive the “educational” methods which cause emotional harm to children as more traumatizing and more shameful** – including insults, constant yelling, discrediting and underestimation.

This, along with the public condemnation, is one of the reasons why such acts are practiced more often at home, as opposed to public spaces.

► **The institutional environment** also fails to deal appropriately with extermination of corporal punishment and similar practices. **The study confirmed that such practices are often widespread at schools and kindergartens.**

- △ 41% of parents shared that their children have been victims of verbal abuse;
- △ 22% reported corporal punishment, such as punching or causing pain;
- △ 14% – practices of ignoring.

Attention!

Violence is present even in cases in which the victim doesn’t realize what is happening.

⁴ <https://www.psychologytoday.com/intl/blog/towards-recovery/201711/spare-the-rod-spoil-the-child>

Main questions – what answers will this topic provide?

Main terms

This part of the Guide explains the main terms associated with our understanding of “corporal punishment of children”. The terms are based on the international standards and instruments in the field of the rights of the child. The EU Directives guaranteeing the rights of the child which have been transposed and should be applied by the Member States on the national level need to be interpreted in the context of the international standards listed below.

The thorough understanding of the main terms used in the Guide will give us the chance for an easier evaluation and understanding of the problem, which will in run help us speak about corporal punishment with the due care and respect, without using confusing words.

Aims

For the purposes of the present Guide, we shall investigate each of the main terms listed below in the context of the rights of the child, which will help us find a working definition of CORPORAL PUNISHMENT of children (CPC).

Information on the topic

Corporal punishment and the child

“**Corporal punishment**” is above everything else a physical form of punishment, intended to cause physical pain on a person. It is most often exercised against minors and underage individuals, especially in home and school settings. The usual methods include slapping and paddling. In addition, corporal punishment has been used historically on adults, especially prisoners or enslaved people⁵.

A “**child**” is a human being below the age of 18 years, unless under the law applicable to the child, majority has been attained earlier, according to UNCRC⁶. As stated in Article 2 of the CPA, “A child is any human being below the age of 18 years”

“**Corporal**” or “**physical**” **punishment** is defined by the Committee on the rights of the child as “*any punishment in which physical force is used and intended to cause some degree of pain or discomfort, however light*”⁷. Most involves hitting (“smacking”, “slapping”, “spanking”) children, with the hand or with an implement – a whip, stick, belt, shoe, wooden spoon, etc. But it can also involve, for example, kicking, shaking or throwing children, scratching, pinching, biting, pulling hair or boxing ears, forcing children to stay in uncomfortable positions, burning, scalding or forced ingestion (for example, washing children’s mouths out with soap or forcing them to swallow hot spices).

5 https://en.wikipedia.org/wiki/Corporal_punishment

6 <https://data.unicef.org/topic/child-protection/violence/violent-discipline/>

7 UNCRC, Article 1; Directive 2016/800/EC, Article 3

Children's rights

"All human beings are born free and equal in dignity and rights."

Article 1, Universal Declaration of Human Rights

Children's rights are basic human rights!

According to international law, corporal punishment is considered an indirect form of violence against children, which falls within the range of Article 19, Article 28, Paragraph 2 and Article 37 of UNCRC.

Article 37 of UNCRC stipulates that states parties to the Convention must guarantee that **"no child shall be subjected to torture or other cruel, inhuman or degrading treatment or punishment"**. UNCRC is the most widely ratified convention in the world and incorporates the full range of internationally recognized children's rights, including the right to life, survival and development. All forms of torture or other cruel, inhuman or degrading treatment or punishment of children may have negative consequences for their psychological and physical health and may hinder their harmonious development.

The Committee on the Rights of the Child has issued a number of resolutions which are obligatory for all countries in the international system, which specifically relate to children's rights and CPC in humanitarian context. One of the first General Comments⁸ focuses on "corporal punishment" and other cruel or degrading forms of punishment, which currently represent some of the most widely accepted and practiced forms of violence against children. In addition to General Comment No. 8/2006, all countries are encouraged to undertake appropriate measures against all forms of corporal punishment.

Corporal punishment infringes the right of children to be shown respect for their human dignity and physical integrity, as well as their rights to healthcare, development and education, and is related to a wide specter of negative consequences for the health, growth and behavior of children, which may haunt them in their adult life. Its legality thus violates the children's rights to equal protection by the law.

A study by the Secretary General on the use of violence against children reveals that **"corporal punishment** of children, as a form of physical punishment, constitutes **degrading treatment of the child**, which reduces his/her human dignity and which is practiced in silence and is often accepted with common indifference in homes all over the world"⁹.

Although the international community has taken measures at all levels in order to place the child in a position of highest value for the family and society and despite the Council of Europe demanding that corporal punishment of children be proclaimed as illegal in all its 47 Member States, there are countries and communities in which CPC is still being practiced and even praised as a form of punitive and educational act. That is one of the major conclusions of the "Microanalysis of the preliminary study on the views on corporal punishment of children in Bulgaria", prepared as part of the project (see Appendix No. 17).

8 General Comment No. 8(2006) - The Right of the Child to Protection from Corporal Punishment and Other Cruel or Degrading Forms of Punishment (Article 19; Article 28, Paragraph 2 and Article 37, along with others), CRC, Forty-second session, Geneva, 15.05 - 02.06.2006.

9 United Nations (Authors: Elizabeth Kwast and Sophie Laws) www.unicef.org

NOTES ON THE LOCAL CULTURES

In many cultures, parents consider that they have the right, if not the obligation, to punish disobedient children physically so as to teach them proper behavior. The level of social acceptance of corporal punishment remains high in countries where it is still not a subject of legal prosecution, especially among more traditional groups.

Such arguments fall within the scope of what is usually referred to as “cultural relativism”, which is used to discredit the universal character of human rights as a whole and women’s rights in particular.

Observing the principles of local cultures is a basic principle of humanitarian work. However, determining and defining the “culture” of a certain group is not a primary task. Even within one and the same community, the cultural beliefs and interpretations may vary based on age, sex, social and economic position and other characteristic features of the individual. Furthermore, cultures are not static; they are a constant subject of renewal and reshaping, initiated by a wide range of factors, including conflicts and other humanitarian crises.

Cultural differences and traditions adopted in the family in different nations cannot serve as an excuse for practicing corporal punishment against a child, since it will violate the child’s basic right to live a life of dignity, free of violence.

On the other hand, this does not mean that the child’s basic right to live a life of dignity, free of violence, has not been violated.

The dignity of a human being is one of his/her highest values.

“There is nothing more agonizing than dishonoring human dignity, there isn’t a more humiliating slavery” - Cicero

Topic 2: Reasons and Factors Contributing to the Use of “Corporal Punishment” as a Method of Education

“Education is an art which can only become perfect through the practice of many generations”

Immanuel Kant

Main questions – what answers will this topic provide?

Quite often, our only understanding of how we should communicate with our child is reduced to the models of education shown to us by our parents and grandparents. Whereas until recently the entire family of at least three generations of parents and relatives took part in the education of a child, nowadays, with the development of urbanization and megacities, the members of a family become separated and quite frequently young parents are left alone to take care of the upbringing of their young children. Feeling “the need for liberty and independence” from previous generations brings along another risk for isolation and experiencing a lack of knowledge and skills to educate our children alone.

Aims

In this part, by discussing major issues, such as Education, Discipline, Strength and Power, Stress and Anxiety we aim at:

- ▶ Placing the worrisome themes of the education and upbringing of our children on the agenda;
- ▶ Examining and recognizing their leading essence;
- ▶ Reviewing the accompanying emotional processes which often escape our consciousness.

Information on the topic

In this part, we will look at some main concepts which reflect the notion of upbringing and education of children, the difficulties resulting from it and the accompanying unconscious processes.

Let's start here: What does EDUCATION mean? What do we imply in this word?

Education

Educating children is a complex task and we are rarely prepared for it. There is no universal recipe for success and nobody was born educated.

Even though a lot of attention has historically been paid to the education of children, the main factor shaping it has always remained the behavioral model of our own parents and the values they have taught us themselves from what they've said and what they've done. Most often, we make mistakes while educating our children, not so much because of our lack of knowledge but due to our inability to adequately evaluate a given situation.

Discipline

Educating children is related above all to methods which instill discipline. All parents discipline their children by teaching them how to behave in a proper way according to their own understanding of the issue. Discipline is derived from the Latin word "discipline" which carries in it the notion that teaching or educating are to be modified, strengthened or improved.

Here's what we have in mind when speaking of positive discipline:

- ▶ Guiding and teaching;
- ▶ Doing things together with our child;
- ▶ Something which requires understanding, time and patience;
- ▶ Something oriented towards solving problems and providing the tools for a positive self-expression;
- ▶ Something which develops long-term self-control and co-operation.

Discipline is interpreted by some parents and authorities as **correction or punishment** of children in order to prevent further cases of improper behavior.

When we use punishment as a method of discipline, we mean:

- ▶ Exerting control through force and coercion;
- ▶ Doing things on behalf of our child;
- ▶ Something which creates an atmosphere of anger, guilt, hostility and deceit;
- ▶ Something which prevents communication and healthy relationships between a parent and his/her child;
- ▶ Something which corrects undesired behavior in a given situation for the time being, but which leads to undesired behavior being often manifested in other forms.

Forceful discipline at home is the most wide-spread form of violence suffered by children.

Strength and power

Episodes of strong fear, helplessness and lack of sound judgment bring along an inert following of a well-studied maladaptive model of response towards our children. Usually, in order to redeem ourselves for these “embarrassing” experiences, we as adults use compensatory mechanisms of reaction, such as **projecting strength and power**.

Above all, corporal punishment involves exerting authority on the younger one. In order to evaluate the risks for children and their vulnerability, it is important for us to understand the dynamics of the forces within the family and society. If we want to deal with CP efficiently, we need to comprehend and analyze the relations of strength between a parent and another parent; a parent and his/her child; a teacher and a child; a notable adult and a child; as well as among children themselves.

Power: includes the ability, skills or position to make decisions and to act; physical strength or endurance. Exerting authority is a key aspect of the relationships. All relationships are affected by someone exerting their authority. The more power someone has, the bigger choice they enjoy. People who are in a position of less power have less of a choice and are therefore more vulnerable to abuse.

The “POWER” or strength IS NOT ALWAYS PHYSICAL!

In the context of corporal punishment, people think of physical power, which includes physical size and strength, as well as specific roles. Physical power may include the possession of weapons and/or control over access and security.

Nevertheless, there are many different types of power which are important in the context of corporal punishment, such as:

Social power/power within the community

- ▶ Peer pressure and bullying at school are forms of social power;
- ▶ The leaders of the community, as well as teachers and parents, command a lot of power due to their role in the family and in the community.

Economic power

- ▶ Control over money or the access to goods and services;
- ▶ Husbands and/or fathers often have economic dominance within the family;
- ▶ Power as part of the legislation – how are the laws of the country implemented; is there an opportunity for abuse of law; do these laws guarantee adequate protection?

Power related to gender

- ▶ In most cultures, men are usually in a position of superior power as opposed to women.

Power related to age

- ▶ Children and elderly people usually have less strength.

When power is exercised without assuming an equal responsibility, those affected become victims of violence!

Stress and anxiety

“Simply too confusing and unnerving for a child to be hit hard and loved warmly, all in the same home.”

*Jennifer E. Lansford
from the Social Science Research Institute at Duke University, USA*

A combination of several factors has led to a tendency for the child and its education to be associated more with stress and anxiety and less with happiness and satisfaction. The reason behind this includes the more and more demanding requirements towards parents on how to educate their children, against a backdrop of increasing loneliness when facing this challenge. Back in the day, when today's parents were children, education was viewed as the responsibility of the entire society, whereas nowadays it is regarded a task of parents alone. In larger cities, these tendencies are felt more clearly due to a more stressful rhythm of life and a relatively smaller amount of help which parents receive from their extended family. The increased worries about the children and experiencing a higher sense of responsibility leads to parents striving for more and more control over the child in all main aspects of his/her life.¹⁰

The National Representative Study conducted in Bulgaria in 2018 reveals that “the stress to deal with all their duties, when time and support are lacking, in its own way ‘blunts’ parents’ senses, when it comes to understanding what is happening inside the child’s soul. Instead of bringing joy, the child turns into an opponent, competing with them for the upper hand in the relationship”.

Parental depression

Depression is significantly related to a more hostile, negative and distant (disengaged) parenting. Parental depression has been consistently shown to be associated with a number of behavioral problems and psychopathology in children, including higher levels of depression and anxiety.

There is a strong relation between depression, especially in mothers, and fewer expressions of positive parenting (warmth). A number of literature sources have shown depression in mothers to be associated with the quality of upbringing of infants and young children. Researchers who have observed mothers in the setting of their personal interaction with their babies and young children, have found that the higher incidence of depression symptoms correlate with weaker sympathy and sensitivity on behalf of the mother, less verbal and visual interaction and stronger intrusiveness. (Campbell et al., 2004; Easterbrooks, Biesecker and Lyons-Ruth, 2000; Ewell Foster, Garber and Durlak, 2007; Goodman and Brumley, 1990)

10 <http://endviolence.bg>

In addition, researchers have shown that parental depression is related to parenting practices involving corporal punishment and child abuse. Mothers with high incidence of depression symptoms are more likely to be classified as authoritarian or disengaged in their relationships with young children, as opposed to mothers who have low incidence of depression symptoms.

A number of studies have proved that a history of abuse in the mother's childhood years significantly increases the risk of her developing severe depression, substance abuse and being a victim of domestic violence. (Edwards et al., 2003; MacMillan et al., 2004)

All of that in turn leads to the presence of additional detrimental factors and increases the risk of subsequent child abuse, be it from the woman herself or through her relationship with a partner who practices child abuse. (Collishaw et al., 2007)

Topic 3: The Connection between “Corporal Punishment” and “Violence”

“Corporal punishment is as humiliating for him who gives it as for him who receives it; it is ineffective besides. Neither shame nor physical pain have any other effect than a hardening one.”

Ellen Key

While teaching children self-control and proper behavior forms an integral part of upbringing in all cultures, many parents use physical and psychological methods of violence in order to punish undesired and encourage desired behavior.

The Global Initiative recommends accepting the statement that ending corporal punishment is a key element in the elimination of violence in the family. As long as the corporal punishment of children is legally and socially accepted, our homes will never be free of violence. Corporal punishment and violence among the two partners are closely interrelated – these two types of violence often coexist. Practicing corporal punishment against a child increases the risk of the child becoming a victim of violence or someone who commits violence against his/her partner as an adult¹¹.

Violence

A number of people associate the word “violence” with physical strength and physical violence, yet there are many other forms of violence. For instance, consider this:

Violence = using some type of force and power, coercion or pressure

Definition of violence:

Applying **force and power** over another individual or individuals.

Violence may include physical, emotional, social or economic violence, coercion or pressure. Violence may be expressed in the form of physical abuse or threatening somebody with a weapon; it can also be more concealed in the shape of threats or other types of psychological or social pressure.

Applying **force** includes: Doing something under pressure or being forced to do it through physical, moral or intellectual means.

Abuse of **power**: Abuse prevents people from making free decisions and forces them to act against their will. Children are especially vulnerable to abuse due to their extremely limited power in any given situation. Moreover, children may be easily deceived and manipulated owing to their limited life experience.

Corecion: Forcing or attempting to force another individual to practice certain behavior against his or her will by using threats, verbal insistence, manipulation, deceit, cultural

¹¹ Global Initiative to End All Corporal Punishment of Children (2015), Corporal Punishment of Children: review of research on its impact and associations, Working paper. London: Global Initiative to End All Corporal Punishment of Children

expectations or economic strength.

The people taking care of a child do not always use forceful disciplining with the explicit intent to cause harm or injury to the child. Instead, their behavior is sometimes caused by anger and dissatisfaction, lack of understanding of the harm they may cause or limited knowledge of the methods of violence. Forceful disciplining early in life may be particularly damaging considering the higher percentage of physical harm, as well as children's inability to understand the motivation of adults, which causes them to commit an act of violence in the form of "corporal punishment" instead of using appropriate strategies to deal with the problems.

CAUTION!

Chronic exposure is more problematic than a one-off case!

Educating our children through methods involving "corporal punishment" is unacceptable and must be replaced by other positive forms and approaches based on shared respect and tolerance.

If we want to help children at risk, the first step we must take is to learn to recognize the signs and indicators of violence against children. Every child, at every age, may become a victim of corporal punishment.

For the purposes of the present Guide, we have prepared **Appendix No. 1, Recognizing the Indicators of the Types of Violence**

It is important for us to know that:

Corporal punishment of children as a form of practiced violence is harmful. There is no excuse for causing physical harm, emotional or psychological trauma, including sexual abuse as a method of corporal punishment.

Each of them may lead to the most damaging consequences – death resulting from the sustained injuries, suicide or murder.

Topic 4: Consequences for Children

"I learned a lot from slaps. I still remember them. Thank you, dad, for teaching me how to receive them and how to give them."

From the movie "My brother-in-law" (Mio cognato, 2003)

The Global Initiative has conducted over 200 studies which have established a connection between corporal punishment and a wide range of negative outcomes for children's health, development and behavior, which may haunt them in their adult life. These include but are not limited to death and severe physical injuries, mental and indirect physical injuries, impaired cognitive development, increased aggression, violent and anti-social behavior and severely dysfunctional relationships between a parent and his/her child¹².

Violence against children is related to certain mechanisms for survival established by the child. Often, when finding themselves in a situation involving violence, children are faced with the question of preserving their physical and emotional integrity. To do so, the child resorts to a number of specific behaviors through which he/she fights to survive:

- ▶ **Deviant behavior** - this type of behavior may be an expression of memories or emotions related to shame, anger, pain, which cannot be expressed through words and children give vent to these feelings in their behavior.
- ▶ **Denial and suppression** - a type of behavior which aims to "forget" a traumatic event. The child only remembers pleasant moments related to the abuser and ignores the conflicts. He/she may temporarily "forget" about the violence, or may have no memory of it altogether. If this "forgetfulness" continues for too long, however, it further aggravates the psychological imbalance, because the trauma cannot be recalled and recycled, which deepens the victim's isolation from other individuals.
- ▶ **Excuses for the violence** - the child constantly looks for different ways to justify what is happening. He/she vindicates either the abuser or his/her own resignation to violence. The victim's desire is to change his or her own conscience and memories since reality cannot be changed.
- ▶ **Psychosomatization** - another way through which suppressed emotions related to a traumatic event may be expressed - i.e. through their transformation into physical symptoms, such as headache, nausea, dizziness, diabetes, psychogenic asthma, etc.
- ▶ **Compulsive behavior** - children who are victims of violence often go back to the situation in which they experienced violence. They feel obliged to recreate the traumatic moment. Their effort to go back and relive the scene may be reduced simply to one obsessive memory. However, in certain cases, the entire behavioral pattern of the child may be altered - the child may aim subconsciously to find himself/herself in risky situations or relationships once more. The traumatic experience is so painful for the child and exceeds his/her capacity to recycle his/her

¹² Global Initiative to End All Corporal Punishment of Children (2015), Corporal Punishment of Children: review of research on its impact and associations, Working paper. London: Global Initiative to End All Corporal Punishment of Children

emotions to such extent, that he/she may be engulfed by a feeling of helplessness. It is precisely the feeling of losing control that leads to the psychological trauma. Reliving the situation over and over again is a way for the child to restore control in its imagination.

- ▶ **Acquiring the behavior of the abuser (identifying oneself with the abuser)** when the child has been severely abused, sexually or physically, the violent parent is perceived as omnipotent. In order to cope with the feeling of helplessness, the child begins to consider himself/herself just as powerful as the “abuser”. This is a way for the child to save himself/herself because he/she feels like an individual who has all the strength and doesn’t need to be afraid anymore.
- ▶ **Self-accusation** is the most typical reaction for the victims of violence. Almost always, the child feels an extra responsibility about what happened in a way that does not reflect the real situation. The child accuses himself/herself that somehow he/she has provoked violence through his/her actions or thoughts, or that he/she should have avoided it. Self-accusation is related to self-harming behavior, increasing requirements towards oneself, self-depreciation, etc. The constant feeling of guilt predetermines the child’s subsequent behavior. Without realizing it, the child begins acting like an individual that deserves to be punished. It is precisely that tolerance towards violence that makes the “victim of abuse” in childhood a potential “victim” as an adult.
- ▶ **A desire to help others** - often, this is the reaction which allows the victim of violence to overcome the trauma.

Changes also take place on a **neurobiological level**.

