



Project DAPHNE III
„Sexual Abuse Against Children at Residential Institutions”
№ JLS/2007/DAP-1/178-30-CD-0229207/00-68
financed by European Commission

Activity 3: In-depth study of the phenomenon “sexual abuse of children
at residential institutions” in the partner countries

**“Sexual violence against children”
Study of the phenomenon and dimensions of the violence
against children raised in the residential institutions**

Report

Nobody’s Children Foundation

Warsaw 2009 - 2010

Contents:

1. Introduction	3
1.1. Research problem	3
1.2. Research objectives	4
1.3. Research methods	4
1.4. The sample	7
1.5. Ethical issues	8
2. Adolescents living in residential care	9
2.1. The respondents	9
2.2. Forms of victimisation: The respondents' personal experience	10
2.3. Conventional crime	13
2.4. Physical abuse by adults	15
2.5. Peer victimisation	17
2.6. Sexual abuse	20
2.6.1. Experiences of sexual abuse in the proceeding year	20
2.6.2. Experiences of sexual abuse before the age of 15	22
2.7. Availability of help in cases of violence and abuse	25
2.8. Institutionalized adolescents' opinion about sexual contact	28
2.9. Summary	31
3. Former residents	32
3.1. Family and institutions	32
3.2. Daily life in the institution	32
3.3. Relationships among children	34
3.4. Abuse	35
3.5. Sexual abuse	35
3.6. Help and support	37
3.7. Evaluation	38
4. Institutional staff	39
4.1. The sample	39
4.2. The respondents' assessment of victimization experiences among institutionalized children	41
4.3. Interventions undertaken in institutions in cases of child victimization	45
4.4. The respondents' knowledge about symptoms of child sexual abuse	54
4.5. The professionals assessment of help available to residents in difficult situations	57
4.6. Summary	59
Annex: The Residential foster care institution questionnaire	60
5. Experts	62
5.1. The problem of sexual abuse of children living in residential case	62
5.2. The environment	62
5.3. Victim characteristics	63
5.4. Abuser characteristics	63
5.5. Disclosure	64
5.6. The system	65
6. Conclusions	67
7. Recommendations	68

1. Introduction

The project “Sexual Abuse of Children in Residential Institutions“ is aimed at examining the extent and scope of child sexual abuse in residential institutions in five European Union member states. The ultimate objective of the project is to promote the making of both national and European policies that prevent sexual abuse of institutionalized children. The use of uniform research methodology will allow for the comparison of research results in different countries and sharing the experiences of good practices. The project was carried out in Bulgaria, Greece, Latvia, Lithuania and Poland.

1.1 Research problem

The characteristics of children who grow up in residential institutions (parental alcohol abuse, family pathology, child neglect, etc.) provide grounds for the hypothesis that the experience of sexual contact with adults may be more common in the population of institutionalized children than in the general child population. Emotional neglect by the loved ones may motivate these children to seek emotional bonds with other grown-ups. Such children are especially likely to fall victim to paedophilia. Moreover, when the child is neglected and there are no close relationships between the child and his/her family, it becomes significantly less likely for the child to disclose the abuse and for the family members to notice symptoms of abuse in the child. Additionally, the very fact of growing up in an institution may increase the risk of sexual abuse. Many such institutions have a “second life”, focusing on the development and maintenance of a hierarchy of status and power among the residing children. Forced sex (when older and stronger residents force younger children to sexual activity), rape, etc. may serve as instruments of this “second life”.

The problem of victimization of children living in residential care in Poland, including sexual abuse, was examined in 2005, when the Nobody’s Children Foundation conducted a survey (within its research programme) of 495 children selected from a representative national sample of residential care institutions. Institutional staff were also included in the study.

The 2009 study presented in this report helped to determine the scale (or prevalence) of such traumatic experiences among children living in residential institutions in Warsaw, and the scope of help available to them in such cases. The study used the methodology of the 2005 survey, making it possible to relate the findings about the Warsaw subjects to the national data.

The study was carried out within a period of three months (October – December 2009) in Warsaw.

