



**“Supporting children in dealing with the
impact of violence” -
a call for multi-disciplinary approaches
introducing examples of best practice**

**A contribution by SOS-Kinderdorf International
to the Day of General Discussion on "Violence against Children
within the Family and in Schools",
organised by the UN Committee on the Rights of the Child,
September 2001**

- A. “Bienenhaus and the house of music”: An educational therapy centre, which diagnoses children with behavioural disorders and supports reintegration into their families, run by SOS Children’s Villages Austria









- B. “From Prevention to Treatment”: A continuum of school programs for traumatised children with learning, behaviour and socio-emotional problems 1998 – 2000, implemented by SOS Children’s Villages Lithuania

INTRODUCTION: THE CONCEPT AND FACILITIES OF SOS CHILDREN'S VILLAGES

SOS Children's Villages is a private, independent, non-denominational organisation, which is active in 131 different countries and territories. As an NGO in special consultative status with the Economic and Social Council of the UN, it works to improve the situation and rights of the most destitute children. The primary goal of SOS Children's Villages is to provide children and young people with individual long-term support.

The SOS Children's Village offers a permanent home in a family-based environment to children who have lost their parents or can no longer live with them. Each SOS Children's Village family comprises an SOS Children's Village mother and four to ten children living together in a house of their own. The village itself is usually made up of between eight to fifteen such families. Each mother is trained and the family is supported by qualified educational and psychological personnel. Biological siblings are admitted together. Every child receives individual support, and an education according to his or her needs and abilities to help them integrate socially and become self-reliant.

A further goal of SOS Children's Villages is to help improve the quality of life in the communities where their facilities are located. SOS Children's Villages operate a variety of educational, social and medical programmes, which are targeted above all at local children and youngsters and their families. Kindergartens focus on the development of social, intellectual and motion skills and the stimulation of individual capacities; primary and secondary schools provide high quality education. Medical centres offer a range of different services, the vocational training centres support the professional integration of youth into local job markets and the social centres offer child care, prevention and community development and education programmes.

								T O T A L
SOS Children's Villages	SOS Youth Facilities	SOS Kindergartens	SOS Hermann Gmeiner Schools	SOS Vocational Training Centres	SOS Social Centres	SOS Medical Centres	SOS Emergency Relief Programmes	
*423	312	238	161	120	174	52	12	1.492

Number of countries and territories in which SOS Children's Villages are active	131
Number of children in SOS Children's Villages	39.680
Number of youngsters in SOS Youth Facilities	9.100
Number of children in SOS Kindergartens	17.800
Children and youngsters attending SOS Hermann Gmeiner Schools	74.050
Youngsters attending SOS Vocational Training Centres	12.490
Persons attending SOS Social Centres	41.600
Persons attending SOS Medical Centres	300.000
Persons supported through SOS Emergency Relief Programmes	**22.570

* including 26 under construction / planned

**excluding about 293,000 annual examinations and treatments at the SOS Emergency Clinic in Mogadishu/Somalia in 2000 (March 2001)

“SUPPORTING CHILDREN IN DEALING WITH THE IMPACT OF VIOLENCE”

Many of the children admitted into SOS Children's Villages have to a considerable degree been victims of violence; this could be mistreatment, abuse or domestic violence, or the fact that they have lived in a constantly violent environment marked, for example, by poverty and war. The effects of these traumatic experiences and suffering are often hardly visible, which makes it even more difficult to provide these children with the support they really need. Violence prevention or therapies which aim to support child victims of violence are therefore part of the educational work of the organisation, which is characterised by a constant search for improved methodologies and approaches.

Particular emphasis is also given to dealing with child victims of abuse and violence in staff training and education. Focus areas here include further increasing the knowledge of staff on causes and consequences of the effects of violence on children; and amplifying their competence in working with these children in various social and cultural contexts.

The Hermann-Gmeiner Academy of SOS-Kinderdorf International, entrusted with developing the pedagogical work of the organisation further, has been publishing a book related to the issue, entitled "Childhood and Trauma. Separation, Abuse, War.", edited by Elisabeth Ullmann and Werner Hilweg, published by Ashgate Publishing in November 1999. It deals with the impact of violence and abuse on children and how to support children overcoming these experiences.