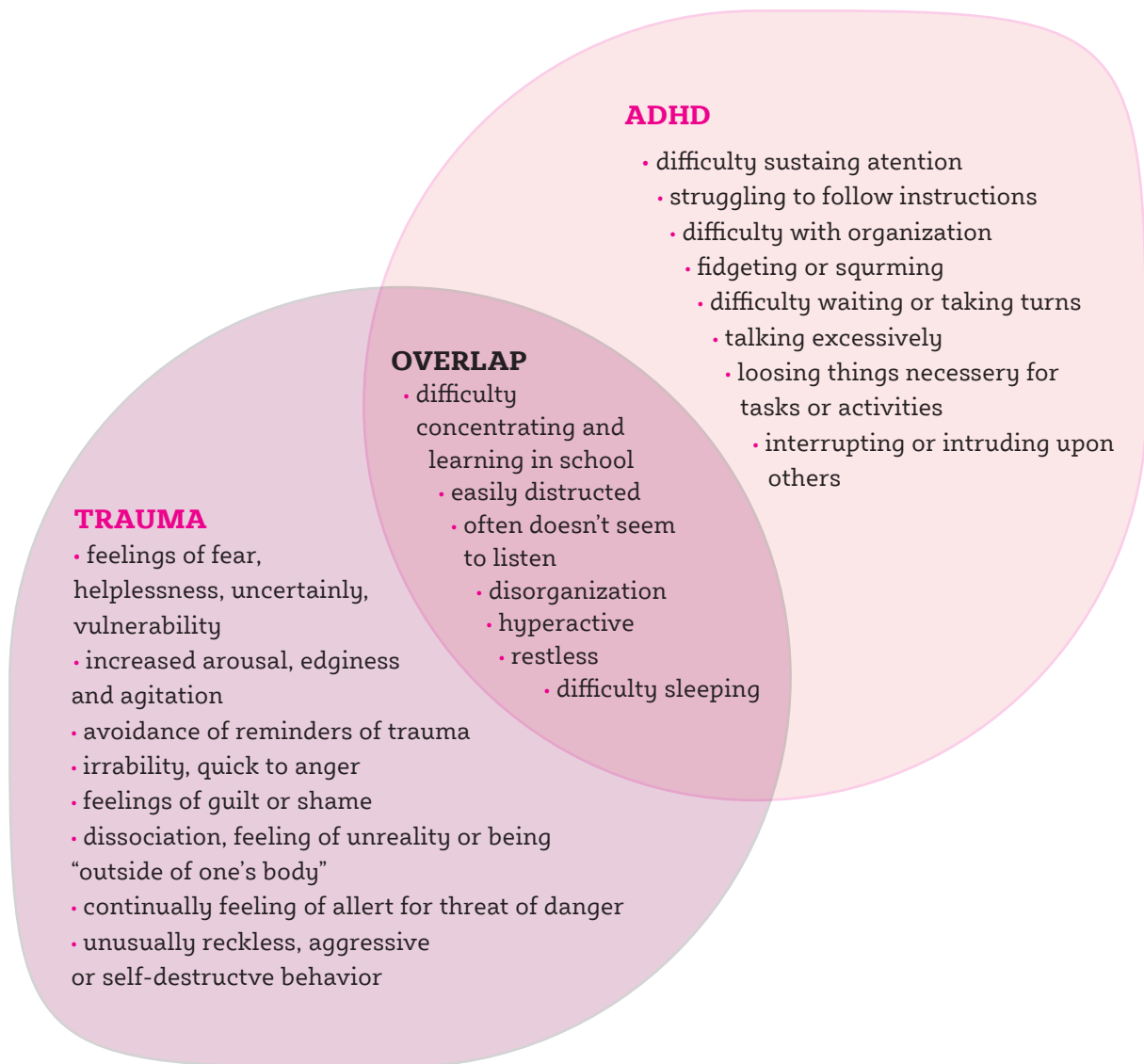
- ▶ **The brain interprets pain as threat.** When a parent hits his/her child, the child is faced with a paradox – “The person whom I look up to for protection, is hurting me.” This causes severe desynchronization, which may lead to the destruction of brain networks and nerve cells by the *stress hormone* – **cortisol**.
- ▶ Violence and ignorance may lead to **mental retardation** and emotional problems in genetically healthy children.

Many children victims of violence live in hope that one day, when they grow up, everything will be different.

The reality, unfortunately, is different.

A child whose personality was shaped in the setting of systemically practiced abuse is not prepared to establish another type of relationship – one that does not involve control and violence!

It is important for us to know that in school, the manifestations of any experienced trauma may overlap with other psychosomatic manifestations!



Module 1 Review

What did I learn?

Please read the statements below and decide to what extent you agree with each of them. Please circle the number on the right that best reflects your opinion. Do not hesitate – there are no right or wrong answers! In order to express your opinion, please use the following grades:

- 1 - completely disagree
- 2 - somewhat disagree
- 3 - neutral
- 4 - somewhat agree
- 5 - completely agree

Statements	completely disagree	somewhat disagree	neutral	somewhat agree	completely agree
1. Parents who beat their children do so only for their own good.	1	2	3	4	5
2. Corporal punishment increases the respect children have for adults (parents, teachers) and prompts them to study more diligently at school.	1	2	3	4	5
3. It is better to twist your child's ear or to spank him/her rather than scream or shout at him/her.	1	2	3	4	5
4. Children cannot be educated properly if they do not fear corporal punishment practiced by adults (parents, teachers).	1	2	3	4	5
5. If you spank a child or twist his/her ears, this will not cause him/her any harm.	1	2	3	4	5
6. It is acceptable to spank your child when he/she deserves it.	1	2	3	4	5
7. If the parent doesn't spank the child frequently, the child starts behaving improperly and ceases to obey.	1	2	3	4	5
8. If the parent is saying something and the child is not listening to him/her, the parent must spank the child.	1	2	3	4	5
9. A well-behaved child always listens to his/her parents.	1	2	3	4	5
10. Corporal punishment toughens the child's character and helps shape his/her personality.	1	2	3	4	5
11. The child may be punished physically when necessary but only by being lightly slapped.	1	2	3	4	5
12. Adults should not hit young children because they do not understand what is being said to them but older ones do and so should be beaten if they do not follow the instructions of adults.	1	2	3	4	5
13. Corporal punishment is a very good method to discipline your children and to teach them about what they should and shouldn't do.	1	2	3	4	5

Statements	completely disagree	somewhat disagree	neutral	somewhat agree	completely agree
14. Some children who misbehave only listen if you beat them.	1	2	3	4	5
15. Only bad parents beat their children.	1	2	3	4	5
16. Often, when nothing else helps, corporal punishment is the only method to reason with your children.	1	2	3	4	5
17. Teachers have the right to spank a misbehaving student but only in very rare cases.	1	2	3	4	5
18. Corporal punishment of children is acceptable but only in certain specific cases and as a last resort.	1	2	3	4	5
19. When the child won't listen, he/she should be beaten.	1	2	3	4	5
20. Parents are allowed to beat their children but the same is not true of teachers.	1	2	3	4	5
21. A parent may spank his/her son if he misbehaves but not his/her daughter because girls are more sensitive and may be hurt.	1	2	3	4	5
22. It is more justifiable for a mother to beat her child than it is for the father.	1	2	3	4	5
23. Teachers may practice corporal punishment of their children but not of their students at school.	1	2	3	4	5
24. Corporal punishment of children is extremely damaging to them.	1	2	3	4	5
25. Corporal punishment of children must be prohibited by law and adults who practice it should be liable to prosecution.	1	2	3	4	5
26. Corporal punishment of children is necessary in order to maintain order and discipline (at home, at school).	1	2	3	4	5



Module 2

Prevention and Intervention

Prevention of Corporal Punishment as a Type of Exercised Violence

In brief – what does this module include?

Using what we have learned so far, in the present module we will place emphasis on the knowledge about: which are the main reasons for the use of corporal punishment as a form of education; how can we operate with this knowledge; how can we create mechanisms limiting the corporal punishment as a form of education; which are the alternative, positive and supportive methods of education.

In addition, we will focus on how we can prevent and reduce risk and vulnerability as factors contributing to the use of corporal punishment by parents and authorities, as well as on how we can take the necessary actions based on mutual respect and tolerance in order to inform, empower and support.

This Module covers:

- ▶ A plan for prevention of the use of corporal punishment as a form of physical violence and emotional repression against children in the family and society.
- ▶ Risk prevention and intervention (groups at risk and contributing factors).
- ▶ Interventions aimed at preventing the subsequent re-emergence of the problem.
- ▶ Targeted actions for prevention: legal mechanisms for defense and psychosocial help, protection and rehabilitation.

Aims

By the end of this second Module, we will be experienced enough:

- ▶ To point out the main **elements for prevention** of corporal punishment and **methods for intervention**, along with what we can substitute corporal punishment with.
- ▶ To command the knowledge needed to design measures for prevention, including methods for collection of information, identification of **risk factors and groups at risk**, and multidisciplinary teamwork.
- ▶ To develop skills necessary for the **development and implementation of a strategy for intervention** in a situation where corporal punishment of a child is being practiced.
- ▶ To cultivate sensitivity to corporal punishment as a dysfunctional method of education and work towards its **substitution with different positive approaches and forms of education**.

Context

In this second Module, we will build up our knowledge and understanding of corporal punishment of children. This will help us develop skills for dealing with it through various methods of prevention. It will also teach us how to apply efficient measures for prevention and reaction in cases of practiced corporal punishment of a child.

Furthermore, this module will sharpen our assessment when faced with the situation of “a child at risk”. We will learn how the interconnections and relations between all participants in a case of a child victim of corporal punishment have been settled through multidisci-

plinary work and use of the coordination mechanism, along with the ways to deal with the situation by applying the principle of a “child-centered” approach.

Self-reflection

The good practice for successful partnership and coordination when working on a case of a child victim of abuse requires:

- ▶ A common understanding of the problem;
- ▶ A statement on our views and mission shared by everyone;
- ▶ Setting significant partnership goals and operative tasks along with coordinated strategies on how to execute those tasks;
- ▶ The engagement of each partnering institution, including its regular and active participation;
- ▶ Choosing an individual – a key specialist – responsible for maintaining the decision making process;
- ▶ A written action plan and development of the partnership in terms and deadlines;
- ▶ A responsibility to apply the provisions of the negotiated agreements in a regional partnership in our own organization;
- ▶ A coordinator in charge of local partnerships (could be rotational);
- ▶ Ensuring a minimal quantity of key resources aimed at maintaining the partnership (staff, funding, materials, etc.);
- ▶ Analysis of the status-quo and the need for changes;
- ▶ A process of regular consultation with the parents of the abused child;
- ▶ A regular evaluation of the activities and their adaptation;
- ▶ A connection between the activity of the regional partnership and other related initiatives.

Topic 1: Prevention as a Definition

“Power is of two kinds. One is obtained by the fear of punishment and the other by acts of love. Power based on love is a thousand times more effective and permanent than the one derived from fear of punishment.”

Mahatma Gandhi

What is prevention?

Prevention (from Latin: *praeventio* – anticipate, warn)

Prevention is based on the conviction that the elimination or attenuation of a problem and its impact requires an evolving approach implemented before the problem has occurred. Prevention means that we need to take certain actions and refers to the measures which deal with the main reasons behind the problem through the effort of the entire community and the mechanisms for participation of every individual. Prevention focuses on information campaigns and the popularization of health as a physical, psychological and social state of well-being, as well as improving the health of the entire society.

Public health involves a set of activities managed by the community, aimed at improving the health of the entire population by promoting PREVENTION in order to decrease the emergence of diseases and potential risk factors, including risky behavior, which also pertains to the use of corporal punishment of children.

Why prevention?

In the literature, we have encountered a number of different interpretations of the three levels of prevention – namely, the distinction between primary, secondary and tertiary prevention, yet it is always “more artificial than real”.

- ▶ Prevention may be seen as a proactive, defensive and ascending approach, which means that the problem or risk is eliminated before it emerges;
- ▶ Prevention features actions or activities aimed at overcoming the main reasons behind the problems;
- ▶ Prevention puts the emphasis on the participation of the community and the importance of communication;
- ▶ Prevention focuses mainly on population-based practices rather than individual-based ones.

By turning our attention to the phenomenon discussed and examined herein – namely, corporal punishment of children as a form of physical violence and emotional repression – our focus and efforts will show us how to reduce risk and promote protection in order to guarantee the well-being of children, their families and the society as a whole by considering key factors, such as:

- ▶ Consolidating individual knowledge
- ▶ Mobilizing the community and the society
- ▶ Professional training
- ▶ Encouraging education in the society
- ▶ Interventions implemented before the beginning of the problem or a recurrent event
- ▶ Prerequisites: believing in “early intervention” and “non-criminal approach”
- ▶ Providing access to quality services
- ▶ Encouraging the establishment of coalitions and networks
- ▶ Influencing policy and legislation

Topic 2: Overview of Preventions and Interventions

“Fear of corporal punishment obscures children’s awareness of the compassion underlying the parent’s demands.

Marshall B. Rosenberg

We will begin this module by recalling the **main reasons and factors which contribute** to the use of corporal punishment of children by parents and other authorities and by reminding how they determine the **design of preventive measures**.

We will examine the strategies for prevention by presenting them through the ecological framework and the different child-centered approaches based on children’s rights and the development of the community.

We will also look at one of the promising areas of the prevention of corporal punishment of children: working with all subjects involved in the process.

Main reasons

The main reasons behind the corporal punishment of children include society’s treatment of children and the use of transgenerational practices for education based on the strength and power of parents in the family environment.

As we learned in Module 1, preventing the corporal punishment of children as a form of violence includes tackling the main reasons behind it.

The reasons to practice corporal punishment as a method of educating a child may be classified roughly into three categories:

- 1) The parent loses self-control due to exhaustion and distress;
- 2) The parent believes that violence is justified and uses such disciplinary methods systematically;
- 3) The parent behaves cruelly towards the child due to a psychiatric or other health problem or substance abuse.

Two key factors emerge which prompt parents to feel:

- ▶ **Overly responsible** without being sufficiently empowered in advance by **mastering the knowledge and skills needed for the upbringing of their children**; the skills needed to recognize the age-specific traits, needs or emotional conditions of their children **or**
- ▶ **Uncritically exercising power and control**, intrinsic to their status as parents, thereby **remaining indifferent** to the child’s needs as an individual and the consequences of corporal punishment on the child’s psyche.

As previously noted in Module 1, parents usually find themselves in a position of **full responsibility** (deprived of a supporting environment), without possessing the necessary information on what is in the best interest of their child.

On the other hand, burdened with the **strength and power** meant to be exercised during the upbringing of their children, as has been the case for many generations, parents very often fall into the trap of “giving orders”, thus being excessively controlling. This constitutes a reaction-formation directed against admitting the feeling of stress, anxiety and depression. Often, parents force themselves and their children to play strictly-defined roles in a game of power, with children being placed in the position of subordinates. By using corporal punishment, those who practice it aim at preserving their privilege, power and control.

Therefore, it is extremely important to include all parties in the family relationships – children, parents, authorities and individuals from the immediate environment – in the recognizing, mastering and integrating of a series of **substituting educational techniques** which demand respect for our own physical and psychological space, as well as those of others. They will let the child feel physically and emotionally secure, protected and looked after, and will provide parents with comfort and satisfaction.

Contributing factors

The prevention of the corporal punishment of children also includes dealing with situation-specific factors, which contribute to or increase the risk. These factors include:

- ▶ Society’s attitude and understanding of the problem;
- ▶ The actions and conduct of governmental and non-governmental organizations, incorporated into the system for child protection;
- ▶ The opportunities and mechanisms for social and judicial protection and support.

Sometimes, even the way in which supporting services are provided may itself increase the risk of dysfunctional parenting.

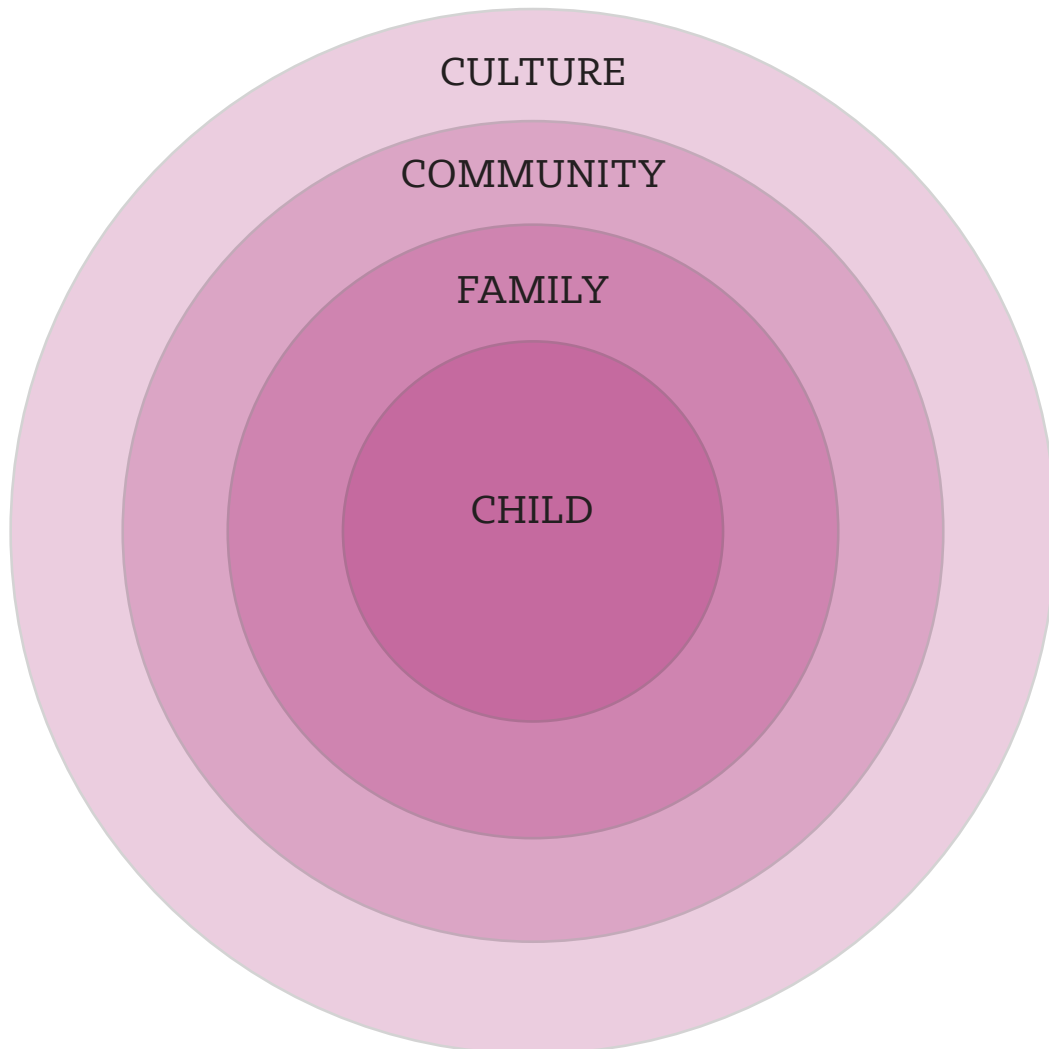
In certain cases, psychosocial and legal interventions conducted without a prior highly-professional assessment of the context, reasons, parental capacity, concomitant factors which determine the type of parenting and formulation of the specific case which determines any specific subsequent actions – all this may have a negative influence on an already dysfunctional relationship between parents and children.

Ecological framework and prevention

Considering everything that was presented above, it is clear that the so-called ecological framework may be useful for understanding the factors which cause or contribute to corporal punishment. This framework helps us to not only examine the problem, but also to consider both the primary reasons and the factors which play a key role in the practicing of corporal punishment as a form of education leading to significant consequences for the individual – a victim or an abuser, communities or societies which carry specific risk of violence.

Let us examine in detail how the ecological framework allows us to present and review specific methodologies for work with children of different age groups. These methodologies have been developed and tried over time as strategies for prevention of CP.

The ecological framework method



1. **At the individual level**, the main method for decreasing the risk of CP as a form of violence is through programs for primary prevention, secondary prevention for groups at risk and tertiary prevention (intervention) for victims of abuse. At this level, we mostly have direct interventions, which aim at answering the needs of empowering, psychosocial and legal support for victims of violence or families at risk and facilitating the rehabilitation of individuals.

2. **At the family level**, parents are enlisted in programs aimed at **helping parents improve their parenting skills**. These programs offer an alternative for dealing with everyday challenges. They also work for empowering authorities to prevent problematic situations related to CP. The emphasis is on using positive rather than negative parenting practices, so that the child can receive adequate and proper care, education and upbringing.

The sources featured in the methodologies include information on: recognizing, under-

standing, integration, claiming and protecting personal boundaries and rights, empowering, gaining new knowledge and skills, training professionals to be able to make decisions.

3. **At the community level**, it is important to examine the key challenge that we, professionals, face. Namely – how to react in a most efficient way in a case of a child victim of CP, so that his/her interest can be defended in the best possible way while preserving the child's dignity.

The emphasis is on the positive practices in cases of children at risk – by applying the **Coordination mechanism for interaction when working with children victims of violence or at risk of violence and for interaction in the case of a crisis intervention**¹³. This is the place for us to clarify that we will not focus on the goals, functions, participants, etc. when applying the coordination mechanism. We will rather turn our attention on how to manage the case in such way so as to provide a *coordinated specialized child protection service ensuring safety and support*.

4. Another important moment is the support **at the level of the society**. Citizens should become more independent and more proactive in terms of being socially, politically and economically engaged in improving their way of life and relationships.

As we underlined so far, all interventions at all levels must be designed and applied with the help of a child-centered approach based on children's rights and the development of the family and community.

13 In order to improve the work with children victims of violence in Bulgaria, the Coordination Mechanism for Interaction in Working in Cases of Children Victims of Violence or at Risk of Violence and for Interaction in Crisis Intervention was adopted on March 15 2010. The Mechanism was adopted by all institutions that are protection authorities. The Chief Prosecutor's Office also joined to it. The Coordination Mechanism clearly defines the significant position of all governmental and non-governmental organizations in working with a specific case of an affected child and the inclusion of the whole relevant environment in his/her protection.

Topic 3: Multidisciplinary Interventions, “Case Management”

“Instead of playing the game “Making Life Wonderful”, we often play the game called “Who’s Right”. Do you know that game? It’s a game where everybody loses.”

