

# COMPARATIVE OVERVIEW OF FINDINGS OF SURVEY WITH PROFESSIONALS

Associazione Artemisia Onlus

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

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## 1. Introduction

In the work stream 1 of the project SASCA was planned a survey based on the use of a structured questionnaire for social workers, psychologist and other stakeholders, the main aims were:

- to assess the level of perception of the risk of institutional abuse and its short- and long-term impact; to explore which is the most common ideas on what the institutions could do in order to take on their responsibility;
- to identify which kind of the compensation and the level of protection should be guaranteed to adult survivors.

The project based its actions on a global definition of institutional child abuse, which embedded three dimensions: the direct events of violence against children, then the role of the active perpetrator of them; the indirect effects of failure in control; the direct responsibilities of the wider institutional system which does not recognize risk factors or, even, highly consistent substantiations of cases.

The last two dimensions may be addressed as forms of institutional neglect. World Health Organization (1999)<sup>1</sup> adopted a broad definition of neglect and negligent behaviour, describing it as “the failure to provide for the development of the child in all spheres: health, education, emotional development, nutrition, shelter and safe living conditions, in the context of resources reasonably available to the family or caretakers and causes and negligent behaviours or has a high probability of causing harm to the child’s health or physical, mental, spiritual, moral, or social development. This includes the failure to properly supervise and protect children from harm as much as is feasible” (p. 15). In this context institutional neglect should be considered as chronic if (a) one or more needs basic to a child’s healthy development are not met, (b) it is perpetrated by the entire system of protection, and (c) it happens on a recurring or enduring basis. The project, then, draws on the definition of institutional abuse of Wolfe, Jaffe, Jette, and Poisson (2003)<sup>2</sup>, which characterizes institutional abuse as the inappropriate use of power and authority to inflict harm, actual or potential, to a child’s well-being and development. The approach to the detection and intervention was focused on the experience and the rights of adult survivors of institutional child abuse, this explains the relevance that in the survey, we gave to the issue of compensation. “Over the last two decades, the victimization of children through maltreatment in institutions and out-of-home care has been the subject of inquiries in different countries: Australia, Britain, Canada, Denmark, Germany, Ireland, and Norway (Sköld, 2013). Adults who spent their childhoods in care have come forward through public inquiries, truth commissions, and the media to allege physical, emotional, and sexual abuse and neglect while in the care of government, nongovernment, and religious institutions and out-of-home care programs. There has been international concern about the trauma they endured and the significant lifelong impacts” (Fernandez and Sook Lee, 2017)<sup>3</sup>.

The following paragraphs describe the main results from the four partner countries.

The findings from the survey indicate that institutional child abuse, particularly in residential care,

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<sup>1</sup> World Health Organization (WHO). (1999). *Report of the consultation on child abuse prevention, 29–31 March 1999*. Geneva, Switzerland: WHO.

<sup>2</sup> Wolfe, Jaffe, Jette, and Poisson (2003) The Impact of Child Abuse in Community Institutions and Organizations: Advancing Professional and Scientific Understanding. Article in *Clinical Psychology Science and Practice* 10(2):179 - 191 · June 2003

<sup>3</sup> Elizabeth Fernandez and Jung-Sook Lee, Experiences and Outcomes of Adults Who Endured Maltreatment as Children in Care in Australia in the Twentieth Century (pp. 419 – 460), in Rus, Parris and Stativa (Editors), *Child Maltreatment in Residential Care*, Springer

is perceived as a serious problem, but there is a different level of awareness regarding its incidence, how to prevent it, its long term effects, who is responsible in order to avoid it and to give an answer to the demand of justice from the victims.

The need to act is particularly relevant because there is a systematic undervaluation of the severity of institutional child abuse. International research in recent years has established that childhood adversities are implicated as risk factors in the development of later social, psychological, and health problems. There is a large body of research that has shown that childhood exposure to physical abuse, sexual abuse, emotional abuse, and witnessing violence are factors that contribute to impaired health in adult life. And evidence from studies (Biehal, Clayden, Stein and Wade, 1995; Daly and Gilligan, 2010; Pecora et al., 2006; McDowall, 2009)<sup>4</sup> indicates that young adults discharged from care experience suffer considerable of such long term effects and material disadvantage, and social exclusion.

The survey was a 31-item questionnaire of mostly structured closed answer questions but also allowed for qualitative responses. The survey questionnaire was divided into five parts: Part 1 was gathered information about the characteristics of the respondents; Part 2 was finalised to gathered information around respondents' knowledge and perception on child abuse in institutional settings; Part 3 the responsibilities of professionals concerning maltreatment of children removed from home and placed in residential care; Part 4 how taking care of the victims of child abuse in institutional settings; Part 5 how to prevent institutional ill-treatment. Most of the survey questions allowed respondents to provide multiple answers to a question. The questionnaire was accessible online.

In total the survey was answered by 437 self-selected professionals but only 407 questionnaires were completed and then used for analysis. As planned in the project, the questionnaire was distributed to almost 100 professionals in each that partner country. According to the project, we involved social workers of local protection agencies or local social services; psychologists, psychiatrists of local health services; representatives of institutions and other professions (local authorities, Courts, police); persons working in residential services.

The survey was promoted by each partner through the known network of professional at a local and national social level.

The analysis is developed also according to the age and the type of profession of the respondents in order to highlight specific differences in the perception of the phenomenon and how to react.

## 2. Profile of the survey respondents

The respondents were asked questions to understand the profile of who responded to the topic. A significant majority (84,2%) self identified as female. In all countries the percentage of females is significantly higher than that of males (see Table 1 below).

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<sup>4</sup> Biehal, N., Clayden, J., Stein, M., and Wade, J. (1995). *Moving on: Young people and leaving care schemes*. London, UK: HMSO; Daly, F., and Gilligan, R. (2010). Selected educational outcomes for young people aged 17-19 years in long term foster care in Ireland. In E. Fernandez and P. Barth (Eds.), *How does foster care work: International evidence on outcomes* (pp. 243-257). London: Jessica Kingsley Publishers; Pecora, P., Kessler, R., O'Brien, K., Roller, C., Williams, J., and Hiripi, E. (2006). Educational and employment outcomes of adults formerly placed in foster care: Results from the Northwest Foster Care Alumni Study. *Children & Youth Services Review*, 28, 1459-1481; Pecora, P., Kessler, R., O'Brien, K., Roller, C., Williams, J., and Hiripi, E. (2006). Educational and employment outcomes of adults formerly placed in foster care: Results from the Northwest Foster Care Alumni Study. *Children & Youth Services Review*, 28, 1459-1481.

**Table 1 Gender**

	<i>M</i>	<i>W</i>	
<i>Country</i>	<i>%</i>	<i>%</i>	<i>Total</i>
Greece	14	86	100
Ireland	19,4	80,6	67
Italy	20,2	79,8	94
Romania	12,5	87,5	144
<b>Total</b>	<b>15,8</b>	<b>84,2</b>	<b>405</b>

If we look at the whole sample, according of the age of the respondents, we observe that the male respondents are slightly older than the female ones.

**Chart 1. Respondents by age and sex**

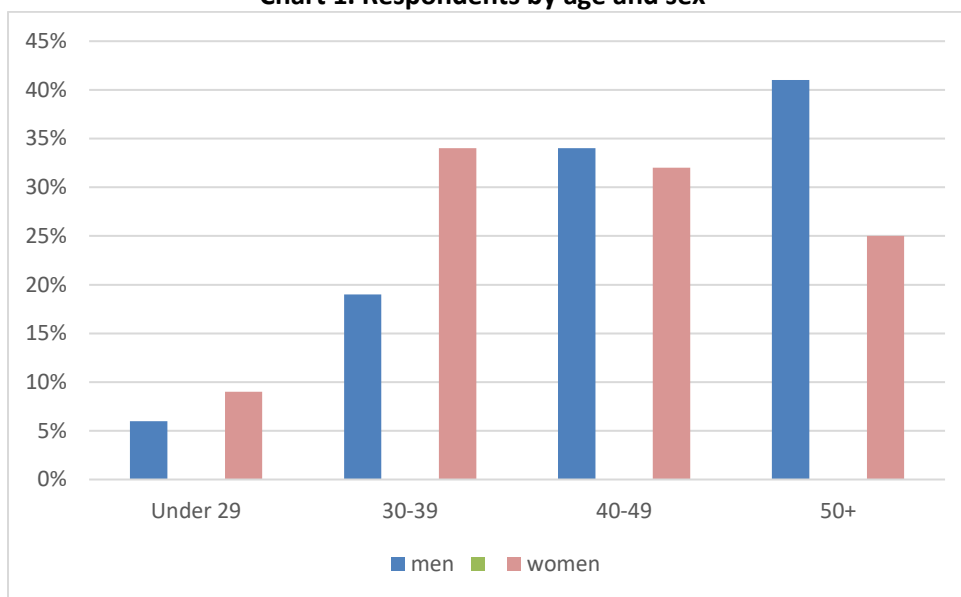


Table 2 shows the distribution by age and countries. In Greece the highest percentage of respondents is in the 30-39 age range, for Ireland and Italy in the 50 and above, and finally for Romania in the 40-49 age group, as it is in the general value.

