SURVEY ON CHILD ABUSE IN RESIDENTIAL CARE INSTITUTIONS IN ROMANIA
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We also thank the SERA – Romania Foundation for their financial contribution to support our survey.
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.

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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 canine 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 in 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 another 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 locate 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 profess 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. 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.
CHAPTER I

OVERALL FEATURES OF CHILDREN IN RESIDENTIAL CARE INSTITUTIONS CONSIDERED IN THE PRESENT SURVEY

1.1. Legal Grounds for Institutionalization

For the purposes of the present survey, the notion of “institution” will be taken to mean residential care institutions/services for children in difficulty, that can be either placement centers or residential care institutions for children with severe disabilities (for convenience, the latter will be henceforth referred to as *camine spital*).

The legal grounds for placing children in residential care are the protection measures taken by the competent authorities.

Depending on the type of protection measure, these authorities may be the Committee for Child Protection (CCP) and the County Directorate for the Protection of the Rights of the Child (CDPRC) for children in difficulty, and the Committee for Medical Investigation (CMI) for children with disabilities. Protection measures usually address either children in difficulty or children with severe disabilities. In case of children suffering from both problems in association, protection measures shall be taken jointly by the CCP and the CMI.

A child is said to be in difficulty in case his or her physical or moral development and integrity are at risk. The law provides the following measures of protection for children in difficulty: *placement, entrustment and emergency placement*.

- **Placement** is the protection measure taken in circumstances where the children’s safety, development or moral integrity are threatened in their own family, for reasons independent of the parents’ will. This measure is enforced upon the parents’ request.

- **Entrustment** is the protection measure taken in case the children’s parents are deceased, unknown, placed under restraint or they have lost parental authority, and guardianship has not been established by the competent authority (the Mayor) or when the children have been declared abandoned by a final court decision. Placement and entrustment with residential care institutions are only resorted to after all other possibilities of placement/entrustment of the children with a family or person (relative, professional maternal assistant, other families or persons) have been exhausted.

- **Emergency placement** is the protection measure taken in case the children’s parents endanger their safety, development and moral integrity by the abusive exercise of parental rights or by severe negligence in the fulfillment of parental duties.

Emergency placement may also apply in case children are found to be without supervision or abandoned by their parents. This measure is only taken in exceptional circumstances – considering the urgency required by the situations mentioned above – by CDPRC, upon the notification of any natural or legal person.

In case emergency placement is followed by entrustment, the competent authority (CCP) shall be under the obligation to initiate a case in court for the withdrawal of parental authority from one or both parents.

At the time this survey was under way, the protection measures mentioned above were the only legal grounds for institutionalization. However, in reality there are also children who have been institutionalized by virtue of a “protection” measure formulated in Law no. 3/1970 (that was abrogated in June 1997). These cases represent a violation of the provisions of Emergency Government Ordinance (EGO) no. 26/1997, stipulating a six-month deadline for the re-evaluation and re-definition of all the “protection” measures taken based on the previous law (Law no. 3/1970).

**Figure 1.1.1.** illustrates a breakdown in percentage points of institutionalized children by the type of protection measure taken according to the law.
In all types of institutions, 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.

It is important to note that, at the end of 1999, 3.8% of the children continued to be in residential care institutions based on a measure taken according to the provisions of a law that had been abrogated, and for 1.4% of the children we found it actually impossible to identify the social investigation record, which would have contained information about the measure of protection applied at their institutionalization.

The prevalence of children with placement is higher in placement centers (78.6%) than in camine spital, where they only account for 50.9% (Figures 1.1.2. and 1.1.3).

An explanation for the high percentage of children enrolled in camine spital, for whom the protection measures were taken based on Law no. 3/1970 (21.8%) could be that, at the time of the present survey, these institutions were still subordinated to the State Secretariat for the Disabled (SSD). The access of CDPRC staff to these institutions has been made quite difficult in a number of counties, which was an obstacle in the re-evaluation of previous protection measures, a situation which was exacerbated by the fact that the vast majority of the children under consideration also suffered from an associated problem (children in difficulty with severe disabilities).

### Breakdown (in %) of institutionalized children by protection measure taken

**Figure 1.1.1**

All children

<table>
<thead>
<tr>
<th>Protection Measure</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Placement</td>
<td>75.9%</td>
</tr>
<tr>
<td>Entrustment</td>
<td>17.8%</td>
</tr>
<tr>
<td>Emergency Placement</td>
<td>0.8%</td>
</tr>
<tr>
<td>Measure Law 3/1970</td>
<td>3.8%</td>
</tr>
<tr>
<td>Data unavailable</td>
<td>1.4%</td>
</tr>
</tbody>
</table>

**Figure 1.1.2**

Children in placement centers

<table>
<thead>
<tr>
<th>Protection Measure</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Placement</td>
<td>78.6%</td>
</tr>
<tr>
<td>Entrustment</td>
<td>17%</td>
</tr>
<tr>
<td>Emergency Placement</td>
<td>0.8%</td>
</tr>
<tr>
<td>Measure Law 3/1970</td>
<td>1.9%</td>
</tr>
<tr>
<td>Data unavailable</td>
<td>1.6%</td>
</tr>
</tbody>
</table>

**Figure 1.1.3**

Children in camine spital

<table>
<thead>
<tr>
<th>Protection Measure</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Placement</td>
<td>78.6%</td>
</tr>
<tr>
<td>Entrustment</td>
<td>17%</td>
</tr>
<tr>
<td>Emergency Placement</td>
<td>0.8%</td>
</tr>
<tr>
<td>Measure Law 3/1970</td>
<td>1.9%</td>
</tr>
<tr>
<td>Data unavailable</td>
<td>1.6%</td>
</tr>
</tbody>
</table>
1.2. The Legal Representation of Parental Rights

The law also defines the children’s legal representative for the duration of the protection measure. Hence:

- In case of placement, the children’s legal representative shall always be at least one of the parents. The parents maintain all their rights in respect of the children, except those that are incompatible with the implementation of that measure (i.e. the rights concerning access to the children’s person in everyday acts, since the children are in residential care). Consequently, parents have the right to maintain a permanent unmediated contact with their children during the entire duration of the placement;
- In case of entrustment, parental rights and duties shall be exercised by the County Council or by the Bucharest District Council, as the case may be, by the mediation of CCP. The said authorities exercise the rights that regularly belong to parents – that is: the right to conclude legal documents on behalf of the child or to consent to the conclusion of such acts, the right to change the child’s religious or school education. When a child is entrusted to a residential institution subordinated to the CDPRC, this service shall also take over all the parental rights and duties related to that child;
- In case of emergency placement, parental rights shall be suspended until a solution is found for the case, that is until the children return to their families, or they are placed in entrustment. During emergency placement, parental rights shall be exercised by the same authorities as those mentioned under entrustment.

In exceptional circumstances, in the case of placement, the children’s legal representation for the rights usually reverting to parents can be assumed by guardians. Guardians can maintain their rights in relation to the children in case CCP issues a decision to that effect.

Figure 1.2.1. shows a breakdown of institutionalized children by categories of legal representatives. As shown, parents are the legal representatives of 76.1% of the institutionalized children, and they maintain their rights and duties in respect of their children during the whole duration of the protection measure.

The prevalence of children whose parents exercise their parental rights is higher in placement centers (77.8%) than in camine spital (60.4%) (Figures 1.2.2. and 1.2.3).
Breakdown (in %) of institutionalized children by the legal representation of parental rights
- ABSUR 2000 –

**Figure 1.2.1**
All children

**Figure 1.2.2**
Children in placement centers

**Figure 1.2.3**
Children in camine spital
1.3. Breakdown of Children by Types of Institutions

From a formal perspective, 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 leagan (nursery), casa de copii prescolari (house for preschool children) and casa de copii scolari (house for school-aged children).

<table>
<thead>
<tr>
<th>Age group</th>
<th>Type of Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PC 0-3</td>
</tr>
<tr>
<td>1-3</td>
<td>65.5%</td>
</tr>
<tr>
<td>4-7</td>
<td>16.8%</td>
</tr>
<tr>
<td>8-15</td>
<td>2.3%</td>
</tr>
<tr>
<td>over 15</td>
<td>0.0%</td>
</tr>
<tr>
<td>Total</td>
<td>739</td>
</tr>
</tbody>
</table>

This is the reason why, in our survey, we have also classified placement centers according to age groups (since this was the basic criterion in the former child protection system). Therefore we have used the following – conventional – categories: placement centers for infants between 0-3 years (PC 0-3), placement centers for preschool children (PC preschool), placement centers for school-aged children (PC school), as illustrated in Table 1.3.1. above.

Figure 1.3.2 shows a breakdown of institutionalized children by the types defined above. We have found that more than half of the children, 53.8%, are in placement centers for school-aged children, while 23.4% are in placement centers for infants between 0-3 years, 13.1% are in placement centers for preschool children, and 9.7% are in camine spital.
Being aware of the breakdown of institutionalized children by age groups is important for an evaluation of the progress made in the domain of child protection, considering that, after Law no. 3/1970 was passed, Romania “did excellent” in institutionalizing infants under the age of 1 or under the age of 3, out of ignorance and indifference, not caring about how destructive it was for the children to be deprived of their mothers.

Figure 1.4.1
Breakdown (in %) of institutionalized children by age groups
- ABSUR 2000 –

The data provided by the survey are still alarming, considering the large numbers of institutionalized children in the 0-3 age group, accounting for over 20% of the total number of children in residential care (Figure 1.4.1).

This means that the protection alternatives developed by the Specialized Public Services (SPSs) are not sufficient as yet to control and reduce the number of institutionalized children in this age group.

A comparison of these figures with similar data for 1996, taken from the survey on the “Causes for the Institutionalization of Children in Romania”, reveals that things have not changed from this perspective. School-aged children, that is the 8-15 and the over 15 age groups, account for 63% of the total number of children in residential care, which represents a slight decrease as compared to previous years (we have used data from the same study for comparison).

1.5. The Place the Child Comes From

Overall, 42.4% of the children in residential care come straight from their families, a percentage that almost equals that of children coming from a similar institution. 16.4% of the children come from medical institutions, and under 1% come from the street or unknown sources (Figure 1.5.1).

Figure 1.5.1
Breakdown (in %) of institutionalized children by the place they come from
- ABSUR 2000 –
Table 1.5.2 shows the sources of referral or the places where the institutionalized children have come from by types of institutions.

<table>
<thead>
<tr>
<th>Child came from</th>
<th>From family</th>
<th>From other institutions</th>
<th>From canine spital</th>
<th>From medical institutions</th>
<th>From the street</th>
<th>Other</th>
<th>Unknown</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>PC 0-3</td>
<td>5.8%</td>
<td>47.6%</td>
<td>45.7%</td>
<td>67.9%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PC preschool</td>
<td>1.4%</td>
<td>1.4%</td>
<td>0.1%</td>
<td>5.2%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PC school</td>
<td>63.6%</td>
<td>4.3%</td>
<td>1.3%</td>
<td>2.6%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Camin hospital</td>
<td>0.8%</td>
<td>1.2%</td>
<td>0.3%</td>
<td>0.3%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>0.5%</td>
<td>0.2%</td>
<td>0.0%</td>
<td>0.0%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>739</td>
<td>414</td>
<td>1703</td>
<td>308</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

As shown, in placement centers for infants in the 0-3 age group, the vast majority of the children come from medical institutions (63.6%) – maternity hospitals or hospitals/pediatric departments.

In the placement centers for preschool children, most children (47.7%) come from another institution, probably former leagane, and from families (44.2%). In the placement centers for school-aged children, most children come from families (52%), while children coming from another residential institution account for 45.7%.

The figures prove that de-institutionalization is still slow, since almost half of the children continue to be institutionalized by moving from one institution to another.

For the children in the canine spital, the largest share is represented by children coming from another institution, probably former leagane, because the law only allows the placement of a child in a canine spital after the child has reached the age of 3.

If we compare current figures with data in previous studies, (see “Causes for the Institutionalization of Children in Nursery Homes”, 1991, and “Causes for the Institutionalization of Children in Romania”, 1996), we find that the share of children coming straight from medical institutions to placement centers for infants in the 0-3 age group has decreased (but only if we compare data to those for 1991).

The percentage of children in leagane coming from families was 12% in 1991, 31% in 1996, while in 1999 it was 27%.

The fact that the percentage of children coming straight from families (comparing current data with data for 1999 and 1996) is lower than that of children coming from medical institutions is a serious problem, since coming from a medical institution actually means having been abandoned in one of those institutions. This is even worse if we become aware of the fact that the specialized public services had already been established by 1999, and families could turn to them to avoid the abandonment of their children in maternity hospitals and hospitals/pediatric departments.

However, the abandonment rate of new-born babies and infants in maternity hospitals and hospitals/pediatric departments has seen a growing trend during these last 3 years.

The same surveys also lead us to the conclusion that the prevalence of children in placement centers for school-aged children who continue their institutionalization in another institution has decreased from 74% in 1996 to 45.7% in 1999.
1.6. Breakdown of Institutionalized Children by Gender

In all residential care institutions, the percentage of boys is higher than that of girls (Figure 1.6.1 and Table 1.6.2). This conclusion has also resulted from other surveys conducted among institutionalized children. A possible explanation would be that there is an excessive morbidity of male infants in the 0-3 age group, as the children’s health status continues to be a reason for institutionalization in Romania. The difference between the two genders is around 10 per cent, and it is the same across all types of institutions.

![Figure 1.6.1]

**Figure 1.6.1**

Breakdown (in %) of institutionalized children by gender
- ABSUR 2000 –

![Graph showing breakdown of institutionalized children by gender]

**Table 1.6.2**

<table>
<thead>
<tr>
<th>Type of institution</th>
<th>PC 0-3</th>
<th>PC preschool</th>
<th>PC school</th>
<th>Camin spital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender of child</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>male</td>
<td>53.5%</td>
<td>55.6%</td>
<td>53.6%</td>
<td>52.9%</td>
</tr>
<tr>
<td>female</td>
<td>46.5%</td>
<td>44.4%</td>
<td>46.4%</td>
<td>47.1%</td>
</tr>
<tr>
<td>Total</td>
<td>739</td>
<td>414</td>
<td>1703</td>
<td>308</td>
</tr>
</tbody>
</table>

1.7. The Child’s Area of Origin

In order to determine the area of origin of the child’s family (urban or rural), we have only used the mother’s domicile as an indication, because this was the information that was most frequently available in the documents. Figure 1.7.1 demonstrates that the families of institutionalized children are distributed equally in both the urban and the rural area, which means that the phenomenon was generalized, and led to the institutionalization of children both from urban and rural areas.

In the studies mentioned earlier, the urban area usually supplied a somewhat higher percentage of children to residential care institutions than the rural area.

The mother’s domicile could not be identified for 16.7% of the children, since no information was available to that effect.
1.8. Breakdown of Institutionalized Children by Location of Institutions

In choosing an institution for the child (after a protection measure in a residential care institution has been taken), in the context where institutions are county-level organizations, age and availability of places continue to be criteria, given that the law does not contain any provision imposing proximity to the parents’ domicile as a criterion. Consequently, the choice becomes totally arbitrary, and is made in total disregard of the best interests of the child. The distribution of the child to an institution located in the urban or rural area is also made in the same conditions of arbitrariness.

There have also been cases when the directors of placement centers, particularly those for school-aged children, having been confronted with difficulties in controlling children whose families resided in the same village or town as the institution (because the children would go home without leave, and return with lice, scabies, etc.) would specifically request children whose parents lived in a different town than the one where the institution was located.

Figure 1.8.1. shows that one third of the children are in residential institutions located in the rural area. Statistical data available indicate that there are no residential institutions for infants in the 0-3 age group (former leagane) in the rural area, but there are numerous institutions for school-aged children and children with special needs (former special boarding schools and camine spital). Children who are in residential institutions in the rural area are affected by the unavailability of quality care / education / schooling, because of the poor qualification level of the staff and their isolation from the family (difficult access to rural areas).

To illustrate this, let us mention that the managers of camine spital in villages or small towns have complained that they had to make huge efforts to obtain the material conditions required for rehabilitation, but unfortunately they have not also managed to attract (permanent) qualified staff who could adequately look after the children.
Figure 1.8.1
Breakdown (in %) of institutionalized children by location of institutions
- ABSUR 2000 –

*urban: 67.5%
*rural: 32.5%*
CHAPTER II

RESPECTING THE RIGHTS OF CHILDREN IN RESIDENTIAL CARE INSTITUTIONS

Article 2
“1. States Parties shall respect and ensure the rights set forth in the present Convention to each child (...) irrespective of the child’s race, colour, sex, language, religion, political opinion (...), national, ethnic or social origin, property (...).”

(UN Convention on the Rights of the Child)

2.1. General Conditions Offered to Children in Residential Care Institutions

Article 3
“3. States Parties shall ensure that the institutions (...) responsible for the care or protection of children shall conform with the standards established by competent authorities, particularly in the areas of safety and health, in the number and suitability of their staff, as well as competent supervision.”

(UN Convention on the Rights of the Child)

2.1.1. The Organizational and Operational Model of Residential Institutions

The current placement centers have been formed based on the former residential care institutions (leagane, case de copii, camine spital) that had been established by virtue of Law no. 3/1970. They were institutions whose organizational and operational principles were inappropriate for meeting the children’s needs.

- **Leagane** – residential care institutions for infants between 0-3 years of age – used to be organized as hospital units, and they operated in large buildings, hosting hundreds of children. The dormitories, called saloons, were exclusively furnished with iron beds, arranged as if they had been hospital beds. With a few exceptions, there was only one such leagan in each county, which would explain why they were so big and crowded.

- **Case de copii** – residential care institutions for preschool and school-aged children – used to be organized following the model of the austere boarding schools of 150-200 years ago, where the very crowded spaces only allowed monotonous, boring activities performed together by all the children. There used to be no spaces for socialization and recreation either inside or outside the institution. There was a limited number of bathrooms to be used by a large number of children, usually by all the children who lived on that floor. Moreover, most of the time they were in poor condition (as revisions and repairs would only be performed once a year).

- **Camine spital** – residential care institutions for children with disabilities – were established in 1973 and until 1989 they were operated according to the model of asylums for “irrecoverable” children, being located most of the time in isolated places.

On the general background of poverty in society as a whole, by the end of 1989 these institutions, particularly the camine spital, had fallen into an advanced state of destitution. Soon after 1989, some of these institutions were closed down, but for others the priorities were different: rehabilitating and re-furbishing the buildings, and training the staff.
Between 1990-1994, several actions were undertaken to reorganize institutions so as to better satisfy the needs of children.

The most visible changes occurred in leagane and camine spital, which concentrated significant funding. The hospital model was gradually removed, and the camine spital re-assumed their real mission, that of working towards the rehabilitation of disabilities.

The children’s homes continued to be in a precarious condition, given that funding was mainly directed towards the leagane and camine spital.

After 1994, based on the concept of personalized care, family type institutions were promoted either by the establishment of small-size institutions, or by the re-thinking of the bigger ones and the restructing of existing spaces.

Following the amendment of the legislation on child protection in 1997, residential institutions (except camine spital) were explicitly reorganized according to the principles of the respect for the rights of the child, into placement centers where children in difficulty could find temporary protection. Changes did occur in all types of institutions, but their amplitude was uneven.

In order to characterize the conditions that children benefit from in residential care institutions, we have selected the following indicators: the organizational model of the institutions, the number of children per dormitory, personal belongings and spaces dedicated to children, and the status of sanitary facilities.

In order to characterize an institution by the organizational and operational model, we have broken down institutions into three types: traditional, family-type, mixed.

Essentially, these three types could be characterized as follows:

**The traditional type** (model developed based on Law no. 3/1970) is characterized by:
- Location in huge buildings, with extensive accommodation capacities, hosting a large number of children, between 150 and 350;
- The internal organization of the spaces does not serve the satisfaction of the children’s needs and the respect for their rights (the dormitories are very big, with about 8-10 beds, children sleep in the same room irrespective of their age, there is almost no furniture or a possibility to organize personal spaces for the children, they are exclusively used for “sleeping”; the dining room(s) are also very big; there is one kitchen used by the whole institution, which is inaccessible to the children for their potential involvement into kitchen activities; the activity rooms are for large groups of children, and they are used for group educational activities or for spending free time; in the sanitary facilities the element of privacy is totally disregarded; there are no adequate spaces where children can meet their family members whey they come visiting).

**The family type** is characterized by:
- Location in small houses or apartments and a limited number of children (under 50) or in larger buildings organized into autonomous sub-units of no more than 50 children, further divided into modules of no more than 10 children;
- Internal spaces and day-to-day activities are organized so as to create living conditions that come close to the family model and allow individualized treatment.

