

GUIDELINES

FOR INTERVENTION

WITH SURVIVORS OF INSTITUTIONAL MALTREATMENT

FOR THE SUPPORT OF ADULT SURVIVORS OF CHILD ABUSE IN
INSTITUTIONAL SETTINGS

Support to Adult Survivors of Child Abuse in institutional settings
SASCA [JUST/2015/JACC/AG/VICT/9292]

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Guidelines for intervention with survivors of institutional maltreatment

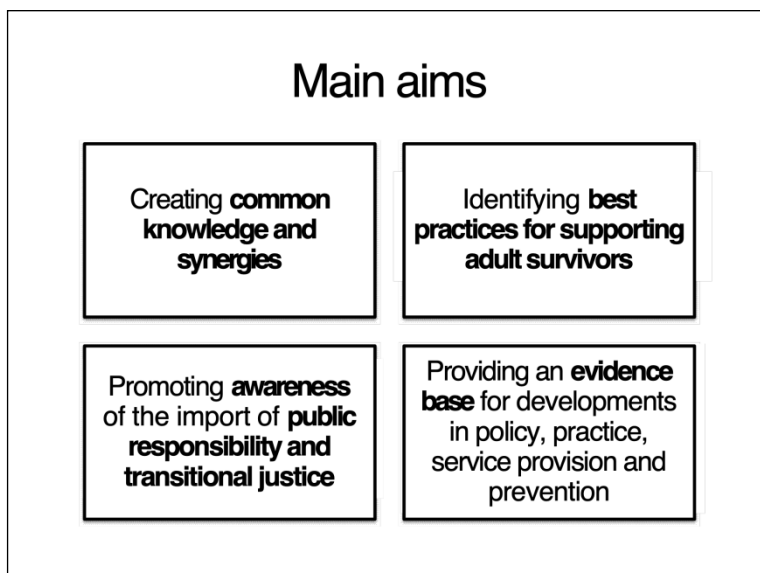
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1. Introduction:

1.1 Project's context and aims

The project addresses the problem of child abuse in institutional settings, particularly in residential care, from the perspective of adult survivors in order to understand the long terms effects of such events, how and if the survivors of these crimes may find protection and compensation in the existing legal framework, and how their experience may enlighten prevention strategy for the protection of children living today in residential care.



1.2 The rationale of the guidelines

The elaboration and proposal of this document, as a tool for political and technical orientation, is the result of a process of investigation, comparison and experimentation initiated in the two years of activity in the partner countries of the Sasca Project and is aimed at spreading and supporting the undertaken a path of recognition of institutional maltreatment as a specific form of maltreatment, soliciting the attention of operators in social, health, judicial and educational areas. A path, just started, which clashes with the resistance of individuals, of professional communities, and politics to recognize that survivors of child abuse happened in protective contexts are victims of the State, and they carry with them specific damages of a serious form of maltreatment that requires extraordinary and specific interventions in terms of intensity and flexibility. A form of maltreatment that more than others struggles to emerge and to be detected.

As the former children who have had such experiences should be qualified as "system victims" it is necessary to reflect on system responsibilities; we can not deny that the assumption of responsibility on the part of the system of services and institutions is always extremely difficult. These guidelines can be considered as the first step in a great challenge, of which it is essential to be able to share the meaning.

The child abuse in institutional settings is still an under-researched area and it is difficult to find the proper attention and recognition by the scientific community. Further investigations on the numerical consistency, the specificity of the damages and the specificity of the treatment in case of abuses perpetrated against children in institutional contexts are undoubtedly necessary. However, the experience gained, makes it possible to identify some general basic elements for the intervention in support of the survivors.

The following guidelines on institutional maltreatment are characterized by the choice of privileging the point of view of adults who survived child abuse in contexts that should have been protective.

Interviews with out-of-care survivors showed that they suffered multiple forms of violence, and bear the pain of physical and mental health problems; difficulties in social relations and sexual life; disadvantage in educational attainment, work engagement and self-care. The results of the interviews and questionnaires with operators, show us that the operators acknowledge the existing violence in child care settings, but they are not trained and supported in dealing with the topic.

1.3 To whom the guidelines are addressed

The recommendations contained in these pages are addressed to

- Professionals who can be involved in the different phases (detection, protection, evaluation, treatment / repair) of the intervention with adults surviving maltreatment in the child care institutions
- Operators involved in the system of protection of minors in the public and third sector (educators, social workers, legal operators, social and health workers ...)
- Professional level: orders and universities, residential services management bodies
- Stakeholders (technical-political level): bodies managing territorial services,

2. Definition and theoretical background

2.1 What are institutional ill-treatment characteristics of the phenomenon and its consequences

Institutional abuse (IA) of children was “discovered” in the 1980s, with the first public inquiry to focus on “institutional abuse”, as a named social problem, in the United States (1979 Senate Hearings on Abuse and Neglect of Children in Institutions) (Daly, K. 2014). After that, there have been other inquiries in England and Wales, Northern Ireland, Canada and Australia. Since 2000, many more national inquiries have been launched or completed in Australia, Belgium, Canada, Denmark, England and Wales, Finland, Germany, Iceland and many other countries.

Institutional abuse is a common and wide phenomenon, that in most of the cases it remains unrevealed. The introversive character of institutions favours abusive behaviours and imposes an atmosphere of a common secret. Everyone knows, but none talks about it.