Marshall B. Rosenberg

Definition: A multidisciplinary approach is one where one and the same problem is examined from the point of view of more than one disciplines. Often, the words “multidisciplinary” and “interdisciplinary” are used as synonyms, describing the aim to build a bridge between various disciplines.

Oxford’s Online Dictionary offers the following definition of the term: “Combining or involving several academic disciplines or professional specializations in an approach to a topic or problem”..

A multidisciplinary approach

As indicated above, working on cases of children at risk requires consideration and adequate assessment of the impact on the physical integrity, psyche and personality of the abused child. That is why a multidisciplinary team gets involved on the case, which includes specialists with different level of expertise, as well as various authorities, services, organizations and subjects, including representatives of the RDMI, the Court, the Prosecution, the Municipality, RDSA, DSA, DCP, school authorities, physicians, lawyers, NGOs and others who engage with the case of the abused child.

Coordinating the efforts of all participants and the methods for dealing with the situation, all while applying the child-centered approach may only happen if we follow the good practices for case management, which are described below.

Case management

Managing a case means providing help which answers the individual needs of an adult or a child at risk or a victim of abuse by uniting the responsibility to provide an accurate assessment with the coordination of the services in the face of a sole professional (social worker, psychologist, psychiatric) or an entire team.

In the process of evaluating the specific topic of corporal punishment of children as a form of physical punishment and emotional repression, it is important that the tasks, which the person managing the case faces, focus on the following things:

1. **Evaluation of the needs and resources** – getting a clear idea of the needs and strong traits of the child.

2. **Care planning** – based on the assessment, the person managing the case monitors the preparation of an easy-to-follow plan, which includes clearly defined goals (strictly coordinated with the Department of Child Protection).

3. **Executing the plan** – the plan must be set in motion with the cooperation of the child's parents/guardians/people supporting the child, as well as all the institutions whose activity best corresponds to the different needs determined initially.

4. **Follow-up** – the person managing the case should consistently monitor and reflect on the execution of the set goals.

5. **Review of the achievements** – in this stage, everyone who was related to the execution of the plan takes part in the assessment of the outcome of the planned interventions. Since this assessment requires an evaluation of the current needs and strong traits of the child, the review may be considered a second evaluation.

These tasks do not represent a series of separate events. They take place at the same time and are interrelated. The good practice is based on clearly defined **leading principles**:

- ▶ **Focusing on the strong traits of the child**, not on the problems and the pathology. The person managing the case should develop the ability to see the strong traits and skills of the child, rather than focus entirely on the negative sides. This, however, doesn't mean that he/she shouldn't take into account any co-existing difficulties which may worsen the problems of the abused child. In this way, the child turns into an active participant in determining his/her fate through development, recovery and broadening of his/her skills or those of the people around him/her.

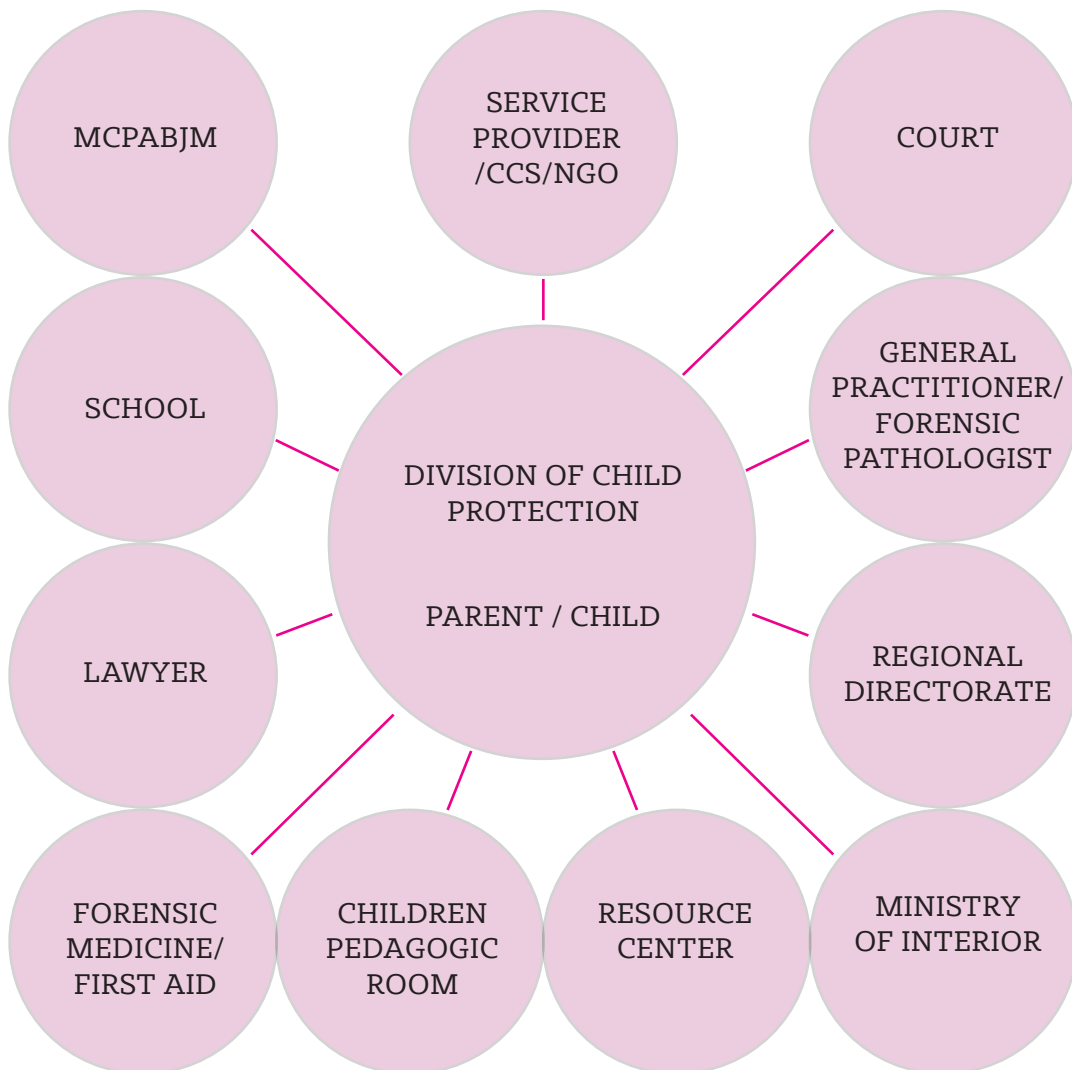
What the child needs is respect, honoring his/her dignity, the chance to make a choice and certain support which answers his/her needs and at the same time nurtures his/her autonomy.

- ▶ **The connection between the person managing the case and the child is of key importance** - despite that, this connection is not "normal", such as the relationship with a friend, relative or colleague. The person managing the case is always in a position of power and forgetting that this may have dangerous consequences. The good and professional practice recognizes this power and avoids abusing it by creating, to the extent possible, a connection of cooperation (determining factors, which were covered in Module 1).
- ▶ **Interventions are based on the principle of the free will of the needy child** - freedom of choice is linked to an increased power felt by the child who requires support and by those taking care of him/her as they make important decisions about the child's life. The child gives the main direction of work, to the extent to which this is possible. Work should aim at achieving the goals stemming from the child's needs and preferences.
- ▶ **Active case management, which involves going on site to meet the abused child** - is a good form of intervention – the child, having found himself/herself in a position of social, psychological and physical dysfunction, needs "on-site" assistance, such as mediation between the child and the social environment, the family, the different institutions. The evaluation of the case will be more reliable when conducted in the specific environment and with the participation of other important individuals in the child's life. In this way, the person managing the

case succeeds in earning the trust of the child's supportive environment and the key institutions in that particular case, thus ensuring adequate cooperation. This allows the person managing the case to engage key figures in the evaluation and follow-up, thereby significantly increasing continuity and support.

Steps, no matter how small, which lead towards the goal chosen by the child, should be encouraged. In this way, the achievement is consolidated and the child begins to realize that he/she is able to change the environment and his/her role in it. Capturing and upgrading on these barely visible steps is one of the basic skills when managing a case.

In order to illustrate what was said above, we offer a DIAGRAM summarizing the work on a case of an abused child:



And, if we want to be efficient in our work, it is important that all participants get familiar with the dynamics and effects of a CPC. We need to have a common understanding of case management by observing the following main

PRINCIPLES:

- ▶ The abused child should be in the center of every intervention;
- ▶ A safe and positive experience for the abused child during our work with him/her;
- ▶ Partnership and cooperation between the institutions – an efficient way to support a child at high risk of violence and harm due to CP;
- ▶ Implementing non-discriminative interventions and services and avoiding any form of accusation of the abused child;
- ▶ Ensuring a key specialist who should provide support to the abused child and should defend his/her needs and interests;
- ▶ Independent intercession on behalf of the child and defense of his/her rights;
- ▶ Defending the right of the abused child to a life free of violence, to empowering and self-determination, as well as to confidentiality;
- ▶ The corporal punishment of children is a public, not a private matter;
- ▶ The abused child is not responsible for being the victim of an act of violence. There is no excuse for violence!
- ▶ Ending insulting behavior towards the abused child. Those who practice it should be held responsible.

These principles form the basis of all actions carried out by all organizations who fight for prevention of the corporal punishment of children. Therefore, the most important message for all of us is:

**A life free of violence is a basic human right,
not a privilege!**

Following the above-mentioned principles will facilitate the work on cases of children at risk through applying a multidisciplinary approach of coordinated interventions, which will be further discussed in the next topic – No. 4.

Topic 4: Coordination

The present part of the module is dedicated to the challenge of finding an answer to the question: How to react in case of an abused child so that his/her rights, personal boundaries, dignity, right to study and improve and to recover after suffering such a trauma can be defended in the best possible way?

The emphasis will be on the positive practices in cases of children at risk when the **Coordination mechanism for interaction when working with children victims of violence or at risk of violence and for interaction in the case of a crisis intervention** should be implemented.

To make things clear, we would like to state that we will not devote time to examine the goals, functions, participants, etc. during the implementation of the coordination mechanism; rather, we will learn how to MANAGE THE CASE in such way so as to offer *specialized child protection by ensuring coordinated safety and support*. As a practical illustration of the entire mechanism, we will present a real case from our practice, which has been thoroughly described as a step-by-step process and dynamics in Module 3, Topic 3.

What is coordination and a coordination mechanism?

The general term “coordination”, used in the social sphere and in the field of human rights protection regarding a child at risk, may be defined as a mechanism for development and optimization of a procedure and actions in response to the needs of children and their families in need of multidisciplinary support and protection.

The **Coordination mechanism for interaction when working with children victims of violence or at risk of violence and for interaction in the case of a crisis intervention** was adopted on March 15, 2010 in order to optimize our work with children victims of violence in Bulgaria. The mechanism was adopted by all institutions on child protection. The Chief Prosecutor’s Office also jointed the initiative. This Coordination mechanism clearly underlines the key role of all governmental and non-governmental organizations in the work on a specific case of an abused child and the inclusion of the all significant individuals from the child’s circle in his/her support.

Risk assessment

It is important that all of us as professionals have the knowledge to make a basis assessment of the risk for the abused child, as well as the skills to respond to his/her urgent needs in order to improve the child’s safety.

When the abused child is unable to speak or his/her emotional maturity doesn’t make it possible for us to ask questions, we can use appropriate game techniques and skillset, through which we can assess the risk.

When the child can be listened to, especially in cases of children aged 10 or above, the urgently needed measures to improve his/her safety may be identified not only through an appropriate skillset, but also by asking questions, such as:

- ▶ Do you feel safe enough to go back home?
- ▶ Do you need help finding a safe place to stay?

- ▶ Are you hurt?
- ▶ Do you need emergency medical assistance?
- ▶ How can I reach you if I lose track of you?
- ▶ Do you have any friends or relatives who can support you?
- ▶ Others, in line with the specific conditions of the case.

These questions will help the participants in the Coordination mechanism to identify the child's urgent needs. For a more detailed risk assessment, the abused child should be referred to specialized institutions for support and services working with children victims of violence that can develop a more comprehensive individual plan to ensure the child's safety and may conduct a more adequate risk assessment.

Recognizing the child's central role in the identification of risks and safety management:

- ▶ The most valuable source of all the necessary information is the abused child;
- ▶ Empowering, support and earning the trust of the abused child;
- ▶ All rights and responsibilities should be clearly defined, discussed and coordinated as part of the partnership;
- ▶ Advocacy for the rights of the abused child should be provided as part of the partnership;
- ▶ The institutions remain responsible and act consistently, guaranteeing that the actions they take and the support they provide are coordinated;
- ▶ Conveying the information in due course, should there be any changes in circumstance.

The benefit of a child-centered approach

The abused child plays an active role in the choice and implementation of measures ensuring his/her safety.

- ▶ The abused child is listened to.
- ▶ The abused child receives an answer.
- ▶ The safety management strategy is a common deed.
- ▶ More likely to succeed.
- ▶ Creating a network of specialists who provide support and help build the abused child's trust.

Topic 5: Framework for Intervention (Legal and Psychosocial Help, Protection and Rehabilitation)

In this part of Module 2, we will stress how critical it is in the case of a child at risk or a child victim of violence to follow the Law of the state, which protects children, as well as all directives and norms at the European level pertaining to the right to a life of dignity, free of violence.

In this part of the Guide, we will emphasize on the extent of responsibility carried by the state and, respectively, by the authorities and organizations for child protection. We will also discuss how we can use the legal basis in order to deal with the situation once we have identified a case of child abuse at home, in the kindergarten, school, accommodation centers for families and other institutions where the child is placed in the care of parents/guardians/custodians or other individuals who look after him/her.

When working with children, it is of great importance to follow the principles and provisions of UN's Convention on the Rights of the Child¹⁴. According to international law, "corporal punishment" is indirectly considered a form of violence against children, which falls within the range of Article 19, Article 28, Paragraph 2 and Article 37 of UNCRC. Furthermore, the Committee on the Rights of the Child has issued General Comment No. 8/2006¹⁵, through which it encourages countries to take measures against **all forms of corporal punishment**.

Article 19 of UN's Convention on the Rights of the Child (UNCRC) stipulates that:

1. States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.

2. Such protective measures should, as appropriate, include effective procedures for the establishment of social programs to provide necessary support for the child and for those who have the care of the child, as well as for other forms of prevention and for identification, reporting, referral, investigation, treatment and follow-up of instances of child maltreatment described heretofore, and, as appropriate, for judicial involvement. "

According to Articles 2 and 3 of the Convention for the Protection of Human Rights and Fundamental Freedoms, "everyone's right to life shall be protected by law" and "no one shall be subjected to torture or to inhuman or degrading treatment or punishment".

14 UNCRC, Article 19 à <https://www.cypcs.org.uk/rights/uncrcarticles/article-19>

15 UN, CRC (2008), General Comment No. 8(2006): The Right of the Child to Protection from Corporal Punishment and Other Cruel or Degrading Forms of Punishment.

Following on from the above norms, ECtHR¹⁶ has conducted an analysis regarding the most severe forms of violence against children within the scope of Articles 2 and 3 of the Convention. Thus, the Court has determined the respective obligations of the states in cases where children are placed in institutions under the state's jurisdiction. In addition, if a certain type of behavior or situation reaches a degree of severity, which allows it to be accepted that inhuman or degrading treatment, as indicated in Article 3, has been applied, the state has the positive obligation to protect children from maltreatment, including such applied by private entities. The Court has ruled that situations such as long-term neglect by the parents¹⁷, multiple cases of sexual abuse by teachers¹⁸, as well as individuals who have the care of the child, rape¹⁹, or corporal punishments²⁰ fall within the range of Article 3 of ECnHR.

As part of European Law and in accordance with the Law of the Council of Europe, the following positive obligations are imposed on Member States:

- 1. States have the obligation to guarantee that children are effectively protected from violence and the harmful influence under all conditions.**
- 2. States have the obligation to ensure a suitable legislation for child protection.**
- 3. States must investigate effectively any claims related to acts of abuse, violence and harmful influence, the victims of which are children.**

The positive obligations of the state are different in any particular case but its main obligation is to ensure effective protection from violence, as well as to undertake special measures and guarantees regarding child protection.

The term “corporal punishment” does not exist in the legislation of the Republic of Bulgaria. Instead, terms such as “violence”, “harm” and “damage” are used in the legislation. In order to fill the legislative niche, it is important that we undertake measures to regulate the relationships linked to the practicing of corporal punishment of children as a method of education. As present, however, there is a lack of initiative on behalf of the state to deal with CPC (see Appendix No. 6 – Microanalysis of the preliminary study on the views on corporal punishment of children in Bulgaria).

Since 1999, the Child Protection Act has been part of Bulgarian legislation. It introduced a ban on the use of physical punishment as a method of education of the child by formulating the right of the child “to protection from methods of education violating the child’s dignity, physical, psychological or other violence and forms of influence that run counter to the child’s interests” (Art. 11 , Par. 2 of the CPA). For the first time in family law, the new Family Code (FC, published, State Gazette, issue 47 of 23.06.2009, into force as of 01.10.2009) **im-**

16 Data regarding the legal analysis of the Council of Europe and the ECtHR are based on the Handbook on European law relating to the rights of the child.

17 ECtHR, decision of June 18, 2013 on the case of Nencheva and Others v. Bulgaria.

18 ECtHR, decision of May 10, 2001 on the case of Z and Others v. the United Kingdom.

19 ECtHR, decision of January 28, 2014 on the case of O’Keeffe v. Ireland.

20 ECtHR, decision of December 4, 2003 on the case of M.C. v. Bulgaria.

poses such a ban on the use of violence, as well as methods of education which undermine the child's dignity (Art. 125, Par. 2²¹ of the FC) by parents. These texts introduced the right of the child to protection from violence, including within the family, as outlined in Art. 19, Par.1 of UNCRC.

According to Art. 4 of the Child Protection Act, **measures related to child protection in Bulgaria** are to be taken in the following order by means of: **cooperation, support and services within the family environment; placing the child under the custody of relatives or confidants; placing the child under the custody of an adoptive family; placing the child in a specialized institution; police protection.**

In summary of the above, it is clear that the **corporal punishment of a child** has been recognized as a violation of the child's right to life **free of violence. The same goes for methods of education which undermine the child's dignity.**

Undoubtedly, a child victim of corporal punishment is a “child at risk” under Par. 1, Item 116. of the definition of CRCPA, which states that a “child at risk” is a child which has been **a victim of abuse, violence, exploitation or any other form of inhuman or degrading treatment or punishment within or outside the family.**

In addition, every state should pass legislation which introduces an “explicit ban on all forms of corporal punishment of children which may have an impact on their physical integrity, dignity, development or psychological well-being”²².

Despite the European Law, the Law of the Council of Europe, the practice of the ECtHR and the legislation in force in the Republic of Bulgaria, it is no less of a challenge for us to deal with the phenomenon of “corporal punishment of children”, as long as we follow the attitude of society on the right of children to protection against corporal punishment.

The social services provided for children victims of violence in Bulgaria are related to: social and psychological counselling of children and families; therapeutic work with children and their families; counselling and providing information, inter-institutional mediation, escort, legal counselling, emergency admission. Part of the service providers also work on municipal or regional programs for prevention of violence.

The topic of “corporal punishment” and its consequences, however, is yet to be comprehensively considered by our society. We disagree with the commonplace attitude that we can force children not to enforce their position by beating them. The law encourages the solving of disputes through other means – something, which all of us are yet to learn. The same goes for the abandoning of psychological violence – insults, ridicule, and underestimation – during the education of our children.

How are parents supported by state and municipal authorities, civil organizations and school authorities?

The first goal of the legislative reform banning “corporal punishment” of children in the family is prevention: preventing violence against children through a change in the stereotypes and practices by emphasizing the right of children to equal protection, providing an unequivocal basis for child protection and encouraging positive and non-violent forms of upbringing, which include the participation of the child itself.

Children learn from everything adults do, not only from the things they say. When the adults

21 Art. 125, Par. 2 of the FC “the parent has no right to use violence, as well as methods of education which undermine the child's dignity”.

22 ECtHR, Association for the Protection of All Children v. Slovenia.

for whom the child has a deep affection use violence and humiliation in their relationship with the child, they set an example of violating human rights and send a strong and dangerous message that these are legitimate ways to solve conflicts or alter someone's behavior.

Although examples of good practices in Bulgaria, which are outlined in a number of reports, can be found all over the country, they are not implemented in a consistent way by representatives of the NGO sector and no unified standard in that aspect has been issued.

Module 2 Review

Dear colleagues, professionals, authorities, and all of us who have the desire and consider it a priority to work in the name and for the well-being of children,

At the end of this Module, it is important for us to emphasize that the search for resources always exceeds the boundaries of traditional legislation and psychological and healthcare services. We need to reconsider the problem and look at it in its entire magnitude, realizing how important it is for each and every one of us to participate with his/her own civic position and sensitivity, his/her own knowledge and persistence, so that the resources of friends, relatives, communities and the entire society may be actively mobilized.

As we aim to solve this problem, Society should be viewed as a resource, not as an obstacle.

Practical aspects of the topic

In order to plan an intervention in a proper way, we not only need the basic knowledge gained so far. We also require specific, particular knowledge which may help us make an adequate assessment and subsequent formulation of the physical and mental status of the child, as well as of the relationships within the family and the child's close environment, which may carry a tangible risk for the child.

How can we recognize that the person taking care of the child is practicing corporal punishment?