**Table 2 Age and countries**

	<i>Under 29</i>	<i>30-39</i>	<i>40-49</i>	<i>50+</i>	<i>Total</i>
<i>Country</i>	<i>%</i>	<i>%</i>	<i>%</i>	<i>%</i>	<i>N</i>
<i>Greece</i>	13,1	41,4	30,3	15,2	100
<i>Ireland</i>	7,5	31,3	20,9	40,3	100
<i>Italy</i>	2,1	21,1	26,3	50,5	100
<i>Romania</i>	9,7	31,3	44	15	100
<b>Total</b>	<b>8,4</b>	<b>31,4</b>	<b>32,6</b>	<b>27,6</b>	<b>100</b>

Over two thirds of the respondents (65%) reported having a University Degree. An exception is Ireland, where the highest percentage of respondents of 46.3% have a post-graduate specialization. Almost one-fourth (21%) reported they had a Master Degree. 5,9% reported they had an undergraduate degree, and 4,7 % a PhD.

**Table 3 Education**

	<i>Secondary school</i>	<i>University degree</i>	<i>Masters degree</i>	<i>PhD</i>	<i>Other</i>	
<b>Country</b>	<b>%</b>	<b>%</b>	<b>%</b>	<b>%</b>	<b>%</b>	<b>%</b>
Greece	9	51,0	35	4	1,0	100,0
Ireland	4,5	31,3	46,3	14,9	3,0	100,0
Italy	3,2	89,4	0	3,2	4,2	100,0
Romania	6,3	75,0	14	1,4	3,5	100,0
<b>Total</b>	<b>5,9</b>	<b>65,1</b>	<b>21,3</b>	<b>4,7</b>	<b>100</b>	<b>100,0</b>

For the profession, in Greece and in Italy the interviewees are mostly social workers, while in Ireland and in Romania they are in a similar measure social workers and lawyers / judges.

**Table. 5 Profession**

	<i>Social worker</i>	<i>Psychologists</i>	<i>Residential care worker</i>	<i>Lawyer &amp; Judge</i>	<i>Other</i>
<b>Country</b>	<b>%</b>	<b>%</b>	<b>%</b>	<b>%</b>	<b>%</b>
Greece	39	24	23	13	1,0
Ireland	27,7	16,9	16,9	30,8	7,7
Italy	47,9	28,7	6,4	16	1,1
Romania	34	25,7	0	38,2	2,1
<b>Total</b>	<b>37,5</b>	<b>24,6</b>	<b>9,9</b>	<b>25,6</b>	<b>2,5</b>

The employment status of the respondents was slightly different. In all cases, the clear majority of respondents have a permanent contract.

**Tab. 6 Job Status**

	<i>Permanent employment</i>		<i>Fixed term contract</i>		<i>Consultant &amp; Autonomous professional</i>		<i>Other</i>	<b>Total</b>
	N	%	N	%	N	%	N	
Country	N	%	N	%	N	%	N	N
Greece	61	61,0	31	31,0	6	6,0	2	100
Ireland	46	68,7	10	14,9	11	16,4		67
Italy	71	74,7	6	6,3	15	15,8	3	95
Romania	138	95,8	6	4,2		0,0		144
<b>Total</b>	<b>316</b>	<b>77,8</b>	<b>53</b>	<b>13,1</b>	<b>32</b>	<b>7,9</b>	<b>5</b>	<b>406</b>

The under 29 respondents are a limited number, among the psychologists and psychotherapists there is the higher incidence.

The residential care workers are the category with the youngest professionals, the 45% of them are in their Thirties.

**Table 7 Profession by age (%)**

Type of job	Age				Totale
	Under 29	30-39	40-49	50+	
Social Workers	10,0	24,7	39,3	26,0	100,0
Psychologist/Psychotherapists	13,1	34,3	26,3	26,3	100,0
Residential care workers	7,5	45,0	20,0	27,5	100,0
Lawyers & Judges	2,9	33,0	35,9	28,2	100,0
Totale	24,7	31,4	32,6	27,7	100,0

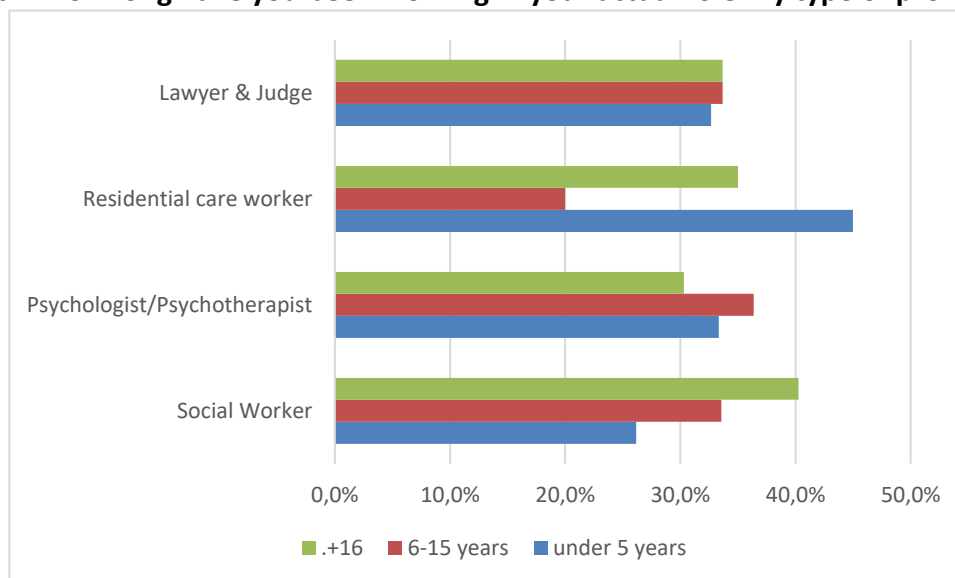
Nearly one third of the respondents had more than five years of experience in the actual role. Among the different countries, the highest percentage of respondents have been working in their current role for different times: less than five years in Greece and in Ireland, but we reach over 16 years in Italy and Romania. Clearly, this data is directly related to the age of the respondents.

**Table 8 How long have you been working in your actual role?**

Country	Under 5 years	6-15years	16+	Total
Greece	41	32	27	100
Ireland	43,1	32,3	24,6	100
Italy	18,3	29	52,7	100
Romania	28,5	35,4	36,1	100
<b>Total</b>	<b>31,4</b>	<b>32,4</b>	<b>35,6</b>	<b>404</b>

The social workers have a longest working experience, while the residential care workers are the youngest.

**Chart 2. How long have you been working in your actual role. By type of profession.**



In the sample, the 63% of the respondents works directly with children living in care, the other



are involved in cases but do not work with the children.

### 3. The institutional child abuse: recognition of the phenomenon and related experience

The institutional child abuse is perceived as a broad concept, and, as we have already discussed in the introduction, it is possible to identify institutional child abuse when physical, sexual, or emotional abuse is committed by individuals directly responsible for child care (caregivers or adoptive parents); when programs are below acceptable standards; and, finally, when the child protection system is extended beyond its limits and is also correlated with an inadequate control by the bodies responsible for childcare. The interconnection of the three dimensions is less recognized in Romania, where there is a wider percentage of respondents who associate institutional child abuse mainly to physical, sexual and emotional abuses committed by adults directly responsible for the care of the child.

