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Italy Report

Assessment with professionals

Survey with professionals realized throughout the project Support to Adult Survivors of Child Abuse in Institutional Settings JUST/2015/JACC/AG/VICT/9292

November 2017

The work stream 1 of SASCA project includes a survey based on the use of structured questionnaire for social workers, psychologist and other stakeholders, in order to assess the level of perception of the risk of institutional abuse and its short and long-term impact, and to explore which is the most common ideas on what the institutions could do in order to take on their responsibility, and the compensation and level of protection guaranteed to adult survivors.

The survey addresses the problem of child abuse in institutional settings, particularly in residential care, from the perspective of adult survivors in order to understand the long terms effects of such events, how and if the survivors of these crimes may find protection and compensation in the existing legal framework, and how their experience may enlighten prevention strategy for the protection of children living today in residential care. The child abuse in institutional settings is still an under-researched area and it has not received the proper attention and recognition by the scientific community.

The questionnaire was accessible online. In the project we planned to reach an estimated proportion of respondents:

- 25% social workers of local protection agencies or local social services
- 20% psychologists, psychiatrists of local health services
- 20% representatives of institutions and other professions (municipalities, Courts, police)
- 25% persons working in residential services
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The results are quite different from what was foreseen, in particular we decided to prepare a shorter, ad hoc questionnaire for the representatives of institutions because the one for professionals was considered too long

Section 1. The respondents

We collected 128 questionnaires. The respondents are 80% woman and 20% man. The majority has an age between 50 and 59 years.

Tab.1 Age's distribution (%)

25-29	3,9
30-39	21,9
40-49	25,0
50-59	30,5
60+	18,8
Total	100,0

The 90% of them had attended the University, and have a University degree. They are mainly social workers (48,8%), psychologist (27,6%), professionals working in residential care (6,3%).

They have a Permanent employment, generally in the public sector. Over the 50% has been working in his/her actual role for more than 16 years, and half of the respondents are working directly with children who live in institutions.

Tab. 2 How long have you been working in your actual role?

This is my first year	3,3
1-2 years	6,5
3-5 years	9,8
6-10 years	15,4
11-15 years	12,2
16-20 years	52,8
Total	100

Section 2. Knowledge and perception of child abuse in institutional settings

Almost all of them (80%) know what happened at Il Forteto. They were informed mainly through television and newspaper (67%) or by a colleague (22%); only the 4,7% was told on the event by the victims themselves.

The 60% of respondents describe institutional maltreatment as physical, sexual, or emotional abuse committed by those individuals directly responsible for the child’s care (childcare workers or foster parents). It occurs when programs operate below acceptable standards. Institutional maltreatment is not committed by a single individual or a single agency, but it occurs when the childcare system is stretched beyond its limits, and it is also related to inadequate control by the agencies responsible for the care of the children.

For others (18%) it is identified with acts of neglect, physical or sexual violence committed by persons having responsibility in relation to child’s protection and care; and for the 22% it is not committed by a single individual or a single agency, but it occurs when the childcare system is stretched beyond its limits.

One person adds that institutional ill-treatment is often associated with denial, minimization. There has been a public attention on this issue, and the research has contributed in widening the knowledge on the phenomenon, it is recognized that there are several, different forms of child institutional abuse that need prevention and supervision:

- Death caused by bedrails (Miles and Irvine, 1992; Parker and Miles, 1997)
- Fraud in nursing homes (Halamandaris, 1983; Harris, 1999; Harris and Benson, 1999)
- Lack of basic standards of privacy (Counsel and Care, 1991; 1995)
- Medication abuse (Akid, 2002; Chambers, 1999; Hansard, 2002)
- Neglect associated with under nutrition (Aziz and Campbell-Taylor, 1999; Dodge, 1998)
- Negligence leading to pressure sores (Berlowitz et al., 2000; Payne and Gray, 2002)
- Nursing staff burnout (and burnout amongst other grades of staff) (Duquette et al., 1995; Heine, 1986; Schaufeli and Janczur, 1994; WHO, 1995)
- Organisational factors leading to low standards of care (Commission for Health Improvement, 2000; Wardaugh and Wilding, 1993; Wiener and Kayser-Jones, 1990)

