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# VIOLENCE AGAINST CHILDREN WITH DISABILITIES COMMITTED BY STAFF IN RESIDENTIAL CARE

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#### **ABSTRACT**

In many European countries during the last years, there has been a broad public debate on violence against children in institutions. In this context, professionals are required to deal with the risk of violent assaults against children by their colleagues. In our paper, we aim to discuss professional's struggle to find words to talk about perceptions of violence by their colleagues in residential care.

The article is based on a broader qualitative research project from Germany which analyzes the circumstances of a case of systematic violence by professionals in residential care for children with disabilities. In the articles study narrative interviews are analyzed with professionals who worked in the organisation during the violent team constellation. Data interpretation is done according to the grounded theory.

The results point out that violence committed by colleagues seems to be unspeakable even if concrete disconcerting situations have been observed in the interaction between professionals and children. Staff member's perceptions of violence and reasons for not discussing and disclosing are emphasized.

The article concludes that the perception of violence is dependent on the context in which it takes place; therefore it must be reflected who is in power to define violence in professional settings and in research.

**Keywords:** perceptions of violence by colleagues; staff violence; violence against children in residential care; violence against children with disabilities

#### INTRODUCTION

How do pedagogues in residential care for children with disabilities perceive violence against children committed by their colleagues? This is the leading question of this article. It is thus about violence within organisations that are commissioned to support young people in their daily routine, to foster them and sometimes also to protect them from violence in their respective families of origin.

Regarding the broader context of residential youth care, numerous cases of sexual and physical violence by professionals came to light in the last years, paradoxically in such organisations with mandates of fostering and protection. For one decade, these cases have prompted a discussion in different countries about preventive strategies and risky constellations in residential care organisations, focusing on prevention of especially sexual violence (for an international overview: Andresen, 2015). Furthermore, in the field of residential care for children with disability diagnoses there is a possiblity of increased risk for children to experience staff violence. For children, research finds disability to be a factor which leads to a 3.7 times higher

risk of becoming a victim of any sort of violence compared to children without disability diagnoses (Jones et al., 2012). National commissions on sexual abuse point out that young people in institutions for children with disabilities are specifically at risk of being victimised, e.g. they are not the target of national protection plans, they live in closed contexts, more often, they need much more one-to-one interaction (Llewellyn, Wayland & Hindmarsh, 2016; UNICEF, 2013). At the same time there is a lack of research on children with disabilities perspective on staff violence in institutions, because the focus is on residential care institutions for children without disability diagnoses (Struck, 2014; FRA, 2015; Llewellyn, Wayland & Hindmarsh, 2016).

In order to work professionally with children with disabilities, more research on violence committed by professionals in residential child care must be done. One of the problems that have to be tackled is the possibility of colleagues' violent behaviour which assumes detection of such behaviour.

This article gives an insight on perceptions of violence by professionals in an organisation in Germany. The article's research is part of the broader research project "Violent Constellations in Residential Care - A Single Case Study", which was carried out from 2013 until 2016 at the University of Duisburg-Essen (Kessl & Lorenz 2016).In the research project behind the study of this article, professionals of residential care for children with disability retrospectively narrate their perception of actual abuse within their institution. The study of this article points out contexts that determine whether and to what extent professionals identify situations in their daily routines as violence. The study's findings lead to reflections on what determines and impedes the perception of or the capacity to speak about violence by colleagues1.

#### **CONCEPTUALISING VIOLENCE**

In order to gain knowledge about the perception of violence, it is necessary to keep in mind that violence cannot be perceived unambiguo-

usly and objectively, but the interpretation of violent acts is closely tied to context. Margit Brückner (2001) points out from a feminist perspective that the boundaries between violence and non-violence are perceived in specific historical contexts and related to cultural definitions. If we follow Brückner's argument, definitions of violence can never be universal but are "always linked to social values as well as the interests of those defining it" [own translation] (p.723.). The "power to define physical contact and access [...] does, in accordance with societal power structures, only exist graduated by gender, age and social status"2 [own translation] (p.724). Likewise, violence in residential care groups for children with disability that is of interest for this article is characterised by a specific power structure: adults, as professionals in an institution, hold an institutionalised position of power towards children and youths who, in their role as residents, are present in the same institution. Constructed lines and boundaries of differentiation concerning mental and physical health are utilised for conception of groups and placement of certain children and youths in organisations of residential care for children with disability diagnoses. Concerning individual adults' social status, there are differences in their power of interpretation that can be linked to their institutional role. Such structural power relations do not necessarily produce the kind of violent acts that the study addresses and reconstructs, respectively. Consequentially, power relations should not be considered equal to violent constellations, much rather are they to be analysed contextually. The term 'violence' underlying the research project must then be clarified. We are interested in what situations the members of staff consider violence. Therefore, we approach the material with a concept of violence including different forms of physical, emotional, sexual, verbal and structural violence. These being analytical distinctions, different forms and layers of violence may be merged or intertwined. All forms of violence within pe-

<sup>1</sup> Our special thanks goes to Matthias Wittfeld for the English proofreading and the English translation of the interview data for the article.

