

# Violence and Trauma in the Romanian Residential Child Protection

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**Abstract.** *The times when the world discovered the images of horrific Romanian residential institutions for children and adults with disabilities belong to the past and are registered in the collective conscience and scientific literature as the responsibility of the dictatorship, under Ceaușescu's ruling of Communist Romania. Nevertheless, inducing changes in residential care settings is a difficult process, due to the characteristics of the total institutions, as conceptualised by Goffman, or the disciplinary institution, described by Foucault. Exploring the testimonials collected during a focus-group and 45 individual interviews with adult alumni of such institutions, the Romanian research team enrolled in the SASCA Project<sup>1</sup> revealed a wide range of forms of violence and traumatic consequences. The descriptions of the findings are followed by discussions around the responsibility for the institutional failure to protect against violence and the subsequent needs in order to heal those who suffered during childhood within the institutional child protection settings.*

**Keywords:** residential child protection institutions, violence, trauma, young adults

## International context and conceptual framework

The Children's Rights Convention recognised all over the world, and followed by periodical national reports on the situation of children's rights for the UN, The Committee on the Rights of the Child (CRC)<sup>2</sup>, as well as further and more specific international conventions like the

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Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography<sup>3</sup>, General comment No. 13 (2011)<sup>4</sup> on the Right of the child to freedom from all forms of violence and the Council of Europe's Lanzarote convention against sexual abuse and trafficking<sup>5</sup>, and also the anti-spanking laws adopted in the last 40 years all over the world in more than 50 countries have created the legal framework to take action for preventing and responding to all forms of violence against children. In the General comment No. 13 (2011), the UN conceptualizes institutional and system violations of child rights and also the institutional responsibilities to protect children from all forms of violence as follows :

Authorities at all levels of the State responsible for the protection of children from all forms of violence may directly and indirectly cause harm by lacking effective means of implementation of obligations under the Convention. Such omissions include the failure to adopt or revise legislation and other provisions, inadequate implementation of laws and other regulations and insufficient provision of material, technical and human resources and capacities to identify, prevent and react to violence against children. It is also an omission when measures and programmes are not equipped with sufficient means to assess, monitor and evaluate progress or shortcomings of the activities to end violence against children. Also, in the commission of certain acts, professionals may abuse children's right to freedom from violence, for example, when they execute their responsibilities in a way that disregards the best interests, the views and the developmental objectives of the child (art. CRC/C/GC/13, IV, A, 1/32).

Based on the aforementioned international treaties widely adopted on all continents, one would expect to find significant progress in reducing harm caused to children through violence, especially in institutions created to protect children lacking family care or being at risk of harm in their own families. Contrary to this expectation, worldwide data for children in care, mostly in mammoth residential care, shows their exposure to the risk of physical, emotional and sexual abuse, even exploitation and trafficking.

Already back in the 20th century and up to the present days, the classical works on attachment theory of Spitz, Bowlby, Ainsworth and Rutter (Spitz, 1945 ; Ainsworth, Bowlby, 1965 ; Rutter, 2008) and many others demonstrated the importance of individualised care relationships and the pervasive effects of children's trauma due to their separation of their primary caregivers. In his 1951 monograph for the World Health Organization, Bowlby warned policy makers that in the absence of a warm, intimate and continuous relationship with a primary caregiver, children might suffer pervasive developmental disorders. Based on the attachment theory, a long series of studies have shown that a low number of care staff, impersonal care, emotional neglect profoundly affect cognitive growth and identity formation of looked-after children, leaving deep scars and delays in development. Since then, many international forums favour family foster care over institutional care, so that today institutional care is recommended to be the last resort for children who, being orphaned or because of other reasons, need to be taken into care (UN, 2010). According to the UN guidelines for alternative care, "removal of a child from the care of the family should be seen as a measure of last resort and should, whenever possible, be temporary and for the shortest possible duration. Removal decisions should be regularly reviewed and the child's return to parental care, once the original causes of removal have been resolved or have disappeared, should be in the best interests of the child" (UN, 2010, art. 14). The Guidelines also prescribe that the use of residential care should be limited to the children for whom such a setting is "specifically appropriate, necessary and constructive" and that "children must be treated with dignity and respect at all times and must benefit from effective protection from

abuse, neglect and all forms of exploitation, whether on the part of care providers, peers or third parties, in whatever care setting they may find themselves” (UN, 2010, art. 13).

These recommendations were adopted by the General Assembly of the UN following the Report on Violence of its Secretary General (Pinheiro, 2006), which stated that, in spite of the worldwide acceptance of the Convention of the Children’s Rights, millions of children worldwide spend substantial periods of their lives under the control and supervision of care authorities or justice systems. Data collected in the UN study shows that children in institutional settings are at risk of violence from staff responsible for their well-being; they might be physically punished, stigmatized and lacking effective options for complaints. Physical neglect has also been described in many poorly financed residential facilities, so they endangered the health and lives of children, especially in case of children with disabilities. Other institutions lacked appropriate access to education, recreation or rehabilitation, leading to peer violence, cognitive delays and psychological disorders. Low levels of professional training prevented staff from turning to effective behaviour management methods. In such systems of care the absence of monitoring created a culture of impunity and tolerance for abuse committed by adults against children or to peer-violence.

