

Project SASCA¹: Romanian Report

Professionals' attitudes to violence in residential care of children

The analysis of the results of the self-administrated questionnaires and interviews with justice operators

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"Support to Adult Survivors of Child Abuse in institutional settings -SASCA"
[JUST/2015/SPOB/AG/VICT Access to justice strand/4000009292]

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¹ <http://www.sasca.eu/> **SASCA** is project co-funded by European Union through the EC Justice Programme and carried out by an European **partnership** composed by NGO's, Universities, public agencies and victims associations from Italy, Ireland, Greece and Romania. The project addresses the problem of violence against children 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.

This report is part of the project “**Support to adult survivors of child abuse and neglect**” (SASCA, www.sasca.eu) financed by the European Commission, and led by Artemisia Association, in Italy and running in Italy, Greece, Ireland and Romania. The project is funded through the EC Justice Programme in line with its specific objectives to facilitate the effective access to justice for all victims of violence, including promotion and support, and compensation for the victims. It analyzes the results of the self-administered survey completed by professionals in Romania, with the following objectives:

- To understand how much is known among the professionals about the violence that has been reported by people who spent their childhood in residential care in Romania in the last 30 years;
- To understand the perspective of professionals and their attitudes towards the difficulties faced by children in residential homes, when confronted with different forms of violence: peer violence, bullying, child abuse and neglect by professionals or other adults in the centre or outside it, discrimination in the school and community;
- To summarize the opinion of professionals about the modalities of therapeutic and judicial assistance which could improve the lives of young people who suffered different forms of violence in residential care;
- To reveal the attitudes which hinder the necessary changes in order to safeguard the children in residential facilities.

Legal background

The national law on the protection and promotion of children’s rights (Law No 272/2004) sets forth clear provisions related to child protection from all forms of violence and prescribes the obligation for any individual or legal entity to notify relevant authorities when such cases are identified so that effective protection is provided to the child:

Article 85. (1) The child holds the right to protection from all forms of violence, abuse, maltreatment or neglect.

The law number 272/2004 stipulates the organization, functioning and responsibilities of the institutions specialized in the domain of the child protection both at the local and central level.

Law 272/2004 as well as secondary legislation designates the institutional professional responsible and stipulates the development of an institutional infrastructure, of the procedures and internal mechanism that would allow the correct and valid registration of the cases of child abuse and neglect.

Art. 91(2) stipulates the establishment of the specialized departments of “The Child Help Line” (CHP) a telephone number known to public which will record notifications of the cases of abuse.

The law 272/2004 refers to the duties of the public service of social work, of general directorate of social work and child protection regarding initial assessment. These duties involve among others to identify risk situations, evaluation, reporting the case, providing services and monitoring cases of abuse and neglect. Article 34(1) stipulates:

“The public social work service will take all necessary measures for early detection of risk situations that may cause separation of the child from his family. Regarding the mandatory reporting of suspected abuse by professionals working directly with a child, the law states that they must notify the SPAS or DGASPC in the jurisdiction the case has been identified. Meanwhile, according to art. 92 DGASPC is required: a) verify and settle all complaints on cases of abuse and neglect, including those coming from foster parents; b) to provide services stipulated in art. 107 specialized for the needs of children victims of abuse or neglect and their families”.

Article 92 stipulates that all notifications must be verified by DGASPC. Law No 272/2004 on the protection and promotion of children’s rights sets forth clear provisions on the obligation of reporting child abuse, neglect or exploitation for all practitioners, individuals or authorities with relevant competencies.

“Article 91 (1) Any person who, by the nature of their profession or occupation, works directly with a child and has suspicions about child abuse and neglect must notify the public social assistance service or the general directorate for social assistance and child protection in whose area the case has been identified.”

Regarding the existence of a child abuse reporting system, the guidelines for the implementation of the Law no. 272/2004 regarding the protection and the promoting of children rights² gives details and examples the professional categories to which the law refers to: social workers working in the maternities, pediatrics sections, SPAS representatives, medical staff that monitors pregnant women, teachers, maternal assistance, the staff from the residential institutions for the child’s protection, police workers, DGASPC representatives and private authorized institutions (ONG’S). There are no clear sanctions regarding the lack of notification, except some professional categories: if the abuse or neglect has been committed by people who, based on legal employment relations or another kind of relationship, have been providing protection, upbringing, care or education to the child, the employers must immediately notify prosecuting agencies and separate the person in question from the children in their care. Public or private institutions and public or private residential care services providing child protection, upbringing, care or education are not allowed to hire a person who has received a final conviction for an intentional crime.

As for **notification** in case of known child maltreatment, any physical or legal person, including the employees of the protection institution, can denounce it to the prosecution authorities. Denunciation is an optional way of reporting; however, in certain situations, it is compulsory. The D.G.A.S.P.C. employee or the employee of an educational institution, who is a public servant, whenever they acknowledge the commitment of an act included in the Criminal Law related to the service within which they carry out their tasks, they are obliged to report the case to the prosecution authorities, otherwise they shall be liable for the commitment of the crime specified as the omission of reporting, an act regulated and sanctioned under Article 267 of the Criminal Law adopted by Law no 286 of 2009. The omission of reporting refers only to public servants, who have the duty to monitor and report any events within the centre. The teachers working in public schools are considered public servants, therefore, whenever a child suffers abuse, they are

² The manual for implementing Law no. 272/2004 regarding the protection and promoting of children rights, UNICEF Romania and ANPDC, Ed. Vanemonde, 2006

responsible for such events taking place within the school, and are legally liable for not reporting such cases. Likewise, any physical or legal person, no matter if they are in a close relationship with the child or not, whenever they acknowledge the commitment of an act as specified by the Criminal Law, which threatens the life of a child or which had as a consequence the death of a child, **is obliged to immediately notify the authorities**, otherwise they shall be liable for committing the offence of not-denouncing, an act regulated and sanctioned under Article 267 of the Criminal Law.

In addition, Article 102 of Law no 272 of 2004 specifies that the employers of the institution or organization which is in charge of taking care of the child are obliged to report immediately to the prosecution authorities and to dispose over the moving away of the respective employee from the proximity of the child being under their care, if the abuse, neglect, exploitation or any other form of violence against the child was committed by the employee, who, according to a legal report on their work or other type of report, was in the charge of ensuring the protection, upbringing, care or education of the child; **the non-fulfilment of this obligation represents an infringement**, and shall be sanctioned. In addition, among the Norms specified by Order no 21 of 2004, it is expressly specified at Section XXI, Subchapter 6, that the home care child protection service is obliged to inform in writing the directly interested parties regarding any special incidents occurred in relation with the protection of the child, including any serious harm, injury or accident, within 24 hours from the occurrence of such incident.

The prosecution authority can report on its own initiative if it acknowledges the commitment of a crime through any other procedure as well than by filing a complaint or a denunciation. The procedure and the rights of the child who is the victim of such incident are the same in such reporting situations as well. **Regarding infringements related to the obligation to assist a child in institutional care who is in danger**, the Article 204 of the Criminal Law incriminates the commitment of the infringement specified as the *Obstruction of rescue*, without implying a derogatory punishment system if the crime was committed against a juvenile, against a child in institutional care, or by an employee of the care institution.

Regarding the **limitations of criminal liability**, departing from community regulations, in cases of **offences against sexual freedom and integrity** committed against an underage person, the liability limitation term runs as of the date the victim becomes of age. If the underage person dies before becoming of age, the statute of limitations term runs as of the date of death, according to Article 154, paragraph 4 of the Criminal Law, and if the underage person dies before the term for introducing the preliminary complaint as stipulated by law expires, the prosecution action can be initiated ex officio.

In order to illustrate the above mentioned regulations, the offence of Battery or any other acts of violence as specified in the Criminal Law shall be punishable by no less than 3 months and no more than 2 years of imprisonment or by a fine, and if such act causes traumatic injuries or affects the health of the child, the seriousness of which is assessed based on medical-care days of maximum 90 days, it shall be punishable by no less than 6 months and no more than 5 years of imprisonment or by a fine, the term of limitations in both situations

being thus 5 years. The offence of ill treatments applied to underage persons as specified by the Criminal Law shall be punishable by no less than 3 and no more than 7 years of imprisonment and a ban on the exercise of certain rights, the limitations term thus being 8 years. The offence of Trafficking in underage persons shall be punishable by no less than 3 and no more than 10 years of imprisonment and a ban on the exercise of certain rights, the limitations term thus being 8 years again. Such act shall be punishable by no less than 5 and no more than 12 years of imprisonment and a ban on the exercise of certain rights, when: a) the act was committed by means of coercion, abduction, deception, or abuse of authority; by taking advantage of the inability of a person to defend themselves or to express their will or of their blatant state of vulnerability; by offering, giving and receiving payments or other benefits in exchange for the consent of an individual having authority over such person; b) the act was committed by a public servant while in the exercise of their professional duties; c) such act represents a threat to the life of the underage person; d) the act was committed by a family member of the underage person; e) the act was committed by a person who had been assigned for the care, protection, education, guard or treatment of the underage person, or by a person who abused their position of acknowledged trust or authority over the underage person. In such case, the limitations term is 10 years. The crime Rape shall be punishable by no less than 5 and no more than 12 years and a ban to exercise certain rights, when the victim is an underage person, or the victim is entrusted to the perpetrator for care, protection, education, guard or treatment, or the victim is a direct-line relative, a brother or sister to the perpetrator, the limitations term being 10 years.

Regarding **the measures imposed subsequently**, in public or private institutions, and in home care public or private services, which ensure the protection, upbringing, care or education of children, the Article 103 of Law no 272 of 2004 expressly forbids the employment of a person against whom a final and irreversible court decree has been issued for intentionally committing a crime. Also, Article 90 of Law no 214 of 2004 stipulates that the legal representative of the child, the public authorities and private bodies shall take all necessary steps in order to facilitate the physical and psychological re-adaptation and the social re-integration of a child who had been the victim of any form of neglect, exploitation or abuse, torture, punishment or cruel, inhuman or degrading treatment, and they shall provide for all necessary conditions so that re-adaptation and re-integration would improve the health, self-esteem and dignity of the child. In addition, among the Norms specified by Order no 21 of 2004, it is expressly specified at Section XVII, Subchapter 5, that in the case of the abuse, neglect or exploitation of a child, the home care service ensures the child's access to the services established by the public service specialized in child protection.

1. Types of compensations foreseen for children victims of child abuse and for adults who suffered abuse when they were children. Opportunities ensured by restorative justice.