**The mixed type:** is represented by institutions where the two previous models coexist in varying proportions.
- This is a mixed type center, with two floors. One floor is organized in the “module” style. A “module” is a set including a room with 4 beds (actually two bunk beds), a small dining room equipped with a table and four chairs and a bookcase. On the same floor there is also a room where the children have their meals, or during the leisure hours they can listen to music, watch TV, and the younger ones can play. There is a common bathroom on the floor, where there individual toilets and showers that are kept clean. The other floor is typical for the “traditional placement centers”.

*(comment of an interview operator)*

☺ “First, I like very much this organization by apartments and sub-units, because there are several advantages to this – we can have a rest anytime we want to; we can study anytime we want to.”
“Lately I have liked the changes that have happened in this center, that the children were grouped in three-room apartments, with three or four children in a room, and a kitchen and bathroom. We can try our hand at cooking in the kitchen. We are like in a family.”  

*(children’s reports)*

**Figure 2.1.1.1.** shows the breakdown of institutionalized children by the organizational and operational model of the institution. We find that most of the children (68.2%) continue to live in traditional type institutions, over one quarter of them are in institutions that have already initiated the reorganization process, while 7.5% are in family type institutions.

![Breakdown of institutionalized children by organizational and operational model of the institution](image)

### 2.1.2. Number of Children per Dormitory

Although few institutions are today what they used to be before 1989, the number of children per dormitory is still high, in all types of institutions. Taking into account national standards, that propose on the average no more than 4 children per dormitory, we find that only 12.9% of the children live in such conditions (*Figure 2.1.2.1.*). We cannot overlook the fact that, as far as the number of children per dormitory in institutions is concerned, it ranges between 2 and 36 (children per dormitory).

In placement centers, a higher percentage of children benefit from less crowded rooms than the children in *camine spital* (*Figure 2.1.2.2.* and 2.1.2.3.).

In the rural area, the dormitories in institutions are less crowded than those in the urban area. Thus, the percentage of children who benefit from rooms that are close to the standards described earlier is of 11.5% in the urban area, and 16.3% in the rural area (*Figure 2.1.2.4.*).

The crowding of children in their everyday space – particularly children under 3 or 4 years of age – besides generating hygiene-related risks, also trigger difficulties in the children’s identification with their psychological ego. This results from their physical impossibility to delimit themselves from other egos. The phenomenon is exacerbated by the undifferentiated clothes and the same haircuts – for both genders and within the same gender – (that can still be seen in some institutions).

I visited a placement center for preschool children for a focus group discussion. I entered a room where children were playing, boys and girls, sitting at low tables. Because all the children had the same haircut, I asked them: “which of you are girls?”, and all the children put their hands up; then I asked them “which of you are boys?”, and again all of them put their hands up.
Number of children per dormitory – breakdown in %
- ABSUR 2000 –

Figure 2.1.2.1
Total children

Figure 2.1.2.2
Placement centers

Figure 2.1.2.3
Camino spital
2.1.3. Personal Belongings and Spaces Dedicated to Children in the Institutions

The children’s personal belongings and the spaces dedicated to them have been among the most neglected aspects in traditional institutions.

In placement centers, most of the children have their own bed. In campen spital, only 84.9% of the children have that right, while the other need to share a bed with another child (Figure 2.1.3.1 d).
Placement centers for school-aged children satisfy the requirement of an individual locker to the largest extent (81.3%), followed by PCs for preschool children (55.1%), while PCs for children aged 0-3 come last (41.6%). The campen spital that host children of all ages satisfy the requirement of an individual locker in a proportion of 48.9% (Figure 2.1.3.1. a, b, c, d).
Personal belongings are considered to include: clothes, footwear, toothbrush, towel and soap. In all types of institutions, with the exception of placement centers aged 0-3 years, the share of children who have personal belongings exceeds 82% (Figure 2.1.3.1. a, b, c, d).
In all types of institutions, over 50% of the children benefit from spaces dedicated for rest and recreational activities in their rooms (Figure 2.1.3.1. a, b, c, d).
The percentage of children who have their own space for doing homework in their own rooms is high: 85.9% in PCs for school-aged children and 70.7% in PCs for preschool children, as a result of the fact that most institutions have given up their traditional study rooms (Figure 2.1.3.1. b, c).

All these data reflect the progress that has been made in institutions concerning the improvement of conditions in the spaces dedicated to children, even if the standards are still far from having been attained. Along these lines, it is worth mentioning that there are few institutions left where children still do their homework in the so-called study rooms. On the other hand, however, personal spaces for playing, rest and recreation in the children’s rooms are still among the major shortcomings in all types of institutions.

Figure 2.1.3.1 – a, b, c, d
Breakdown (in %) of the children who possess personal belongings and dedicated spaces in their dormitories, by types of institutions
* Individual locker means a locker belonging to a child or an individual space in a common bigger locker.
2.1.4. Status of Sanitary Facilities

Sanitary facilities in residential care institutions have always been inadequate. This has been due, on the one hand, to the fact that they have been used by a large number of children, while on the other hand, few managers have even tried to find solutions for keeping them permanently clean and hygienic. Figure 2.1.4.1. shows that almost one third of the children in residential care only have access to showers and toilets that are not working properly or are not adequately cleaned, a situation that prevents children from maintaining an appropriate personal hygiene. The management of the institutions invoke reasons such as the lack of funding for repairs and for cleaning materials as an excuse.

Over one third of the children use toilets that have no doors, two thirds of the children use showers without dividing screens or doors – which is a severe violation of the children’s right to privacy, and that may have extremely harmful consequences from an educational point of view. In the institutions for early preschool and preschool children, toilets were initially built without a door, without any consideration at all being given to the children’s right to privacy (Figures 2.1.4.2. a and b).

► After we had removed the toilet doors, we found a decrease in homosexual practices among the children in the institution.

(excerpt from an interview

with the manager of an institution)

In institutions for school-aged children, the absence of doors or screens in the toilets or showers (Figure 2.1.4.2. c) is sometimes a deliberate option of the management, meant to discourage homosexual practices and masturbation.

Children in camine spital are also constrained to using inadequate sanitary facilities, and the conditions may even be worse than in placement centers (Figure 2.1.4.2. d).

Figure 2.1.4.1.
Breakdown (in %) of the children who are using adequate sanitary facilities
- ABSUR 2000 –
Figure 2.1.4.2. a, b, c, d
Breakdown (in %) of the children who benefit from adequate sanitary facilities, by types of institutions
- ABSUR 2000 –

- PC 0-3
  - Functional sanitary facilities: 89.4%
  - Toilet with door: 35.7%
  - Shower with screen: 0.5%
  - Sanitized: 87.3%

- PC preschool
  - Functional sanitary facilities: 84.4%
  - Toilet with door: 45.4%
  - Shower with screen: 36.6%
  - Sanitized: 99.3%

- PC school
  - Functional sanitary facilities: 63.3%
  - Toilet with door: 93.8%
  - Shower with screen: 32.8%
  - Sanitized: 82.2%

- Camin spital
  - Functional sanitary facilities: 74.9%
  - Toilet with door: 38.8%
  - Shower with screen: 29.3%
  - Sanitized: 73%
**Case Study**

A.G., 16, student in the 9th grade of a vocational school. She has been in the institution since the age of 6, when she was in her first grade. She knows she was institutionalized because her parents divorced and her mother did not have time to attend to her. She has 4 siblings, who had all been in institutions, but they have all grown up and have left the institutions. Her mother and sister live in the same town. She goes to visit them whenever she feels like it, but she thinks it is better in the “children’s house” because conditions are better than at home; she has an individual bed and a personal locker, she gets along well with the girls and the institution staff. When she was younger, she would be treated badly both by older girls, and by the staff. Many things have changed in the institution, there is more freedom, the children can organize their free time as they wish; they can even go out in town more often.

Before, she had to do what the older girls told her to, even if she didn’t have the time or desire to satisfy their demands. She had to give them her desert, she had to clean up in their stead and even lie sometimes to cover up for her older room-mates. This no longer happens to younger girls. There is more respect among children, and the staff is also more respectful. She likes the food at the canteen, and when there are several children (10-12) who want to have the same thing, they can ask for it. She likes helping out in the kitchen, even when she is not on duty. On the wall around her bed, there are several sketches and drawings – souvenirs from former colleagues who have left the institution.

She doesn’t like to talk about the punishments, but she does confess some girls still get to be punished, but very seldom. If the night attendant finds you in the hallway late at night, you have to mop up the hallway or clean the toilets.

She likes school a lot, and she got along well with her colleagues and teachers in middle school. She thinks vocational school will be OK for her, but she would prefer to be in a lyceum. She would like to study medicine, this is why she needs to study more, so that she can be admitted to a lyceum. Like other children in the center, she also has foreign sponsors. She likes writing to them, as well as sending them cards for the holidays.

At the end of our discussion, the girl asked me why we did not organize such discussions with children more frequently. They would all like to have people come and talk to them about what they do and what they would like for themselves.

2.2. The Right to Identity and to Personal History

Article 7 “1. The child shall be registered immediately after birth and shall have the right from birth to a name, the right to acquire a nationality (…).”

Article 8 “2. Where a child is illegally deprived of some or all of the elements of his or her identity, States Parties shall provide appropriate assistance and protection, with a view to re-establishing speedily his or her identity.”

(UN Convention on the Rights of the Child)

2.2.1. The Right to Identity

In 1990, there was an extremely high percentage of institutionalized children without identity documents. This is no longer so in the current institutions. It is only by possessing an identity document that a child can have a first name, a name, and citizen’s rights.

Valid identity documents for children can be either birth certificates or identity cards (for children over 14).
For the exclusive use of the authorities, temporary identity documents can also be issued, such as the
_Birth extracts for the exclusive use of state authorities_ and the _Court decisions for the late registration of
birth_, whose validity will extend until the final documents are issued.

Table 2.2.1.1 presents the situation of identity documents belonging to children in placement centers
_and camine spital_, by age groups. The percentage of children who possess no identity documents at all is under 4%. Children in the 0-3 age group appear to be covered by identity documents to the largest extent. Although 94.5% of the children over 14 have birth certificates, only 45.7% of them also hold identity cards.

In _camine spital_ (Table 2.2.1.2.), the percentage of children who have birth certificates (or equivalent documents) is of almost 100%. As for identity cards for children over 14, the situation is similar to that in placement centers. This means that 52.3% of the children for whom an identity card should have been issued do not possess such a document.

Table 2.2.1.3 indicates that there appears to be a correlation between the type of protection measure children benefit from and their possession of an identity card. For instance, 50.8% of the children who are in placement have identity cards issued to them, while this is so for only 10.4% of the children who are in entrustment.

In _camine spital_, the type of protection measure does not seem to correlate in any way with the existence of identity cards issued to the children, and the percentage of children who hold that document is in both cases a little under 50 % (Table 2.1.1.4).

These serious deficiencies have been generated by several legislative and administrative factors. In order for an identity document to be issued to them, children need to have a permanent residence, which would be that of their parents. But many parents can no longer be found at their known residence, and there is no information available about them. Under the circumstances, the authorities have no choice but to delay the moment when they can solve these cases.

Extended periods of institutionalization for children will often lead to a discontinuation of their relationships with their parents.

Approximately 50% of the children who are in placement are in that situation – and we must mention here that this type of protection measure presupposes the parents of those children being in full exercise of their parental rights and duties.

The legal representative of the children who have been protected by entrustment is the County Council (not the parents). However, a child’s home address cannot be that of a public institution, whether it is a County Council or a placement center. For that category of children there is indeed an administrative and legislative limitation for the issuing of identity cards for which a solution has not been provided as yet.

However, SPS directors have stated that by the time they leave the institutions, all children get to have identity cards, issued as a result of local improvisations.

► In the case of children whose parents could not be found, the “domicile” rubric was only filled in with the name of the village where the institution was located.

► On many occasions, the police authorities managed to identify a relative, usually the grandparents, and we used their address.

► Under “domicile” we decided to use the address of the placement center.

► We have avoided using the address of the institution where the child was under the “domicile” rubric in the identity card, because we thought that would entitle the child to stay in the institution _forever_. But we all know that protection measures for children are temporary in nature.

(excerpts from interviews with SPS directors)

Table 2.2.1.1.
Breakdown (in %) of the identity documents issued to children,
by age groups – placement centers
### Table 2.2.1.2.
Breakdown (in %) of the identity documents issued to children, by age groups – *camine spital*.

<table>
<thead>
<tr>
<th>Identity document</th>
<th>Age groups</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0-3 ys.</td>
<td>4-7 ys.</td>
<td>8-13 ys.</td>
<td>14 ys. and over</td>
<td></td>
</tr>
<tr>
<td>Birth certificate</td>
<td>Birth extract</td>
<td>4.5%</td>
<td>2.9%</td>
<td>1.4%</td>
<td>1.0%</td>
</tr>
<tr>
<td></td>
<td>Court decision</td>
<td>0.6%</td>
<td>2.7%</td>
<td>1.4%</td>
<td>2.1%</td>
</tr>
<tr>
<td></td>
<td>Identity card</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>45.7%</td>
</tr>
<tr>
<td></td>
<td>None</td>
<td>1.6%</td>
<td>4.0%</td>
<td>3.2%</td>
<td>2.4%</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>639</td>
<td>480</td>
<td>973</td>
<td>764</td>
</tr>
</tbody>
</table>

*Only birth certificate*

### Table 2.2.1.3
Breakdown (in %) of the identity documents issued to children, by the protection measure in force - for children over 14 in placement centers -

<table>
<thead>
<tr>
<th>Protection measure in force</th>
<th>Age groups</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0-3</td>
<td>4-7 ys.</td>
<td>8-13 ys.</td>
<td>14 ys. and over</td>
<td></td>
</tr>
<tr>
<td>Placeme</td>
<td>Birth extract</td>
<td>0.0%</td>
<td>6.7%</td>
<td>2.6%</td>
<td>1.9%</td>
</tr>
<tr>
<td></td>
<td>Identity card</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>45.8%</td>
</tr>
<tr>
<td></td>
<td>None</td>
<td>0.0%</td>
<td>0.0%</td>
<td>1.3%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>3</td>
<td>45</td>
<td>153</td>
<td>107</td>
</tr>
</tbody>
</table>

*Only birth certificates*

### Table 2.2.1.4.
Breakdown (in %) of the identity documents issued to children, by the protection measure in force - for children over 14 in *camine spital* -

<table>
<thead>
<tr>
<th>Protection measure in force</th>
<th>Placeme</th>
<th>Entrustme</th>
<th>Emergen placemen</th>
<th>Entrust. with loss of parental rights</th>
<th>Measure based on Law no.3/1970</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Placeme</td>
<td>Entrustme</td>
<td>Emergen placemen</td>
<td>Entrust. with loss of parental rights</td>
<td>Measure based on Law no.3/1970</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1.1</td>
<td>0.8</td>
<td>50.8</td>
<td>2.2</td>
<td>630</td>
</tr>
<tr>
<td></td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td></td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td></td>
<td>5.9</td>
<td>35.3</td>
<td>0.0</td>
<td>0.0</td>
<td>45.8</td>
</tr>
<tr>
<td></td>
<td>0.0</td>
<td>45.1</td>
<td>83.1</td>
<td>50.0</td>
<td>58.8</td>
</tr>
<tr>
<td></td>
<td>0.0</td>
<td>31.8</td>
<td>1.1</td>
<td>0.0</td>
<td>31.8</td>
</tr>
<tr>
<td></td>
<td>4.5</td>
<td>50.0</td>
<td>0.0</td>
<td>0.0</td>
<td>50.0</td>
</tr>
<tr>
<td>Total</td>
<td>630</td>
<td>77</td>
<td>4</td>
<td>17</td>
<td>22</td>
</tr>
</tbody>
</table>

*Only birth certificates*
### Protection measure in force

<table>
<thead>
<tr>
<th>Identity document</th>
<th>Placemen only cert.</th>
<th>Entrustm. emergen.</th>
<th>Emergen. with loss of</th>
<th>Measure based on Law</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth extract</td>
<td>1.4</td>
<td>11.1</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Identity card</td>
<td>47.8</td>
<td>44.4</td>
<td>50.0</td>
<td>50.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>69</strong></td>
<td><strong>9</strong></td>
<td><strong>2</strong></td>
<td><strong>4</strong></td>
</tr>
</tbody>
</table>

### 2.2.2. The Right to Personal History

Ensuring the right to personal history is a recent concern (that only appeared 2-3 years ago) for the child protection authorities. Before that, the right of the child to personal history used to be totally ignored. The children’s files would only contain strictly official documents: identity documents, medical records, the summary social investigation record concerning the living conditions of the family and the decisions of the authorities concerning the protection measures taken.

The possibility of retracing the children’s personal history was evaluated in our survey by means of the documents that were available in their personal files. 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.

### Case Study

**N.C.A. – 18, student in a vocational school**

“Please tell me a few things about yourself”

“I was born in the village of G., in G. county. I don’t know my parents, neither my mother, nor my father. I know I was abandoned in a leagan, but I don’t know which. I don’t know how I got to be here. My first memories come from the preschool placement center. In one and the same class, there were kids of different ages, kids who are usually organized in three different age groups. The older kids would look after the younger ones. They would also protect us from some of the 6 or 7 year olds, who used to order the kids about. Some of the older kids had favorites among the younger ones, and they would protect and defend them. I also had somebody like that – an older girl who defended me when I needed it – but I can no longer remember her. Other kids had no one to protect them. Whatever they did – something bad – they immediately hit them, without an explanation. We would each have our own bed, but there were many of us in a room, 14 or 15. Our program was the following: we had breakfast, went to classes, had lunch, and later had a walk, after the afternoon nap. I was both sad and merry. Absolutely none of my relatives has ever visited me. When I was in the 4th grade, a girl once called me to the gate. She told me that my mother wanted to see me. When I went to the gate, there was nobody there. The girl said mother had been in a hurry. The ladies here tried to find her when I had to have my ID issued, but they couldn’t find her. They tried again when I was in the 8th grade. I also tried to write letters to her, but I never received an answer. I don’t even have a picture of her. I have lived in this orphanage since I was 7 and a half. Life has been better for me here. The ladies here care for the children, and I also have some older girls who look after me, too. I’m also looking after the youngest kid here, now (who is 5 years and a half). I don’t remember any of ladies caring about me while I was in the preschool center. They sometimes spanked us. I remember I was once punished by a nurse for having entered the medical ward without leave and having taken some pills that I found there. I was with somebody else when I went there. They didn’t feed us properly.”
The data obtained reveal that personal history can only be retraced for 56% of the institutionalized children (Figure 2.2.2.1). Children in placement centers for children aged 0-3 and in campine spital do even worse than that (Table 2.2.2.2).

Table 2.2.2.2.
Breakdown (in %) of the children by the possibility to have their personal history retraced, by types of institutions

<table>
<thead>
<tr>
<th>Can the child’s personal history be retraced?</th>
<th>Type of institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>PC 0-3</td>
</tr>
<tr>
<td>NO</td>
<td>54.3%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
</tr>
</tbody>
</table>

Qualitative studies have often confirmed the impossibility of retracing the children’s personal history.
☺ I don’t know my parents, neither my mother, nor my father. I know I was abandoned in a nursery, but I don’t know which. I don’t know how I got to be here. My first memories come from the preschool placement center.

*(excerpt from a case study)*

The staff in the institutions do not encourage the children to get to know their personal history.
★ “If a child would like to consult his social file, would you allow him to do so?”
   “No, no way, even if the data on the file regard the child himself, they are still confidential.”

*(excerpt from a conversation with a social worker)*
2.3. The Right to Have a Family and to Maintain / Develop Relations with the Family

Article 9 “1. States Parties shall ensure that a child shall not be separated from his or her parents against their will, except when competent authorities subject to judicial review determine, in accordance with applicable law and procedures, that such separation is necessary for the best interests of the child.

3. States Parties shall respect the right of the child who is separated from one or both parents to maintain personal relations and direct contact with both parents (...).”

(UN Convention on the Rights of the Child)

For over 11 years, during which time the residential care institutions in Romania have been at the center of debates concerning the respect of the rights of the child, the relationship between institutionalized children and their parents have essentially remained within the same coordinates.

All the studies and evaluations conducted among institutionalized children have found the same lack of content in the relationships between parents and their institutionalized children, a situation that led to their neglect and subsequent abandonment.

Regulations have been issued in order to ensure the right of the child to have and to grow up in a family, in order to reduce as much as possible the time during which a child is deprived from a family environment.

The legislative measures taken have mainly addressed the termination of parental rights in the case of parents who fail to visit their children during a pre-determined interval, in order to give those children the opportunity to be adopted by a substitute family. Following the implementation of these measures, a relatively high number of children have been spared extended institutionalization by adoption (particularly in the 0-3 age group).

Most of the un-visited children, however, were left with few chances of growing up in a new family, since the parental rights of their natural parents were maintained, which meant that those children were not eligible for adoption.