When working with children and especially when we have to apply our knowledge in order to make an evaluation of a given case of a child at risk or a child victim of violence, it is of key importance for us to follow certain key steps for observation which will give us the chance to make our formulation and to take all the necessary actions.

In other words, we can suspect physical violence against a child when a parent or another adult taking care of the child:

- ▶ Uses strict forms of **corporal punishment** against the child;
- ▶ Recommends that teachers or other individuals taking care of the child use corporal punishment when the child misbehaves, in order for him/her to become disciplined;
- ▶ Refuses to accept that problems exist and instead blames the child for problems at home and at school;
- ▶ Describes the child as “bad” or characterizes him/her in a negative way (as unworthy and a constant burden);
- ▶ Constantly accuses, underestimates or reprimands the child;
- ▶ Shows in interest and refuses to receive help for dealing with the child's problems;
- ▶ Sets certain bars for the child's physical, corporal and educational development which the child cannot reach;
- ▶ Uses the child solely to satisfy his/her emotional needs;
- ▶ Has been abused as a child;

- ▶ Provides contradictory, unsatisfactory explanations, or no explanations at all for a given trauma suffered by the child;
- ▶ Publicly renounces (rejects) the child.

The possibility of abandonment is likely when the parent or the individual **who takes care of the child**:

- ▶ Shows clear indifference towards the child;
- ▶ Is prone to passiveness and depression;
- ▶ His/her behavior is unwonted or strange and inexplicable;
- ▶ Drinks alcohol or uses other substances (drugs).

The possibility of sexual abuse is likely when the parent or the individual **who takes care of the child**:

- ▶ Is excessively overprotective and severely limits the contact between the child and other children, especially from the opposite sex;
- ▶ Is secretive (mysterious) / hides from people and is isolated;
- ▶ Is jealous and exerts control over other members of the family.

The parent and the child:

- ▶ Rarely touch each other or look at each other;
- ▶ Consider that their relationship is entirely negative;
- ▶ State that they dislike each other.

None of the above signs proves that there's a case of child abuse in a given family. Each of them may be observed at a given moment in either a parent or a child. However, when these signs appear repeatedly or at the same time, this should prompt us to pay more attention to the situation

For the main indicators for recognizing that a child has been a victim of different forms of violence, see Appendix No. 1.

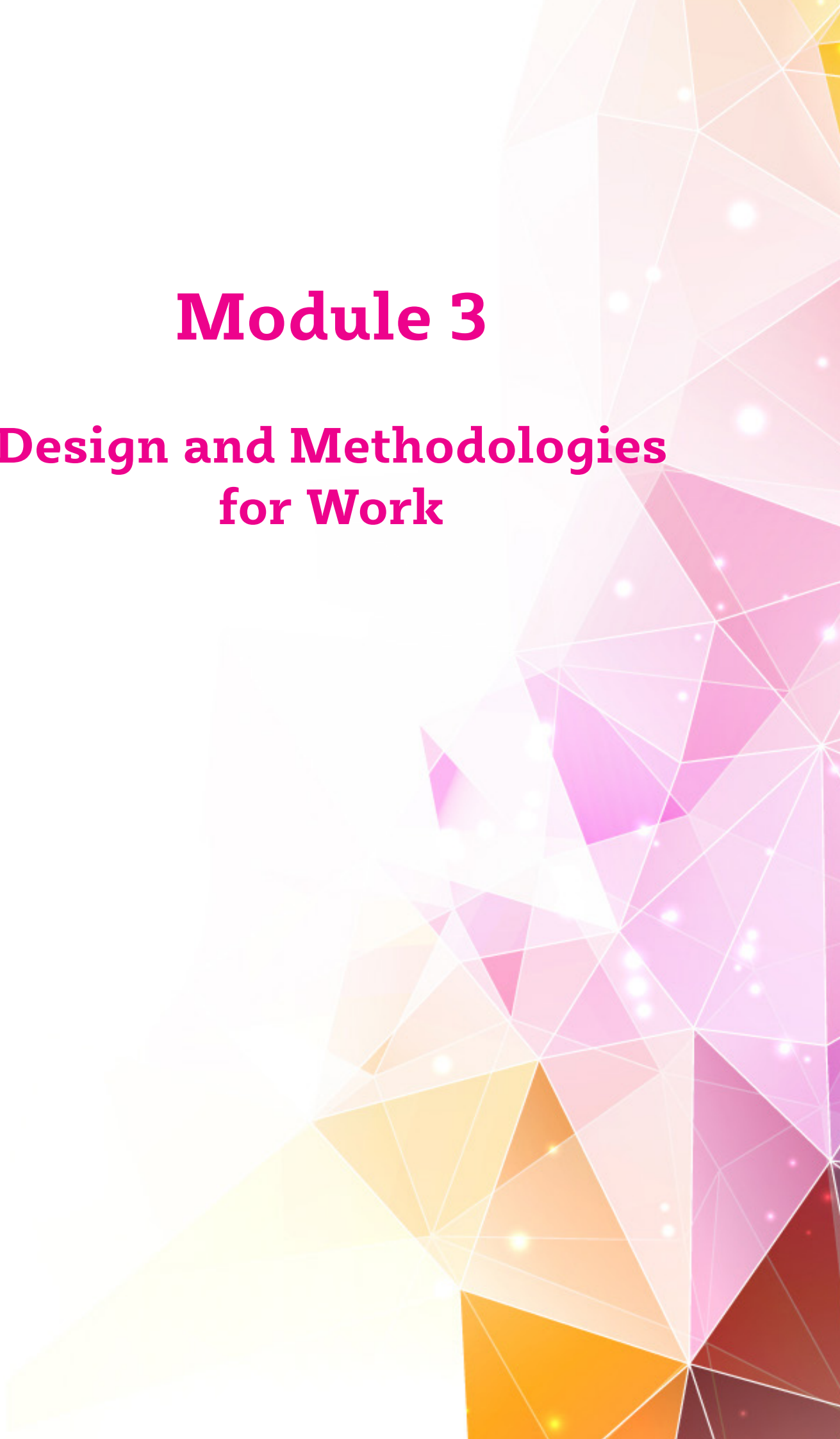
Connection with other topics...

In order to use everything we have learned so far and to move towards some real initiatives for prevention and intervention, we will anyway have to make an adequate evaluation of the actual situation in all its aspects and to consider how the identified trauma affects the physics, mentality and personality of the abused child.

Before we can use this knowledge for dealing with the corporal punishment of children and implement efficient measures for prevention and reaction in cases of CP as a form of physical violence and emotional repression, we should also remember that prevention and intervention programs for support must be practiced by professionals who have been previously trained to work in a team of specialists, involved in the system for child protection.

Module 3

Design and Methodologies for Work



Finding an Alternative for Dealing with the Corporal Punishment of Children and Substituting It for Positive Methods of Education

Dear colleagues and friends, this is where we get to the part that concerns our direct work with children. Children are human beings with their own personal value, significance and place, with their own desires and experiences, with their own need for love, warmth and cordiality, just like every single one of us! Before we continue with our detailed examination of the techniques and mechanisms we will use when working with children of different age groups, let's remind ourselves that as professionals, we probably have a lot to give but also just as much to learn and improve in the process of working with our children. We hope that our relationships with these young "adults" will open our eyes and ears, make us more sensitive and more careful with the messages we send.

Because, as an Indian proverb says: **"A wise man is not one who claims to know everything but one who can learn from everyone!"**

In brief – what does this Module include?

Module 3 of the present Guide is devoted to practical METHODOLOGIES developed and tested over time, which will present directions for work on primary, secondary and tertiary prevention of the corporal punishment of children, by placing an emphasis on recognizing, accepting and empowering children, parents and authorities.

The methodologies were developed as programs which provide information and aim at empowering children of different age groups, supporting parents and authorities, improving their skills for dealing with everyday challenges and establishing strategies for dealing with situations of conflict.

The emphasis is on the use of positive rather than negative practices so that the child may receive appropriate and healthy skills, care, education and upbringing.

Aims

This part of the Guide is more practical and its aim is to provide guidance regarding the use of different methodologies which target:

- △ Children aged 3–6;
- △ Children aged 7–18;
- △ Adolescents in the upper grades of secondary education (future parents) and parents.

The inclusion of three practical methodologies for work with children and individuals of different age groups in the Guide "My Personal Body – Respect and Self-esteem" is intended to aid the development of certain skills by the specialist:

- ▶ To interfere at an early stage in order to increase the awareness of children, young people and parents regarding the possible risks;
- ▶ To acquire the necessary skills to identify signs of abuse and provide "age-appropriate information" to children;

- ▶ To improve children's resistance should they find themselves in risky situations;
- ▶ To increase children's awareness on who they may turn to for help, advice and support;
- ▶ To introduce parents and future parents to the Model of positive parenting and to train them in it; to improve their skills to take practical steps for its implementation.

Context

First and foremost, the successful development and implementation of the **“Program for Prevention of the Corporal Punishment of Children”** in a specific context raises the question of building professional and purely humane skills in:

- 1) Building children's trust to ask questions and search for information;
- 2) Teaching age-appropriate knowledge of their bodies;
- 3) Providing children with a set of tools needed for the identification of potential risks and what actions should be taken to protect themselves;
- 4) Supporting children in the development of critical conscience so that they feel in a position to trust an appropriate adult;
- 5) Calm and assured talk on sensitive topics and experiences (shame, guilt, fear);
- 6) Cooperating with adults and authorities (parents, guardians, teachers) in order to allow them to support the education of children and young people.

Specialists in auxiliary fields are also incorporated into the process as a way to support children and adolescents victims of corporal punishment. With their acquired sensitivity on the problem, these specialists will contribute to a child-friendly treatment, based on understanding, support and taking social and legislative measures to condemn “corporal punishment”.

Self-reflection

Before examining the specific features of each of the three methodologies, which will be reviewed in detail over the next three topics, let us turn our attention to ourselves and estimate how prepared we are to take on this critical task. Relying on our personal skills and qualities, we have to implement the different methodologies for the different age groups, taking into account that every group is unique compared to the others. This will require from us, the professionals, to be able to navigate, interpret and adapt the specific program and the sources prepared in advance to the particular context “here and now” and to be part of the dynamics of the group we're leading.

For more information on: Which methodology shall we use? What preparation do we need? The types of groups, group process and defensive mechanisms which will be encountered during the process of group leading, see *Appendix No. 1 and 2*.

Topic 1: Methodology for Children Aged 3–6

“There is more wisdom in your body than in your deepest philosophy.”

Friedrich Nietzsche

Main questions – what answers will topics 1, 2 and 3 provide?

Dealing with the problem of corporal punishment of children raises a lot of questions. Some of them include how to reduce the risk and the vulnerability within the family and among children, as well as how to encourage positive parenting. The European Council recommends that each country adopt legislative acts against corporal punishment, as well as measures to help parents look at their relationships with their children in a different way. Positive parenting is of great significance so that the healthy children of today may become the healthy adults of tomorrow. It is necessary to find the balance between undertaking legislative measures for prevention and prohibition of CPC, along with measures to support the family, providing services, improving awareness and making sure that violence is not allowed anywhere in society. As we have stated multiple times in the present Guide, the corporal punishment of children is a form of **violence against children!** Therefore, the focus of the present initiative is directed towards Prevention of violence against children in the context of **CORPORAL PUNISHMENT**.

The program for “Prevention of Violence against Children”, which is one of the main programs of PULSE Foundation started as part of a pilot project back in 1999. It focuses on sensitizing children, their parents, educators and the social environment regarding the protection of their rights and personal boundaries.

In the present project, incorporating the long experience of our Icelandic partners and adapting their successful practice to the Bulgarian, Cypriot and Portuguese conditions, we hope to contribute to the establishment of a working mechanism for Prevention of violence against children in the context of **CORPORAL PUNISHMENT** and its successful integration into the pre-school and school systems.

The main emphasis will be placed on how to reach children in the easiest way, how to earn their trust and how to provide them with the maximum amount of knowledge in a way that will allow them to fully comprehend the message.

Because: “A good teacher is one who doesn’t simply ‘convey the knowledge’ but builds up individuals” – Professor Krassimir Manov, President of the Internal Olympiad in Informatics (IOI).

Target, aims, tasks

The aim of the suggested methodology is to **introduce some of the youngest members of our society to the concept of personal boundaries and to teach them to recognize them.**

The main goal is to provide children, as well as their parents and teachers, with an alternative, to help them improve their skills for an ultimate minimization of the risk of finding themselves in a situation of violence or abuse. The methodology also aims at empowering children to say “no” and reject and undesired intimacy.

Another aspect of providing children with the alternative to protect their personal boundaries is to make sure there are adults who provide the space/opportunity for this to happen in a good enough way. It is important for parents and teachers to encourage the independence of young children by teaching them efficient ways for dealing with different situations.

The theories on children’s development emphasize on achieving autonomy by encouraging the level of personal initiative.

The method

For the development of the methodology devoted to the work with children aged 3–6, we used the method described by **Dr. Lory Freeman**, Director of the Program “Relief Nurseries” in Eugene, Oregon, which teaches young children how to protect their personal boundaries (physical and emotional) by resisting any uncomfortable touch. As a supplementary source, we used the **book** “It’s MY Body” by Dr. Lory Freeman Britain (1982). The proposed method for action has been adapted for the Bulgarian conditions by experts in the field of child health.

Based on 20 years of experience and having conducted hundreds of seminars with the Team of PULSE Foundation, we established a “good practice” for work in kindergartens with a certain age group, which was tested and proved to be successful over time.

For the development of the methodology for “Prevention of Violence against Children Aged 3–6”, we used the book “It’s MY Body” by Dr. Lory Freeman, which mostly focused on the prevention of sexual abuse and was adapted by Bulgarian experts in the field.

The team from Bulgaria followed the main message conveyed by the book:

“ ‘It’s MY Body’ has been written in order to help adults and preschool children talk about sexual abuse together in a way which minimizes embarrassment and fear, but emphasizes self-reliance and open communication. You will not find specific references and stories about sexual abuse in this book. Preschool children are not ready for detailed discussions of this issue. They are ready, however, to learn how their feelings can help them make decisions about sharing their bodies, and how to communicate those decisions to others. This kind of learning serves as a vital first step in the protection of children from sexual abuse.”

Excerpt from the book “It’s MY Body”

Why this age?

or

What does “It’s MY Body” mean for children aged 3–6?

Everyone who is familiar with very young infants and children up to 18 months old knows that they are focused on their mouth and that all infants are fed through nursing. Usually, the instinct is extremely strong, especially in newborns, and represents the main source of pleasure and “feeding”, both physical and emotional. (S. Freud, “Beyond the Pleasure Principle”).

While between 18 months and 3 years of age children are mostly focused on finding the pleasure from the process of keeping or eliminating the feces (the main “creative” product), during the subsequent stage between 3 and 6 years of age, children’s pleasure and entertainment centers focus on the genitals.

“This is the so-called Oedipus stage of development – the little boys develop unconscious sexual feelings for their mothers, while the little girls – for their fathers.” (S. Freud, “Beyond the Pleasure Principle”)

This is the period between 3 and 6 years of age in which children understand more and more that they are individuals, with their own experiences, needs and “creative realizations”, acquiring new knowledge and mastering new skills. This is also the age which is most favorable as a period for teaching children about the external and internal human reality.

Believers in Freud’s theory on the development of the child and his followers must certainly put every effort into helping their children go through each of the stages, allowing each child to experience his/her feelings without a sense of guilt or excessive pressure.

Most parents, of course, try to teach their children to be moderate in everything they do, but then again it seems logical that parents would most certainly be limited by the fixations left from their own childhood, which makes it particularly difficult for them to objectively manage their own children.

Therefore, it is extremely important that parents make every effort to educate themselves about what is considered “normal and healthy” for their children and then to balance the advice of professionals in the field of child development with their own parental instincts and common sense.

For most parents, raising happy and healthy children is a major priority and by being actively engaged in the lives of their children, parents would be able to assess the progress their children make along the way.

Due to these key reasons outlined above, the parents of the trained children will be included in the Program for Positive Parenting “SCHOOL FOR PARENTS – ROLES AND RELATIONSHIPS” which will be reviewed in Topic 3.

Setup:

Preparatory stage

1. Team selection and assignment of tasks.

The selection of the team working with children of this age is of utmost importance. It is best if the team is built up by two trainers professionals – psychologists or pedagogues, boasting additional qualification and skills to work with children at the early stages of development. These professionals must have undergone additional training on how to lead a group, how

to recognize and provide support in cases of violence and other types of traumatic and post-traumatic conditions. In addition, they should be sensitive, able to use methods involving playing with dolls, projective and psychodramatic methods as part of their work with the children.

It's best for the *two trainers* to be of the opposite sex in order to facilitate identification and the different parental and authoritative positions presented as part of the sensitizing sessions. The two leaders of the group participate equally and simulate discussions between one another or talk to the puppets, thus also involving children in an indirect way.

In order to meet the planned goals and tasks, we need preliminary organization and preparation of the management and pedagogical staff in the kindergartens. Preliminary preparation is carried out by the technical coordinator of the seminar.

The **technical coordinator** is tasked with making the initial contact with the Regional Inspectorates of Education or the Municipal structure whose jurisdiction covers the selected kindergartens, as initially coordinated with their management body. The goals and tasks of the sensitizing trainings are presented during the initial, introductory sessions with the management team of the childcare facility. It is of great importance to do this before the start of the respective school year in order to facilitate the process of including the seminar in the curriculum of the respective kindergarten.

2. Preparatory work with the school leadership and organization of the work.

A key moment for the realization of all subsequent actions is the clear agreement and relationship of trust between the team conducting the seminar and the pedagogical staff at the respective childcare facility. The pedagogical staff should have been trained in advance in the presented methodology. The same refers to the children's parents. This is one of the most important criteria if we want these honest and clear relationships to be passed onto the children in the respective group.

At a meeting scheduled in advance, we shall look at the topic, program and setup of the seminar in detail, we shall present the benefits ensuing from the participation of the childcare facility and the expected outcomes of the conducted seminar. Suitable groups of children are selected, based on the pre-determined criteria and the age group.

A visit of the group should be scheduled in advance, along with a clear and specific framework outlining the start and end of the training sessions and the seminar. A **meeting with the parents** should also be scheduled.

Before the start of the training sessions with the children, it is important to conduct a meeting with parents and guardians. At the meeting, parents should be informed about the forthcoming sensitizing seminar, its aims, essence and the ways in which the information will be presented (**parents sign informed consent declarations**). **See Appendix No. 5**. At the same meeting, dates should be chosen for the forthcoming parent seminars and parents should get familiar with the respective Program for Positive Parenting: **"SCHOOL FOR PARENTS – ROLES AND RELATIONSHIPS"**.

The real work

The mode of training consists of 12 astronomical hours (12 days x 1 hour), which include 3 modules (indicators, recognition, seeking help and support), specially adapted for the age group and combined/coordinated in a suitable way with the training framework and a safe space in order to establish a relationship based on trust.

Following the main aims of the Program for “Prevention of Violence against Children” in the context of “**CORPORAL PUNISHMENT**”, the methodology includes:

12 sensitizing sessions, **each lasting for 60 minutes, with a break of 15 minutes** between the different **activities, each lasting for 30 minutes**.

Session 1 – Introduction and starting to build relationships based on trust (through puppets). **Introducing differences between genders through game techniques** (the puppets are introduced, given names and gender differences are defined). Outlining what to expect from the training.

Session 2 – A fast review (game), Introduction to UN’s Convention on the Rights of the Child in a suitable way (accessible language, easy to understand).

Session 3 – Introducing the terms “emotions” and “emotionality” – “Today, we will talk about emotions. Has anybody ever talked to you about them?” (emojis and pictures).

Session 4 – Continuing the topic of session 3 and reviewing everything learned so far by placing a clear emphasis on the difference between positive and negative experiences and connecting them to specific events and relationships with particular adults, parents, authorities (emojis and pictures).

Session 5 – Introducing the topics “My Body” and “Personal Boundaries”. What does our body look like? What does it mean for someone to be “touched with love” and which are the “unpleasant touches” – book “My Personal Body”. **See Appendix No. 6**.

Session 6 – Continuing the topic and work with the video “My Personal Body”. Discussion, questions and clarifications. **See Appendix No. 7**.

Session 7 – Introducing the topic of the family and the notable adults and their role in a supportive environment. The level of protection of the children in the family environment, as well as the presence of a supportive figure outside the generic family, are examined. (Did you have the chance to discuss this with someone? With whom?)

Session 8 – Reminding children of the Convention, Article 19, and introducing the term “**corporal punishment**” in a way adapted to the particular age.

Session 9 – Examining “**corporal punishment**”. Putting the emphasis on “**touching with love**”. **See Appendix No. 8** – Booklet “Every child has the right to be touched with love!”.

Session 10 – Again emphasizing on (and summarizing) the set of tools which children in the group can use in order to recognize and talk to their peers and notable adults about their experiences and worries.

Session 11 – This session kicks off the closing sessions of the program. “Let’s remind ourselves now who is a specialist and what does he/she do (what is his/her job).” We turn the group’s focus back on the main things learned (using game techniques). Role play, visualizing the concepts. We are focusing on: Who has responded to the “games” and whether they have played with someone at home. If so – who was that person?

We introduce – Techniques for managing the states of anxiety and self-calming skills (by playing with the kids we also send messages to the notable adults).