The child in institutional care, as well as the young person who became of age and thus left institutional care **have the right to request material and moral compensation** for the harm caused by an offence. Compensations can be requested by means of a civil claim based on civil liability under tort law, either within the framework of a valid criminal file, either, in lack of such opened criminal file, or when such file was closed and the civil claim did not reach to a solution, within the framework of a separate civil proceeding, by making reference to general provisions. If the child lacks legal capacity, the claim shall be submitted on their behalf by their legal representative, while a child with limited legal capacity can file the claim with the consent of the legal representative. According to Article 92, paragraph 1 of the Civil Procedure Code, the prosecutor can initiate any civil claim whenever it is necessary in order to protect the rights and legitimate interests of underage persons.

Rights to legal action related to property law, unlike legal actions for the protection of a non-property right, are subjected to **limitation**. The general rule is that the term of limitations for providing compensation is 3 years from the date when the injured party acknowledged or should have acknowledged the harm as well as the person responsible for that harm, according to Article 2528 paragraph 1 of the Civil Code. Taking into account that the underage person will initiate the legal action either through their legal representative, either with their consent, we think that the right to legal action is not self-evident for the underage person without full legal capacity, as long as the legal representative did not acknowledge or should not have acknowledged the harm and the person responsible for it. In case of the malevolence displayed by the legal representative, we think that the right to legal action can ensue when the victim turns 18 years old, moreover, the child can even request the re-imposing of the limitation term, if the child submitted the request within 30 days from the day when the child acknowledged or should have acknowledged the ceasing of the reasons which were at the basis of surpassing the limitations term, according to Article 2522 of the Civil Code.

As an exception, Article 2518, paragraph 2 of the Civil Code stipulates that the reparation of a moral or material damage caused to a person through torture or barbarous acts, or caused through violence or sexual assault against an underage person or to a person unable to defend themselves or to express their will is 10 years. It is to note that according to the provisions under Article 1394 of the Civil Code, in all cases when compensation ensues from an act which is subjected by Criminal Law to a longer limitations term than by the Civil Code, the limitations term of criminal liability is applicable also to the right to claim in civil liability. As a consequence, in order to repair a harm ensuing from the offence against sexual freedom and integrity committed against a child in institutional care, the liability limitation term runs as of the date the victim becomes of age.

Likewise, according the regulations in Article 2532, paragraph 2 of the Civil Code, the liability limitation term does not run again, or in the case when it started to run, it shall be suspended in cases of persons lacking legal capacity or having limited legal capacity and also regarding those they represent, as long as the guardianship is valid, and the accounting have not been finished and approved yet, and in the case of the child lacking legal capacity or with limited legal capacity, as long as the child does not have legal representative or guardian, with the exception of cases when there is a converse legal disposition in force.

Concerning **the modality to repair harm**, the respective general regulations are applicable, since there is not at place a special system regarding the situation of the child in institutional care and the person who left institutional care. According to these regulations, harm is to be repaired integrally, and compensation can be due also for a future harm, when its occurrence is certain. The repairing should cover the loss suffered by the victim, the costs occurred while attempting to avoid or limit harm. If the unlawful act also determined the loosing of the chance to gain an advantage or to avoid a damage, the repair shall be proportionate with the probability to obtain that advantage or, should the case

be, to avoiding that damage, taking into account the circumstances and the concrete situation. If the harm is continuous, the compensation shall be granted through regular services. In case of offences against bodily integrity or health, compensation may be granted also for the restriction of the possibilities of family and social life. Besides these, the repair shall cover all expenses related to health care, and, should the case be, the expenses ensuing from the increase of the needs of the harmed person, and any other material damages. In the case of an offence against the bodily integrity or health of a child, the repair should imply, as the case may be, the equivalent of the wage the juvenile was losing or was hindered to earn, by losing or restricting their ability to work. Likewise, among the Norms specified by Order no 21 of 2004, it is expressly specified at Section XX, Subchapter 6, that in the case when the child left home care due to an abuse, the public service specialized in child protection shall establish the appropriate protection measures and services.

In the same context, Law no 211 of May 21st 2004 regarding certain measures for ensuring the protection of victims of crimes stipulates that psychological counselling shall be provided upon request for victims of an attempt to murder and to first degree murder, for victims of **intentional offences which caused bodily harm to the victim, of rape, sexual assault, sexual intercourse with juveniles and sexual corruption of juveniles**, of offences consisting in **mistreatment applied to juveniles**, and for victims of offences consisting in trafficking and exploitation of vulnerable persons and the attempt to such acts. Counselling is provided by certain *services specialized in the protection and social reintegration of victims and by organizations (it is not clear what kind of organizations)* during a period of maximum 3 months, and in case of victims younger than 18 years old, for a period of maximum 6 months.

In addition, Law no 211 of 2004 stipulates also that for the same category of victims, under certain conditions, **the state offers financial compensations** from the state budget through the budget of the Ministry of Justice. The financial compensation can be granted to the victim only if the victim reported to the prosecution authorities within 60 days from the date of the commitment of the crime. The law, however, foresees a derogation as well, namely those victims, who didn't become of age yet, are not obliged to report to the prosecution authorities regarding the crime. In the case of an underage person who is not aware of their rights, the situation is the following: If a preliminary complaint is needed (as in case of a rape), the child has to file the preliminary complaint within 3 months after acknowledging such act, and subsequently, the limitation term of 1 year and 3 years runs as of the date the victim becomes of age, for submitting a request for compensation, depending on the conditions stipulated under Article 24 of the law. Yet, again, no derogation is at place regarding the preliminary complaint of 90 days (probably it is presumed that the legal representative pursues their duties). The only derogation is the following: if the perpetrator is the legal representative of the child, the term of 3 months runs as of the date when a new legal representative is assigned, and the law stipulates that the criminal complaint can be initiated ex officio as well. There are certain derogations regarding limitation terms as well, but their impact is minor, whenever it is not related to a preliminary complaint. Thus, derogation is at place only regarding the permissibility of the request for financial compensation, while in order to

initiate a criminal file, a preliminary complaint is still needed to be submitted within 3 months starting from the date when the victim acknowledged the commitment of the offence, the legal nature of the two terms being different.

Social background

The Romanian Institute for investigating the Crimes of the Communist Regime and the Memory (IICMER) of the Romanian Exile has recently launched a campaign to disclose the crimes against children in residential homes for children with severe disabilities committed by the old regime, where the death rate of children due to severe neglect of their basic needs: hunger, cold and diseases has been extremely high.³ The institute investigated the death toll of Cighid, Sighetul Marmăției and Pastraveni and submitted a legal complaint to prosecute the state for the death of 771 children who died as follows: in the Home for severe disabilities in Cighid, 138 deaths were registered between 1 Oct. 1987 – 26 March 1990, in Păstrăveni there were 394 deaths between 1 Oct. 1966 – 30 April 1990, and in Sighetul Marmăției 239 deaths between 20 January 1973 – 31 December 1991. Prosecution was notified on the results of the research of IICMER, which revealed the inhuman conditions that resulted in the extermination of so many children diagnosed *with no chances for rehabilitation*⁴. This opens up a new perspective for analyzing the abuses in residential homes for children, their consequences on children's later lives and the possibility to get some form of compensation for those who had traumatic experiences.

Previous research

The first relevant research on the prevalence and forms of violence in Romanian residential care has been published in 2002 and was a common effort of a research planned by UNICEF and the Romanian Government⁵ (authored by Stativa et al., 2002). The study was conducted on a sample of 3164 children in residential care institutions, with ages between 0 - 18 years, representing 7.8% of the total population. The total sample included 80 residential care institutions (72 placement centers and 8 *camine spital*). Beyond the quantitative data collected by means of the questionnaires, they also collected qualitative data from a number of 18 case studies, 9 focus group discussions with institution staff, 5 interviews conducted with managers of the Specialized Public Services and 7 focus group discussions with children in residential care. The survey has revealed that the children's experience of the physical and social environment outside the institutions was very limited. Children felt that they had not been involved in everyday activities run by adults in their institution. Many children did not know their personal history and some of the files were not filled in with relevant data; they do not know how long they have been in the institution, nor the reason why they have been institutionalized, either the duration of their stay. Psychological abuse has been reported in institutions through

³ More data are published on the site of the IICMER, <https://www.iiccr.ro/sesizare-penala-privind-tratamentele-neomeroase-perioada-comunista-in-caminele-spital/>

⁴ Children diagnosed with severe disabilities and not seen as possible to rehabilitate were called "irecuperabili".

⁵ *Survey on Child Neglect and Abuse in Residential Care Institutions*, Ecaterina Stativa, Carmen Anghelescu, Rodica Mitulescu, Gina Palicari, Alin Stănescu, Rodica Nanu, 2000

inadequate behaviour by the staff concerning the differentiated conduct they should adopt according to the gender of the children. With institutionalized children, loss of gender specific attitudes (clothing, activities and haircut) is often visible and sometimes has resulted in the impossibility of telling boys from girls. Physical and psychological abuse was revealed as children disclosed beatings, suppression of meals, physical isolation, submission to various humiliating jobs – applied as punishments. Almost half of the children in residential care (48.8%) confirmed beating as a punitive practice. Most of the punishments were applied by the educational staff and the night attendants. The qualitative surveys also revealed that another common punishment is making the children do all sorts of menial, humiliating jobs (such as cleaning the toilets). The survey revealed that 36.1% of the institutionalized children were aware of cases when children were obliged to have sexual relations, but the percentage of children who would admit that such things do happen in their own institution or that they have been themselves the victims of this type of abuse was much lower. Abusers included members of the staff (to a very limited extent), and mainly older children in the institution (in over 60% of the cases).

In a regional study in Bihor county on 90 young people who lived through institutional care, L. Chișea et al. (2008) found that 72% of the respondents declared themselves to be subject to violence in the care facilities: 51% respond that they suffered beatings by staff and other children, 17% mention being beaten only by staff, and 32% only by older colleagues; sexual violence, mostly homosexual violence perpetrated by older peers was also known by almost 46% of ex-residents. Another form of abuse that was present in all residential care institutions was the exploitation of younger children by older children in the institutions. This type of exploitation may include a variety of extremely serious forms (forcing the children to do odd jobs, steal, or beg, or sexual exploitation). Enuresis in children was a behaviour that generated abuse because of the inadequate reactions of the staff to that disorder. The focus groups discussions revealed severe limitations in their knowledge, which prevented staff from understanding and providing proper care and education to the children in the institutions.