Abuses, neglect and discrimination of children in child protection care units were reported by research studies and reports of Children’s Rights non-governmental organizations in many countries. Flagthier (2016) documented the widespread use of physical and emotional violence to punish children in public childcare institutions in various countries in Asia, including Indonesia, Myanmar, Vietnam and in institutions privately run by religious organisations. In a meta-analytic study, Sherr, Roberts and Gandhi (2017) found higher rates of physical and sexual abuse in residential care compared to family foster care, linked with very different contextual situations as for Romania, the Netherlands and some African and Asian developing countries, some of them with no prohibition of physical punishment in alternative care (as in South-Eastern Asia, except India), others with longstanding traditions of institutional care (like Romania). Gray, Pence, Ostermann, Whetten, O’Donnell, Thielman and Whetten (2015) found high rates of violence in residential care in Cambodia, Ethiopia, India, Kenya and Tanzania, where, on average, 50% of children, with no gender difference, experienced physical or sexual abuse. After the Eastern European political shift, countries in this region opened up their mammoth institutions and revealed that low staffing, low budgeting, severe neglect of basic needs, especially of the children with disabilities, as well as physical maltreatment were more the standard than the exception (Carter, 2005). Even in high income countries, like the UK and Holland, researchers have found more allegations of abuse in residential care than in family foster care (Hart, La Valle, Holmes, 2015). In a large scale research study performed in 32 Arab and Jewish residential care settings in Israel, the author found that, in spite of widespread safety regulations, many adolescents had experienced physical (56%), sexual (40%), verbal (73%) or indirect (62%) acts of violence at the hands of their peers in the month prior to the survey, and in addition, about 29% of the adolescents reported that they had been verbally maltreated, and one-quarter had been physically maltreated by staff in the same period (Attar-Schwartz, 2017).

Considering the abuse of power in such institutional settings and the residents’ impossibility to take action against it, takes us back in the second half of the 20th century, to the concepts described as *total institution* by Goffman (1961) and to the *disciplinary institution* by Foucault (1977). In his famous book on asylum, Goffman defined *total institution* “as a place of residence and work where a large number of like-situated individuals cut off from the wider society for an appreciable period of time together lead an enclosed formally administered round of life” (Goffman, 1961, 11). Based on Goffman’s theory, the “totalistic” features are synthesized by Cole (2018) by removal of the barriers between home, leisure

and work, which are usually separated key-spheres of life, and their coordination by a single authority, with rules from above, and removes the person's autonomy. The total institutions foster obedience to authority by developing a privilege system that restricts access to desired activities or goods and promotes dependency. Individuals adapt to such institutions either by seeking to fit in (conversion), or by developing a preference for the institution (being "colonized" by it), or by struggling against the rules and developing a rebellious behaviour, aggressive toward others and/or self. Residents cannot easily escape the pressure of institutions, but tension grows as they feel the need to be in control over their interpersonal environment.

Foucault's "*disciplinary institution*" term adds to the theoretical approach on care institutions by approaching it from the perspective of power and its symbolic value. Institutions are part of the modern society and function in systems that are officially justice-based, according to some juridical framework. By focusing on discipline, the institution builds up non-egalitarian power relations. Power toward the subjects is maintained "by all those systems of micro-power that are essentially non-egalitarian and asymmetrical that we call the disciplines" (Foucault, 1975 ; 1977, 222). In his description, disciplinary regulations and permanent observation of subjects has symbolic value of the power relations between those living and learning/working in the institutions and allows the control of the individuals (in Foucault's terms, the "bodies").

## Romanian context

After the political shift abolishing the communist dictatorial regime of Ceauşescu, in 1990 Romania has undertaken a pervasive reform of its child welfare system. It ratified the UN Convention of Children's Rights (1990), changed its regulations on international adoptions (by allowing it in 1990) and then closed them (in 2004), introduced the concepts of child maltreatment in its child welfare policies (1997), encouraged the development of a large civic sector involved in children's rights, trained professional social workers and psychologists, developed a network of family foster care and of family-type residential homes for children, legislated a modern Child Law (272/2004), covering children's rights to identity, family, education, health, participation to social life and decision-making, play, information and protection against all forms of violence, trying to shift from institutional care towards community-based services for children and families, stating physical punishment as unlawful. Before adhering to the EU (in 2007), Romania had large public campaigns on children's rights, and after adhering it ratified all the important international treaties to protect children from violence, degrading punishments, torture, child labour, sexual abuse, human trafficking etc. (the Lanzarote convention was ratified by the Romanian parliament as law 252/2010). The Romanian child protection was reformed by the so-called Child Law (272/2004 and its amendments in 2013, 2014, 2015 and 2016) (Cojocaru, 2007 ; Neagu, 2017). The Civil Procedures Code (134/2010) and the Penal Code (135/2010) also reinforce all children's rights to be protected against violence, to file reports and get professional help, as well as compensation if victimised (Călian, 2018). In spite of the steady criticism coming from international and Romanian expertise in childcare to shift from residential care towards community and family foster care, after a 28 year long transformation process, Romania still registers 18,901 children in residential care, with 15,031 of them being in public residential placement centers and 3,870 in private settings (June 2017, on the official site of the Romanian Agency for Protection of Children's Rights and Adoption), in a population of 56,589 looked after children, out of a total of population of approximately 4,100,000 children<sup>6</sup>. Repeatedly did the different governments engage in deinstitutionalisation and move

towards community care, though due to the general high poverty rate and the economic crisis this process has been slowed down, though maintained on the governmental agenda (Tonk, Adorjani, László, 2012 ; Stănculescu [ed.], 2013) as well as recommended by the major stakeholders for child protection (Stănculescu, Grigoraș, Teșliuc, Pop, 2016) and independent analysts (Neagu, 2017). A significant step forward in the protection of children's rights has been the appointment of a Children's Ombudsman in 2017.

## Research on institutional violence in Romania

After the political shift from the communist regime, Romania inherited more than 100,000 children in residential care institutions, structured in medical-type childcare settings (called "cradles" before 1997) for babies and toddlers up to 3 years of age, children's homes for preschoolers (3 to 6 years of age), separate homes for mainstream and for mentally challenged school-aged children (7 to 18 years of age) and hospital-homes for children with disabilities evaluated as not treatable. Conditions in many of these institutions were extremely poor, endangering children's health, survival, intellectual and emotional development, and their capability of attachment for social relationships. Poor nutrition, lack of medical care and medication, inadequate clothing, unheated, isolated and inadequate dwellings, insufficient, low paid and untrained staff, no monitoring and all forms of violence were part of the daily life of children in institutional care (Greenwell, 2001 ; Macavei, 1989 ; Dumitrana, 1998 ; Roth, 1999 ; 2009). In spite of the international resources mobilized to improve the situation of children in care, large Romanian child protection institutions continued to exist and function like the total institutions described by Goffman (1961), violating the rights of the children in need of protection (Stativa, Anghelescu, Palicari, Stanescu, Nanu, 2002 ; Brătianu, Roșca, 2005 ; Rus, Stativa, Butterfield, Pennings, Parris, Burcea, 2016).