The herewith submitted report seeks to share some of the organisation's experiences on the issue by introducing two examples of best practice. It constitutes a contribution by SOS-Kinderdorf International to the Day of General Discussion on "Violence against Children within the Family and in Schools", organised by the UN Committee on the Rights of the Child in September 2001.

Advancing international dialogue and identifying common challenges in this area in an international framework will be an important and necessary step towards further strengthening the rights of children to be protected from all forms of violence and to guarantee their full development.

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A. “BIENENHAUS AND THE HOUSE OF MUSIC”

**An educational therapy centre
which diagnoses children with behavioural disorders
and supports reintegration into their families**

run by SOS-Kinderdorf (SOS Children’s Villages) Austria

*There is a story about a man who believed he was a mouse and went for psychological therapy for years. After, having spent a lot of time and money, he finally told the doctor that he believed he was now healed. “I do not believe I am a mouse any more, I am a man”, he said. “But”, he added, “I am just wondering whether the cat out there on the tree in front of your office knows that as well”.
(narrated by Otmar Czihak, Director of the “Bienenhaus”)*

I. Brief description and background of the facility

An increasing number of children are displaying signs of behavioural disorders with an unclear psychological and personal background. This development can be partly explained by an increased awareness and knowledge of related disciplines, and also by a change of social setting and various factors (often showing a considerable degree of contradiction between child protection and child disregard) which are influencing children and young people in that respect. Also, there has been a shift in youth welfare systems and outpatient care is now the preferred approach. Consequently intervention in some cases is taken too late. This also places more demands and responsibility on the current provision of therapy. The educational therapy centre “Bienenhaus” was founded after these observations, which had revealed that the need for professional diagnoses based on multi-disciplinary approaches had become essential.

The “**Bienenhaus**” (bee-house) educational therapy centre was founded in 1963 as an ancillary facility to the SOS Children’s Village Hinterbrühl, Vienna, (Austria). It diagnoses children from all over Austria who display behavioural disorders or integration problems and have been referred by the authorities to be placed in substitute care. The “Bienenhaus” makes a diagnosis within a period of six to eight weeks, and then recommends the most suitable form of placement for the child and its situation, e.g. a foster family, a children’s village family, a youth community or an institutional placement foreseen by the state. It can also recommend the child be reintegrated into his/her biological family, accompanied by certain measures if the family has initiated or made changes in the best interest of the child. The Bienenhaus also offers temporary support to children already living in the SOS Children’s Villages, who are in comparable circumstances requiring specific support and diagnosis.

A large proportion of these children have suffered from violence or traumatic experiences either in the form of abuse or neglect in the past. The Bienenhaus aims to help these children cope with their experiences and also to overcome the loss of and separation from their families, and to facilitate their gradual integration into a substitute placement. They are also given assistance to enable them to catch up and make progress in their social development or education.

The “Bienenhaus” can accommodate around twelve to twenty children at any one time. While undergoing diagnosis, the children live together in small groups, but also follow their normal schedule, going to school etc.. Interaction with the environment and their natural parents is encouraged and preparations are carefully made for the transfer after the diagnosis.

The “**House of Music**” was established a few years ago as a particular therapy group, which takes in children who have already been diagnosed. It is seen as a temporary, family-supporting measure, which aims to promote and accompany the re-integration of the children into their natural families. The children and their families are either referred to the facility through the youth welfare department

or counselling institutions. Parents who have difficulties with their children can also contact the "House of Music" directly to receive support. A precondition is that parents are willing and able to cooperate fully in the therapeutic process. If admitted, the children live for a period of six months to a year in the "house of music", but remain in permanent contact with their parents. Each child is given a reference person who they can constantly turn to and is given both psychotherapeutic and social therapeutic treatment.

II. Background and behavioural patterns of child victims of violence

Many of these children have experienced at least one or various forms of violence, ranging from mistreatment and psychological abuse through to constant corporal punishment, physical or sexual abuse. Because they develop their own defence and survival mechanisms, these children often perceive their violent treatment by their parents to be normality and do not recognise violence as being something negative. In most cases, the mothers have also suffered from domestic violence by male family members.

A growing number of children have experienced so called "prosperity neglect" and come from privileged circumstances, where wealth and material objects are seen to be more important than emotions and relationships. Children are compensated with money for what parents believe they cannot offer. However, the majority of cases come from weak socio-economic background, where unfortunate circumstances have caused a vicious circle of neglect.