Secondary analysis of data of the Stativa research was performed by Rus et al (2013). In their secondary study on the data of the data published in 2002 on a sample of 1391 school-age children from 44 institutions, two general patterns of results emerged: first, regarding individual level variables, it was found that the amount of time spent by children in their current institutions had a significant effect on the probability of being punished by staff and the frequency of this punishment; the probability of being punished was higher for boys than for girls; and having no siblings in the institution increased the odds of being punished several times. Second, regarding institutional level variables: being in placement centers for school-aged children with a traditional type of institutional organization increased the odds of

severe punishment compared to a familial/mixed type (Rus et al⁶). In another secondary analysis Rus et al.⁷ (2016) demonstrated that care personnel in the mammoth facilities could not stop peer exploitation of looked-after children.

In the study initiated by G. Gavrilovici⁸, 448 children from institutions from Iasi County completed questionnaires. The study reported that 68 % of male, 63% of female children were victims of threats in the institutions in the previous year; 71% of male, 69% of female children were witnesses of violent threats in the institutions. The results of a comprehensive *study on attachment* styles and psychological disorders of children in institutional care was conducted in Bucharest on institutionalized children (Zeanah et al.⁹; Zeanah et al.¹⁰) show that serious disturbances of attachment, learning disabilities and psychiatric disorders are the rule rather than the exception in children raised in the relatively socially deprived context of contemporary institutions for young children in Romania. The majority of institutionalized children was not able to form attachment to their caregivers due to lack of consistency of care and repeated losses they had been previously experiencing.

The data of the mentioned studies were collected in the period before 2007, the year Romania joined the EU. Data of NGOs collected in the last 10 years do not reveal major improving for the quality of care of children in centers for children with or without disabilities. The report of the Center for Legal Resources (CLR)¹¹ has recently shown that the residential care for children with disabilities can be shortly characterized as: education in special, not mainstream schools, where children do not learn basic skills that would help them live an independent life; children with disabilities are cared by mostly untrained staff (staff suddenly turned into social care experts, who do not seem to know these children's needs and desires); hygiene conditions are affected by insufficient resources of soap, toilet paper, shampoo and materials for intimate female period needs; In some settings toilets have no doors and shower cabins are missing curtains; violence has been reported by interviewee (beatings and raping, without any staff member to hear the calls for help); lack of opportunities whatsoever for the children to complain, as their legal guardian is regularly the DGASPC Director, a bureaucrat that has never seen the children. The main problems for children and the

⁶ Rus, Adrian V., Stativa, Ecaterina, Pennings, Jacquelyn S., Cross, David R., Ekas Naomi, Purvis, Karyn B., Parris Sheri R. Severe punishment of children by staff in Romanian placement centers for school-aged children: Effects of child and institutional characteristics, *Child Abuse & Neglect*, ISSN 0145-2134, Volume 37, Issue 12, December 2013, 1152–1162

⁷ Rus, Adrian; Stativa, Ecaterina ; Butterfield, Max ; Pennings, Jacquelyn; Parris, Sheri; Burcea, Gabriel; Wenyika, "Peer Exploitation: Findings from a Romanian Nationally Representative Sample of Children Living in Long-Term Residential Centres" *Child Abuse Review* (2016) <http://onlinelibrary.wiley.com/doi/10.1002/car.2464/pdf>

⁸ O Gavrilovici, V Groza (2007) Incidence, prevalence and trauma associated with exposure to violence in Romanian institutionalized children, *International Journal of Child & Family Welfare* 10 (3-4), 125-138

⁹ Zeanah CH, Smyke AT, Koga SFM, Carlson E. (2005) Core Group Attachment in institutionalized and non-institutionalized Romanian children. *Child Development*. 2005;76:1015–1028.

¹⁰ Zeanah, C. H., Egger, H. L., Smyke, A. T., Nelson, C. A., Fox, N. A., Marshall, P., & Guthrie, D. (2009). Institutional rearing and psychiatric disorders in Romanian preschool children. *American Journal of Psychiatry*, 166, 777-785.

¹¹ Center for Legal Resources, 2014, Summary Report. Monitoring Visits. <http://www.crj.ro/userfiles/editor/files/summary-report%20-%20eng%281%29.pdf>

quality of care in residential settings was described in similar ways by researchers of CRIPS¹²: no individualized treatment of children, lack of proper training for staff; insufficient preparation for family and independent social life, and lack of support for housing.

In spite of the modification in the legal system of the last 27 years, research reports show that Romania is still confronted with a slow rhythm of change in public and professional attitudes, which maintains the approximately same number of institutionalized and abandoned children, and does not fight child abuse effectively. As a recent development we note the appearance of peer-type participative forms of action, organized by survivor associations, who intervene in the benefit of children who live today in residential homes. The Council of youth in residential centers¹³ together with Hope for children, an NGO active internationally for ending residential care for children revealed in a common report¹⁴ that problems persist in residential centers till today. The authors conclude that young people in placement centers do not learn self care and self determination skills, they wish for a family, and lack social support.

In order to further investigate the quality of care and the perceptions of the employed residential care personnel towards violence against children and related policy issues, the SASCA project planned an on-line investigation with the following objectives:

- Collect information on how did experiences with violence and trauma of children in residential care affect professionals working with those children
- Learn about the experiences of professionals when working in residential care and their attitudes towards children, focusing on situations of violence they witnessed
- Understand how professionals perceive the needs and rights of adult people who had experiences of violence in the residential care where they were fostered and the professional responsibilities related to children and young people in care.
- Collect the opinions of professionals on the necessary changes in the residential care system, in order to better safeguard looked-after children
- Analyze opinions of staff on possible compensation for suffered abuse for adults out of care.

¹² Cosmin CÂMPEAN, Paula CONSTANTIN, Elena MIHALACHE (coord.): Resources and needs of children and youth in the care system, 2010, <http://www.crips.ro/doc/rfactin.pdf>

¹³ The Council of Youth in residential Centers in one of the several associations of looked-after young people, that functions in different cities in Romania. They are active on social media and develop projects for sustaining the rights of youngsters who are still in care facilities or have been in such facilities. Facebook for Consiliul Tinerilor Instituționalizati : <https://www.facebook.com/ConsiliulTinerilorInstituionalizati/> and the website is: <http://consiliultinerilor.ro/>

¹⁴ Council of youth in residential centers & Hope for children (2016) <http://www.agerpres.ro/social/2016/03/24/tinerii-din-centrele-de-plasament-se-simt-prizonieri-si-vor-sa-scape-cred-ca-vor-ajunge-infractori-raport--14-22-24>

Sampling

All the governmental county level public Child Protection Directorates were invited to encourage professionals with work experience in residential care services from their County /or the sectorial directorates of Bucharest to respond to the on-line survey in the period August-October 2017. We have received 157 answers, 144 were valid. Out of this pool we could extract 15 answers of judicial personnel, which we also analyzed separately to view their profile. The sample came from 2 sectors in Bucharest and 26 out of the 41 counties in Romania, which seems to be an acceptable spread in the country.

Table 1.

Counties and sectors in Bucharest	Frequency	Percent	Counties and sectors in Bucharest	Frequency	Percent
Alba	2	1.4	Ialomita	3	2.1
Arad	5	3.5	Iasi	6	4.2
Arges	4	2.8	Mehedinti	6	4.2
Bacau	4	2.8	Mures	2	1.4
Bihor	3	2.1	Neamt	4	2.8
Botosani	1	.7	Olt	3	2.1
Brasov	2	1.4	Prahova	6	4.2
Buzau	1	.7	Satu Mare	2	1.4
Calarasi	5	3.5	Sector 3 Bucuresti	4	2.8
Caras-Severin	6	4.2	Sector 4 Bucuresti	5	3.5
Cluj	7	4.9	Sibiu	5	3.5
Constanta	5	3.5	Teleorman	1	.7
Covasna	10	6.9	Timis	3	2.1
Galati	2	1.4	Tulcea	1	.7
Gorj	6	4.2	Vaslui	6	4.2
Harghita	3	2.1	Vrancea	4	2.8
Hunedoara	5	3.5	Total	144	100

Gender distribution of the whole sample shows 12.5 men, and 87.5 women, which reproduces the overwhelmingly female gender profile of the child-care workforce. As for age distribution, middle age is best represented, with only 10% of respondents under the age of 30 and almost 60% between 40 and 60. Our sample was composed of mainly bachelor degree graduates (74.3%).

Table 2

Age	Frequency	Percent	Cumulative Percent
25-29	10	6.9	6.9
30-39	45	31.3	38.2
40-49	63	43.8	81.9
50-59	22	15.3	97.2
Under 25	4	2.8	100.0
Total	144	100.0	

Table 3

	Frequency	Percent	Cumulative Percent
Post-highschool education	6	4.2	4.2
Doctorat	2	1.4	5.6
Master	20	13.9	19.4
Professional course	1	.7	20.1
Highschool	8	5.6	25.7
Undergraduate degree	107	74.3	100.0
Total	144	100.0	

Except 6 people, the rest have permanent jobs in the child protection care system (95.8%). As for their profession, 34.7% are social workers, 27.1% psychologist, 20.2% educators, 10.4% judicial personnel, 3.5% medical personnel, other (economist, sociologist, public administration) 2.8%. Almost one third of the respondents are managers/heads/directors of services (43 respondents, 29.9%). Leadership among professionals is divided as the following: 36% leaders for SWs, 30% for psychologists, 75% of the legal and administrative training personnel, and 7% of the educational personnel. In the sample 23 professionals (16%) are chairs of residential care centers.

Table 4	Frequency	Percent
Permanent work-contract	138	95.8
Temporary work contract	6	4.2
Total	144	100.0

Table 5	Frequency	Percent
Social worker and (49) social pedagogue (1)	50	34.7
Psychologist and (39) special educator (1)	40	27.8
Educator (28), teacher (2)	30	20.8
Others (medical, judicial 15, administrative)	24	18.7
Total	144	100

Social workers, psychologists and educators have high percentages in confirming to have been directly working with children in residential care. Educators have the lowest percentages of being involved in management/leadership.