One of the first relevant researches 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 Government (authored by Stativa *et al.*, 2002). It is based on data from a sample of 3,164 children from residential care institutions, with bellow 18, and 80 residential care institutions. Beyond the quantitative data collected by means of the questionnaires, it also collected qualitative data from children and staff, as well as from focus-group discussions with institution staff and managers of the Specialized Public Services, other staff and children. Children felt that they had not been involved in everyday activities run by the adults in their institution. Many children did not know their personal history, like 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 inadequate behaviour by the staff. Loss of gender specific attitudes (clothing, activities and haircut) was often visible and sometimes resulted in the impossibility of telling apart boys from girls. Physical abuse was revealed as children disclosed beatings, suppression of meals, physical isolation and submission to various humiliating jobs – applied as punishments. Children were also punished to do all sorts of humiliating jobs (such as cleaning the toilets). As for sexual abuse, 36.1% of the institutionalized children were aware of cases when children were obliged to have sexual contacts, but the percentage of children who would admit to being themselves the victims of this type of abuse was much lower. Respondents pointed less to members of the staff and more to older children in the institution as aggressors (in over 60% of the cases). In the secondary analysis of this database, Rus, Stativa, Pennings, Cross, Ekas, Purvis and Parris (2013) 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. 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 residential home (Rus *et al.*, 2013). In another secondary analysis (Rus *et al.*, 2016) demonstrated that care personnel in the mammoth facilities could not stop peer exploitation of looked-after children.

In the study initiated by Gavrilovici and Groza (2007), 448 children from institutions in Iaşi County completed questionnaires. The study reported that 68% of male and 63% of female children were victims of threats in the institutions in the previous year; 71% of male and 69% of female children were witnesses of violent threats in the institutions. Another study looked at attachment styles and found that residential care resulted in negative psychological consequences and psychological disorders in the development of children in institutional care (Zeanah, Smyke, Koga, Carlson, 2005; Zeanah, Egger, Smyke, Nelson, Fox, Marshall, Guthrie, 2009). Authors concluded that serious disturbances of attachment, learning disabilities and psychiatric disorders were more the rule rather than the exception in the developmental pathways of children raised in the relatively socially deprived context of institutions for young children in Romania at the beginning of the millennium. 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.

Violence against looked-after children was also documented by Bratianu and Roşca (2005), who collected interview data from children, showing that staff was perceived as unfriendly, authoritarian and often abusive. As a result, children felt unable to manage their relationships outside the residential setting, with no tendency towards autonomy.

In a study published by Onica-Chipea, Stanciu and Chipea (2008), 72% of the respondents declared themselves to be subject to violence in the care facilities: 51% responded that they suffered beatings by staff and other children, 17% mentioned being beaten only by staff and 32% only by older colleagues; sexual violence perpetrated by older peers was also known by almost 46% of ex-residents. The focus-groups discussion with staff revealed severe limitations in their knowledge, which prevented them from understanding and providing proper care and education for the children in the institutions (Onica-Chipea *et al.*, 2008).

The data of the mentioned studies was collected in the period before or around 2007, the year Romania accessed the EU. In spite of the expectations that the new Child Law (2004) and the Government's engagement in Europeanization will finally end large residential centers, data collected in the last 10 years does not reveal major improvement in the quality of care of children with or without disabilities. The doctoral thesis of Porumb (2010) revealed similar disclosures of physical, sexual and verbal abuse as well as emotional neglect by young people out of care. She emphasized that trauma due to separation loss from primary caretakers, experiences with violence before institutionalization, plus the violence suffered by peers and/or caretakers while in the care of the child protection system often result in complex traumatic consequences that need specialized care services while in care and also in the transition to independency.

Quality of care in residential settings was described in similar ways by researchers of CRIPS (Câmpean, Constantin, Mihalache, 2010): 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.

The report of the Center for Legal Resources (CLR, 2014) has repeatedly shown that the residential care for children with disabilities can be shortly characterized as: education in special, non-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 as soap, toilet paper, shampoo and materials for intimate female needs; in some settings, toilets have no doors and shower cabins are missing curtains; violence has been reported by interviewees (beatings and rapings, 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 who never meets children.

As a recent development, we note the appearance of peer-type participative forms of action, organized by survivor associations, who intervene to the benefit of children who live today in residential homes. The Council of youth in residential centers<sup>7</sup>, together with Hope for children, an NGO active internationally for ending residential care for children, revealed in a common report that problems persist in residential centers until 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.

## Research Design

As a result of the political, structural and legal reforms<sup>8</sup>, the social care system has undergone extensive changes, and the general expectation has been that the quality of life of children in institutional care has much improved and, specifically, that violence in care settings has become history. The hereby presented research continues the series of articles that investigates the quality of care in residential child protection settings, focusing on the experiences of violence of young people out of care. Its methodology was developed in the consortium of the SASCA<sup>9</sup> project and it serves to collect qualitative data on the childhood experiences of violence of young adults out of care in Italy, Greece and Romania. The interviews were taken with the following objectives: to understand and openly address the problem of child abuse in institutional settings, particularly in residential care, from the perspective of adult survivors; to understand the long-term effects of such events; to understand how and if the survivors of these crimes may find protection, treatment and compensation in the existing legal framework; to understand how their experience may enlighten prevention strategies for the protection of children living today in residential care.

In this paper we explore the information revealed by the survivors of violence to understand the immediate and the long-lasting consequences of violence and the possible trauma suffered in the child protection system, in order to make clear the institutional sources of violence. For this analysis we selected the research questions that connect the descriptors of the daily life in the residential care institutions with the violence revealed by respondents and their traumatic consequences: What are the dominant characteristics of the events experienced by young adults who spent part of their childhood in residential care? Do the interviewed young people reveal experiences of violence? How they describe the traumatic consequences of violent experiences? Which are the dominant characteristics of the institutional settings that can be linked to outcomes as perceived by the interviewed young adults?