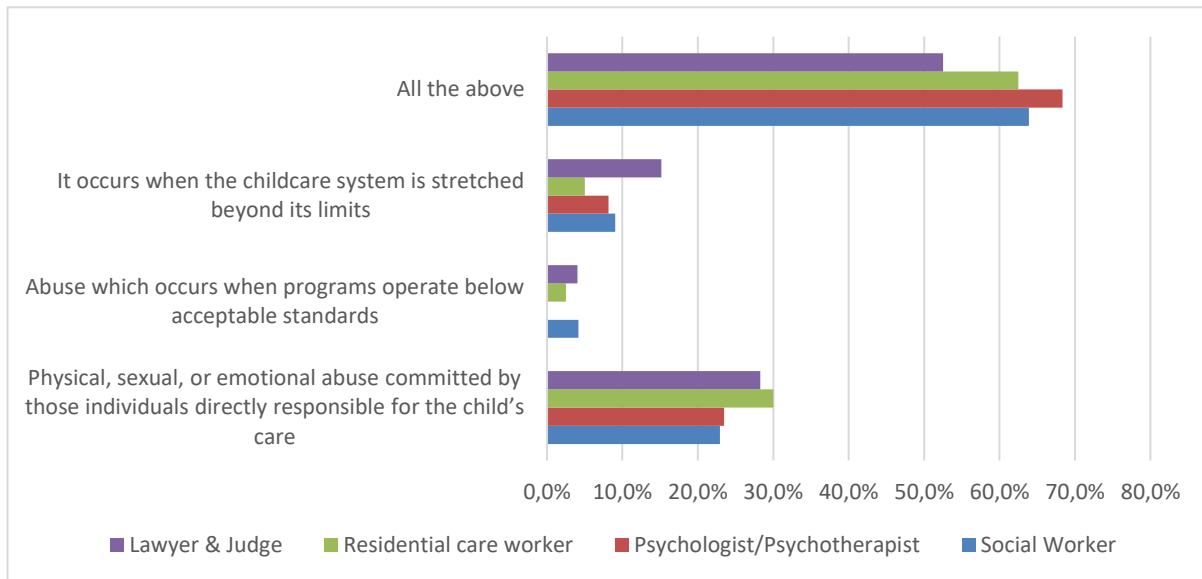
**Table 9 How would you better describe institutional child abuse?**

COUNTRY	Physical, sexual, or emotional abuse committed by those individuals directly responsible for the child's care	Abuse which occurs when programs operate below acceptable standards	It is not committed by a single individual or a single agency, but it occurs when the childcare system is stretched beyond its limits	All the above	TOTAL
	%	%	%	%	%
Greece	11,2	2	3,1	83,7	100
Ireland	16,7	4,5	3	75,8	100
Italy	18,7	0	18,7	62,6	100

In relation to the definition of “institutional child abuse”, the majority recognizes the multifaceted nature of the phenomenon dependent on different factors, anyway, the age influences the aptitude of the respondent to identify it, e.g. the youngest tend to link the institutional child abuse to the specific acts committed by the perpetrators, and they are the respondents that recognize less the phenomenon as connected to a failure in the organization and quality of the childcare system.

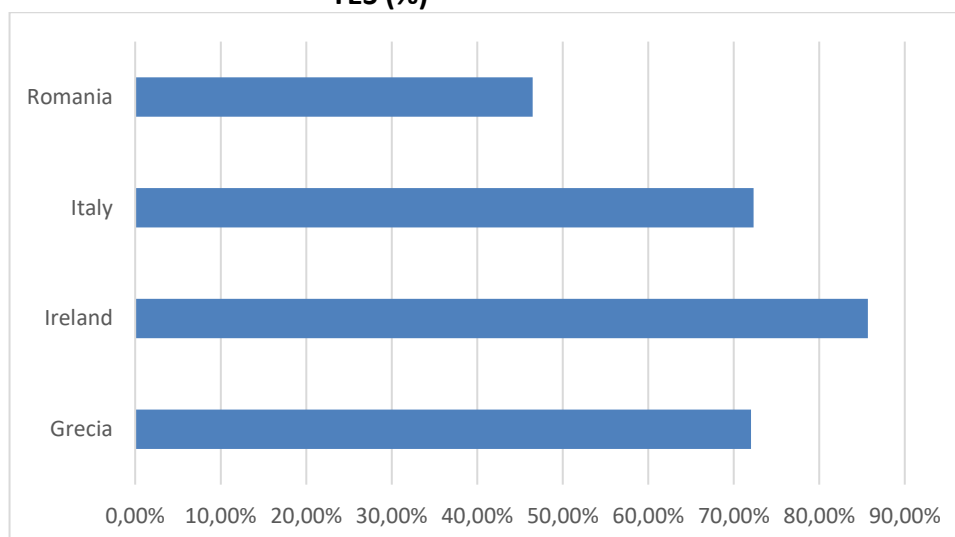
The complexity of the phenomenon is more likely a perception of the Psychologists and Psychotherapists who have the chance to collect stories and to assess the multidimensional long term effects of the traumas. It is interesting to underline that lawyers and judges are have less difficulty in linking these events to a failure in management of the child care system.

**Chart 3. How would you better describe institutional maltreatment according to the profession of the respondent.**



In all countries, a significant percentage of respondents declare of being aware of stories of institutional child abuse. The highest percentage of professionals who know about cases is in Ireland, where National Commissions of enquiry were established in order to investigate on the magnitude of this phenomenon and in order to find compensation for the victims. It is quite surprising, instead, the limited number of positive answers from Romania, a country with a still existing system of a wide institutionalization.

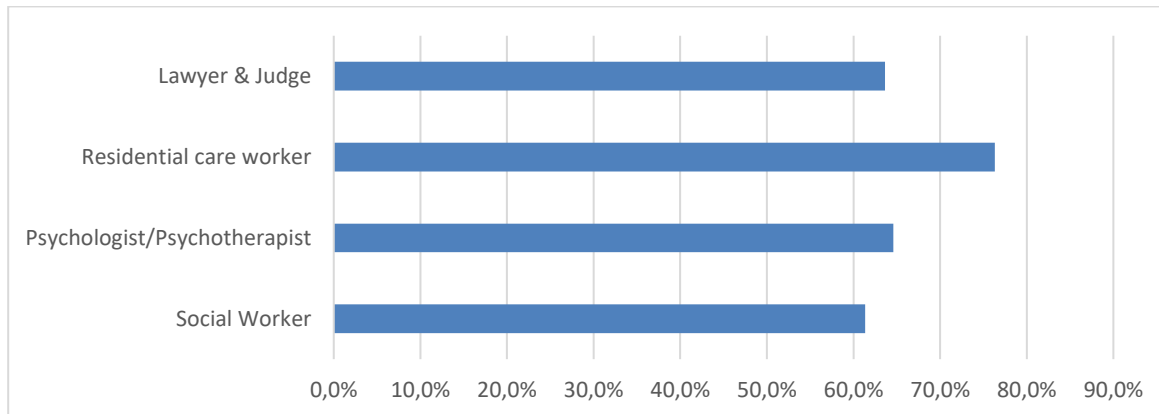
**Chart 4. Have you ever heard stories of institutional abuse against children?**  
YES (%)



The analysis of findings by age of respondents, as it could be expected, shows that older the respondent is, more likely that he/she knows cases related to this issue.

Moreover, in our sample, the social workers are the professionals who refer a less frequent experience with cases of institutional child abuse, as it happens for respondents belonging to legal sector.

**Chart 5. Have you ever heard stories of institutional abuse against children? YES by profession**

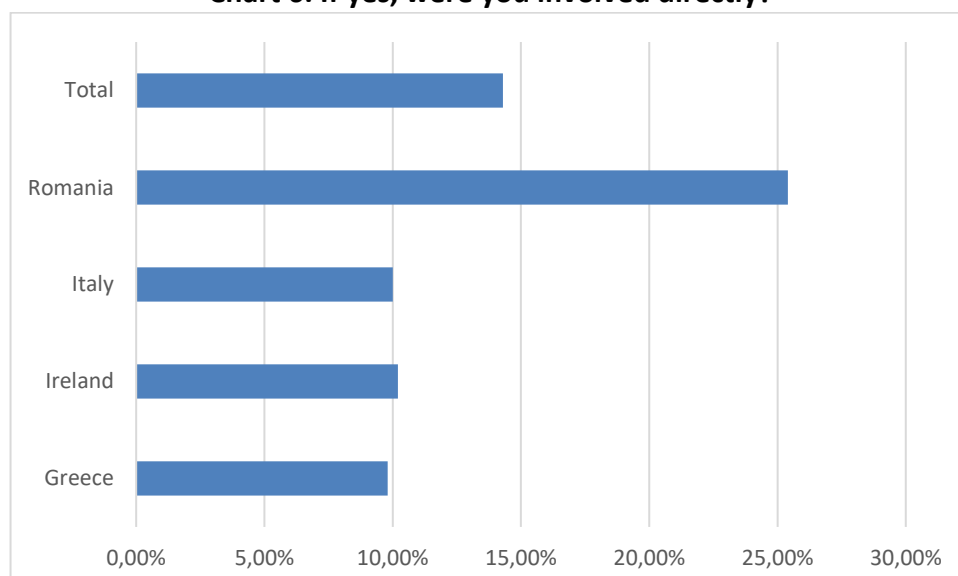


Only few stories happened recently, only half of the stories known by respondents were reported to the competent authorities, and only in the, roughly one case out of ten (one out of four in Romania), the respondent was directly involved.