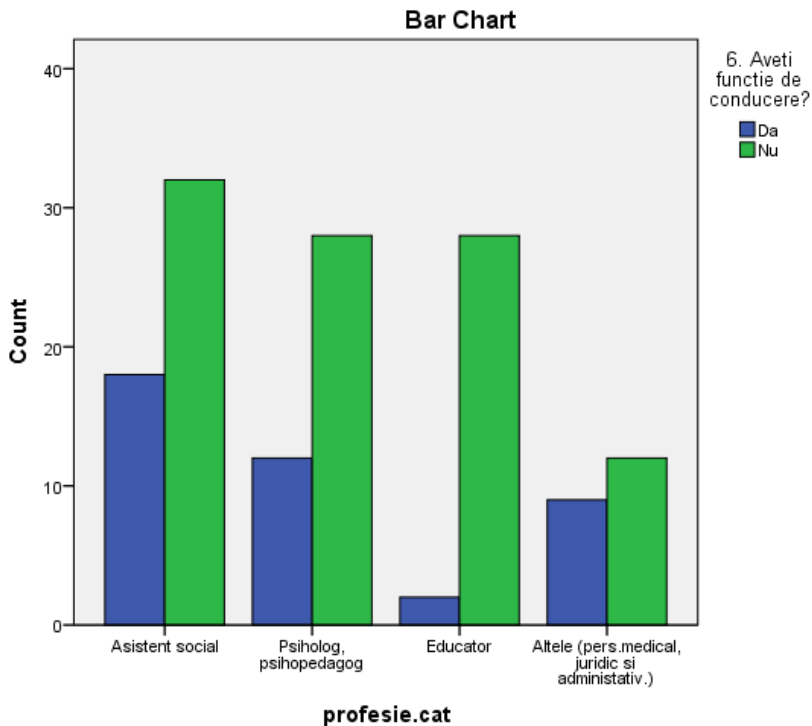


Table 6

In contact with children	Frequency	Percent	Cumulative Percent
I have worked in the past, but not any more	15	10.4	10.4
Yes, I work now	122	84.7	95.1
I did not work and I do not work now	7	4.9	100.0
Total	144	100.0	

Table 7

Working in direct contact with children	In the past	Past and present	Not worked directly with children	Total
Social worker	6	42	2	50
Psychologist	4	35	1	40
Educator	1	29	0	30
Other (medical, judicial & administrative)	4	13	4	21

The interviews with **justice operators** were completed by 11 women and 4 men, working in the directorates of Social Assistance and Child Protection, all with higher education diploma, and 3 three with master diploma; one of them has a temporary work contract, the others are hired with a

long term contract. As for work experience, 2 people have more than 20 years, 6 have worked 11-20 years, 3 have 6-10 years, and 4 under 5 years of experience.

Knowledge about violence

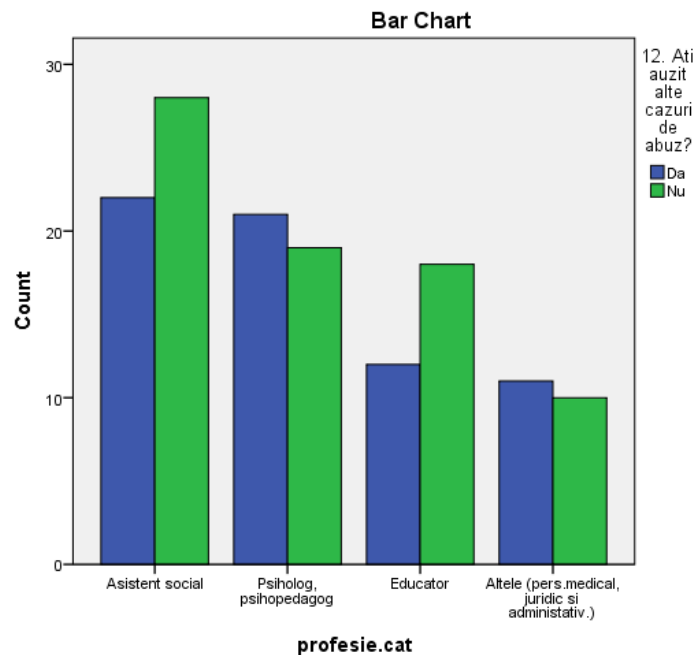
The responses for the question on awareness of a case of child maltreatment in residential homes published in the media show that 37.5 of the sample responded that they had previous information about the case we indicated (by one of the web-pages, where it was published), but the majority responded negatively. For almost all of them the source of information was the mass media-newspaper or TV. Almost an equal percentage of the respondents (46.5) mentioned that they are aware of similar institutional maltreatment cases. There is no significant difference among different categories of professionals as for being aware of cases of institutional violence.

To define institutional violence, the most frequent choice of the respondents has been the definition that emphasized individual responsibility of those who directly work with children (42.4%). The 2nd more frequent answer was that institutional violence is a combination of all situations described (38.2). The 3rd most frequent answer was that which emphasized the sense of stress of the personnel due to their work overload. Professions did not associate in a significant way to a certain definitions of institutional abuse.

12. Do you know about other cases of institutional violence			
Professions	Yes	No	Total
Social Work	22	28	50
Psychologist, psycho-pedagogues	21	19	40
Educator	12	18	30
Other (medical personnel, judicial, administrative personnel)	11	10	21
Total	66	75	141

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	1.499 ^a	3	.682
Likelihood Ratio	1.503	3	.682
Linear-by-Linear Association	.072	1	.789
N of Valid Cases	141		



12.1 Indication of at least one historical period when abuse took place

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1.00	64	44.4	100.0	100.0
Missing System	80	55.6		
Total	144	100.0		

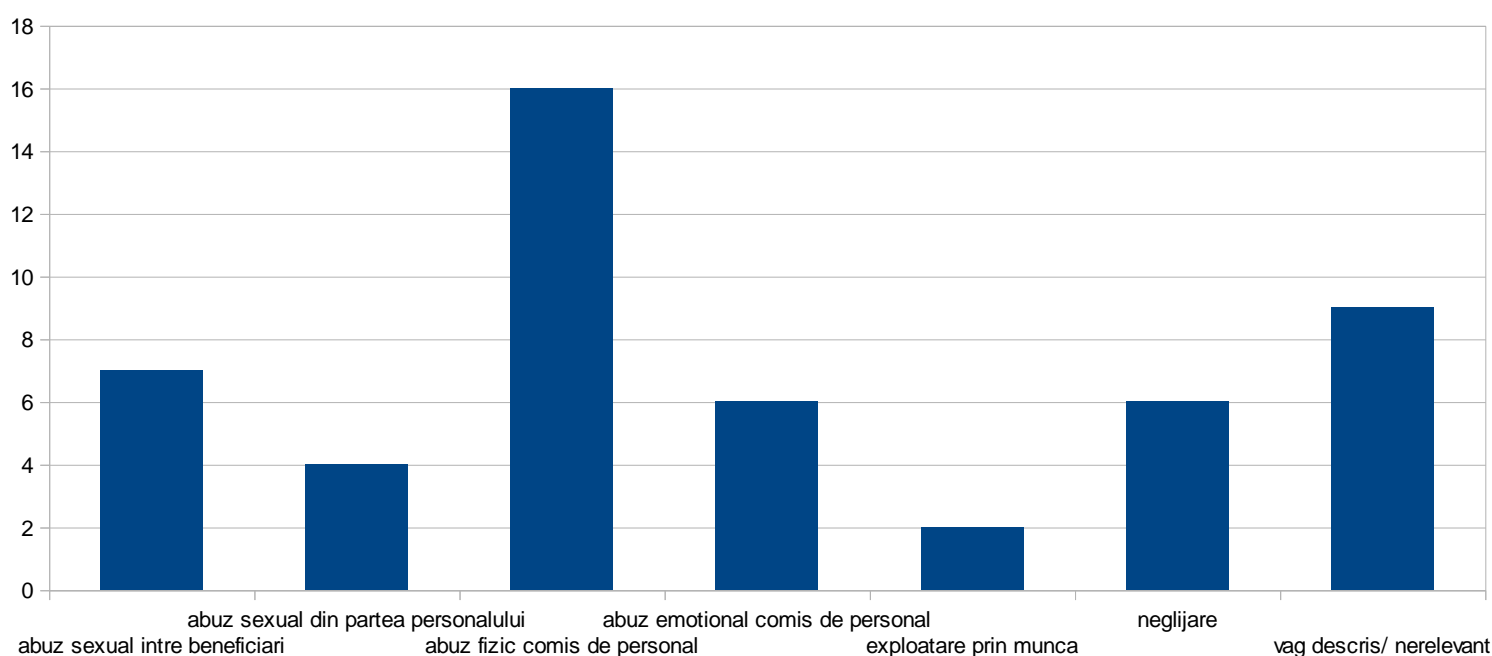
Asking about the period when the institutional abuse took place we found that 39 (27.1) respondents knew about institutional violence that had been committed in the last 9 years, after Romania became a full member of the European Union, and reformed its child protection system.

Period when maltreatment took place

	Frequency	Percent
1990 – 1998	19	13.2
1999-2004	16	11.1
2005-2007	12	8.3
2008-2017	39	27.1

To the question asking about a concrete example of institutional violence, there were 54 examples given, 13 of them being only vaguely described. Organized by categories, the most frequent response was physical abuse committed by personnel (16 answers), followed by sexual abuse among peers (7 answers), emotional abuse (6 answers) and neglect (6 cases), sexual abuse committed by members of the personnel (4 responses) and 2 situations of work exploitation. Other 9 responses were to vague, to be included in a category. According to the respondents, in 63% of the cases, a report was

made towards the authorities, 31,8% of the cases were not reported, and in 4,7%, the respondents did not know if a report was filed. In the pool of described examples, 15 respondents (37.5% of the respondents to this question, 10,41% from the total sample) mentioned that in some ways they were involved in that case and 13 described their roles in these situations: filing the reports, removing the child for another placement, evaluation of the child's needs and psychological assessment; in one case the respondent described an actual intervention to stop the child being hit. In the 40 reported cases, 35 were reported to the police/prosecution office, 30 to the Directorate for Child Protection and 20 to the chair of the residential center (multiple responses were possible).



Reported cases (multiple answers)	Report to the Director Frequency	Report to the Judicial System Frequency	Report to Child Protection Services Frequency	Frequency of reporting	Valid Percent
Yes	20	35	31	40	63.5
No	20	5	9	20	31,8
Do not know				3	4,7
Total	40	40	40	63	100.0

12.5. Were you involved in the situation in any way?	Frequency	Percent	Valid Percent
Missing	1	2.5	2.5
Yes	15	37.5	40
No	24	60.0	100.0
Total	40	100.0	

To understand the opinion of the respondents about the involvement of media in sharing news on violence and forming attitudes about responses to child abuse, the questions were formulated in a concrete way, related to the event they mentioned. Out of the 65 valid responses, one third affirmed that the mass-media reflected on the event, almost the same number considered the coverage as sufficient. Non-responses and ‘do not know’ responses were almost half of the valid responses, and missing responses were more than the valid ones (79).