## Interviews and the focus-group, sampling and ethics

We built up a sample based on the snowballing method, going from the first person who accepted the discussion and through their personal contacts. According to the project's eligibility criteria, the age group of participants could be quite large: adults between 19-60 years

of age who spent part of their childhood in institutional/residential settings. We chose to first approach the young adults with looked-after history, who were graduates of the social work program we work for. We also contacted associations and non-formal groups of survivors, as well as local services. The Council of Institutionalised Young People<sup>10</sup> and “Gyeri” Club<sup>11</sup> were the main associations that responded to our invitation. The National Agency for Child Protection and Adoption and the county directorates of Social Assistance and Child Protection were informed about the project, but as the target was an adult group and based on confidentiality rules, they did not contribute with contact data for their alumni. We have contacted local, public and private social services (mainly in Cluj, Covasna and Harghita counties) involved in covering the needs and offering support for young people out-of-care, to spread the word about this project, but few respondents were recruited this way. What worked best was the direct contact through offline and online social networks, which allowed the coverage of all regions of Romania. For both the interviews and the focus-groups we advertised on both personal and SASCA project’s Facebook page.

For ensuring the rights of respondents as research subjects, each participant received an information sheet with the presentation of the project and was asked to agree with the recording of the interview, in order to ensure data accuracy. If agreed, they had to complete a personal sheet, to identify some links between the personal characteristics of the interviewee and those of their institutional past (age, gender, education, profession, period of institutionalization). They also had to sign a consent form, including the recording and analysis of their information by the researchers. They also had to opt for complete anonymity, by choosing a code name, or the option to make their interviews or part of them public.

**Demographics for the sample of interviewee.** During the seven months of data collection (May–November 2017), 45 alumni of residential care consented to be interviewed by the SASCA research team and allowed the audio recording of the interviews. The gender distribution of the sample shows 24 (53.3%) female and 21 (46.7%) male survivors. Only one person was born in Italy. As for age distribution, the age of 20 to 30 is best represented: only two persons (4.4% of respondents) below the age of 20, 26 persons (58%) between 21 and 30, 15 persons (33%) between 31 and 40 and two persons (4.4%) between 41 and 50. Regarding their professional status, 23 persons (51.1%) had full-time jobs, five persons (11.1%) had part-time jobs, two persons were students (4.4%) and four were on maternity leave (8.8%) in the period of the interview. The rest of the persons didn’t have a job, with seven of them on unemployed status (15.6%), four (8.8% on disability allowance or retired on health grounds, and three (6.6%) were working occasionally. Regarding education, our sample was composed of 21 university graduates (46.6%), with six of them (13.3%) graduates of a masters or doctoral degree; 11 persons (24.4%) have gained high school diploma, eight persons (17.8%) graduated professional schools, three (6.6%) middle schools and two (4.4%) primary schools. Regarding the number of institutions, only six persons (13.3%) were growing up in one institution, 13 persons (28.9%) in two, 12 (26.7%) in three, 9 persons (20%) in four, one person (2.2%) was living in five and one (2.2%) in six different places.

Sometimes the changes were positive, like moving from a large institution to foster care, or moving from a family-type residential home to a transition home or from abusive foster parents to a “good enough” foster family. But there were many negative changes as well: from caring foster parents to a residential home, from a family-type institution to abusive foster parents. Although all 45 interviewed persons grew up in at least one form of residential care (large institution or family type institution) many of them had experiences in foster care and transition homes as well. Among the 45 persons, 36 (80%) had experience in growing up in large institutions, 28 (62.2%) in family-type residential homes, 29 persons (64.4%)

in foster care and 14 persons (31.1%) in transition homes for young people. The interviewers insisted on revealing experiences in residential care, but several respondents revealed traumatic experiences they had to deal with before entering care or during their stay with foster families. Regarding the age of institutionalisation, 20 persons (44.44%) were institutionalised before they were 2 years old, 15 (33.3%) after their birth, 18 persons (40%) between ages 3 to 7, the rest of 7 persons were older than 8 at their institutionalization, and the highest age for institutionalisation was 16, while the mean age was 4. The respondents spent on average 17.6 years in the child protection institutions, minimum 7 and maximum 30. This long duration of institutionalization is due to the early age of having had been taken into care and the high percentage of the respondents with prolonged education period, with university degree, who – according to the child protection law<sup>12</sup> – are looked after along the years of education, until the age of 26.

**The focus-group.** Four people with experiences of childhood in residential care agreed to take part in the focus-group and disclose in a collective discussion their experiences in residential care, the impact of these experiences on their actual lives, the needs for their adult lives, including achieving justice for themselves. As for gender, this was a mixed group, one woman and three men, aged between 22 and 28 years old. Before addressing the questions, we resumed the scope of the focus-group and clarified that we want to record the interview and we asked C.M. (26, the only female in the group) if she was comfortable talking about her experiences in front of the men. Participants invited two of their friends to be in the room with the focus-group and we agreed that they would not interfere at all in the discussions. They were women, so gender became balanced with the two observers. In preparation we gave the participants the information sheet and the consent sheet and asked to read them carefully. We explained again that recording will be used to retain what they say, and this would be transcribed without any mention to their real names. All four participants to the focus-group signed the consent forms. The discussions took place in a friendly and very emotional atmosphere. Two of the participants are bachelor graduates and one has participated in several actions for the rights of young people in residential care.

## Results

For responding to the research questions of this paper we shall present here the information disclosed by the respondents that show the “total” characteristics of the daily lives of the inhabitants as described in the introductory part of the paper, referring to Goffman (1961) and Foucault (1977), the experiences of violence and the consequences as perceived by the respondents.

Both the interview guide and the focus-group guide had questions about the typical experiences in the center where they lived and the impact on their adult lives.

In order to answer the research questions, we have selected fragments of both the interviews and the focus-group with survivors of violence.