**Table 10. If yes did they happen recently?**

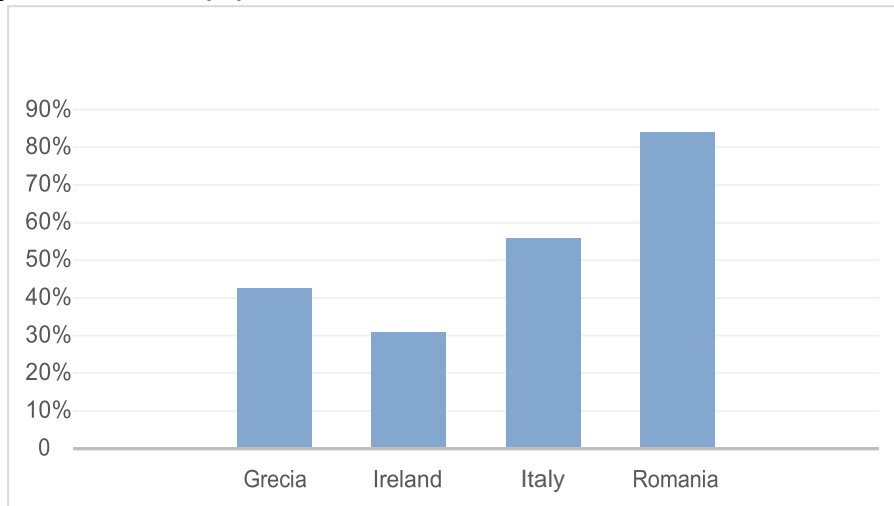
<b>Country</b>	<b>Yes</b>	<b>No, they happened in the past</b>	<b>I do not know when it happened</b>	
Greece	15,3	75	9,8	100
Ireland	23,4	76,6		100
Italy	21,6	69,2	9,2	100
Romania	55,4	44,6		100
<b>Total</b>	<b>28,9</b>	<b>65,9</b>	<b>5,2</b>	<b>100</b>

**Chart 6. If yes, were you involved directly?**



The cases recognized as institutional abuses, were reported by the media in a very low percentage, less than 10% of cases, and when it happened they caused a sensation in public opinion and, according to the interviewees, the media gave enough prominence to the events (51% of respondents).

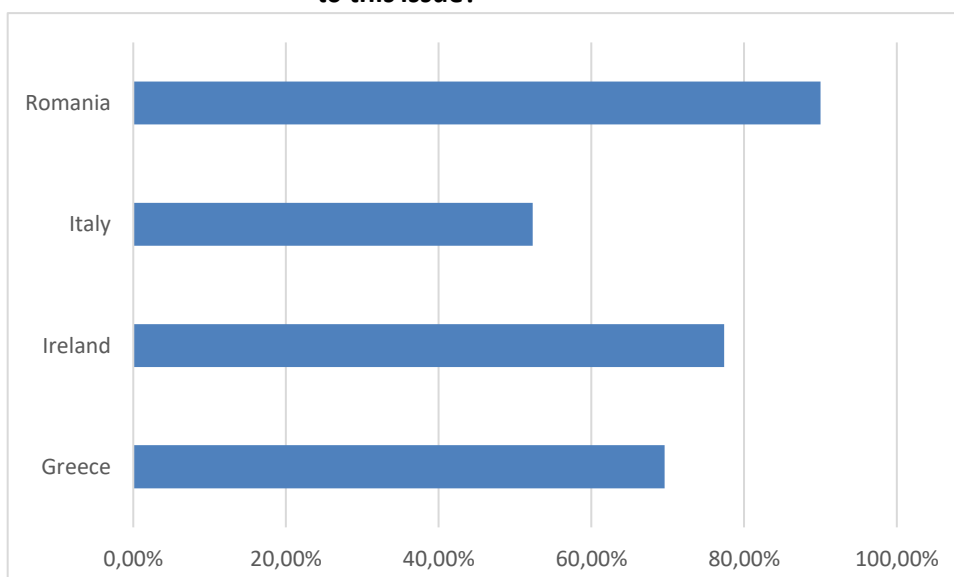
**Chart 6. Do you think the media gave enough prominence to the news of the case you know? YES (%)**



It is interesting to note that the smaller percentage of positive answers come from the Irish survey, the country where there has been a wider attention to the issue, comparing to the other three partner countries. The 71% of respondents think that this type of abuse is widespread. The highest percentage, equal to 90%, is found among the Romanian respondents, while the lowest percentage among Italians who in a little more than half of the cases considers institutional abuse to be widespread.

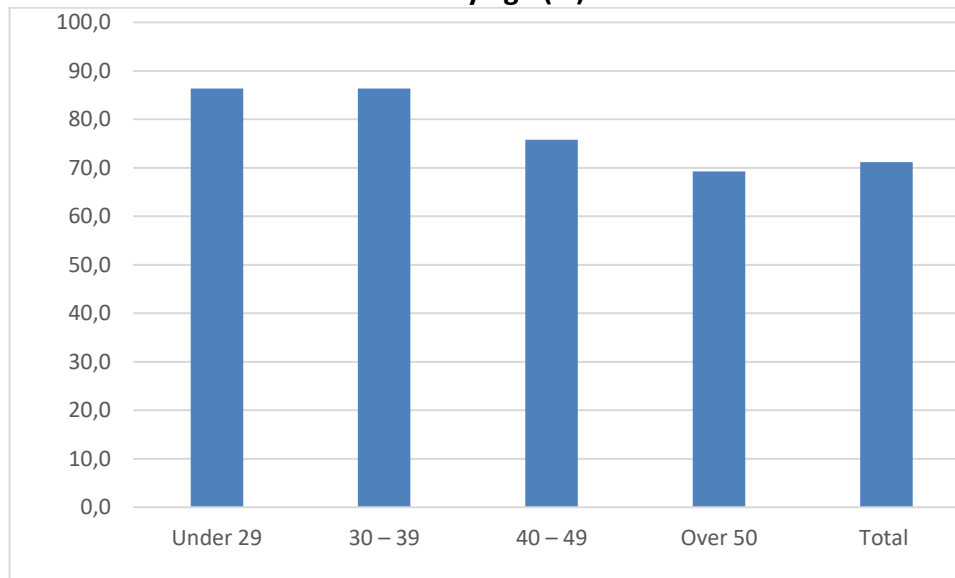
Then, the phenomenon is perceived as a complex event, of which the media only report a bit of iceberg, which is often associated with the most serious and striking cases.

**Chart 7. Do you think that this is a common occurrence in relation to this issue?**



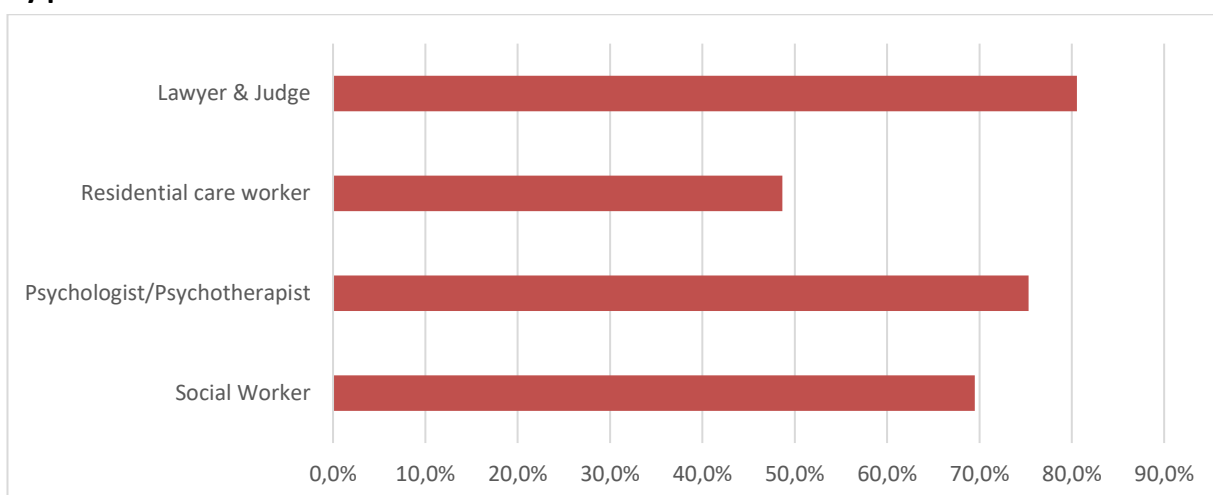
The youngest professionals think that the phenomenon is a common occurrence, they have less direct experience of cases, but they seem more aware concerning it since they take into account that institutional child abuse is a common occurrence.

**Chart 8. Do you think that this is a common occurrence in relation to this issue?  
YES by age (%)**



The respondents of the legal sector seem to be more aware of the diffusion of the phenomenon even if it is reported scarcely; they seem to perceive that is as an iceberg: you see only the top of a big mountain of ice. They are followed by the psychotherapists, then the social workers and less of all the residential care workers.

**Chart 9. Do you think that this is a common occurrence in relation to this issue? YES  
by profession**



Almost all respondents acknowledge that institutional child abuse causes has a wide range of effects, in particular they assign major relevance to psychological and social effects, and in a slightly lower degree, to physical effects.

