

**SURVEY ON CHILD ABUSE IN RESIDENTIAL
CARE INSTITUTIONS IN ROMANIA
- 2000 -**

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INTRODUCTION

The “Survey on Child Abuse in Residential Care Institutions in Romania (ABSUR)” is the first study of its kind conducted in Romania.

Although there appears to exist a widespread awareness of the phenomenon of child abuse in this country, particularly following extensive coverage in the media, before this survey was conducted there were no reliable data available that could be used in an accurate assessment of the dimensions and forms of abuse present in the residential care institutions in Romania.

Previous surveys conducted on representative national samples concerning the causes of institutionalization (see the UNICEF, IOMC surveys of 1991 and 1996) have already pointed to the existence of certain forms of abuse or neglect of the children’s needs and rights, with serious consequences on their development and social integration.

Those surveys have identified cases of neglect concerning the stimulation of children, their health problems, their emotional development, the rehabilitation of their disabilities, as well as a disregard of the right to have a family and the right to personal life and privacy.

Institutionalized children have extremely limited abilities and possibilities to identify various forms of abuse and to defend themselves from them. They need to be protected by special measures. This protection is mandatory, being laid down in the UN Convention on the Rights of the Child that Romania signed back in 1990.

In order to be able to formulate adequate prevention and intervention measures, decision-makers need a database concerning the existence and the dimensions of this phenomenon in all its complexity, as well as concerning the risk factors in the residential care system that may trigger the appearance and perpetuation of abuse. The data collected can be extremely useful in drafting the strategies for preventing and combating the children’s exposure to various forms of abuse in residential care institutions.

Survey objectives:

- To evaluate the respect for the rights of the child in residential care institutions;**
- To identify maltreatment – neglect and abuse – committed against children in residential care institutions;**

- To calculate the prevalence of various types of neglect and abuse depending on the characteristic features of the population and institutions included in the survey;
- To assess the implementation of relevant legislation meant to reduce the exposure of children to various forms of abuse.

Research Methodology

The study was conducted on a sample of 3164 children in residential care institutions, with ages between 0 - 18 years, representing 7.8% of the total population. The sample is representative for the 8 regions of the country, the types of institutions, the gender and the age of the children.

We have decided to use a sample of this size because of the relatively high dispersion of the children in the regions, but also to guarantee a higher level of probability for the results of our survey.

The data for the sampling base have been supplied by the Directorate for Child Protection – EU/Phare – Bridging Programme for 1999. According to those data, there are 37,000 children in 267 placement centers and 3455 children in 35 *camine spital*. The data for the residential care institutions for children with disabilities, *camine spital*, have been provided by the State Secretariat for Persons with Disabilities (SSPH).

The sample was designed and stratified, with independent samples for the 8 regions of the country. The distribution of the samples by region was calculated by weighting the number of institutionalized children in a particular region against the total size of the sample. These numbers were structured according to the types of institutions operating in each region.

All the populations included in the sample, by region and type of institution, have been structured and distributed taking into account the age groups and the gender structure in each group. Consequently, each regional group, or type of institution was weighted by age group and gender within each age group.

Institutions in each region were selected depending on the size of the sample, structured by age groups and genders. Size was the reason for including one or several institutions of the same type in the sample. All these considerations allowed the construction of an adequate total sample, as well as an appropriate structuring.

Since our operators had to put together a sample in each institution selected for the survey, according to the age groups and genders required, they performed a random selection of the children's files (institutionalized children all have a social file) until they managed to come up with the required sample. The total sample

included 80 residential care institutions (72 placement centers and 8 *camine spital*), and the total number of children selected was 3164.

For our quantitative survey, we drafted a questionnaire that was completely original, since this was the first epidemiological survey ever conducted on child neglect and abuse in residential care institutions in Romania. The specialized literature published in other countries contains ample reference to these topics (neglect / abuse), but they only consider them in relation to children living with their families. Before deciding on the final form of the questionnaire, we pre-tested it in 3 counties, on a sample of 120 children in 5 institutions that were not included in the survey sample.