Session 12 – Closing session. Work on how to recognize and avoid risky situations (Closing revision). Revision of the place of notable adults within the family, pedagogues, social workers, physicians, fire-fighters, etc. Using pyramid techniques and drawing general conclusions. Closing the group and saying good-bye to the children.

For a detailed description of the program as a step-by-step process, see Appendix No. 9

Results:

As a result of the sensitizing sessions, children should know that:

- ▶ **My body belongs solely and exclusively to ME!** Other individuals, both young and adults, should respect this rights of mine.
- ▶ I can say “NO!” to anybody who tries to violate this right of mine if I don’t feel comfortable with that.
- ▶ I know my rights and that there is a Convention in which they are clearly stated.
- ▶ I recognize my feelings and know that they can help me make decisions on sharing my body, as well as how to communicate these decisions to others.
- ▶ I must say “NO!” to any behavior that causes me anxiety, fear or a sense of confusion.
- ▶ I must keep away from anyone who makes me feel frightened.
- ▶ I know what it means to be touched with love and I recognize all the touches which I don’t like and which disrespect me; I can tell my loved ones and the authorities.
- ▶ There are people – social workers, physicians, psychologists, teachers who support me and I can always look for their help.
- ▶ My parents and loved ones always know where I am and with whom I am.
- ▶ I never go to places I don’t know and where I cannot find help if something happens to me.
- ▶ I never follow strangers and I don’t approach the cars of people I don’t know.
- ▶ I can always find someone to trust and someone who can help me, such as my teachers.
- ▶ I am aware whom I should turn to (for instance, call the emergency **line 112**, free of charge, no matter where I am, in order to ask for help, advice and support).

Connection to other topics...

Perhaps this is the moment for us to remember that in order for any Program for children to be successful, all notable adults should be incorporated in it.

Children’s parents and notable authorities will go through a Program for Positive Parenting: **“SCHOOL FOR PARENTS – ROLES AND RELATIONSHIPS”**.

Topic 2: Methodology for Children Aged 7–18

“The oldest, shortest words – “yes” and “no” – are those which require the most thought.”

Pythagoras

Dear colleagues and friends, we should move to another age group – the **children aged 7–18** – which, like the previous one, carries its own unique features and challenges.

Target, aims and tasks

The current methodology targets children in puberty and is designed to be implemented directly at schools as a place where children conduct their main social contacts, improve their skills for respect and self-esteem, their tolerance, and form their basic identity.

The methodology for work with students in the context of corporal punishment is **intended to provoke self-reflection in children** regarding the exercised techniques of restraint and education and to initiate a process of self-awareness of the personal value of young people as part of society.

The **“National Program for Prevention of Violence and Abuse of Children” (2017–2020) clearly states the following**: “The role of the school is of key importance, since this is the place where the child spends most of his/her time. Teachers are often the first to notice the symptoms of experienced violence.” It is not a coincidence that the Ethical Code of individuals working with children, which has become an integral part of their job descriptions, states that some of the moral responsibilities towards the child are related to the knowledge of the symptoms of violence, as well as expertise and observance of the laws and procedures protecting the child from violence.

Aims

The main aims of the methodology include:

1. Improving children’s knowledge and understanding of their own body, desired and undesired touch;
2. Building children’s trust when it comes to asking questions and looking for information;
3. Providing children with the necessary tools (knowledge and emotional experiences) which will allow them to recognize if a given situation carries potential risk and what actions they need to take to protect themselves.

The method

The proposed method for work with students is based on the long experience of specialists working in the field of prevention of violence and the rehabilitation of victims of violence. This method was first applied in 2000. During the process of work with groups of children, their parents and authorities, it has been tested and adapted many times in order to improve the success rate of reaching children.

Why this particular age?

or

What do “personal boundaries” mean for children aged 7–18?

According to the statistical data of SACP (State Agency for Child Protection), the age period 8-16 is the most risky one in terms of violence against children. For 2015, the children victims of violence at the age of 8-16 were 928, compared to a total number of 285 for victims aged 0-7 and 16-18. The age distribution shows that at age 8-11 female victims were 264 compared to 179 males, while at age 12-16 male victims were 288 compared to 197 females.

Taking into account these alarming data and building on the knowledge of the importance of this age period for the formation of one’s personality, the team working on the methodology directed its attention to this stage in human development, known as the “latency stage”.

Latency stage: between 6 years of age and the onset of puberty (Freud, “Beyond the Pleasure Principle”). This is the stage during which children have the most amount of time to focus their energy on their education at school by forming friendly relationships with other children from the same sex. This so-called “latency stage” continues until the onset of puberty and contributes to the development of the child with the accumulation of knowledge and skills for cognitive and emotional growth, as well as for establishment of good relationships based on partnership with other individuals.

This stage is followed by the **Genital stage**. This is the last period of psychosexual development. Freud believes that the onset of puberty represents the awakening of the sexual function, which is why adolescents turn their attention not only to their genitals but also to the development of sexual relationships with members of the opposite sex and to the search for sexual satisfaction which shifts the focus of their personal attention away from acquiring information and knowledge.

Having in mind these main factors, the present methodology focuses namely on this target group by incorporating the parents of the students in the *Positive Parenting Program* – “SCHOOL FOR PARENTS – ROLES AND RELATIONSHIPS”.

Setup: Preparatory stage

The organization of training and sensitizing seminars is an extremely important process for successful implementation.

This process takes place through several **basic steps**:

1. Team selection and assignment of tasks;

2. Preparatory work with the leadership and the head-teachers at the school, at which the seminar will take place;
3. Preparatory work with the class;
4. Organizing and conducting a two-day seminar;
5. Further work with adolescents aged 12 and above.

1. Team selection and assignment of tasks.

The selection of the team which will work with the students and the assignment of the tasks for organizing and conducting a training seminar are of vital importance.

The team consists of at least three main members – a technical coordinator and two trainers.

The **technical coordinator** is responsible for the initial contact with the leadership of each school. He should schedule and hold a meeting with the school principal, present the aim of the seminar, the ideas, the target group in question and the desired outcomes, as well as take care of the detailed organization of all subsequent steps. A key quality for this member of the team is to be communicative and positive. There might be an additional success if other contacts have been initiated with the school in question prior to this conversation. Detailed knowledge of the actual situation within the school, the topic of the seminar and the motivation behind the aims of the seminar, as well as its benefits for the school life and society have key significance.

It is vital that this individual is then present during the actual seminar in order to keep the minutes of the seminar and to cover the technical and organizational aspects, which will subsequently serve as the basis of future analysis and self-reflection of the organizing team.

It's best for the **two trainers** to be of the opposite sex for the purposes of equality and in order to be perceived as individuals that students can relate to during and after the seminar. In terms of their roles, one trainer should be tasked with following the initially set framework and the theoretical presentation of the material. The second trainer should follow the dynamics of the group. The two trainers should complement each other and work for the fulfilment of the pre-assigned tasks.

It is important for the two trainers to have humanitarian education and experience in the leading of groups and participation in such. Preferably, they should have expertise in the psychodynamic paradigm of thinking.

The “psychodynamic” model is a method based on Freud’s psychoanalysis. This is a model in which it is important to put the emphasis on the dynamics of the emotional messages and experiences in the process of development of personal relationships and associative connections in the same context.

2. Preparatory work with the leadership and organization of the work.

First step – contacting the Principal or an authorized representative of his/hers on the phone. A meeting should be arranged as part of the conversation. The topic, benefits and expected outcomes of our work with the school should be presented. A good practice would be to maintain regular contact with the school, always through the same person. In this way, we earn the other side’s trust regarding the proposed initiative and the access of the team is significantly facilitated.

The second step is the actual meeting with the authorized representative of the school leadership. The technical coordinator and one or both trainers may attend. During the meeting, we should describe the topic of the seminar in detail, present the benefits for the school and its students as part of their participation, as well as the expected outcomes of the seminar. Suitable classes are selected based on the pre-determined criteria and the age group. A meeting should be scheduled and held with the head-teachers of the selected classes, and an appropriate time to visit each class should be arranged. The minimal time for work is the duration of one school lesson.

The third step refers to the meeting with the head-teachers, in which a schedule for visits in each class should be prepared. During the meeting, a specific time arrangement should be made for a subsequent meeting regarding the so-called “warm-up” seminar. Head-teachers should collect a sufficient amount of information so as to motivate their students to attend. In addition, it is important for head-teachers themselves to place their confidence in the trainers who will establish contact with the students so that their trust could be passed on to the children.

3. Preparatory work with the class – a “warm-up” seminar

After the schedule is prepared, a team of two trainers should visit each class. It is best for the team to be the same that will lead the two-day seminar.

It is important that visits in the classes do not take place during students’ free time or after the end of the learning process. This would lead to resistance on behalf of the students, decreased attention and a refusal to take part in the process. The participation of the head-teachers and the way in which they will inform the students are of utmost importance. This will determine the degree to which the students will be prepared prior to the seminar. The preliminary preparation should feature a basic presentation of the topic and who will visit the class. Another key element of the “warm-up” is to follow the initially set framework – namely, the duration of the visit.

The initial contact with the students will be mediated by the head-teacher. He/she should enter the room together with the team or be there in advance before the team joins. This moment brings a great deal of assurance and has a favorable influence on the subsequent process because students trust their teacher. This assurance is automatically transferred onto the team leading the seminar. This facilitates the contact and ensures a friendly environment. After the greetings and the welcoming, the head-teacher may retire and leave the team and the students alone. This approach most often has a favorable effect because the presence of the head-teacher over the course of the discussion could lead to socially acceptable answers and behavior in a false way.

The real work

The mode of training consists of 12 astronomical hours (2 days x 6 hours), which include 3 modules (indicators, recognition, seeking help and support) specially adapted for the age group 7-18 and combined/coordinated in a suitable way with the training framework and a safe space in order to establish a relationship based on trust.

- △ **2 astronomical hours** are intended for the “warm-up” seminar
- △ **10 astronomical hours** are intended for the “two-day” seminar

Warm-up Seminar

(See Appendix No. 10)

We use the following few techniques:

INTERACTION GROUP

Use of informal learning and interactive methods – information presented in accordance with the target group and the specific age characteristics.

Meeting the group. At the start, the members of the team should introduce themselves by saying their name and surname before giving students the opportunity to address them by first name. Next, children are given the opportunity to introduce themselves – one after another and are thanked for doing so (this helps the process of sharing and builds a bridge between the levels of communication, thus creating more of a friendly environment).

In the **second step**²³ of the introduction, we should present the institutions/organizations represented by the trainers. This is done by first examining the information available to the students with the following questions: “Have you heard about our organization?”, “What do you know about us?”, etc. After assessing how much they know about the organization, we give them the missing basic information in the context of the topic in question.

Third step – presenting the idea behind our visit and the topic of the discussion. The presentation should be brief. The purpose of the provided information is to arouse curiosity.

INCLUDING A “THIRD PERSON”

The trainers exchange remarks which are usually interactive and provocative. An example would be: “Did you know that there are children who suffer?”, “What does it mean when they say that someone practices violence?”, “What about corporal punishment?”, “Do you think this could happen in the family?”, “Have you heard of such cases?”, “Have you seen such cases?”

Playing a video related to the issue (see **Appendix No. 11**). **Time** for discussion after the video. Response and tips on where to look for help. Handing out the booklet “Is That Proper EDUCATION?” (see **Appendix No. 12**).

²³ Long-term cooperation with the schools and the established trust between the team and the teachers/leadership often has an impact on the amount of information provided to the students, meaning that they are prepared and aware of the basic points, which facilitates the subsequent work.

Interactive methods with the inclusion of a “third” person aim to shift the focus away from the direct questions. This lifts the barrier to communication and brings communication closer to the student level. Often, this method of communication and presentation of the information contributes to a natural transition to discussion and students’ involvement on the topic. The older the children, the better their “defensive mechanisms” for dealing with trauma. See **Appendix No. 3 – Defensive Mechanisms**.

DISCUSSION

Step one

The question that would provoke a discussion is the experience the group has when it comes to the educational methods of their parents, teachers and relatives.

Once we receive this shared experience, we try to **provoke thoughts and sharing of feelings** and emotions.

The information we receive is used to guide the group and **bring out the issues important to that particular group**.

This information shows us the level of development and functioning of the group and indicates the material for the subsequent seminar. Thus, we get a clear idea of our direction and the missing information which needs to be provided to students.

Step two

Introducing the main topic – “violence”, “corporal punishment of children”.

The question that we’re interested in is related to **the group’s knowledge** of the types of violence. See **Appendix No. 1 – Types of violence**.

Having provoked a discussion and exchange of knowledge between the students on this issue, the trainers provide **brief and concise information** to complement the students’ understanding and to provoke each of them to reflect on the topic.

It is of critical importance that the team possess good facilitation skills in order to manage the process adequately, thus ensuring that the planned time is sufficient for the necessary information to be passed on and for the pre-set timeframe to be observed.

Closing and summary

At the end of this seminar, the team devotes some time to explain about the subsequent two-day seminar and invites students who have expressed their interest to further their knowledge and deepen the level of self-reflection.

The trainers hand out the booklets “Every Child Has the Right to Be Touched with Love!”, which have been prepared prior to the seminar.

Two-day Seminar

See Appendix No. 10

The two-day seminar takes place over shortly (one to two weeks) after the “warm-up” seminar.

The goal is for the information and the emotional charge to be present in the children’s minds in order to achieve an effect of upgrading and integrating the provided information and not to lose the established connection of trust between the children and the team leading the seminars.

Setup:

Seminar: “Is this CORPORAL PUNISHMENT?”

The participants in the two-day seminar are between 20 and 25 (at most).

Each seminar consists of two days – 10 astronomical hours, divided into working sessions, each of them lasting for an hour and a half. Working sessions are followed by 15-minute breaks.

Chairs are arranged in a circle. It is desirable that there are no tables in front of them.

Day one – two sessions with a break of 15 minutes between them, followed by a long lunch break of 1 hour, followed by two more sessions with a short 15-minute break between them.

9.30–11.00 LARGE GROUP – Introduction, rules, expectations

The seminar starts with a welcome and opening of the seminar. The **group gets acquainted with the organization and topic of the seminar**.

The real part of the seminar usually starts with an **introductory game**. It aims to “break the ice” within the group, to increase confidence and facilitate the process of sharing. It is also good to put **signs** (the paper is folded into four and is usually placed in front of the chair) with the name of each participant.

Next, everyone shares their **expectations** – this can also be done in the form of a game. See **Appendix No. 10**.

In this way, the members of the group shake the pressure off and get to know each other.

The next stage is the establishment of **group rules**. This part of the first session is extremely important because it contributes to the calmness of the group and ensures security within the framework of the whole training. Training rules are created together with the group. This creates a feeling of inclusion and minimizes the risk of sabotage.

Note: Observing the timeframe by both trainers and participants is of great significance.

11.00–11.15 – break

11.15–12.45 SMALL GROUPS – Developing concepts on the topic “Good/Bad Parent”, “Good/Bad Child”.

Depending on the number, the children are divided into groups of 5–6 people, so that 4 groups can be created. Each group develops at least 10 concepts about “Good/Bad Parent”, “Good/Bad Child”.

The first group is working on “What does a good parent mean?”

The second group is working on “What does a bad parent mean?”

The third group is working on “What does a good child mean?”

The fourth group is working on “What does a bad child mean?”

The game is also presented as a competition – “Who will think of a higher number of concepts, who will finish first!”, and a timeframe for thinking on the concepts is provided – **30 minutes**²⁴.

Each group records their concepts on a poster and a student is chosen to present them.

LARGE GROUP – The remaining **60 minutes** are divided by four and 15 minutes are given to each group to present their concepts. Summary, additional statements and interpretations by the leaders of the seminar.

Group members have the right to assist their presenter, while members of the other groups are only allowed to ask provocative questions.

Main goal: Examining to what extent a stereotyped form of determination has been enforced in our society. (The dynamic stereotype is the physiological basis of skill automatization. People’s habits and simple working skills are the expression of dynamic stereotypes.) What is being examined is the meaning carried by the terms “good/bad” parent or child; the influences of the national and/or social culture on its perception and integrated understanding.

The main conclusion towards which the leader of the seminar is supposed to navigate is that “There are no bad people, only bad actions”.

Result: Prevention of victimization, labeling and excuses for the actions through the personality. The action is rewarded or condemned according to its weight.

12. 45–13.45 – Lunch

13.45–15.15 SMALL GROUPS – A case with a sequel (presented by the leaders of the seminar).

Role play and rehearsal for presentation before a LARGE GROUP.

Children are again divided into 4 (four) groups. The allocation to each group is based on a game: counting from 1 to 4; everyone who is number 1 joins the first group, number 2 joins the second group, and so on. Other games may also be incorporated (allocation based on shoes color, hair length, an equal number of boys and girls, etc.).

24 For adults, competition is sometimes a way of thinking and sometimes a type of behavior. Sometimes – useful, sometimes – detrimental to the person at the expense of an “empty” ambition. The same goes for children. With them, there is always the desire to be first in a given acuity, accepting losses is difficult, mastering new skills is always commensurate with the results – their own and those of their friends and classmates.

Including the competition element in the process of creative decision-making, incorporating sensitivity and emotionality, we contribute to the testing and mastering of individual and independent decision-making in the context of competitive reality.

The leaders of the seminar chose two cases in advance, which are presented separately to each of the four groups. Again, trainers rely on competition as a form of investment for the most significant creative solution.

It is important to have two of the groups working on the first case and the other two groups – on the other case. *The cases should have been recorded on sheets of paper in advance and should allow for a sequel. For suggested cases, see **Appendix No. 10**.*

Each of the four groups should write a sequel to the case with minimal explanation from the trainer (if needed). After the sequel is written, children in the group are given roles and the scenarios are rehearsed. Children can be dressed up and may wear masks made out of handy materials (to identify themselves with the presented character as much as possible). They can use markers, paper, hats, scarves, various outerwear and other available inventory in the hall, which they recognize as “symbolic”. Plans should be made for a stage and “scenery” (chairs, tables and everything available in the seminar room may be used) for the presentation in a LARGE GROUP.

15.15–15.30 – Break

15.30–17.00 LARGE GROUP – Presentation, comments and interpretations

Each groups presents the written and rehearsed screenplay – a sequel to the examined case.

80 minutes are distributed among the 4 groups (20 minutes for the presentation of each group). These 20 minutes include 15 minutes for stage preparation and acting; 5 minutes for questions from the leaders and the LARGE GROUP.

The questions of the leaders focus on:

- △ **How did the group reach the decision** to play exactly that sequel, **what does it illustrate?** (What parental strategies and children’s behavioral patterns did the students observe, what is the solution to the conflict presented in the case?)
- △ Each participant in the play should be asked questions about **feelings and experiences felt while “playing the role”**: Is it easy to play a role and what does one feel while trying to be someone else? What was more difficult/harder and what easier to play and experience? Is it difficult to play the role of a “good” or “bad” parent / a child with a “good” or “bad” behavior?

It is important to emphasize on the suggested solution? Does it lead to a conflict among children and parents or no? Could it be substituted for a better one?

10 minutes are left for summaries and feedback from the day.

Main goal: Examining the enforced parental stereotypes (coping strategies) recognized by children; children’s way of dealing with a situation of conflict; how children solve cases with an unknown ending.

The main conclusion which the group has to draw with the help of the leaders is that it is crucial for children to have the freedom to make individual decisions (relevant to their age), following their own need for positive experiences, protected environment of trust, understanding and acceptance. Recognizing risky situations and feeling calm and assured to share with the notable authorities.

Result: Prevention of corporal punishment through establishment of alternative methods for dealing with situations of conflict to be used by children and parents.

Day two – two sessions until noon with a break of 15 minutes, 1 hour lunch break, followed by one session of 1 hour for summary and closing.

9.30–11.00 LARGE GROUP – Wake-up game. **Passing around a tennis ball as fast as possible** – enhancing teamwork and competitiveness. **See Appendix No. 10** for more suggestions.

Connection circle: How was yesterday for you? As much time as possible is given to each participant to answer the questions: What experiences did he/she have? What thoughts? What part of yesterday's dramatized cases touched him/her the most? Which of the presented characters did he/she associate most with? The leaders of the seminar should make comments and offer interpretations based on the goals set on Day one.

Presenting positive and negative experiences on a poster, which should become the basis of the subsequent work and learning a strategic behavioral pattern for “Keeping your personal somatic and emotional boundaries safe” and what's the meaning of a “loving touch”.

11.00–11.15 – Break

11.15- 12.45 SMALL GROUPS – Drawing main conclusions regarding desired and undesired touch, desired and undesired behavior and relationships between children and parents.

Children should again be divided into 4 groups (it's good for children to be allocated based on another indicator), using one of the suggested games.

50 minutes. Each group should answer/discuss one of the questions listed below, according to the group order:

1. “What is corporal punishment and what is not?”
2. “What is desired and undesired touch and behavior on behalf of children towards parents?”
3. “What is desired and undesired touch and behavior on behalf of parents towards children?”
4. “What is good upbringing and what is not?”

Conclusions should be presented over the course of **40 minutes** (10 per group) in a LARGE GROUP.

Main goal: distinguishing between: parenting based on **authority/holding** and parenting based on **authoritarianism/violence**; children's behavior based on **freedom/autonomy** and children's behavior based on **anxiety/dependence**.

The **main conclusion** which the leaders should draw is that “*alternatives are always possible outside of the blindly followed models of relationships*”.

Result: Prevention of the multiplication of the maladaptive behavior of submissiveness (obedience, compliance), conformism and aggression.