1.2 Research objectives

The main objectives of the study included: (1) to find out about the experiences of various forms of violence and sexual abuse among adolescents growing up in residential care, and (2) to identify the young people's attitudes related to the problem of violence and sexual abuse.

Another important objective was (3) to assess institutional staff's knowledge about victimization experiences among children under their care, and (4) to evaluate their skills and competences in identifying symptoms of sexual abuse and intervening in such cases.

1.3 Research methods

The study consisted of two parts: quantitative (questionnaires) and qualitative (interviews).

There were four groups of respondents:

- I.** Adolescents living in residential care
- II.** Former residents – young people living independent lives, who left residential institutions not later than 5 years prior to the study
- III.** Institutional staff
- IV.** Experts

The survey was conducted by students of psychology and sociology of the Warsaw University, who had been trained in general issues related to child abuse, psychological characteristics of children living in residential care, and research methodology (including the software used in the study – a computer questionnaire).

The research questionnaire used for collecting information about victimization experiences of children in residential care was inspired by The Juvenile Victimization Questionnaire (JVQ) by Sherry L. Hamby and David Finkelhor (Hamby, Finkelhor 2001). The questionnaire was designed to collect data about the broadest possible scope of young people's victimization experiences. It includes all the major forms of crime and abuse that can be experienced by children, categorizing them into victimization in the peer group, victimization by parents and family members, and victimization by other grown-ups. The questionnaire was adapted to the research questions framed by the authors of the study and extended with items concerning the respondents' opinions and knowledge about selected aspects of life in residential institutions.

As a result of adapting the JVQ to the requirements of the study, the following forms of victimization were assessed:

A. Conventional crime

A1. Personal theft

In the last year, did anyone steal something from you, and never gave it back? Things like a backpack, money, watch, clothing, bike, etc.?

A2. Robbery

In the last year, did anyone use force to take something away from you, that you were carrying or wearing?

A3. Vandalism

In the last year, did anyone break or ruin any of your things on purpose?

A4. Assault with weapon

In the last year, did anyone hit or attack you on purpose with an object or weapon, such as a stick, a gun, a knife, etc.?

B: Domestic violence

B1. Physical abuse by caregivers

In the last year, did a grown-up in your life (a family member, a caregiver, etc.) hit, beat, jerk, or physically hurt you in any other way?

B2. Emotional abuse

In the past year, did you feel really bad because grown-ups in your life (family members, caregivers) called you names or said mean things about you?

C: Peer and Sibling Victimization

C1. Physical abuse by peers

In the last year, were you hit or beaten by a kid more or less your age?

C2. Group assault

In the last year, were you hit, jumped or attacked by a group of kids or young people?

C3. Dating violence

In the last year, did a boyfriend or girlfriend or anyone you went on a date with slap or hit you?

C4. Bullying

In the last year, were you bullied by a kid more or less your age?

D: Sexual Abuse / last year

D1. Touching private body parts

In the last year, did anyone touch your private parts when you didn't want it or make you touch their private parts?

D2. Rape: attempted or completed

In the last year, did anyone force you to have sex, that is, sexual intercourse of any kind?

D3. Sexual exposure

In the last year, did anyone make you look at their private parts, by using force or surprise?

D4. Verbal sexual harassment

In the last year, did anyone hurt your feelings by saying or writing something sexual about you or your body?

D5. Internet recruitment for sexual purposes

In the last year, did you make acquaintance online of someone who later tried to abuse you sexually?

E. Sexual Abuse Before the Age of 15

E1. Touching private body parts

Before you turned 15, did any grown-up touch your private parts or make you touch their private parts?

E2. Sexual intercourse

Before you turned 15, did any grown-up have sexual intercourse with you?

E3. Abuse for production of pornography

Before you turned 15, did anyone photograph you or record you with a video camera when you were naked?

F: Witnessing and Indirect Victimization

F1. Witness to domestic violence

In the last year, did you see one of your parents get hit by the other parent, or their boyfriend or girlfriend (partner)?