Our questionnaire included two sections. The first referred to elements concerning the respect of the rights of institutionalized children (the children's identity, legal status, relationship with their families, health status, educational status, personalized plans and the quality of care in institutions). In order to fill in this section of the questionnaire, we used information taken from a whole range of documents, such as: the children's social files, medical records, other records available in the institutions or made available by either the management or the educational, social and medical personnel. The second section of the questionnaire (that continues the first) was only applied to children over 7 years of age in placement centers. The questions referred to acts of neglect and abuse in institutions.

Beyond the quantitative data collected by means of the questionnaires, we also collected qualitative data from a number of 18 case studies, 9 focus group discussions with institution staff (in which we had 66 educational staff and caregivers participating), 5 interviews conducted with managers of the Specialized Public Services and 7 focus group discussions with children in residential care (that involved 48 children).

The quantitative data were collected between October-November, 1999, while the qualitative data were collected between July-September, 2000.

The data were collected by 14 operators with extensive experience in data collection in residential care institutions and in interviewing children. For this survey, the operators were trained during 4 days.

The participation rate of children in the interviews was 100%.

The final size of the sample was of 3164, representing 96.1% of the projected sample (3291). The difference was due to the fact that in some of the institutions included in the sample the age structure underwent some changes. Consequently, the number of children in the 8-15 age group was not high enough to allow us to obtain the estimated sample size.

Sampling framework								
Region			Types of institutions			Age groups		
	proj.	actual		proj.	actual		proj.	actual
1	685	646	<i>Leagăne</i>	737	737	0-3 years	642	642
2	437	412						
3	391	389	PCs for preschool			4-7 years	559	525
4	313	289	children	392	349			
5	276	275				8-15 years	1622	1544
6	468	418	PCs for school-aged					
7	426	439	children	1849	1770	16-18 years	468	453
8	295	296	<i>Cămine spital</i>	313	308			
Total	3291	3164	Total	3291	3164	Total	3291	3164

EXECUTIVE SUMMARY

This *Survey on Child Neglect and Abuse in Residential Care Institutions* is the first of its kind conducted in Romania on a representative sample.

The study was initiated in June 1999, two years into the reform program undertaken in the national residential care system, and it enjoyed the support of the central authorities in the field.

The interest of the central authorities for the survey was largely determined by the following factors:

a) some positive expectations following the implementation of the new legal framework concerning the protection of children in difficulty, articulated /constructed in accordance with the principles of the respect for the rights of the child;

b) the persistence of signals and critical accounts on the quality of care in residential institutions;

c) the need to acquire reference data for subsequent assessments.

The main purpose of the survey has been to obtain / establish a database on the forms and dimensions of neglect and abuse in residential care institutions, which should assist decision-making factors in elaborating strategies and policies for prevention and intervention in order to reduce or eliminate the phenomenon.

Methodology

The survey was conducted on a sample of 3164 children in residential care institutions with ages between 0-18 years, representing 7.8% of the total population in the institutions included in the survey (placement centers and *camine spital*). The actual sample represents 96.1% of the projected number (3291).

The sample was designed in a stratified manner, with independent samples for the 8 regions, in order to ensure the adequate representation of each type of institution, gender and age.

We have designed a completely original questionnaire for data collection, whose content referred to the respect of the rights of the child, to neglect and abuse in residential care institutions.

The first section of the questionnaire was filled in with data taken from documents available in the children's social and medical files, as well as from other documents or information made available by the management and the education, social and medical staff in the institutions.

The second section of the questionnaire was only applied to children over 7 in placement centers and was filled out during direct interviews conducted with the children on topics related to neglect and abuse in institutions.

The children's participation rate in these interviews was of 100%.

We also conducted several types of qualitative studies: 18 case studies focusing on institutionalized children, focus group discussions with institution staff and children, interviews conducted with the management of the Specialized Public Services and of the Child Protection Authorities.

OVERALL FEATURES OF CHILDREN IN RESIDENTIAL CARE INSTITUTIONS

The legal grounds for placing children in residential care are the protection measures. Since 1998, the protection measures allowed by the law have been reduced to *placement*, *entrustment* and *emergency placement*.

In all types of institution, the largest category is represented by children in *placement* (75.9%), followed by those in *entrustment* (17.8%). *Emergency placement* has only been applied in less than 1% of the cases.

