

# Maltreatment in residential child protection care: A review of the literature

Fotine Konstantopoulou<sup>1</sup> and Ioanna Mantziou<sup>2</sup>

*1 Department of Psychiatry, Attikon University Hospital, Athnes, Greece*

*2 NGO The Smile of the Child, Greece*

## Abstract

The current literature review provides a conceptual and empirical framework for understanding child institutional maltreatment. The challenges and vulnerabilities of children placed in alternative residential care are being addressed. Research findings highlight the adversities children experience within residential care. Evidently, although residential settings are meant to protect and promote the wellbeing of children in danger, they expose them to multiple risks including abusive experiences by peers and staff and eventually fuel the circle of abuse. Malpractices within care institutions include physically, psychologically and sexually abusive or neglectful practices. Non – institutional care is gradually gaining awareness along with the need to revolutionize family-based services.

**Keywords:** Child protection, Residential care, System abuse, Structural Neglect, Deinstitutionalization, Family – based services

**Special Issue:** “Sociocultural understanding of violence”, Quest Editor: Konstantina Sklavou

## Introduction

According to the United Nations Assembly Convention on the Rights of the Child (1989) children are entitled to a family environment, a personal history and identity. Parents are the ones responsible to ensure the wellbeing of the child and “secure, within their abilities and financial capabilities, the conditions of living necessary for the child’s development”. However, there are circumstances under which families find themselves unable to provide parental care and safety. State parties under the obligation to protect the child from all forms of violence shall take appropriate measures to ensure security and provide alternative care.

The United Nations General Assembly (2009) for the first time provided concrete definitions regarding what is considered alternative care and distinguished between formal (order by judicial authority) and informal (kinship care), family-based alternative care, which entails kinship care and foster care, and non-family based alternative care, which includes residential care. The states can address the issue of child protection to state agencies but also private sectors including non-governmental organizations (NGOs) and faith-based organizations. During the last few decades the privatization of child welfare, is notable along with the shift to large-scale establishments with a business like - professional logic (Lundström, 2018).

Reasons that lead to alternative care and out-of-home placement are: inadequate or total loss of parental care, childhood abuse and neglect, severe externalizing youth behaviours, children with disability or illness, unaccompanied children (Daphne & Mulheir, 2007). Among the main reasons for the overrepresentation of foreign children in child protection systems are problems of poverty and social exclusion. Foreign families usually have limited access to services and resources and welfare systems find it difficult to accept and manage the complexity of their cultural structures (Wessells et al., 2015).

## Residential Care

Residential care is considered a non – family group setting where children are placed to be safe and nurtured, for at least one night without any adult family members (they may be

placed with siblings) and where the number of unrelated children cared within the setting outnumber the staff on duty, paid personnel, working in shifts (Little et al., 2005). Residential child protection facilities include small group homes or large institutions, which are secured or semi-secured, decentralized or located within the neighborhoods usually distinctly identifiable (Harder et al., 2006). Many facilities have separated children based on gender or age groups, whereas others are mixed, some are focused on short-term crisis intervention whereas others provide a long term accommodation (Boendermaker et al., 2010). Large-scale residential institutions are usually defined as establishments caring for more than 10 children (Brodie & Pearce, 2017). A country’s cultural, regional, social and financial framework shapes its current child welfare systems and strongly impacts its attitudes and perceptions towards child protection.

Children victims of abuse and neglect enter residential care with heightened vulnerabilities and multiple emotional, social, cognitive deficits as a result of prolonged exposure to maltreatment and neglect (Gray et al., 2015). A research that reviewed 462 files in order to determine the prevalence of maltreatment prior to institutionalization, found that the majority of child and youth residents had experienced at least one form of maltreatment (66%): physical abuse (8%), sexual abuse (2%), psychological abuse (28%), neglect (26%), medical neglect (18%), school deprivation (38%), abandonment (30%), and child labor (23%) and that the most common reason for admission of non-orphans was maltreatment (90%) (Morantz et al., 2013). The crucial effects of childhood abuse are widely researched and documented, especially when it occurs within a family context and involves a trusted adult.

Understanding the nature and extent of childhood maltreatment in alternative care entails methodological difficulties, such as lack of official data, dependency on data provided by NGOs, which may be subject to variable quality or methodological transparency as well as significant definitional problems (Brodie & Pearce, 2017). The estimation and documentation of the number of children in residential care is quite challenging since many countries have either poor

monitoring systems or lack a unified report system for all involved sectors (private – nor private) (Petrowski et al., 2017).

During the last few decades, it became highly questionable whether residential child protection systems actually fulfill the purpose of promoting safety and whether the impact of institutionalization and the risk of further harm is greater than any mitigation made towards reversing the negative consequences of prior abusive experiences (Euser et al., 2014). In the light of available scientific evidence, serious concerns are raised regarding whether residential child protection is an adequate or even appropriate response to the critical issue of child protection (McCall, 2013). It is even debated whether children reared in families with substantial risk may be better than those reared in institutions as typically practiced (Gray et al., 2015).