These children often suffer additional trauma in their environment, as they are then labelled as having a "behavioural disorder". This can lead to rejection or violent treatment by their peers, stigmatisation and failure at school. The latter is often additionally hampered by the lack of an adequate framework to help them achieve and perform well (e.g. noise or arguments at home, lack of parental support ...)

At the start of therapy, children who have suffered from abuse and violence might withdraw into themselves and expect the violent treatment to continue. Often, they can even feel neglected when the violence ends – because it was the only form of attention they received – and they develop behavioural patterns which provoke further violence, e.g. setting themselves violent action. Violence for these children is everywhere: language can be considered a means of violence. The use of hostile and humiliating language or physical aggression is a perfectly normal reaction in their environment.

The child repeats and mirrors the behavioural patterns it has become used to and experienced, and imitates the parents' behaviour.

III. The importance of multi-disciplinary approaches

The work of the centre is based on multi- and interdisciplinary approaches and conducted by a team of professionals from different backgrounds. A multitude of methods are used, including clinical-psychiatric, clinical-paediatric and clinical-neurological examinations; psycho-diagnostic methods, functional therapies including speech therapy, occupational therapy, curative socio-educational behaviour observation, psycho-therapeutic procedures, milieu-specific therapeutic approaches, learning techniques etc...

The therapeutic concept assumes that the child's behavioural disorders and related problems are largely the result of family structures and provoked – consciously or unconsciously – by the influence of the people who are closely related to the child.

Emphasis is given to constant collaboration between all partners involved: Parents and/or possible future carers such as the SOS Children's Village Mother, teachers or others outside the centre who the child has constant contact with, educationalists and therapists involved with the child, etc.

The contact between child and parents is governed by clearly defined rules and includes a bi-weekly excursion and holidays, regular visits, previewed mechanisms of permanent exchange, and case sessions are held quarterly. Regular counselling sessions with the parents look closely at the interaction and relational dynamics of the family, and aim to create understanding and initiate a process of change as well as the active participation of the parents in coping with the crisis. Many parents also attend therapy at the same time.

Each child follows a particular schedule tailor-made to its needs, including various kinds of therapy, accompanied by structured intensive and individual counselling sessions. A reference person is appointed who is constantly in charge of the child, who the child can closely relate to and build up a relationship with. Traumatic and violent experiences are worked out during therapy and includes music and dance therapy, speech therapy or occupational therapy.

A time scale and goals are set individually for every child which forms the framework a continuous and cautious evaluation process. Records are made in compliance with the WHO guidelines ICD-10, the International Statistical Classification of Diseases and Related Health Problems.

IV. The therapeutic process: Negotiating limits, broadening horizons

Therapy which supports child victims of violence can never be seen as a ready made, instant formula. What works with one child, does not necessarily work with another. Therefore, careful diagnosis is part of the process of finding the approach and therapy which is most appropriate for the child. The process aims to identify reasons for the situation rather than looking for somebody to blame. After all, constructive co-operation improves the child's situation. The more information is gathered, the more specific a diagnosis on the causes and the countermeasures can be made. Adapting to each child's individual situation is a transversal precondition in the process.

Breaking the circle of violence

In psycho-therapeutic care, the children who have suffered from violence and abuse normally transfer their learnt behavioural pattern onto the therapist. Here, set rules for social interaction show the children that there are limits to their behaviour, which they have to respect and keep to. Often, children have seen such rules being broken by their role models or in their environment. It is therefore to be expected that they will constantly challenge these limits in order to test to see what reaction they provoke in others, and which reaction they receive. In this dynamic, it is crucial that their established pattern of receiving violent reaction and reacting violently is broken.

Responding to the child's provocation in a non-violent way, but also negotiating its behaviour and setting out clear rules is an indispensable part of this educational process. The child should not be reminded of even the slightest form of violence, so any kind of pressure, degradation, physical or psychological suffering, frightening, rebuke or provocation of violence, including verbal abuse in the form of threats, must be avoided.

An important factor in dealing with violence in this process is play and physical exercise, as this helps the children to release tension related to violent experiences and to work aggression out in a physical, but non-violent way.

Dialogue and positive affirmation

In this process, while constantly negotiating limits, the child has to have new emotional experiences which correct their established image and patterns. Instead of violence and sanctions, the child will find a personal confidential conversation and understanding. Positive affirmation and encouragement

are priority here, where the child's achievements are commended rather than the negative aspects highlighted. Agreements are made and positive behaviour emphasised.