When the aim of an institution is to offer protection and it fails, then occurs what is called Institutional Betrayal (Freyd, J.J et al. 2008). Institutional Betrayal is defined as the “wrongdoings perpetrated by an institution upon individuals dependent on that institution, including failure to prevent or respond supportively to wrongdoings by individuals (e.g. sexual assault) committed within the context of the institution.” Regarding institutions for children, the trauma caused to the child when it faces IA, provokes a further rupture with relational and trust issues, since the child has faced at least once separation and betrayal from the family where it was supposed to be protected. From the interviews of survivors and

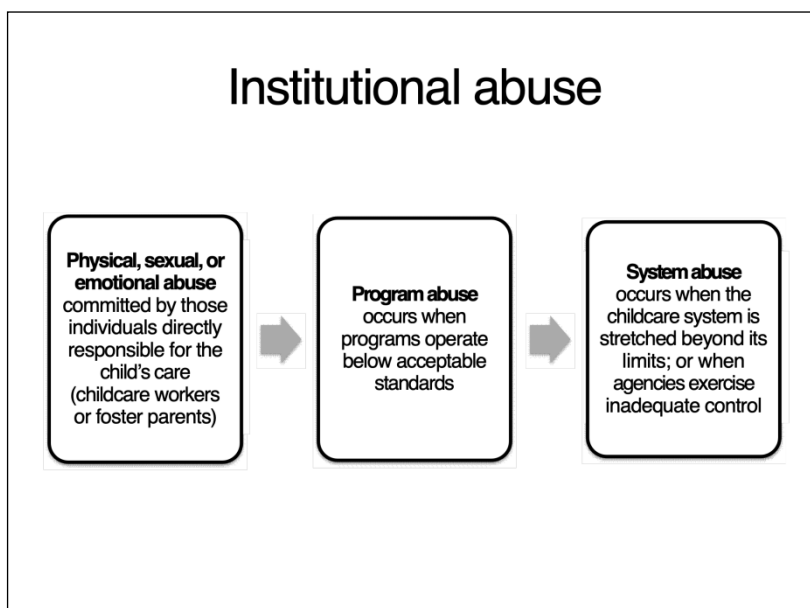
professionals of SASCA research the betrayal blindness, “the adaptive mechanism that arose to resolve the conflicting need to respond to social betrayal and maintain necessary or apparently necessary relationships” (Smith C., Gomez J., Freyd J., 2014), is more than obvious. Most of the interviewed survivors didn’t disclose the abuse until they had left the institution.

We can identify (Eliana Gil, 1992; Wolfe, Jaffe et al., 2001, *Child abuse in community institutions and organizations: improving public and professional understanding*, Report to the Law Commission of Canada) three distinct forms of institutional child abuse:

1. Direct institutional maltreatment: is physical, sexual, or emotional abuse committed by those individuals directly responsible for the child’s care (childcare workers, educators, family homes and communities or foster parents);
2. Procedural maltreatment: is program abuse which occurs when programs operate below acceptable standards or rely on aggressive or unacceptable methods to control the child's behaviour;
3. System maltreatment: is system abuse that is not committed by a single individual or a single agency, but it occurs when the childcare system is stretched beyond its limits, and it is also related to inadequate control by the agencies responsible for the care of the children.

Some of these deficiencies are almost structural in the panorama of all the partner countries, especially from the procedural and system point of view (examples, operators’ turn over, poor work with the family of origin to guarantee a return of the child in his own family environment; it prevails physical protection - children are sent away in structures or foster families - rather than mental protection - access to processes for reworking the trauma, etc.)

The vicissitudes of maltreatment against children in the residential communities of which we are talking are events of institutional maltreatment, both direct, procedural and systemic.



Institutional abuse has no single cause, and it is not only the responsibility of the direct author, it is often the results of the entire system which colludes, covers, justifies and sometimes motivates violence against children.

These abuses have occurred in places that should have been protective. The abuses have been perpetrated by authoritative and affectionately significant adults, in institutions that were invested of guardianship and protection roles. The abuses have often protracted over time because their own characteristics made the emergence more difficult and last the children and teenagers involved had already individual and family stories of discomfort.

The key components of institutional abuse are:

- ORGANIZATION AND CHARACTERISTICS - (For example residential structures, non-residential structures, foster care).
- ROLE OF THE AUTHOR/AUTORS (I): with respect to the minor (responsible for protection, etc.).
- TYPE OF ABUSE ON THE MINOR (sexual, physical, psychological, etc.).
- DYNAMICS OF THE SOCIAL AND INSTITUTIONAL ENVIRONMENT (denial, minimization, justification, collusion, ...).

Some specific impacts which are thought to be related to the characteristics of the organization or institution in which the abuse occurred (Wolfe, Jaffe, et al. 2001, cited).

Institutional mistreatment and total institution.

In many of the situations analyzed by the SASCA project and described in the interviews, institutional maltreatment was possible because the victims lived within a total institution.

According to Erving Goffman, an institution is total when it has a particularly encompassing power over the individual (Goffman, 1961).

The characters that characterize an institution as total are four:

- every activity takes place in the same place and under the same authority
- individuals perform daily activities for large groups, under the strict supervision of the institution's staff
- there is a system of strict and repetitive rules that articulate the various activities and thus generate a standardization of behaviour
- the performance of these activities is directed towards the pursuit of the official purpose of the institution

Some of these characteristics recur, even when the legislative changes introduce into the different countries, smaller reception institutions for children, rejecting a model of reception that was institutionalizing, custodial and totalizing. While it is important to underline that these legislative changes have allowed the creation of many places dedicated to the reception of minors in situations of prejudice that can be what they must be, that is a vehicle of protection and reparation, and that can really be the engine of a positive turn in many trajectories of life, on the other side this does not take us away from the duty to recognize that, alongside the most serious and glaring events encountered in the Sasca Project, there is a dramatic, present-day series of small and large violations, inadequacies, violence, we have the duty to deal with.

Institutional maltreatment as secondary victimization.

From the point of view of the victims the institutional maltreatment represents also a secondary victimization (Fanci, 2011; Rossi, 2005). Secondary victimization can be defined as a condition of further suffering and outrage experienced by the victim as consequence of an insufficient attention, or negligence, by the formal agencies (social services, health services, police, ec.) at the stage of their intervention. Secondary victimization manifests itself in the further negative psychological consequences that the victim suffers. In other words, in a dimension that is both social and psychological, the secondary victimization process implies a support on the part of institutions, often characterized by an inability to understand the victim's condition due to an excessive routinization of the interventions that in literature is called one size fits all approach.