## System Abuse

Eliana Gil (1982) identified three distinct forms of institutional abuse, direct or overt abuse, program abuse and system abuse. Direct or overt abuse refers to physical or emotional abuse imposed by a caregiver, similar to familial abusive experiences prior to the displacement. Program abuse and system abuse are indicative of residential settings. Program abuse includes residential practices endorsed and accepted by the staff but considered abusive by an external observer whereas system abuse reflects the inability of a structure to go far and beyond its limits and guarantee the protection of children in care. Despite the refinement of child protection systems, they seem to fail to provide a preventative safe net prior to displacement and families enter the child protection orbit mainly after the dysfunction is demonstrated. Lack of resources, increased attention towards investigation and failure to establish rapport and engage with high risk families, intensifies the risk of displacement and institutional care.

From the child's perspective, their entrance to the welfare system and residential care is linked to sudden loss of parents, siblings, school, friends, community, culture, personal history, identity, belonging, and sense of control (Unrau et al., 2008). It is not uncommon for children to be arbitrarily

separated from their parents (and often their siblings) and in ways that induce secondary trauma (Sherr et al., 2017). A research that interviewed 47 children in residential care found that many of them had poor understanding of the reasons that lead to their displacement, had experienced abrupt separation from their previous environment and were unable to provide a narrative of their personal story (Fernandez & Atwool, 2013). Participants' recollections of their first night out of home included feelings of fear, uncertainty, grief and confusion (Folman, 1998). Adults often make the assumption that children are resilient because they are young and assume they should be able to adapt to new situations quickly (Atwool, 2010). Whereas many social workers acknowledge that it is challenging to engage in life story work and intensive work with families due to oversized caseload and difficulties in balancing priorities (Atwool, 2006).

Reunification of the child to the birth family is considered an overarching goal of the welfare services. However, it is not uncommon for children with severe behavioural and emotional problems or those with multiple placements to either experience delayed reunification or get "trapped" to the residential system. Once the child enters residential care, social services need to develop a suitable long term plan according to the best interest of the child. This plan should include provision for care within residential protection, arrangements and goal settings towards duration of stay and family contact and the transition from residential care to other more suitable and child centred services, such as adoption or foster care (Fernandez & Atwool, 2013).

When establishing a plan for contact and reunification with birth family both the views and the best interest of the child should be taken into consideration as well their prior attachment experiences (Solodunova et al., 2017). Children are often isolated physically and emotionally from their communities and their families, while contact between the familial environment and the child is not encouraged (Coleman et al., 1999). Children's views are not always taken into consideration, caretakers hold negative attitudes towards their birth families, are being critical regarding the reasons that lead originally to the displacement, or are being fearful

that the contact will disappoint the child (Cashmore & Paxman, 2006).

Placement stability and sense of security are crucial for ameliorating previous traumatic childhood experiences and providing rectifying experiences (Rice et al., 2017). A recent study found that children in residential care experience significantly greater instability compared to home-based care settings with more than a third of the research sample having experienced more than five lifetime placements (Sigrid, 2004). Children removed due to physical or sexual abuse are more likely to experience placement changes compared to children removed for neglect (Connel et al., 2006). Older boys and youth with emotional and behavioral difficulties are more likely to experience abrupt displacement as a result of caregiver's requests triggered by children's challenging behaviors and lack of emotional engagement (Rubin et al., 2007). The correlation between multiple placement changes and negative outcomes for youth has been widely researched indicating severe behavioral problems, poor academic performance, difficulty forming attachments and greater risk for self-harm, substance use, suicide attempts, and psychiatric hospitalization (Cashmore & Paxman, 2006).

According to research findings, among the challenges youth face after leaving residential care are: the overuse of medical and mental health services, unstable accommodation, unemployment, early entry to parenthood, offending, imprisonment and marginalization (Carter, 2005). Some studies indicate that many institutionalised children are emotionally vulnerable and crave adult attention, which makes them targets for traffickers (Riebschleger et al., 2015). Leaving care could be equally difficult to entering since residential care systems often fail to compensate for the deficits and prepare the children for successful transitioning into adulthood (Kilkenny, 2012). A qualitative study using interpretative approach found that many of the participants experience feelings of abandonment, isolation and helplessness when leaving care. Furthermore, they felt they had no choice regarding the abrupt end to their residential care placement and expressed feelings of re-abandonment by the State (Van Ijzendoorn et al., 2011).

## Structural Abuse and Neglect

Regardless of their structure, all residential care systems face similar challenges due to their structural and functional framework, and inflict to an extent structural abuse and neglect (Dobrova-Krol et al., 2008). Inevitably when children overpower the numbers of providers their needs for nutrition, health care, stimulation and stability are not adequately covered (Humphreys et al., 2017). Furthermore, when they are cared by multiple providers they are deprived of the opportunity to shape secure emotional attachments. This has an enduring detrimental impact on their emotional development and their capacity to connect emotionally and socially later on in life (Slopen et al., 2012). The disproportion between the caregivers and the children in residential care, results in limited care, attention and physical contact with devastating effects especially for infants and their brain development (Van Ijzendoorn et al., 2005).