The child is asked why he/she reacts in a certain way and is helped to think about it. The experience of realising the impact their action has on others helps to build self-esteem and perception as an individual. Respect for the personality of the child is a main requirement in the process.

The role of social learning

Another important element is the social learning which takes place in the shared routine of day to day life. This aims to help promote a sense of self-criticism, the ability to communicate and act independently, as well as constructive conflict resolution or learning to comply with social norms and values. Individual and group activities, planning leisure time and festivals form part of the educational support.

The social interaction also helps the children to develop a sense of social responsibility by learning to treat others as they want to be treated themselves and to respect their need for security. This reference to the child's relationship with other group members is important, the other group members and the children then start to correct themselves. If a child has acted negatively towards its environment, it will re-compensate the damage caused. This is part of negotiating the social life in the group and strengthens communitarian aspects and group-building.

Challenges for the therapist

The "professional relationship" an educationalist develops with the child, which involves offering confidence and relationship, without establishing ties which are too close and could then cause further experience of loss, is among the most sensitive aspects to be handled in therapy. Coping with the "transfer behaviour" of the child is like walking a tightrope. Careful supervision and constant exchange among the team is indispensable in providing support.

Therapists and educationalists face major challenges. While most children have experienced male violence, they develop defence mechanisms of self-protection, blaming women, and also perpetuate customary patterns. Boys in particular use degrading language towards women as they have been taught, and consider male role models to be "cool" and desirable, while women are seen as weak and victimised. Also, it is more difficult for women to deal with the violent reaction of children. On the other hand, male educationalists might be more often confronted with the role of perpetrators played by their male counterparts, and have to carefully handle their reactions.

Nevertheless, it is important for the children to experience both male and female role models in the therapeutic process, and the positive relationship between the educationalists serve as an example to the children. Particular importance is also given to transmitting a positive image of the parents.

A child who has suffered trauma and violence may have experienced irreversible damage. Environmental influences, which play a role in violence against children will eventually continue to persist. The aim of therapy therefore, in the words of the leading director of the "Bienenhaus", "cannot be to pretend to heal the child, but rather to prepare it for life. This means to support him/her to become aware of the mechanism and reactions he/she has developed and to learn to respect and deal sensitively with themselves. And, most importantly, to strengthen the child for the future and enable it to seek help when necessary."

(This article is based on an interview with staff from the educational therapeutic centre Bienenhaus / House of Music, and focuses on various aspects of its work related to child victims of violence in this context. Further information is available.)

B. FROM PREVENTION TO TREATMENT

A continuum of programs for traumatised children with learning, behaviour and socio-emotional problems, 1998 – 2000

by SOS Children's Villages Lithuania

I. Background of the project

Life appears to be becoming increasingly insecure for children in Lithuania. Possibly related to the social and economic situation in the country, more and more children are being abandoned, abused, becoming violent or suicidal. Children, who are traumatised from early childhood often develop depression, behavioural and personality disorders or learning difficulties. Therefore, crisis intervention and prevention has become a priority task, and comprehensive school-based psychosocial and mental health programs have been developed in response to this situation. Children and young people spend most of their time and interact socially most at school. Schools are a good place to detect the signs of disturbances and abuse at an early stage, but are also a framework in which other forms of violence and assaults can happen. The school was therefore chosen as the focus point for this project, which aimed to implement a new model of crisis intervention and prevention services, by uniting both the health care and educational system. Reaching out to children, parents and teachers, the project aimed to address both domestic violence and violence in schools, considering the relation between the two as far as possible.

The whole project was designed and carried out by SOS Children Village Vilnius in conjunction with different partners, and was sponsored by Radiohjalpen Fund Sweden. It was very well received by Lithuanian society.

II. Target group and structure

The project involved teachers, parents and students of primary and secondary schools in Vilnius, Lithuania, over a period of two years (1998 – 2000). A questionnaire aimed at investigating the prevalence of violence in schools and data was later published. While the classes ran normally, additional training measures were identified and then offered to improve the situation. These included the following:

1. Training of personnel/teachers in crisis management

The aim of this training was to teach effective ways of dealing with problematic children; conflict resolution skills; dealing with difficult pedagogical and psychological situations; helping children suffering from abuse and assault; crisis intervention; diagnostics of psychical disorders as well as addictions and violence prevention.