12.45–13.45 – Lunch

13.45–14.45 LARGE GROUP – Whom to turn to for help; Main conclusions; Presenting the Youth Club; Closing; Handing out the brochure “Is That Proper EDUCATION?” and other sources on the topic.

*IMPORTANT!

Should it be possible for parents to take part, the seminar can be held with an equal number of children and parents (10 children with 10 parents) included in the seminar framework. It is extremely important for children to develop the concepts of “**Good/Bad Parent**” and for parents to do likewise for “**Good/Bad Child**”. In addition, all other concepts and definitions in the seminar should be developed by one group for the other.

The entire setup of the seminar can be reworked so that parents play the roles of children and children play the roles of parent (set as the main rule of the seminar). The psychodramatic adaptation of the role and the experience felt by children who act as parents and parents who act as children are of utmost significance.

The main goal is to recreate the experience “on the inside” by placing parents in a role where they come up against “the challenges faced by the children of our time” and children in a role where they sense “the responsibility and fears of parents faced with those challenges”.

Follow-up work with adolescents aged 12 and above

See Appendix No. 13

The presented group work with volunteers in the form of **Youth Club “2B Friends”** serves as an alternative for work with **boys and girls aged 12 and above**. **The Youth Club** is an informal group of young people united by the idea of living in a world free of violence. The suggested method for work has been thoroughly reviewed in the presented guide.

After the two-day seminar, adolescents will have the opportunity to join the Youth Club where they will be provided with additional training on topics related to self-reflection skills, creativity, acquiring assertive skills, recognizing the leading problems in children at risk, coping mechanisms in crisis situations and peer support – how and in what way to provide information and protect ourselves. They will have the chance to get familiar with various alternative thoughts and ideas and will get a number of opportunities for personal development. Often, people who touch upon the world of volunteering and the social sphere change their views of the world completely and start looking at it in a new, constructive way. They discover the significance of positive thinking and creativity. A large part of the volunteers in the youth club choose the field of social work as their vocation and profession.

Connection to other topics...

This is where we reach the end of this methodology. Its ending, however, only makes for a natural transition to our work with another significant group – that of future parents and those who are already parents.

Topic 3: Methodology for Work with Parents

“Children need models rather than critics.”

Joseph Joubert

Main questions – what answers will this topic provide?

Every parent would like to see their children be happy, respectful and respected by others and able to find their place under the sky as well-educated adults. Nobody would like to be accused of having brought up a spoilt kid. Sometimes, however, it appears that these goals are miles away from the current behavior of our beloved child.

Parents are chiefly responsible for the discipline of their children.

What is discipline?

Discipline refers to the process of teaching the child what type of behavior is acceptable and what not. In other words, discipline teaches the child to follow the rules. Efficient discipline uses a number of different tools such as positive encouragement, role modeling and a loving, supportive family.

Sometimes punishment may also be an efficient tool – however, this doesn't mean that good discipline is achieved above all through punishments. This is true especially when we talk of forms of punishment which cause pain and undermine the dignity and self-respect of the child.

Target, aims and tasks

The current program targets young parents who want to break the stereotype of the blindly followed model of upbringing and dream of providing their newborn children with warmth and comfort in line with their own childhood needs.

It also targets future parents who are about to make the fateful decision of not only creating a new life, but also raising and educating a human being in a healthy and harmonious way, which respects human dignity and individuality.

By including representatives of future parents, the team working on the methodology hopes to provoke a sense of responsibility in the already grown-up adolescents, as well as to urge them to rethink the stereotypes of the role of the parent and to master new skills of positive and efficient parenting.

In support of the first practical steps and as an already established environment for discussions, reactions and support, we organize sensitizing trainings for parents and teachers of adolescents in the upper grades of secondary education. Essential for the development of

a critical and integrated individual to have all the support of a tolerant and positive parent and an authority who, together with the child, champions a different and constructive cause.

Aims

The main aim of the Program is introduction to and training in the model of POSITIVE PARENTING and integration of practical steps for its implementation.

The method

The practical methodology for work with parents is largely based on the **Icelandic model and their experience in positive parenting** with the “Program for Enhancing and Improving Parent Education in the Icelandic Healthcare System for Infants”²⁵.

As we made clear on the previous pages, the Parenting program included in the present Guide under the title “School for parents – roles and relationships” is also largely based on the book “Parenting that works; Building skills that last a lifetime”. The authors of the book are experienced clinical pediatric psychologists from the United States – E. R. Christophersen and S. L. Mortweet who have a long practice in the field of child development and parenting.

In order to maximize their gains from the Parenting program, it is recommended that parents themselves acquire the book²⁶ for additional information and future reference.

Setup

The Program “School for Parents – Roles and Relationships” covers 21 astronomical hours:

The parenting program consisting of 21 hours usually takes place once a week (2–3 hours) over the course of 8 consecutive weeks. Parents are expected to take active participation and to be present during all 8 sessions. Each session consists of 2–3 short conversations on specific topics, which are then supplemented through examples, exercises, practical tasks and discussions within the group. At the end of each sessions parents are encouraged to read more from the book²⁷ and to practice at home in order to maximize and improve the knowledge gathered during the sessions.

The “Parental Care Program” includes a set of 13 PowerPoint Presentations, collected and labeled as **Appendix No. 14** and grouped as follows: 1 with 2, 3 with 4, 5 with 6, 7 with 8, 9 with 10. Each group will be covered over a period of 3 astronomical hours. Presentations 11, 12 and 13 will be discussed over 2 astronomical hours each, which will allow for a more detailed examination of the raised key questions²⁸.

1. POSITIVE PARENTING – A program for parents, Presentation, Part I.O

25 <https://childwelfare.gov/topics/preventing/prevention-programs/parented>

26 Currently, PULSE Foundation has acquired a copy of the book in English. A translation in Bulgarian will be provided

27 For this pilot project, parents will be provided with translated sources.

28 Based on sourced provided by Gyda Haraldsdottir 2004, 2011. English version 2017 (The source has been adapted by a team at PULSE Foundation).

2. Parenting and behavior – Parents Seminar, Part I.1
3. What are good parenting skills? – Parents Seminar – Exercise
4. Parenting skills – Modeling and Thinking – Parents Seminar, Part I.2
5. Positive feedback and praise – Parents Seminar, Part II.1
6. The ten-year plan – Parents Seminar, Part II.2
7. Establishing order and rules – Parents Seminar, Part II.3
8. Talking to children – Parents Seminar, Part III.1
9. Self-calming skills – Parents Seminar, Part III.2
10. Independent play – Parents Seminar, Part III.3
11. Discipline – Parents Seminar, Part IV.1
12. Whining and tantrums – Parents Seminar, Part IV.2
13. Review – Parents Seminar, Part IV.3

Results:

Parents should know that:

- ▶ Children older than 3 should recognize the individual parts of their body and their functions.
- ▶ The child should respect adults, but be able to express disagreement if they request from him/her something that disturbs or scares him/her or something that his/her parents haven't told him/her about.
- ▶ The child should be taught to say "NO" to anyone who tries to touch him/her in an undesired way.
- ▶ The child should not be left alone or with someone we do not know well for an extensive period and without control.
- ▶ The child may trust us regarding everything that happens to him/her even if he/she feels guilty. We should listen to him/her with the due attention without expressing any negativity or implying that this is unacceptable, and examine carefully what he/she says.
- ▶ If the child stays away or is afraid of someone and does not want to spend time with them, we need to identify the possible reasons. Sexual abuse may be one of them.
- ▶ We should know the friends and other individuals who are close with the child.
- ▶ We should not simply let the child have free access to the Internet or use the computer without discrete surveillance.

Module 3 Review

Connection to other topics...

Education requires parental focus and mutual support in maintaining a certain set of requirements.

The upbringing of children is related to the formation of self-discipline, responsible behavior and self-control. Children develop best in an atmosphere of love based on a reasonable, consistent education. Extreme forms of upbringing - **hyperprotection (excessively high requirements) and hypoprotection (lack of requirements) are equally damaging to the process of upbringing and lead to multiple negative behavioral patterns.**

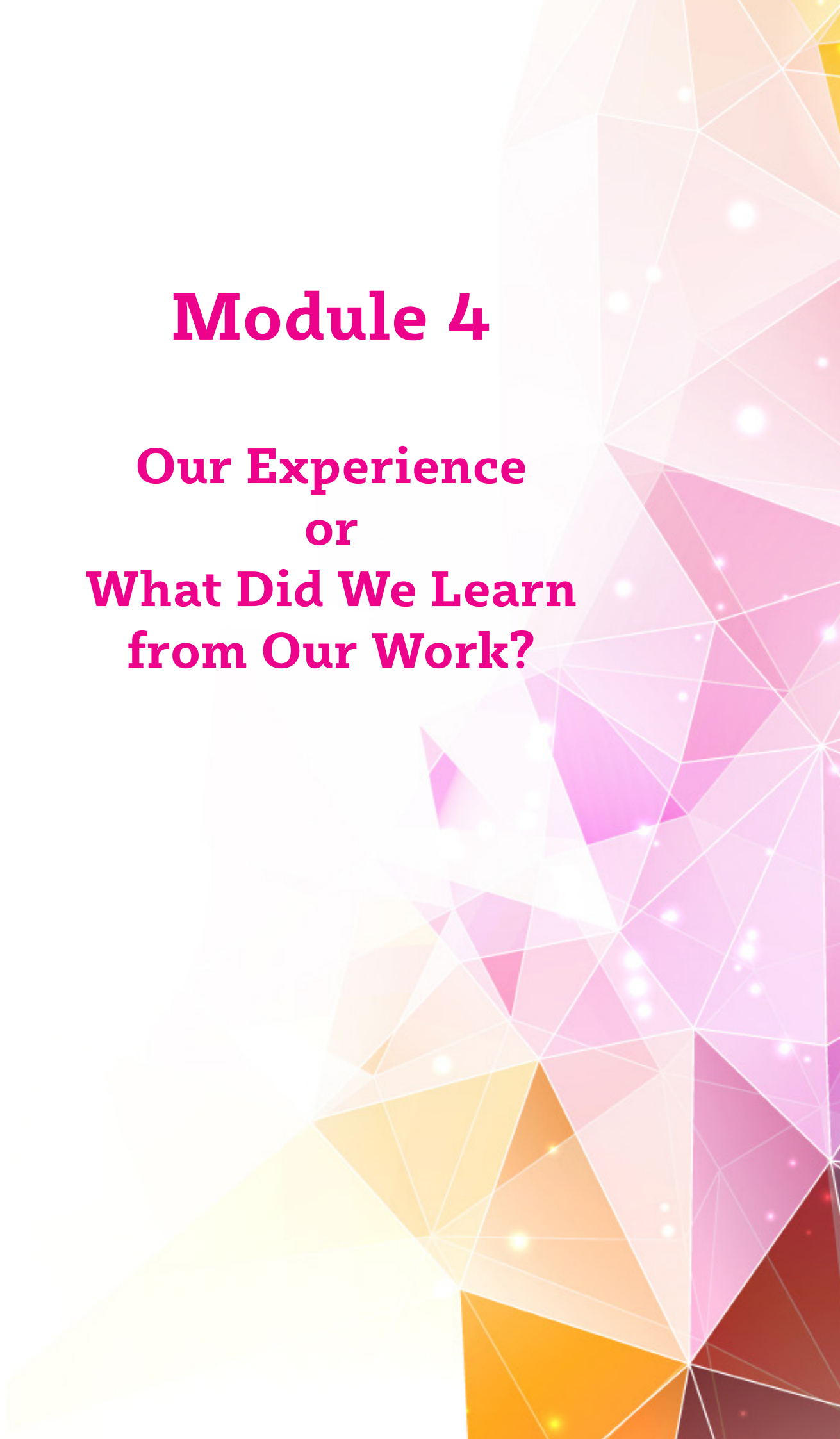
In case of **excessively high requirements** on behalf of the parents, the child suffers from humiliation and fear caused by the feeling that he/she cannot manage.

In case of **lack of requirements**, the child grows up with the idea that “the world is spinning” around him/her; does whatever he/she wants; does not accept the authority of his/her parents; throws angry tantrums in order to get what he/she wants. Problems arise as soon as he/she starts going to school. A child like that does not accept any rules.

For more information on parental styles of upbringing, see **Appendix No. 15.**

Module 4

Our Experience or What Did We Learn from Our Work?



Topic 1: Similarities and Differences between Corporal Punishment and Holding in Extraordinary Situations

A response entwined with survival...

“Grown-up people do not know that a child can give exceedingly good advice even in the most difficult case.”

Fyodor Dostoevsky

Main questions – what answers will this topic provide

When we, as professionals, are faced with the case of a child who has suffered endlessly and who does not refrain himself/herself in any way from expressing his/her anxieties and destructive impulses, the difficulty is infinitely great. The PULSE Foundation team faced not one but two serious cases which, in their essence, became prototypes of the case presented herein and illustrated most clearly all problems and challenges which professionals from all organizations involved in the case had to overcome. For confidentiality purposes, the names and age of the children have been altered, as well as parts of their stories.

Before proceeding to the specific features of the presented case, let us make an improvised revision of the following question: “WHAT IS CASE MANAGEMENT?” For the purposes of this Module, we will discuss it from the point of view of the psychodynamic case management:

“Case management” is a **process which supports the interaction (interconnection)** between the person in need and the professional. This is often the **process of empowerment**, a process in which the person in need becomes empowered to develop such strengths that would allow him/her to interact individually and politically with those systems that are important to him/her.

A decisive factor in the supporting process is the way in which the person in need is perceived.

There are four clearly defined patterns (trends) in psychology and psychiatry to describe the functioning of the individual in his/her social system. Namely:

- ▶ **Biological orientation** - the individual’s problems are considered a result of known organic/medical illness. The individual’s problems are associated with an accompanying physical condition.
- ▶ **Psychodynamic orientation** - the individual’s problem is seen as a result of internal conflicts, identifying a traumatic event or a crisis of development. The individual’s problem can be understood by evaluating his/her character and personality

structure. It is believed that psychodynamic approaches can contribute to the individual's empowering.

- ▶ **Behavioral orientation** - the individual's problems are seen as a disorder of thoughts, feelings or behavior that are causally related to previous events or are the result of auxiliary consequences of a particular behavior.
- ▶ **Biopsychosocial orientation** - the individual's problems are considered to be caused by the interaction of biological, psychological and socio-cultural factors and not by the influence of an etiological factor; they are associated with his/her biological, psychological and socio-cultural "vulnerability". The individual's condition is better influenced by a flexible and tailor-made multimodal approach based on his/her needs and expectations rather than on a single therapeutic method.

When working on a case of a child, **it is important** for us to have in mind all those models (orientations) and the entire specter of factors: Where and how was the child born?; How was the child brought up and by whom?; What are the child's family environment, genetic family, broad environment?; What is the story of that child?; Who is in his/her friendly circle?; Are there any somatic or mental dysfunctionalities?; What is the child's cognitive and emotional intelligence and maturity and, **most importantly – what, if any, TRAUMATIC EVENTS are there in the child's history?**

Aims

Let us construct a framework for gathering of the necessary information on a case and put the emphasis on the main symptoms, which will then turn into the main reference point in our work on the case and the support which will be provided to the child.

Information

Very often we, as individuals who want to help, do not have a clear idea of the essence of HOLDING as a form of support that guarantees protection and security and of CORPORAL PUNISHMENT as a method of correction of a certain dysfunctional type of behavior.

In order to illustrate this better, let us take a look into a real case from the everyday practice of assisting specialists at PULSE Foundation and the development of the case:

Children

X and Y are twin girls. At age 14, they were placed at the Crisis Center for individuals victims of violence and trafficking. They were placed in the Center as per order from the DCP and in coordination with the RDSA.

The two children were moved from the Crisis Center for Children after a series of incidents and the extremely aggressive behavior of the two girls towards the staff at the Center.

Initial problem of the children

PULSE Foundation were alerted by the Director of the Regional Directorate "Social Assistance" and Head of the Division of Child Protection and asked to evaluate the condition of

the children. According to their reports, the children had a severe problem of behavioral response to an internal conflict and a deeply troubled past (abandoned and placed in an institution) predetermined by a series of sexual assaults (adultery and rape).

Problem background

X and Y were born in a medium-sized town in Bulgaria. The parents of the two girls live in a dysfunctional relationship and find it difficult to cope with the upbringing, feeding and caring for the children. X and Y have suffered from systemic violence in their biological family (it has been claimed that the father has sexually abused Y).

When they were approximately 1 year old, they were placed in a Home for Children Deprived of Parental Care pursuant to an order of the Division of Child Protection. They were reintegrated back into the biological family when they were about 3 years old. However, having been severely neglected, likely sexual abused, made to beg and abandoned in a barn, the children were again taken back to the Home. After being placed there for a second time, the violence against the two girls escalated, this time practiced by other individuals accommodated in that institution. The girls were regularly raped, made to “touch” the boys’ genitals, beaten and had their personal belongings stolen. What’s more, such was the behavior of all older children towards the younger ones in the institution.

According to the girls, the educators could do nothing, they were “helpless”.

The girls stayed in the institution up to the age of 7, when they were adopted by a Bulgarian couple who lived and had a family business abroad. The family already had two biological children – two older boys. According to X and Y, they were physically abused in that family as well, yet very rarely, and that was considered “normal” (according to the children’s reports) – for instance, they were spanked when they misbehaved. In that family, the children were very well-off and were not only fully sated in terms of housing, comfort, clothes and food, but also enjoyed full emotional support regarding their trauma from the past and their learning difficulties, as their adoptive parents fostered the development of good-natured human relationships. The girls built a very strong emotional connection with both of their adoptive parents and the entire extended family.

Five years after the adoption, the mother was murdered under unsolved circumstances. The news got to the children in an extremely direct way (newspapers, Internet), as they became clear witnesses of the tragedy.

The children tracked all news related to their former adopters on the Internet and were aware of the current events in the life of their adoptive father who, at the time of their placement at the Crisis Center, had a “new wife”. This fact in itself created a lot of tension and intensified the trauma brought by the mourning of the loss. It strongly determined the girls’ subsequent behavior, their specific attitude towards younger women. Not long after the death of the adoptive mother and severely disturbed by the children’s mourning, which was expressed in the form of violent devastating acts (beating the other siblings, arrogant behavior, hitting and punching the adopter), the adoptive father stated that he was facing difficulties with the upbringing of the two twins and began looking for a way to remove the girls from the family. A year after the death of the adoptive mother, they were placed in a family-type accommodation center.

According to the reports of the responsible institutions, in that Center, the two sisters were again subjected to sexual violence. They were harassed and Y was raped in the presence of her sister by a driver working at the Center. The same driver had also sexually abused a large number of the other children in the Center.

Next, they were placed in the Crisis Center in Sofia, where the father came to visit them only 2 times over a period of 3 months and was never to be seen again. After their stay in Sofia, the children were taken back to the institution where the latest act of sexual abuse was committed (the abuser has already been convicted and removed from the Center). This event also formed the basis of the so-called “organized rebellion” led by the twins against the staff at the Center.

Following on from this “organized rebellion”, a number of facts related to much violence, uncontrolled aggressive outbursts of the children, severe anxiety and suffering from both children and staff, X was moved to another center in a nearby provincial city. The sisters continued with their aggressive outbursts and behavioral manifestations of uncontrolled aggression towards educators in the institutions. After consultation with experts, it was decided that the two girls should be reunited as specialists believed this may reduce their anxiety.

The relationship between the girls is built on strong dependence. X says that she “manages to calm her sister down”. However, the two are also in constant conflict, related to their attempts to “divide” among themselves the people from their environment – referring to them as “my policewoman”, “my friend”, “my psychologist” and so on. They easily form relationships with other people, whom they also call “theirs” and say that they will “take” them.

Y can hardly keep focused on one activity. The child has poor vocabulary for her age. The same goes for her emotional development. When traumatic moments are mentioned, the child shuts herself off and has difficulty talking about them. When asked a question, she “looks for the right answer” and she needs a few minutes to process the meaning.

The children lack basic childhood memories. They do not remember faces and have no memory of their separation from their parents. The highly traumatic circumstances of their childhood are what determines a closed “protective” model of functioning.

X and Y often mention that “Children are guilty of everything that happens to them”.

Assessment of social needs

With their accommodation at the Center of PULSE Foundation, the children were provided with a safe haven. They were included in rehabilitation and integration programs.

Formulation of the problem

The problem defined herein is the occurrence of violence (physical and psychological, harassment and sexual abuse), which has existed since early childhood in both girls – X and Y. The early episodes of sexual behavior in the children – the fact that something “inexplicable and scary” saturated with much tension and arousal was done before them and with them, is a factor which determines the way in which the children function.

The basic needs of warmth, affection and trust, a sense of safety and security, emotional support and sustainability of the established relationships are all lacking in the functioning of both girls.

Frequent elements of the symptomatic complex in children are the manifestations of regression, such as renewed episodes of bedwetting, baby speech or thumb-sucking (ICD-10). These symptoms are clearly expressed in both X and Y.

Symptoms of anxiety and depression in both girls may meet the criteria for mixed anx-

iety-depressive disorder or **persistent anxiety disorder (generalized anxiety), particularly in correlating with the abovementioned regressive symptoms**. The form is defined by: the anxiety, which is generalized and constant but is not limited or even strongly predominant in any particular external circumstances (i.e. it is a “free-flowing anxiety”). As with other anxiety disorders, the dominant symptoms are highly variable, but complaints of **constant nervousness, tremor, muscle tension, sweating, dizziness, palpitations, vertigo and epigastric discomfort (ICD-10)** are common.