A meta-analysis of 42 studies in 19 countries reported lower Intelligence Quotient (IQ) values among institutionalized children compared with those in family-based care (McCall, 2011). Other research findings highlight that such poor development is not primarily associated with selected gene pool, adverse prenatal circumstances and pre-institutional experience (Johnson et al., 2006). The risk of developmental and psychological damage is particularly acute for young children under the age of three, a critical period for developing secure attachment relationships. Once children enter adoption it is well researched that they experience a "catch-up" growth in multiple domains including physical, behavioral and emotional (Vorra et al., 2006). Other research findings report the long-lasting negative effects of institutional care during the first years of life, on emotional attachment and cognitive development, even after transitioning to adoption (Datta et al., 2018).

Although out-of-home care settings are intended to protect children from further victimization they seem to expose them to multiple risks including abusive experiences by peers and staff (Brodie & Pearce, 2017). Caregivers in residential facilities are not always well prepared for the challenging behaviours of traumatized and abused children and

lack information about their past experiences. Staff struggles to cope with large numbers of children and their complex needs, is poorly trained, underpaid and poorly motivated. Rapid staff turnover and under-staffing are both serious problems leading to limited investment towards developing relationships and long term care plans (Juffer et al., 2017).

Malpractices within care institutions have attracted research attention, with findings indicating physically, psychologically and sexually abusive or neglectful practices (Attar- Schwartz, 2017). Maltreatment by staff can include verbal abuse, beatings, excessive or prolonged restraints, rape, sexual assault or harassment. A study which compared reports from children who were institutionalized from 0 to 4 years of age with those 5–14 years of age found that early institutionalized children reported more types of adverse childhood experiences in institutional care than did late institutionalized children and that 89% of the total sample reported at least one experience of institutional abuse, whereas 54% of the sample experienced at least one adverse childhood experience in their family of origin (Hermenau et al., 2014). Other studies note that adolescents in residential settings are in higher risk for physical abuse than those in foster care or the general population (Euser et al., 2014). A study conducted across five countries reported that more than half of the sample in institutional care (1053 children who were 10 years at baseline or follow-up) reported physical or sexual abuse with no differences between genders, and higher abuse among the younger age groups (Gray et al., 2015). Pinto and Maia (2013) reported on 86 children in institutional care and noted emotional abuse for 36%, physical abuse for 34.9%, emotional neglect for 57%, physical neglect for 45.3% and sexual abuse for 21%. Even in a society where corporal punishment is illegal, physical maltreatment by residential care staff is likely to take place (Attar- Schwartz, 2011).

Some studies suggest that victims of institutional child sexual abuse may experience more severe abuse, over a longer duration and are more likely to be abused by multiple offenders than those abused in family settings (Spröber et al., 2014). Institutional child sexual abuse is strongly asso-

ciated with adverse outcomes across the life course; these include physical health problems, poor mental health and wellbeing, externalising behaviours such as substance misuse, 'risky' sexual behaviours, offending, difficulties in interpersonal relationships, lower educational level and income, and vulnerability to re-victimisation as both children and adults (Fisher et al., 2017).

### Peer on peer Violence in Residential Care

Thomas (1990) argued that abuse by peers in a residential context does not constitute institutional abuse since it undermines the responsibility of the staff to prevent such incidents and suggested that the term peer on peer victimization is more appropriate. Residential settings, for children who are victims of abuse and neglect, accommodate minors with traumatic experiences and often challenging behaviors, with a wide age range, mixed genders and from different cultural and social backgrounds (Morantz et al., 2013). A large-scale study conducted in Israel among adolescents in residential facilities for children at risk noted that youth are in high risk for physical, sexual, indirect, and verbal victimization by peers (Attar- Schwartz, 2014; Attar- Schwartz, 2015). Another study (Attar- Schwartz, 2017) for adolescents placed in residential care reported that 40% of the participants having been a victim of at least one act of peer sexual violence in the month prior to the survey. Of this 40%, (17%) reported that they had been peeped at in the bath or shower at least once in the prior month, (16.6%) reported that sexually insulting things about them had been written on walls or spread as rumors. About 15% of the adolescents reported that a fellow resident had tried to kiss them without their consent, 14.1% touched or tried to touch them in a sexual manner when they did not want it, 13.7% that a resident had tried to hit on them or made unwelcome sexual remarks, 7% of the adolescents reported that a resident had taken or had tried to take off their clothes without their consent, 6.4% reported that one or more residents threatening to spread rumors about them, if they did not consent to sexual interaction and 5% of the adolescents reported that a resident had touched or tried to touch an intimate part

of their bodies without their consent and had threatened to hurt them if they did not consent to his or her demands.