- Physical working conditions in hospitals (Healthcare Commission, 2007; Millard and Roberts, 1991)
- Poor physical care and quality of life (Commission for Social Care Inspection and Healthcare Commission, 2006; Hughes and Wilkin, 1989)
- Resistance to change in care (Smith, 1986)
- Sexual abuse and rape in nursing homes (Burgess et al., 2002; Dergal and de Nobrega, 2000; Ramsey-Klawnsnik, 1993; 1996)
- Stagnant activity levels (Ice, 2002; Nolan et al., 1995)
- The use of various types of restraint (Brungardt, 1994; Liukkonen and Laitinen, 1994; Ljunggren et al., 1997; Mapp, 1994; Marks, 1992; McDonnell, 1996; Sullivan-Marx, 1995)

The 68,6% of professionals know other events of institutional abuse different from Il Forteto, they happened mainly in the past (67%). They were reported to judicial authority (73%) and were illustrated also in newspaper and on TV.

The majority (53%) thinks that institutional abuse is a recurrent phenomenon, and that it has specific psychological, physical and social effects on the victims.

In general, the respondents show a quite clear idea of the effects of institutional ill-treatment. According to them the most severe lifelong psychological consequences, include low self-esteem, depression, and relationship difficulties, risk for emotional or behavioral problems. Some examples:

“Deprivation of consciousness and awareness, attack to individual’s identity and integrity, stealing of childhood and adolescence, unbalanced-non-harmonic reactions”

“Lack of confidence in the institutions and in services”

“abandonment, impotence (everyone knows and nobody talks), sense of being victims of the State”

“I think that the consequences cannot be predictable in a standardized way, but I think they should be seen case by case. Abuse by a caregiver (parent / relative, educator, priest, etc.), causes always devastating effects on the child, who will suffer of it throughout his/her life”.

“distortion of self-perception; absence and / or lack of autonomy in the daily activities; psychological and psychological problems”

“mental disorders, disorders of social adaptation, eating disorders, addiction risk”

“It is a re-trauma on already traumatized children. It is more serious if it is done by those who have to protect or take care of the child. The consequences are linked to the loss of confidence in the possibility of a restorative experience. Depression, somatizations, social isolation...”

“Institutional maltreatment is acted by people in charge of child care and protection; it has several effects depending on the age of the child, the type and severity of the episodes, the degree of familiarity / type of relationship between the victim and the abuser and the type of support the victim has received. Those experiences interfere surely with the positive development of the child, compromising various aspects, such as social and interpersonal relationships; the development of psychopathologies and anti-social / delinquent behaviors, these are the most negative effects that compromise the entire life of the child”.

But there are also some definitions which decline institutional ill-treatment also as a dysfunction of the procedures of the protection system:

“I would like to distinguish between two type of institutional ill-treatment : one type includes episodic or persistent abuses and ill-treatment by operators on children living residential cares, in this case the effects are comparable to the abuses suffered in the family, with the aggravating of the position of protection and care that the abuser should have; the second type concerns the institutional maltreatment of the system that does not work properly: high turnover of operators, bureaucratic

problems or mistakes or problems in the judicial procedure, children placed in communities and then forgotten for years, etc. Even in this case, the harm is serious, because the removal from home and the period in residential care should be a temporary solution. When the permanence of the child in the residential care lasts for too time, it causes regressions to the benefits of the first period of protection, too long exposure to the suffering of the other guests, triggering feelings of mistrust and helplessness both in minors and in families and in operators”.

Special needs

Nine respondents out of ten, believe that the victims of institutional maltreatment have special needs:

- “listening and understanding
- psychological, economic, social assistance
- public recognition of the social responsibility of institutions and services for the harm suffered by the victims; recognition of the individual damage and offering care and psychotherapy, support for reintegration into social life
- the victims show the need for a side-by-side support in the school, in socialization paths, in affiliation when building a bond with a foster family, of a step-by-step therapeutic path throughout the developmental arena and even of adulthood
- need to rebuild their image of themselves and their history
- need to reconstruct the image of themselves and their history in a positive way
- need of social redemption, of regular life, of justice for the damage suffered
- they need a lot of attention because maltreatment has occurred within the circuit of the protection of the services. the focus of attention should therefore be to "relieve" the relationship between the users and the institutions, to reconstruct the trust that has come less”

Section 3. Responsibilities

The questions of this third section explore responsibilities of professionals concerning maltreatment of children removed from home and placed in residential care.