Such situations may occur because the law stipulates that it is sufficient for some parents to visit their children only once every 6 months for those parents to be allowed to preserve their parental rights, therefore those rights can only be terminated once that deadline has expired.

On the other hand, there are also cases, particularly among older children, where the authorities do not initiate any action concerning the termination of parental rights upon the expiry of the six-month deadline because, the authorities think, that termination would not serve anyone, not even the child.

It is well known that older children are not preferred for adoption, and if the County Council were to become the legal representative of these children (following the termination of parental rights) that institution would have to assume obligations for which it lacks the adequate financial resources.

Parents leave their children in institutions and only visit them at rare intervals or not at all, because poverty, the long distances to the institutions and their poor parental skills necessarily lead to that. Their parental skills get even worse in time, because after the children are institutionalized, nobody in the community they were part of intervenes with the family to help the parents resume their parental functions at some later point in time.

Consequently, families continue to live in poverty (or their state of poverty becomes even worse, because in a society undergoing severe economic decline, nobody can get out of a situation of extreme poverty without specialized intervention from the relevant authorities), and the child protection authorities can do nothing but take note of that situation and decide on enrolling the child in a residential care institution.

At present, nobody performs such specialized intervention in the family of a child who is in a residential care unit. The responsibility for such action should revert first and foremost to the local authorities. Local authorities do not only manifest a total lack of concern for such problems, but they are also confronted with a severe shortage of qualified staff for this type of job.

Most of the social assistants trained during this last decade lack the adequate practice, and maybe also knowledge on how to perform such interventions in the families of institutionalized children.

Moreover, the 15-year break in the training of specialists in the social and human sciences – psychology, sociology, pedagogy – during the communist regime (which overlaps – almost necessarily – with a period of massive institutionalization of children in Romania) has distorted conceptions and mentalities.
concerning children, and particularly young children, both among professionals and the general public, making extended protection of children outside their families an acceptable fact.

This is why the institutions have never developed a culture of relationships between parents and children that should encourage and value the parent as an irreplaceable person in a child’s development and evolution.

All these explain this “difficult-to-understand” attitude of these parents towards their institutionalized children.

In order to evaluate the respect given to the right to a family, in our survey we have studied data related to the following elements: visits paid by parents to their children, and by children to their parents, the records kept of these relational events with the family, and the conditions created in the institutions for maintaining and developing connections with the family.

2.3.1. Parent–child visits

Figure 2.3.1.1. presents the overall situation of the parents’ visits to the institutions that host their children. We have found that almost one third of the children whose parents still exercise their parental rights have never visited their children since they were institutionalized.

---

Figure 2.3.1.1.
Breakdown (in %) of children according to parent-child visits
(parents who still exercise their parental rights)
- ABSUR 2000 –
Table 2.3.1.2. shows the frequency of parent–child visits, while Figure 2.3.1.3. shows the statistical data on the number of parent–child visits during this last year.

Table 2.3.1.2.
Breakdown (in %) of children according to the frequency of parent – child visits during the last year (parents who still exercise their parental rights)
- ABSUR 2000 –

<table>
<thead>
<tr>
<th>Frequency of parent-child visits</th>
<th>VISITED</th>
<th>NEVER VISITED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>once a week</td>
<td>68.6%</td>
<td>31.4%</td>
</tr>
<tr>
<td>once a month</td>
<td>17.1%</td>
<td></td>
</tr>
<tr>
<td>during holidays</td>
<td>12.2%</td>
<td></td>
</tr>
<tr>
<td>every six months</td>
<td>14.7%</td>
<td></td>
</tr>
<tr>
<td>no contact during last 6 months</td>
<td>8.6%</td>
<td></td>
</tr>
<tr>
<td>no contact during last year</td>
<td>7.4%</td>
<td></td>
</tr>
</tbody>
</table>

As revealed by the data, 68.6% of the children have been visited at least once by their parents, while 31.4 % have never been visited since they are in the institution. The percentage of children who have never been visited could actually be higher, if we consider that 7.4% of the children have not had any contact with their parents during the last year.

During the last year, 24.9% of the children received visits every month, 17.8% during the holidays, while 21.4% once every 6 months. 12.5% of the children have never been visited during the last 6 months, while 10.8% have never been visited during the last year. It is also significant that the share of children receiving visits every week is very low (12.6%).
The obvious conclusion is that institutionalized children are most of the time not visited by their parents who still exercise their parental rights.

The frequency of visits varies according to the type of institution. (\textit{Table 2.3.1.4.}) Therefore, the least visited children are in the PCs for children aged 0-3 years. This can be explained by the early interruption of parental ties (many of them were abandoned in maternity hospitals soon after they were born). The most visited are the children in the PCs for school-aged children. The explanation is that many of the school-aged children go home on their own to visit their parents, and most of them have come to the institution from a family at an age where the parent–child relationship was already consolidated, usually at an age when they have already started school.

\textbf{Table 2.3.1.4.}

Breakdown (in \%) of children by types of institutions and frequency of parent-child visits during the last year (parents who still exercise their parental rights)

\textit{- ABSUR 2000 –}

<table>
<thead>
<tr>
<th>Frequency of parent-child visits</th>
<th>Type of institution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PC 0-3</td>
</tr>
<tr>
<td>every week</td>
<td>15.5</td>
</tr>
<tr>
<td>every month</td>
<td>0.3</td>
</tr>
<tr>
<td>during holidays</td>
<td>17.9</td>
</tr>
<tr>
<td>every 6 months</td>
<td>10.9</td>
</tr>
<tr>
<td>no contact during last 6 mths</td>
<td>8.0</td>
</tr>
<tr>
<td>no contact during last year</td>
<td>56.0</td>
</tr>
<tr>
<td>NEVER VISITED</td>
<td>44.0</td>
</tr>
</tbody>
</table>

The age of the children when they were first institutionalized will influence the frequency of visits by the parents (\textit{Table 2.3.1.5.}). The younger the children at the first institutionalization, the lower their chances to be visited. The highest share of children who have never been visited by their parents is found among institutionalized children under 1 year of age (47.5\%).

\textbf{Table 2.3.1.5.}

Frequency of parent–child visits (in \%) according to the age of the children when they were first institutionalized

\textit{- ABSUR 2000 –}

<table>
<thead>
<tr>
<th>Frequency of parent-child visits</th>
<th>Age when first institutionalized</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>under 1 y</td>
</tr>
<tr>
<td>VISITED</td>
<td></td>
</tr>
<tr>
<td>every week</td>
<td>11.2</td>
</tr>
<tr>
<td>every month</td>
<td>3.2</td>
</tr>
<tr>
<td>during holidays</td>
<td>14.1</td>
</tr>
<tr>
<td>once every 6 mths</td>
<td>10.9</td>
</tr>
<tr>
<td>no contact during last 6 mths</td>
<td>9.2</td>
</tr>
<tr>
<td>no contact during last year</td>
<td>52.5</td>
</tr>
<tr>
<td>NEVER VISITED</td>
<td></td>
</tr>
<tr>
<td>47.5</td>
<td>36.0</td>
</tr>
<tr>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>(99)</td>
<td>(47)</td>
</tr>
<tr>
<td>Frecventa vizitelor copii parinti</td>
<td>Domiciliul mamei</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>------------------</td>
</tr>
<tr>
<td></td>
<td>in localitatea in care se afla CP</td>
</tr>
<tr>
<td><strong>VIZITAT</strong></td>
<td></td>
</tr>
<tr>
<td>saptaminal</td>
<td>19.7%</td>
</tr>
<tr>
<td>lunar</td>
<td>26.2%</td>
</tr>
<tr>
<td>in vacante</td>
<td>8.7%</td>
</tr>
<tr>
<td>odata la 6 luni</td>
<td>24.5%</td>
</tr>
<tr>
<td>nici o relatie in ultime 6 luni</td>
<td>11.6%</td>
</tr>
<tr>
<td>nici o relatie in ultimul an</td>
<td>9.4%</td>
</tr>
<tr>
<td><strong>NICIODATA VIZITAT</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>84.4%</td>
</tr>
<tr>
<td></td>
<td>15.6%</td>
</tr>
<tr>
<td></td>
<td><strong>100.0%</strong></td>
</tr>
<tr>
<td></td>
<td>(615)</td>
</tr>
</tbody>
</table>

Lack of visitation does not necessary result in an amendment of the protection measure and the withdrawal of parental rights. Figure 2.3.1.7. confirms that there are very few parents who lose their parental rights while their children are in residential care.

Figure 2.3.1.7.
Breakdown (in %) of the children according to their legal representative – upon admission to the institution and at the time the survey was conducted –
- ABSUR 2000 –

Along with the visits, we have considered that both the correspondence and the telephone calls may represent important elements in the relations established between children and their families. This is the reason why we tried to capture the extent to which residential care institutions keep a record of such events.

We think that these events are important to record not for administrative reasons or as a means of checking up on the children, but as a source of additional information about the children’s families that may come in useful in maintaining / supporting their relationships with their families and may also contribute to retracing the children’s personal history.
Breakdown (in %) of relational events occurring between the children in residential care and their families as recorded by the institutions - ABSUR 2000 –

Figure 2.3.1.8. a, b, c, d shows that in placement centers, the parents’ visits are recorded in a proportion of 100% for all the children in those institutions (there is actually a legal provision that makes visitation logs mandatory in institutions). Visits paid by relatives are recorded in the same conditions. In camin spital, the visits of parents and relatives are only recorded in 73.1% of the cases.
Leaves from all types of institutions are recorded mainly in placement centers for preschool and school-aged children, and not so much in placement centers for children aged 0-3 years and in the camouflage spital. Correspondence and phone calls received are the events least recorded in the institutions.

The attitudes of the staff and the institutionalized children towards the families of the latter were mainly revealed in the qualitative studies.

☺ When I sometimes do a mischief, I get punished, and then they make me do some cleaning in the dorm or in the canteen. Or they sometimes tell us they will send us home, because they know things are worse there, because our parents drink and they beat us, and I’m actually afraid to go home because of that.

☺ I like it here because I get along well with the girls and the staff. For me this is like home. I don’t feel as good as I would feel if I was together with my parents, but it’s still OK.

☺ The living conditions are very good as compared to those in some of the families in town, where they sometimes go without food. Many of the bad things that used to happen during communism are no longer there.

☺ I spent my childhood here, in the placement center, and I only have good things here...

(Children’s opinions)

? Children have to live with their natural mothers.
? There are many families that have problems, and then it is preferable for the children to stay in an institution, where they can be cared for properly.
? The children should remain in the institution, since their living and educational conditions are better here then they would be in their families.
? It’s not good for children to live in an institution permanently, even if here they have better conditions for development and education than they would have in their own families. The only thing they are missing is the family feeling.
? Considering that in our institutions there are few children that we could send home (since they lost contact with their families), life is better for them here.
? It is preferable for a child to grow up in a family, nobody in the world can replace a mother.

(Staff accounts)

2.3.2. Conditions for Maintaining / Stimulating Relations between Parents and Children

In order to maintain and support relationships between parents and their children placed in residential care, there are several conditions that need to be met, such as: providing unrestricted access of the parents to their children, arranging a space for visits, arranging a space where parents can (occasionally) stay overnight on the occasion of a visit, and last, but not least, enrolling siblings in the same institution. The figures below reflect the extent to which the institutions have attended to the right of children to maintain their relationship with their own families. Consequently, we find that over two thirds of the children in residential care are in institutions that do not restrict the parents’ access by imposing a visitation timetable (Figure 2.3.2.1.).

Almost three quarters of all the children in residential care are in institutions that have organized a visitation space where the children can receive their parents (Figure 2.3.2.2.).

---

Figure 2.3.2.1.
Breakdown (in %) of the children according to the existence of a visitation timetable for the parents in the institutions
- ABSUR 2000 –
Figure 2.3.2.2.
Breakdown (in %) of the children according to the existence in the institution of a visitation space dedicated to the parents
- ABSUR 2000 –
Almost all the children in family type institutions (98.3%) benefit from a visitation space dedicated to their parents inside the institution (Figure 2.3.2.3).

**Figure 2.3.2.4.** reveals that the percentage of children in residential care who benefit from visitation spaces dedicated to their parents is higher in placement centers than in *camine spital*, without however the difference being significant.

**Figure 2.3.2.3.**
Breakdown (in %) of the children depending on the existence in the institution of a visiting space dedicated to the parents, by types of institutions
- ABSUR 2000 –

**Figure 2.3.2.4.**
Breakdown (in %) of the children according to the existence in the institution of a visitation space dedicated to the parents – in placement centers and *camine spital*
- ABSUR 2000 –

a – in placement centers
b – in *camine spital*
Figure 2.3.2.5. reveals that almost one third of the institutions have (overnight) accommodation spaces for the children’s parents. Current regulations recommend that institutionalized siblings should be enrolled in the same institution. Figure 2.3.2.6. indicates that institutionalized siblings are hosted by the same institution in 85% of the cases.

These achievements are remarkable if we take into account that these things have only been given consideration during these last years, even if the expected results, such as a more consistent relationship between parents and children, have not materialized as yet.
Case Study
χ. C.A. – 13, 7th grade student, living in a family-type placement center

(…)

“Do you like it at this center?”
“I like nothing here. I don’t even like my social parents, who are very mean and beat us for all sorts of reasons.”

“How do they beat you?”
“With a stick they keep hidden behind the kitchen cupboard. Here it is!” (she shows me the stick)

“Why do they beat you?”
“Because we don’t do the housework the way they want us to do it and for as long as they want. They leave us no spare time. When we stop for a while, they start yelling at us.”

“How do you get along with the other children?”
“I only get along with one of the girls, who is my age and is my best friend, and two of the younger kids, who are 5. Nobody else. They are all very mean, particularly the boys.”

I talked to the social parent. He lived in that house with his wife, who was the children’s social mother, and with their son, who was 18. He was a very authoritative person, who kept on abusing the child one way or another. (For instance: “Go and fetch a glass of water for the young lady! Can’t you hear me? Have never seen such a lazy girl!”) He told me that the girl was stupid, “she is rather weak in the head”, he said.

“What would you like to be when you grow up?”
“I would like to become a hairdresser, but my social parent won’t let me. He keeps telling me: ‘You’ll go to dressmaking school, because that is more lucrative than hairdressing.’”

“What else don’t you like?”
“I don’t like it that my social parents’ son, who is 18, sleeps in the same room with me. He tried to rape my friend, but he didn’t manage. His parents gave him a good beating, but they didn’t do anything about his sleeping arrangements, he still sleeps in our room. All the management knows this, including the director. I don’t feel at ease when I am in my room either. I have to be careful when I am dressing, because he may barge in at any moment.

I have been in this institution for about 7 years, I came here from home. Both my parents have died, and my brother can’t afford to raise me.”

“What about school?”
“My grades are rather poor, but not because I am stupid or I am unable to study, but because I can’t concentrate. In the same room, usually the kitchen, there are 7 more children studying, this is why I can’t pull myself together. When I can study on my own, I get better grades.”

“Are there children in this institution who are forced to have sexual relations?”
“Yes, I’ve heard that such things have happened. The director even beat two boys for such relations.”

“Are younger children made to work for them by older children?”
“Yes, this happens everywhere, in all institutions, but they don’t only need to work, they also have to steal, and give them the money and food they receive from their relatives.”

“Has it ever happened to you?”
“Yes, but it is not only the older children who take my clothes and the money I get, but also my social parents.”

“Have you ever complained about what happened to you?”
“No, because there is no one I could complain to. They are all hand in glove here.”

2.4. The Right to Health

Article 24: “States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall take appropriate measures to combat disease and malnutrition.”

(UN Convention on the Rights of the Child)
From the perspective of this right, our survey set out to identify the following:
1. The health status of the children upon admission to an institution and at the time the survey was conducted;
2. The children’s nutritional status;
3. The indicative structure of a day’s menu in a placement center;
4. Immunization coverage.

The data on the children’s health status were taken from the children’s medical records. The anthropometric and vaccination data were always collected with the operator being assisted by a doctor or a nurse working in the institution under survey. The information on the menu structure was obtained from interviews conducted with school-aged children in placement centers (and it only refers to this age category).

2.4.1. Health Status upon Admission to an Institution and at the Time the Survey Was Conducted

The highest morbidity rate, with the exception of the canine spital, was found in the placement centers for children aged 0-3 years, that mainly host infants and early preschool children. It is a recognized fact that young ages are the frailest. Therefore, 65% of the infants and young children are suffering from health problems when they are admitted to an institution. (Figure 2.4.1.1. and Figure 2.4.1.3.) This is explained by the children’s increased vulnerability to environmental factors (nutrition, lack of personalized care, lack of reference points), exacerbated by congenital disorders, physical deficiencies, as well as some chronic disorders that affect many of the children in this age group (Figures 2.4.1.1., 2.4.1.2.).

The nutritional pathology recorded upon the children’s admission to the placement center (38% cases of malnutrition and 43% cases of anemia) is compounded by the risks related to institutionalization, with notable negative effects of the children’s evolution. The increased prevalence of the pathology recorded in placement centers for children aged 0-3 years as compared to other types of institutions could be also explained by the fact that these children bring along more documents from the health care institutions. Staff working in this type of institutions – that used to be excessively medical until not so long ago – are still used to performing a frequent assessment of the children’s health status and to record the treatments and / or rehabilitative procedures in their files (Table 2.4.1.4.).

The percentage of nutritional disorders among children in placement centers for preschool children is lower than the percentage recorded among children living with their families (see National Survey on the Nutritional Status 1993 – 1996, UNICEF - IOMC), but this may actually be so because in institutions the diagnoses did not always get to be mentioned in the children’s medical records. Sensorial and intellectual deficiencies, as well as physical disorders did get recorded, but their percentage is also lower than that recorded in placement centers for children aged 0-3 years (Figures 2.4.1.1., 2.4.1.2.).
A. – Upon admission

Figure 2.4.1.1.
Health status of institutionalized children by types of institutions (%)

B. – At present

Figure 2.4.1.2
In the *combe spital*, the vast majority of the children are affected by severe conditions, compounded by the intellectual deficiencies that are present in almost 90% of the cases, as well as behavioural disorders, physical and sensorial deficiencies (*Figure 2.4.1.2*). In over one quarter of the cases, malnutrition, anemia and chronic congenital diseases are associated with the basic condition that was the main cause for admission.

In the case of nutritional disorders we have found an obvious improvement of the children’s condition between the moment they were admitted and the “present” moment for the children in the placement centers for ages between 0-3 and for preschool children, but the same thing cannot be stated about the *combe spital*, where recovery is much more difficult to obtain, as is well known. (*Figures 2.4.1.1, 2.4.1.2.*)
Although the number of children infected with HIV/AIDS is low, we have seen a slight increase in that number. This can be explained either by the fact that the tests are applied some time after admission, or that the infections were caused by parenteral treatments applied before or after admission. Still, even if the number of infected children is very low, it is a warning signal concerning the need to apply rigorous prophylactic measures, the more so as the Hbs antigen has been identified mainly among children in the camine spital, where injectable treatments are more frequent.

2.4.2. The Nutritional Status *

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 currently used to evaluate the children’s nutritional status, on account of their high degree of relevance, are the following:
- Height related to age - H/A
- Weight related to age – W/A
- Weight related to height – W/H

- A low height related to age is indicative of stunting, which reflects a predominantly qualitative long-term nutritional deficiency, the presence of pathological conditions or an increased morbidity. At the population level, it is indicative of an increased prevalence of precarious social and economic conditions, as well as of much too frequent and predominantly early exposure to the dangerous environmental factors mentioned before.

The standard rate is of 2.3% in a population without stunting or systematic slackening of the growth rate, while in the case of developing countries the values range between 10-60%.

An improvement of that indicator at population level reflects an improvement in the social and economic conditions in that country.
- A low weight related to age is an indicator that identifies the subjects that are characterized by a regress, or a stagnating or barely ascending weight curve. It is determined by inadequate food rations, by diseases limiting the absorption and use of food, as well as by systematic mistakes in the feeding and caring techniques. It may be useful to use during the monitoring of growth models for assessment, which slightly reduces its relevance.

The prevalence of low weight related to age, as well as of low height related to age in the reference population is of 2.3%. However, this indicator fails to differentiate between short, but well balanced children, and children who are too thin for their height.
- A low weight related to height is a more relevant indicator of malnutrition than low weight related to age in acute cases where the food intake is dramatically low because of poor economic conditions or an extended severe disease. This is why it is an indicator that is sensitive to acute malnutrition when prevalence exceeds 5%. A prevalence in excess of 10% indicates a dramatic situation in the population under survey.

The analysis of the indicators mentioned above was performed by calculating the Z score*, because this parameter has several advantages: the Z score holds the same statistical relationship as the reference distribution for all age groups and irrespective of gender; when the mean value of the population under study is the same as the mean value for the reference population, the Z score equals 0; when the Z score of an indicator is below –2 (Z < -2), it points to a deficit in the population, while when it is above +2 (Z > +2), it points to an excess of the parameter as against the reference population.