Children placed in residential facilities are either vulnerable to victimization due to past victimization, or more desensitized to sexualized behaviors. Those circumstances favor sexual abuse by peer residents and it could be quite challenging for staff to draw a distinct line between abusive and exploratory behaviors (Barter, 1997). Even if the institutional staff is well trained in responding to residents overt or covert sexualizing behaviors, it is quite common to respond with denial, disbelief, and minimization or to even ignore the existence of the problem (Lovett et al., 2018). Although the staff is obliged to report and respond to cases of institutional child sexual abuse, often times they could be unaware of the process, fearful of the legal consequences and the damage in the reputation of the institution, or reluctant to stigmatize a minor as a perpetrator.

A high prevalence of verbal abuse and bullying within residential establishments has been documented (Attar-Schwartz, 2017). According to a research finding, of the entire sample of 272 children living in residential care, the majority of residents (79.4 %) were involved in bullying either as victims (70.6 %) or bullies (55.9 %). Of those who were victims, 66.7 % were also bullies, and of those who were bullies, 84.2 % were also victims (Sekol, 2016). Interestingly, lack of perceived peer support was the strongest correlate and independent predictor of both bullying and victimization, whereas staff support neither related to victimization nor bullying, raising concerns that staff support does not seem to protect young people from bullying and victimization (Sekol, 2016). Another research found that residential staff failed to identify victims of bullying although findings from children's self – reports and peer – reports were consistent. (Sekol, 2013).

Staff either minimizes bullying by indirectly blaming the bullied child (asking the victim what lead to the incident) or suggests reconciliation which may exert more power and status to the child who bullies and result to further victimization (Barter, 1997). Among the institutional factors known to contribute to peer to peer violence are: the absence or

inconsistent application of residential policies and procedures regarding peer violence; absence of youth meetings; inappropriate residential referrals; inappropriate physical features of residential facilities, especially large size of the building; poor decoration; and insufficient staffing levels (Barter et al., 2004).

The limitations of the residential structures and lack of flexibility prioritize the well-functioning of the residential facilities at the expense of the child's best interest and individual needs. Although residential settings are meant to protect, nurture and promote the wellbeing of children in danger, evidently they expose children to multiple risks and contribute to the circle of abuse (Dozier et al., 2012; Johnson et al., 2006). There is a vast amount of evidence which suggest that when children experience institutional care nearly all domains of their development are deeply affected, including delayed cognitive and language development, deficits in social development, severe emotional difficulties, failure to form secure emotional attachments, increased risk for psychopathology, delinquency and exposure to abuse (Harder et al., 2013; Roy et al., 2004; Maneiro et al., 2019).

## Concluding Remarks

The wide recognition of the adverse impacts of institutionalization on children's well-being has led many countries to undertake efforts to reduce the numbers of children living in institutional care and, whenever possible, to prevent institutionalization in the first place, or to reunite children with their families. Although Institutional environment is a non-natural environment for infants and children and less cost effective compared to other alternative care provisions, institutional care still becomes the common and immediate decision in response to the critical issue of child protection. Institutions may be highly preferred because of their 'rescue mentality' whereas non-governmental organizations (NGOs) focus on residential care which is easier to manage compared with family-based services, and more profitable since the image of nurturing vulnerable parentless children contributes to the "orphanage business". Governments in

the absence of state alternative community protection services, sustain the existing residential systems and support less for alternative care interventions including foster care, group homes and family strengthening programs.

There is evidence (McCall et al., 2013) to support that the experience of residential care could be potentially less harmful under certain provisions, such as extensive staff training, structural changes and parental involvement. Providing staff with knowledge on early childhood development and developmentally appropriate and child-centered caregiving, with encouragement towards warm, sensitive and responsible positive interactions is considered crucial. Structural changes towards protecting the child's right to be heard, reducing the group size, minimizing the child-caregiver ratio and assigning primary and secondary caregivers are beneficial towards promoting consistent relationships. However, it is highly debated whether it is meaningful and worthwhile to invest time in improving the existing residential systems, which by structure fail to respond to the child's right to a family. Supporters of the deinstitutionalization process claim that the investment towards "upgrading" residential structures diverts the system's attention from supplying resources towards family-based services and legitimize the continuity of residential practices.

It is noteworthy that abrupt termination of residential care could have adverse results in the absence of alternative care provisions within a comprehensive child protection network. Deinstitutionalization is not solely attached to a residential "lockdown" but is rather extended towards shifting mentalities about child protection and developing a holistic welfare system capable of empowering families, deterring displacements and providing alternative care provisions. Child-centered policies require that community-based services be considered first, day treatment second, and foster care in the third instance; only when the aforementioned options are exhausted should residential care be considered. Non-institutional care is gradually gaining awareness, along with the need to revolutionize family-based services and provide comprehensive community welfare services to protect the rights of vulnerable children and their families.