2.2 The peculiarities of trauma in an institutionalized settings

Institutional abuse is similar to the violence of a *total institution* (Goffman, 2001): it causes a sense of depersonalization and disconnection, physical and psychological isolation from family, community and culture.

It is necessary to start from the observation of their profound and specific experiences of betrayal and impotence, in a continuous interweaving of the personal and internal dimensions, and the, equally important, external one, that is the social, relational, work and legal areas.

Some basic points are that these abuses were perpetrated in places that should have been protective, and instead these were places of abuse and organized maltreatment. Maltreatment and abuse were very serious and repeated over time, exacerbated by the condition of isolation in which the children were forced. All this caused deep-rooted experiences of chronic betrayal and confusion.

These abuses were committed by adults who were significant and sometimes affective figures of reference, who were entrusted with responsibility for the protection and the development of the future of these children. This point refers to damage on attachment relationships, always serious painful and confusing. It caused incomprehensible suffering to the victims themselves and also pathologies, both physical and psychological.

Abuses and maltreatment have lasted for years, sometimes decades. The time dimension influences the degree of the trauma suffered: long-term victims stop linking the effects to the causes that produced them and lose the ability to affect reality and understand what is happening and trust in a change. This is impotence.

All the survivors were victimized children who had been placed in those institutions because they had difficult family histories. They were fragile subjects by definition, even though many of them were able to maintain and protect, hidden within them, unthinkable resources.

Survivors we met taught us that short and long-term effects of institutional abuses occurred in childhood in residential settings where they had been placed for protection -although similar to those experienced by victims of abuse during childhood within the family- have strong specificities connectable both to being first entered and then abandoned there by those institutions that were supposed to intervene to protect them, and connectable to the characteristics of the organization or institution in which the abuses occurred and to the responses received by the victims from the institutional context if they disclosed the abuses.

Suffering abuses in an institutional setting constitutes a factor of gravity and complication of the framework. We are facing a gigantic scam, a bombardment of confusing, contradictory and destabilizing

messages, in which the typical power imbalance that always characterizes the relationship between mistreated / abused minor and the abusive adult is elevated at its finest, where the unveiling and the revelation are even more difficult, for the abused minors it is almost impossible to think they could be believed, or to ask for help. There is no adult to whom they can look at. No one sees, no one understands. The frame of all this is a paradoxical communication, on the verge of perversion: "I move you away from your family - with all that I know it involves - to protect you; and to do so I put you in a new and often more seriously maltreatment context"

All that remains is to think that what happens is right, that it should make sense if nobody protects. The thought of not being worthy of anything else, of not being worthy of love, is combined with the conviction that what happens is deserved.

We must not forget that we are talking about boys and girls who have been moved away from fragile families to protect them from situations of neglect, assisted violence, physical abuse or sexual abuse. Children who in the new location find the confirmation that there will never be anything better for them, because - in fact - they are worthless. Children who learn to be ashamed of this.

We can easily understand how much the intensity of anger can be devastating for some of them, as impotence, and a deep sense of insecurity; how pervasive and totalizing is the loss of trust in relationships, in justice, in a real possibility of healing and recovery. How much the fear is paralyzing. The fear of those who no longer have a reference. The isolation is total. The sense of being a stranger in every place, feeling different and not belonging is strengthened.

2.3 The long terms effects

The available clinical and research experiences highlight that the main needs of adult survivors are connected to the difficult of establishing and maintaining relationships with others and trusting others and social institutions. Survivors of abuse in childhood tend to have feelings of isolation, depression and anxiety, self harming behaviour, their sense of guilt, anger, shame and feeling disconnected. Stigma is another major issue, that serves as a barrier for accessing help and support.

These traumatic experiences left their marks on physical, emotional and cognitive level, on their interpersonal relationships, and also influenced school performance and later the work abilities.

Many important long-term consequences can be observed in different contexts and by different professionals to whom victims can also apply at different times in their lives. Post traumatic symptoms can in fact manifest themselves in different areas and disconnected from the victimizing experience even after some time.

<p>MENTAL AND SOMATIC HEALTH: Depression helplessness, sadness, suicide attempts, lack of motivation and energy, disorders related to anxiety (generalized anxiety, panic attacks, social phobia, stress disorders), post-traumatic stress disorder, addictions, personality disorders, eating disorders, somatic issues. EMOTIONAL AND BEHAVIOURAL: Difficulties in emotional self-regulation (anger, sadness etc.), reacting with avoidance and emotional paralysis in stressful situations, risky behaviours like drugs, alcohol, gambling, neurophysiological hyperactivity, anxiety, anger, irritability, self-harming acts, sexualized attitudes. SELF-PERCEPTION AND RELATIONSHIPS: Difficulties in developing identity and reduced self-esteem, distorted self-image, difficulties in establishing and maintaining positive relationships and attachment, lack of trust in people, being a victim in relationships, aggressive behaviour, negative expectations as the inevitability of victimization in the future, loneliness, difficulty in establishing a relationship and a family. SOCIAL FUNCTIONING: Without constant housing, without stable job, no incomes, non-fulfilment on professional level, committing infringements, engaging in prostitution, begging.</p>

Among the long-term effects some seem more specific: a sense of 'global' impotence; deep mistrust towards institutions; hopeless ; continuous self-sabotages that prevent the success of small realization; perception of themselves as a risk of damage for the «established order» since their disclosure highlights the failure of the State.

Specific impacts are thought also to be related to:

- the characteristics of the organization or institution in which the abuse occurred (Wolfe, Jaffe, et al. 2001).
- the response received by the victims from the institutional environment after the disclosure of the abuse.
- the strength of the collusive link between the institution where the abuse took place and the whole system of child protection services.
- The length of the period lived in the institution that affects the impact of alteration in attachment relationships

1.3.The response to survivors needs –

During the Project Sasca we have heard many voices together. Voices, stories, memories, which must remain as a warning. It must make us reflect a lot, that the interviewed survivors indicate in their close relationships the most important source of help in dealing with and managing the painful story of which they were protagonists in spite of themselves: friends, their partner, their children, siblings. In none of the answers there is a trace of the institutions. They can not fail to point out, at the same time, that this form of help arrived with much delay compared to the evolution of the affair and of their own lives and, for almost all of them, many years after their departure from Institution. In the moment of greatest difficulty, therefore, they tell of having found themselves again in an institutional void.