There are several explanatory models for institutional abuse, in particular concerning patients and adults; they can be useful also in our case because help in drawing together the factors that are predictive of patient mistreatment (Scottish government):

- Exogenous factor-for example, bed supply and employment rates. Then, due to bed shortages it is could be almost impossible to close children homes that are reported with inadequate standards
- Institutional environment-for example, inward looking organizations that stifle criticism and complaints are more likely to be abusive. "Whistle blowers" in such organizations are likely to be subject to considerable abuse and bullying. Management failures are caused by inward looking organizations that lack clear lines of responsibility
- Patient characteristics-research evidence suggests a direct link between resident violence and challenging behaviour as predictors of potential abuse (Conlin-Shaw, 1998)
- Staff characteristics-for example, reduced education levels, negative attitudes to children, and high stress levels
- Finally, the neutralization of normal moral concerns leads to a situation where people are seen as objects and not subjects; this is closely connected to the imbalance of power, with the powerful in control of the powerless

“Who should have been primarily watching in order to prevent the abuse?” The answer to this question tend to identify the figures of responsibilities: the responsible of the residential care, the professionals involved directly with the children in the residential home, the professionals involved directly with those children outside the residential home and the judge.

The relevance of the role attributed to the responsible of the residential care (63% choices), seems to be a delegation of responsibility, that is also an erroneous understanding of the existing laws who keep on the social workers the legal responsibility of the children removed from home.

(multiple choices)	Recurrence in responses (max three)
The responsible of the residential care	63,0%
The social worker from the residential care	24,0%
The case manager	1,0%
The relatives/family of the child	4,0%
The professionals involved directly with the children in the residential home	51,0%
The professionals involved directly with those children outside the residential home	57,0%
The child’s doctor	15,0%
The child’s councilor/psychologist	7,0%
The child’s therapist	4,0%
The judge	39,0%
Other, please specify	16,0%

The public system should take care of the victims, this is quite clear in the answers to the second question concerning the assistance to the victim.

The high percentage of answers related to Judicial authorities underline the dimension of Justice that is very important in this context because it is often denied to adult survivors.

“Who should primarily support/take care for the survivors?”

(multiple choices)

	Recurrence in responses (max three)
The responsible of the residential care	3,0%
The social worker	51,5%
The judicial authorities	50,5%
The child’s doctor	5,0%
The child’s councilor/psychologist	24,8%
The child’s therapist	36,6%
The relatives/family of the child	6,9%
The professionals working in the residential care	13,9%
The health system	56,4%
Other, please specify	15,8%

The interviewees describe the responsibilities of the professionals working in institutions in relation to the situations of maltreatment as a mix of personal and institutional responsibilities.

The factors in personal or individual role, which may lead to institutional ill-treatment, are explained in terms of:

- Lack of skill for detecting situation at risk or already under danger,
- Negligence, which must be evaluated as responsibility;
- Nor recognition of the own role of public officer, which implies specific duties and functions;
- Lack of control on the standards of the place where the child is sent to live in;
- Lack of moral, professional, legal responsibilities, responsibility to protect the children, to denounce the abuse
- Conflicts and dynamics of power
- Lack of adequate training
- Lack of personal courage to break the silence, to denounce a structural collusion among components of the system

Concerning the institutional responsibility, it is linked mainly to:

- the exercise of power of control and monitoring
- the clear recognition of the role of each actor which have specific duties in the protection and care of children removed from home
- the awareness that a failure of the system means a new trauma of the child and an attack to the child’s trust in the protection system.