F2. Witness to parent/caregiver violence against peers/siblings

In the last year, did you see a grown-up in your life (a family member or caregiver) hit, beat, jerk, or physically hurt your friend or brother/sister?

F3. Witness to physical abuse by peers

In the last year, did you see any or your familiar peers get hit or beaten by another kid?

F4. Witness to bullying/psychological abuse by peers

In the last year, did you witness a kid (kids) more or less your age bully someone else?

F5. Witness to sexual assault/rape

Have you ever seen a person being forced to have sex; that is, sexual intercourse of any kind?

1.4 The sample

The research was undertaken among the population of children and staff from Warsaw institutions.

I. The questionnaires for children were distributed before and after the workshops for residents of Warsaw institutions from 15 till 18 years old provided by Warsaw Centre of Family Help (the regional authority responsible for institutional help). Altogether 77 children participated in different groups from different institutions in Warsaw (only two of them refused to take part in the project), although some of them did not come at the day of the research. All the children, who did come to the workshops, fulfilled the CAPI questionnaire – 62 respondents. i.e. 26% of the study population (on 30th September 2009 there were 234 children in the age from 15 till 18 in Warsaw institutions).

During the fulfilling of the questionnaires there were trained assistants, who helped with technical problems and explained the purpose of the research.

II. The questionnaires for staff were distributed to every institution in Warsaw, 8 of which agreed to take part in the research (two refused to do that). In every institution the management was responsible for distributing obtained paper questionnaires to their employees. The staff members who were asked to complete the questionnaire were people who (because of their functions) had contact with and knowledge about all the children residing in their institution. The following professionals were included in this category: custodians, psychologists, pedagogic counsellors, social workers, and managers (directors and deputy directors), with custodians constituting the largest proportion of the sample. The questionnaire was completed by 62 persons, i.e. about 50% of the study population. The response rate varied between 27% and 100% depending on the institution, and the average response rate was 49%.

III. There were conducted 5 in-depth interviews with former residents. The respondents were contacted through institutions, they used to live in.

IV. There were conducted 3 in-depth interviews with experts cooperating with Nobody's Children Foundation or the experienced institutional staff.

Respondents	
Adolescents (15-18 years old) living in residential care - questionnaires	62
Former residents - interviews	5
Institutional staff - questionnaires	62
Experts - interviews	3

1.5 Ethical issues

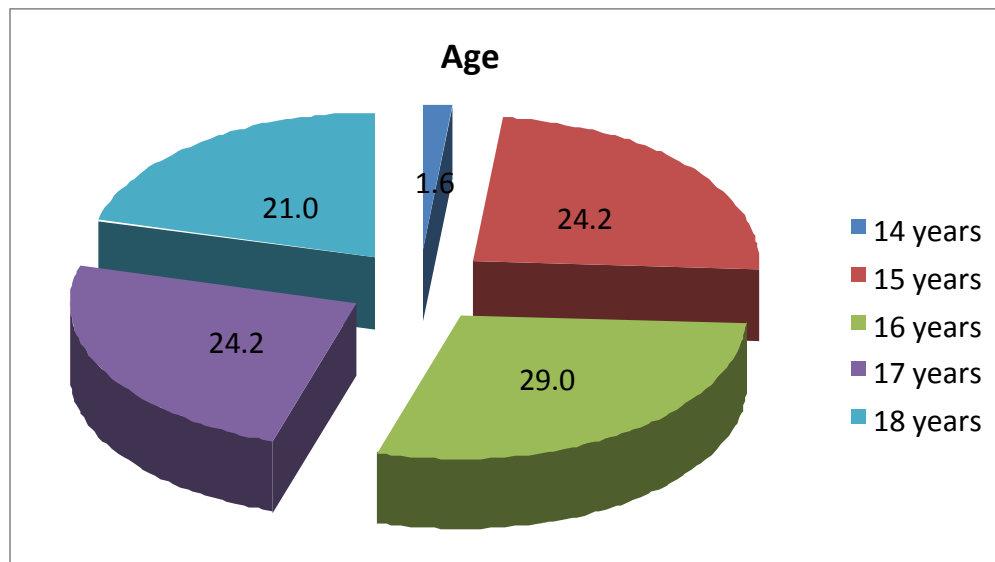
Because the examined problem is sensitive, ethical issues were very important during the research. Every respondent was informed about the purpose of the research and the anonymity of the results. Participation in the research was voluntary for the children. Every adolescent, who fulfilled the questionnaire, received a small gift (a USB with the number of helpline for children on it) and a leaflet about help for abused young people.