<sup>2</sup> The concept of definatory power in this domain was developed in feminist debates. Thus, those affected by sexual violence define themselves which actions they experienced to be violence (Hagemann-White et al., 1992). Equally, approaches of anti-discrimination work assume the definatory power of discrimination is with those experiencing it (Anti-Bias-Werkstatt, 2007).

dagogical organisations have in common their nature as an exploitation of a surplus of power (Wolf, 2010) and are thus harmful. While a definition this broad must necessarily remain vague, it enables us to reconstruct concepts of violence from the material. Our reconstructions and classifications, in turn, are certainly influenced by concepts of violence predominant in society.

#### RESEARCH METHODS

The below presented data is part of a qualitative research project on an organisation, concerned with physical abuse of children and youths in residential care for children with different disability diagnoses (Kessl & Lorenz, 2016). Staff members of the organisation initiated the study after the disclosure of the violence. A summary of the case is done to contextualize the data.

## THE CASE: A VIOLENT CONSTELATION IN RESIDENTIAL CARE

The case is about a team that was responsible for two residential groups with 6-8 children and adolescents who were classified by professionals as extremely challenging. Most of the children had multiple diagnosis and were not able to verbalise themselves comprehensively with words. In the respective residential groups, under the veil of a concept of behavioural therapy<sup>3</sup>, young people were maltreated mentally and physically daily over the course of several vears. Those staff members who exerted violence exploited the fact that the children and youths in the respective groups were largely unable to express themselves verbally and thus could not verbalise their experiences of violence. In the years 2008/2009, by initiative of team members as well as staff from neighbouring groups, the situation was gradually disclosed, which resulted in the organisation's self-indictment and criminal investigations.

The research project about the case is done on an organisational level with a practice theoretical perspective. The data analysis is based on 16 narrative interviews, four expert interviews, ethnographic observations in the organisation and document analyses of concepts and the team's documentation.

## THE STUDY: PERCEPTION AND DISCUSSION OF VIOLENCE

For the study of this article we analysed parts of the 16 narrative interviews with staff who worked in the organisation during the violent team constellation. The narrative interviews were chosen because they "can reveal the tensions of the field [...]. Narratives allow researchers to go beyond the transmission of information or content, making the experience revealed, which involves fundamental aspects to understanding both the subject interviewed individually as the context in which she/he is inserted "(Muylaert et al., 2014, p. 188).

The study of the interviews gives deep insights in both the circumstances of the violent acts as well as the subjective perspectives of the staff. Therefore there are two main aims of this article: 1. To classify how staff member's perceive violence; 2. To understand staff member's reasons for not speaking about and disclosing violence.

Data interpretation was completed according to the paradigm of data coding from grounded theory methodology (Clarke, 2012; Strauss & Corbin, 1990). That means that we coded the data openly and deductively according to the research questions and sub questions of the project. Data analyses in interpretation groups, writing analytical memos and linking the data to theories on organisational practices, violence against children with disabilities and power abuse in residential care lead to our conclusions. In this article we present the analysis of the staff members' perception and classification of violence committed by staff.

#### **RESULTS**

The results of the study show that even if professionals do perceive violence committed by colleagues, the context influences if and how discussing of violence happens. The data shows

<sup>3</sup> The group's behaviouristic concept was developed based on "IntraActPlus" approach (Jansen & Streit, 2006). For criticism on IntraActPlus' inherent "Körperorientierte Interaktionstherapie" (body oriented interaction therapy, KIT), which in a violent manner was realised in the groups see Benz (2005). For the methodology of practice theory see Reckwitz, 2002.

how perceiving violence does not mean speaking about violence. Many interviewed staff members, who worked in neighbouring groups while the violent constellation was in effect, were concerned whether they should then have identified and mentioned the situations that they, with their contextual knowledge, would classify as violent today.