## Chaotic and frightening institutional environment

For several respondents, the institutional atmosphere was frightening, stressful, disorganized and wild. This was illustrated, for example, by R.C. (24, male, reported period 1998-2012), who compared the mammoth residential home where he spent his childhood to the jungle :

“The atmosphere? Like in the jungle ; it was the jungle... Many abuses were hidden there. Can you imagine the residential home having four floors, with long corridors, and full of children”.

The daily experiences in residential homes were frightening, children felt exposed, scared, insecure. “For me it was very frightening, and it made me so nervous. I saw myself so small and they were beating so hard. From this I accumulated so much need for revenge” (M.C., female, 25). Fear was felt both in public and private homes. In spite of the sponsors who regularly visited the home, the leaders of the home of A.L. (male, 22) managed to keep them under control by inspiring fear. “One heard very frightening, even dramatic things as a child: you were menaced to be pinned by the ears, put in a hole and closed. Of course we were frightened.” Many things were frightening for the small children when they entered the institutions: the crowded places, the noise, the fights, the beatings, the shouting, even serious accidents: “I even saw a child falling down from an upper floor” (R.C., male 24, reported period 1998-2012).

Most of the respondents usually went to school outside the residential home, but, compared to peers outside, they felt isolated and marginalized. This was a feeling which generally characterized the relationships with other children outside the homes. “It is difficult to find friends, most of the people do not understand the difficulties while growing up, and it is hard to explain” (A.L., male 22, reported period 2006-2016). He also complained that they were forbidden to talk to adult visitors coming in the home, being afraid of complaints: “We could not talk with others. They would not let us talk with those coming from outside” (A.L., male, 22, reported period 2006-2016).

As described by Goffman, the institutions develop behaviour management methods that felt inhuman and increased the feeling of subordination and exposure to a totalitarian institutional regime. Locking up those who were more difficult to control was one of the methods that felt very cruel to children. R.C. (24) and M.C. (25) remembered being locked in for a variable number of days and even weeks in the “isolator”, sometimes together with other tens of naughty children. This was a small room, very crowded, full of tiered raised beds, with very little space for moving around, with no windows and locked door. They had a TV playing all the time on the same channel. Time was marked by meals, with portioned food. Staff was sometimes checking on the children, “when they heard too much noise”, but otherwise the children were entertaining themselves fighting among each other. “The isolator was like a boxing ring” (R.C., male, 24, reported period 1998-2012), a metaphor meaning that that strongest remains on his feet, the rest are knocked out, and that they had to stand up for themselves as a way of survival.

Several interviewees talked about the system of privileges that existed in the homes, as children were treated differently according to the preferences of the personnel: “I was marginalized because I did not talk with the chief. They favoured some children” (A.L., male, 22, reported period 2006-2015).

## Physical abuse

Among the experiences that marked them the most, for all four participants, both male and female, were the different forms of physical punishments for alleged misbehaviour. Children were beaten in different circumstances, both by professionals and by other children, both in public and in private homes. According to A.L. (male, 22, reported period 2006-2015): “My colleagues were beaten so badly, worse than animals. And they hit in the head... They were beaten with the hose. The nephew of the director was the person appointed to beat the

children". R.C. (male, 24, reported period 1998-2012) related that himself and others tried to complain about the beatings, but the directors, police or representatives of DGASPC did not listen to them, did not react to what they disclosed, which endangered even more the children who dared to file a complaint. According to R.C. (male, 24, reported period 1998-2012), those who have the mission of monitoring and eliminating violent behaviour are not competent to detect abuse. Monitoring visits are arranged and children are not asked, or if they speak up anyway, they are not listened to: "They do not beat you so that it can be seen. And if you complain, they do not believe you. There is a lot of incompetence from the part of the professionals, but also the DGASPC". A.L., (male, 22, reported period 2006-2015) describes his opinion in the same sense: "They forced me, they shouted, they beat me". Hitting and beating were usually used as discipline methods but sometimes as entertainment as well. The contexts in which hitting and beating were used could be related to any aspects of the children's lives: getting up late, being late for breakfast, learning, doing homework, going to bed, not listening to the adults etc.

Preparation of homework for school was such an occasion for harsh physical punishment, associated with the feeling of helplessness and fear of severe injuries. "I remember that the male educator, when we didn't know the math homework, called us out to write it on the blackboard... He would step behind you, and, you see, he would push your head against the blackboard. It even happened that he kicked a girl so hard, a classmate of mine, because of math that we thought she would die; I swear she couldn't breathe, and he kept kicking her. And we didn't dare to tell him to stop. Cause if we did, he would kick us as well. Oh, one could easily just die in front of our eyes and we would do nothing, because we wouldn't dare. It was very rough." (M., female, 31)

The evening routine was another occasion when many children got hurt, slapped and beaten. Bathing in large institutions was usually not a good experience when many children were disciplined with soap in their eyes. Children were often beaten for not sleeping or beaten before going to bed. "Going to bed was like this: first going to the toilet, and before going to bed, we stood in line again, and I remember one more educator, who had this habit that she had a plank, I think, or it seems to me it was a plank from a bed, so we lined up, and she paddled all of us twice, so we went to bed with that so that we would fall asleep while crying. This was the everyday practice. After a while, whoever became a favourite child, so I remember holding out my arms, and she didn't hit my hand, so those who became favourites or she liked, those didn't get paddled, but at the beginning everybody got the same." (R., female, 30).

Other forms of physical abuse were: kneeling on pebbles, kneeling in the snow, not receiving food, force a spoon into the mouth of children with a bitter medication, cutting the hair, washing the kid's eyes with a soapy sponge, forcing the child to do useless tasks. Physical punishment went often together with verbal abuse: "The educators were very stern and very harsh with the kids, they hurt us very frequently too, for they kept saying that 'You're nuts, you know nothing', they despised children. [...] They gave a slap, or we got taws frequently with a wooden ruler, or we were kneeling out in the snow, in shorts, in wintertime" (A.L., female, 26).