2. Adolescents living in residential care

2.1 The respondents

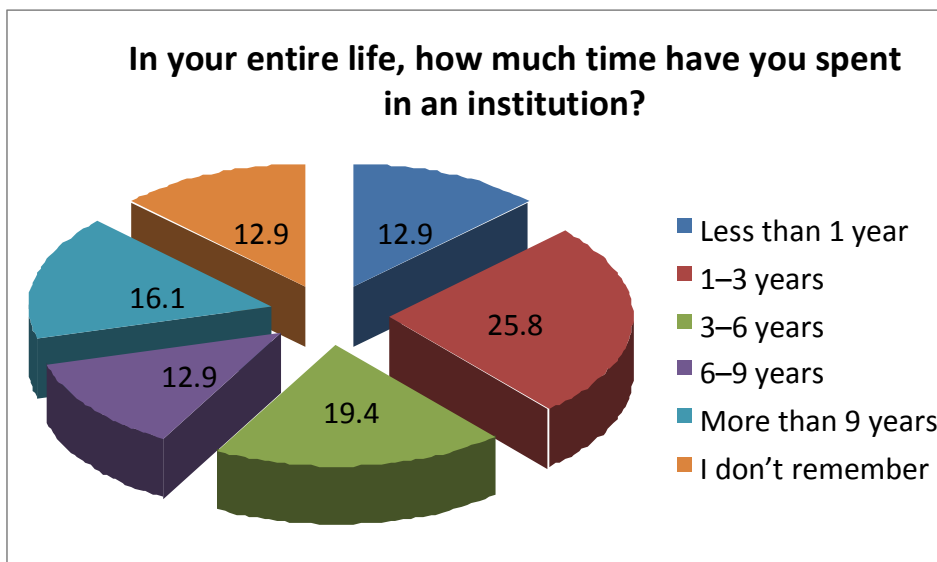
The respondent group comprised 62 adolescents ages 15–18, living in Warsaw residential care institutions. The sample included 42 girls and 20 boys. The age distribution in the sample is presented below:

Figure 1. Respondents by age (N=62)



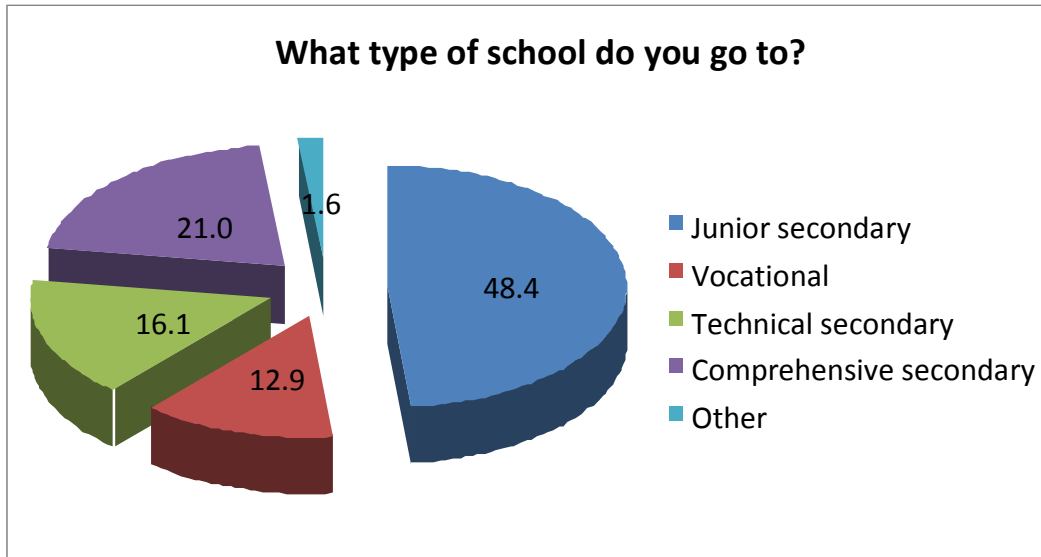
The adolescents participating in the study were asked about the length of their stay in the institution. According to their responses, nearly 2/3 of the subjects (61%) had lived in institutions for more than 3 years. One fourth of the children had been institutionalized for between 1 and 3 years, and nearly 13% – for less than 1 year.