### CLASSIFICATION OF STAFF MEMBER'S PERCEPTION OF VIOLENCE

Based on excerpts of the groups' documentation and interviews, the violence within the groups can be differentiated into three practices, differing in the way the violence was legitimised to the outside. In reality, these forms of violence are blended into each other. Analytically, they can be separated into:

- 1. Practices of violence on a vague borderline between legitimate interventions, illegitimate sanctioning and exertion of violence;
- 2. Specific violent practices which were legitimised to the outside with reference to the behaviouristic approach while concealing the actual form of realisation;
- 3. Violent practices which, even under the veil of a supposed behaviouristic approach, can no longer be presented as legitimate strategies of therapy and intervention and thus were actively kept a secret by the team.

Regarding this article's leading question, the first form of 'borderline violent practices' is especially of interest, as these practices were perceived most plainly from outside of the violent team constellation. These practices can be reconstructed by situations that are recalled by professionals from the neighbouring groups, dating from the time before the behaviouristic concept was officially approved. This period can be classified as the violent team constellation's constituting phase.

The interviewees remember situational perceptions that they classify as practices of penalisation only with today's explicit knowledge of the history of violent acts within the organisation. Interviewees recall how they themselves or their colleagues back then noticed not seeing individual residents for several days or even weeks at a time, just as if individuals would 'disappear'

and suddenly resurface. Retrospectively, such situations are reclassified in the light of the groups' revealed penalisation practices of confinement. The effects of a violent penalisation praxis – not seeing a resident over an extended period of time – had been perceived. Yet for lack of contextual knowledge or because there was no assumption of such contexts, these perceptions were not classified as violence at the time.

From the same period of time, however, interviewees do remember perceiving some practices in a negative manner and in part classifying them as violence. Staff members who were then newly introduced to the respective part of the organisation noticed that

many of the caretakers ((deep breath; uh:m)) of the residential group [name of group] (1) had a: very (.) rough way of interacting with their residents (pedagogic staff)

The concrete realisation of the interaction is either witnessed personally or narrated by staff members of the violent team constellation. In joint situations, such as waiting for the residents' school buses in the morning, members of the respective team talk of sanctions which their colleagues from neighbouring groups already back then perceived to be inappropriate. Within their groups, the colleagues afterwards discussed these narrations. These sanctions consisted of, for example, withholding and strictly regulating food in order to suppress undesired behaviour patterns.

[...] that there were some things they said that (.) they would break such and such behaviour by always giving them food that they don't like and stuff like that so: uhm where you just swallowed hard and thought uhm (pedagogic staff)

Here, the professional from a neighbouring group remembers irritation about the described penalisation practice. The discomfort remains on an intellectual level, though, because the professional "swallowed" the notion and does not address it towards the team in question. With the knowledge regarding the violent realisation of the behavioural therapy, the professional retrospectively notices the behaviourist logic in the described praxis: In order to suppress behaviour patterns (conditioning), negative sanctions are applied. This reveals a logic that laid the ground for the behaviouristic concept's subsequent official implementation in the groups. The professional had, at this point, no knowledge about the radical way the behaviourist logic would be applied in the groups, but the description had been perceived as inappropriate nonetheless. The interviewee, as do other interlocutors, goes on to relate inappropriate, mocking and in part humiliating ways of addressing the children and youths.

with some colleagues there often was such an ironic tone [...] that our disabled residents often don't even understand [...] so i often thought like (.) oh (.) like (.) they don't you know they don't understand that, what sort of tone is tha:t but hm then again you did have to laugh about one sentence or another there (pedagogic staff)

With today's knowledge about the violence exerted in the groups, it becomes clear that the irritating "tone" was a characteristic culture of interaction with the residents in the respective team constellation, which laid the ground for the excessively violent practices that were to become daily routine within the groups. At this point, however, the interviewee was unaware of the latter. In retro perspective, the professional mainly recalls feeling ambivalent: on the one hand the colleagues' mocking tone was deemed inappropriate, on the other hand they were spontaneously perceived as amusing. This reaction may be interpreted as trained praxis of distancing oneself from routine work, which may well contain ironic elements. In the present case, though, this distancing by means of irony may have resulted in dampening the critical impulse. Mutually laughing about the irony forms a bond and thus makes criticism of the very same remark more difficult.

Apart from mocking ways of addressing the residents, a domestic management staff reports depreciative talk about residents amongst individual professionals of the violent team constellation (Names are changed).

sometimes the residents were also (.) derided (.) in that they would parrot them [...] i didn't observe (.) attacks (.) at least not in (.) physical action (.) just those verbal ones that i really find uh (.) these are attacks to me thats (.) yeah that- thats violence (.) against children because there they are helpless there (.) right i can remember one incident there is this resident he was called [name] (.) and uh [name] was supposed [...] to be driven somewhere (.) and two caretakers from (.) uh his group from [name of group] well they were (.) there a:nd uh:m (.) one of the caretakers said to his colleague (.) uh almost literally now 'for this trip we could just (.) leave the rear door open so when we get there we'll be rid of [name] for good' [...] and he's standing right next to the boy (domestic management staff)