* The analysis of the nutritional status has involved 1073 children under 10 in placement centers
* The Z score is an index expressed in standard deviation units representing the number of standard units by which the value of a parameter in the population under survey deviates from the mean value of the same parameter in the reference population.
We have opted for this methodology in our analysis of the nutritional status because it had also been used in the nutritional studies conducted by UNICEF – IOMC, whose data we could use for reference.

The studies we have referred to show an increasing deterioration of the overall nutritional status in the country. According to these data, among non-institutionalized children, a low height related to age has a prevalence of 7.3% among children under 24 months and of 8.5% among children between 2 and 5 years of age (national transversal survey conducted in 1991). This prevalence goes as high as 20% for the population under 5 included in the National Survey on the Nutritional Status (1993 – 1999). In the case study on the nutritional status of children conducted in 27 out of the 52 leagane in Romania in 1995, the prevalence found was of 64-65% both for low height related to age and for low weight related to age.

The processing of the anthropometric indicators was done along three parameters: height (H), weight (W) and age (A).

In all the groups included in the survey, the indicator low height related to age shows a prevalence that is much above that in the reference population, namely non-institutionalized children: it ranges between 36% among children under 2 (31.4% among infants and 41.4% among children aged between 1-2 years), and 51.7% among children in the 2-5 age group; and it is also quite high among school-age children (34.4%).

Let us mention here that the data in the transversal survey of 1991 and those in the NSNS are much under these values, the international reference value being 2.3%. (Graphs 2.4.2.1., 2.4.2.3., 2.4.2.4.)

This is indicative of an inadequate calorie intake for extended intervals, which fails to support the children’s linear development, as well as of environmental conditions limiting the growth process, that are more prevalent in institutions than in families. The 20% prevalence recorded among children living with their families is also suggestive of unsatisfactory economic and environmental conditions at the population level.

The height deficit can be improved in time, by improving the food intake and the social-economic environment, and also by decreasing morbidity.
Figure 2.4.2.2.
Prevalence of low height related to age for children between 0-1 years (%)
- ABSUR 2000 –
Figure 2.4.2.3.
Prevalence of low height related to age for children between 1-2 years (%)
- ABSUR 2000 –

Figure 2.4.2.4.
Prevalence of low weight related to age for children between 0-1 years (%)
- ABSUR 2000 –

Figure 2.4.2.5.
Prevalence of low weight related to age for children between 1-2 years (%)
- ABSUR 2000 –
The lower prevalence of *low height related to age* among children between 5 and 10 years of age as compared to children between 2 and 5 could be explained by the fact that most of the children in placement centers for school-age children come from families, and institutionalization did not affect their growth during their early childhood. To this we could add a potential improvement in the conditions of placement, the higher resistance to diseases as the child develops, a higher degree of autonomy, and the possibility to ask for additional food when the food made available is not enough.

The *low weight related to age* also has a much higher prevalence (35.7%) in the 0-2 age group (33.9% among infants and 37.5% among children aged 1-2), and of 40.9% among children aged 2-5 and 21.7% among children aged 5-10. This shows a better situation than in the case study conducted in placement centers (1995), when a 65% prevalence was recorded, but one that is much worse than the prevalence recorded among children living with their families (1993-1999 survey), and practically 10 times higher than in the 1991 study (Figures 2.4.2.1., 2.4.2.2., 2.4.2.3.).

This is an indication of severe wasting because of the insufficient food rations, repeated diseases, increased vulnerability to infections, which all make up a vicious circle that may leave an imprint on the children’s long-term development.

Something along the same lines can be said about *low weight related to height*, since the prevalence fall within the critical or alert severity range: 16.1% and 13.3% for children in the 0-2 and 2-5 age groups, respectively, as compared to 5.4% among children between 5-10, the latter value also exceeding that found in the international reference population (Figure 2.4.2.4., 2.4.2.6.).

---

**Figure 2.4.2.6.**
Prevalence of low weight related to height among children aged 0-1 years (%)
- ABSUR 2000 –

![Graph showing prevalence of low weight related to height among children aged 0-1 years](image)

The alarming prevalence of wasting among children in the age groups under 5 in placement centers is indicative of acute malnutrition, of a dramatic deficit in calorie intake. In the literature, such prevalence is interpreted as the signal of a major food crisis, with food rations constantly falling short of the recommended diet rations (RDR).

*What was striking was the intensity and range of the disturbance in the overall nutritional status (Figure 2.4.2.7. a, b, c, d).*

The high deviation from the reference population also indicates and warns about the existence of systematic factors that may disturb the normal development of the children in placement centers. Effective intervention presupposes a regular assessment of the nutritional status. For the children in the sample surveyed, the first indication of a lack of regular assessment of their growth status, and consequently of the low likelihood of early intervention, results from the high percentage (43.8%) of the children without anthropometric measurements recorded on their files at the time of the survey.
It is important to re-emphasize that malnutrition is determined by a complex set of factors, and should not be considered as the exclusive result of inadequate nutrition. It is the professionals’ duty to apply a global approach to care, where the objectives of nutritional practices are to fulfill the qualitative and quantitative requirements of a daily food ration, but also to improve the way food is prepared and served, and the climate where this “ritual” unfolds. It is known that, particularly in institutions, malnutrition can often become a risk indicator of a disturbance in the emotional relationship between adult and child. And the rehabilitation of dwarfism resulting from emotional deprivation is much more difficult to achieve, which restrains the individuals’ possibilities to attain the performance they are entitled to. For all these reasons, any program for the recuperation of the children’s nutritional balance, as well as neurological and psychological development, requires an active participation from the reference persons in order to make sure the disturbed emotional relations are repaired and developed. Moreover, a multidisciplinary approach is required that can take into account and adjust the wide range of risk factors involved – nutrition, hygiene, health status and last, but not least, the relationship of attachment currently invoked as a modulator of the rate of growth hormone synthesis.

2.4.3. Indicative Structure of the Menus

The information was only collected from the interviews conducted with 694 children from placement centers for preschool and school-aged children about their breakfast menu, and with 665 children for their lunch menu. We did not run a food survey, therefore the data are to be taken as relative values. The conventional codes that we propose only make reference to the biological value of the food received, and not to the actual amount.

☺ I hate it that we often have to argue with the caregivers, because they give us little of the better foods.
☺ I like it that we sometimes have good food at lunch or dinner.
☺ I don’t like it in the institution, because they don’t give us too much food, and sometimes it is not even good.

Although most of the menus have been labeled as satisfactory (Tables 2.4.3.1. and 2.4.3.2.), analysis reveals that milk and dairy products, along with fruit, are not a systematic item on the menu, and generally menus are not diversified. Potatoes dominate the vegetable sector, both for lunch and dinner. Structure of menus for breakfast and lunch - breakdown (in %) by types of institutions - ABSUR 2000 –

<table>
<thead>
<tr>
<th>Tipul instituției</th>
<th>CP copii preșcolari</th>
<th>CP copii școlari</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meniu</td>
<td>Bun</td>
<td>31.4%</td>
</tr>
<tr>
<td></td>
<td>Satisfacator</td>
<td>17.1%</td>
</tr>
<tr>
<td></td>
<td>Nesatisfacator</td>
<td>51.4%</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>35</td>
</tr>
</tbody>
</table>

<table>
<thead>
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<td></td>
<td>Nesatisfacator</td>
<td>51.4%</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>35</td>
</tr>
</tbody>
</table>
The children’s nutritional status requires a more ample survey on the nutritional practices in placement centers, for all age groups, and a more careful study of the possibility of putting together more comprehensive menus, the more so as the current food allowance can cover for that.

### Table 2.4.3.3.
**Menu codes - ABSUR 2000 –**

<table>
<thead>
<tr>
<th>Group</th>
<th>Food classification</th>
<th>Types of food</th>
<th>Score</th>
</tr>
</thead>
</table>
| I     | Foods that are very important biologically (for at least one meal) | ➢ Milk and dairy products (NOT cream cheese)  
      |                     | ➢ Meat, fish, eggs (NOT cold cuts)          | 4     |
| II    | Foods that are important biologically (for at least one meal)   | ➢ Fruit  
      |                     | ➢ Beans (peas, beans, lentils, chick peas)  
      |                     | ➢ Vegetables (cabbages, carrots, tomatoes, etc.)  
      |                     | ➢ Cereals, potatoes, bread, pasta            | 3     |
| III   | Foods that are moderately important biologically (in small quantities, for no more than two meals) | ➢ Sugar, sugar products  
      |                     | ➢ Cold cuts  
      |                     | ➢ Cream cheese  
      |                     | ➢ Margarine, butter                         | 2     |
| IV    | Risky foods          | ➢ Risky sweet soft drinks  
      |                     | ➢ Canned fish or meat                      | 0     |
|       | **REMARKS**          | ➢ The association in a day’s menu of foods in groups I and II will yield a score of:  
      |                     | ➢ The absence from a day’s menu of milk, dairy products, eggs or meat for children over 6 months decreases the score by:  
      |                     | ➢ The absence from a day’s menu of fruit for children over 6 months decreases the score by: | 5     |

- Good menu - > score 4 - 5
- Satisfactory menu - > score 3
- Unsatisfactory menu - > score < 3

### 2.4.4. Immunization Coverage

As compared to the data referring to the population between 18-24 months of age included in the official statistics (Ministry of Health, 2000), which indicate a coverage of 95% or more for all antigens, the primary records referring to children in residential care only indicate a coverage of 85.4%. The highest coverage has been recorded for BCG (93.4%), followed by measles (92%), polio (90%), hepatitis (88%) and DTP (84.2%).

There is some confusion about these data that could be explained by the absence of reliable data in the medical records of the children upon admission, by the potential existence of counter-indications (since we have also included children in *camine spital* in our survey), or by the incomplete recording of the vaccinations performed in the medical files and immunization registers that we have analyzed. This assumption is also supported by the low percentage of periodic medical check-ups (51%), treatments, and rehabilitation procedures mentioned.

While health and medical care seems to be provided to 97.4% of the children, the preventive component – a dimension that is most important in placement centers – has to become a more obvious and more systematic presence.

We have insisted more on the right to health because it is determined by a multitude of factors, and the improvement of service quality, along with the improvement of environmental conditions, including the reduction of the time spent by children in institutions could all contribute to the normal development of children and to their welfare.
2.5. The Right to Education

Article 28:
“1. States Parties recognize the right of the child to education (..) on the basis of equal opportunity (...).”
(UN Convention for the Rights of the Child)

The residential care institutions for the protection of children in difficulty have always complied with the obligation to enroll their children in preschool and school education. For the camine spital, this regulation is recent and selectively applied, depending mainly on the intellectual potential of the children in these institutions.

Table 2.5.1. illustrates the enrollment of children in various forms of education, by types of institutions. In the case of placement centers, we have found a good enrollment rate in various forms of education. It is also a positive finding that almost 14% of the children in the camine spital do attend some form of school. This demonstrates that these children are no longer considered impossible to recuperate, and that we have managed to leave behind a situation where investment in education / socialization in these institutions was almost non-existent.

Table 2.5.1.
Breakdown (in %) of the children according to the form of education they are enrolled in, by types of institutions
- ABSUR 2000 –

<table>
<thead>
<tr>
<th>Forma de invatamint frecventata de copil</th>
<th>Tipul institutiei</th>
<th>CP copii 0-3 ani</th>
<th>CP copii prescolari</th>
<th>CP copii scoaliari</th>
<th>Camin Spital</th>
</tr>
</thead>
<tbody>
<tr>
<td>clasa de alfabetizare</td>
<td></td>
<td>0.1%</td>
<td>1.7%</td>
<td>2.8%</td>
<td>3.9%</td>
</tr>
<tr>
<td>prescolar</td>
<td></td>
<td>2.2%</td>
<td>29.0%</td>
<td>6.2%</td>
<td>0.0%</td>
</tr>
<tr>
<td>prescolar special</td>
<td></td>
<td>0.3%</td>
<td>1.0%</td>
<td>0.4%</td>
<td>7.5%</td>
</tr>
<tr>
<td>primar</td>
<td></td>
<td>0.1%</td>
<td>27.8%</td>
<td>29.3%</td>
<td>0.6%</td>
</tr>
<tr>
<td>primar special</td>
<td></td>
<td>0.1%</td>
<td>0.7%</td>
<td>2.6%</td>
<td>1.3%</td>
</tr>
<tr>
<td>gimnazial</td>
<td></td>
<td>0.0%</td>
<td>15.5%</td>
<td>32.2%</td>
<td>0.0%</td>
</tr>
<tr>
<td>gimnazial special</td>
<td></td>
<td>0.1%</td>
<td>1.2%</td>
<td>5.6%</td>
<td>0.0%</td>
</tr>
<tr>
<td>scoala complementarea /</td>
<td></td>
<td>0.0%</td>
<td>1.2%</td>
<td>2.2%</td>
<td>0.0%</td>
</tr>
<tr>
<td>scoala profesionala</td>
<td></td>
<td>0.0%</td>
<td>3.6%</td>
<td>9.1%</td>
<td>0.0%</td>
</tr>
<tr>
<td>scoala prof. specialia</td>
<td></td>
<td>0.0%</td>
<td>1.0%</td>
<td>1.6%</td>
<td>0.0%</td>
</tr>
<tr>
<td>liceu</td>
<td></td>
<td>0.0%</td>
<td>4.8%</td>
<td>5.5%</td>
<td>0.0%</td>
</tr>
<tr>
<td>liceu special</td>
<td></td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.1%</td>
<td>0.0%</td>
</tr>
<tr>
<td>alte forme</td>
<td></td>
<td>0.1%</td>
<td>0.2%</td>
<td>0.3%</td>
<td>0.0%</td>
</tr>
<tr>
<td>nici unul</td>
<td></td>
<td>96.9%</td>
<td>12.3%</td>
<td>2.2%</td>
<td>86.7%</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>739</td>
<td>414</td>
<td>1703</td>
<td>308</td>
</tr>
<tr>
<td></td>
<td></td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>
The percentage of children enrolled in mainstream education as against those enrolled in special education is quite favourable (Table 2.5.2.), even if the percentage of institutionalized children enrolled in special education is higher than the percentage of children in the general population enrolled in this type of schools.

Our survey data have not allowed us to make a global assessment of the situation of children in *camine spitale* enrolled in mainstream schools (among others because there are few children in that situation). But the very fact that there are at least 2 or 3 children enrolled in mainstream schools attests to the fact that we are witnessing a change of attitude towards this category of children.

### Table 2.5.2.
Breakdown (in %) of the children according to the form of education they are enrolled in, by types of institutions

<table>
<thead>
<tr>
<th>Tipul institutiei</th>
<th>CP copii 0-3 ani</th>
<th>CP copii prescolari</th>
<th>CP copii scolari</th>
<th>Camin Spital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Forma de invatamint</td>
<td>masa</td>
<td>78.3%</td>
<td>93.7%</td>
<td>86.7%</td>
</tr>
<tr>
<td></td>
<td>special</td>
<td>21.7%</td>
<td>6.3%</td>
<td>13.3%</td>
</tr>
<tr>
<td>Total</td>
<td>23</td>
<td>363</td>
<td>1665</td>
<td>41</td>
</tr>
</tbody>
</table>

The enrollment of children in schools beyond the lower secondary (gymnasium) level is as follows (Figure 2.5.3.): almost half of the children (46%) attend vocational schools, or special vocational schools (8.6%); almost one third of the children are enrolled in higher secondary schools (lyceum); 13.1% of the children go to a complementary apprentice school. The percentage of children who are not enrolled in any kind of post-lower secondary school is under 1%.

### Figure 2.5.3.
Breakdown (in %) of the children enrolled in schools beyond the lower secondary level

In the urban area (Figure 2.5.4), the percentage of children enrolled in higher secondary education is equal to the percentage of children enrolled in vocational education, while in the rural area, the percentage of children enrolled in vocational education is more than twice the percentage of children enrolled in higher secondary education.

Most of the children in placement centers are enrolled in vocational education, while the children in the general population are mainly enrolled in higher secondary education (lyceum). This observation is important when we assess the equality of opportunities between institutionalized children and children raised in their own families.
The enrollment of institutionalized children in various types of educational institutions is important because schools are the place both for acquiring a qualification, and for achieving social integration.

Figure 2.5.4
Breakdown (in %) of the children enrolled in post-lower secondary education – by urban/rural area
- ABSUR 2000 –

When I graduated my 8th grade, I could opt between a lyceum and a vocational school, and I said I wanted to go to a sports school, where I could practice gymnastics and athletics, but the lady did not allow me to go there, because she said I did not benefit from adequate circumstances, and there was no one to help me. So eventually I went on to study at the agricultural school in this town.

Usually the tutoring is the most tiring part, but if you really want to study, you can. Until 2 or 3 years ago, our caregivers used to discourage us from learning; in fact, there is no one around this place who really cares about you.

The conditions for study are very poor, the teachers don’t come to class, they spend their time together (…) and they all keep yelling, both the kids and the ladies. I would like to be admitted to a high school that I’m sure I can never be admitted to otherwise. And if we somehow manage to graduate from high school, then someone should help us find a job and a place to live, they shouldn’t simply let us drift. (children’s opinions)

The qualitative survey revealed that many of the children are advised to go to less competitive schools, offering qualifications in jobs that are in little demand on the labour market. The survey also indicated at times that there was a lack of involvement by the caregivers in supporting the children in achieving their professional preferences and aspirations.

Concerning their aspirations about a professional career, about 40% of the children would like to be qualified in professions that require post-secondary and university education. More than a third of the children would like to be enrolled in short-term vocational education (vocational schools). This situation is highly different from that of the children in the general population, whose vast majority would like to be enrolled in higher secondary education.

A percentage of 15.5% of the children would like to have occupations that do not require any qualification (cleaning woman, keeper, janitor, etc.), while 19.5% have not even thought about choosing a career.

Figures 2.5.5. and 2.5.6. suggest that there are differences between the aspiration levels and the concrete situation the children are in, at least for the children in post-lower secondary education.
The aspiration level of the children in the rural area is lower than that of the children in the urban area, meaning that children in the rural area aspire to jobs for which they need to attend at the most vocational school, while children in the urban area aspire to jobs that presuppose at least higher secondary education. This difference in aspirations between the children in the two areas is characteristic not only of children in residential care, but also of children in the general population (Figure 2.5.6.).

* other = other trades that do not require schooling

The box below contains some of the answers provided by the children to the question “What would you like to be when you grow up?”

- I would like to become a hairdresser, but my social parent won’t let me. He keeps telling me: “You’ll go to dressmaking school, because that is more lucrative than hairdressing.”
- When he grows up, he wants to become a priest, because his favourite subject matter is religion. They have been on trips to some monasteries, and sometimes they stayed there for the night.
- I would like most to be employed in this boarding school, either as a cleaning woman or as a night attendant. And I would also like very much the director ladies not to tell me to leave the boarding
school, now that I graduated from school. I have nowhere else to go, and I would like to stay on in the
dormitory until I can find a place for myself.
isease
- I would like to be admitted to a high school that I’m sure I can never be admitted to otherwise. And if
we somehow manage to graduate from high school, then someone should help us find a job and a place
to live, they shouldn’t simply let us drift.
isease
- When I graduate school, I would very much like to get a job as a hairdresser.
isease
- I would like most to graduate from high school, and then to continue my studies.
isease
- I would like to go to the sports college, but I have hardly any chance to do that.
isease
- I would like to become a dancer.
isease
- I would like to be able to graduate the 7th and 8th grades, and I would also like them to give me my
scholarship, that I have not received for almost a year.
isease
- What I would most like is to be able to study on, maybe at a better school than the one I am studying
at now, which is a complementary school, so that I can get a good degree. You can never know what
may become of me.
isease
- I would like to study in a high school first, and then be able to go to university, and I would like to get
help to do that.
(Children's opinions)

2.6. The Right to Personalized Care

Personalized care is based on the personalized plan, which is a written document. This personalized plan
is used to decide and plan for all children the objectives and procedures that concern their
development, education/socialization, therapy, duration of stay in residential care, and destination after
leaving the institution.

Figure 2.6.1 presents the situation of personalized plans drafted for children in residential care
institutions. According to the data, the prevalence of children for whom personalized plans have been
formulated is of only 20%.

Figure 2.6.1
Breakdown (in %) of the children according to
whether there is a written personalized plan drafted for them
- ABSUR 2000 –

The following breakdown containing data on the existence of written personalized plans drafted for the
children by types of institutions indicates that there are differences in prevalence across the children
hosted in different types of residential care institutions. Consequently, in the traditional type, the
prevalence of children with personalized plans is the lowest, significantly lower than for the children in
family type or mixed institutions (Figure 2.6.2).