It therefore becomes a priority, as a scientific and professional community, to recognize and name institutional maltreatment in order to recognize the specific needs and rights of survivors.

We are naming something that has the characteristics of child abuse that we know with the special quality of happening in a protective context and of having been caused because there were people who did not perform their professional duty, did not apply the law. The fact of having this maltreatment in mind allows us to ask ourselves how to respond and organize ourselves to do so by taking a pro-active and specialist approach, starting to feel part of a system that has obligations of detection and reporting also towards its colleagues who do not do their job.

3.The proposed model of intervention

The results of the survey carried out in Italy, Ireland, Romania and Greece with survivors and social, health, judicial and political workers, together with the individual experiences in every country, contribute to affirm **the need for a model of intervention in support of survivors that moves along two complementary dimensions, one individual and one collective/of community.**

The COLLECTIVE DIMENSION in the pilot model was simultaneous and inseparable to individual dimension and was direct to:

- o Recognition of institutional maltreatment and identification of the mechanism that favoured its reiteration.
- o Building of a shared narration of maltreatments occurred in institutional settings.
- o To promote institutions and civil society's clear stance.
- o To promote restorative Justice: for example, fund dedicated to respond to rights demands, bill of rights.
- o Documentation, education and supervision as tools for prevention.

THE INDIVIDUAL DIMENSION OF PILOT MODEL was focus on three pillars, which effective implementation had some degrees of freedom due to specific skills/resources of national realities:

- psychological dimension
- social and educational dimension.
- legal dimension.

The intervention tried to offer a complex response to complex needs. The focus was permanently on the well-being of survivors, with priorities identified according to the story and the actual situation of each person. The multilevel support asked a strong cooperation among all the involved professionals, a task that was reached through interdisciplinary équipes, whose format varied according to the stage of the intervention and the survivors' needs. The assessment process, as well as the working out of the intervention strategy must take into account the survivors, their family and community.

In situations where people have suffered, day after day for years, a continuous and destructive attack on their integrity, their subjectivity, which has led them to risk losing their critical sense and their ability to develop their own independent thinking, the path and the individualized project of help can only be co - constructed. And over time it must be reformulated, re-tested, without ever giving it for definitively granted. In order to realize this model, since the overall picture and the intensity of people's symptoms are naturally very variable, it is fundamental a strongly individualized approach, capable of grading the answers and the interventions based on the identified needs.

All psychological, social, health and judicial interventions must be contextualized, requiring in-depth knowledge of what has happened and the extent and significance of the damage caused.

3.1 The initial assessment

Since the intensity of the symptoms and the needs of the people will be very variable, it's fundamental a strongly individualized approach, capable of grading the answers and the interventions on the basis of the identified needs.

It's important to identify the Barriers/Needs, areas that must be included as indispensable in the reparative intervention with every single victim. The choice of the term Barriers next to that of Needs underlines that alongside the positive perception of the individual needs we must consider the presence of the experience of impotence that is immediately activated, the negative perception; having remained unrelated to the procedures necessary to arrive at the satisfaction of one's needs on a reality level can flow into an organizational internal paralysis that has nothing to do with personal incapacity, but rather is the

result of a chronic strangeness towards of rules, procedures, administrative necessities, imposed by the Community.

During the first consultancy interviews it is important to focus:

- **story, maltreatment detection / anamnesis and evaluation** (how is he/she, why he/she is now asking for help).
- **Narrative space, confirming the experience.** Abuses and maltreatment have lasted for years, sometimes decades, and by their nature they were difficult to bring out in the conditions in which the victims were. This refers to the time dimension of the trauma suffered. Predictable effects are the chronicity of the different effects for each victim; in addition, long-term victims stop linking the effects to the causes that produced them and lose the ability to affect reality and understand what is happening and trust in a change.
- **Identification / Recognition of barriers** (use of check lists) and priority needs on the three dimensions; negotiation and explication of the contract (a first transparent, realistic definition of objectives and actions that can be activated). In some cases the TSC-40 was used in the assessment phase as standard tool to assess of the individual perceived well-being. The same tool was used to evaluate the model of intervention tested, to evaluate the results achieved and to strengthen confidence in a possible change.
- **Observe interest in legal advice / extremes for a complaint / access to justice**

3.2 Multilevel Intervention

The three large areas involved in the initial take in charge and throughout the journey are the psychological, the social and the legal areas, which in the mind and actions of the victim, and therefore also of the therapist who takes charge, cannot be considered separately.

The ability to cross different disciplines and resources simultaneously, will be one of the main factors for the success of a therapy, because compartmentalizing resources and knowledge, including the psychological one, can reproduce a continuous split, a wrong hierarchy of needs.

Basic methodological principles of the intervention

- complementary individual and collective level of intervention
- multilevel articulation
- non-neutrality *Neutrality always favors the oppressor, not the victim (Elie Wiesel).*
- the co-construction of the path to restore power and control
- flexibility
- extraordinary intensity
- lack of trust and mistrust

3.2.1 The objectives of interventions

The objectives of intervention are :

1. promotion of a best level of adaptation / stabilization of the person's conditions through the reduction of post-traumatic florid symptoms, a greater sense of distance from traumatic events, a more balanced perception of responsibilities, a reduction of experiences of betrayal and impotence.