Figure 2. Respondents by the length of stay in institutions (N=62)



Students of junior secondary schools constituted the largest proportion of the respondents (48%). Others studied at comprehensive secondary schools (21%), technical secondary schools (16%), and vocational schools (13%).

Figure 3. Respondents by schools attended (N=62)



2.2 Forms of victimization: The respondents' personal experiences

The main goal of the study was to find out about the prevalence of different forms of victimization – with a special emphasis on sexual abuse – which were experienced by children residing in institutions during 12 months before the survey. Apart from the assessment of the degree of victimization in the preceding year, the survey tried to obtain information about the

subjects' sexual experiences in childhood (before the age of 15) with the participation of grown-ups.

The respondents were asked about their personal experiences. In most cases, the subjects who had experienced a given form of victimization, provided information about the characteristics of the offender.

As illustrated in Figure 5, the most prevalent forms of victimization were related to the violation of the respondents' property: in the preceding year 53% of the respondents had one of their things stolen and never given back, and nearly one third (32%) experienced vandalism (had one of their things broken or ruined on purpose).

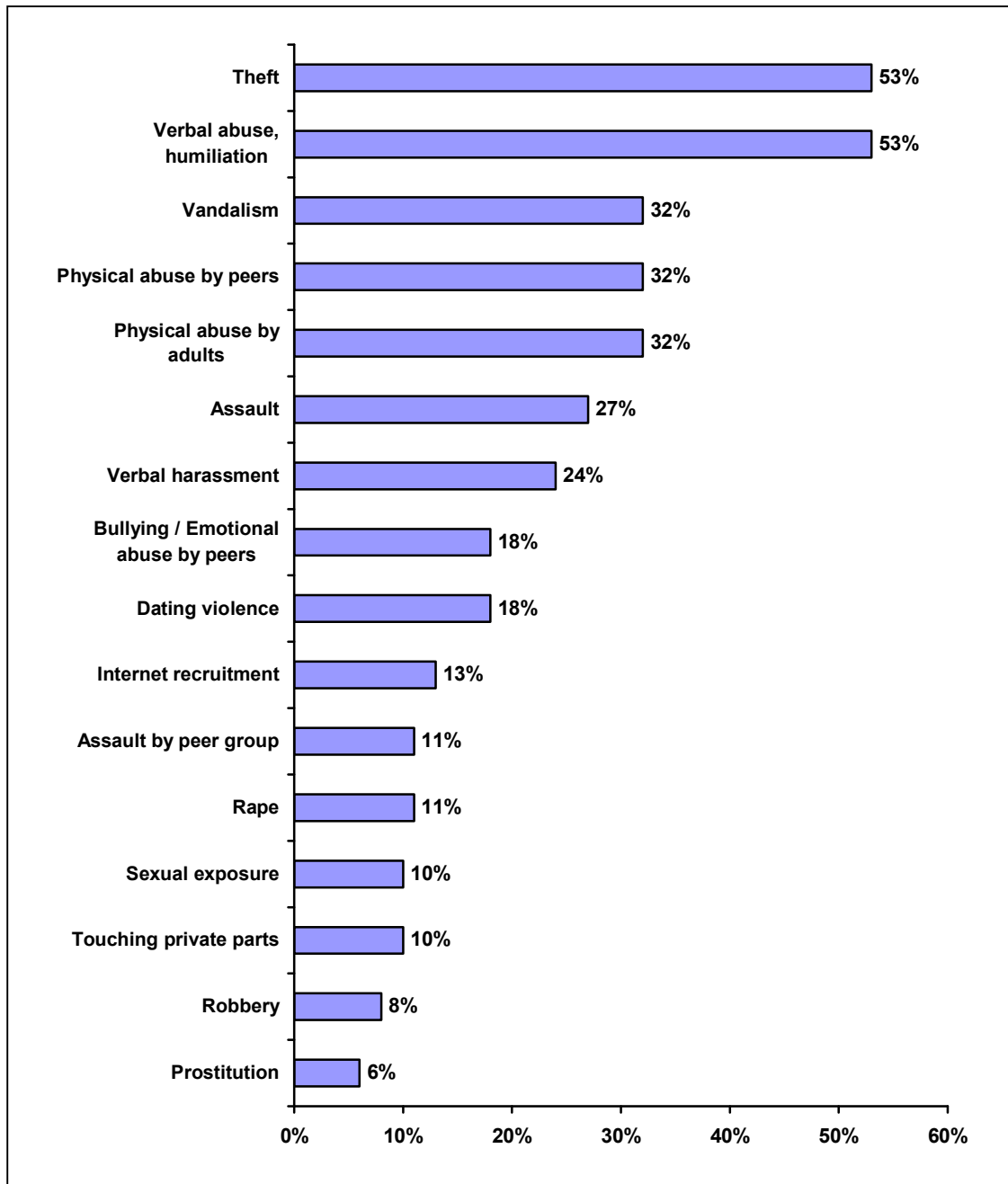
Victimization by adults was also frequent. In the last year more than half of the respondents (53%) experienced verbal abuse and humiliation by their parents or caregivers, and almost one third (32%) were physically abused by them.