Figure 2.6.2
Breakdown (in %) of the children according to whether there is a written personalized plan drafted for
them, by types of institutions
The breakdown of children by urban/rural areas reflects the differences in the percentage of children who have personalized plans drafted for them, without those differences being significant.

**Figure 2.6.3**
Breakdown (in %) of the children according to whether there is a written personalized plan drafted for them, by urban/rural area

- ABSUR 2000 –

**a**– urban

**c**- rural

As for the content of these personalized plans, there are few instances when they actually contain all the necessary elements that could allow a planned implementation of the activities meant to support the child’s reintegration into the natural family and society at large (**Figure 2.6.4 a, b, c, d**). The child’s developmental and educational programs are the most frequent elements included in the personalized plans, but they are reduced to a set of performance parameters (and there is no particular information about the child’s domains of success that could be used as strengths to help consolidate the weaknesses).

Information on the duration of the children’s stay in residential care institutions, or on where they will go upon leaving the institution is very seldom included in the personalized plans.
Figure 2.6.4 a, b, c, d
The children’s personalized plans contain information on:
(in %)
- ABSUR 2000 –

- duration of child’s stay in this institution

- where the child will go after leaving the institution

- existence of an education – socialization program

- existence of a developmental program
The consequences of the absence of personalized plans for children in residential care are reflected in the undifferentiated care provided to them, which was mainly revealed in the qualitative studies.

☺ We, the older girls, would like to be treated in a different way than the younger ones.
☺ I would like to have some of my group’s teachers replaced, and I would also like some of the girls to leave, because I don’t get along well with some people.
☺ I would like the girls in this institution to be more quiet, for instance the girls in my room are rather noisy, and all they think about is fun and entertainment.

2.7. The Right to Information

Article 13

1. “The child shall have the right (...) to receive (...) information (...).”
2. “The exercise of this right may not be subject to restrictions (...).”

(UN Convention on the Rights of the Child)

The respect of the right to information may include a wide range of aspects, but in the current survey we only assessed the right of the children (over 10) 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, since it is a right formulated in a legal provision (EGO no. 26/1997), it has been ignored to a very large extent by the Committees for Child Protection themselves. Consequently, the data in our survey indicated that the percentage of children to whom the protection measure taken by the Committee for Child Protection was communicated only amounted to 16.9% of the total number of children.

---

Figure 2.7.1

Breakdown (in %) of the children according to whether the protection measure taken by CCP was communicated - children over 10 - - ABSUR 2000 –

![Pie chart showing 16.9% of children communicated and 83.1% not communicated]
2.8. The Right to Free Expression of Opinions

Article 12:
“1. States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.
2. For this purpose, the child shall in particular be provided the opportunity to be heard in any judicial and administrative proceedings affecting the child (...).”
(UN Convention on the Rights of the Child)

Out of the multitude of aspects that could be relevant when we evaluate the extent to which the right to free expression of their opinions is ensured for institutionalized children, we have only selected one. That criterion is 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 the children.

The data collected revealed that the child’s opinion about the protection measure proposed is recorded in the report on the psychological and social investigation in a mere 6% of the cases (Figure 2.8.1.), although there is an explicit provision in the law that makes this element mandatory (EGO no. 26/1997).

Figure 2.8.1.
Breakdown (in %) of children according to whether their opinion on the protection measure taken in their case was recorded – children over 10 –
- ABSUR 2000 –

2.9. The Right to Periodic Review of the Protection Measure

Article 25:
“States Parties recognize the right of a child who has been placed by the competent authorities for the purposes of care, protection or treatment of his or her physical or mental health, to a periodic review of the treatment provided to the child and all other circumstances relevant to his or her placement.”
(UN Convention on the Rights of the Child)

Case Study
β Z.I. – born on July 3, 1983, currently in residential care in the camin spital N-V, the county of Constanța
The child was – probably – abandoned in a dystrophic department, and the only document on file from that institution is a referral to a leagan, the diagnosis being “clinically healthy”.
The child was enrolled in the leagan on November 22, 1983. The only information surviving from the three years of residential care in this institution is a vaccination record, an anthropometric
measurement, and the child’s medical record including data on childhood diseases and other health problems, all these documents being included in a medical file. There is no document concerning his parents, no indication on the child’s behaviour, etc.

Attached to the medical file, we have also found a referral to a special kindergarten issued by a neuro-psychiatrist in 1986, but there must have been a shortage of places at that institution, because the child landed in a camin spital. There is also a recommendation by a psychiatrist at the County General Hospital, dated 1996, whereby the child is referred to a special vocational school or a boarding school type residential care institution. According to our investigations, it appears that nobody has ever bothered to apply that recommendation.

During all the years spent by the child in the camin spital, nobody has ever undertaken to transfer him to an institution that would have been more appropriate for the mild psychological deficiency he is suffering from, to an institution that could have offered him an adequate environment for stimulation and recuperation. But as things stand, the child has not had access to any form of education.

Consequently, because of the carelessness and indolence of the decision-makers in these institutions, this child has been deprived of all forms of educational or rehabilitation programs, under the circumstances where his deficiencies may have actually been caused by extended institutionalization. Although he does have some symptoms of dyslalia, with rhythm of speech, phonation and articulation mostly affected, the child’s expresses himself in a fairly clear manner. He has some difficulty in dialogue formation, but his high degree of concretism and lack of abstractization may also be accounted for by the total absence of social contacts until 2 or 3 years ago; the child does not remember having had friends during his childhood years, as the other children in the dorm also suffered from physical disabilities (“those kids were only kept in bed”).

We also noticed a delay in the appearance of differentiated forms of emotional response from this child, as well as emotional inhibition and a tendency of non-participation in relationships. Although he knows the address of his parents and siblings, and he has not seen them for about 10 years, he doesn’t want to get in touch with them. He does not express any feeling of affection or rejection towards his roommates either.

He has a clear representation of his deficiency and of the way in which the community perceives it (“in the village they know me as the hospital boy”).

The boy would like to become a normal person, and during the last year he struck a positive balance between his failures and achievements, which helped him acquire some self-confidence.

On the other hand, he is very good at hair-cuts (one of the nurses taught him), and his “customers” include not only children, but also some of the adult staff. He saves the small amounts he earns on such occasions in order to be able to buy a network-operated radio & cassette recorder, because the battery-operated one he currently owns no longer satisfies his needs. In time, he would like to be able to buy a barber’s chair; he is also pleased that during the last two years he was allowed to have personal belongings; he is aware of what money is, and he has a correct representation of its value.

He remembers that several years back some of the children had lice, and – he jokingly adds – this was why he was not very happy about giving them a hair-cut.

He described how the children used to be beaten several years before. Practically, they repressed this boy’s various behavioural manifestations as such, without giving consideration to the fact that they were merely an expression of basic conflicts within his own emotional self.

He confirms that there existed abusive sexual practices among older boys when he was younger, but that does not happen any longer. He thinks that the food has been much more satisfactory both in quantity and in quality during the last month. He seems to have resigned himself to the living conditions in this institution.

He thinks it is only natural that he should be authoritative with children who are younger than himself: “when they don’t behave, we spank them”.

From the discussions we had with the staff and management of the institution, we found that they still do not have any plan for the integration of this child, and the only perspective they foresee is his transfer to an institution for adults with chronic diseases.

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 circumstances related to the entrustment or placement of every child must be reviewed at least every three months by the Committee for Child Protection. It is the Committee’s task to revoke or to replace the previous measures in order to serve “the best interests of the child”.

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.

Before this new approach was introduced, there was no control over the duration of a child’s stay in an institution. As a rule, children were kept or forgotten in institutions until their coming of age. The absence of a provision to this effect in the previous legislation regulating the protection of children in difficulty has actually generated – in time – the phenomenon of institutionalization in Romania, that involved a large number of children and an extended stay in residential care.

After Romania signed the Convention on the Rights of the Child in 1990, to ignore this provision would amount to a violation of the right of the child to benefit from a measure of fair protection and (re)integration in the family.

In order to evaluate the respect given to the rights of the child, our data collection operators studied the children’s files and counted the decisions issued during the last year by the CCPs concerning the new measures taken following review.

The number of reviews performed during the last year is shown in Figure 2.9.1. The data shown in the graph reveal that 72.4% of the cases have not been reviewed at all during the last year. Even if this percentage could be diminished by the number of children who did not spend 3 months in a particular institution, the overall situation is extremely serious.

**Figure 2.9.1**
Breakdown (in %) of the children by the number of reviews performed during the last year*
- ABSUR 2000 –

<table>
<thead>
<tr>
<th>Reviews</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>72.4%</td>
</tr>
<tr>
<td>1</td>
<td>20.3%</td>
</tr>
<tr>
<td>2</td>
<td>6.1%</td>
</tr>
<tr>
<td>3</td>
<td>0.5%</td>
</tr>
<tr>
<td>5</td>
<td>0.2%</td>
</tr>
<tr>
<td>6</td>
<td>0.4%</td>
</tr>
</tbody>
</table>

* no children with 4 reviews were found in this survey

**Table 2.9.2**
Breakdown (in %) of the children by the number of reviews performed during the last year, and the protection measure in force*
- ABSUR 2000 –
Table 2.9.3.
Breakdown (in %) of the children by the number of reviews performed during the last year, by types of institutions*
- ABSUR 2000 –

<table>
<thead>
<tr>
<th>Numarul reevaluărilor</th>
<th>Tipul instituției</th>
<th>CP copii 0-3 ani</th>
<th>CP copii prescolari</th>
<th>CP copii scoali</th>
<th>Camin Spital</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>72.4%</td>
<td>60.9%</td>
<td>71.0%</td>
<td>95.6%</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>17.6%</td>
<td>29.2%</td>
<td>22.3%</td>
<td>3.8%</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>8.8%</td>
<td>9.9%</td>
<td>5.1%</td>
<td>0.6%</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>0.8%</td>
<td>0.0%</td>
<td>0.6%</td>
<td>0.0%</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.3%</td>
<td>0.0%</td>
</tr>
<tr>
<td></td>
<td>6</td>
<td>0.4%</td>
<td>0.0%</td>
<td>0.6%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>739</td>
<td>414</td>
<td>1696</td>
<td>315</td>
</tr>
<tr>
<td></td>
<td></td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

* no children with 4 reviews were found in this survey

In the case of placement centers, the largest proportion of children who have never been reviewed is found in the centers for children aged 0-3 years (72.4%), followed by those for school-age children (71%) (Table 2.5.3.).
The children in the camine spital who have never been reviewed during the last year account for 95.6% of the total (Table 2.5.3.).
The frequency of reviews is also influenced by the type of protection measure, and the largest percentage of children who have never been reviewed belongs to children in placement (Table 2.5.2.).
We must mention, however, that the percentage of 72.4% children who have never been reviewed during the last year refers exclusively to the children whose files contained no document on any review that may have been performed (including reports on psychological and social investigations conducted).
Upon the presentation of the partial results of our survey, some of the SPS managers contested them. They argued that, although there may be no individual decisions on each and every file, some of the children may have been included on common decisions of the CCPs, which could confirm that those cases had been reviewed. But even if that assumption were true, a copy of the common decision should have been included in the children’s files (along with the investigation report(s) ).
The idea of a common decision was adopted for the children whose protection measure (following review) was maintained and the solution was allowed by the central authorities in child protection as a simplifying solution.
The failure of the review process identified by the present survey may be explained by the impossibility of the County Directorate staff to cover the immense volume of tasks and duties reverting to them, considering the large number of institutionalized children, as well as the high frequency of the reviews imposed by the law. This deadlock was also caused by a lack of involvement by the local communities (or the guardianship authority services), exacerbated by some vague formulations in the law, according to which some of these tasks should have been taken over by the Specialized Public Services established under the subordination of the County Councils.

That is why the local communities have seldom got involved in the identification of concrete solutions for the problems of children in difficulty, considering that the responsibility reverted to the County Directorates for Child Protection, although neither Emergency Ordinance no. 20/1997, nor the Family Code actually relieve the communities of these obligations.

This state of confusion has reduced the interest given to the reviewing process. In some counties, it has become a purely formal activity, just another task imposed by the law that needs to be ticked off, and not a substantial attempt to arrive at a final solution that should serve the best interests of the child. Common decisions were issued for groups of children for whom the protection measure was maintained (and these children account for the vast majority of institutionalized children), because the material living conditions in their natural families had not improved. If the reviewing process is to be limited to an endless statement and re-statement of those circumstances (which are impossible to change as long as there is no intervention on the family), then it all really becomes useless. Since the CCPs have to solve dozens, or sometimes even hundreds of cases in a single meeting, and the County Directorates have to go through all the procedures involved by a review of all those cases, the simplifying solutions they come up with are almost justified. But reviewing is much more than that.

Children themselves should never be excluded from reviews. If we look at the impact a protection measure has on a child in residential care, we think that the quarterly frequency of reviews is fully justified and that, among the most appropriate protection measures, the natural family still remains the ideal solution for the child. This is why the efforts made by the authorities (particularly at a local level) to rehabilitate the children’s natural families, are the most important investment in their welfare.

2.10. The Right to Quality Care

The quality of care was assessed along three criteria, considered to be relevant for the matter under consideration: mode of feeding of children in the 0-3 age group, the number of children per caregiver, and the shift scheduling for the staff of residential care institutions.

The feeding mode was observed by the operators for each child aged 0 to 3 in the sample, while the other two items were defined according to the statements made by the managers of the institution.

The feeding mode of children aged 0-3 was included in the survey in order to capture child–adult interaction as an opportunity for the stimulation and development of the child. Figures 2.10.1 indicates that over 90% of the children are held in the feeder’s arms during feeding. As compared to the situation in 1990, when many of the children in the nurseries were left on their own in bed with a feeding bottle propped against their pillow, the conditions current at the time of the survey were very good.

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**Figure 2.10.1**

Breakdown (in %) of children in the 0-3 age group by mode of feeding
- ABSUR 2000 —
The number of caregivers has increased in all residential care institutions during the last decade. Overall, the situation is better in the placement centers than in the camine spital where the number of children per caregiver is much higher (Tables 2.10.2., 2.10.3., 2.10.4).

The survey revealed that the number of caregivers (for equal numbers of children) is unevenly distributed along the three eight-hour segments of the day. In PCs for children aged 0-3 years, most of the staff is concentrated in the first part of the day. In PCs for preschool and school-aged children, the staff is distributed in a relatively even fashion in the first and second parts of the day, and then it decreases sharply for the third part (at night). In the camine spital this uneven distribution across the three parts of the day is not so obvious. The variation in the number of children a caregiver has to attend to during the three parts of the day also reflects a discontinuity in the quality of care. These discontinuities are more obvious in the afternoon and evening in the case of younger children, and at night in the case of older children. The difference in training of the staff assigned to work during various intervals also supports the notion that the morning and the afternoon are considered to be the time for education and interaction with the adults, while the night is an interval where children only need to be watched over. This is also confirmed by the fact that at night most of the children are left in the care of (or more exactly under the supervision of) unqualified persons or persons with little training.

The qualitative studies have revealed that in the placement centers for school-aged children, most of the night attendants are persons who have no knowledge of the specific features of children or about the particularities of children in residential care. This is why they provide inadequate solutions to the difficult situations that sometimes occur or are manifested at night, and they sometimes resort to punishments.

? I don’t like that some of the teachers and caregivers are mean to us, but of course we are also to blame for that, because we sometimes do improper things. Of course this may also be because of the environment we have lived in, but that is not the only reason why.

? I don’t like the night attendants in the dorm because they beat us without a reason. They seem to have a grudge against us. But I like everything else.

? I don’t like the way some of the ladies in this institution treat the children: they yell at them, beat them with a belt or a broom, and shout ugly words at them. It is mainly the night attendants who do that.

? What I really don’t like is the way the ladies treat the kids, because they beat them and yell at them all day long.

? I don’t like the way some of the caregivers and cooks treat the children.

? I don’t like it that the ladies don’t talk to us, while the kids can only talk among themselves.

? Personally, I don’t like the ladies who keep yelling at us, instead of encouraging us to get closer to them, because we really need them.

? What I don’t like in this institution is that people are unfair. When foreign aid comes, they steal things.
I don’t like the extremely severe, even rude way our caregivers treat us.

The night attendants are mean to the younger children, they beat them, and they scold the older ones. Before, all the children were treated very badly.

I don’t like it that when some of the girls don’t behave or listen, some of the teachers take it out on all the girls, and we get all punished, although we did nothing wrong in the first place.

I don’t like the teachers because they are mean, I want to talk to them and they don’t understand what I mean. The night attendants yell and swear at us and call us names.

(children’s accounts)

Because of the shortage and poor training of the caregivers who take night shifts, in many institutions some of the older children were “invested” (or rather self-invested) with certain “rights”, that later materialized in (sometimes very severe) abuses committed against younger children.

Table 2.10.2
Number of children per caregiver during the first part of the day, by types of institutions (in %)
- ABSUR 2000 –

<table>
<thead>
<tr>
<th>Tipul instituției</th>
<th>CP copii 0-3 ani</th>
<th>CP copii prescolari</th>
<th>CP copii scoala</th>
<th>Camin Spital</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-4</td>
<td>21.7%</td>
<td>9.9%</td>
<td>14.8%</td>
<td>0.0%</td>
</tr>
<tr>
<td>5-8</td>
<td>39.1%</td>
<td>38.6%</td>
<td>27.6%</td>
<td>0.0%</td>
</tr>
<tr>
<td>9-12</td>
<td>32.1%</td>
<td>30.4%</td>
<td>39.0%</td>
<td>72.7%</td>
</tr>
<tr>
<td>12-20</td>
<td>7.2%</td>
<td>20.8%</td>
<td>15.7%</td>
<td>27.3%</td>
</tr>
<tr>
<td>20-max (25)</td>
<td>0.0%</td>
<td>0.2%</td>
<td>2.8%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Total</td>
<td>739</td>
<td>414</td>
<td>1300</td>
<td>315</td>
</tr>
<tr>
<td></td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Table 2.10.3
Number of children per caregiver during the second part of the day, by types of institutions (in %)
- ABSUR 2000 –

<table>
<thead>
<tr>
<th>Tipul instituției</th>
<th>CP copii 0-3 ani</th>
<th>CP copii prescolari</th>
<th>CP copii scoala</th>
<th>Camin Spital</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-4</td>
<td>49.8%</td>
<td>24.6%</td>
<td>33.2%</td>
<td>72.7%</td>
</tr>
<tr>
<td>5-8</td>
<td>22.9%</td>
<td>14.5%</td>
<td>27.3%</td>
<td></td>
</tr>
<tr>
<td>9-12</td>
<td>0.8%</td>
<td>0.2%</td>
<td>3.6%</td>
<td>0.0%</td>
</tr>
<tr>
<td>12-20</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20-35</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>739</td>
<td>414</td>
<td>1696</td>
<td>315</td>
</tr>
<tr>
<td></td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Table 2.10.4
Number of children per caregiver at night, by types of institutions (in %)
- ABSUR 2000 –
As far as shift scheduling is concerned, we find that in a large number of institutions shifts are organized in a way that disregards the fact the children require a permanent and stable presence of the staff. Shifts are organized in one of the following ways: 12 hours work plus 24 hours off, or 24 hours work plus 48 hours off. This is totally inappropriate for a residential care institution, since the lack of continuity in staff presence is to the children’s disadvantage (Table 2.10.5). This scheduling is meant to serve the comfort of the staff rather than the protection and program of the children.

Table 2.10.5.
Breakdown (in %) of the children depending on the scheduling of staff shifts, by types of institutions

- ABSUR 2000 –
CHAPTER III

ABUSE IN INSTITUTIONS

Article 19:

“1. States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.”

(UN Convention on the Rights of the Child)

3.1. Psychological Abuse

Psychological abuse is defined as those actions and practices of adults (who have children in their care) by means of which children are prevented from becoming 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 by inducing anomalies in the structuring of their behaviour, that prevent them from exploration and experimenting, making them withdraw into their own person (an example of this would be the self-stimulating behaviour seen in institutions, manifested by rocking movements, or self-inflicted pain, banging etc.).

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.

In an institution, children live in an unnatural environment, unlike that of everyday life, which prevents children from acquiring the experiences that are necessary for developing their life skills. The experiences in a household environment, in a physical environment outside the institution, participation in a variety of everyday situations are as many resources for social integration that are totally absent or very limited in the case of institutionalized children (interaction with the neighbourhood and neighbours, using community services and institutions: post office, various shops, cinemas, theaters, parks, etc.).