**Table 11 Specific disturbs caused by institutional maltreatment**

	<i>Psychological</i>	<i>Physical</i>	<i>Social</i>
<i>Country</i>	<i>%</i>	<i>%</i>	<i>%</i>
Greece	99	86	91
Ireland	96,3	59,3	96,3
Italy	100	94,7	100
Romania	100	83,1	93
<b>Total</b>	<b>99,2</b>	<b>83,3</b>	<b>94,6</b>

In the answers to the open questions, among the psychological consequences the respondents identify psychic and emotional distress, anxiety and depression, low self-confidence and low levels of self-esteem. A part of the interviewees highlights also problems of attachment and affectivity and, to a minimum extent, rejection, isolation and suicide. Physical consequences include slower physical development and the onset of various but not well- specified diseases. Finally, among the social consequences, the respondents indicate relational difficulties - including distrust in institutions and others - social inadequacy, problems of job placement, poor academic results.

Evidence of the correspondence between experiencing a high number of types of victimization and a higher prevalence of psychological conditions comes from a number of studies (Felitti et al., 1998; Greger, Myhre, Lydersen, and Jozefiak, 2015).

Furthermore, among the social effects, there is also the vulnerability to other abuses or, on the contrary, the possibility that the victims implement deviant behavioural patterns with negative consequences for themselves (addictions to drugs or alcohol) or for others, until they become abusers. Regardless of the country of origin, almost all the interviewed operators believe that the victims of institutional maltreatment have special needs due to the characteristics of suffered abuses.

Training is needed for professionals in order to understand the impact of exposure to neglect and abuse on social, emotional, health, and psychological problems across the life course.

**Table 12 Special needs**

	<i>Greece</i>	<i>Italy</i>	<i>Romania</i>
	<i>%</i>	<i>%</i>	<i>%</i>
Psychotherapy/counselling	87,9	70,1	95,8
Supportive social relationships	54,5	32,8	77,8
Moral Compensation for the damage they suffered as effect of the abuse	14,1	16,4	28,5
Public recognition of institutional responsibility	10,1	32,8	25,0
Believing the story	12,1	29,9	29,2
Recognizing the courage of victims to reveal the story of maltreatment /Recognizing of the value of their stories to be known publicly	24,2	43,3	38,2
Legal advice/Justice	36,4	29,9	43,8
Material compensation	8,1	11,9	14,6
Social reintegration	42,4	25,4	68,8
<b>Total</b>			

The special needs which are most indicated in the answers to the open question, range from

generic psychosocial support to psychotherapeutic support, to psycho-physical therapy and medical care. Many respondents identify the need for specific and standardized programs or for group therapy with other victims of similar experiences. Others answer that the victims need to have affection, understanding, acceptance, a safe environment and adequate parenting models. Finally, by shifting attention to the more social dimension, a group of respondents indicates how important it is for victims to receive public recognition of the damage suffered with financial compensation - in particular among Italian respondents - or economic support for having to specialized helps, that they need to overcome the effects of the trauma, such as reconstructing a good perception of themselves and, on the other, to recover trust in people.

**Table 12. Perception of the special needs according to respondent’s profession**

	Social Worker	Psychologist/ Psychotherapist	Residential care worker	Lawyer & Judge
	%	%	%	%
Psychotherapy/counselling	86,9	85,7	92,6	89,7
Supportive social relationships	56,6	67,5	51,9	64,1
Moral Compensation for the damage they suffered as effect of the abuse	19,7	18,2	14,8	29,5
Public recognition of institutional responsibility	23,0	26,0	3,7	23,1
Believing the story	26,2	19,5	11,1	29,5
Recognizing the courage of victims to reveal the story of maltreatment /Recognizing of the value of their stories to be known publicly	35,2	28,6	29,6	42,3
Legal advice/Justice	37,7	41,6	33,3	35,9
Material compensation	14,8	9,1	7,4	9,0
Social reintegration	50,8	49,4	44,4	56,4

Among the respondents, the interventions that are assumed as more important for taking care of the survivor’s needs are mainly a response at an individual, such as: psychotherapy, social support, social reintegration. It is less clear the importance of giving a response linked to the public responsibilities which rely on institutions. The survivors ask for justice which is not only a judicial matter, on the contrary it depends on the willing of governments and public institutions to assume their responsibilities, and accept to put in act compensation measures and reconciliation policies.

The professionals, the people who were supposed to take care of them – belonging to the social, health, judicial authorities, and even in some of our cases the Church and the regional government sectors- made the violence, not only acceptable but even possible. To recognize the institutional maltreatment implies necessarily to question oneself, one's methodological tools, one's own professional practices.

The healing process needs:

- An individual path for reconstructing the survivor’s system of meaning and for elaborating the traumatic memories
- An institutional process, a professional process of recognising and re-discussing what happened, how it was possible, the system of meanings and the individual and collective responsibilities.

Who should have - and should - control to prevent institutional maltreatment in reception facilities? About half of the interviewees from all countries believe that this task belongs to the manager of the residential structure.

Except for Irish respondents - who however refer to the specific case of Magdalene Laundries and Mother and Baby Homes - professionals who deal directly with children in residential settings should also prevent maltreatment. This answer also includes the highest percentage, 76.4%, among Romanian respondents. Finally, half of the Italian respondents attribute this responsibility to professionals outside the residential structure, who are in direct contact with the children. Considering the ongoing time, the respondents were invited to point put who should be considered as responsible.

The Romanian and Italian respondents also stress the need of survivor that people believe in their history and recognize the courage of the victims in telling it. Their value should be publicly recognized. Among the respondents it is not underestimated the need for justice and, therefore, the necessary legal support to make it possible.

**Table 13. Who should have been primarily watching in order to prevent the abuse?**

	<i>Greece</i>	<i>Ireland</i>	<i>Italy</i>	<i>Romania</i>
	%	%	%	%
The responsible of the residential care	55,7	45,6	66,2	63,2
The social worker from the residential care	62,9	4,4	21,1	38,2
The case manager	28,9	4,4	1,4	22,2
The judge	25,8	4,4	36,6	0,0
The relatives/family of the child	11,3	10,3	2,8	2,1
The professionals involved directly with the children in the residential home	41,2	4,4	50,7	76,4
The professionals involved directly with those children outside the residential home	17,5	0	53,5	6,3
The child's doctor	6,2		14,1	7,6
The child's councillor/psychologist	2,1		7,0	37,5
The child's therapist	30,9		5,6	2,1
The child him/herself	2,1		0,0	10,4
Other	14,4		9,9	13,2

Turning to those who should have supported and taken care of survivors of institutional maltreatment and prevent it, more than one third of respondents indicate social workers and the child's therapist. For the respondents of Greece and above all Italy (with 52%), also the health system, should have played a role. The Romanian respondents, differing from the operators of the other countries, because they indicate more than 70% both the psychologist who followed the child, and the professionals of the residential structure.

An analysis based on the profession does not give very different results, but it is interesting to note how each profession recognizes itself as crucial:

- the residential care workers seem to be the most aware concerning their role, then they indicate themselves as the key person, together with all the professionals directly involved with the child but in the residential home, then social worker and psychotherapist, particularly.