In case of placement, the children's legal representative shall always be at least one of the parents. In case of entrustment, the legal representative of the child shall be one of the County Councils or one of the District Councils in Bucharest, by the mediation of the Committee for Child Protection. In case of emergency placement, parental rights shall be suspended until the authorities come to an appropriate solution concerning the situation of the children (returning them to their own families or placing them in entrustment).

The parents (or one of the parents) are the legal representatives of 76.1% of the institutionalized children. The prevalence of children whose parents are in full exercise of their parental rights is higher in placement centers than in *camine spital*.

Following the implementation of the new legal framework, residential care institutions should no longer be organized according to the age criterion. However, in the vast majority of placement centers, the prevailing structure is still age-based, continuing the age structure promoted by the former types of residential care institutions: "*leagan*" (nursery), "*casa de copii prescolari*" (house for preschool children) and "*casa de copii scolari*" (house for school-aged children). A breakdown of the children by types of institutions reveals that: 53.8 % of the children are in placement centers for school-aged children, 23.4% are in placement centers for infants between 0-3 years, 13.1% are in placement centers for preschool children, while 9.7% are in *camine spital*.

As far as the age of institutionalized children is concerned, 3.9% are under 1 year of age, 16.4% are in the 1-3 age group, 16.6% are in the 4-7 age group, 48.8% are in the 8-15 age group, while 14.3% are over 15. Therefore, the children in the 0-3 age group account for over 20% of the total number of institutionalized children.

Almost half of the children (42.4%) come from their families, 38.8% come from another placement center, 16.6% come from medical institutions, 1% come from a(nother) *camine spital*, and 0.5% come from the street.

The breakdown by genders of the children reveals that 53.8% of the children in residential care are boys, while 46.2% are girls.

As for the children's area of origin, we found that 41.8% come from the urban area, 41.5% come from the rural area, while for 16.7% the origin cannot be ascertained.

67.5% of the children are in institutions located in the urban area, while 32.% of the children are in institutions in the rural area.

RESPECTING THE RIGHTS OF CHILDREN IN RESIDENTIAL CARE INSTITUTIONS

General Conditions Offered to Children in Residential Care Institutions

Most of the current placement centers have been formed based on the former residential care institutions that had been established by virtue of Law no. 3/1970, whose organizational and operational principles were inappropriate for meeting the children's needs.

After 1990, some of these institutions were closed down, but for others the priorities were different: rehabilitating and refurbishing the building, and training the staff. Consequently, a number of institutions were reorganized so as to better satisfy the needs of the children. The new concept of family type institutions was born, which led to the establishment of small-size institutions, or to the restructuring of the already existing institutions, in order to create autonomous sub-units (modules) to host a small number of children.

In 1999, 68.2% of the children continued to live in traditional type institutions, 24.4% in mixed type institutions, and 7.5% in family type institutions.

As for the number of children per dormitory, the situation continues to be unsatisfactory, even if the progress made is very significant. More than half of the children sleep in dormitories with 5-8 children, under 13% sleep in dormitories with up to 4 children, while the rest of the children sleep in bedrooms with over 8 children (36.9%). The *camine spital* are more crowded than the placement centers.

The children's personal belongings have been among the most neglected aspects in traditional residential care institutions before 1989. During the last decade, important progress has been made to turn the rooms that used to be exclusively dedicated to sleeping, should gradually acquire the significance of a child's nursery with lockers containing personal belongings, a space dedicated for study, as well as a space dedicated to playing and recreation.

The sanitary facilities, although they are better sanitized than before, do not always ensure the children's right to privacy. Only 66.9% of the toilets have doors, and a mere 25.2% of the showers are provided with doors and/or screens.

The Right to Identity and to Personal History

In 1990, there was an extremely high percentage of institutionalized children without identity documents. This is no longer so in the current institutions.

In placement centers, the percentage of children without any identity document is under 4%. The percentage of children (over 14) who possess an identity card is of only 45.7%. In the *camine spital*, the percentage of children who possess birth certificates is of almost 100%, while the percentage of children who possess identity cards only amounts to 45.8%. The difficulties involved in the issuing of an identity card are related to the impossibility of retracing the children's parents. Many parents can no longer be found at their known residence, and there is no information available about them.