- I don’t like holidays, they are very boring, there is no program organized for the children.
- I miss some kind of activities, they should do something mainly for the younger children, but the caregivers do not attend to the small ones as much as they should.
- And there is something else I have to say: life in this center is very boring – spending two full holiday months in this institution watching TV or listening to music all day long and doing nothing else is no good at all. This institution is sure very boring.
- I have never liked being in this placement center, because they never organize any outings. For instance:
  - in winter they could take us skiing or sleighing, or hiking in the mountains or some other places.
  - in summer they could take us camping to the seaside or to the mountains, and many other things.
  In a way, our teachers are very strict on us and do not take us anywhere, so we are all locked up in our units.
- I would like them to organize a gym in this institution and they could also start an English language lab, because I have nothing to do during my spare time.
The insufficient involvement of children in everyday activities such as the daily cleaning, deciding on the menu or washing personal items can also be seen from the data shown in Figures 3.1.1., 3.1.2., 3.1.3.

**Figure 3.1.1.**
Breakdown (in %) by area of residence: urban / rural according to the answers provided to the question “Who does the cleaning in your room?” children aged 7-18 years
- ABSUR 2000 –

![Bar chart showing cleaning distribution by age and area of residence](chart1)

**Figure 3.1.2.**
Breakdown (in %) by area of residence: urban / rural according to the answers provided to the question “Do you, children, also participate in making decisions on the menu?” children aged 7-18 years
- ABSUR 2000 –

![Bar chart showing menu decision participation by age and area of residence](chart2)

**Figure 3.1.3.**
Breakdown (in %) of the answers provided to the question “Who washes your personal items?” children aged 7-18 years
- ABSUR 2000 –

![Bar chart showing personal item washing distribution by area of residence](chart3)
I don’t like it that they don’t allow us to cook in the kitchen.
I am 17 and I don’t know how to do anything. I don’t know how to cook. When I go to the canteen to try to learn, the doctor scolds me and others who do the same.

The limited participation of children in real life activities leads to a failure in their social integration, because children (young people) are “introduced” into society when they have already been stigmatized as different from all others.

People in the community label those who come from institutions as uneducated and thievish.
The children in the community are mean to the children from the institutions.
We have a poor image in society. The girls are considered to be tramps, and the boys are seen as thieves.
People outside the institution think that we should be walking about in rags. Why do we always get poor quality or old things here at the institution?
Many teachers at school discriminate between children from the institution and other children.

Quite frequently, institution staff responds in a partial or inadequate manner to the children’s need for exploration, preventing them from satisfying their curiosity and their willingness to take risks while acquiring knowledge. Children compensate this lack by self-stimulation.

What do you do with children who suck their thumbs, rocking themselves or bang their heads against the wall?

- focus group discussion -
? We give them more attention, we offer them all sorts of toys, we talk to them. Being isolated and ignored, they will continue to suck their thumbs and bang their heads against the wall.
? We distract their attention, we talk to them and tell them that what they are doing is wrong.
? We apply occupational therapy to them.
? In the case of children who suck their thumbs, we get the best results by giving them something to do with their hands. Those who bang their heads against the wall and rock themselves also require the emotional presence of an adult. These children hurt themselves in order to catch attention, so they have to get that attention.
? We need to spend more time with the children in order to break their bad habits.
? Such behaviour can be seen in most institutions, and it is caused by the limited amount of attention children get, but I think that a more determined involvement by the adults can solve this problem, at least to some extent.
? The rocking, the thumb-sucking are signs that they need to be playing all the time, so that they do not get bored.

(staff accounts)
Emotional deficiencies also belong to the sphere of psychological abuse, because they are an expression of the impossibility to establish a relationship of attachment. It is well known that the relationship of attachment coagulates psychological structure during the formation of the children’s life skills. In residential institutions, emotional deficiencies appear mainly because the relationship of children with their families are discontinued and the possibility to resume that relationship is uncertain. This induces a state of uncertainty that blocks the desire for building relationships and acquiring knowledge, which both require “risk-taking”.

The data collected from the interviews conducted with children aged 7-18 years again demonstrated that the relationship of attachment is impossible to establish because of the shallowness of relationships between parents and children. Figure 3.1.4. shows that almost half of the children are visited at best once every 6 months, while over one third of the children have not been visited at all during the last year or since they were institutionalized. The children who are in institutions located in the rural area receive visits even more infrequently than their colleagues in the urban areas (Figure 3.1.5.).

The psychological de-structuring caused by the discontinuation of the relations between children and their parents generates “unnatural” behaviour and responses in children. Therefore, one third of the children who have parents do not wish to return home, or they are indifferent about that possibility (Figure 3.1.6.).

However, the frequency of visits between parents and children does not unconditionally determine the child’s desire to return home (Figure 3.1.7.). Only 45% of the children who receive frequent visits (every week/month) wish to return home. Likewise, 30% of the children who receive infrequent visits (every six month or once a year) want to return home, and only 25% of the children who do not receive any visits at all want the same thing (Figure 3.1.8.).
Figure 3.1.6.
Breakdown (in %) of the answers provided to the question
"Would you like to return home?"
children aged 7-18 years
- ABSUR 2000 –
Figure 3.1.7.
Breakdown (in %) of the answers provided to the question "Would you like to return home?"
by the frequency of visits - children aged 7-18 years
- ABSUR 2000 –

Figure 3.1.8.
Breakdown (in %) of the answers provided to the question "Would you like to return home?"
according to the frequency of visits – children aged 7-18 years
- ABSUR 2000 –
Case Study

P.A. – 13 years old, has completed her 5th grade

“How long have you been here?”

“I’ve been here for two years. I only have a father. I don’t know my mother. My parents divorced when we were very young. I have a sister with me here. She is one year younger than me. Two years ago our grandmother died. The police and the mayor in the village of Bujoreni decided to have us sent here. Father drinks a lot. He would beat us a lot. I am not living with my sister because the girls are organized in the rooms according to the grade they are in. She is in a different grade. But we do get to see each other.

Father works by the day in the village of Gura Vaii. When I was younger, he worked with an oil-drilling company. He also worked as a confectioner. But he was drinking, so they kicked him out. Father shares a house with my uncle, who is also divorced. Grandma died two and a half years ago. My uncle builds houses, he is a mason, he is also providing for my father. They took us away straight from school – from the teachers’ room – and they brought us here in November 1998. I only went home once (it’s a 15-minute bus-ride from here). We also visited the school once. Nobody recognized us, not even the teachers. I have two more brothers that I haven’t met. Mother gave one of them away, I don’t even know to whom. She sent the other one to an institution. That brother was given my mother’s maiden name. I like it here because they have a TV set. I watch movies and music all day long. On Saturdays, there is dancing at the canteen. The TV set is in our room.

At home we didn’t have electricity. We used wood to make fire. We had to go get wood and then also cook. That’s why we could not study there. We also had to work the land. Father used to have an apartment when he worked at the oil derrick, but he sold it. We then rented a room with a lady who told my father that, if he looked after her and promised to have her buried properly, she would leave her house and land to us. But the woman lost her senses. She walked the streets to beg for food. She died and we buried her. But no documents had been drafted. My uncle had started a foundation and had 700 bricks to start a house. The woman’s relatives would not recognize the deal she had made with us – so that in the autumn they harvested the crops from the land we had worked all summer long.”

“When did your father last visit you?”

“Father visited us yesterday. He brought us wafers and juice.”

“How old are you?”

“13.”

“Can you talk to your father in private?”

“Yes, parents can spend time with their children in their rooms, if they leave some identification at the gate.”

“Would you like to return home?”

“When I was at home, I wasn’t doing so well at school. Now my grades are all above 8. The ladies help us with our homework.”

“Is there any discrimination in your school between children coming from the institution and the other children?”

“No, there isn’t any.”

“Do older children exploit younger ones?”

“No, they don’t.”

“Have you got a friend here?”

“I don’t have a friend here, and I don’t have a boy-friend either. I used to be friends with a girl back in Gura Vaii. I wrote a letter to her some time ago, but she never answered.”

“In case someone threatens you, who can you ask for help?”

“Our caregiver.”

“How do you get along with the night attendants?”

“Well”.

“After we get up – now this is at 7:30, when we are at school, it is 6:30 – we do the cleaning. We are scheduled for doing the cleaning in a particular spot during a week. There are two cleaning ladies in the institution who do the cleaning by rotation. We clean everything – the sinks, the showers, the toilets. The night attendant organizes and supervises the morning cleaning.”
Institutionalization at a very early age and for extended periods produces “children without history”. Children cannot retrace their own life history because they lack information about who they are, where they come from, who they belong to and who belongs to them. Their life story is materialized in no more than a few data contained in their medical records under the rubrics: PPhyA (personal physiological antecedents) or PPathA (personal pathological antecedents), and few of them know when they were brought to the institution, why they are there, when they walked first, what they liked to do or eat when they were a certain age.

In the residential care institutions included in the survey, almost a quarter of the children do not know how long they have been in the institution (Figure 3.1.9.). Most of the children who do not have that information belong to the 7-10 age group (Figure 3.1.10.). Almost one third of the children (34.3%) are unaware of the reason why they are in an institution (Figure 3.1.11.). Again, it is mostly the children in the 7-10 age group who are unaware of the reason why they are in an institution (Figure 3.1.12.). Figure 3.1.13. illustrates that one third of the children state that nobody has told them how long they are due to stay in the institution, those most affected by this state of uncertainty being again in the 7-10 age group (Figure 3.1.14.).

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**Figure 3.1.9.**
Breakdown (in %) of the answers provided to the question
"Do you know how long you have been in this institution?"
children aged 7-18 years
- ABSUR 2000 –

**Figure 3.1.10.**
Breakdown (in %) by age groups of the answers provided to the question
"Do you know how long you have been in this institution?"
children aged 7-18 years
- ABSUR 2000 –
Figure 3.1.11.

Breakdown (in %) of the answers provided to the question
“Do you know the reason why you are in this institution?”
children aged 7-18 years
- ABSUR 2000 —
Figure 3.1.12.  
Breakdown (in %) by age groups of the answers provided to the question  
"Do you know the reason why you are in this institution?"  
children aged 7-18 years  
- ABSUR 2000 –

Figure 3.1.13.  
Breakdown (in %) of the answers provided to the question  
"Have they told you how long you have to stay in this institution?"  
children aged 7-18 years included in the sample  
- ABSUR 2000 –

Figure 3.1.14.  
Breakdown (in %) by age groups of the answers provided to the question  
"Have they told you how long you have to stay in this institution?"  
children aged 7-18 years  
- ABSUR 2000 –
The percentage of children who do not know where they lived between the ages of 0-3 is over 80% for all age groups (Figure 3.1.15.). This sad reality, that characterizes almost all institutionalized children, as it emerged from our survey, can be explained by the fact that the history of a person at that age is made up before everything else from the accounts of the people around, parents, relatives, neighbours, as well as from information that is recorded in diaries, on video and audio tapes and photographs. These are integrated and organized around the skeleton of self-memory on which personal memories are built and that add up to shape a specific, individual and unrepeatable psychological structure.

![Figure 3.1.15.](image)

Breakdown (in %) by age groups of the answers provided to the question "Do you know where you lived between the ages of 0-3?" children aged 7-18 years

- ABSUR 2000 –

These points of reference do not exist for institutionalized children, a reason why the history of their early childhood is a blank spot.

**Case Study**

β G.L. – 14 years old, family-type home

(...)  
"Where did you live between the ages of 0-3?"

"With my parents, but I don’t remember anything about the time I lived with my family."

"Why are you here?"

"I think my parents could not afford to provide for me. I would like to return home, even if the conditions there are worse than the conditions here, and although I love my social parents, because they treat me well."

"How do you get along with the other children?"
“Now we are all right. But when I was younger, they would beat me up to get my desert. They even burned my face with a lamp.”

“How do you find life in this family-type center as compared to the (traditional) one where you lived before?”

“It was very bad there. Younger children were beaten up and made to work by the older ones. We had 5 caregivers in the whole institution. It was horrible. They would make the big ones beat us so that they would not be made accountable for such things.”

“Have you heard that in other homes there are children who are constrained to have sexual relations?”

“Yes, I have. I feel sorry for them. It is difficult when you don’t have anyone to complain to.”

“Have you heard about concrete cases?”

“I don’t know, honestly speaking, I’m afraid to speak about that. I’d rather not tell you anything. Or if you wish, we can talk about something else.”

(…)

“Do you have any health problem?”

“Yes, I often pee in bed at night, but I don’t know why, because I don’t drink too much water.”

Specialized literature also mentions other forms of psychological abuse in institutions: punishing young children for activities that are normal at their age, depriving children from an authentic emotional relationship, holding them up to ridicule and humiliation, ignoring the children’s performances, setting rules and requirements that the children cannot observe and meet, keeping up a permanent state of insecurity and uncertainty, lack of confidence in other people, making children wear clothes that are inappropriate for their gender and age, not providing children with adequate opportunities for making their own choices and decisions.

In the qualitative survey, the children mentioned some of these forms of psychological abuse.

| ☺ I don’t like it when a child who graduates high school or vocational school is kicked out of the center. There are many children who don’t have parents, they have nobody to look after them and they live in the streets, they have to steal and do stuff. |
| ☺ Many of the girls who left here are prostitutes in Greece, they had nowhere else to go. They have parents, but they have nothing to eat and nowhere to sleep. |
| ☺ These last years some things have changed for the better in the institutions, but there should be more hope for the young kids who finish school, who don’t have a place to live or a job. |
| ☺ If you tell the caregiver that you are still hungry after a meal, or you complain about something you don’t like here, she says: why do you complain, are your conditions better at home than here? As if we could be blamed for being here. We don’t get any respect at all, as if we meant nothing. |
| ☺ I would like the children to stop being envious, mainly the older girls: we keep sapping each other. |
| ☺ What I resent most is our caregivers’ mistrust, they often let us down that way. |
| ☺ I don’t like gossip, ugly words, stealing, hypocrisy and lack of understanding from some people. |
| ☺ I’m very sad that there is nobody here that I could trust, and I mainly think of the caregivers there. |

(Children’s accounts)

Psychological abuse is also manifested in institutions by inadequate behaviour of the staff concerning the differentiated conduct that 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.

The constitution of femininity and masculinity is achieved mainly by the cultivation of a certain type of adult-girl and adult-boy relationship, by specific appearance and clothing (particularly at young ages), which are all ignored in institutions.
The uniform behaviour of the staff towards the children mainly affects the girls. Specialized studies have demonstrated that with girls there is a specific dynamics of autonomy and dependence that leads to the formation of gender identity. Because of that, extended institutionalization is more devastating for girls than for boys.

3.2. Physical Abuse

Physical abuse is defined in the literature 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.

Punishments are applied in order to discipline the children.

<table>
<thead>
<tr>
<th>Is punishment necessary to discipline the children?</th>
</tr>
</thead>
<tbody>
<tr>
<td>? Punishment is necessary to correct things that are wrong.</td>
</tr>
<tr>
<td>? Yes, punishment is necessary, but we do not need to use it too often, as children will get used to being punished, and everything will be in vain.</td>
</tr>
<tr>
<td>? Children have to be punished, but the punishment has to be mild; after all, punishment is part of a child’s education.</td>
</tr>
<tr>
<td>? I don’t think punishment is necessary, blackmail could work much better. You won’t get desert if...</td>
</tr>
<tr>
<td>? Sometimes punishment is necessary, because like any other being, children develop the feeling of fear at an early age: fear of being hit, fear of not getting something, of not having mother around. They will have to know that they can or cannot get what they want at a given moment.</td>
</tr>
<tr>
<td>? Punishment only makes a child’s conduct worse.</td>
</tr>
<tr>
<td>? Punishment isn’t necessary because it works as an inhibitor on children.</td>
</tr>
</tbody>
</table>

(staff opinions)

Discipline is the conscious acceptance of rules. Before the physical and psychological ego of the child is formed (which supposedly happens around the age of 3), rules are only the routine of everyday activities that allow the children to know what will happen next and that they need to conform to. Everyday routines become rules and they are structured into norms that guide the child’s actions.

In the qualitative survey, we acquired information from the staff concerning the age at which children begin to be disciplined, the manner in which that is done, and what punishments are applied to young children.

<table>
<thead>
<tr>
<th>At what age do you start imposing discipline on children?</th>
</tr>
</thead>
<tbody>
<tr>
<td>? Children have to be disciplined since they are born, little by little.</td>
</tr>
<tr>
<td>? An important role is played by the mother’s actions, the permanent dialogue with the mother is crucial.</td>
</tr>
<tr>
<td>? We start disciplining children when they start talking and walking, and when they understand that mothers guide them towards a normal behaviour.</td>
</tr>
<tr>
<td>? Discipline means that the children should know that we are advising them about what they should do and how they should behave.</td>
</tr>
<tr>
<td>? Teaching discipline should start at the age of 9 months.</td>
</tr>
<tr>
<td>? Teaching discipline should start at the age of 12 months, when the child starts understanding certain things and can already utter a few words.</td>
</tr>
</tbody>
</table>
Teaching discipline should start as the child begins to acquire speech. Teaching discipline should begin at the age of 3, when the child already has some sense of responsibility and discretion. I think that the disciplining of children should start at the cradle stage, when they acquire the initial data about the environment and about the community they live in.

**(staff opinions)**

### How do you go about disciplining children?

- Children have to be disciplined by the day-to-day activities that we perform with them.
- Children have to be constantly guided and supervised, but they should also be allowed to do a variety of things, in order for them to find out in time what they should and what they should not do.
- Discipline is taught by means of role models. The first models for all children are their parents. We need to be almost perfect for our children, in order to encourage them to be disciplined.
- We need to teach discipline to our children with patience, kindness and goodwill.
- You teach discipline to children by making them observe a well-ordered lifestyle and by personal example.
- Children will learn discipline through dialogue and a lot of communication.

**(staff opinions)**

### What punishment do you apply to young children?

- Depriving the child of a particular toy or game, or isolation.
- Making the child stand in a corner, or sit on a chair all alone and think about what he or she has done.
- Reproof, not allowing them to go out, denying them their favourite toy.
- Verbal reprimand, interdictions, spanking at times.
- Subduing the child, asking for the opinion of the group, feigning anger by the caregiver and sometimes pulling the child by the hair.
- Washing the child’s face with a lot of water and soap, so that the eyes smart.
- Denying desert.
- Not talking to the child, not giving him or her any attention.
- Not talking to the child, because this works better than beating.
- With small children we mainly apply blackmail, or we deprive them of some sweets or their favourite toys.
- Isolating the child from the other children when they play.
- I don’t think young children should be punished.
- Mild scolding.
- In the case of young children, we have to apply punishments considering their age. We can impose rules on them, and when they break them, we need to warn them several times that they will have to bear the consequences – minor interdictions.

**(staff opinions)**

The data obtained from the interviews with children aged 7-18 illustrate the prevalence of the various forms of physical abuse manifested in the institutions. They are cases of physical abuse inflicted by the staff upon the children.

**Figure 3.2.1.** shows that almost half (48.1%) of the children in the 7-18 age group confirm that beating by the staff is a common punishment for children in institutions.

**Figure 3.2.1**

Breakdown (in %) of the answers provided to the question
“In this institution, are there children who are severely punished (beaten) by the staff?”
children aged 7-18 years
- ABSUR 2000 –

Most of the children who are punished by beating (51%) belong to the 11-14 age group (Figure 3.2.2.). In response to the question whether in their institution there are children punished by beating inflicted by the staff, 49.3% of the boys and 46.8% of the girls provided an affirmative answer (Figure 3.2.3). The largest proportion of children punished by beating have been identified in the traditional residential care institutions (56%), followed by the children in family type institutions (46%), while the lowest share (34.4%) of children punished by beating can be found in the mixed type (Figure 3.2.4.). When asked whether they have ever happened to have a personal experience of punishment by the staff, the percentage of those providing an affirmative answer was of only 37.5% (Figure 3.2.5.) and the share of boys was higher than that of girls (Figure 3.2.6).

Figure 3.2.2
Breakdown (in %) by age groups of the answers provided to the question
“In this institution, are there children who are severely punished (beaten) by the staff?”
children aged 7-18
- ABSUR 2000 –

Figure 3.2.3.
Breakdown (in %) by genders of the answers provided to the question
“In this institution, are there children who are severely punished (beaten) by the staff?”
children aged 7-18
- ABSUR 2000 –
Figure 3.2.4.
Breakdown (in %) by types of institutions of the answers provided to the question
“In this institution, are there children who are severely punished (beaten) by the staff?”
children aged 7-18 years
- ABSUR 2000 –

Figure 3.2.5.
Breakdown (in %) of the answers provided to the question
“Have you happened to be severely punished by the staff?”
children aged 7-18 years
- ABSUR 2000 –
Figure 3.2.6.
Breakdown (in %) by genders of the answers provided to the question
“Have you ever happened to be severely punished by the staff?”
children aged 7-18 years
- ABSUR 2000 –

The content and prevalence of the types of punishment are presented in Figure 3.2.7. Higher prevalence is held by physical punishment (beatings, doing odd jobs, suppressing meals, interdiction to participate in recreational activities).