- ✓ stability, safety:
 - support for housing
 - adequate job: social and professional guidance, support in finding and keeping a job
 - appropriate financial stability
 - psychiatric and medical treatment
 - psychological interventions for the counteracting of the effects of traumas: learning emotional self-regulation, shaping the identity, developing the feeling of competence, enhancing self-esteem etc.
 - legal interventions targeting to release the status of victim
- ✓ building up a network of emotional and practical support: mentorship, support in establishing and maintaining relationships, development of the abilities to form relationships, involving volunteers
- ✓ supporting young parents in developing parental skills
- ✓ empowerment, in order to become able to live an independent life and to succeed to fight for their own purposes
- ✓ involving various institutions in order to enhance their situation
- ✓ involving the local community in sharing the responsibility for the survivors

3.2.2 The social support

Social and educational support this kind of work with survivors is aimed to activate a process of autonomy from the point of view of housing, working and relational and of building local synergies.

In the specific of the professional social service as a connection between the social needs of the people and the institutions that have the resources and services, it appears necessary to revise through the theoretical reference models, the intervention methodologies and the organizational systems, as well as the protection and control instruments.

Social and educational support means:

- Social counselling
- Assistance and education in the execution of bureaucratic procedures
- Career/professional orientation, support in finding and keeping a job The “Possible selves” method (Hock, Deshler and Schumacker, 2003) it could be used in order to connect the actual academic and job oriented behaviour of persons with their short and long term objectives.
- Promotion of social and proximity relations.
- Activation of networks to try to respond to basic needs (enhancing the Steering Committee by theorizing the need for inter-institutional work over the medium term)
- Resources mapping / Local services that can be activated

3.2.3 The Judicial Protection

Legal advice and counselling / judicial support:

- Improve access to Justice
- Specialized consultancy to evaluate possible residual / still viable methods of access to criminal or civil justice for the abuses suffered?
- Consultations with psychosocial operators regarding the prescription of crimes reported to them
- Civil consultancy with respect to the possibility of proceeding with the request for damages and possible appeals to the European Court
- Generic legal counselling (administrative procedures, fiscal issues, conflicts with social services in obtaining their right to accommodation and financial support, etc.) to solve problems in which people have placed themselves in the moment of exit and disorientation.

3.2.4 Treatment

By psychological area we do not mean only the classical therapeutic setting; this in fact will have its irreplaceable relevance only later, after the overall taking in charge of each victim. We start by reading the history of each of them in order to know the traumas suffered, that must be detected with coherence and accuracy. The first meetings may be dedicated, if possible, to the reconstruction of the person; history before the insertion, into the structure, then to the life in the structure. It is important to create a “narrative”, space, which has as its pillar the recognition of all the maltreatment and abuse suffered; by the victim, to confirm the perception of victimization, to start giving space, in this individual phase, to a possible reparation and to evaluate the victim’s suffering. In the first seances it will also be necessary to start a realistic definition of the achievable goals and the resources that can be activated, in a continuous alternation between the reality plan and the internal psychological dimension. The flexibility of the take in charge is crucial for these victims. It is literally a matter of reconstructing a life starting from its foundations in some cases, also because, leaving the community in which they were inserted as children, many victims had no family to return to, no resources to draw from. And for these people, young people in particular, who must rebuild a new identity, and not only psychological one, but also economic, working, living, relational, these needs cannot be either postponed or separated from the psychological ones.

Flexibility also means reviewing the limits of the classic setting, because a good therapeutic treatment can in no way compensate for particular needs, closer to a mentoring, to a presence able to communicate availability, also in terms of time. Being flexible means supporting a process of internal and external stabilization, as a prerequisite for starting a process of elaboration. Being close in possible emergencies but also in simple contingencies, to make conceivable and possible the construction, together, of a new vision of the self and of the external world, a new system of meanings that is not detrimental to personal dignity. The whole multidisciplinary team will have to connect to the victims with this flexibility, because in these cases the support to autonomy cannot be based exclusively on the offer of job and housing opportunities, because in these victims the resources need an adequate level of adaptation and durability to be capitalized. All this requires that all operators have an in-depth knowledge of what happened, starting from social and territorial services, called to review the assumption of neutrality as the basis of their professionalism to really get in touch with the victims, betrayed by the same system of protection, to restore an aid relationship without, equivocations, with the aim of full recognition of the person, the experiences, traumas and maltreatment suffered. Activating social action alongside to the people maltreated from/in the protection institutions, means to make needs analysis and activate the related

interventions with the multidisciplinary project team and with other necessary professionals, recognizing that they are faced with extraordinary needs.

The key point is that it is possible to change, but it is necessary to change not only the operational strategy but also the professional thinking/attitude of the individuals and of the organizations, in order to truly achieve an approach to victims of institutional, abuse properly individualized and centered on the person. And it is necessary to change in the direction of a capacity for integration and continuous connection between public services and private social bodies that alone allows the care and management of what we are talking about. The constant care and take in charge in a system of public services connected with private social organizations and systems is not a foregone conclusion but it can be an important change in the protection system, bringing flexibility and organic responses coming from different systems. Two factors are fundamental for the realization of this model of intervention, the necessary resources and time and not only in a quantitative, however essential, sense. Dedicated and stable resources are necessary to support both the professional skills and the victims in their tiring paths of building autonomy and repairing the damage sustained. If we consider, for example, the fact that almost all the children sent to Il Forteto had to interrupt their scholastic path even against their will, we can understand what persistence of negative effects will have on the victims. Greater difficulty in accessing well-paid jobs, the need for professional training, delays and difficulties in housing autonomy and undoubted criticality in the management of money and therefore need to be followed and supported, even in strictly economic terms, for a long time.

And the necessary time is not only the linear time of waiting for a job or of an opportunity, but also the individual time necessary for the elaboration, adaptation, acceptance and self-knowledge in positive terms, the time of a development that had been prevented. Since we are talking about institutional victims, the time and resources should be guaranteed at institutional level, both concretely in terms of quantifiable economic resources and in terms of actions, and finally as recognition of rights.

The model of intervention we have outlined above can not be deployed in all its effectiveness unless it is flanked by a collective, institutional dimension, equally important and not separable from the individual one. It is an important model of intervention on which depends the meaning that the victimization story can have for the victims, helping them to rebuild a deep sense of dignity. It is the aspect of the institutional responsibilities that also requires the public recognition of responsibility by the institutions and the certainty, for the victims, of having not only the operators alongside them, but also the citizens who finally believe and understand the horrors and the injustices of their story.