## Verbal abuse

All participants mentioned that the way the personnel talked to them knocked down their self-esteem, crushed their personality. "Psychological abuse is the worst of all", explained A.L., male, 22, who was hosted in a private home, where, as he says, the conditions of housing

were good, they lived in comfortable rooms, did not suffer from lack of food, or other material deprivation. They remembered being called “handicapped”, a word extensively used in Romania to label those who are not mainstream/not “normal”. “They talked to us as if we were dull and handicapped. This word handicapped finished me, killed me. I felt it constantly bumping in my head.” (M.C., female, 25)

## Sexual abuse

Different forms of sexual abuse and perpetrators of both genders and different roles frequently popped up in young people’s stories. Three of the respondents (a woman and two men) disclosed personal experiences of sexual abuse at the hands of the staff of the institution. They mentioned several instances, with the aggressors being educators (staff member of a family-type institution and educators in large residential institutions), a journalist who participated in a charity campaign and a doctor. Several other interviewees accounted situations when someone else from their residential home was the victim of abusive acts perpetrated by caregivers. Many boys were victims of sexual aggressions perpetrated by male educators/caregivers, getting some financial or other privileges for their “services”, with money or privileges. “These things happened very often, committed by educators too, employees who were working there. In order to get certain sexual services, they woke up one of us ; I was woken up too, first you had to clean the bathroom, then you were called in the room where he stayed, in the educator’s room or the service room, it was called the service room. And there you had to do things like... do him oral stuff, masturbate him and let him... well, let him fuck you. You couldn’t resist, you couldn’t say anything, in fact he tried to buy me, he eventually gave me money” (I.U., male, 29).

In other accounts, we heard about female adolescents having sexual relations with adult men (“affairs”). “Or alike, the girls, those in professional school were sexually assaulted by male educators. My cousin told me the same too, that they wanted to do this to her too, and to her classmates as well, because they were there too, and it also happened that they raped girls.” (M., female, 31)

Some of the older boys had “affairs” with female caregivers or out of institution perpetrators. “It occurred that the boys from the care home had affairs with female educators.” (E, female, 30) “One could not avoid noticing that the woman [educator] wasn’t wearing pants. [...] She comes to the institution hoping to have an encounter with one of the older boys. ‘Cause we had such things too.” (F., male, 28) Or : “There was an educator who abused a child, who was well developed, in the evening, around 3. And, unfortunately, this woman is still working in the system, who abused my colleague, who’s 30 years old now” (I.U., male, 29).

Adults from the outside were occasionally perpetrators also : “He asked permission to take me to various places, but I was always sleeping next to him, and I woke up many times that he was caressing me, or I fell asleep or woke up without pyjama-trousers, and all these events left harsh, deep marks on my life, I didn’t dare to tell about it” (A., male, 36).

Sexual abuse from the part of older children, especially boys, was a well-known phenomenon by many of the interviewed persons coming from the mammoth institutions. The victims were girls and boys alike, with various forms of sexual abuse against both genders, starting with the touching of genitals of the smaller children and forcing them to manipulate the sex organs of older boys, and ending with rape. “In my group too, it happened to a girl, one night we’ve been running up and down the staircase, we’ve been playing before going to bed, we’ve been playing hide-and-seek, when a big boy came and grabbed that girl from our class and assaulted her physically, so, what did we do. The entire group, we all hid

under the bed, watching from there what this boy was doing to that little girl... He was grasping her body, her genitals, and told her look what I got, hold it. The girl had to hold it, and I remember that some of my male classmates were laughing at this.” (E., female, 30)

The stories we heard were often about young boys being routinely submitted to sexual aggression by older boys, being more at hands than girls in the gender separated institution where they grew up. “It was well-known that the older [boys, n.a] were sexually abusing younger children; (told to) look at his penis, and if not, you got beaten, or you were surrounded by several boys, they took out your penis and kept pawing it, things like that... It also happened that they took out their penis, now touch it, hold it, if not, they beat you. You had to do even if you didn’t want to.” (G., male, 27)

## Traumatic consequences of institutionalization

A number of different symptoms and disorders have been associated by the survivors with exposure to childhood traumatic events. The long-term exposure to violence can result in disturbed mood, cognitive distortions, posttraumatic stress and related symptoms, but also in outcomes more specific to childhood victimization, like disrupted attachment, difficulties with trusting others and in forming positive and lasting relationships, affect regulation problems, identity disturbance and difficulties.

**Post Traumatic Stress Disorder (PTSD)** is the sub-set of symptoms, which often arise after trauma exposure, including childhood violence. Many of the responses of the survivors illustrate one or more PTSD criteria, as described by Zoellner, Bedard-Gilligan, Jun, Marks and Garcia (2013).

1. Presence of the intrusion symptoms, associated with the traumatic events, like recurrent memories, dreams, psychological distress at exposure: “I keep having bad dreams. I have bad dreams, because they beat me” (I., female, 34); “I wish I could finally forget these, because even now, that I remembered them, I’m feeling somewhat terrified, because it’s about my two friends who had died. And also, when it was the All Souls’ Day and I lit candles, it hurt a lot... it hurt a lot...!” (A.D., male, 32, reported period 1990-2000); “Not each day [do I think of what happened]; if I would keep thinking every day, I think I would go mad. [...] It hurts me a lot and I don’t want to think about it, but despite my will those thoughts keep coming to my mind” (M., female, 33, reported period 1988-2005).
2. Persistent avoidance of stimuli associated with the traumatic events, like distressing memories, thoughts, feelings, objects, situations which can be associated with the traumatic events: “I don’t feel the need to remember” (C.R., female, 35, reported period, 1988-2000); “When it affected me (the suffered violence), I withdrew from playing or the activities etc. Many times I’d rather isolated myself not to get hurt” (B.A., male, 23, reported period 1997-2010).
3. Negative alteration in cognition and mood: “I had these two feelings: to get revenge on those who had hurt me and to die” (V.A., male, 33, reported period 2000-2003).
4. Alterations in arousal and reactivity: “I burst out at one of them and I gave a blow, not because I wanted to, but out of despair” (A.N., female, 19, reported period 2004-2016). “Sometimes I have the impression that I get scared. Like now, when I focus on what you’re telling me, and on what I’m saying. And if someone would come behind me without me knowing, and told me, ‘Hi!’, I would have the impression that person would hit me. I get scared automatically and I run away” (C.R., female, 35, reported period 1988-2000).