2. Training for parents on active parenting

Four planned parents groups were formed who showed initiative to achieve a better understanding of their children. They completed the course on active parenting. A total of 87 participants benefited from the groups.

3. Peer support groups for children and adolescents

This support focused on enhancing social skills; empowerment; depression and violence risk prevention; coping with crisis and transition, and preventing failures at school.

III. Methodologies used

1. Training of personnel/teachers in crisis management:

After an initial period of explanation and motivation, two groups of primary school teachers (10 to 12 members each) and two groups of secondary school teachers (10 to 15 members each) completed the whole training process. The same groups were kept to create peer support groups for crisis intervention and prevention at school after completion of the project. The topics of six block training seminars for each group were as follows:

- Communication skills training to deal with problematic children
- Conflict resolution
- Difficult pedagogical – psychological situations in the educator’s work
- Child in crisis – ways of intervention
- Addictions and means of prevention
- Impact of abuse on the psychosexual development of the child

The results of the training were evaluated by the teachers in written reports, where 80% of respondents said that the course was interesting, and that it met their needs and enhanced their own initiative. 100% recommended this kind of training for other schools. An increasing awareness, self-criticism and personal growth could also be observed among the teachers.

2. Child support groups

After individual consultations and meetings with parents and teachers, five groups of children (10-12 each) from primary schools and six groups of children (10-15 each) from secondary schools were formed. All social skills training sessions (20-22 meetings) were carried out in two stages with several months break in between. Four skilled psychologists were invited to run these groups. After completion of the course, feedback was exchanged between parents and teachers about changes in the children's behaviour. The results were evaluated according to this feedback and the children’s motivation to participate in the groups, also on the basis of written reports from the teachers involved. The following was achieved:

- Better cohesion among the children in the groups
- Enhanced social coping skills
- Increased self-confidence and cooperation with peers
- Attitude of teachers and parents towards “difficult” children was modified, they became more flexible, seeking help and discussing problems
- Signs of crisis were more easily visible in the child’s behaviour
- Parents were consulted and could share the children's experience in the groups
- A group of children in need of individual consultations was identified to attend peer support groups

3. Peer support groups

Groups of children (12 members each) were selected along with teachers and parents, who mentioned such problems as: difficulties relating to peers, learning difficulties, behavioural problems, shyness and inhibition. Group meetings were held twice a week for 1,5 hours in two blocks with several months break in between. The meetings consisted of one hour working with children and were then followed by a half an hour discussion with teachers and parents. The groups aimed to:

- Develop psychological strength
- Form effective communication skills (active listening, interest in others, giving feedback, expressing opinion, taking your turn to speak)
- Develop important social skills (decision-making, ability to say “no”, taking responsibility, self assertiveness in socially acceptable ways, identification and expressing emotions)

- Resolution of conflict situations, indicated by group members
- Explanations and recommendations for parents and teachers, how to deal with concrete “difficult” cases, encouraging new ways of communication

Structure and content

Time was devoted to the creation of a safe climate. The methods used were pro-active and involved performing tasks of communication, modelling social situations and role play, discussions, giving feedback; and working through difficult situations and conflicts. Fixed “farewell rituals” were held to end the group work. Time was made available for individual consultations with parents and teachers before each group started. In one group, the whole class including the teacher was involved in group work. An evaluation meeting with all the parents was held afterwards.

Changes observed

Parents actively participated in discussions during the group process and started to attend parents meetings at school. They gained insight into their children's behaviour, noted increased self-confidence and strengths, and some of them were encouraged to seek individual consultations for their children. Teachers shared their observations in the class, that even very active children could better concentrate on class work and became calmer after having attended the groups.

Initial discussions with children about the future work with a psychologist revealed their ignorance about psychological service. Misconceptions were found to be prevalent, – i.e. that a person going to a psychologist was “silly”, “crazy”, “retarded”, etc. It was striking how their understanding changed after ten group sessions. They saw the psychologist as a person, who helps you when you want to do something bad to yourself or another person; he helps to understand, when you are sad and calms you down; he encourages you to feel free in a group of peers, to be brave enough to give your opinion, to be more joyful; a psychologist helps people understand something they do not understand and gives advice. These findings show that the children became more aware about their feelings and how they can get/ask for help from other people.