The staff member describes an exemplary situation for what is meant with "violence". This and similar practices of the professionals that could be observed in the daily routine are retrospectively classified as "violence" and "attacks", explained with children's helplessness. The domestic management professional remembers assessing situations as distinctly inappropriate back then, even without the contextual knowledge:

what i didn't like there at all for example there were things (.) in my opinion that you don't use even with healthy (.) children that's something like irony ((breathes)) that uh that only confuses them frightens them here they often dropped ((breathes)) ironic remarks i found that very out of place (domestic management staff)

These memories differ from the abovementioned distanced positioning of the pedagogic professional regarding mocking speech praxis of former colleagues. This difference is explicable by the speaker's position: compared to their direct colleagues, the domestic management professional is further away from the pedagogic professionals' praxis, which may provide a chance to regard this praxis with a more distanced view. Simultaneously, the status within the organisation as non-pedagogical staff keeps the domestic management professional from reporting those perceptions to pedagogic professionals or heads of staff, as is related in another sequence:

but of course i as a domestic management professional am not in a position to somehow uh ((breathes)) to- to even notice that (.) yes you are sort of only the (.) personnel that has to function (.) in the background but ((breathes)) uhm uh concerning the pedagogical situation mh by all means (.) isn't supposed to uh form any opinion whatsoever right let alone ((breathes)) have a conversation about it with anyone ((breathes)) that is simply not our department (1) so then we often (.) uhm talked about it informally. (domestic management staff)

The verbal violence in the groups is certainly being noticed and discussed amongst the domestic management staff. This form of discussion remains ineffective: institutional roles and hierarchies outweigh the perceived wrongdoings and prevent their mentioning with pedagogic professionals or heads of staff. Following the argumentation of Margit Brückner (2001) as mentioned at the beginning, the domestic management professional in her institutional status has no power to rate actions of pedagogic staff as appropriate or inappropriate.

### STAFF MEMBER'S REASONS FOR NOT DISCUSSING AND DISCLOSING VIOLENCE

Many interviewees are concerned with the fact that, even without today's contextual knowledge, many of the situations were perceived as inappropriate and caused unease. One professional recalls that staff members of the violent team constellation addressed a certain resident with his last name only, and comments on this memory in the interview:

but i could have said: 'he's got a first name, you know', then you would have made your position clear. (pedagogic staff)

The 'swallowing' of critical impulses, and hence the failure to disclose those situations which are retrospectively classified as violent, is connected to the organisation's climate as it is portrayed for the respective period of time. Before and during the time of the violent constellation, the management's agenda was oriented towards economically profit while pedagogical questions were disregarded. Partially caused by this, in the organisation's section in question a culture was predominant, where the colleagues' pedagogic work and decisions were not to be commented or questioned. A professional illustrates this in the interview, depicting the residents as "personal front yard" of the respective main caretaker

well (1) the main caretakers saw the children they were responsible for (.) as their personal front garden i always called that the 'garden gnome discussion' (.) just for myself (.) if (...) no questions may be asked within the team (.) like [.] how are you treating that child (.) why didn't the doctor's visit happen [...] or whatever why isn't the report being written (.) why d- wh wh what what are you even writing into that report at all (.) I see the boy very differently (.) and then it's 'hold it please (.) that is my personal front garden (.) you have nothing to say about it (pedagogic staff)

The climate that is outlined here is one where colleagues best keep their observations and mutual perceptions to themselves, and in connection with it the children's and youths' situation as well. In consequence, the team's practices that were prone to violence had certainly been perceived, yet often those perceptions were not verbalised and disclosed. In this manner, deficiencies cannot become subject to reflections, in the worst case violent actions remain concealed, as they did in the case of this organisation.

Additionally, within the violent team constellation strong legitimisations of the violence prevailed, which presumably caused many of the professionals, at least for an extended period of time, not to perceive their acts of violence for what they were. The interviewed heads of staff and professionals from neighbouring groups explained the phenomenon this way, that due to the implementation of the behaviouristic concept, the team acquired interpretive patterns by which the violence was reinterpreted as help:

saving these autistic children (.) from a:: (1) from psychiatry (.) i think they were (.) inspired by the idea that that was their mission (management staff)

they really were incredibly convinced that they were doing (.) the right thing (pedagogic staff)

During the course of the violent constellation, the neighbouring groups increasingly noticed that something was "odd" in the residential groups in question. The perceptions were reported to the heads of staff – but for a long time these reports remained ineffective:

and then: we kept picking up stuff tha:t (2) well (.) seemed odd to us and ((breathes)) and i did point them out others did too i know that but you (.) it didn-(1) somehow it didn't go anywhere (pedagogic staff)