The survivors associated the traumatic exposure with a range of **depressive moods**, like loss of interest, feeling lonely and isolated, loss of hope and feeling suicidal. “I fell into a heavy depression with three suicide attempts. I wasn’t even chatting with my colleagues, I went wild.” (P.C., female, 26, reported period 1998-2010)

**Other post-traumatic consequences** manifest in difficulties to build interpersonal relations and control their affects. They often feel hopeless and worthless: “Most of us are sad and lost «cases»” (V.A., male, 33, reported period 1989-2003). Worthlessness, often combined with distrust, “the fear to have interactions with an unknown person”, as “I don’t really trust anybody” (E., female, 27) leads to difficulties to engage in a stable relationship with somebody, to build a family or become a parent. “At present, what happened in the past remains an incurable history [experience, n.a.]. Only a very few managed to integrate into a family or make a family. Those are only one or two. The rest are lost and sad cases.” (V.I., male, 37, reported period 1985-2000)

**Affect regulation problems** can take many forms: aggressive outbursts, auto-aggressive acts, like self-harming, even suicide attempts. The impossibility to regulate feelings, to calm down when feeling agitated, angry or anxious as one of the main characteristics of prolonged traumatic exposure was displayed by many of the interviewed persons: “You could see many cutting their bodies, hands, breaking windows, doors, fighting, it was like at the lunatics” (C.A., female, 22, reported period 2010-2013); “I didn’t know what to do when somebody upset me. My first reaction was to throw a bench at them” (A.M., male, 36, reported period 1985-2000).

„Swinging”, a method adopted during the period of institutional care, was still used by some of the survivors to calm themselves down. “I get upset and cry and swing.” (I.L., female, 34, reported period 1984-2001)

**Pessimism**, loss of meaning of life, lack of dreams and motivations were often mentioned by the survivors: “When I was in a children’s home, until I got into the seventh grade, I didn’t have any dreams [meaning no future orientation, n.a], I didn’t see any meaning to life” (A.M., male, 36, reported period 1985-2000); “Most of us don’t have any motivation. Only a very few have something they want in life; a concrete goal to struggle for” (B.A., male, 23, reported period 1997-2010).

Other consequences presented by the interviewees were somatic symptoms, exemplified with bodily pain, consequences in sexual development, low school performances, lack of practical and everyday employment skills. Due to lack of space for analysis, these will be discussed in details in a future paper.

## Discussions

Many authors agree (for example, Blakemore, Herbert, Arney, Parkinson, 2017) that traumatic exposure can cause a range of depressive symptoms and heighten the suicidal potential. As in previous reports on life-stories of alumni of the child protection services (Porumb, 2010; Neagu, 2017, Bejenaru, Tucker, 2014), our respondents believe that their traumatic experiences left unhealable marks on their development: “Even (if) I’m ashamed that at my age I didn’t manage to succeed in life, but these consequences won’t allow me, because I have this big fear in me all the time of stepping further” (V.A., male, 33, reported period 1990-2003). Some fragments of the interviews show that, as adults, they are aware that the violence they suffered is connected with a number of their present symptoms and disorders, which are generally associated with exposure to traumatic childhood events: somatic

symptoms, substance use, difficulties with trusting others and in forming positive and lasting relationships, affect regulation problems, identity disturbance, difficulties with employment, aggression and criminal behaviour. “At present, what happened in the past remains an incurable history. Only a very few managed to integrate into a family and make a family. Those are only one or two. The rest are lost and sad cases.” (V.I., male, 37, reported period 1985-2000)

The connection between trauma and somatic symptoms has been repeatedly linked to childhood violence and might be influenced by the autoimmune response to the trauma (Briere, Scott & Jones, 2015), as revealed by interviewees: “I got ill out of annoyance, 'cause too many things accumulated, you know? Many problems in my family, many things happened in my life, and I developed many diseases” (M., female, 33, 1989-2002). As for substance use, as references, it is very common among those exposed to traumatic events, especially to the victims of interpersonal violence (Briere, Scott and Jones, 2015). Again, respondents are aware of the links between their life stories and their dependency, as a way of medicating themselves, and of the high rate of delinquency among their peers: “I was drinking, using drugs, womanizing, playing on slot-machines...” (F., male, 28, reported period 1995-2010). “Many turn to crime, robbery, stealing, prostitution, and get behind bars” (V.I., male, 37, reported period 2000-present); “And they become either prostitutes, either thieves or...” (A.N., female, 19, reported period 2000-2015).

Respondents also discuss the responsibilities of the system that allowed the violence and did not take measures to respond to it: “Being a child, with no proper food, beaten, mistreated, tortured, marginalized, no mother or father, it was very difficult, a shock for us. This is why I said we need to be strong, to avoid going mad, because some of us, I am not lying to you, went mad, they were hospitalized in Gătaia<sup>13</sup>, where the crazy people are, where they are kept in straitjackets because of the educators and the big boys, and because of the child protection system, which did not take any measures, because the Directorate of Child Protection did not intervene. They said we lied, and they believed the educators” (C.C., male, 25, reported period 2003-2004).

As they connect personal histories with the sad outcomes of seeing themselves and their peers on deviant pathways, they expect remedies from the responsible services: “Many become delinquents, engage in robbery, thefts, prostitution and get behind bars: because society does not accept them, and the individuals cannot fit in. And here we talk about support. It is the same Directorate (The County Directorate of Social Assistance and Child Protection) who should offer them support for such things” (V.I., male, 37, reported period 1988-2000).

Beyond the traumatic experiences of the men and women who recalled to us their violence stories – but through their own perspective – we could see the inner worlds of the total institutions, as had been defined by Goffman (1961): sleeping, eating, playing, learning are framed by the same fear of authority, with often cruel rules, which leave the children at the good will of an unprepared, sometimes villain and corrupt, and mostly uncontrolled staff; it impedes on the process of identity development, by developing a system of privileges, of obedience and fear of punishments. The adaptation process of some of the interviewed people revealed the efforts to fit in and struggle through school, high-school or vocational high-school, eventually higher education towards employment and family life, to become the ‘success’ cases, described by Porumb (2010). This process might have been marked by struggling against the rules and developing a rebellious behaviour, and eventually becoming lost between drugs, psychiatric institutions, social services, prison, gangs, homeless shelters and prostitution.