Ensuring the right to personal history is a recent concern for the child protection authorities. For the purposes of our survey, we considered that the children's personal history could be adequately retraced if there were sufficient documents on their personal files containing information about their origin, culture and evolution, as well as about the places they had transited since they were born. Consequently, personal history can only be retraced for 56% of the children.

The Right to Have a Family

In order to evaluate the respect given to the right to a family, in our survey we have studied data related to elements such as visits paid by parents to their children and by children to their parents, the records kept of these relations events with the family, and the conditions created in the institutions for maintaining relationships with the family. The survey revealed that only 66.6% of the children whose parents still exercise their parental rights have ever visited their children since the moment when they were institutionalized. The frequency of visits varies according to the type of institution. The least visited children are in the PCs for children aged 0-3 years, and the most visited are the children in the PCs for school-aged children. The age of the children when they were first institutionalized will influence the frequency of visits by the parents. The younger the children at their first institutionalization, the lower their chances to be visited. The parents' visits are recorded in a proportion of 100% in the placement centers, and in a proportion of 73.1% in the *camine spital*. Correspondence and phone calls between parents and children are the least recorded events in institutions.

Many institutions have created visiting conditions for the parents. Consequently, two thirds of the children in residential care are in institutions that do not restrict the parents' access by imposing a visitation timetable. 73.9% of the children in residential care are in institutions that have organized a visitation space where the children can receive their parents.

The Right to Health

The highest morbidity rate (with the exception of *camine spital*) can be found in placement centers for children aged 0-3, where 65% are affected by health problems upon admission. In the *camine spital*, the vast majority of the children are affected by severe conditions, compounded by the intellectual deficiencies present in almost 90% of the cases, as well as behavioural disorders, physical and sensorial deficiencies.

The health status was evaluated in our survey by means of the nutritional status of the children. Nutritional status is an indicator of the overall health status, being mainly determined by nutrition, social, economic and cultural status, severe and/or repeated diseases, and for younger children, by the stability of the environment and the existence of a stable attachment. The main anthropometric indicators used in our survey to evaluate nutritional status were the following: *height* related to *age*, *weight* related to *age* and *weight* related to *height*. In all the groups under survey, the prevalence of low height related to age was much higher than the prevalence found in the reference population of non-institutionalized children. The prevalence of low weight related to age is also high in all age groups. Something along the same lines can be said about low weight related to height, since the prevalence falls within the critical or alert severity range for children in the 0-2 and 2-5 age groups. What was striking was the intensity and range of the disturbance in the overall nutritional status of institutionalized children in placement centers (the children in the *camine spital* have not been included in the nutritional status survey).

As for the indicative structure of the menus, we have found that although most menus are labeled as satisfactory, milk and dairy products, along with fruit, are not a systematic item on the menu, and generally menus are not diversified.

The immunization coverage for all antigens is of at least 85%.

The Right to Education

The enrollment rate of institutionalized children in various forms of education is very high. It is remarkable that even some of the children in the *camine spital* attend some form of education. The enrollment data on children in schools beyond the lower secondary level indicate that most children attend vocational schools (46%) and only 31.3% are enrolled in lyceums. There are more institutionalized children attending vocational schools rather than lyceums in the rural area than there are in the urban area.

The Right to Personalized Care

Personalized care is delivered by means of personalized plans. In residential care institutions, the prevalence of children for whom personalized plans have been drafted is of only 20%, but even those plans lack an appropriate content.

The Right to Information

Children over 10 have the right to be informed in written form about the protection measure concerning their own person that was taken by the Committee for Child Protection. Although the observance of this right is mandatory, the percentage of children to whom the protection measure was communicated in written form only amounted to 16.9%.

The Right to Free Expression of Opinions

In order to evaluate the observance of this right, we checked whether the children's opinions were recorded in the report on the psychological and social investigation conducted before the initial protection measure was taken for them. The data revealed that the children's opinion about the protection measure had only be recorded in merely 6% of the cases.