## References

- Atwool, N. R. (2010). *Children in Care*. Wellington: Office of the Children's Commissioner. <http://www.occ.org.nz/publications>
- Atwool N. R. (2006). Attachment and Resilience: Implications for Children in Care, *Child Care in Practice*, 12:4, 315-330, <https://doi.org/10.1080/13575270600863226>
- Attar-Schwartz, S. (2017). Experiences of Victimization by Peers and Staff in Residential Care for Children at Risk in Israel from an Ecological Perspective. *Child Maltreatment in Residential Care*, 269-299. [https://doi.org/10.1007/978-3-319-57990-0\\_13](https://doi.org/10.1007/978-3-319-57990-0_13)
- Attar-Schwartz, S. (2011). Maltreatment by staff in residential care facilities: The adolescents' perspectives. *Social Service Review*, 85, 635-664.
- Attar-Schwartz, S. (2014). Experiences of sexual victimization by peers among adolescents in residential care settings. *Social Services Review*, 88, 594-629. <https://doi.org/10.1086/679194>
- Attar-Schwartz, S. (2017). Experiences of Victimization by Peers and Staff in Residential Care for Children at Risk in Israel from an Ecological Perspective. *Child Maltreatment in Residential Care*, 269-299. [https://doi.org/10.1007/978-3-319-57990-0\\_13](https://doi.org/10.1007/978-3-319-57990-0_13)
- Attar-Schwartz, S., & Khoury-Kassabri, M. (2015). Indirect and verbal victimization by peers among youth at-risk in residential care. *Child Abuse & Neglect*, 42, 84-98. <https://doi.org/10.1016/j.chiabu.2014.12.007>
- Boendermaker, L., Van Rooijen, K., & Berg, T. (2010). Residentiële jeugdzorg: Wat werkt? [Residential youth care: What works?]. *Utrecht: Netherlands Youth Institute*.
- Brodie, I., & Pearce, J. (2017). Violence and alternative care: a rapid review of the evidence. *Psychology, Health & Medicine*, 22 (1), 254-265. <https://doi.org/10.1080/13548506.2017.1281980>
- Barter, C. (1997) Who's to Blame: Conceptualizing Institutional Abuse by Children. *Early Child Development and Care*, 133:1, 101-114, <https://doi.org/10.1080/0300443971330108>
- Barter, C., Renold, E., Berridge, D., & Cawson, P. (2004). Peer violence in children's residential care. *New York: Palgrave Macmillan*. <https://epdf.pub/peer-violence-in-childrens-residential-care.html>
- Coleman, F., C. (1999). "Staff attitudes toward family involvement and reunification in residential treatment centers". *ETD Collection for Pace University*. AAI9949097. <https://digitalcommons.pace.edu/dissertations/AAI9949097>