The model of intervention tested has allowed in almost all cases a reduction of the defense mechanisms, of the level of global suffering and a first stabilization that is a prerequisite for a therapeutic path.

This means, referring to the phases of the Therapeutic Process (Malacrea, 2018) that the first reception interviews and the subsequent months of experimentation (maximum 8) allowed to go through the first phases called Phase Preparation (Let us be safe, We must also do justice (the process), If I am ill I am normal, I am no longer alone) and Initial Phase (Looking at the problem face to face and calling it by its name; It is necessary to understand what it did to me and to talk about what makes me feel 'different' or 'bad').

Only in the cases in which the existence of clear economic resources and of available services in continuity have allowed to continue with the Middle Phase, even after the experimental phase of the Project (NOT 'RIGHT! Remember and cry; I feel that everyone has a part of responsibility, me too... While trying to survive I missed a lot of good things) and the Advanced Phase (Don't leave 'accounts pending'!; Return to the world and avoid traps in the future; Don't ruin what's left), aware of the need for this to be followed by a maintenance phase and a job in times of relapse.

Despite the undoubted first results obtained, it is necessary to clearly state that the specificity and severity of the damages caused by institutional maltreatment cannot, in any way, find an appropriate and effective answer in intervention models limited in time and resources.

This poses and has raised many doubts about the usefulness of a short intervention model.

In the short period you can give a name, legitimize, give psychoeducational tools, support, re-start a path, stabilize. It can be considered a connection of the damage as an effect of the maltreatment. Legitimate mistrust. Recognize cognitive distortions. Reactivate individual resources. Enhance the friendly voice that contrasts the learned despair... Little else.

This is also why the collective dimension is essential for the serious assumption of political responsibility to be accompanied by the decision to stabilize resources dedicated to psycho-social support to survivors with a view to repairing the damage caused by the institution.

Psychological Area

- **Psycho-education on post traumatic reactions.** The beneficiaries must be helped to understand how to deal with coping, how to control discomfort; reactivators detection and psycho-educational work on their disempowerment, on their significance, on the disadvantaged strategies that are put in place to deal with them using facilitators / tools. "Knowledge is power. The traumatized person is often relieved simply by knowing the real name of his or her condition, from knowledge begins the process of mastery for the patient. The person finds out that there is a language for his/her experience; he/she also finds out not to be crazy because traumatic syndromes are the normal human responses to extreme circumstances. He/she can expect to heal, as others have been healed" (J. Herman, 1992).
- Packages of 6/8 relational meetings with partners / parents / children aimed to repair or reactivate dysfunctional aspects of significant relationships that remain over time and contribute to the success of the care and persistence of the results.
- EMDR (<http://www.emdr.com>)
- Developing the sense of identity using life story work (Willis and Holland, 2009)
- Improvement of self-efficacy and self-competence: Helping young people to set goals and learn strategies to get them. It is important to realize that exist more ways to achieve a goal. The "Diary of success", one of the tools that allows you to observe, analyze and celebrate success, was used. Using process-centered praises emphasizing the factors that can be controller.

3.3 The relevance of institutional response

The disclosure of institutional maltreatment produced often a new institutional maltreatment:

- minimization of suffering;
- blame and devaluation of the victim;
- tendency to remove the problem.

With regard to the results of support programs for survivors of institutional maltreatment, political and institutional recognition of public responsibility for institutional maltreatment is of great importance, in contexts where institutions should have guaranteed the protection of victims. The revelation of being a survivor of abuses in institutional settings during childhood, particularly in the context of health and social services or in residential facilities for children, discusses the real capacity of the child protection system. The reaction of professionals and more generally of the community to the disclosure of child abuse in institutional contexts tends to be sceptical or defensive because they themselves feel under accusation. There is therefore an expulsive impact on survivors that reinforces their perception of stigma.

The system of services and institutions that failed in the task of protection, after the revelation, runs the risk of failing again if a process of awareness of individual and organizational events and responsibilities is not activated.

Is a synergy possible between the path of caring for victims, the process of recognizing events and the process of recognizing the responsibilities of professionals who should have protected survivors, when they were minors exposed to institutional abuse? The disclosure of events and the activation of the consequential procedures represent a fundamental opportunity of healing for the survivors: the possibility of being listened and believed; to see a correct allocation of responsibilities and to receive the multidimensional supports they need.

Lerner's theoretical perspective explains the processes of secondary victimization as forms of social reaction based on the belief that the suffering of the victim is linked to his/her behaviour: that is, his/her present suffering is somehow "deserved", regardless of the fact that the insensitivity shown by both the community and the institutions sharpen - even if this aspect is not empirically investigated - the condition of the victim. Secondary victimization presents itself as a reaction to a threat to trust in a right world, to reinforce the same trust expectations.

The effects on the social and institutional environment linked to the organization

- The story of child abuse in an institutional context calls into question the ability of the system to truly protect the child.
- The system reacts with an expulsive behaviour and hostile attitudes to the survivors (who over all reinforce their feeling of stigmatization) which are perceived as a threat against the system.
- The system tends to refuse to recognize its responsibilities, the professionals to avoid contact with the suffering of the victims, have difficulty in accepting how much they have been incapable (or their will is lacking) to see.

The path of re-engagement of responsibility of the institutions and of the whole community is part of the construction of a protection system for the survivors.

Protecting victims is not just a matter of humanity or justice, but a prerequisite for re-establishing trust in others. Protecting means creating a discriminating between what is good and what is bad, between what is right and what is wrong. To date, in the specific case of our experience alongside Forteto survivors, we are constantly confronted with the fact that the vicissitude itself cannot be concluded at many levels, that we must be able to reiterate the need to carry out a work of promoting awareness with respect to what happened, to the institutional and professional responsibilities, to its effects and above all to its many and dangerous current sprawling residuals. If this does not happen it will be more and more evident, and we will see the effects both on the victims and on the professional operators, who will be working with these people in a context of absence of protection.