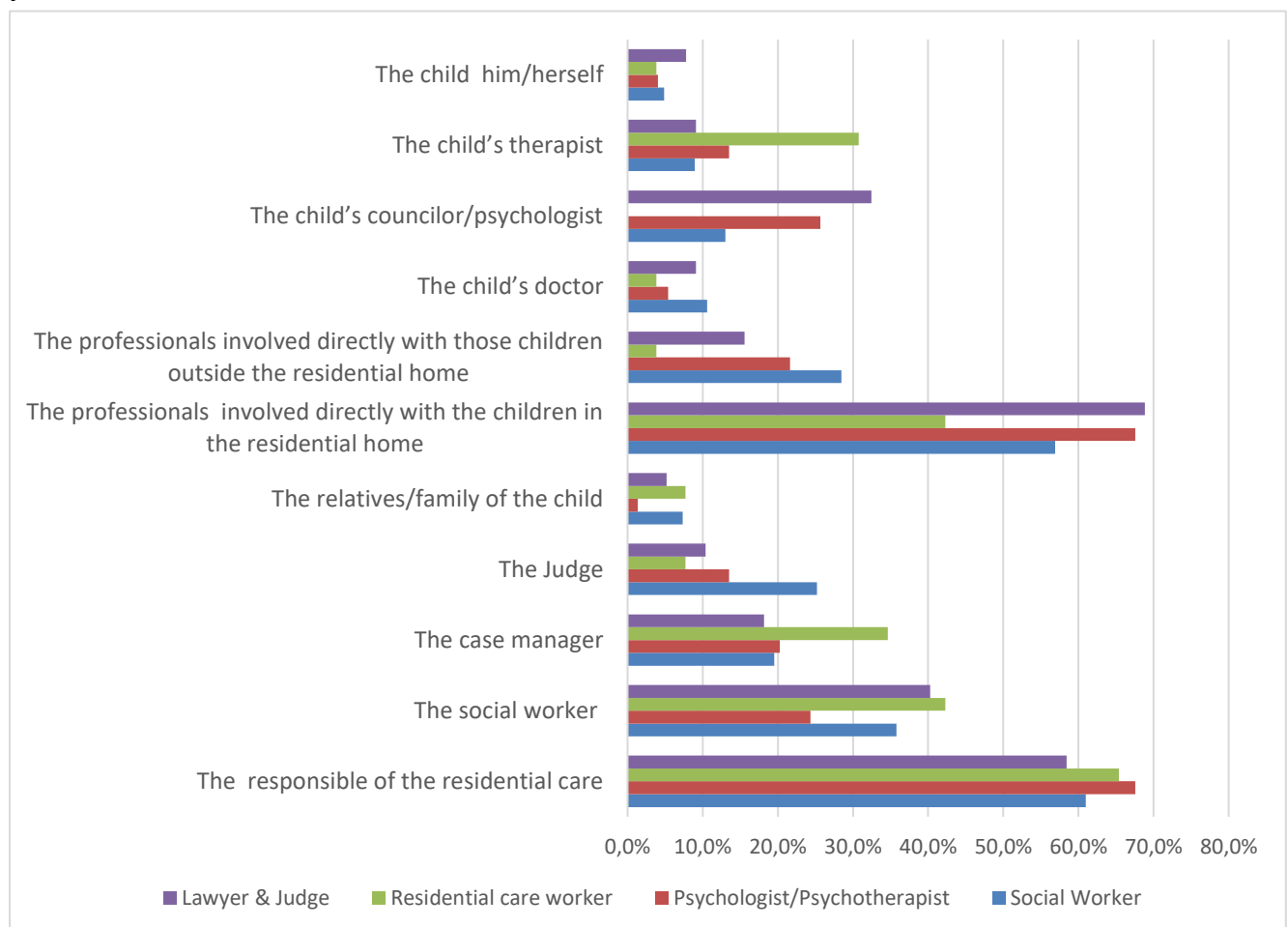


- social workers indicate the responsible of the residential care as the main guardian for the prevention of institutional abuse, then we find the entire group of the professionals who are involved directly in the residential home, and, in particular themselves and those offering psychological support;
- psychotherapists/psychologists address the responsible of the residential care as the key person for protecting the child, then, again all the other professionals working in the residential home, and they perceive themselves among the less responsible.
- Lawyers and judges do not diverge from the other, that is we find professionals of the residential care and social worker among the major key – actors in prevent it.

According to the perspective that we have adopted in the project, that is the idea that the institutional child abuse is possible due to a mix of direct responsibilities and external factors facilitating it, the results confirm us the urgency to find mechanisms to connect strictly the child also to the outside world of professionals that are supposed to take care of her/him.

They can collect the request for help from the child, they can detect signals, they can act for the protection through control and monitoring on the child and on the professionals more directly involved.

**Chart 10. Who should have been primarily watching in order to prevent the abuse, by profession.**



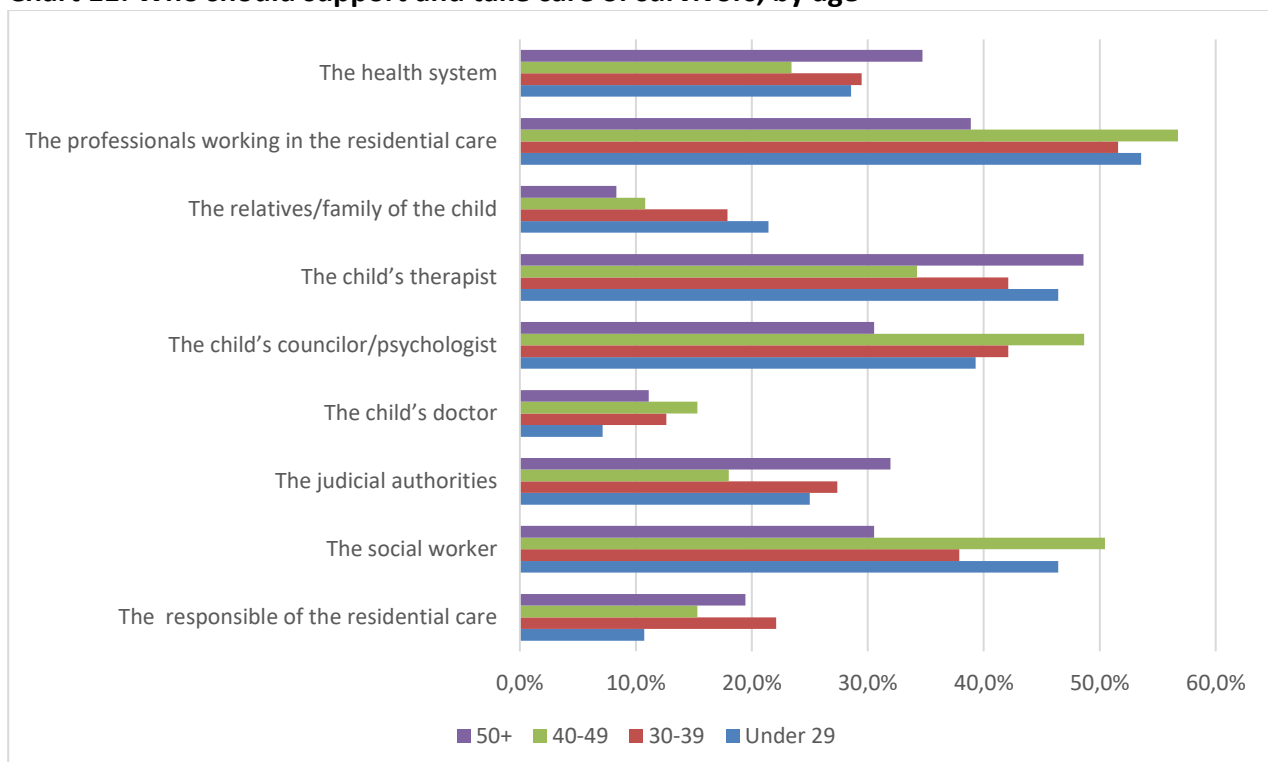
**Table 14. Who should support and take care of survivors**

	<i>Greece</i>	<i>Italy</i>	<i>Romania</i>
	%	%	%
The responsible of the residential care	18,2	2,8	24,3
<b>The social worker</b>	36,4	42,3	43,1
The judicial authorities	30,3	52,1	6,3
The child's doctor	12,1	5,6	16,0
The child's councillor/psychologist	6,1	25,4	71,5
<b>The child's therapist</b>	67,7	43,7	20,1
The relatives/family of the Child	22,2	2,8	11,8
The professionals working in the residential care	33,3	12,7	79,2
The health system	35,4	52,1	9,7
Other	11,1	11,3	0,7

The age, as factor influencing experience and personal professional culture, seems to have an effect on the respondent's opinion regarding who should primarily support the survivors to institutional child abuse.

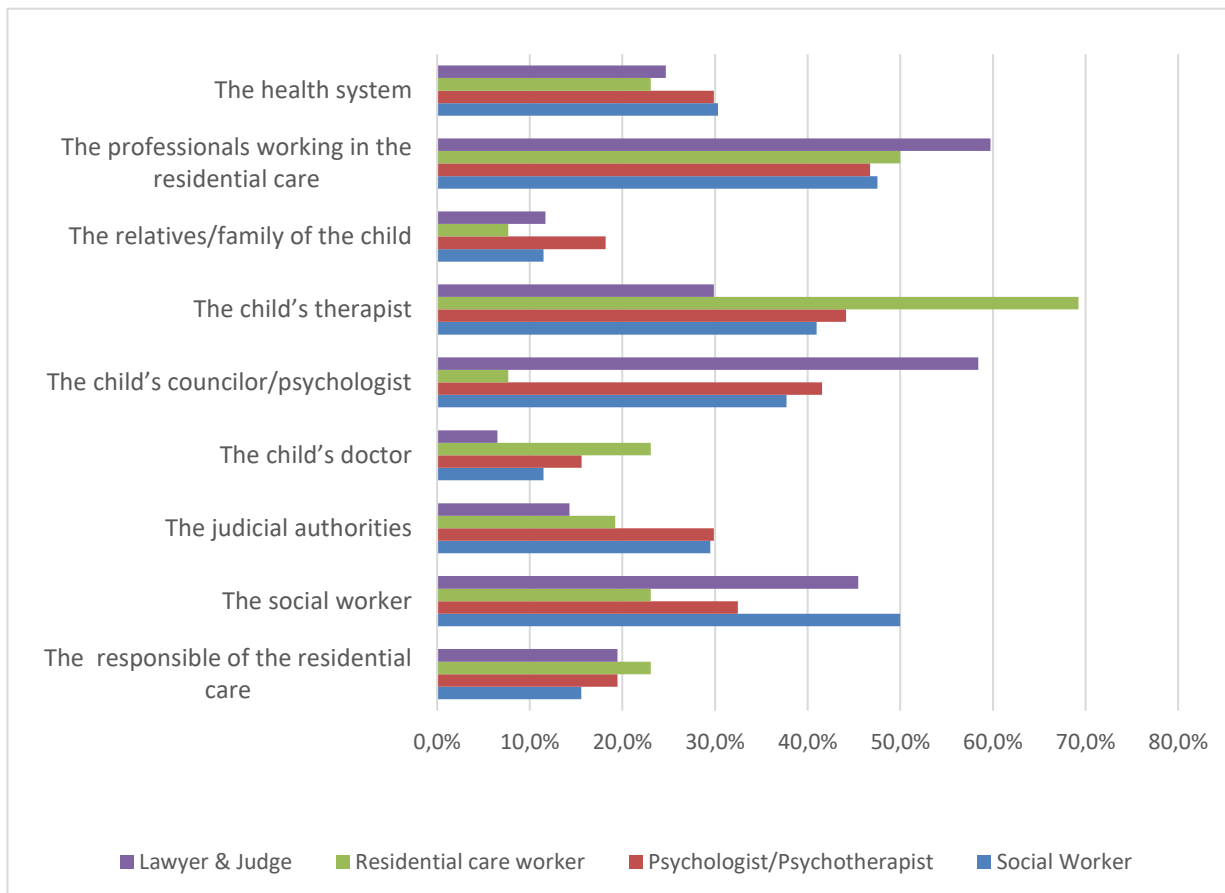
As we see in the following figure, the youngest respondents give to the same residential workers of the residential care the main responsibility to intervene for supporting victims of institutional child abuse (as the respondents in their forties), then they identify the social worker and all the clinicians who are involved with the child.