“Responsibility is very high, because the professional who works with minors, should embody the possibility of a real change in the life of a child. Exposing the children to new ill-treatment can undermine the hope and trust of the victims in institutions, by persuading him/her to deserve or not be able to avoid a victim's destiny”

“Assuming responsibility means recognizing those organizational mechanisms, that develop risks of maltreatment. Responsibility indicates a constant research for truth and the sharing of good practices and tools”

“Collective blindness (which allows not to recognize the abuse) does not arise in the single subjects but in the relationship between subjects; it is a product of “what is not told” in the not, it derives from the power’s conflict, the mistrust in the institutions and among professionals: all these elements facilitate the lack of responsibility which colludes with institutional ill-treatment”

“Regarding The Forteto, professionals are called to control and they have done it. The type of community did not allow professionals to do additional controls”.

“Regarding the violence in residential care, the responsibilities relate to staff selection, staff’s training, control and constant monitoring of what happens in the community. We need to be aware that responsibility over the children is great. The institutional maltreatment involves a system of different bodies and actors; there is the responsibility of those who work in the children communities, and needs to be coordinated with the responsibilities of the other actors (respecting the roles but having the courage to be proactive and to report possible delays and harmful malfunctions)”.

“There are very specific responsibilities, the professionals must be trained, and need to be supported even with a supervision and having space for sharing experience”

“a professional who neglects to recognize implicit and explicit signs of ill-treatment, should be considered "accomplice" (co –responsible) of the maltreatment itself”

“We need clear procedures for control and monitoring, we need a clear Framework Project in which specific and diversified responsibilities are assigned, depending on the role each actor plays; the main responsible is the case manager of the framework project, i.e. the Social services or the Public Health services”

In the professionals’ opinion the most relevant obstacles to recognize the responsibility of the public system for situations of violence against children in institutional care are:

- Lack of adequate control 40%
- Collusion 13%
- Lack of adequate training to recognize the signs of violence and to exercise control/to be able to take care of the relationship with the “clients” 13,5%
- Lack of responsibility’s assumption by the services or single professional 13,5%

- Poor direct contact with the child/no hearing of child's experience 10%
- Other 9%

In the respondents' opinion what would make easier the process of taking responsibility for institutional abuse are: clear procedures for control and monitoring (protocol or list of rules that must be respected); sanctions in case of violation of professional's duties; training on the duties of each professional role and for detecting violence; the capacity of professional to get in touch directly with children for hearing their experience in order not to rely only on what the adults tell or describe of child's condition of living; coordination among services in order to maintain a control on child while he/she is in the residential care.

The 92% of the respondents think that the adults that were victims of institutional abuse during childhood, should receive the excuse for what they suffered. The subjects that should publicly excuse for what happened are mainly three: the professionals who did not control; the representatives of the services and institution, that did not control; the abusers.

Section 4. Taking care of the victims of child abuse in institutional settings

According to the respondents, the victims of institutional maltreatment need a response in term of recognition of what they suffered, but also specific services in order to face the long-term effects of trauma,

Tab. What do you think are the needs of victims of institutional maltreatment?
(multiple choices)

	Recurrence in responses (max three)
Psychotherapy / counselling	73,5%
Social Support	33,7%
Moral compensation for the damage they suffered as result of the abuse	18,4%
Public Recognition of Institutional Responsibility	32,7%
Believe in their story	23,5%
Recognizing the courage of victims in revealing the history of maltreatment / Recognizing the value of their stories	43,9%
Legal Advice / Justice	28,6%

Material compensation	11,2%
Social reintegration	25,5%
Other, please specify	4,1%

The cost for the healing of the victims should be covered mainly by the Public System, but for almost one respondent out of ten, the cost should be covered also by private fund to be finalized for helping survivors.

Prevention

E1 Over the last ten years, what have been the major changes in the child protection system in residential contexts?

A group of interviewees identifies that the main changes in the protection system happened thanks to the specific legislation of the sector that provides the definition of minimum characteristics and standards for the structures, as for example also a lower number of guests than in the past, a system of accreditation and control by special commissions. Also, the monitoring system and the establishment of databases through the collaboration between the structures, the power of attorney and the regions are changes mentioned. Finally, other elements are the training of personnel, the evaluation of couples available to foster care, the establishment of the Guarantor and a greater attention to listening to the child.