Humiliation, threat and isolation from the group are also included in the range of punishments inflicted (Figure 3.2.8). There are no major differences among boys and girls concerning the types of punishments applied (Figure 3.2.9).

Most of the punishments were inflicted by the educational staff or the night attendants. It is significant that all staff categories inflict punishments on the children to a larger or smaller extent. Moreover, almost 9% of the children refuse to reveal the identity of the person who inflicted punishments on them (Figure 3.3.10).

Figure 3.2.7.
Breakdown (in %) of the answers provided to the question
“What was the punishment?”
children aged 7-18 years (n=628)
Figure 3.2.8.
Breakdown (in %) by genders of the answers provided to the question
"What was the punishment?"
children aged 7-18 years (n=628)

Figure 3.2.9.
Breakdown (in %) of the answers provided to the question
"Who inflicted that punishment on you?"
children aged 7-18 years (n=677)
What punishments do you inflict on the children?

? Kitchen duty, bathroom duty, interdiction on going out to town.
? Interdiction on watching TV, on the right to visits (with parents), performing activities that are unpleasant for them.
? Severe reprimand and warning.
? Restrictions on desert.
? Considering that they have various backgrounds, with a variety of disorders that cannot be corrected with pedagogical means only, I punish them by telling them that I won’t take them along on a trip, a camp or exhibition, and I also threaten them with not allowing them to go home to their families.
? To put them back on the right track I punish them by making them do things like: sweeping the classroom for 3 days, doing kitchen duty, watering the flowers, refilling the drinking water, no TV watching, interdiction on going home.
? I do not inflict physical punishment, I use personal or public reprimand, or I refer the child to a social assistant, I talk to the police if necessary.

What was your punishment?

☺ They made me mop the floors in the corridors, clean the toilets and the shower room. I haven’t been punished since. But if they were to punish us, they would make us do the canteen five times a week, we would not get any desert, or they would not allow us to go out to town for several days.
☺ The punishments in this institution are canteen duty, bathroom duty and the like. Some girls are sent home, where they have a miserable life, some of them are not allowed to go on the camping trips (when they are on) or to a movie, or they are denied their meals.
☺ Because I once used the main staircase, I was punished to sweep and mop up all the sectors, together with all the girls who used the same staircase as myself. On another occasion, I was not allowed to have dinner because I had climbed a tree.
☺ The night attendant punishes us depending on her mood. I don’t really remember why, but once she made me sweep the whole courtyard at midnight.
☺ Because I left the institution without leave to go to the gym, and then I took a walk in town, I was made to sweep the dormitory all the week, but that was easy. When I was in the 11th grade, they gave me a poor grade and for two weeks I was not allowed to leave the “house” (the school is in the same building as the institution).
☺ Two years ago, the former director used to punish me by making me clean the toilets. I had to clean the shit with my hands, not only myself, but some of the other kids as well, she would supervise us until we finished the job.
The qualitative survey revealed that the “severe” physical punishments (beatings) have gone away from residential care institutions during these last years. In their accounts, the children made frequent mention of that change.

After the new legal framework was implemented in 1997, the children in most residential care institutions were informed about their rights, and so they found out that there was an interdiction on any kind of physical punishment.

In our discussions with the directors of the County Directorates for the Protection of the Rights of the Child, we found that their reactions were extremely firm to the situations when children could have been exposed to beating: “in all job descriptions, we made a particular provision putting a ban on beating, and all staff members had to acknowledge by their signature that any act of beating inflicted by them on a child would result in immediate canceling of their labour contract”.

These interdictions generally concern “severe” beatings, yet the so-called “light” punishments are easily overlooked. A slap, a box on the ear, a punch, a kick, hair-pulling or the like, used quite frequently (several times a day), induce a permanent state of insecurity, and they destroy the children’s self-esteem.

**Case Study**

C.A. – 15, 11th grade

“I have grown up here, I was abandoned when I was born, actually when I was one day old. My mother tried to use pills to get rid of me. I was born in Bucharest, in the 4th district. This is my mother’s home town, this is why they brought me here. My father lived in a small, one-room flat (in Bucharest) – he was a medical student. My father was a foreigner. I don’t know my father, actually he doesn’t even know I exist; mother never told him. All I know about my father is that his name is David something, some African name I can’t pronounce or remember. Mother also had another child with a foreigner, my brother. Mother would have liked grandma to take me to live with her, because she is old and sick, and I could help her. Grandma has 3 rooms, she lives in a village 10 km away, together with my mother’s two sisters and their kids, my cousins. This year, on the 8th of March, I went home with a bunch of flowers and a very beautiful letter I had written. Mother took the flowers, but didn’t talk to me. I didn’t like the way they treated me (a cassette had gone missing, and they suspected me of having taken it).

I could never go home before my grandfather died. My brother was admitted to an institution when he was 7. I last saw my brother last Christmas, he was with a family. My mother is working, but she doesn’t go out after work because she is ashamed. The staff used to call me “gypsy” (because I’m dark). When I was in preschool, one of the ladies on the staff liked me and took me to her place for days. She saw I was afraid of people. She wanted to adopt me, but my mother refused to sign the papers.”

“What changes have you seen in the institutions during these last years?”

“I noticed the first changes about 5-6 years ago – for instance, they talk to us different. Before they were very rude. Before the Directorate for Child Protection was established, we didn’t need a written note to go out to town. The foreigners would come to visit us here. Now the foreigners go to them. Organization has changed. The former classroom is now a dormitory. On DCP orders, we now have guards. Curfew is at 8 p.m. If we go out without leave ten times, they throw us out of the institution.”
“Where do the girls meet their parents when they come visiting?”
“There is no space where you can talk to your parents undisturbed, in private. You usually meet them at the gate.”

“Do the teachers discriminate against the children from the institution in favour of children coming from families?”

“Yes, 3 or 4 of them do. They would sometimes say: you, kids, you are nitwits, you steal, you don’t dress right, you are in bad need of a bath, and you look rather famished. Once they gave us no money at all between summer and winter, which money would have been 24,000 lei for children under 14, and 36,000 for children between 14 and 18. You get a craving, of course, when you see the kids with families having all sorts of things for snack, and sometimes you simply have to ask for a bite. We do better about the clothes. We buy them in second hand shops. In summer they give us shorts and T-shirts, we change them once a week. But we have several clothes for winter, because we go around the town singing Christmas carols and people tip us. I have managed to save 1.6 million from those tips. I like offering gifts to the ladies here – soap bars, shampoo. Before, some English gentlemen would come to us and bring candy boxes for each of us – I have given many of them away as gifts.

There used to be a teacher I was afraid of. Although I studied a lot, and I repeated my lessons several times, when she called upon me, I forgot the answer; I was shaking, sweating all over, my face was burning. She simply couldn’t stand children from the institution. She would insult us, although we usually did our homework. She would say: “You’re no good. You’re only worth a 5!” Still, I managed to get good marks even from her. But then there were also teachers who didn’t know we came from the institution. My form master would sometimes say: “You won’t be able to pass your exams, nobody will take you on. The schoolmaster and the caregivers allow us to do that. We are happy to be able to go out, even if we have to work. Now they have even stopped doing that, nobody comes to hire us. I once went to pick mushrooms, I had to work from 8 in the morning till 8 at night, but they paid very little – 20-24 thousand. Some other time I picked plums for a month and I was paid 14 thousand. I couldn’t believe my eyes! We were on a list in a notebook, 40 girls. I’m sure somebody took us in.

In winter they no longer let us go sleighing in the clearing nearby. I passed my exams so I could go on to high school. I said to myself: this summer will be my summer. They said they would take us on trips during the holidays, but then they didn’t. But I spent some time in a camp. We go on trips when we are sponsored. Some of the kids go to 5 or 6 camps on sponsor money.”

“What do you dislike about this place?”

“That you have to get out of bed in the morning, even if you have nothing to do. There are no organized outings; once we used to go camping or on trips. Some people would come and hire us for odd jobs: picking plums, harvesting corn, weeding the garden or cleaning jobs in apartments. The schoolmaster and the caregivers allow us to do that. We are happy to be able to go out, even if we have to work. Now they have even stopped doing that, nobody comes to hire us. I once went to pick mushrooms, I had to work from 8 in the morning till 8 at night, but they paid very little – 20-24 thousand. Some other time I picked plums for a month and I was paid 14 thousand. I couldn’t believe my eyes! We were on a list in a notebook, 40 girls. I’m sure somebody took us in.

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“Are the younger kids exploited by the older ones?”

“They used to be. I’ve been through that. In the mornings, when we were in the club, the older girls would beat us, because they had also been beaten in their turn. They waited until we got to our desert, and then they just made a sign and we, the younger ones, had to give them up, not eat them. And we had to keep what presents we got from the foreigners visiting in our rooms, and not eat them either.”
They beat us with their slippers or with sticks. They did that in the evening, or at 6 in the morning. The caregivers would come on duty at 8. But they knew what was going on. We also had to wash their clothes and underwear. We had to give them the money we earned singing carols for Christmas. In the evening, they tied our hands together, blindfolded us, and then made others beat us. The blows were sometimes so hard that we staggered on our feet or fell over. If we cried, the beating got even worse. When I was in a camp with children from other counties, the girls were envious and they would beat me with bare hands or with a stick. They didn’t allow me to make friends with other girls. They kicked me or they pulled my hair. When they gave us our food, they forced me to give it to them. 30 older girls would beat 200 younger ones. One would say: “I kind of don’t like this girl.” The other answered: “Then beat her!” Now no more. I keep telling them: “You are lucky! Before you had to show deference to the older girls. Now you can treat them more as your equals. Before there was no way you could get into a row with an older girl. If you did, you were a dead man.

When I was in preschool, there was a woman who used a wire to beat us; I still have a mark on my leg. I would hang on to the bed-panel and protect my head with my arms, or get under the bed so she could not reach me. When our director at the time heard what was going on, she filed a report on her and cut her salary. After that, whenever the director came visiting, she would hold me in her arms. Now the children are no longer beaten up very bad; I keep telling the new girls that they are living good times. They sometimes get yelled at, but before, if you got yelled at, you necessarily also got a good beating to go with it.”

“*Have you heard about homosexual relations in the institution?*”

“With us they never happened. The boys sometimes get drunk, so they might be doing improper things then.”

“*Have you got friends?*”

“I have some friends, some girls I met at the gym. There are also boys I see, but they are like brothers to me. I don’t have a really close friend. When the girls have a row, they tell others all your secrets. There are things I won’t tell anyone.”

“*What would you like most?*”

“To see my father, to see his face. To graduate high school and take an admission exam to university. But I also need money for that, so we’ll see.”

In many institutions, it is a common practice among the staff to use the children for housework in their own homes. Such activities include helping with the cleaning or odd jobs in agriculture. The children are sometimes paid for their work.

The staff think that they can use the children for performing various activities in their own households because such activities have not been banned or discouraged so far by any laws or regulations. *Figure 3.2.10.* shows that 35.6% of the children have been called upon to do housework in the staff’s own homes. The boys are used much more than the girls, and the children in rural areas are called upon more than those in the urban areas (*Figure 4.2.11.*, *4.2.12.*).

The children are mainly required to do such activities by the educational staff (80.2%) but there have been times when other categories of staff also used the children (*Figure 4.2.13.*).
“Have you ever been required by someone on the staff to help with housework?”
children aged 7-18 years
- ABSUR 2000 –

Figure 3.2.11.
Breakdown (in %) by genders of the answers provided to the question
“Have you ever been asked by someone on the staff to help with housework?”
children aged 7-18 years
- ABSUR 2000 –

Figure 3.2.12.
Breakdown (in %) by area of residence - urban/rural of the answers provided to the question
“Have you ever been asked by someone on the staff to help with housework?”
children aged 7-18 years
- ABSUR 2000 –
Case Study

Danut – 12, 5th grade, placement center in northern Romania
Friendly, kind, polite, very communicative. He is neatly dressed, he looks nice. He has been institutionalized since the age of 3, and he comes from a disorganized family with 5 children, where he is the youngest child. The father – an alcoholic – used to inflict physical and psychological abuse on the whole family. The parents are divorced now. The father lives in a village in the vicinity of the placement center; he never visits his son. The mother works in Bucharest, she is a housekeeper with a company; she doesn’t come to visit very often either.

He has two sisters in the same placement center. Two of his siblings are in prison. Last year he fled with one of his sisters to go to Bucharest for two days, to see their mother. He was not punished for that. In the institution there are both good things and bad things, but what annoys him most is that he has to go to bed much too early. When he was younger, the caregivers would beat him, but now it is only the older boys that give him some trouble. They often take his supplement – his pocket money – to buy themselves cigarettes and other things. If he won’t obey the older boys, they beat him up, and if he complains to the caregivers, they always side with the older ones. Sometimes the night attendants also punish the children by beating them, because some of the children would like to stay up longer to watch TV.

Other punishments applied by the caregivers include: slashing the children’s palms with the ruler when they don’t know how to do their homework, interdiction on playing in the open for a week, interdiction on TV watching, making the children clean and arrange their lockers. In their building there are no individual lockers, but the 6 children in the same room have a locker that they can share. Another problem he has is the food. He thinks he doesn’t get enough food, and when he wants to have a snack between two meals, he hides some bread or cookies under his pillow. Some of the staff, mainly the kitchen staff, sometimes call on him for odd jobs at the institution, but also in their own households. In the latter case, they give him money and he can buy sweets or whatever else he wants to.

He gets along well with one of the woman caregivers with the preschool group. His relations with the children his age is good, and he has many friends both in the institutions, and in the wider community.
The children at school call the children coming from the placement center *caministii* (‘placeys’), while the children living in the neighbourhood are called *cartieristii* (‘neighbies’). Sometimes he gets into a fight with the children at the school or those who live in the neighbourhood. His classmates sometimes help him with his homework, and he gets along with the girls best. He had a good relation with his primary school teacher, but he doesn’t know what to expect, since in secondary school he is going to have several teachers. When he was in preschool, and during the 1st and 2nd grades, he used to pee in bed; they never beat him, they only made him change his bedclothes. He doesn’t know whether they punished other children suffering from the same problem. Children with enuresis were accommodated in the same rooms with the other children.

What he would like most would be to go to his mother together with his two sisters, because he liked the time he spent in Bucharest, and mother was nicer than the “ladies” at the center. He likes playing football and he loves animals: in the courtyard of the center there are many dogs “he has made friends with”.

He is only allowed to leave the center with written permission from a caregiver, but then he goes out to town quite frequently.

He wants to become a priest, because his favourite subject at school is religion. They have made some trips to monasteries, and sometimes they stayed there for the night.

One of the few happy moments he has in the center is when he receives presents from his Belgian sponsor. Some of the children have Belgian sponsors who send gifts to them. It is a joy for them to receive what they want and to send their sponsors thanking letters, where they can maybe also add some other wish they have.

### 3.3. 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, anxiety, etc. The experiences are intrinsically subjective. The tolerability threshold expands on the whole range of direct or indirect experiences across individuals.

With all the subjectivity, emotional experiences are the binder and driving engine of existence. By experiencing things, we mobilize or demobilize all our (rational, motivational, etc.) psychological mechanisms. Emotional experiences are more deeply engrained in our memories than the events filtered through our reason. All the life of an individual unfolds on the background of emotional experiences. This is why it is important to eliminate emotional abuse that may send a life down the wrong path. There is a tendency among some professionals not to differentiate emotional abuse from psychological abuse.

In the case of emotional abuse, the foreground is taken up by the negative, painful experience of an event. Children are as a rule very much aware of what is going on, while adults may, but do not obligatorily come to that awareness. In the case of psychological abuse, both the abused (the child), and quite frequently the abuser himself (the institution staff) are unaware of the fact that they are abused or that an abuse is being committed.

The most frequent punishment is that they threaten you with suppressing your meals, or with making you kneel for an hour or two with your arms up in the air. Sometimes they beat us with a glass fiber, without looking what they are touching. But for me the worst punishment is when they tell me “you are stupid, you won’t get anywhere”, “you can’t succeed anyway because that is simply not possible”. This makes me cry and suffer the most.

*excerpt from a case study*

Many forms of emotional abuse are applied in the institutions with the purpose of disciplining children.
Some of these have already been mentioned by the children in the quantitative study illustrated in Figure 3.2.7. (humiliation, threats, isolation, etc.). Emotional abuse may accompany any other form of abuse. For instance, physical abuse, beside causing actual physical harm, most of the time also induces negative emotional experiences.

**Sexual Abuse**

*Article 34:*

*“States Parties undertake to protect the child from all forms of sexual exploitation and sexual abuse”*.  
(UN Convention on the Rights of the Child)

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, viewing etc., by an adult person of the opposite or same sex. Such persons may be either adults or children capable of imposing themselves (on the younger children) by physical force, power, corruption, blackmailing, intimidation, etc.

The literature says that when the aggressor is a child, the age difference beyond which we can speak about abusive relations is of 5 years. The decision whether a relationship is abusive or not is made in the context where there are sexual relations that happen between children of about the same age, where they take the form of sex games mutually accepted by the adolescents. When sexual relations happen as a result of the use of (any kind of) force, they acquire an abusive character (Maria Roth). Children in residential care institutions may become the victims of sexual abuse both from members of the staff, and from adults who come into institutional contact with them (teachers, physicians, etc.), adults who are not connected in any way to the child/institution, or older children in the same institution, from other institutions or outside the institution. The data of our survey revealed that 36.1% of the institutionalized children are aware of cases when children were constrained to have sexual relations (Figure 3.4.1).

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**Figure 3.4.1**

Breakdown (in %) of the answers provided to the question  
*“Have you ever heard that there are children in the residential care institutions who are constrained to have sexual relations?”*  
children aged 7-18 years  
- ABSUR 2000 –

![Bar Chart](image)

The share of boys who have heard about cases of institutionalized children who are constrained to participate in sexual practices is larger than that of girls (Figure 3.4.2).

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**Figure 3.4.2**

Breakdown (in %) by genders of the answers provided to the question

---

100
“Have you ever heard that there are children in the residential care institutions who are constrained to have sexual relations?”
children aged 7-18 years
- ABSUR 2000 –

Among the children who have heard about the existence of sexual abuse, 21.2% are in the 7-10 age group, 38.6% are in the 11-14 age group, while 48.3% are in the 15-18 age group. The share of children who refuse to provide an answer is higher in the 7-10 age group (Figure 3.4.3).

Figure 3.4.3
Breakdown (in %) by age groups of the answers provided to the question “Have you ever heard that there are children in the residential care institutions who are constrained to have sexual relations?”
children aged 7-18 years
- ABSUR 2000 –

These practices are known both to children in the urban area and to children in the rural area (Figure 3.4.4.).

Figure 3.4.4.
Breakdown (in %) by the area of residence (urban / rural) of the answers provided to the question “Have you ever heard that there are children in the residential care institutions who are constrained to have sexual relations?”
children aged 7-18 years
As in the case of other forms of abuse, the percentage of children who will admit that such things do happen in their own institution is much lower (Figure 3.4.5.)

**Figure 3.4.5.**
Breakdown (in %) of the answers provided to the question
"Are there in this center children who are constrained (blackmailed) to have sexual relations?"
children aged 7-18 years
- ABSUR 2000 –

Boys will more readily admit to the existence of sexual abuse in their own institution than girls (Figure 3.4.6.).

**Figure 3.4.6.**
Breakdown (in %) by genders of the answers provided to the question
"Are there in this center children who are constrained (blackmailed) to have sexual relations?"
children aged 7-18 years
- ABSUR 2000 -
Children who admit to the existence of such abuse mostly belong to the 15-18 age group. On the other hand, most of the children who refuse to answer that question belong to the 7-10 age group (Figure 3.4.7).

Figure 3.4.7
Breakdown (in %) by age groups of the answers provided to the question “Are there in this center children who are constrained (blackmailed) to have sexual relations?”

children aged 7-18 years

- ABSUR 2000 –

Very few children (only 4.3%) took the courage to admit that they had been the victims of such abuse themselves and their percentage does not vary too much across age groups (Figure 3.4.8. and 3.4.9.). But the number of children is in reality much higher. In all the institutions where we had children in the 7-18 age group (with the exception of two), there was at least one child who admitted to having been the victim of sexual abuse.

The literature says that, as a rule, children will keep the “secret” over such events and will deny them when asked a direct question. The abusers make sure that what happened will be kept “secret” by threatening and corruption. Institutionalized children will keep the “secret” because they have the feeling they would not be believed and defended.

Children admitted to having been the victims of sexual abuse mainly during the case studies.

Figure 3.4.8.
Breakdown (in %) of the answers provided to the question “Have you ever been constrained to have such a relation?”

children aged 7-18 years
Figure 3.4.9.
Breakdown (in %) by age groups of the answers provided to the question
"Have you ever been constrained to have such a relation?"
children aged 7-18 years

Figure 3.4.10. indicates that 50% of the children claim that they have been the victims of homosexual abuse by a child in the same institution. 11.8% of the children claim they have been the victims of heterosexual abuse by another child in the institutions. Among those committing sexual abuse, children also quote the institution staff, children from other institutions and the children’s relatives, in a proportion of less than 5%.
It is significant that almost 30% of the children are unwilling to say who the abuser was.