**Chart 11. Who should support and take care of survivors, by age**



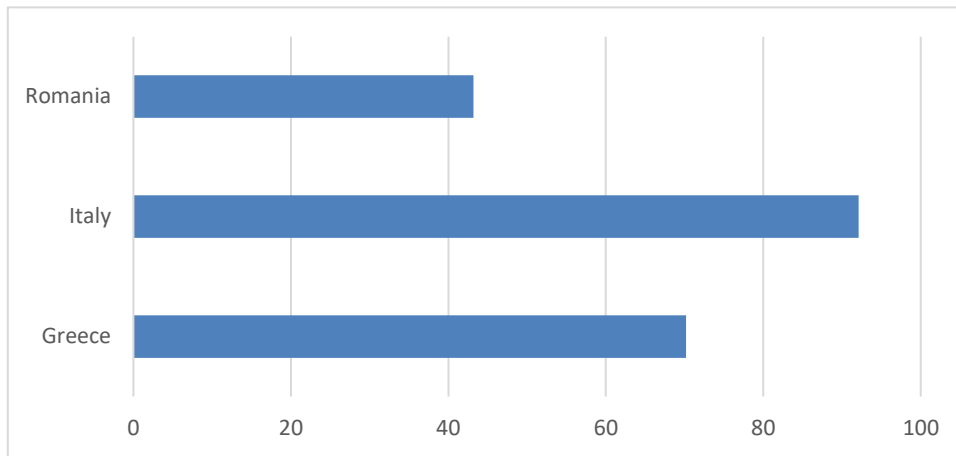
Regarding the other classes of age, it is worthy to mention that the over – fifty are those who recognize a specific role to the residential care workers in helping survivors less frequently as they do with social workers, instead they give a bigger importance to the role of judicial authorities and to the one of those who take care of the child in therapy.

**Chart 12. Who should support and take care of survivors, by profession**



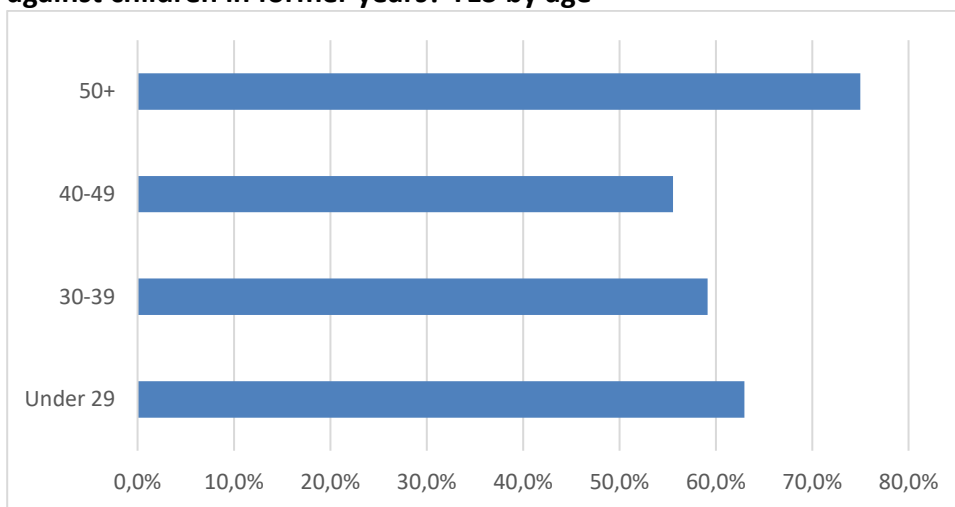
Psychologists, social workers, all the professionals working in residential care are the main actors for the support to survivors, according to our questionnaire. As the figure above describes there are some differences among professionals, what is striking is the scarce appreciation of the role of the responsible of residential care. On the question concerning the possible need of public and official apologies for the victims of institutional abuses that occurred in past years, the position of professionals in the four countries differs considerably from 43% persons that agree among Romanian respondents, up to 92% of those interviewed in Italy.

**Chart 13. Do you think there should be a public apology for institutional abuse that happened against children in former years? YES**



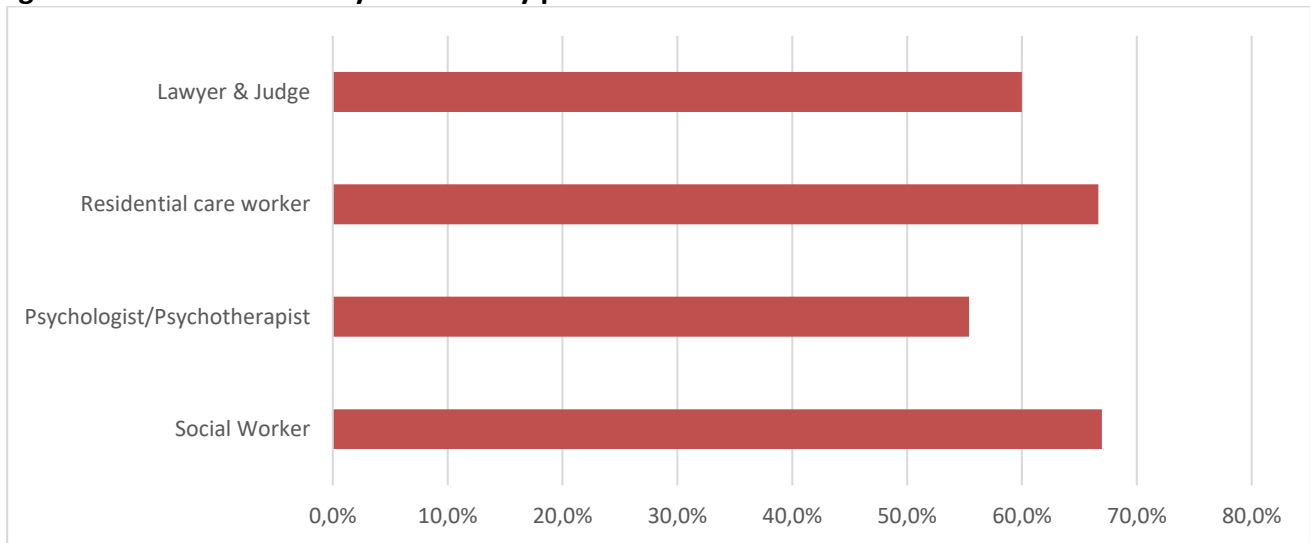
And are mainly the oldest and the youngest who think that it should be a public apology by the State for the institutional abuse that happened against children.

**Chart 14. Do you think there should be a public apology for institutional abuse that happened against children in former years? YES by age**



On the basis of various professional groups, we note differences in the answers: only few points more than the 50% of psychologists think that the victims should receive public apologies, more favourable to this possibility are social workers and residential care workers, followed by lawyers and judges.

**Chart 15. Do you think there should be a public apology for institutional abuse that happened against children in former years? YES by profession**



As table 15 shows, the respondents think that the economic costs of psychotherapy, legal support and psycho-social reintegration of victims should be borne primarily by the state, the public administration. In the "Other" answers, respondents often specify that these costs should be borne by those responsible of maltreatment.