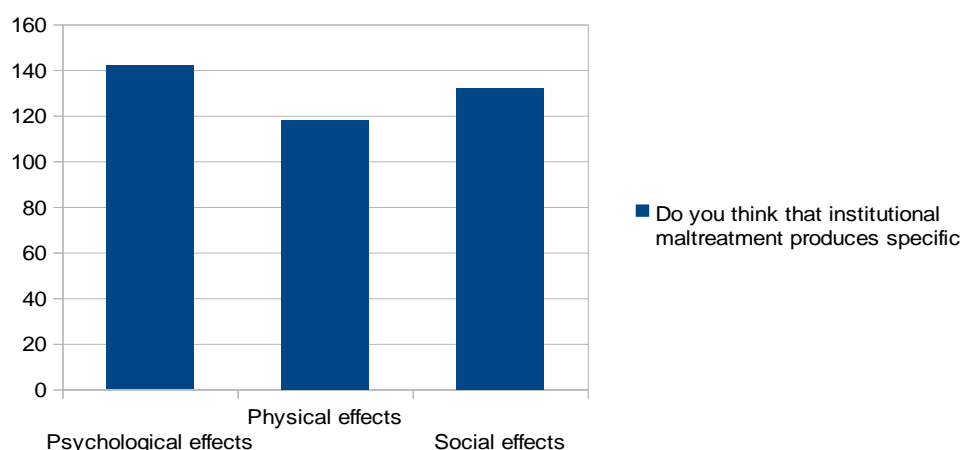
12.7. Did the event appear in the news ?	Frequency	Percent
Missing	79	54.9
Yes	24	16.7
No	25	17.4
Do not know	16	11.1
Total	144	100.0

12.8. Do you consider the coverage by the media was sufficient	Frequency	Percent
Missing	89	61.8
Yes	21	14.6
No	4	2.8
Do not know	30	20.8
Total	144	100.0

In order to understand what professionals think about the impact of institutional violence on children’s development, questions covered the opinion of respondents about its consequences. As shown in their responses, respondents understand the multiple and complex effects of institutional maltreatment. As physical effects have been rated lower than psychological and social effects, we suppose that respondents do not consider that physical violence in residential centers has severe forms. Almost all of the respondents perceive that victims of institutional violence have special

needs (88.9%). The answers mention that victims need psychological support (17 answers), social support network and secure environment (4 answers), gaining trust in other people and in other (social) services (3 answers). There are 5 respondents who consider that victims of institutional violence have the same needs as all other victims of violence. Other 9 respondents only mention that victims of institutional violence need specialised help, and other 4 add that the professionals who assist these victims need to be very well trained and highly qualified, letting us assume that the needs of the victims are very complex.

14. a, b, c. Perceived effects of child abuse and neglect in residential care	Psychological effects	Physical effects	Social effects
Frequencies	142	118	132
Percentage	98.6	81.9	91.7



16. Perception on special needs of victims of violence in residential care

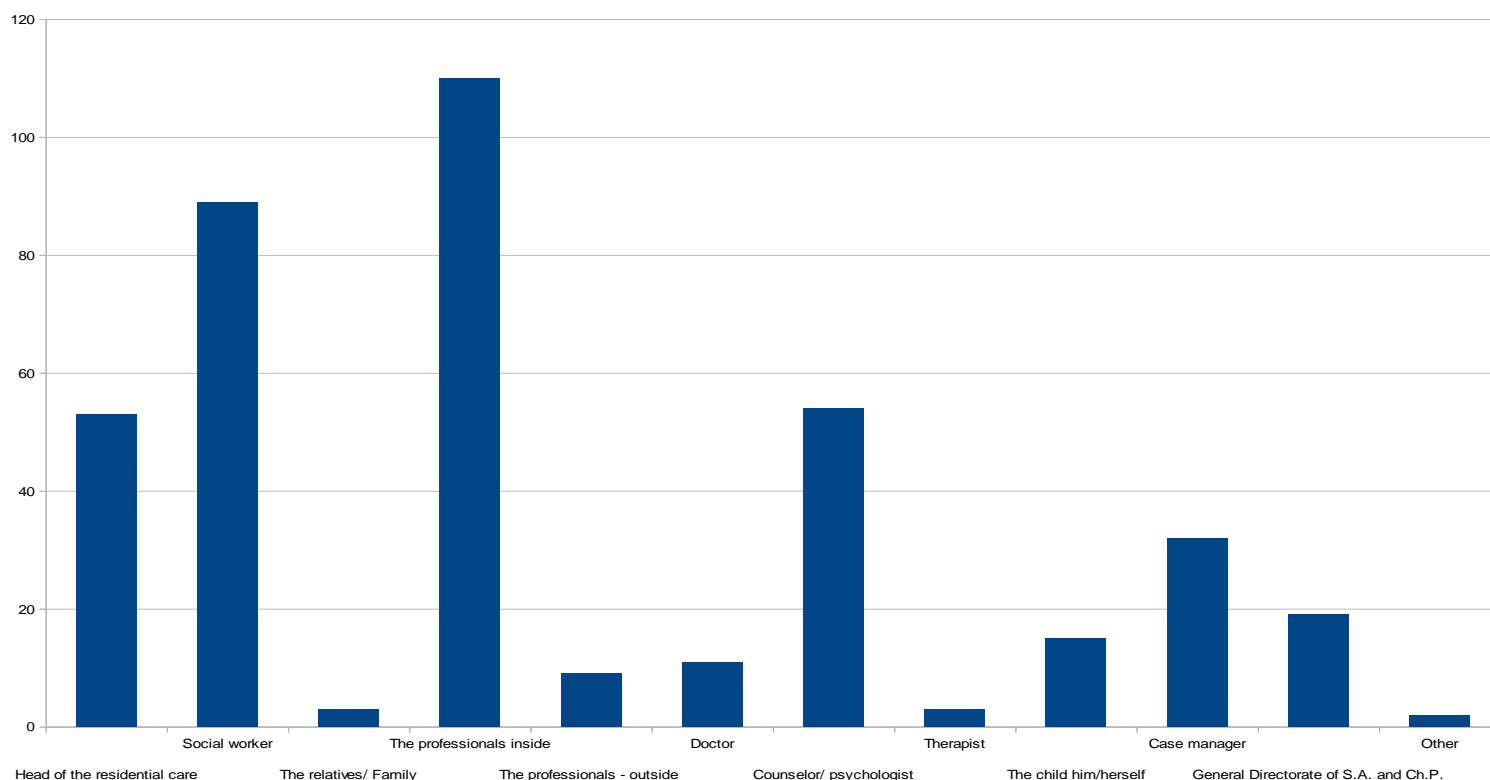
	Frequency	Percent
Missing	12	8.3
Da	128	88.9
Nu	4	2.8
Total	144	100

Responsibilities

When asked about the roles of different professionals in safeguarding children, the respondents' choices mostly grouped around the answers 'Professionals involved directly with the children in the residential home' (110), "The child's social worker" (89), "The child's counsellor/ psychologist" (54), followed on the 4th place by the response "The responsible of the residential care' (53)' and "The case manager (32). In 15 cases respondents answered that children themselves should watch and prevent violence. In the respondents opinion, support should be offered again, on the first place by the "The professionals working in the residential care' (117), than 'The child's councilor/ psychologist'" (103), followed by the than 'The Social Worker" (62) and "The responsible of the residential care (35).

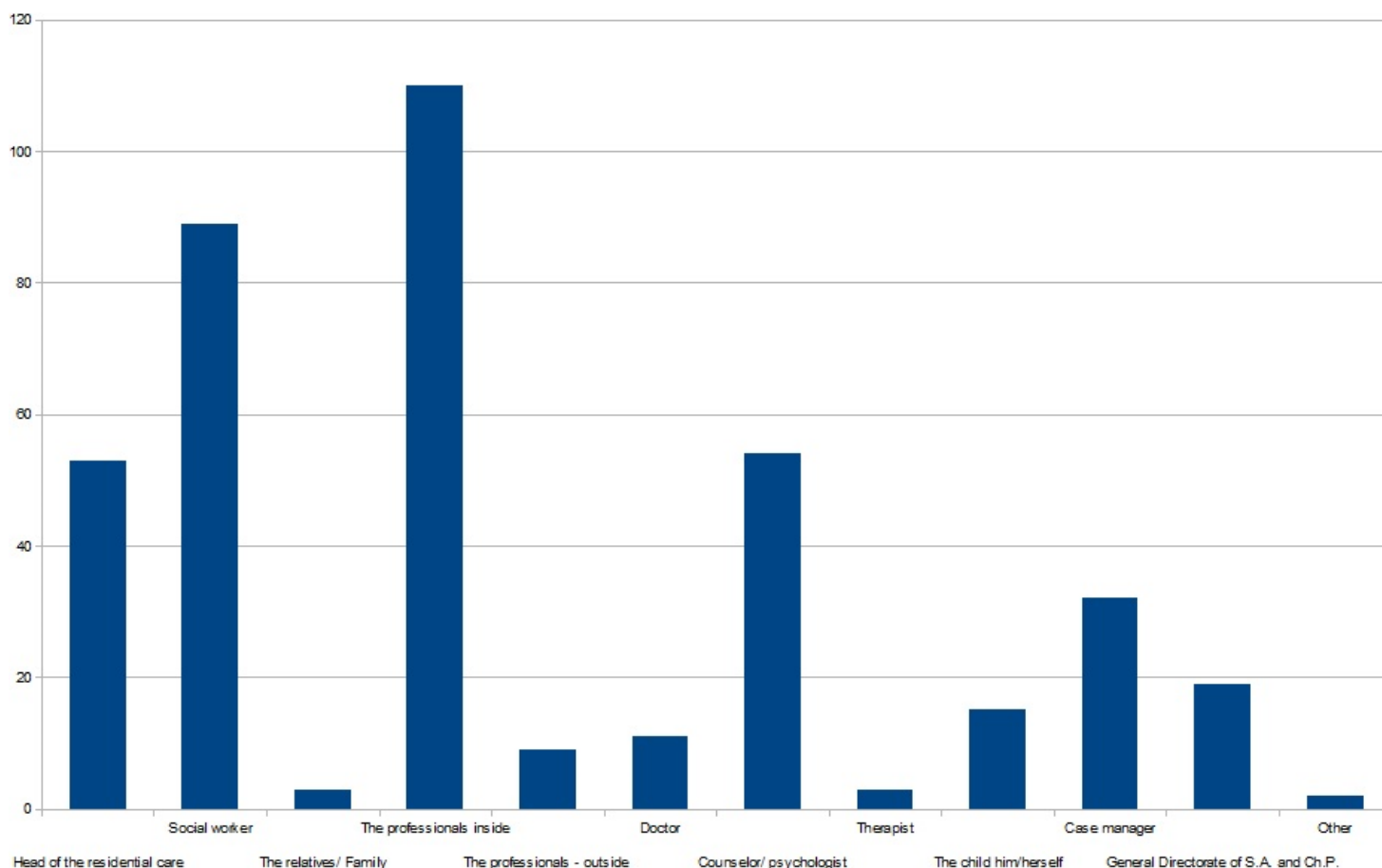
17. Who should watch and prevent violence in residential care facilities (3 answers possible)