- Cashmore J, Paxman M. (2006). Predicting after-care outcomes: the importance of 'felt' security. *Child & Family Social Work*, 11(3), 232-241. [10.1191/9/j.issn.1002-0829.216090](https://doi.org/10.1191/9/j.issn.1002-0829.216090)
- Connell, C. M., Vanderploeg, J. J., Flaspohler, P., Katz, K. H., Saunders, L., & Tebes, J. K. (2006). Changes in Placement among Children in Foster Care: A Longitudinal Study of Child and Case Influences. *The Social Service Review*, 80(3), 398-418. <https://doi.org/10.1086/505554>
- Cashmore, J., & Paxman, M. (2006). Wards leaving care: Follow up five years on. *Children Australia*, 31(03), 18-25. <https://doi.org/10.1017/s1035077200011196>
- Carter, R. (2005). Family matters: A study of institutional childcare in Central and Eastern Europe and the Former Soviet Union. *London: Every child*.
- Daphne Programme, & Mulheir, G. (2007). De-institutionalising and transforming children's services: A guide to good practice. *University of Birmingham*. [https://lumos.contentfiles.net/media/documents/document/2017/02/DI\\_manual\\_Europe\\_GMulheir.pdf](https://lumos.contentfiles.net/media/documents/document/2017/02/DI_manual_Europe_GMulheir.pdf)
- Dobrova-Krol, N., Van IJzendoorn, M., Bakermans-Kranenburg, M., Cyr, C., & Juffer, F. (2008). Physical growth delays and stress dysregulation in stunted and non-stunted Ukrainian institution-reared children. *Infant Behavior and Development*, 31, 539-553. <https://doi.org/10.1016/j.infbeh.2008.04.001>
- Datta, P., Ganguly S., Roy, B.N. (2018). The prevalence of behavioral disorders among children under parental care and out of parental care: A comparative study in India, *International Journal of Pediatrics and Adolescent Medicine*, 5 (4) <https://doi.org/10.1016/j.ijpam.2018.12.001>
- Dozier, M., Zeanah, C. H., Wallin, A. R., & Shaffer, C. (2012). Institutional care for young children: Review of literature and policy implications. *Social Issues and Policy Review*, 6(1), 1-25. <http://dx.doi.org/10.1111/j.1751-2409.2011.01033.x>
- Euser, S., Alink, L. R. A., Tharner, A., van IJzendoorn, M. H., & Bakermans-Kranenburg M. J. (2014). Out of home placement to promote safety? The prevalence of physical abuse in residential and foster care. *Children and Youth Services Review*, 37, 64-70. <https://doi.org/10.1016/j.childyouth.2013.12.002>
- Fernandez, E. & Atwool, N. (2013). Child protection and out of home care: Policy, practice, and research connections Australia and New Zealand. *Psychosocial Intervention* 22, 175-184. <http://dx.doi.org/10.5093/in2013a21>
- Fisher, C., Goldsmith, A., Hurcombe, R. and Soares, C. (2017) The Impacts of Child Sexual Abuse: A Rapid Evidence Assessment. Summary Report. *London: Independent Inquiry into Child Sexual Abuse*. <https://www.iicsa.org.uk/key-documents/1534/view/iicsa-impacts-child-sexual-abuse-rapid-evidence-assessment-full-report-english.pdf>
- Gil, E. (1982). Institutional abuse of children in out-of-home care. *Child & Youth Services*, 4(1-2), 7-13. [https://doi.org/10.1300/J024v04n01\\_03](https://doi.org/10.1300/J024v04n01_03)
- Gray, C. L., Pence, B. W., Ostermann, J., Whetten, R. A., O'Donnell, K., Thielman, N. M., & Whetten, K. (2015). Prevalence and Incidence of Traumatic Experiences Among Orphans in Institutional and Family-Based Settings in 5 Low- and Middle-Income Countries: A Longitudinal Study. *Global Health: Science and Practice*, 3(3), 395-404. <https://doi.org/10.9745/GHSP-D-15-00093>
- Hardera A.T., Zeller, M., López, M., Köngeter, S., Knorth, E.J. (2013). Different sizes, similar challenges: Out-of-home care for youth in Germany and the Netherlands Psychosocial Intervention, 22(3), 203 - 213. <https://doi.org/10.5093/in2013a24>
- Harder, A., Knorth, E. J., & Zandberg, T. (2006). Residentiële jeugdzorg in beeld: Een overzichtsstudie naar de doelgroep, werkwijzen en uitkomsten [Residential youth care in the picture: A review study of its target group, methods and outcomes]. *Amsterdam: SWP Publishers*. [https://www.researchgate.net/publication/244994749\\_Residentiele\\_jeugdzorg\\_in\\_beeld\\_Een\\_overzichtsstudie\\_naar\\_de\\_doelgroep\\_werkwijzen\\_en\\_uitkomsten\\_Residential\\_child\\_and\\_youth\\_care\\_in\\_the\\_picture\\_A\\_review\\_study\\_of\\_target\\_groups\\_methods\\_and\\_outcomes?enrichId=rgreq-4542b8401b54d6a0836a7de5a22e478b-XXX&enrichSource=Y292ZXJQYWdIOzI0NDk5NDc0OTtBUzo5NzAzNDk4ODE2MzA3NUAxNDAwMTQ2MzUyNDAs&el=1\\_x\\_2&\\_esc=publicationCoverPdf](https://www.researchgate.net/publication/244994749_Residentiele_jeugdzorg_in_beeld_Een_overzichtsstudie_naar_de_doelgroep_werkwijzen_en_uitkomsten_Residential_child_and_youth_care_in_the_picture_A_review_study_of_target_groups_methods_and_outcomes?enrichId=rgreq-4542b8401b54d6a0836a7de5a22e478b-XXX&enrichSource=Y292ZXJQYWdIOzI0NDk5NDc0OTtBUzo5NzAzNDk4ODE2MzA3NUAxNDAwMTQ2MzUyNDAs&el=1_x_2&_esc=publicationCoverPdf)
- Hermenau, K., Hecker, T., Elbert, T., & Ruf-Leuschner, M. (2014). Maltreatment and mental health in Institutional care-comparing early and late institutionalized children in Tanzania. *Infant Mental Health Journal*, 35(2), 102-110. <https://doi.org/10.1002/imhj.21440>
- Humphreys, K. L., Nelson, C. A., Fox, N. A., & Zeanah, C. H. (2017). Signs of reactive attachment disorder and disinhibited social engagement disorder at age 12 years: Effects of institutional care history and high-quality foster care. *Development and psychopathology*, 29(2), 675-684. <https://doi.org/10.1017/S0954579417000256>
- Johnson, R., Browne, K., & Hamilton-Giachrisis, C. (2006). Young