We know that a synergy between the victim's healing path and the process of recognizing events and responsibilities is necessary, but we also know that it is not easy and that it often requires us to oppose physiological collective defence mechanisms.

Sometimes the defensive mechanisms of the external system take on a particularly strong and distortive intensity, due to the fact that important economic factors also come into play. Not infrequently, in fact, these organizations, move huge financial resources at national and international level. This happens, for example, both in the case of Il Forteto and in that of the Magdalenes. The first because it is a productive reality of the agricultural and dairy sector, the second because it is an International charity. So the victims are blamed, from the territory and the community they belong to, because with their report and complaint they have put in crisis pre-existing balance and caused damage to important economic and productive realities, putting at risk jobs.

The same rigidity and tenacity of the defensive mechanisms is amplified in cases where the abuses have been committed within communities run by religious.

The revelation of being a survivor of abuse in institutional settings during childhood puts into question the real capacity of the child protection system. The reaction of the professionals and of the community to the revelation of child abuse in institutional settings tends to be sceptical or defensive because we feel impeached.

There is therefore an expulsive impact on survivors which reinforces their perception of stigmatization and which can produce new institutional maltreatment as secondary victimization, as a minimization of suffering, of blame and devaluation of the victim and a tendency to remove the problem.

We need to make a further step that also involves our government to recognize the survivors specific rights as per the extraordinary nature of the affair and of the reparation needs it has generated.

3.4 The reaction from professionals

In the case of institutional maltreatment, in the cases we are talking about, the operators - even when they have not been personally involved - through the institutions they are part of - have made the violence, not only permissible but even possible, becoming at some level actors consciously or guilty distracted or inadequate.

For professionals, for services to see therefore the institutional maltreatment implies necessarily to question themselves, their own methodological tools, their own professional practices, to open themselves to the concrete possibility of having been able - at least - to commit serious mistakes.

Literature emphasizes between the rampant effects of the trauma the breaking of bonds and the destruction of the sense of belonging to the Community and identifies, among the main factors of recovery from the trauma, collective or individual, social support (Yule, 2000).

Yet "witnesses wish not to see, not hear and not talk about evil" (Herman, 2005). If normally the question poses itself as negating witnesses of domestic violence, here at some level it is being actors.

If it is morally impossible to remain neutral in the conflict between victim and persecutor and if the spectator is forced to take a position (Herman, 2005) the only answer that allows the reparation of the damage is the recognition of the inadmissibility of the violence (Bruno, 2007). In the case of institutional maltreatment, in the cases we are talking about the operators - even when they were not involved on a personal level - through the institutions of which they are part - have made not only admissible, but even possible, the violence, becoming at some level actors aware or guilty distracted or inadequate. Therefore, seeing institutional maltreatment necessarily implies questioning oneself, one's own methodological tools, one's own professional practices.

While in the individual journey the individual reconstructs his own system of meanings by elaborating the traumatic memories and choosing / constructing new coping strategies, even operators and institutions are required to re-examine their own system of meanings that cracks / breaks before those stories, inserted for his protection in a context that should have been of protection and "care", was found there abused in a serious and lasting / chronic way.

The comparison with the institutional maltreatment exposes us to contact with the pain of the victims provoked, as well as by those in intimate relationships who had tasks of care and protection that did not honour, even by the professional community which - with active and omissive behaviours - it caused further damage to the people who had been entrusted to it with a process that made them victims again.

What makes it so difficult to see. We know that the more it is horrible, the more it is unthinkable. How can operators be supported so that they can take on the responsibility of detecting and protecting?

4. A welfare Scheme

The recognition of the trauma produced to the victims of institutional maltreatment implies the adoption of a transitional justice approach (Transitional justice): transactional justice consists of judicial and non-judicial measures implemented in order to remedy the serious consequences of violations of human rights made possible following individual acts and institutional or mass responsibilities. These measures include criminal proceedings, the establishment of commissions to bring out the truth, repair programs and various types of institutional reforms aimed at recognizing the responsibilities, recognizing the victims and their dignity as citizens and human beings, compensating the victims and the creation of a collective memory. Transitional justice poses difficult questions, putting victims and their dignity first, indicates the way forward for a renewed commitment to guaranteeing citizens. The institutional atrocities that lead to systematic abuse devastate societies and their legacy, understood as medium, long, very long term effects, can make institutions and democracy fragile.

It is necessary to articulate an integrated scheme of compensatory measures usable by people who have suffered serious violence and direct and indirect damage from forms of institutional maltreatment. The right to compensation through compensatory measures derives from the recognition of institutional responsibilities because such violence could perpetrate, last and persecute people as a result of the lack of controls and collusion by the system of public institutions.

- Prevention

The difficulty in recognizing and working constructively on professional responsibilities is inevitably a major limitation in the possibility to make prevention. Survivors and operators are very proactive in indicating possible strategies and tools for the prevention of institutional maltreatment.

Reception in residential service responds to the **necessary need to interrupt the circle of negative reactions experienced up to that time by the child** and wants to be a **response to promote his relational, psychophysical and psychosocial well-being**. If the situation of the family of origin is marked by prejudicial conditions, **the residential service has the function of modifying the perception and effects of this experience** allowing the child to modify and transform his own representation of the relationship with adults, from absent, hostile, violent people to **immediately**

welcoming and reliable people, able to offer an alternative dimension of "familiarity" to the one experienced.

Some brief references to possible good practices for the prevention of institutional maltreatment and an effective protection of victims:

THE CARE OF THE HOSPITALITY PLACES

- The communities respond to the mandate of being "family dimension" communities, in order to support the process of building the identity of the hosted child; the "family dimension" is declined in the **attentive care of everyday life**, with the **participated construction of the internal life times** (rhythms of life and balance between individual and collective places and times) **and the external ones** of the hosted children (free time and holidays, enhancing the offers coming from the "relational world" of the territory). Enhanced the dimension of listening, of the participation of the minor in the co-construction of community life. It is a dwelling house, integrated into the territory; with "family environments" in which children can co-manage important actions of everyday life, experiencing responsibility and autonomy; with personalized and tidy environments, personal spaces that see the hosted minors as protagonists; has dimensions of "small numbers".