Symptoms which are fully manifested in the children and are observed on a daily basis are usually associated with chronic stress stemming from the environment. The exhibited symptoms are often variable, but there is a tendency for fluctuation and chronification.

The uncertainty in their lives is a major factor. At present, the children still believe that they could have been killed during some events from the past. The ambivalence is central to the girls' thoughts and memories of their biological parents. They often feel angry about having been abandoned by both their biological and adoptive parents.

The aggressive and hostile behavior of X and Y is above all a “defense mechanism” against the “threat” of affection (all important people in their lives have abandoned them). Aggressive behavior is also a manifestation of control over addiction, so that they do not find themselves again in a situation where they are surprised and left without protection from death. They prefer to hurt others and thus control the chance of being hurt.

The vicious circle closes when the experience of guilt provokes feelings of aggression and self-aggression in both girls and they punish themselves through practicing a challenging behavior towards others (each in her own way).

Practical aspects of the topic

Examining the case of the two girls, we will try to separate the two types of response and the manifestation of symptoms in X and Y, which will give us a basis on which to plan our subsequent work on the successful management of the crisis and the rehabilitation.

Symptoms and response

Examining the case of Y, we can see that the intense traumatic past allows us to classify the behavioral patterns within the domain of **F43 REACTION TO SEVERE STRESS AND ADJUSTMENT DISORDERS (ICD-10)**.

The definition includes disorders that can be defined not only on the basis of the symptoms and the course but also depending on the initiating event – an extremely stressful life event that produces an acute stress reaction or a significant change in life leading to long-lasting unpleasant circumstances resulting in an adjustment disorder.

The personality disorder may be seen as a maladaptive response to severe or prolonged stress because it interferes with the coping mechanisms and thus leads to a disruption in social functioning.

- ▶ One of the manifestations is **self-harm** – most often self-poisoning with prescribed medication. Y had **three suicide attempts, which ended with hospitalizations for a few days**.
- ▶ Very often, Y's **suppressed aggression** which led to a sense of helplessness was transformed into an experience of guilt stemming from the illegality and social inappropriateness of her desire for revenge and injury.

- ▶ The child's behavior is also characterized by a very **low tolerance for refusal, provocative and agitated behavior**, with frequent outbursts up to the point of absolute lack of restraint (from suddenly hitting the people in front of her to fighting, plucking, tearing, shoving and knocking objects in front of her over). These manifestations add to the picture of Y's personality disorder and outline a pattern of typical behavioral reactions in adolescents.
- ▶ **The epigastric discomfort** in Y presents with episodes of nausea and vomiting.
- ▶ Y's behavior expresses **strong sexuality and she often re-enacts a sexual act**, demonstrating it to someone in her immediate environment. The features of promiscuous behavior are already developing in the child. Upon mentioning the topic and after consultancy and therapy with the girl, it became obvious that she expressed no criticism towards conventional behavioral norms and the dangers associated with them.
- ▶ Y replaces the complete diffusion of the parental image with **sporadic contacts with casual acquaintances and forms risky relationships based on rehearsed "devotion"**.

Examining the case of X, we can conclude that the intense traumatic past allows for classification of the behavioral patterns within the domain of **F41.1 GENERALIZED ANXIETY DISORDER (ICD-10)**. Anxiety symptoms observed in X meet the criteria for **persistent anxiety disorder (generalized anxiety)**.

These symptoms usually include elements of:

- 1) Dark premonitions - feeling anxious about future troubles (X is afraid that her sister will die), feeling as if you are "on the brink", finding it difficult to concentrate;
- 2) Motor tension - unable to stand still, having a headache perceived as "tension", unable to relax;
- 3) Vegetative hyperactivity (dizziness, sweating, tachycardia, epigastric discomfort, vertigo, etc.) (ICD-10).

- ▶ The behavior of the child is also characterized by a very **low tolerance for refusal, provocative and agitated behavior, with frequent outbursts up to the point of absolute lack of restraint (screaming, shouting, swearing, throwing rocks)**, that add to the picture..
- ▶ The behavioral manifestations in X are based on uncontrolled stress and **fear of being abandoned**, often induced by the panic states and aggressive outbursts of her sister Y or of people in her immediate environment.
- ▶ Uncertainty in her life is a major factor. Ambivalence and **lack of any trust in adults** in the child form the basis of her attitudes and interactions with all adults.
- ▶ The behavior of the child is highly **seductive, yet avoiding** - expressed in "wooing" and "attacking", with the **aggression** being shifted to young women who are perceived as an obvious threat to the relationship "adopter-child".
- ▶ The **aggressive and hostile** behavior of X is primarily a "prevention mechanism" to the "threat" of affection (the degree to which these manifestations are expressed is many times higher in her sister Y).

- ▶ Parts of X's personality have been preserved unaffected and are able to sublimate and process the internal conflict, which is manifested in behavioral patterns expressing the child's talent and creativity (X can draw, sing and dance very well).

Connection with other topics...

If we want a change in the girls' behavior to happen and the traumatic events to be overcome, the leading factor must be an **experience of acceptance, support, understanding and security**..

Topic 2: Psychodynamic “Case Management” Oriented towards Survival

Dynamics of the case, the reaction of specialists, solving the problem

From here on, we will try to look at the case of X and Y through the events that followed, and how our team, “wandering” between professionalism and intuition, between anxieties and obvious fears, between the law and the challenge, managed to find a path to the two girls.

Aims

The main aim of the below text is to make an attempt to **distinguish between “corporal punishment” and “holding”** in the context of “case management” and the incorporation of professionals from a number of organizations.

Information

The challenges started when the two girls were placed in a Crisis Center.

Both girls could not suppress their anxiety in any way.

It was expressed in the following ways:

- ▶ Strong stress due the new environment and studying everything around them in detail.
- ▶ Persistent anxiety, intense fear up to panic attacks.
- ▶ Insomnia and falling asleep for very short intervals.
- ▶ Constant search for human presence and holding the person very close.
- ▶ Constant, endless questions with regard to names, events, dates and the immediate environment.
- ▶ Pretentious requirements regarding food, bedding, furniture, clothing and all other belongings.
- ▶ Rejection and “dislike of anything” suggested (from refusing to eat to eating excessive amounts of food).
- ▶ Pronounced regressive behavior (thumb sucking, compulsive search for cigarettes).
- ▶ Expressing extreme sexual behavior (groping others – both other clients and team members).

- ▶ From polite and seductive behavior to severe violence against authorities (slapping, kicking, plucking, pushing, pouring food on them), re-enacting traumatic events.
- ▶ Incongruity and separation when someone attempts to reach them.
- ▶ Severe tantrum states of “insane meltdowns, rolling on the floor” and hysterical responses, demanding the full attention of the entire team of professionals.
- ▶ Intrusive memories of the event, as if the event is happening again, expressed through heavy emotional states and flashbacks in the form of compulsive images and bodily sensations.

Practical aspects – How to interpret?

In order to explain the accentuated behavior of both girls and the response of the Crisis Center team, we need to return to the key questions raised in Appendix No. 14 “Parenting and Behavior, Parents Seminar, Part I.1”

1. **What does children’s behavior express?**
2. **What affects children’s behavior?**
3. **How is it possible to learn a certain behavioral pattern or manage it?**
4. **What is “desired” and “undesired” behavior?**

The terms “**desired**” and “**undesired**” tend to be coined at the expense of value and when applied to behavior, it depends on the circumstances (reasons) as to whether a certain action is considered good or bad. This may also depend on the intensity and frequency of a behavioral pattern and how it is assessed.

1. Straight to the point: “What does children’s behavior express?”

Everything described in the story of the two twins is the answer to the question.

The children were in a state in which they experienced a permanent existential decay caused by the fact that there was nothing safe and constant around them. Everyone could damage their physical and emotional integrity (as had been proved many times in their lives). These states have been described in a number of psychological sources as life-threatening events or events endangering the health or integrity of the body, which the victim does not possess enough resources to cope with and cannot integrate into his/her mental world, “an experience of death”²⁹.

2. Straight to the point: What affects children’s behavior?

Once more we turn to Appendix No. 14 “Parenting and Behavior, Parents Seminar, Part I.1”

Parents and authorities influence children’s behavior:

- ▶ Whether they know it or not;

- ▶ Whether they plan/intend to do it or not;
- ▶ Parents are role models for their children regarding how to behave as adults;
- ▶ Desired behavior needs to be “taught” to children.

What does the literature say?

Following on from these thoughts, it is important to focus on the early development and care for the child. The psychological literature puts a major emphasis on attachment.

Attachment

John Bowlby (1907-1990) was an English psychoanalyst who believed that mental health and behavioral problems can be attributed to early childhood. Bowlby's attachment theory suggests that children come to the world biologically pre-programmed to form attachments to others because it will help them survive. Bowlby claims that attachment behavior is instinctive and will be triggered by any conditions that appear to endanger the attainment of closeness, such as separation, insecurity and fear.

The child has an innate need to attach to a main associated figure (i.e., monotropy). Although Bowlby does not exclude the possibility of other attachments for the infant, he believes there should be a primary relationship that is much more important than any other (usually the one with the mother).

Bowlby claims that the relationship with the mother is somewhat different from other relationships. Bowlby believes that this attachment is of a different type (qualitatively different) than any subsequent one and its vital importance means that failure to initiate an attachment to the mother or its breakdown will lead to serious negative consequences, including impartial psychopathy.

In this relationship between mother and infant, the child behaves in ways that create contact or intimacy and care. When the child experiences an excitement, it alerts the person who takes care of him/her. Crying, smiling and locomotion are examples of these alerting behavioral patterns. Instinctively, the caregivers react to the behavior of the children by creating a reciprocal model of interactions.

Bowlby (1951) argues that maternity is nearly useless if it is delayed for up to 12 months, i.e. there is a critical period. If the relationship of attachment is violated or interrupted during this critical period, having been deprived of the presence of the mother, the child will suffer irreversible long-term consequences. This risk is present up until the age of five. Bowlby uses the term “deprivation of motherhood” to refer to the separation or loss of the mother and the failure to develop attachment.

Based on the scientific conclusions, we can only imagine the severe risk that the two girls faced ever since they were born. The subsequent traumatic events had fully affected and shaped their behavioral patterns and experiences. Their maladaptive functioning already showed the full range of manifestations since the very moment we first met them.

Constant reproduction – flashbacks

The analytical literature shows that flashbacks can be so strikingly realistic, that many people who suffer from them believe that they are experiencing the trauma again. Flashbacks

are able to mimic the real thing because they cause a similar level of stress in the body. The same hormones that passed through your veins during the actual traumatic moment do so again. The heartbeats and the readiness of your muscles and other body systems to respond are exactly like they were during the real traumatic event.

The children returned to the traumatic events by responding with actions, behavior and intense feelings of hurt (most often Y as she re-enacted her raping). Y felt and responded, as if it was still happening or was happening again.

The specialists

In such moments, the specialists responded “at once”, reminding the child (in a way relevant to the situation) that this event had passed and would not happen again.

These symptoms in both children were also treated through regulated psychotherapy.

Re-enactment of the trauma

It seemed as though every day some invisible force was pushing the two girls into situations in which they were traumatized again and again in the same way as they had been so far (reminiscent of addiction). They provoked the team and the other tenants in the Center in extraordinary ways (spitting, kicking, pushing, swearing, threatening, destroying and making suicide attempts).

Self-harming behavioral patterns in children are precisely the expression of such addiction, as indicated by the scientific literature. When children have experienced physical or sexual abuse, the self-destructive behavior leads to analgesia (no sense of pain) due to the release of opioids. Pain, cuts and burns are attempts to restore the integrity of the individual in the face of the strong anxiety³⁰.

It has been clearly described in the literature that victimized children or adults neutralize the overexcitement of the brain caused by the trauma through a variety of addictive behavioral patterns involving compulsive exposure to situations that resemble the trauma. Experiments in adults show that when placed in traumatic situations, opioids are released into the body and this alleviates anxiety. At the beginning of the re-enactment of the trauma, the victim may experience relief and even a sense of control and authority over the situation, **but as it progresses, the toxic effects of repeated trauma ensue.**

Our professionalism required it – slowly but surely, we, the employees at the Center, managed to withhold the very bodies and the entire existence of these girls and started making small steps forward, towards a change in their self-harming behavior and substituting it for a different one – harmless, self-restraining, respectful and self-asserting behavior and thinking.

3. Straight to the point: How is it possible to learn a certain behavioral pattern or manage it?

The scientific literature indicates that the mature mother can calmly withstand the ambivalence of her child, without calling him/her “bad”.

³⁰ The Compulsion to Repeat the Trauma, Psychiatric Clinics of North America. Volume 12, Number 2, Pages 389–411, June 1989.

Following the ideas of the Psychodynamic Paradigm and Positive Parenting, we tried to recognize and reflect on the signals sent by the girls, to accept their anger, to understand it, and to signal that we would not “fall apart” under its influence.

The already grown-up children of so many “rejecting parents” (in the face of a number of individuals and institutions who had referred them, blamed them and abandoned them) needed a person/people to withstand their anger without falling apart and stay beside them, helping them unite the image of the good and the bad child, which is annoyed by mommy and yet still loves her.

These children were and still are in great need of someone who would allow them to experience their feelings to the end honestly and to mourn a relationship with their mother that was never to be.

To allow them to build their boundaries and to feel the dimensions of their unique personality, different and autonomous from that of their mother.

It was important for us to withstand!

What is HOLDING?

What does the literature say?

Analytical literature and the theory of relations between objects cast a comprehensive light on child development and his/her relationships with his/her significant objects. The theories deal with the prerequisites for the mental development of the primary motherly object, which can be an “adequate container” for the infant’s personality, Winnicott’s “good enough mother”³¹.

In his manuscript “Theory of Thinking” (1967) and in “Learning from Experience” (1962), Bion talks about the infant’s need for a mother who can absorb the evacuations of his/her distress, who can consider them and respond appropriately to them. If this happens, the infant has the feeling of being understood, as well as being reassured. He/she receives the evacuated portion of his/her personality back in an improved state, along with the experience of an object that was able to tolerate and think of that portion. Thus, by interjecting what Bion called the mother’s ability for “reverie”, the infant starts being more able to tolerate and perceive himself/herself and the world in terms of the meaning that things have. The failure of the mother to respond to the child’s distress results in the interjecting of an object that is hostile to understanding, along with the frightened portion of the infant itself, which has been deprived of its meaning, as it has not produced a response. This part is then experienced as “nameless dread”.

In other words, it is of utmost importance for children to have a significant adult (preferably the mother) since earliest childhood who can ensure an environment of protection and acceptance, who can understand the infant’s needs, respond appropriately to them, be there when the infant is anxious and frightened and give names to objects, which the infant will slowly integrate and turn into his/her own.

In the context of the examined cases, we can see that we’re dealing with children who were raised in an environment that does not correspond to the theoretical views about “good enough parenting”, outlined above.

Against the backdrop of this extremely negligent and traumatic parenting, the children were

31 Martha Harris (1965) “Good Enough” Maternity “, Some notes on Motherly Holding in Collected Papers of Martha Harris and Esther Bick.

confronted with insecurity and violence, which became a prerequisite for the problems seen in them, which were expressed in all those dysfunctional ways.

Holding the BODY

An important aspect for the overcoming of such severe suffering by both girls was and continues to be the presence of a secure environment in which they can feel protected, cannot hurt themselves and will not be hurt by others.

When the two girls were trying to destroy everything around them and themselves, the team of professionals at the Center had to restrain them in a purely physical way – through a “tight hug”. As you can imagine, that was not easy by any means, especially considering that they were 15-year-old children, well-developed for their age. Sometimes, this “tight hug” had to embrace the entire body and we had to stay like this for hours. The first few minutes were very difficult. Those were minutes of rioting, struggling and trying to escape the hug. Eventually, the intensity of their attempts and their strength diminished more and more until they faded and relaxed and in most cases fell asleep – Y putting her finger in her mouth, while X covered her head with the blanket.

Those actions were always accompanied by constant talking on the part of the consultants and in nearly every situation by strong screaming on the part of the two girls. Y often re-enacted the scenes in which she had been sexually abused and screamed very loudly the words that had been relevant back then.

X was shouting too and was usually “defending Y”, as had been the case over the years.

Nearly a year later, the symptoms were still repeating, only in those moments X was asking whether she was going crazy!

She was already recognizing them and was beginning to realize it was very difficult for her to control them. Usually, she would say that she was very jealous and would state clearly through tears: “The other children have mothers and I don’t!”

Holding the PSYCHE

Good and restraining behavior is key for children to feel secure and not guilty that they were abandoned by their parents because they are “bad kids” or because “children are always guilty”.

When the team working with the children consisted mostly of young professionals or social workers with insufficient experience in dealing with individuals victims of violence, we noted a systemic rise in tensions up to the point of uncontrolled fear, anger, episodes of unrestrained aggression, paranoid experiences and a whole range of pseudo-delusions.

Projective identification

Projective identification as a defensive mechanism, in which aspects of the self or an internal object are separated and attributed to an external object in an unconscious fantasy, strongly prevailed in the functioning of both girls.

Projected aspects can be felt by the projector as good or bad. Projective fantasies may or may not be accompanied by emotional behavior that unconsciously aims to force the recipient of the projection to feel and act in accordance with the projection fantasy.

Projective identification has been described in the literature as a three-step process during the consultative and therapeutic process:

1. *The patient unconsciously projects in the counselor.*
2. *The counselor/therapist is unconsciously identified with the projection and begins to behave and feel like the projected image, which takes place in response to the pressure exerted by the patient/client.*
3. *The fantasies of projective identification are sometimes considered “acquiring”, in addition to having “attributive” properties, which means that the fantasy involves not only getting rid of the aspects of our own psyche, but also getting inside the other person’s mind in order to acquire the desired aspects of their psyche. In this case, the projective and introjective fantasies work together.*

As a result of the entire specter of experiences, many members of the team were brought to a state where they made the decision to cease working in such an atmosphere, while others were at the end of their tether.

The team had to walk along another difficult path. **Through a clinical process, the projected content had to be changed** in some (good and supportive) way and sent back to the individual through re-introjection so that they could modify the internal objective relationships of the individual.

In other words, it was of the utmost importance to restrain the destructive emotions that overwhelmed us and send them back to children in a good way so that they could build a better and more bearable inner peace.

Separating the two girls was necessary.

Moderate doses of neuroleptics, as well as antidepressants had to be included to reduce anxiety.

One year of intense psychotherapeutic and social work on both cases is marked by a number of successful outcomes achieved with these children.

They themselves also put in an endless effort.

4. Straight to the point: What is “desired” and “undesired” behavior?

Children inconceivably know what behavioral patterns are considered “good” or desired. Therefore, they need to be taught what behavioral patterns are encouraged by parents and authorities. Usually, the desired behavior is not only to be “taught” but also shown – meaning that we need to be a role model for the behavior of our children.

It is important to explain in detail each action or form of response, see **Appendix No. 14** – Parents Seminar, Discipline, Part IV.1.

The goal is to use discipline in such way so as to allow children to get feedback about their behavior and encourage them to demonstrate appropriate behavior in the future.

Methods of discipline, such as some sort of “punishment” are used to supplement the desired behavior. This serves to provide a clear message about what behavior is unacceptable.

In this context, it is again emphasized that the concept of punishment is used in an **academic sense (see Appendix 14** ,Presentation I.1, slides 3 and 4) and in **no way is the same as**

corporal punishment. When we talk about “punishments”, above all we refer to restrictions and deprivation of something possible.

Punishment

It is important to first ask ourselves whether a certain punishment is the most effective way to achieve our goal. There is no point in punishing the child for something he/she doesn't do because he/she hasn't been taught to do it. Often, the problem is that the child needs to learn a certain behavioral pattern rather than cease to demonstrate the undesired behavior.

If we come to the conclusion that we need to use some sort of punishment to deal with undesired behavior, we must think about what punishment would be appropriate and logical, and also about what is most likely to be efficient. It is necessary to take into account different things, such as the age and temperament of the child, the context in which this behavior is demonstrated, how serious the undesired behavior is, as well what the parent desires and is able to follow.

Furthermore, it is not enough to simply know what behavior we want to get rid of and what type of punishment we want to apply – we need to know what type of behavior we wish to see instead.

How should this behavior be promoted, through what steps, through direct learning, rewards, modeling, etc.?

See **Appendix No. 14** – 5 Step model covered in detail on Slide 3, Parents Seminar, Part IV.1.

Punishments imposed on children by parents and authorities are often ineffective and tend to worsen things, cause dissatisfaction and bad feelings between the two sides. Moreover, such conduct by the parent/authority may intensify the undesired behavior of the child because he/she receives much attention due to it.

In our relationships with the twins, it became clear that punishments such as bans did not work and were violated on purpose for the sake of obsessive re-traumatizing.

As we observed the two girls, it became clear that punishments did not have the necessary effect on them. It was important that their good and desired behavior be encouraged and that no attention be paid to undesired behavior, up to the point where it was completely depreciated and ignored.

Module 4 Review

It was of the utmost importance that the entire team working on the case REMAIN professional, DESPITE the challenges of the case, and CONTAIN the trauma rather than practice CORPORAL PUNISHMENT, thus failing its own authority and goodwill as assisting specialists.