However, other interviewees believe that there are no improvements, so that abuse and mistreatment continue, or they believe that they are more announced than implemented and that there is still a widespread lack of competence, insufficient staffing and very high turnover. Furthermore, the accreditation system is not provided in all regions and where it exists, however, there is no adequate control.

E2 Which of those you mentioned could help to prevent or create risks of institutional maltreatment?

If it is true that some interviewees, a minority group, consider that the changes are not useful to prevent the risks of maltreatment, the other answers provide on the one hand for an intervention on staff, permanent training through courses and seminars, reduction of turnover and specific tasks for each operator. On the other hand, they insist on the importance of the accreditation system through the mandatory minimum standards and, at the same time, the control and supervision of structures and projects. Other answers, more numerically residual, mention the Memoranda of understanding between the region, the municipality, the juvenile court, the establishment of the Guarantor and the dissemination of specific guidelines.

E3 In your opinion, how can professionals like you prevent the abuse of minors placed in institutional structures? What can be the contribution of your specific profession?

The answers to this question are very rich. Great importance is given not only to the ethical dimension through the adherence to the code of ethics, but above all to training and continuous updating, not only theoretical but also practical on the rights of children; on the issues of abuse; on the defensive mechanisms and, at the same time, the comparison with external professionals is also considered important. The reference here is also made to the communication between care systems, networking and supervision.

The constant interaction with the school, with the competent judicial authority and the openness of mind to the possibility of abuse are further aspects. It is therefore considered that an increase in the level of attention and a greater listening to the minor is important, giving more space to the interview and taking care of the relationship of trust with the child.

In addition, in relation to the structure, it is believed that a contribution can come from constant monitoring and supervision, in particular with a greater number of verification visits, some of them not even agreed, at the structures and working so that the time spent by minors in the structures decreases. Finally, the prompt reporting of suspicions of abuse and greater attention to the risk of burn out of the operators that should be contained also through the rotation of couples of educators and group psychotherapy for the educational team, in order to manage the situations of psychological stress.

As a confirm of what emerged in the open-ended questions, we see that according to the interviewees, in order to have safer structures it is necessary, first of all the training on issues related to the protection of minors in institutions (25%), a system of external control and accreditation (22%) and the definition of minimum standards for the protection of children who are placed in the facility (19.7%).

Elements for safer structures

Training on issues related to the protection of minors in institutions (both online and in-person)	25,2%
Definition of minimum standards for the protection of children placed in structures	19,7%
Implementation of the tools necessary for the formulation of the guidelines	9,2%
Seminars and forums to support implementation	1,3%
Self-assessment tools	2,5%
External verification and accreditation procedures	22,3%
Post-accreditation assistance in maintaining standards	13,0%
Participation in training seminars	4,6%
Other, please specify	2,1%

E5 What are the main weaknesses of the system, which could favour institutional maltreatment?

The main weaknesses of the system on the one hand have to do with the training of operators, with the competence in the detection of maltreatment indicators and therefore with a self-referential dimension: lack of training and teamwork, external control and comparison. On the other hand, they have to do even with a more psychological and ethical dimension and therefore situations of burn out of the operators, overload and poor work ethic. We have also to highlight a more organizational issue that means inadequate organizational culture, failure to intervene, underestimation of the alarm signals; absence of control after accreditation or even absence of minimum reference standards; scarce resources with repercussions on the remuneration of the operators; on the possibility of training; on the quality standards of the structures. Finally, at a higher level of generality, the cultural and political neglect towards minors outside the family is denounced with the absence of individualized projects and excessive permanence in the structure.

E6 As operators what can we learn from these events?

The interviewees believe that from these events we must learn to supervise more closely, without underestimating the signs, but rather proceeding with more in-depth investigations when we have doubts, demanding not only greater personal responsibility, but also responses and interventions by those with judicial responsibilities. The actions to be put into practice are a deeper training, in order to have more tools to recognize the phenomenon, but also a psychological support, focusing on the well-being of the operators, to avoid mechanisms of denial of reality and to learn how to withstand the pain. The lessons learned regard the need for comparison between the network stakeholders, greater accuracy and professional competence, listening to the child, presence and constant verification and a higher threshold of attention at the time of placement in the structure since, we can read in some answers, the positive preconception about a structure can prevent seeing reality.