TARGETED / SPECIALIST TRAINING AND INSTITUTIONAL ABUSE CONTRAST

- Prepare adequate preventive mechanisms for the early protection of children and young people to reduce the risk of chronic illness
- Identify explicitly, in the national legislation, the crime of violence against children perpetrated in contexts of protection and care with related aggravating circumstances
- Eliminate the prescription of crimes or start it only from the age of majority (for these crimes it should be prescribed!)
- Provide judicial mechanisms of enhanced protection for adults who report violence suffered in the past (protected hearing, no defensive investigations without adequate support, etc.)
- Inform and raise awareness of the risk of institutional maltreatment
- Create a space inside the different Care Leavers Networks where children who have suffered violence in the past can find the confidence to bring their story, their needs. A space for listening, presence and participation specifically created for this theme and that can solicit the emergence of other situations and send them to hospitality and elaboration specialized services.
- Creation of an archive of memory, which collects stories of institutional maltreatment. So that it did not happen in vain. For a possible transgenerational justice to be possible. The testimonies of women and men who suffered violence in communities and institutions cannot be dispersed, they cannot be collected only in judicial folders. It is a transgenerational justice that we are referring to so that listening to the past makes it possible to discover the elements present and prevent them in the future. An Archive that actively collects the stories -following the example of the Magdalenes - of the victims of Il Forteto, like those of others, such as the Celestines of Prato, children who survived horrors

who were at the center of a criminal trial; or of the victims of the horrors Provolo Institute of Verona, which could not have justice due to the prescriptions of the crimes.

- Inform children and young people, in care and protection programs, of their right to make reports and complaints where they perceive a violation of their rights in the course of their path and make the reporting mechanisms accessible
- Attention to the positive prejudice, to the delegation to another professional, to the difficulty of reporting suspects in the relationship between operators. It is necessary to give priority to listening and accepting of what the child is saying and to protect his rights, crossed with an explanation and not a competition with the operators.
- The operator who is in charge cannot work in absence of a third party that guarantees the public interest.

CO-RESPONSIBILITY AND CARE OF PERSONAL

- Verification of the criminal record for those who work in contact with children and young people also on a voluntary basis
- Practically all survivors agree in identifying one of the crucial factors to prevent maltreatments, there should be a continuous relationship with an external operator, almost always identified in their own social worker. The perception of the survivors is that once the placement has taken place, the "problem" is solved, the social worker does not care about how the insertion proceeds and how the child is doing, and disappears along with his/her mandate.
- Almost all the victims underline as absolutely necessary in the interviews the **need for time (!) dedicated to the child**, the frequency of meetings, the construction of an external and separated relationship from the context. Enhanced the dimension of listening, of the participation of the minor in the co-construction of community life.
The modalities of the listening: without third parties present (it is impressive in the history of Forteto, even in the most controversial judicial stories, the fact that the listening of the victims have often occurred in the presence of adults of Il Forteto or similar).
IN FACT the scarcity of resources, the work overload of individuals, the turnover of operators, the times of justice are the perfect ingredients to repeat similar stories.
- The role of the Services, who send minors to residential institutions, with respect to the supervisory functions is defined by different legislations and, even when it is secondary in respect to the verification of the formal authorization requirements, **it is fundamental in the selection phase of the most suitable structure that meets the needs of the child to be hosted, and of the adequacy of the individualized Educational Project** prepared by the Residential Service, as well as the periodic revision of the framework program Adapt authorization and accreditation standards also to prevent institutional maltreatment
- Exercise regular checks and assessments on protection projects also through the involvement of third parties with respect to those who are responsible for the minor.
- **The Care Of The Quality Of The Educational Relationship** still rests on the choice of personal and professional skills of operators: in the residential services for minors are involved motivated

and competent operators, with qualified professional skills appropriate to the different types of services provided. In order for the child's experience, in a residential service, to be as much as possible aimed at his personal emotional and relational growth, the staff employed is adequately trained and selected also for the relational skills, the profile of healthy and well organized personalities, readiness to listen and acceptance

- **Therefore is necessary that there is a clear identification of the methodology for the selection of personnel: CV - assessment - socio-pedagogical and psychological interview** (choice of the organization, no improvisation, selection of an agency outside the institution).
- **Socio-pedagogical (PEI) and psychological supervision (the care of the team):** Impartiality guarantee in the supervision - external function from the managing body - on a periodic, structured, non-occasional basis - recognized during working hours
- **Team work guarantee: no self-referentiality but co-construction of thought, project, action.** Structured, on a fixed periodic/weekly basis - recognized within the working hours
- **Internal/external training:** Plan of training explicit and communicated - support for participation - recognition of hours - tools for evaluation and monitoring of outcomes - support for participation in training "outside the institution"
- **To take care of motivation and of "good work": guarantee of relational stability and prevention of turnover**
- Socio-educational work in residential services for minors requires not only competence and motivation, but also **worker protection**. Respect for the rights of workers in this area are an essential pre-requisite to favor the growth of the professionalism of the residential services operators, promoting a greater stability in the working relationships and a **reduced turnover**
- **Early taking charge of individual or group critical situations** *No underestimation of the signs of distress/Burn out - timely management by the responsible - identification of prevention and facing strategies: implementation of supervision, other vision, offer of individual support for the operator in difficulty (support, clarification, counseling, reorientation...)*

Participation

- An important element for the prevention of institutional maltreatment is the listening and participation of the hosted children and former hosted ones who are now activated and participate to bring thoughts and ideas, to mutual aid paths between them, for their present and their future.
- Protagonism and participation also in the training of the operators.
- Active listening and participation as acceptance, inclusive, socializing, resilient practice

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