- Children in Institutional Care at Risk of Harm. *Trauma, Violence, & Abuse*, 7(1), 34–60. <https://doi.org/10.1177/1524838005283696>
- Johnson, R., Browne, K. D., & Hamilton-Giachritsis, C. E. (2006). Young children in institutional care at risk of harm. *Trauma Violence and Abuse*, 7(1), 1–26.
- Juffer, F., van IJzendoorn, M.H., Bakermans-Kranenburg, M.J. (2017) Structural Neglect in Orphanages: Physical Growth, Cognition, and Daily Life of Young Institutionalized Children in India. In: Rus A., Parris S., Stativa E. (eds) *Child Maltreatment in Residential Care*. Springer, Cham. [https://doi.org/10.1007/978-3-319-57990-0\\_14](https://doi.org/10.1007/978-3-319-57990-0_14)
- Kilkenny, M. (2012). The Transition to Adulthood and Independence: a Study of Young People Leaving Residential Care. Masters dissertation. *Technological University Dublin*. <https://doi.org/10.21427/D77K6H>
- Little, M., Kohm, A., & Thompson, R. (2005). The impact of residential placement on child development: research and policy implications. *International Journal of Social Welfare*, 14(3), 200–209. <https://doi:10.1111/j.1468-2397.2005.00360.x>
- Lovett, J., Coy, M., & Kelly, L. (2018) Deflection, denial and disbelief : social and political discourses about child sexual abuse and their influence on institutional responses : a rapid evidence assessment. *Project Report. Independent Inquiry into Child Sexual Abuse, London*. <https://www.iicsa.org.uk/document/social-and-political-discourses-about-child-sexual-abuse-and-their-influence-institutional>
- Lundström, T., Sallnäs, M., & Shanks, E. (2018). Stability and change in the field of residential care for children. On ownership structure, treatment ideas and institutional logics. *Nordic Social Work Research*, 10 (1), 39-50. <https://doi.org/10.1080/2156857X.2018.1541016>
- Maneiro, L., Gómez-Fraguela, J. A., López-Romero, L., Cutrín, O., & Sobral, J. (2019). Risk profiles for antisocial behavior in adolescents placed in residential care. *Children and Youth Services Review*, 103, 278–286. <https://doi.org/10.1016/j.childyouth.2019.06.012>
- McCall, R. B., Groark, C. J., Fish, L., Muhamedrahimov, R. J., Palmov, O. I., & Nikiforova, N. V. (2013). Maintaining a Social-Emotional Intervention and Its Benefits for Institutionalized Children. *Child Development*, 84(5), 1734–1749. <https://doi.org/10.1111/cdev.12098>
- McCall, R. B. (2013). The consequences of early institutionalization: can institutions be improved? - should they?. *Child and adolescent mental health*, 18(4), <https://doi.org/10.1111/camh.12025>
- McCall, R. B. (2011). Research, Practice, and Policy Perspectives on Issues of Children without Permanent Parental Care. *Monographs of the Society for Research in Child Development*, 76(4), 223–272. <https://doi.org/10.1111/j.1540-5834.2011.00634.x>
- Morantz, G., Cole, DC., Ayaya, S., Ayuku, D., Braitstein, P. (2013). Maltreatment experiences and associated factors prior to admission to residential care: a sample of institutionalized children and youth in western Kenya. *Child Abuse & Neglect*. 37(10),778–787. <https://doi.org/10.1016/j.chiabu.2012.10.007>
- Petrowski, N., Cappa, C., & Gross, P. (2017). Estimating the number of children in formal alternative care: Challenges and results. *Child Abuse & Neglect*, 70,388-398. <https://doi.org/10.1016/j.chiabu.2016.11.026>
- Pinto, R. J., & Maia, Â. C. (2013). Psychopathology, physical complaints and health risk behaviors among youths who were victims of childhood maltreatment: A comparison between home and institutional interventions. *Children and Youth Services Review*, 35(4), 603–610. <https://doi.org/10.1016/j.childyouth.2013.01.008>
- Rice, S., Cotton, S., Moeller-Saxone, K., Mihalopoulos, C., Magnus, A., Harvey, C., Humphreys, C., Halperin, S., Schepokat, A., McGorry, P., & Herrman, H. (2017). Placement Instability Among Young People Removed from Their Original Family and the Likely Mental Health Implications. *Shanghai archives of psychiatry*, 29(2), 85-94. <https://doi.org/10.11919/j.issn.1002-0829.216090>
- Riebschleger, J., Day, A., & Damashek, A. (2015). Foster Care Youth Share Stories of Trauma Before, During, and After Placement: Youth Voices for Building Trauma-Informed Systems of Care, *Journal of Aggression, Maltreatment & Trauma*, 24(4), 339-360. <https://doi.org/10.1080/10926771.2015.1009603>
- Rosalind D. F. (1998). "I Was Taken", *Adoption Quarterly*, 2 (2), 7-35, [https://doi.org/10.1300/J145v02n02\\_02](https://doi.org/10.1300/J145v02n02_02)
- Roy, P., Rutter, M., & Pickles, A. (2004). Institutional care: Associations between overactivity and lack of selectivity in social relationships. *Journal of Child Psychology and Psychiatry*, 45(4), 866–873. <http://dx.doi.org/10.1111/j.1469-7610.2004.00278.x>
- Rubin, D. M., O'Reilly, A. L., Luan, X., & Localio, A. R. (2007). The impact of placement stability on behavioral well-being for children in foster care. *Pediatrics*, 119(2), 336–344. <https://doi.org/10.1542/peds.2006-1995>
- Sekol, I. (2016). Bullying in Adolescent Residential Care: The Influence of the Physical and Social Residential Care Environ-