**Table 15. Who should financially support the care for the victims?**

	<i>Public Administration</i>	<i>Private funding</i>	<i>Victims themselves</i>	<i>Other</i>
	%	%	%	%
Greece	73,7	2,0		24,2
Italy	91,0	14,9	/	26,9
Romania	81,3	30,6	6,9	0

When the respondents are asked how the residential structures could be made safer to prevent the phenomenon, they say that they are necessary, first of all:

- training on the issues related to the protection of minors in (an hypothesis that collects 100% of the consents of Romanian respondents);
- the definition of minimum standards for the protection of children who are placed in the structure;
- post-accreditation assistance in maintaining standards and, finally,
- the implementation of the tools necessary for the formulation of the guidelines.

**Table 16. Standards**

	<i>Greece</i>	<i>Italy</i>	<i>Romania</i>
	%	%	%
<b>Training</b>	59,8	58,2	100,0
<b>Standards designed to safeguard children</b>	59,8	37,3	80,5
Implementation guidelines for intervention and policy	32,0	19,4	69,2
Self-assessment phase	2,1	1,5	45,9
An external audit and accreditation phase	9,3	4,5	41,4
Post accreditation assistance in maintaining the standards	69,1	47,8	30,1
Supervision	47,4	22,4	3,0
Other	13,4	9,0	0,0
<b>Total</b>	<b>100,0</b>	<b>100,0</b>	<b>100</b>

Residential settings should be monitored and supervised in order to guarantee that quality care standards are maintained, that laws concerning the protection of the child are respected, that children’s needs are satisfied, and that staff is controlled. The governmental and public bodies should act constantly in order to monitor the situation in child care.

But what skills should operators have to work in the residential care? For over 50% of Romanian respondents all the skills proposed in the close set of answers, are important. In the answers the emphasis of all respondents is placed first of all, on an environment that limits the risk for children to be mistreated and, also, on knowing how to create and maintain an organizational culture, transparent and respectful that is focused on children. To be noted that for a good percentage of respondents, all the elements presented are equally important skills.

Institutional child abuse deals with:

1. Institutional responsibility, that addresses the duty for
  - Identification of high quality standards
  - Provision of high-level quality services for societal growth and developing individual and social well –being
  - Monitoring on the respect of the standards
  - impose rules and laws that prevent illegal and unethical behaviours that harms individuals as well as institutions.
2. Professional responsibility, which asks to ensure the honour of the profession per se.

The individual professional takes responsibility for possible consequences of his/her actions, and does not transfer these consequences on somebody: on God, unfavourable circumstances and so on (Baranova, 2007, p. 150)

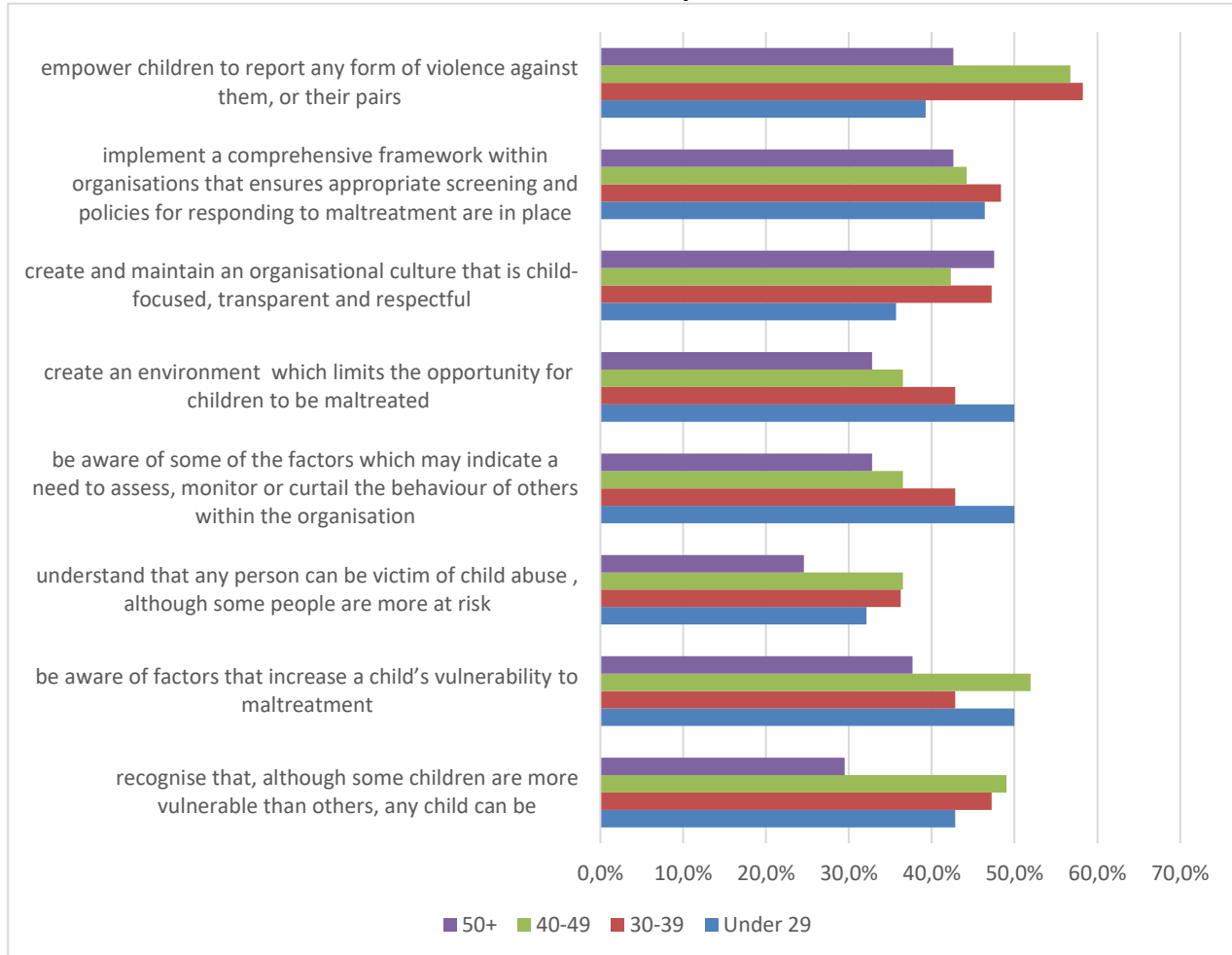
**Table 17. Skills**

	<i>Greece</i>	<i>Italy</i>	<i>Romania</i>
	<i>%</i>	<i>%</i>	<i>%</i>
Any child can be abused	13,3	3,0	82,0
Be aware of factors that increase a child’s vulnerability to maltreatment	13,3	13,4	81,2
Some people are more at risk of maltreating children than others	7,1	6,0	63,2
Be aware of some of the factors which may indicate a need to assess, monitor or curtail the behaviour of others within the organisation	25,5	23,9	52,6
Create an environment which limits the opportunity for children to be maltreated	34,7	20,9	76,7
Create and maintain an organisational culture that is child-focused, transparent and respectful	25,5	28,4	61,7
Appropriate screening and policies for responding to maltreatment are in place	24,5	22,4	67,7
Empower children to report any form of violence against them, or their colleagues	32,7	14,9	80,5
All the above	57,1	26,9	34,6

Looking at the prevention strategies, the age affects the tools that the professionals feel to be more effective to prevent institutional child abuse.

The youngest professionals rely on subjective aspects mainly, and address knowledge and awareness as key elements which may help to prevent. Instead, for all the others, the organization, guidelines and other external factors can help, together with the empower of the children themselves.

**Chart 16. Which are the main skills for those working in child focused organizations and those who have direct contact with children in order to prevent the reoccurrence of such events?**



Risk analyses as well as prevention measures and a complaint management system (including the ability to make anonymous reports to an independent contact person that is not a part of the institution staff) should be implemented in institutions.

## Conclusions

The awareness of the trauma derived from Institutional child abuse, requires the adoption of a Transitional justice approach. Transitional justice consists of judicial and non-judicial measures to remedy the serious consequences of human rights violations: criminal proceedings, the setting-up of commissions to bring out the truth, remedial programs and various types of institutional reforms aimed at recognizing responsibilities, recognizing victims and their rights to compensation.

The institutional atrocities that lead to systematic abuses devastate the trust towards institutions, and can make democracy more vulnerable.

It is necessary:

- to build a common understanding of what happened through sensitization, information, knowledge of the events;
- to re - conceptualize the meanings of institutional abuse
- to re – build the possible of the victims to believe in the institutions, in the community...in her/his value;
- to valorise the active role of the victims;
- to adopt measures for a transitional Justice;
- to overcome the obstacle of prescription;
- To remove the gaps that still make the institutional abuse possible: lack of systematic monitoring after the removal of the child from home; turn over to the professionals having the responsibility of the protection project for the child; lack of procedures to guarantee that the children are periodically heard.

The survey's findings highlight the requirement to improve social work policy and practice related to the survivors of institutional child abuse, to the protection of the children in care, to improve awareness related to professionals' responsibilities.

It is necessary to increase professionals' capability to obtain new skills that will be useful in their working lives, as well.