But what skills should operators have to work in a structure? According to the interviewees, first of all we need to create and maintain an organizational culture, transparent, respectful and focused on children (20.8%) and secondly, we should be aware of some elements that can signal the need to evaluate, monitor or contain behaviour of others within the organization, in particular regarding possible soliciting behaviours. It should be noted that for 16.9% of respondents, all the elements presented are important skills.

Skills to work in a structure

	N	Percentage
Recognize that even if some children are more vulnerable than others, every child can be abused	9	4,9%
Be aware of the factors that increase the child's vulnerability to maltreatment	11	6,0%
Understanding that every person can be a victim of child abuse, while some people are more at risk of maltreating children than others	9	4,9%
Be aware of some elements that may signal the need to evaluate, monitor or contain the behaviour of others within the organization, in particular as regards the possible behaviours of soliciting	27	14,8%
Create an environment that limits the risk for children to be maltreated	20	10,9%
Create and maintain an organizational culture, transparent and respectful that is focused on children	38	20,8%

Implement an overall framework within organizations that ensures adequate screening and implementation of policies to respond to maltreatment	20	10,9%
Provide children with the tools to be able to report any form of violence against them or their colleagues	18	9,8%
All of the above	31	16,9%
Total	183	100,0%

E8 Reporting of the situation reported by Anna

In 54 cases the interviewees respond that they would immediately report the case of Anna's brother being beaten for dirtying a book. In 13 cases, on the contrary, the report would not take place immediately but after a verification phase with other stakeholders, even the school, with the child him/herself or by making visits to the structure.

E8a To who would you report?

Most interviewees would report directly to the competent judiciary, then to the public prosecutor's office, the juvenile court or the social workers. A large group would report only to the head of the structure and, finally, a third group would report first to the manager of the structure and then to the social services or to the competent judiciary.

E8B What kind of answer do you think you would receive?

The expected response is, in most cases, the assessment of the facts, the opening of the investigation or otherwise listening to the child with immediate suspension of the educator.

For some interviewees it is not said that the answer is a taking charge, the assessment, the investigation, but could also be reticence and closure. In some cases, operators therefore imagine no consequence for which they would find themselves in the need to move the child to a new location.

E8C What would you answer to Anna?

The attitudes declared towards Anna are all in the direction of the acceptance of the story, of the reassurance, of the praise for having told the incident and of the invitation to have confidence in adults and in the institution, that welcomes, however emphasizing the seriousness of the episode and negatively labelling the behaviour of the educator.

E8D How could this situation have been avoided?

In the evaluation of the interviewees, the situation could have been avoided through a careful training of the operators in simulation to evaluate the reactions in stressful situations and in a recruitment of the operators centered on the emotional skills. Once recruited then, we must proceed with a careful

evaluation of the operators, shifts in coexistence and constant supervision from the manager. The constant control of the structures and the listening to the children are further reported elements.

E8E In your opinion, what would be the best legal solution in a case like this?

In altri casi, la sospensione dal lavoro non è l'anticamera del licenziamento ma della cura, perché si ritiene che il comportamento sia stato dettato da una condizione di stress psicologico o che comunque il comportamento violento vada corretto. Infine, in un numero esiguo di casi, si ritiene che i minori debbano essere trasferiti presso un'altra struttura.

For the majority of the interviewees, the best solution would be to report followed by the removal / dismissal of the educator from the structure and the revocation of his/her license. In the softer cases, however, the interviewees believe that it is necessary to proceed with a change of job, which does not involve contact with minors, while awaiting the judicial review. In other cases, the suspension from work is not the antechamber of dismissal but of care, because it is believed that the violent behaviour was dictated by a condition of psychological stress or that that behaviour must be corrected. Finally, in a small number of cases, it is considered that minors should be transferred to another facility.

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