- ment. *Child & Youth Care Forum*, 45, 409-431. <https://doi.org/10.1007/s10566-015-9336-8>
- Sekol, I., & Farrington, D. P. (2013). The reliability and validity of self, peer and staff reports of bullying and victimisation in correctional and care institutions. *Psychology, Crime & Law*, 19(4), 329-344. <https://doi.org/10.1080/1068316x.2011.631541>
- Sherr L., Kathryn J. R. & Gandhi N. (2017). Child violence experiences in institutionalised/orphanage care. *Psychology, Health & Medicine*, 22:sup1, 31-57, <https://doi.org/10.1080/13548506.2016.1271951>
- Sigrid, J. (2004). Why Do Foster Care Placements Disrupt? An Investigation of Reasons for Placement Change in Foster Care. *Social Service Review*, 78(4), 601-27. <https://doi.org/10.1086/424546>
- Slopen, N., McLaughlin, K.A., Fox, N.A., Zeanah, C.H., Nelson, C.A. (2012). Alterations in neural processing and psychopathology in children raised in institutions. *Arch Gen Psychiatry*, 69, 1022-1030. <https://doi.org/10.1001/archgenpsychiatry.2012.444>
- Solodunova, M., Palmov, O., & Muhamedrahimov, R. J. (2017). Family environment in institutions for young children in Russia: Mental health and development versus medical care. In A. V. Rus, S. R. Parris, & E. Stativa (Eds.), *Child maltreatment in residential care: History, research, and current practice* (p. 199-218). *Springer International Publishing*. [https://doi.org/10.1007/978-3-319-57990-0\\_10](https://doi.org/10.1007/978-3-319-57990-0_10)
- Spröber, N., Schneider, T., Rassenhofer, M., Seitz, A., Liebhardt, H., König, L. and Fegert, J. (2014). Child sexual abuse in religiously affiliated and secular institutions: A retrospective descriptive analysis of data provided by victims in a government-sponsored reappraisal program in Germany. *BMC Public Health*, 14(1). <https://doi.org/10.1186/1471-2458-14-282>
- Thomas, G. (1990). 'Institutional Child Abuse: The Making and Prevention of an Un-problem', *Journal of Child and Youth Care*, 4(6), 1-22
- United Nations General Assembly (1989). Convention on the Rights of the Child, UN document A/RES/44/25. *New York, NY: United Nations*. <https://www.ohchr.org/en/professionalinterest/pages/crc.aspx>
- United Nations General Assembly. (2009). Guidelines for the Alternative Care of Children, UN document A/RES/64/142. *Geneva: United Nations*. [https://www.unicef.org/protection/alternative\\_care\\_Guidelines-English.pdf](https://www.unicef.org/protection/alternative_care_Guidelines-English.pdf)
- Unrau, Y., Seita, J. R., & Putney, K. S. (2008). Former foster youth remember multiple placement moves: A journey of loss and hope. *Children and Youth Services Review*, 30(11), 1256-1266. <https://doi.org/10.1016/j.childyouth.2008.03.010>
- Van IJzendoorn, M. H., Juffer, F., & Poelhuis, C. W. K. (2005). Adoption and Cognitive Development: A Meta-Analytic Comparison of Adopted and Nonadopted Children's IQ and School Performance. *Psychological Bulletin*, 131(2), 301-316. <https://doi.org/10.1037/0033-2909.131.2.301>
- Van IJzendoorn, M. H., Palacios, J., Sonuga-Barke, E. J. S., Gunnar, M. R., Vorria, Y., McCall, R., & Juffer, F. (2011). Children in institutional care: Delayed development and resilience. *Monographs of the Society for Research of Child Development*, 76(1), 8-30. <http://dx.doi.org/10.1111/j.1540-5834.2011.00626.x>
- Van IJzendoorn, M.H., & Juffer, F. (2006). The Emanuel Miller Memorial Lecture 2006: Adoption as intervention. Meta-analytic evidence for massive catch-up and plasticity in physical, socio-emotional, and cognitive development. *Journal of Child Psychology and Psychiatry*, 47, 1228-1245.
- Vorria, P., Papaligoura, Z., Sarafidou, J., Kopakaki, M., Dunn, J., Van IJzendoorn, M. H., & Kontopoulou, A. (2006). The development of adopted children after institutional care: a follow-up study. *Journal of Child Psychology and Psychiatry*, 0(0), <https://doi.org/10.1111/j.1469-7610.2006.01666.x>
- Welbourne, P., & Dixon, J. (2016). Child protection and welfare: cultures, policies, and practices, *European Journal of Social Work*, 19(6), 827-840. <https://doi.org/10.1080/13691457.2015.1084273>
- Wessells, M. G., Lamin, D. F. M., King, D., Kostelny, K., Stark, L., & Lilley, S. (2015). The limits of top-down approaches to managing diversity: Lessons from the case of child protection and child rights in Sierra Leone. *Peace and Conflict: Journal of Peace Psychology*, 21(4), 574-588. <https://doi.org/10.1037/pac0000130>