Both the professionals' institutional status and the status of those residents who are considered "especially difficult" protected the violent constellation for a long period of time. They seemed to justify the "odd" procedures and provided the team with support by the section's heads of staff. Thus, the responsible heads of staff rejected reports about observations of irritating situations. It remains unclear to what extent the heads of staff had insight into the groups' daily routines. The fact, however, that perceived irritating situations had been reported to the management well before their public disclosure, suggests that the violent constellation within the organisation was not uncovered abruptly, but rather that there was a vague awareness of some of their practices. Reports of such perceptions were considered ineffective over a long period of time, partially they were even considered a risk to the position within the organisation. Two dynamics become apparent that caused the prevention of the violence's disclosure even though irritating situations had been perceived. For one, colleagues who raised their voices critically remained unheard. In addition, many a critical impulses never became a voice but were "swallowed".

It becomes clear that individual professionals' perception of violence in organisations does not automatically lead to its discussion and subsequent termination of the violent constellation. In the present case, it is nonetheless a long-term process of reassuring the own perception and mutual confirmation that did finally produce an effective discussion:

so there is this feeling now if i m concerned there is something wrong here right its always bigger and then you started talking to each other (pedagogic staff)

In the end, during an advanced training outside of the organisation, three staff members of the violent team constellation themselves who exchange their views on their own team's work routines and classify them as violence. They involved a collegue from a neighbouring groups' assistance and initiate the beginning of a disclosing process by giving the management a striking account of distinctly violent acts. A mutual reassurance of the own perceptions was necessary in order to effectively discuss violence.

#### DISCUSSION

At first glance, the empirical example approaches the question of perception of violence from very different angles. The common point of origin is the guestion in which ways teams of residential care handle the requirement to perceive, interpret and discuss (potential) violence. A dependence on (historical, structural, social) context in the interpretation of situations as (non-) violent is to be assumed (Brückner, 2001). Despite the conditionality of the term 'violence', the study shows that the professionals differentiate between legitimate and illegitimate actions, considering for example evaluation of ways of addressing the young people and sanctions in a group's daily routine. Classification of violence is done either on the basis of criteria that are of professional nature, e.g. if a certain way of addressing a resident is considered inappropriate for his or her state of developmental status. or by means of other normative, often implicit valuation systems. As described above, these are never independent of historic, structural and institutional circumstances. At the same time. however, there are border areas, where actions cannot be allocated unambiguously. These areas often indicate a conflict between different valuation systems. An action may be professionally justifiable, but against the backdrop of ethical aspirations of human sympathy it may well be considered violence, and vice versa. In the study a situation's classification as violent is closely tied to a speechlessness that hampers the ability to discuss the own perception and evaluation. Notions about verbal violence are then "swallowed". But even if actions can be classified as exertion of violence, as seen in the second part of the analysis, and even if this classification is reported to the management, institutional and structural frameworks may impede further discussion. Thus, amongst others, the institutionalisation of a concept impeded effective disclosure of perceptions of violence. in connection with the institutional support of the specialised group and hence their constructions of "especially difficult" residents, who supposedly require extraordinary methods.

The interviews with staff members convey how heavily they are burdened by the imagination or knowledge respectively, that violence was or might be exerted in their own organisation.

It becomes apparent that situations of violence cannot always immediately, unambiguously and without contextual knowledge be classified as such. For example, when children had not been seen outside for weeks at a time, knowledge of the penalisation praxis behind it is essential in order to immediately connect the children's disappearance with violence. Perceiving those children's deviant behaviour who suffered violence requires the conception that they were violated within the organisation. Without critically inquiring the own, personal setting, children's signals are likely rather associated to the predominant image of the "difficult" child.

#### CONCLUSION

Despite the difficulties and because of them, the cases of violence committed by professionals in organisations demand the development of criteria to help discern violent actions. In order not to resort to standardised procedures, which in turn may become violence, and in order to take into account powerful constellations in the definition of violence, it seems reasonable to follow reflections on power of definition (Hagemann-White et al., 1992) and to let children's and youths' assessments and perceptions serve as a rule for both operational praxis and research.

This emphasises for further research not only to simply talking to professionals, but instead indicates the necessity to give children and youths in residential care the opportunity to verbalise what they consider violence. Having the here analysed case with children with disabilities in mind, this opens up new questions for research. How can voices of children who are limited in articulating themselves be considered by research on power abuse in institutions and staff violence? Research on their specific situation and perspective on this issue is needed.

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