IV. Major Findings

a. Questionnaire

A questionnaire on the situation of children and teachers in schools with regard to violence and trauma was carried out in 2000. 154 children and 56 teachers participated in the survey the results of which were published in a publication “Adolescent in nowadays society”.

Some figures taken from the questionnaire carried out in two secondary schools (7th grade) in Vilnius show that:

- The most prevalent form of violence is emotional violence (humiliation, ignoring, nicknaming, damaging property, etc.) – 86% of respondents in one school and 92% in the other noted that there are children in their class, who constantly humiliate others.
- 86% of respondents in both schools have pointed out that there are pupils in their class, who constantly use physical violence against other children.
- 12% of children constantly suffer from both kinds of violence and are “scapegoated”.

The study was conducted anonymously, making it difficult to identify social or cultural factors which have an influence on violent behaviour, but an important difference could be noted in two classes: In one, 44% pupils said that they had suffered from a form of violence at least once, in the other two classes there were only 20%. This reinforces assumptions about the impact of group dynamics, and that this phenomenon is not inevitable and can be controlled.

Teachers noticed the following psychological consequences of violence on the children:

- 95% of the children appeared to be suffering from apathy, pessimism or depression
- 74% appeared to be isolated and withdrawn into oneself

- 68% had behavioural disorders (aggression, conflicts, destructive behaviour, irritability)
- 53% their school marks and achievements deteriorated
- 32% suffered from abrupt changes in behavioural patterns
- 26% suffered physical symptoms (eating and sleeping disorders, fatigue, difficulties to concentrate)

b. Crisis intervention

Practical methods of crisis intervention and prevention of violence are reflected in the book on crisis intervention and the content of seminars for teachers and parents.

The group of children identified as at risk of abuse adhered to the following significant patterns:

- Different from others physically or psychologically (e.g. hyperactive, too “fat”, disabled, etc.)
- Different ethnic, cultural or religious background (e.g. black – skinned in Lithuania, Children of immigrants)
- Unwanted children (born out of wedlock or rejected in their families)
- Children from families living in social isolation (e.g. those of prisoners or mentally ill persons)
- Families going through acute social changes (e.g. impoverishment or enrichment)

Important aspects in regard to prevention measures were found to be:

- Teaching children to value themselves, enabling them to feel loved and gain self-esteem. Also, ethical values, such as the distinction between “good” and “bad”, need to be addressed in order to raise the children’s awareness of their own dignity, rights and protection.
- Supporting the child’s natural and healthy relation to its body, through touching it or naming the parts of the body. Being able to respect their own bodies will also help to strengthen the awareness that nobody has the right to cause pain or violate another person.
- Strengthening the children’s feeling of safety and establishing their own frontiers. Empowering them to be vigilant towards grown-ups, not only strangers; and to say “no” even to someone they know, when he/she makes the child feel uncomfortable.
- Building relationships of trust within the class, among the students and between the students and teachers. Reassuring the children that they can trust you and you believe them. Children shall know that transparency is right, and that they can tell about having been experiencing violence even when they were told by their abusers to keep it secret.
- Relieving children by assuring them that no matter what violence or insult they experience, they are not guilty for what happened.

V. Follow-up / References

a. Conference “Children in crisis”

This conference was organised on 25th January 2000 in Vilnius, and was attended by 150 participants, mainly school directors, teachers, students and teachers of Pedagogical University, educational departments, school psychologists and social workers. It was based on the operation of the project and included two plenary sessions on crisis management and suicide prevention. The third session was devoted to evaluating the project, with the participation of everyone involved.

b. Follow-up publications

In order to reach a wider audience and to present the results of the project in a structured form, two books about children in crisis, “Be attentive. The child got into trouble”, and “An adolescent in nowadays society” were published in 2000, currently available only in Lithuanian language. They were based on the project operation and contained both the findings of the questionnaires and the

results of the conference. They were delivered to all schools and educational departments, libraries, child care institutions and psychotherapeutic centres, as well as youth “hot lines” and child support centres. The publications were received with great interest in the society and are seen as very practical and informative. A further booklet about learning disorders, “What should teachers and parents know about learning” was published and delivered by pedagogical – psychological services. In the publication “SOS Children Villages” experience of 5 years of SOS in Lithuania the project is summarised and includes a problem analysis. This experience was shared with other child care institutions and child rights agencies.

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