	The responsible of the residential care	The social worker	The relatives/ Family of the child	Professionals involved directly with the children in the residential home	Professionals involved directly with those children outside the residential home	The child's doctor	The child's counsellor / psychologist	The child's therapist	The child him/her self	The case manager	The General Directorate of Social Assistance and Child Protection	Other
Who should have been watching?	53	89	3	110	9	11	54	3	15	32	19	2



18. Who should offer support/care for children victims of violence (Three answers possible)

	The responsible of the residential care	Social worker	The judicial authorities	The child's doctor	The child's counselor/psychologist	The child's therapist	The relatives/family of the child	The professionals working in the residential care	The health system
Who should support/take care of the survivors?	35	62	9	23	103	29	17	117	14



A key issue for this survey is to find out how the professionals in our sample think about restorative justice for the victims of institutional violence.

22. Do you think there should be a public apology?

	Frequency	Percent
Missing	5	3.5
Yes	60	41.7
No	79	54.9
Total	144	100.0

In the total sample, more respondents considered that there should be no public apologies to victims of residential care abuse (54.9%), than those who agree with the need to publicly apologize. The opinions of the managers (directors, heads) mirror the opinions of the whole sample (42.5 in favour of public apology, 57% against it). As for the opinions of those working directly with children on the same issue, we find that Psychologists have the higher frequency among those who oppose public apology (66%), followed by social workers (54%), and other personnel. Those in the category of educators expressed the highest proportion of agreements with the public apology (60% said yes, and 40 said no). For other personnel, they mirror the leaders category, being slightly inclined to deny public apology.

22. Should there be public apology	Frequency	Percent
Missing	5	3.4
Yes	60	41.7
No	79	54.9
Total	144	100.0

22. Should there be public apology			
		Yes	No
Are you a manager	Yes	42.5%	57.5%
	No	43.4%	56.6%

22. Should there be public apology	Missing	Yes	%	No	%	Total
Social Worker	3	20	40	27	60	50
Psychologist, psycho-pedagogue	1	13	32,5	26	47,5	40
Educator	0	18	60	12	40	30
Other (medical, legal, administrative)	1	9	42,85	11	37,5	21
Total	5	60		76		141

As for the question on who has to apologize, most of the respondents considered that the individual abusers should apologize (32). Only 10% of the total sample considered that the board (leadership) of the residential home for children should apologise, and 11 considered that the specialists who in direct contact with children should apologize. Very few respondents considered that the state, or its administrative (county level) representatives or more generally, those who tolerated abuse should apologize.

Public apologies (Who?)	The abuser/-s	The board of residential home	The specialists of residential home	General Directorate of Social Services and Child Protection	The state	Those who have tolerated the abuse	I don't know
Frequencies	32	14	11	3	2	2	3

Those who oppose to public apologies are the majority in this sample. Their comments are as following: excuses do not heal traumas; public excuses do not turn things around and do not improve the wrong doing; it is not clear how it could be useful; apologies come too late; there are too many people that should apologize; apologies would bring the attention of the media and this does not help the victims. There are some voices that ask for bringing the aggressors to justice; others say victims should be asked what they want, and if they want apologies. There are more responses that recognise the need of survivors of violence for therapy (134) supportive social relationship (112) and social reintegration (99), some for legal advice (63), but fewer for recognizing the courage to reveal the story (55), believing their story (42), .moral compensation (41), public recognition of institutional abuse (36), and even less for material compensation (21). A high majority of the respondents consider that assistance to victims should be covered by public administration, though some consider that public funding should be used. There are 10 respondents who consider that the survivors themselves should support the costs of getting support, and other 12 who point to aggressors.

Assisting the victims of institutional violence

The attitude of respondents to those adults that were victims of violence in the period of their childhood is revealed by the way they understand the needs of these persons, the modalities to assist them, and also to compensate them for the trauma they suffered as children.

24. What do you think, what are the victim's needs? More answers possible

The needs of victims of institutional maltreatment	Therapy	Supportive social relationships	Moral compensation	Public recognition of institutional abuse	Believing the story	Recognizing the courage to reveal the story	Legal advice/ justice	Material compensation	Social reintegration	Other/ s
Yes	134	112	41	36	42	55	63	21	99	6
Missing value	6	32	103	108	102	89	81	123	45	138

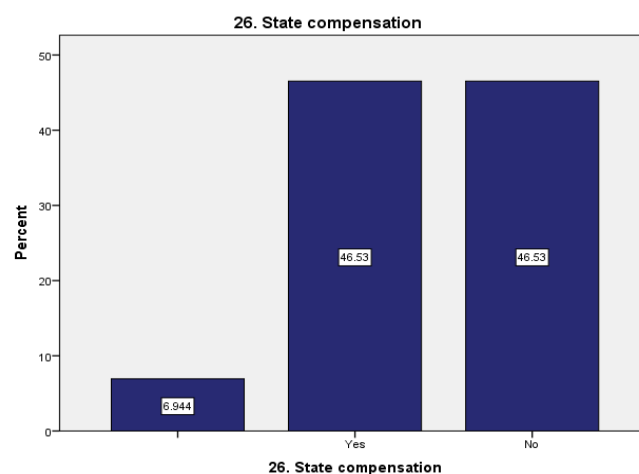
25.1. What do you think, who should cover the costs for the adult victim's support services? More answers possible

	Public administration	Private funding	The victims themselves	None	Others
Yes	117	44	10	3	21
Missing	27	100	134	141	123
Yes	81.4	30.6	6.9	2.1	14.6

Who should cover the costs for the adult victims' support services? Other answers	Frequency	Percent
The aggressor	12	8.3
The institution where the violence took place	3	2.1
Programs financed by the state	1	.7
CASS	1	.7
ONG	4	2.8
Total	21	14.6

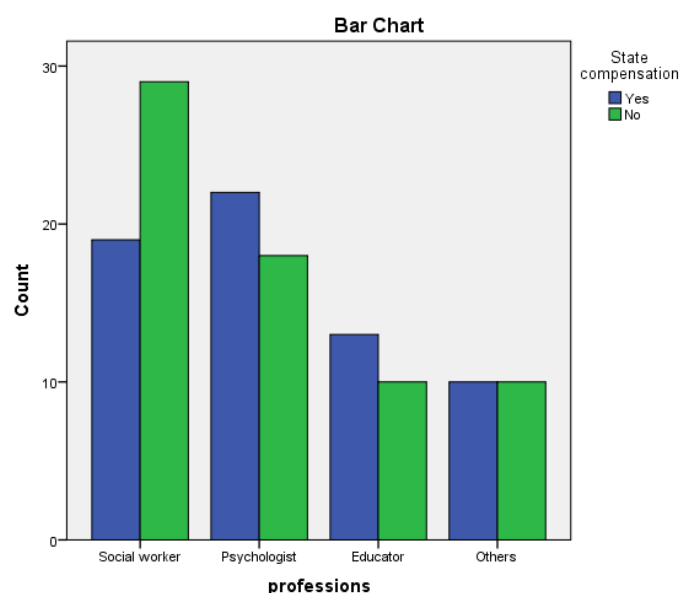
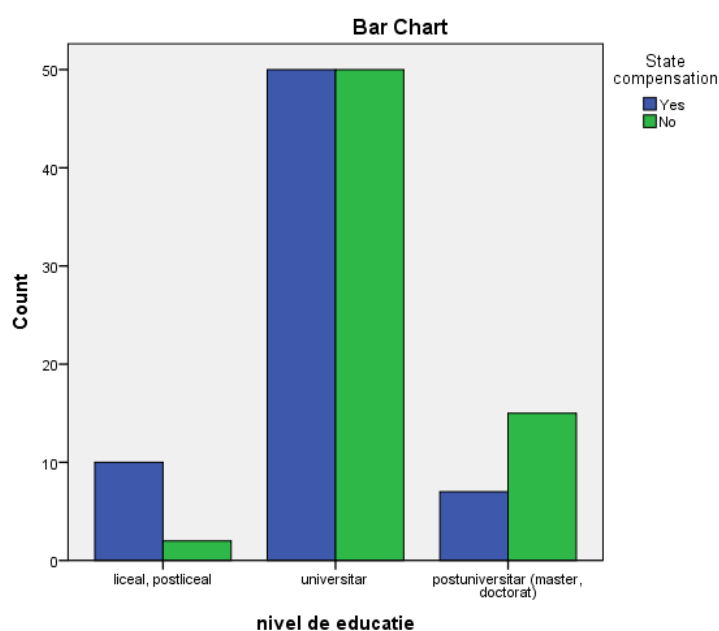
Opinions about compensation offered to people who have suffered as children in the state care system are equally divided between yes and no. It is interesting to not that the majority of those who are highest qualified (post-graduate courses and doctoral studies) consider that no compensation is necessary (68.2%) and only one third say Yes to this question. It seems that this category is more identified with taking care of the state-budget, than the recovery of the victims. Those with university degree are equally divided between yes and no, and finally those with lower education (high-school, post high-school training) are clearly favourable to compensation (83.3%). Crosstabs statistics show significant differences between these categories (with $\chi^2 = 8.24$ and $p < .016$)

26. State compensation		
	Frequency	Percent
Missing	10	6.9
Yes	67	46.5
No	67	46.5
Total	144	100.0



Crosstab for Level of education and compensation	Compensation	Da	Nu	Total
Education	High-school, Post high-school education	83.3%	16.7%	100.0%
	University graduate	50	50	100 %
	Master, Doctoral degrees	31.8%	68.2%	100.0%
	Total (frequency)	67	67	134

The distribution of opinions for compensation possibilities for victims of childhood maltreatment in residential care is similar to the one around apologies. Educators, other professionals and psychologists are more favourable to compensation, and social workers are predominantly not favourable to it.