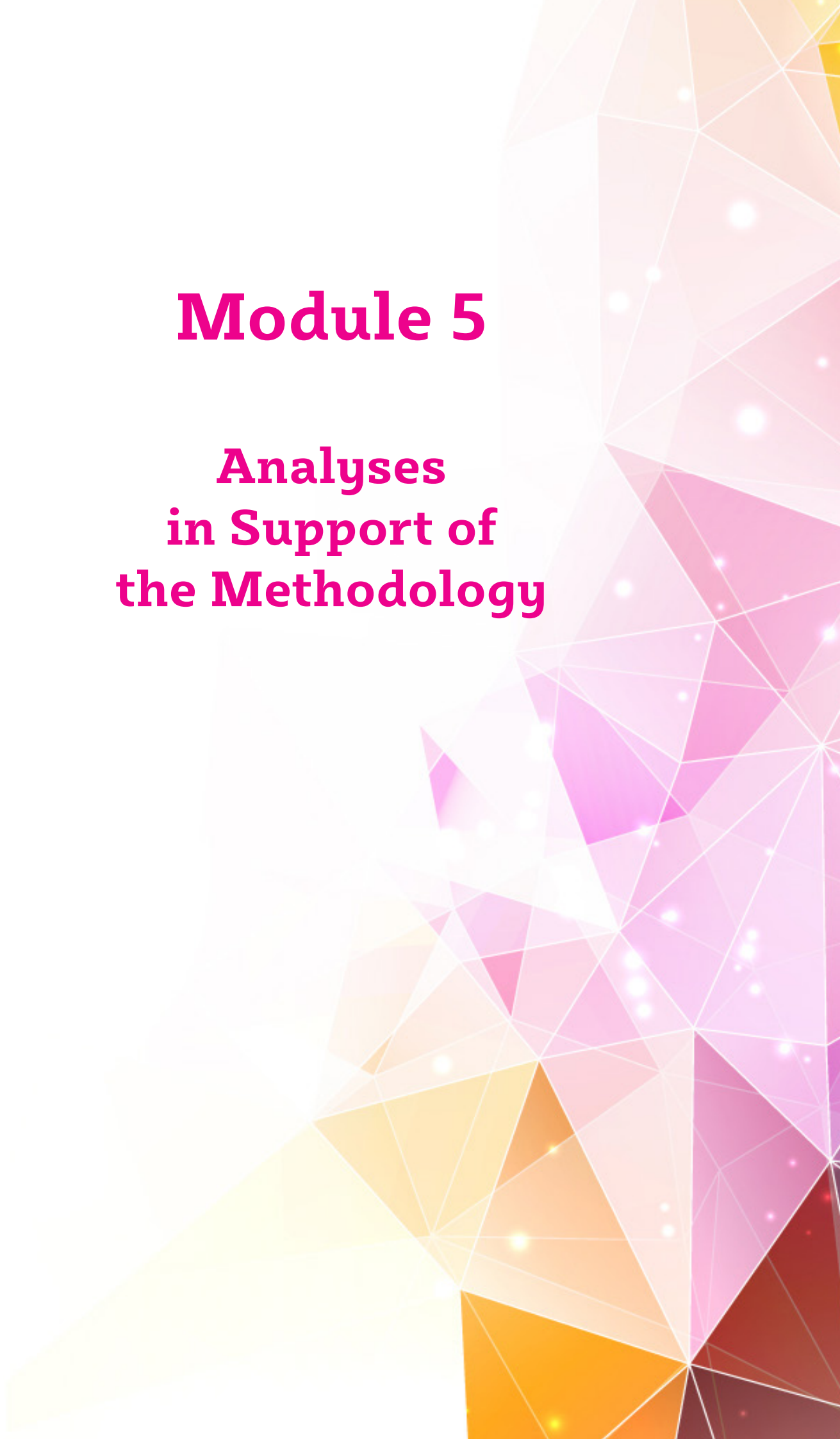
Finally, if we still have to answer the question: What is the difference between VIOLENCE and HOLDING??

The answer is:

- ▶ **To hug tight and give love**, rather than hit and push, full of anger and frustration.
- ▶ **To explain step by step what a child should do**, not to say the end result of what a whole set of actions would eventually bring.
- ▶ **To support and highlight the child's strengths**, not to depreciate and offend.
- ▶ **To say what is good for the child to do**, rather than focusing on what he/she shouldn't do, thus only emphasizing it further.
- ▶ **To reward the child's good deeds and achievements**, rather than neglect them, thereby serving the fears of our own failure.

Module 5

Analyses in Support of the Methodology



The Practical Guide for trainers is based on information gathered as part of national and international studies, a significant portion of which were conducted as part of the project “Let’s Open a New Chapter – Children Help Movement against Physical Threatening and Emotional Repression”. Over the course of implementation of the project, a **screening study** was conducted in Bulgaria, a **microanalysis – preliminary study on the views on corporal punishment of children** – in Bulgaria, Portugal and Cyprus (legal and social framework) and **National representative studies** – in Bulgaria and Portugal, the results of which are reported in brief below. The full text of the studies can be found in **Appendix 16, Appendix 17 and Appendix 18**.

Analysis 1 – Results of the Screening Study

Context

This is the place to remind ourselves once more that imposing punishments on children and the different acts of aggression are very close, yet not identical types of behavior. While the (end) goal of aggression is to cause harm, a punishment is usually intended to rectify someone’s behavior (“education”) by causing harm. Having that in mind, we have divided the main types of aggression in the above analysis by classifying punishments in the following groups:

(1) Physical punishments

- ▶ direct (corporal) – they involve a direct physical contact or the use of facilitating means such as hitting, kicking or using sticks, belts, etc.
- ▶ indirect (causing physical pain or discomfort without a physical contact) – kneeling, standing next to the wall with arms raised, etc.)

(2) Verbal (emotional and mental) punishments – they involve causing emotional suffering or discomfort through raising your voice, shouting, shaming, humiliating, reprimanding, making threats or mocking; depriving the child of certain pleasures or something valuable for him/her (banning games, television, taking away toys); limiting the freedom of movement (isolating the child in a certain area) and others.

Aims

The results obtained from the screening study followed the initially set main aims:

1. Improving the **understanding of physical abuse of children within the family** by comparing its different aspects and simultaneously studying the supposed motives.
2. Expert feedback regarding the **success rate of the suggested methodology among the studied age groups**. Evidence of these significant differences may help in recognizing the key symptoms in children and the prevention of this type of violence through strategies for support, as well as strategies for secondary prevention.

The screening study was conducted among children aged 4–6, 8–12, adolescents aged 16–19

and their parents, along with specialists in the field of child protection.

Gathering and analyzing the objective empirical data on the level of information, opinion, attitudes and experiences of the representatives of the different target groups also provided meaningful results regarding the psychological and physical violence against children and, more specifically, the various forms of corporal punishment as a method of education.

Results

The **obtained results and the conducted analysis** make it evident that physical punishments are an integral part of the educational techniques used by parents of **children aged 4–6** – 17.24% of children have been made to stand facing the wall; 13.10% point out that they have been spanked by their parents; 4.14% have been forced to stand with their arms raised as a punishment; 3.45% have been hit hard; while 1.38% have had their ears twisted.

According to 47.59% of children, among parents and adult members of the extended family, the person most actively imposing physical punishment as a method of education is the mother. The father is also prone to using such methods (37.24%). Although very rarely, physical punishments are practiced by the grandmother or grandfather (4.14%), as well as other relatives – aunt, uncle (1.38%). An insignificant number of children state that they have been subjected to such punishments by teachers at the kindergarten (1.38%). In general, only 28.28% of children report that they have never been subjected to physical punishment by any of the adults taking care of them.

The use of **physical punishment** as a method of rectifying children's behavior is relatively rare, according to 42.76% of children and is only practiced in specific situations. More often (several times a month) such punishments have been imposed on 8.28% of children; several times a week – 11.72%; on a daily basis – 6.90%. 25.52% of children have never been forced to endure physical punishments.

Children aged 8–12

In this target group, parents and authorities most often impose punishments in the shape of upsetting words, ridicule, insults and talking in a reproving manner (30.77%) and relatively less often in the shape of slapping/spanking (13.57%). Children also have to withstand having their ears twisted (5.88%) and being forced to stand (next to a wall) with their arms raised (5.88%), hitting/beating (1.36%), being forced to stand facing the wall (2.71%), being forced to stand on one leg only (1.81%), etc.

Punishments which children in this age group say have been imposed on them by their parents may be classified in the following way:

- ▶ A total of 62.44% of all children claim to have had some form of punishment imposed on them;
- ▶ 31.67% of them say that they have been forced to endure physical punishments (direct/corporal or indirect);
- ▶ 21.27% have been punished only through direct/corporal punishments;
- ▶ 30.77% have had to endure only verbal (emotional and psychological) abuse;
- ▶ 37.56% of children have not been punished through either form of punishment.

Adolescents aged 16–19

- ▶ 76.04% of adolescents report that their parents have never used physical punishment on them;
- ▶ 20.83% have had to endure such punishments, although rarely, only in certain situations;
- ▶ According to 2.08% of respondents, such punishments are practiced on a daily basis;
- ▶ 1.04% – several times a month;
- ▶ As a whole, 23.95% of adolescents have been subjected to corporal punishments with varying frequency.

Examining children’s tolerance for the different forms of punishment, the results indicate that children in this age group have a moderately low tolerance for corporal punishments. Here are some specific examples which illustrate these tendencies:

- ▶ Children who misbehave have to be punished with severe physical punishments because other methods may fail to produce a result (63.35% of all respondents);
- ▶ It is acceptable for parents to impose lighter physical punishments on their children (62.44%);
- ▶ Parents have the right to impose physical punishments on their children but only in specific cases as a final measure (62.44%);
- ▶ Corporal punishments are only practiced for children’s own good (55.66%).

What is striking, is that the percentage of children who report a case of practiced corporal punishment against them decreases with age. The reasons behind that may be summarized in several key directions:

- ▶ In most cases, children are abused by people that they know; “acquaintances that can be trusted”;
- ▶ Adults contribute to the low degree of reporting in children;
- ▶ It is considered that three-quarters of children do not tell anyone;
- ▶ The “hidden” number accounts for key elements associated with child abuse: secret, shame, guilt, fear and often, a feeling of complicity.

Parents

When they have problems with their children – the children’s behavior is inappropriate, they question their parents’ decisions or ignore their own obligations – the predominant part of parents (89.6% of all respondents) most often conduct a calm conversation with the child, aiming to convince him/her with suitable arguments and making references to their personal example.

An insignificant share of parents (0.86%) report that they use physical (corporal) punishments, while other 8.62% use both approaches depending on their assessment of the situation.

Although 53.45% of parents claim that they never use such punishments, 42.24% resort to

corporal punishment, even if in very rare cases and specific situations, while other 2.59% do it several times a month.

Pedagogical specialists

67.44% of respondents' approach to children involves conversations, trying to convince them with arguments and references to the personal experience. 32.56% use both dialogue and corporal punishment, depending on their assessment of the situation. None of the respondents indicates that he/she uses corporal punishment only.

Pedagogical specialists agree to a high extent that:

- ▶ Sometimes, corporal punishment represents the last means to reason with children when nothing else helps (55.81% of all respondents);
- ▶ Corporal punishment of children is acceptable but only in specific cases as a final measure (51.16%);
- ▶ Parents who beat their children do so only for their own good (41.86%);
- ▶ Teachers have the right to spank a misbehaving student but only in very rare cases (41.85%);
- ▶ Some children who misbehave only listen if you beat them (30.24%).

The screening study also aimed at painting a clearer picture of the efficiency of the approaches for sensitization suggested in the methodology, which may be adapted, modified and optimized during the process of implementation. **See Appendix No. 16.**

As observed during the conducted sensitizing seminars with representatives of all target groups, they used to be more tolerant towards physical (corporal) punishments in contrast with their attitude after the trainings were conducted. One of the interesting features is that adolescents demonstrate the lowest degree of tolerance for physical methods of education, in both phases of the screening. A striking aspect is that these methods are best accepted not by parents who are most often criticized for practicing violence, but by pedagogical specialists who are supposed to be trained and whom society has entrusted with the care of children as they grow up. On a more general note, the change in attitudes towards a higher intolerance for physical (corporal) punishments is perhaps the most important result of the project implementation.

Analysis 2 – National Representative Study on the Attitudes to the Right to Protection from Corporal Punishment in Bulgaria

Context

Let us remind ourselves once more that the **right of children to protection from corporal punishment** has been established in international law through a series of documents created on the basis of UN's Convention on the Rights of the Child (Art. 19, Art. 28.2, Art. 37).

Nevertheless, understanding and accepting this right not only by the extended community but also by representatives of the various institutions is still under question. The main negative factors include **decades of societal inertia, personal experience from the childhood period, as well as an insufficient dissemination and mastering of positive methods of education** by parents. A **family's depleted resources**, an incomplete family (most often single mothers), disability of a parent, a parent or child suffering from a psychiatric disease – these are also a significant part of the possible reasons.

Possible other factors include **disappointment with the institutions' lack of activity**, the incompetence of those working in the field of child protection and the sense of not knowing what to do in a situation where someone has witnessed an episode of violence against a child.

Aims

Aim 1 – Estimating the **degree of understanding on the rights of the child** as a whole – do children have any rights, what rights do they have and what do they include, is there any confrontation between the rights of the child and those of the parents.

Aim 2 – Studying the **attitudes** of parents, young people, future parents and children to the right of the child to protection from corporal punishment and the influence that society and culture have in the formation of these attitudes.

Aim 3 – Conducting a **comparative analysis** with the results of the national representative study of 2013.

Aim 4 – **Identifying and testing statements**, directed towards the prevention of the use of corporal punishment.

Results

In addition, the study found a significant increase in the level of anxiety among parents and adolescents upon comparison with the results from 5 years ago.

While in 2013 around a half of respondents considered the place where they live to be the “safest” or “rather safe” for children, nowadays their share is around 40%.

Parents believe that **aggression among children** ranks first in terms of risk, along with the dissemination and abuse of substances such as alcohol, cigarettes and drugs.

The child and his/her education are associated more and more with stress and anxiety rather than happiness and satisfaction. The reason behind this includes the more and more demanding requirements towards parents on how to educate their children, against a backdrop of increasing loneliness when facing this challenge. Back in the day, when today's parents were children, education was viewed as the responsibility of the entire society, whereas nowadays it is regarded a task of parents alone. In larger cities, these tendencies are felt more clearly due to a more stressful rhythm of life and a relatively smaller amount of help which parents receive from their extended family. *The increased worries about the children and experiencing a higher sense of responsibility leads to parents striving for more and more control over the child in all main aspects of his/her life.*

Communicating with children is being perceived as more and more valuable, yet its deficiency is being felt more sharply. Compared to data from 2013, the time which parents spend with their children has diminished markedly. **The time devoted to communication forms the smallest portion of the time which parents devote to their children – around 14–15%.**

The stressful everyday life, the lack of time and adequate help are prerequisites for the lack of understanding of the reasons behind children's undesired behavior and, consequently – parents' inappropriate reaction towards such behavior.

Around 2/3 (67%) of parents report systemic problems with their children. At the same time, only 30% of parents have searched for information regarding a problem with their child.

The data from the quantitative analysis show that in cases of affective states in children, the share of **respondents who would react with a slap** remains unchanged over the last 5 years – between **4 and 6%** in both groups of respondents.

Most prone to such reaction are parents aged 40 and above, as well as individuals who live outside the capital. One group of respondents claim that they **would hit their child only at home and not on the street.** The individuals in this group are precisely parents above 40 and people living in the cities and towns centers of the country's administrative regions (excluding Sofia). These are the people who know in theory that a slap is publicly unacceptable yet are not convinced inside that they shouldn't practice it or do not possess a sufficient educational capacity to substitute it for other methods.

Contrary to our expectations, **respondents living in villages are the least inclined to use physical violence** when their children misbehave.

The most significant change over the last 5 years was observed in the group of adolescents. However, it cannot be assessed as positive. A significantly lower number of adolescents believe that they would try a conversation or make an attempt to divert the child's attention. This decrease is not at the expense of other approaches.

Nowadays, close to a third of adolescents **are at a loss** what to do in such a situation. Only a single step is what divides them from that moment up to the point where they would recreate the reaction of their parents in their own childhood.

The reasons behind the use of corporal punishment and other traumatizing practices by parents are mostly rational.

The most widespread argument for the use of such actions is to **startle** and shock the child so that he/she can understand the seriousness and resolve of the parent, his/her position or

ban. For the different practices, this explanation is provided by between a third and a little less than a half of parents.

Another widely reported reason is parents' willingness to demonstrate to their children that their behavior has certain **consequences**. The share of parents who gave this answer varied between one fifth regarding screaming and shouting, to around one fourth regarding spanking and slapping up and up to one third regarding insults, ceasing communication and twisting the child's ears.

A relatively similar incidence was reported for the understanding that this is **the only way** to correct children's behavior. Roughly one fourth of parents suggest that as their motivation when they slap, twist the ears, shout, insult or ignore their child and approximately one third - when they spank the child's bottom.

The abovementioned arguments, however, are the ones most often present in our everyday lives. **In addition, they put the parent in the more prestigious position of "control", the position of the one who "educates", rather than the one who reacts and is thus in a "weaker" spot.** In a way, the vast spread of "rationality" in the use of traumatizing practices needs to be taken with a pinch of salt, although we cannot ignore the seriousness of the fact that to a large extent such practices involve the use of objects.

A significant number of parents admit that some of the reasons which prompt them to use corporal punishment and traumatizing practices are the emotional conditions caused by their children's behavior:

- ▶ **anger** ("exploding") - most often mentioned as the reason for insults, shouting and the use of corporal punishment (between 1/4 and 1/3 of parents);
- ▶ **insult** - most often mentioned as the reason for ignoring the child and leaving him/her to injure himself/herself if he/she doesn't pay attention to warnings;
- ▶ **embarrassment** before other people and **fear** of losing control over the process of upbringing - both were reported by every tenth parent as the reason for the use of different types of punishment and traumatizing practices.

However, the "rationality" of the used traumatizing practices is illusory to a large extent. If we divided parents' answers into three types - "rational", "emotional" and "mixed", we'll see that parents who adduce entirely **"rational"** arguments are a minority.

Practices which the majority of parents defend with "rational" arguments only are, in a way, the least harmful of their type (at least from the parent's point of view): *spanking the child and letting him/her get injured or burnt if they don't pay attention to the warnings (this applies only to younger children).*

Conversely: the most traumatizing practices of their type - *insults and shouting*, on the one hand and beating with a cane or another object on the other, receive the biggest share of **"emotional" and "mixed" arguments**.

Key data are also presented by the results of the study on the attitudes towards:

The public institutions which are potentially associated with support for the process of education. They are not recognized as useful by parents but rather as indifferent to the need for support or as **mostly looking to impose sanctions**, instead of providing help.

While in 2013, 80% of people believed that interfering in a family quarrel only leads to more trouble, in 2018 their share fell to 56%.

All these facts lead us to several key conclusions:

- ▶ first and foremost, what is needed is a practical understanding and perception of the consequences of **the child's right to make a choice and have an opinion** on the matters, for which he/she can express them;
- ▶ parents are in need of practical advice on how they can achieve a given educational result through **alternative methods**, rather than using corporal punishment and traumatizing practices;
- ▶ in addition, parents also need **psychological help** to overcome the frustration stemming from the failed expectations of their child and the feeling of inferiority due to the setbacks of parenting.

Analysis 3 – Legal Analysis on the Topic of Corporal Punishment and Violence Against Children

Over the course of implementation of the project “Let’s Open a New Chapter – Children Help Movement against Physical Threatening and Emotional Repression”, we conducted a legal microanalysis on the corporal punishment of children in Bulgaria.

Based on the aims of the project, one of our key points was the need to identify the necessary changes both in a legislative and in a practical aspect, which could minimize the use of corporal punishment and guarantee the protection of children’s rights. A key and decisive factor in the struggle against this phenomenon is the political will for extermination of the violence against children and, in particular – the ‘corporal punishment’ of children and the change in society’s attitude.

Several groups of actions are possible:

1. Clear, decisive and uncompromising position on the question of corporal punishment of children:

- ▶ It is necessary for Parliament to discuss activities aimed at eliminating the corporal punishment of children.
- ▶ Organizing public and parliamentary debates on the importance of the problem, as well as parliamentary hearings/sessions to review the respective legislation and all other measures designed to tackle the problem, including an assessment of their efficiency.
- ▶ Adopting a political and social position against the corporal punishment of children.

2. Passing legislation and other measures for the elimination of the problem of corporal punishment of children:

Analyzing the Bulgarian legislation in the field of protection of children’s rights, we came to the conclusion that our national legislation requires actions aimed at making **legislative changes** for the practical elimination of the problem of corporal punishment of children. Therefore, we hereby propose LEGISLATIVE CHANGES IN THE CONTEXT OF “CORPORAL PUNISHMENT OF CHILDREN”.

For the whole analysis. See **Appendix No. 17**

Module 5 Review

See **Appendix No. 19 – Ethical Code for working with children**

CONCLUSION

Dear friends, this is where we end our long story of searching for mechanisms for a more complete interaction with our youngest partners – children!

Thank you for staying with us along the road, which may not be easy but is surely colorful and picturesque, and therefore easy to walk.

We hope that each and every one of us has found his or her treasure along the way, his or her color, hope and source of knowledge!

We would like to share our happiness from the fact that so many partners and supporters have followed us and our path!

We hope you will keep searching for answers and always remain inspired by change!

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MY PERSONAL BODY -
RESPECT AND SELF-ESTEEM

Practical Guide for Trainers

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