Figure 3.4.10.
Breakdown (in %) of the answers provided to the question
"Who constrained you to do it?"
children aged 7-18 years (n = 76)
- ABSUR 2000 –
The most frequent type of abusive sexual relationships in institutions are homosexual relations where the abuser is an older, stronger child in the institution. Emotional deficiencies are compensated by an exacerbation of sexual impulses. The daily program in the institutions is more often than not monotonous, without any guidance or satisfaction that could influence sexual precocity and sexual relations themselves. Homosexuality results from a lack of a gender reference point already in the early years. As it has been shown in previous chapters, before and during their preschool years, children are even confused about their own gender. Almost 60% of the children claim that they have heard about homosexual relations between the children in the institutions (Figure 3.4.11). 23.3% of the boys and 16.7% of the girls say that they know about homosexual relations even between the children in their own institutions (Figure 3.4.12).

Figure 3.4.11.
Breakdown (in %) of the answers provided to the question
“Have you heard about sexual relations between children of the same sex?”
children aged 7-18 years
- ABSUR 2000 –
In all age groups children state the existence of homosexual relations, the highest prevalence being characteristic of the 15-18 age group (Figure 3.4.13).

β M.I., a boy of 15 at a placement center in the rural area. I had found out from other kids that he would be one of those who commit sexual abuses in the institution. I tried to talk to him, but at the beginning he was very scared and would provide mechanical answers to all my questions. But then he gradually eased up and told me that when he was 9 and in another institution, he was beaten up and constrained by older boys to have oral homosexual relations. He did not tell anyone about it, because the boys kept threatening him. After he was transferred here, he started doing to younger kids what the older kids had been doing to him. The center director found out and handed him over to the police. At the precinct, they interrogated him and they beat him up. After returning to the center, he refrained for a while, then he restarted raping the younger boys: “I know what I’m doing is wrong, I tried to stop, but I can’t”.

(excerpt from a case study)
The case studies and focus group discussions have illustrated the special types of behaviour that inflict abuse on children. They also revealed difficulties generated by the often inadequate treatment of these problems by the staff, who cannot find an explanation or a solution for them. Another finding was the lack of adequate knowledge and skills among the caregivers, that they could use to curb the children’s unwanted and inadequate manifestations at that age.

**How do you react when you discover cases of abuse and homosexual practices involving the children?**

? I have seen them masturbating, but in the institution where I work I have not seen cases of sexual aggression.

? I have only noticed cases of masturbation. I consider that in such cases the children involved need several sessions with a psychologist to correct their deviant and potentially aggressive behaviour.

? I have seen cases of masturbation – in that phase they get agitated, and this is why we have to supervise them more carefully.

? I haven’t seen cases of sexual violence in our institution, but I have seen children masturbating, both boys and girls. In that case, we involve the doctor, who prescribes sedatives to the more aggressive ones, and we try to tell them that what they are doing is not nice. Masturbating children should be placed in separate rooms, so that they can be supervised all the time.

? I have not seen cases of homosexual relations, but there are very many cases of masturbation. Those children are given sedatives (Calmepan, Bromoval). The children need to be isolated from the others, so that they should not see them masturbating and start doing the same.

? We don’t make a public issue of it. We involve the children in various activities and we talk to the psychologist about them.

? In the case of homosexuality, we try prevention, we try to explain to the children that it is against the laws of nature. We pretend not to notice that they are masturbating, and we try to involve those children in various activities (to keep their minds off masturbation).

? When we are confronted with cases of homosexuality and masturbation, we involve the doctor.

? We haven’t had any cases of homosexual relations so far, but I’ve heard that they are a reality in the institutions. I think they should take these children to a doctor where they can talk about it.

? In such cases we perform collateral counseling, without making direct reference to the case (except when we deal with cases of abuse).

? It is very important that the identity of those identified should be made public. We first talk to those involved, and then we refer them to a specialist for professional intervention.

? In such cases, we try to answer the following questions: have the relations been generated by the culture of the institution, by personality features, or simply by curiosity? We weigh the contribution of
these factors to the case under consideration, and then we decide on the type of intervention that is most appropriate in that particular instance.

If I were confronted with such problems, I would ask the children involved what made them do what they did, and then I would try to explain to them that such behaviour is unethical.

I would not blow the affair out of all proportion by informing everybody about it. If they sleep in the same bedroom, I would try to separate them.

When I have such cases, I will first try to remove the cause in order to solve the effect.

I would talk to the kids to find out whether it was an experiment, it happened between consenting partners, or it was an abuse. Then I would refer the case to a psychotherapist and treat the matter in full confidentiality.

First I'll talk to the children involved to see what they think or whether they are aware of what they are doing.

I will tell them about the disadvantages of these practices.

Several years back, I had a case when the children told on each other, so we had to call the police. They made statements to the police, but one of them denied everything, so everything went into suspension. If there are gay couples among our children now, they are hiding it very well, because we have never caught anyone in the act.

In general it is very difficult to identify such practices among the children. They will deny even when they are caught in the act.

(Staff accounts)

☺ I have never heard of such things.
☺ Actually it happened to me, my math teacher tried it twice with me.
☺ Such things have not happened for a long while in our center. There used to be a lot of sexual abuse before, it was either the older ones abusing the younger ones, or pairs of older ones and pairs of younger ones wanted to do it together.
☺ Five years ago there were two women among the teachers who did all sorts of improprieties, when we were younger they would send us all to the dorm, and they would do things with two boys who have left since, but then they were found out, and I haven’t heard or seen anything since then.
☺ There was a case among my colleagues, that is one of the boys forced a younger child to do things with him, and he threatened him with beating from a bigger boy if he told on him.
☺ I haven’t heard a thing, because that girl doesn’t speak out loud about what she is doing, she only talks to her girlfriend about it.
☺ It’s never happened to me, but I have heard stories.
☺ It’s never happened to me, but I know that such things did happen at the placement center.
☺ One of the teachers, who is now working with the police, used to make the girls take their clothes off, and then beat them with a hose or call them to room 5 and punch and kick them, but he never abused them sexually.
☺ Some years ago, the deputy manager, who was fired in the mean time, lured girls over 12 to his office where he had sex with them, in fact he raped them and threatened to throw them out of the institution if they let on about what happened there.

☺ I know that the cook in my institution used to abuse the girls sexually, but he was fired.
☺ I only know about one such case, when a 17-year old boy abused boys in the 1st and 2nd grades. But he was discovered and moved to another institution.

(Children’s accounts)
3.5. Other Forms of Abuse

3.5.1. Exploitation of Younger Children by Older Children

Article 36:

“States Parties shall protect the child against all other forms of exploitation prejudicial to any aspects of the child’s welfare”.

(UN Convention on the Rights of the Child)

Do older children exploit younger ones?

☐ When I was 6, my parents sent me to an institution. What I disliked most about it were the so-called army years, between the ages of 7 and 10. Why am I calling them that? At the time, there was a generation of older kids who would order us about and make us do all sorts of things, such as: wash my socks, bring me this, bring me that, rub my back, or I’ll break you. They made me lift things from the shops, so I could bring them what they wanted. I was really terrified, because if you failed to do what they wanted, they beat you dead.

☐ Ten years ago there were older children who were very mean, and who used to beat us and scoff and sneer at us every day. They made us do all sorts of things, whatever came to their mind. Now that I have grown up, I am trying to forget these years that I spent as if I were in the army.

☐ When I was younger, I didn’t like many things, because the older boys kept beating us. But since I have been in the institution for 8 years now, I have got used to it and I am all right now.

☐ When we were younger, they would all make fun of us, there were older boys who used to beat us and do all sorts of mean things, and even the caregivers were sometimes afraid of them.

☐ Several years back, there was a different mentality about life. Life in the institutions was sheer terror for some of the kids. A lot of aggressiveness and violence coming from the caregivers and the attendants, but also from the older children in the institutions. There was a lack of protection from the educators and attendants, who closed their eyes to whatever was going on around. They couldn’t defend the younger children from the older ones, because they were in danger of being attacked by the older children, I say older because they were around 17 or 18, and they did not care much about going to jail, or about any other problems they were going to be confronted with in their lives.

☐ I didn’t like the way the older children behaved with us several years back, they used to beat us for just about any reason.

☐ Younger children are exploited by older ones, but they don’t complain about it, or else they get beaten up.

A particular form of abuse in residential care institutions is the exploitation of younger children by older children. That exploitation may be assimilated to physical, emotional, psychological or sexual abuse. The shortage of staff, and sometimes insufficient training are among the causes generating these phenomena.

Exploitation is cyclical, meaning that the abused become abusers in time.

In many institutions, these relationships among children are well-known, tolerated, and sometimes even cultivated by the staff, out of indolence.

The children’s accounts about these relations during the interviews, focus group discussions and case studies have revealed a variety of extremely serious forms of abuse.

One category of abuse refers to the obligation imposed on younger children to work, steal, beg, give away their personal belongings in favour of older children.

Figure 3.5.1.1. indicates that 32.5% of the children have been forced to perform various odd jobs (washing, ironing, other housework), to steal, both inside and outside the institution (16.2%), to beg (12.8%) and to give away their personal belongings (29.7%).

The children who are most exposed to these forms of exploitation are in the 11-14 age group (Figure 3.5.1.2.). Children in the institutions located in rural areas are more exposed to these forms of exploitation than children in urban areas (Figure 3.5.1.3.).
The percentage of children who admit to having been exploited by their older colleagues is lower than that of the children who say that such things generally happen in residential care institutions (Figure 3.5.1.4. as compared to Figure 3.5.1.1.).

There are more boys who are made to do “odd jobs” or give away personal belongings than girls. On the other hand, girls tend to be mainly forced to steal or beg for their older colleagues (Figure 3.5.1.5).

Almost 40% of the children complained to someone in the staff about some form of exploitation/abuse (Figure 3.5.1.6.) they had been exposed to, but the perpetrators of those acts were only punished in 46% of the cases (Figure 3.5.1.7.).

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**Figure 3.5.1.1.**

Breakdown (in %) of the answers provided to the question

*“Do older children in institutions exploit younger children, forcing them to do odd jobs, steal, beg, and give away their personal belongings?”*

children aged 7-18 years
- ABSUR 2000 –

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**Figure 3.5.1.2.**

Breakdown (in %) by age groups of the answers provided to the question

*“Do older children in institutions exploit younger children, forcing them to do odd jobs, steal, beg, and give away their personal belongings?”*

children aged 7-18 years
- ABSUR 2000 –

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**Figure 3.5.1.3.**

Breakdown (in %) by area of residence (urban / rural) of the answers provided to the question
“Do older children in the institution exploit the younger ones?”
children aged 7-18 years
ABSUR 2000 –

Figure 3.5.1.4.
Breakdown (in %) of the answers provided to the question
“Have you happened to be constrained to odd jobs, stealing, begging, giving away personal belongings?”
children aged 7-18 years
ABSUR 2000 –

Figure 3.5.1.5.
Breakdown (in %) by genders of the answers provided to the question
“Have you happened to be constrained to odd jobs, stealing, begging, giving away personal belongings?”
children aged 7-18 years
ABSUR 2000 –
Figure 3.5.1.6.
Breakdown (in %) of the answers provided to the question
"Have you ever complained to anyone about what has happened to you?"
children aged 7-18 years
- ABSUR 2000 –

Figure 3.5.1.7.
Breakdown (in %) of the answers provided to the question
"What were the consequences?"
children aged 7-18 years
- ABSUR 2000 –
Case Study

β Z.C., 18, male, student in a construction high school

“You have been in this placement center for 4 months, how do you feel?”
“Terribly bored.”

“Do they beat you when you don’t behave properly?”
“No, I haven’t had any of that here. But in the other institutions I was at, the older children would beat us and do all sorts of mean things to us. When they saw that one of us, the younger ones, was a strong fighter, they made him fight two older kids at a time. The older ones would ask: “who do you fear and obey?” And if you failed to respond ‘you’, they would beat you until you said you only feared and obeyed them.”

“Did they also exploit you?”
“They made us wash the older children’s clothes, and if we did not give them our desert, they would beat us “in circle”. The older ones would stand in a circle, and the younger ones would be in the middle, and get all the kicks and punches.”

“Did you complain about that to someone?”
“Who could I complain to?! The older ones were very good friends of the attendants there, and the director wouldn’t even look at us. When I was there, I thought the best thing for me to do was to play by the rules of the group, rather than go tell the director or the caregivers. Some of them couldn’t care less about what was going on there. When I was younger, I couldn’t wait to grow up; I would have given anything to be able to beat someone.”

“Have you beaten younger kids yourself?”
“Yes, I have, but I did not expose them to the kind of beatings I had been exposed to.”

“Why did you beat them?”
“I don’t know, maybe it was just that I wanted to take it out on them, I wanted them to go through what I had been through. But I wasn’t rough on them, really.”

“Have you heard about sexual relations between children of the same sex?”
“Yes, in the institution where I come from such things did happen.”

“Have you ever been forced to have sexual relations with older boys?”
“Yes, just once.”

“What about here?”
“Here, it can’t be. First, I am 18 and I am the oldest among them, and second, the oldest boys here are no more than 16.”

3.5.2. Enuresis

In the institutions, a large number of children of all ages suffer from enuresis. Most of the time, enuresis does not have an organic cause, but it is a manifestation of emotional insecurity. According to the literature, only 23% of the cases of enuresis among children have an organic cause. Some specialists are of the opinion that enuresis is equivalent to masturbation. In residential care institutions, enuresis is often mistaken for a willful violation of a disciplinary norm or for a sign of mental retardation. Consequently, the staff think that this must be corrected by various “punishments” (they make the children stand in front of the group, they separate them from the other children, etc.) or by using methods such as waking them up during their night sleep and the like, etc. Figure 3.5.2.1. presents the discriminatory treatment children with enuresis are submitted to in the institutions.
Being a manifestation of emotional insecurity, enuresis is difficult to treat in institutionalized children. The reaction of the staff towards these children is most of the time inadequate, which only makes matters worse and aggravates their condition. Data from the qualitative studies have demonstrated that.

What do you do about children with enuresis?

- If the children pee in bed at night, we make them go to the toilet more often, we explain to them why that is necessary, and we use the other kids who go to the toilet as positive examples.
- We try to help them verbally, we tell them it’s not nice and normal, and the children are going to make fun of them when they go to kindergarten. We explain to them that what they are doing is bad, because urine smells bad and the other kids will laugh at them.
- In order to help the children urinate faster, we make them sit on the toilet and turn the tap on.
- Such children should not be scolded or punished. We must find the cause of their condition, some state of conflict or medical cause. The condition can be treated by using medication that makes sleep lighter.
- It can be solved by waking the child up 2 or 3 times per night, and by limiting liquid intake after 4 p.m.
- We ask for the doctor’s and the psychologist’s advice.
- We make two of them sleep in the same bed, to keep warm.

What do they do about children with enuresis?

- Enuretic children need to be woken up at night every 3 hours.
- To avoid their peeing in bed at night, I tell them in the evening that I will give candy to all kids who don’t pee in bed, and then I keep my promise.
- We make them stand in front of the group.

Staff opinions
Children who pee in bed are beaten and (some of them) sent to special schools. None of them has received any treatment.

Now when the kids pee in bed, they take them to the Mental Health Center and they give them some pills.

I know a girl, Ileana, who used to pee in bed, and they took her to an MHC before taking her to a special school.

The girls who pee in bed are beaten and sent to the MHC, but maybe they are sick and they need care.

(children’s accounts)

Case Study

χ C.A.M. – 18 years, graduated from forestry high school

“What is your life story?”

“I have been here for 12 years. For a year, I was at the preschool center (which is on the other side of the fence), between the ages of 3 and 4. I don’t know why they brought me here when I was 3 in the first place. Then they brought me back when I was 7. My parents had divorced. Between the ages of 4 and 6 I lived in Bucharest.

Until I was in the 5th grade, father would come to visit. Then he took up drinking again, he sold both the house and the car. He worked in Germany with my uncle. They built houses. Before then, he came to visit every day. He took us home sometimes, to his apartment. I don’t know what problems he had, maybe it was my mother. My brother lives in another institution, because this one is only for girls. I have two brothers who are in Bucharest with mother. First the court decided that all the four of us should live with father. But then our parents decided to split us.

Mother never came to visit us during primary school. When I was in 5th grade, mother came to visit us once, and we spent 5 minutes together. When I was younger, my mother would treat me very bad.”

“What changes have you seen here lately?”

“Changes? Well, they have turned the classrooms into bedrooms. We live four in a room. This change was made two years ago. There has been no other change.”

“Do you like it here?”

“Yes, I do like it here. I went to spend 2 weeks with my aunt’s in Bucharest, but I left before the time was up. My aunt said she had wanted to adopt me when I was 3, but my parents were against it. I also met the girl she adopted instead of me. But I felt something was not exactly right. I didn’t have people to talk to, like I do here at the institution.

My godmother lives in this town. When I was younger, she would come to visit almost every day. But two years ago we stopped seeing each other. It was because of my father’s material status. When you are better off, then you have relatives, friends, acquaintances. When you have nothing material, nobody knows you or visits you any more!”

“Have you ever been punished?”

“I remember a punishment I got when I was in 7th grade. I had to write a term paper in Romanian, and I didn’t tell the caregiver about it. All the girls from the institution got a 4 for that paper. The caregiver was cross with me, because I was a good student, and she had not expected me to do what I had done – that is not tell her that we had a paper coming, which prevented her from helping us prepare and revise the material. My punishment was a light spanking. Until the 4th grade, I studied here, at the institution. Each caregiver had to attend to 12 children – and we used to do our homework in the afternoon in the same room where we had classes in the morning. Now the girls who live in the same room are also in the same class at school.”

“Would you like to go back to your parents?”

“I would like to see my brothers who live with my mother in Bucharest. I don’t even know what they look like. And I don’t know their address either. Grandma should know. They also have a phone,
but she won’t tell me the number. Mother owns a house in Bucharest. Father left everything to her. They live somewhere near the Bellu cemetery. I last saw my father when I was in 10th grade, at my grandfather’s funeral. I could see he was upset. My brother went to him before Christmas carol-singing and, imagine, he wanted to give him 10,000 lei to help him.”

“Do the teachers discriminate against the children from the institution in favour of children coming from families?”

“I’ve heard that some teachers don’t treat the children from the institution as they should. We were four of us in the same class, but the teachers never discriminated against us. We had very good teachers in Forestry School from this point of view. Children coming from families chipped in so that we could also attend the school-leaving party.”

“Do older children in this institution exploit the younger ones?”

“Yes, they do. But I never had older girls coming to me to make me wash for them or give them sweets. But this is common practice among the boys, my brother has told me.”

“Have you heard about homosexual relationships between children in the institutions?”

“No, I haven’t.”

“Do you have friends?”

“I have a boyfriend in the institution. We’ve been friends for a year and a month. My brother introduced him to me. He gave me a gold bracelet for Women’s Day. The rings were given to me by a friend when I was in the 10th grade. She had come to visit with her friend from the institution. She graduated high school. I told her: “I like your rings very much.” And she said: “You can have them!” I like silver very much. During the Easter holidays, I was baby-sitting for a businessman’s children (who were 4, 5 and 6 years old). I was introduced to that man by a boy in the institution who worked for him.”

“How do you get along with the night attendants?”

“Very well. There are two of them on each floor. The older children are not much of a problem, they aren’t noisy. In the evening they wash and then they watch TV. Curfew is at 10 p.m. The older ones can stay up longer – and now that we are on holidays, the younger ones can also stay up somewhat later. During the holidays, we get up at 8 a.m., but older children can get out of bed whenever they want.”

“What would you like most?”

“I would like to become a teacher of English or Romanian. I haven’t taken an admission exam this year. At school, they advised us to go on to the college in the same specialization, the Faculty for Wood Processing in Brasov. But I liked English more. Actually I can’t find a job, because we did not study anything practical in school. I don’t know how to paint, or polish wood, how to make a door or a chair. There are still places left at the post-secondary course in wood processing, but I need a sponsor. Those who complete that course can share an apartment with 3 or 4 other persons, and they get free meals until they can save some money from their work. My boyfriend is 20. But we can’t really get married. Our parents may disagree. He abandoned high school, and now he is attending an apprentice school, studying to become a joiner or a carpenter. The girls who are some years older than me have tried to get jobs, but they say that employers are thieves. Sometimes this institution appears to me more like a jail. You can’t say a thing, someone will surely hear you, and then everybody will find out and talk about you. I’m glad I could talk to you, I feel relieved.”