Crosstabulation: professions * State compensation		State compensation			Total
		Yes	%	No	
Professions	Social worker	19	39,58	29	48
	Psychologist	22	55	18	40
	Educator	13	56,52	10	23
	Others	13	56,52	10	23
Total		67	50%	67	134

Section 5. Prevention of violence against children

In the section concerning prevention we wanted to understand if by the respondents perceived changes that might prevent or enhance the risk of violence in the child protection system for the period of the last 10 years (question 27, 28, 29, 30).

Respondents favoured trainings and workshops on safeguarding issues and workshops to assist implementation (133 and 92 responses), but also expressed the need for clear standards on this topic (107 responses). It looks like they favoured discussions and training within groups than individual supervision (4 responses). Around one third of the respondents mentioned external evaluation and 42% voted for internal evaluation.

29 question: preferred programs and activities to prevent violence within the care facilities

	Training/workshops/courses on the subject of safeguarding children	Developing clear standards for safeguarding children	Workshops that assist personnel in implementing safeguarding measures	Institutional self-evaluation	Post accreditation assistance in maintaining standards	Audit and external accreditation	Supervision	Other
Valid	133	107	92	61	55	40	4	2
Missing	11	37	52	83	89	104	140	142

When asking for the most relevant abilities of the care personnel (question 33),

33. Most important abilities to prevent violence against children

Recognition that any child can become a victim of violence, though there are children who are more vulnerable than others	Awareness of the vulnerability factors	Empowerment of children in order to report all forms of violence	The awareness to evaluate, monitor and even restrict the access of outsider adults to children, for preventing possible predator attitudes	The ability to create a safe institutional environment, that limits possibilities to expose children to violence	To create an organizational culture that is centered on children needs, culture characterized by transparency and respect	33. Create and organizational framework for the continuous evaluation of the quality of life of children and clear conduct expectations in case of violence
109 35	108 36	107 37	70 74	102 42	82 62	90 54

In order to get more information on the way cognitions influence behaviour of personnel working with children, we presented a case-scenario of institutional abuse similar to a case found in the mass media, and we asked if they would report the case, and if yes why do they consider as such, and if not, what is their reasoning.

Ana, is a girl 13, who reports to you that her little brother of 7 was hit on his hands with a stick by an educator in the placement center, because he did not take care of his copybook, which got dirty; you know the educator is worried that the teacher will blame the personnel of the center for the behaviour of the child.

As shown in the table, 86.1 of the total respondents answered that they would report the violence, but there are 10 respondents who would not, in spite the existence of the law who requires reporting. A proportion of 92.5 of those who responded to this question and 86.1 of the total number of persons in the sample would report the case. A large majority of the professionals working directly with children and responding to this question answered positively (SWs with a proportion of 90%, psychologists and educators with 92%), whereas those with leadership positions would report the case in even a higher proportion (95%). As for these high percentages, there is no statistical meaningful difference between the professions or positions in the child protection system. The problem stays with those 6.9% who would not report the case and with the other 6.9% who did not answer the question. Length of the work experience does not change these percentages.

34.1.2 Would you report the case

	Frequency	Percent
Valid Da	124	86.1
Nu	10	6.9
Total responses	134	93.1
Missing System	10	6.9
Total	144	100.0

Crosstabulation: reporting the case*profession		34.1.2 Would you report the case		Total
		Yes	No	
Profession	Social Worker	43	5	48
	Psychologist, psycho-pedagogue	35	3	38
	Educator	25	2	27

Other professionals (medical, judicial, and administrative personnel)	19	0	19
Total	122	10	132

		34.1.2 Would you report the case		Total
		Yes	No	
6. Do you have a leadership role?	Yes	38	2	40
	No	86	8	94
Total		124	10	134

		34.1.2 Would you report the case ?		Total
		Da	Nu	
9.1. Length of the work experience	Less than 2 years	20	3	23
	2-5 years	14	0	14
	6-10 years	23	2	25
	11-15 years	22	1	23
	16-20 years	20	2	22
	More than 20 years	25	2	27
Total		124	10	134

Explanations in case of negations:

- The answer is both yes and no. It is simple to report, but situation will not change afterwards. First I will talk with the teacher and the educator together, and in case the situation won't change, (I shall report) to both school and the (residential) center.
- Initially one has to interview the child, to verify the referred situation, explain the scope of the interview and reassure the child about helping him to avoid such incidents.
- Not. First I would discuss with the boy aged 7, and then with the educator.
- Not. I do not have enough data to confirm that physical abuse.
- First I would discuss with the educator, than we would go together to the head of the residential center, to discuss the situation.
- First I would investigate, and if confirmed, I would have a discussion with the educator, and in the meanwhile I would advise him/her on positive control behavioural control methods. If the situation is repeated, I would report the case as it is the risc that such behaviour becomes a practice.
- I would report the case, but only after verifying it sorrowly, and after I find that it is true.
- No. I would not report, as I consider (the educator) would take revenge over the child. I would try to teach the child how to behave in the Center, so as he does not get in trouble. If these problem is repeated, I think I would call on the media. If I would report to the Child protection, I do not think the situation would be solved.

- Initially I would have a conversation with Ana's brother, and the others personally involved in the situation.

The explanations in case of negation show that the respondents avoid to report and prefer to deal themselves with the case, hoping that they can intervene successfully, without involving further administrative steps. They hope either to solve the conflict between the teacher and the educator, to teach the educator non violent methods, or to teach the child to better behave.. Altogether, they do not trust the safeguarding system to be efficient and solve the problems raised, they prefer to make sure themselves what is the truth in this situation and resolve it with their own skills. They do not mention anything about would Ana, the older sister would understand from their solution, or what could be the consequences for postponing reporting.

Explanations in case of affirmative answers

- Yes, but not before checking the truth of the story. I would first talk with those involved (the boy, the educator and the teacher).
- Yes, it is my obligation to signal any physical or emotional abuse situation. Da, deoarece sunt obligata sa semnalez orice situatie de abuz fizic sau emotional asupra copiilor.
- Yes, according to my job description I have the obligation to report to the management of the center any disfunctions between children and the staff.
- Yes, because I cannot tolerate violence against children.
- If I do not take measures, that child would never trust me again and tell me what happened.
- Yes, because the actions of the educator can have negative consequences on the behaviour of the boy and on his attitudes to learning.
- Yes, as this is physical violence and nothing can justify it.
- I would report, to prevent further violence to this boy or other beneficiaries.
- Yes, in order to prove my civil responsibilities and develop a healthier community.
- Yes, as I want to solve the problem this way.
- Yes, to avoid similar situations for the future and teach non-violent methods in working with children.
- Yes, as I am directly responsible for the care and education of the children I have (in the center).
- YES, as I am do NOT encourage any form of violence
- Yes, this must not be ignored, as I do not want to toose the child's trust.
- Yes. I think the minor was traumatised on this occasion.
- Yes, it is according to the code of ethics, and as such I respect the procedures.

The majority explain their affirmative answer by respecting what the law and the procedures, or the professional role requires. Hitting the child is defined as physical abuse, with possible traumatic consequences, and as such it cannot be tolerated, and a responsible action is to intervene, which

includes reporting such or similar situations. Reporting has the role to prevent further aggravation of the situation. The majority of the respondents would report to the head of the center. As for whom they would address the report, the answers oscillated between unclearly addressed institutions, and answers corresponding to the law: to those responsible (not clear); to the county level General Directorate of Social Assistance and Child Protection (DGASPC); to the head of the center; to the police. Most of the respondents would report to the director or manager of the center.

3.4.2. To whom would you address the report	DGASPC	Head of the Center (coordinator, director)	Police	Other institutions or specialists
N Valid	31	101	6	17
Missing	113	43	138	127

Romanian Report on Judicial Operators

Knowledge on violence:

One third of the respondents were aware of the presented maltreatment case (from the placement center Sf. Maria, sector 1 București) and only two of them considered that media gave sufficient attention to the subject. As for defining institutional abuse, 8 of them considered that all the given definitions describe institutional abuse adequately, 6 have limited their choices to the definition that emphasises individual responsibility for child-care ("Physical, sexual, or emotional abuse committed by those individuals directly responsible for the child's care") and one refers to the definition that specifies institutional standards. We would have expected that more justice operators point to the definitions that indicate breaking institutional procedures or that which refers to lack of monitoring. This means that the majority of the legal personnel has similar framework to report on violence in institutional setting as the general pool of professionals who accepted to respond to our questions.

Description of institutional abuse	Frequency	%
Abuse which occurs when programs operate below acceptable standards	1	6.7
Physical, sexual, or emotional abuse committed by those individuals directly responsible for the child's care (childcare workers or foster parents)	6	40.0

All the above	8	53.3
Total	15	100.0

Half of the councillors are familiar with other cases of institutional abuse as that presented by us (from the placement center St. Maria). They mention physical abuse (in 5 cases), emotional abuse the rest being emotional abuse, work exploitation, or sexual abuse inbetween beneficiaries, almost all cases took place in the period 2008-2017.

When did abuse take place?

	Before 1990	1990 - 1998	1999-2004	2005-2007	2008-2017
Yes	1	1	1	2	6
Missing	14	14	14	13	9

Only three of the respondents had a direct role in assisting the children involved in these cases, by assisting them in the trials. In these cases they represented the primary interest of children and set up the child's status to foster care, or changed it to emergency foster, and also asked for disciplinary research of the aggressors.

When asked about consequences of violence, respondents were mostly worried about the anti-social behaviours and delinquency that is induced by violence, but they also marked psychological, physical, cognitive and social consequences that endanger the integrity and the successful adaptation in the adult life of the victims.

Responsibilities

Judicial operator evaluate the director, the psychologists/councillors and the other professionals of the center in equal proportions (9 of 15) responsible to protect the minors from violence.

Who should have been watching?

	The responsible of the residential care	The social worker	Case manager	Family members of the child	The professionals working in the residential care	The professionals working outside of the residential care	The doctor of the child	Psychologist/counsellor of the child	The child him/herself	The board of General Directorate of S.S. and C. P.
Frequencies	9	4	4	1	9	1	1	9	1	3

The care and support of victims is seen mostly as the responsibility of the personnel in direct contact with children and psychologists (13, and 12 answers). From the point of view of the analysis of institutional violence, it is interesting to note the judicial professionals that the managers/directors of the centers are considered significant resources by only 4 respondents, and parents were also pointed out as responsible of support by 3, even in the situation of institutionalization. Medical and judicial professionals are considered secondary actors (1 answers each).