The Right to Periodic Review of the Protection Measure

The obligation to review the protection measures concerning children in difficulty was first introduced in Romania by Emergency Ordinance no. 26/1997. According to the provisions in that ordinance, the protection measures need to be reviewed at least every 3 months, and they have to be revoked or replaced in order to serve the best interests of the children. Reviewing is one of the key elements of the reform initiated in 1997, since its implementation may trigger significant changes in the child protection system, by reducing the number of children in residential care institutions, as well as the time spent by the children in those institutions. According to survey data, 72.4% of the children have not benefited from any review at all during the last year.

The Right to Quality Care

The survey revealed that the number of caregivers for equal numbers of children is unevenly distributed along the day, which reflects a discontinuity in the quality of care. The worst interval for the children is the night, also because of the shortage and insufficient training of the staff. In many institutions, shifts are organized on a way that disregards the fact that the children require a permanent and stable presence of the staff around them.

ABUSE IN INSTITUTIONS

The survey has revealed the existence of psychological, physical, emotional and sexual abuse.

Psychological Abuse

Psychological abuse is defined as those adult practices that block the children's possibility to become autonomous. This is expressed in the children's incapacity to manage their relationship with the physical and social environment, and in their inability to act adequately in everyday situations. Psychological abuse alters the children's individual and social skills. Children are exposed to psychological abuse when the environment where they live fails to provide them with adequate conditions for structuring their socially supported and required acquisitions, practices, and behaviour. The survey has revealed that the children's experience of the physical and social environment outside the institutions is very limited.

Children are not involved in everyday activities at the institution. Many children do not know their personal history, they do not know how long they have been in the institution, the reason why they have been institutionalized, and the duration of their stay. Psychological abuse is also manifested in institutions through inadequate behaviour by the staff concerning the differentiated conduct they should adopt according to the gender of the children. With institutionalized children, loss of gender is a visible development, materialized in the impossibility of telling boys from girls. This happens because the requirements for the shaping of femininity and masculinity in children are ignored.

Physical Abuse

Physical abuse is defined as the adults' deliberate acts whereby they inflict physical suffering on the children. In institutions, physical abuse is manifested by beatings, suppression of meals, physical isolation, submission to various humiliating jobs – applied as punishments. Almost half of the children in residential care (48.8%) confirm beating as a punitive practice. Most of the children stated in the qualitative survey that the frequency of beatings in institutions has decreased during the last 2 or 3 years. Most of the punishments are applied by the educational staff and the night attendants. The qualitative surveys also revealed that another common punishment is making the children do all sorts of menial, humiliating jobs (such as cleaning the toilets).

Emotional Abuse

Emotional abuse is manifested in inadequate actions and practices by adults that induce in the children negative experiences, emotions and feelings such as: fear, terror, insecurity, uncertainty, pain, unhappiness. Many forms of emotional abuse (humiliation, isolation, threats) are applied in the institutions with the purpose of disciplining children. Emotional abuse may accompany any other form of abuse.

Sexual Abuse

Sexual abuse can be defined as an act of exposing, involving or forcing a child to have sexual relations with either genital, oral or anal contact, or without contact by making advances, propositions, and gestures, by fondling and viewing by an adult person of the opposite or same sex. The data of our survey revealed that 36.1% of the institutionalized children are aware of cases when children were obliged to have sexual relations, but the percentage of children who would admit that such things do happen in their own institution or that they have been themselves the victims of this type of abuse was much lower. Abusers included members of the staff (to a very limited extent), and mainly older children in the institution (in over 60% of the

cases). Abusive sexual relations between children in the institutions are usually homosexual relations.

Another form of abuse that is present in all residential care institutions, that was identified both in the qualitative and the quantitative surveys, is what we call the exploitation of younger children by older children in the institutions. This type of exploitation may include a variety of extremely serious forms (forcing the children to do odd jobs, steal, or beg, or sexual exploitation).

Enuresis in children is a behaviour that generates abuse because of the inadequate reactions of the staff to that disorder.

The focus groups discussions we had with members of institution staff revealed severe limitations in their knowledge, which prevented them from understanding and providing proper care and education to the children in the institutions.

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