## Conclusions and recommendations

The paper confirms the statement that trauma is “exacerbated by the interplay of abuse dynamics in institutional settings, which may reduce or impede circumstances supporting disclosure, belief, support and protection from future harm” (Blakemore *et al.*, 2017, 35). Besides being exposed to peer violence, abusive treatment by staff, and marginalization by the community, many survivors of institutional violence suffered by the absence of a complaint framework and of a system of supportive professional relationships. These statements refer to a large period of institutionalisation: few testimonials refer to some years before 1990 (the year of the political shift), others to the years between 1990-2004 (the year 2004 marks the legislation of the actual child law), but others testify for the more recent years, after the legislation of the Child Law (2004), including the period after accession to the EU (after 2007). Although – due to the sampling procedures – no reliable generalisations about the child protection system are possible, the analysis of the interviews revealed us pages of the traumatized childhoods of those who were looked after in Romania’s child protection institutions during the last 30 years. Most of the testimonies (especially of those who have experienced care within the large institutions, but also of those who had been placed in smaller units), made it clear that instead of being a place of healing for separation, loss and/or previous trauma, the child protection residential care resulted in a place of added trauma and suffering.

The participants to our research recall being part of a total, disciplinarian institution, where children’s suffering and stories were not heard, and where they often felt abandoned, marginalized, worthless, stigmatized, with very little chances to be included. Even if some clearly point to the child protection system that abandoned them to the good will of the staff, many do not find help for healing their traumas caused by living in violent environments. Until present days, children’s disclosures of violence were not sufficiently monitored and did not become instrumental in eliminating violence from the child protection system, as they were overshadowed by information coming from more credible sources. Therefore, one of the recommendations for this paper is the need to build a system of listening to children that could reveal both peer and adult forms of violence and develop ways to handle them.

As Romanian and foreign researchers have noted, the staff of the childcare institutions is not properly trained to deal with the losses and traumas of children in their settings, and the improper punishment and reward system only deepens the wounds and instil new traumas for the vulnerable children (Câmpean *et al.*, 2010; Silva, Lunardi, Lunardi, Algeri, Souza, 2016; Salomão, Wegner, Canabarro, 2014; Neagu, 2017). Therefore, as a second recommendation, training staff to listen to children, to take their complaints seriously, to support them when they disclose experiences of violence and treat their fears, is essential for helping children develop their own goals and become autonomous. Whatever investments upgrade its facilities or costly programs are adopted, no institutional care will be perceived as positive unless it offers security from all forms of violence, either coming from adults or from other young people. Caring, listening, patience of staff members are necessary and irreplaceable qualities that allow the children in care to reveal experiences of violence committed against them by adults or peers.

## Notes

1. The project “Support to Adult Survivors of Child Abuse in institutional settings – SASCA” (JUST/2012/DAP/AG/3250) was carried out in the framework of the joint Daphne & Justice call related to Rights, Equality and Citizenship Programme (REC Programme) and of the Justice Programme. The Project was funded by the European Commission and partner organizations and is coordinated by Associazione Artemisia Onlus – ITALY. Project partners : Institute of Child Health, Department of Mental Health and Social Welfare – GREECE, Justice for Magdalenes Research – IRELAND, “Babeş-Bolyai” University, Department of Sociology and Social Work – ROMANIA.
2. The UN Committee on the Rights of the Child, <http://www.ohchr.org/EN/HRBodies/CRC/Pages/CRCIndex.aspx>.
3. Optional Protocol of the UN to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography A/RES/54/263 of 25 May 2000, <http://www.ohchr.org/EN/ProfessionalInterest/Pages/OPSCCRC.aspx>.
4. UN General comment No. 13 (2011), [http://www2.ohchr.org/english/bodies/crc/docs/CRC.C.GC.13\\_en.pdf](http://www2.ohchr.org/english/bodies/crc/docs/CRC.C.GC.13_en.pdf).
5. Council of Europe Lanzarote Convention for the Protection of Children against Sexual Exploitation and Sexual Abuse, [https://www.coe.int/t/dg3/children/1in5/Source/Lanzarote%20Convention\\_EN.pdf](https://www.coe.int/t/dg3/children/1in5/Source/Lanzarote%20Convention_EN.pdf).
6. The Romanian Agency for Protection of Children’s Rights and Adoption (Agenția Națională pentru Protecția Drepturilor Copiilor și Adoptie), <http://www.copii.ro/statistici-2017/>.
7. 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 Instituționalizați. Website: <http://consiliultinerilor.ro/> and <https://www.facebook.com/ConsiliulTinerilorInstituționalizați/>.
8. A detailed overview of the actual Romanian child protection system is presented on the site of the Romanian Agency of Children’s Rights and Adoption (ANPDCA) at: <http://www.copii.ro/activity/child-protection-system/overview/?lang=en> (accessed 7.05.2018).
9. As presented in the abstract, SASCA stands for Support to Adult Survivors of Child Abuse and Neglect, [www.sasca.eu](http://www.sasca.eu), co-funded by the EU.
10. The Council of Institutionalised Young (CTI – Consiliul Tinerilor Instituționalizați), is a recent self-help association of alumni of residential child protection care, [https://www.facebook.com/search/str/consiliul+tinerilor+instituționalizați/keywords\\_search](https://www.facebook.com/search/str/consiliul+tinerilor+instituționalizați/keywords_search), with branches in the majority of Romania’s regions and big cities.
11. Gyeri-Klub is a non-formal self-help association founded by “Babeş-Bolyai” University students with child protection background and native Hungarian language, which functioned in the Faculty of Sociology and Social Work during 2010-2013.
12. Law 272/2004.
13. A large mental health hospital for chronic psychiatric illness in Romania.

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