Who should support/take care for the survivors?

	The responsible of the residential care	The social worker	The judicial authorities	The doctor of the child	Psychologist/counselor of the child	Therapist	The family	The professionals working in the residential care	The health system
Frequencies	4	2	1	2	12	7	3	13	1

As for the needs of the victims of institutional violence, emotional support is seen most frequently as important (14 answers) followed by social welfare (13) and social reintegration arrangements(9). Judicial counselling and moral compensation are seen as important by less than half of the respondents (7). Respondents point to the public administration (14 answers) to assure that adult victims have their needs covered, followed by private donors and aggressors (each with 3 answers). There is one person who explains that public money should not be used in this scope, but the money of the aggressors themselves, and of private donors.

What do you think are the needs of victims of institutional maltreatment

	Therapy	Social assistance	Moral compensation	Social recognition of victimization in a public response	To be believed	Recognition of the value of their stories, and the courage to disclose	Legal advice/Justice	Material compensation	Social reintegration
%	14	13	7	3	5	5	7	2	9

The issues of restorative justice are not popular or not known among judicial councillors. Among the 15 questioned judicial operators only 7 responded that victims of institutional violence should

benefit of some sort of compensations, or that apologies should be expressed for their sufferance as moral compensation.

22. Do you think there should be a public apology?			
	Frequency	Percent	Cumulative Percent
Non-response	1	6.7	6.7
Yes	7	46.7	53.3
No	7	46.7	100.0
Total	15	100.0	

Those who claim apologies are also those who consider that aggressors express apologies, but some of them add that the employers should also apologize (3 such responses). Only two of them express explicitly that responsibility and apologies should be assumed by some higher state fora – the government or those who manage the child protection system, which is not able to safeguard children within its institutions.

As for the changes of the child protection system and of its legislative framework, the majority of the respondents consider that they were based on a legislation that could offer real protection. The most important changes were creating of alternatives to residential care: family type foster homes, family foster-care, the creation of the paid foster care system (called maternal assistance) and adoption. For the future, respondents see the need of putting down the large centers and transferring children to smaller family type foster homes, but also the improvement of the procedures to work with children, the creation of a new strategy and new standards. The respondents note that either employers or institutions take sufficiently seriously these procedures. Respondents consider that interventions in cases of violence against children became more coordinated and collaboration among institutions has improved. Several judicial operators mentioned the usefulness of surveillance video cameras placed in residential homes to serve the monitoring of the behaviour of employee. Other recommendation were to elaborate more on the professional guidelines, on the civil and penal legislation code, but also to increase the level of professionalization of the personnel in children's homes and that of their collaborators (school teachers, medical personnel).

Conclusions

The responses for the question on awareness of cases of child maltreatment in residential homes show that violence in the residential homes is common phenomenon, as 46.5 of the sample know about such cases. Looking from an other point of view, one can also formulate that less than half of the respondents admit to be aware of cases of violence in the institutional/residential framework, although it seems to be so common and in spite of 84,5 of them working directly with children, and having specific tasks in discussing with children about their experiences, and specifically in preventing, respectively in responding to situations of violence. Their sources of the information on this topic are mostly the mass media, and not the institutional analysis, or workshops, or trainings on this issue. Those who confirmed their awareness of cases of violence mentioned that they were involved in one third of the cases, and that in 63% of the cases a report was made towards the authorities (7.9 of the cases were not reported, and in 27% the respondents did not know if a report was filed). In the 40 reported cases, 35 were reported to the police/prosecution office, 30 to the Directorate for Child Protection and 20 to the chair of the residential center (multiple responses were possible).

The great majority of respondents understand the multiple and complex effects of institutional maltreatment. Physical effects have been rated lower than psychological and social effects, which might show that respondents do not consider that physical violence in residential centers has severe forms. Almost all of the respondents perceive that victims of institutional violence have special needs (88.9%). Those who give a more detailed answer are few (psychological support -17 answers, social support network and secure environment - 4 answers, gaining trust in other people and in other (social) services - 3 answers), which shows that the majority are not really aware of the complex needs of those who, as children, were victims of violence.

When asked about who should watch and prevent violence in residential care facilities the most common answer was that this role is expected from professionals. It is interesting to note that in 15 cases the respondents answered that children themselves should watch and prevent violence, which might mean the need to empower children to report violence, but it might also mean a transfer of responsibility to the victims themselves. We note here that the case manager and the General Directorate of Child Protection (DGASPC) were mentioned much less than the social workers and

councillors, which might reflect the little involvement of leadership forums in preventing violence, which is the way things seem to happen in reality in the present period.

Assistance in case of victims of violence is seen by respondents as coming mostly from professionals within the care system, than from the public social/medical/psychological services that are supposed to offer services to young people living in the care system, or who had left it. This reflects again the reality, as the county level social services (DGASPC) do not monitor the situation of young people who are dismissed from care after gaining maturity, or after the legal prolongation of this period due to the enrolment of the young person to higher education or other forms of legal training.

Responses for the questions on compensation/restorative justice are equally spread between those favourable and not favourable to public apologies to victims of residential care abuse (46,5% both sides, plus 7% non-responses), than those who oppose to it. Social workers have the higher frequency among those who oppose public apology (60%), followed by judicial personnel (46,7%); the other professionals are slightly more favourable than not to compensation. Surprisingly, those with the highest level of education in this sample (master and doctoral level) have the lowest percentages in agreeing with compensation for suffered violence. It seems that this category identify themselves the most with the status-quo of the establishments. In relation with public excuses in case of institutional violence, in this sample the balance is slightly against them (54.9% against, 41.7 for, and 3,4% non-response). Educators expressed the highest proportion of agreement with demanding public excuses from the victims of institutional abuse (60% said yes, and 40 said no). Social workers, voted in the contrary percentages (60% said no, and 40 said yes). Leaders (managers, directors) and other personnel are slightly inclined to deny public apology (42,5%), in the same proportion as the entire sample. As for the question on who should apologize, most of the respondents considered that the individual abusers should apologize (32), a few consider that professionals should apologize. Only 10% of the total sample considered that their should be an implication from the representatives of the boards/management of residential care, and very few mention that the Authorities of Child Protection, or the Romanian government, or its administrative and monitoring bodies at county level (DGASPC) should apologize.

Most respondents in the sample recognise the violence survivors' need for therapy, supportive social relationship, and social reintegration and legal advise. But few of the sample recognize the self esteem

needs of the victims: courage to reveal the story, believing their story, the need for moral compensation, public recognition of institutional abuse, and even less for material compensation. A high majority of the respondents consider that assistance to victims should be covered by public services and funds should come from public administration. Among the respondents there is also a minority who is not aware of the severity of the consequences of violence on the personal development of victims, and who thinks that young people with experiences of violence should cover their own needs and costs for their own recovery.

In the responses one can find contradictory aspects. As resulted from the case-scenario, the majority (86.1%) of the respondents know the legally required attitude to report violence, say they would report the virtual case presented in the survey, and agree with the procedures in case of violence against children and the need to apply non-violent behaviour control methods. But in the the case of violence mentioned by respondents as being one they met in their practice, less than 2/3 responded to have being reported it. In spite of the knowledge the respondents have about forms of abuse and neglect, as well as the needs of children victims of violence, it seems that for many of the respondents this does not cover the aspects of institutional responsibility for experiences of violence suffered in the framework of the child protection system - whose responsibility is to assure safety.

Recommendations

The data have shown that the majority of the professional staff members are aware of violence happening in the residential centers for child protection, the legislation to protect children against violence and know the severe and long term consequences of child abuse and neglect on later psycho-social development. In spite of their knowledge of the legal requirements in case of violence that affects children a significant part of the staff does not take action and to protect victims of violence in residential care and do not even consider to report it in virtual situations. As the analysis has indicated, a significant part of the respondents lack understanding of institutional responsibilities and the need of institutional changes to prevent violence, therefore we recommend that:

1. Stopping violence in residential care should be a priority for the systems of child protection.

2. The members of the personnel working in the child protection system, especially in residential homes to be offered continuous education
 - on the subject of institutional violence not only to avoid committing any form of violence themselves but also in order to empower them to take attitudes against violence in residential care, who ever commits it – staff member or minors themselves;
3. On issues of restaurative justice in order to adequately inform staff about the rights of young people in care to be safeguarded against violence, get moral and material compensation in case of violence suffered while in care, or eventually after they leave care, and to receive medical-social and psychological treatment in case they have become victims of any forms of violence while they were looked after in the child protection system.
4. A significant number of the members of the personnel employed in the residential homes consider that the system cannot be trusted, and therefore the children will be more endangered if they take the legal stand and report violence. Therefore policies should be mended in order to offer protection to victims and those who disclose violence.
5. The results have shown contradictions and mixed values in the answers of the professionals sample: answers that express willingness to prevent violence are mixed with distrust in the system and maintenance of the present status quo; therefore the employed personnel working in residential care should benefit of regular supervision which should strengthen their professional values and principles, and empower them to act accordingly.
6. Taking into consideration that professionals do not really count on leaders and managers for safeguarding children, it is recommended that policies of the child protection system strengthen the roles for exercising control and monitoring the institutional process of safeguarding violence, and make their roles more visible in policies.
7. As – according to responses – violence in institutional settings is known to a significant part of the employee, but not for all, there is a need for improved policies:
 - to facilitate disclosure and reporting of violence by young people themselves and also by professionals in order to stop it and provide assistance to victims;

- to collect data on situations of violence in the institutional settings, which can inform policy makers and employee on the characteristics of these situations, and inform prevention.
 - To develop policy measures to inform, but also train employee on using methods that can prevent young people to commit abuses and bullying against each other and to inform young people on the consequences of committing such violence.
 - To inform young people on existing forms of compensation for trauma caused by violence within the child care system, including moral and material compensation, free treatment and rehabilitation services.
8. Recommendations concerning further regulations for the legal issues concerning support to survivors of child maltreatment in residential settings
- Most of the looked after-children being in care, or leaving care have not yet been informed about their rights to request material and moral compensation, therefore the liability limitation term should run as of the date the victim leaving the protection system, if this right was not enforced before.
 - Regarding the settling of legal complaint with the above mentioned subjects, special procedural rules should be at place, like: the liability limitation term for filing a preliminary complaint in order to initiate legal actions should run as of the date when the victim leaves the protection system, if the preliminary complaint wasn't submitted previously; a larger and more permissive taking of evidence than as stipulated by general provisions and the term of settlement should be shortened; more experts should be involved in the procedure (psychologists, sociologists etc.).