Nearly one third (32%) of the respondents experienced physical abuse by peers, and 18% were affected by different forms of bullying. Eleven percent of the subjects were assaulted by groups of young people.

The least frequent type of victimization – though still experienced by one in ten respondents – was sexual abuse: touching body parts, sexual exposure, Internet recruitment for sexual purposes, and forced sexual intercourse.

Figure 5. Forms of victimization experienced by the respondents in the preceding year

(N=62)



The above data seem alarming, as they illustrate high prevalence of the most common forms of victimization, high rates of severe victimizations, and a relatively high percentage of institutionalized children who have experienced different forms of sexual abuse. Notably, the respondents were only asked about events that had occurred within a year before the study.

However, the assessment of the specific situation of institutionalized children as compared to children and youth living in families would require the analysis of data on these types of victimization in the general population of young people in this age group.

In 2005 a study was conducted using methods very similar to the ones employed in the research presented in this report – the same questionnaire, the CAPI technique. The 2005 study was conducted in a group of 495 adolescents aged 15–18, living in a representative sample of Polish residential institutions. A comparison with the 2005 findings makes it possible to assess the victimization experiences of adolescents living in Warsaw institutions in the context of similar data concerning a national sample of institutionalized children.

In 2009 a study of Polish youth's victimization experiences was conducted, using the questions about subjects' personal experiences included in the victimization questionnaire described in this report. The research was conducted with the CAWI technique on a sample of 1000 Internet users ages 15–18. To make the data representative for the researched group, the respondents' answers were analyzed using an analytical weight based on the data about Polish Internet users' residence and gender, obtained by an Omnibus PBS study (Aug/Sep 2008). Findings from this national survey make it possible to compare data about institutionalized children in Warsaw with evidence concerning the general population of Polish adolescents in the same age group.

When analyzing various forms of victimization of institutionalized children in Warsaw, we will refer to research evidence concerning other categories of respondents, which will enable a deeper interpretation of the presented information about children in residential care.

2.3 Conventional crime

A comparative analysis of the frequency of various victimization experiences has shown that theft and vandalism (having personal things broken or damaged) are the most common of them. In the preceding year 52% of the respondents experienced theft, including 34% who were affected by this victimization more than once. Eight percent of the subjects experienced robbery, 5% several times.

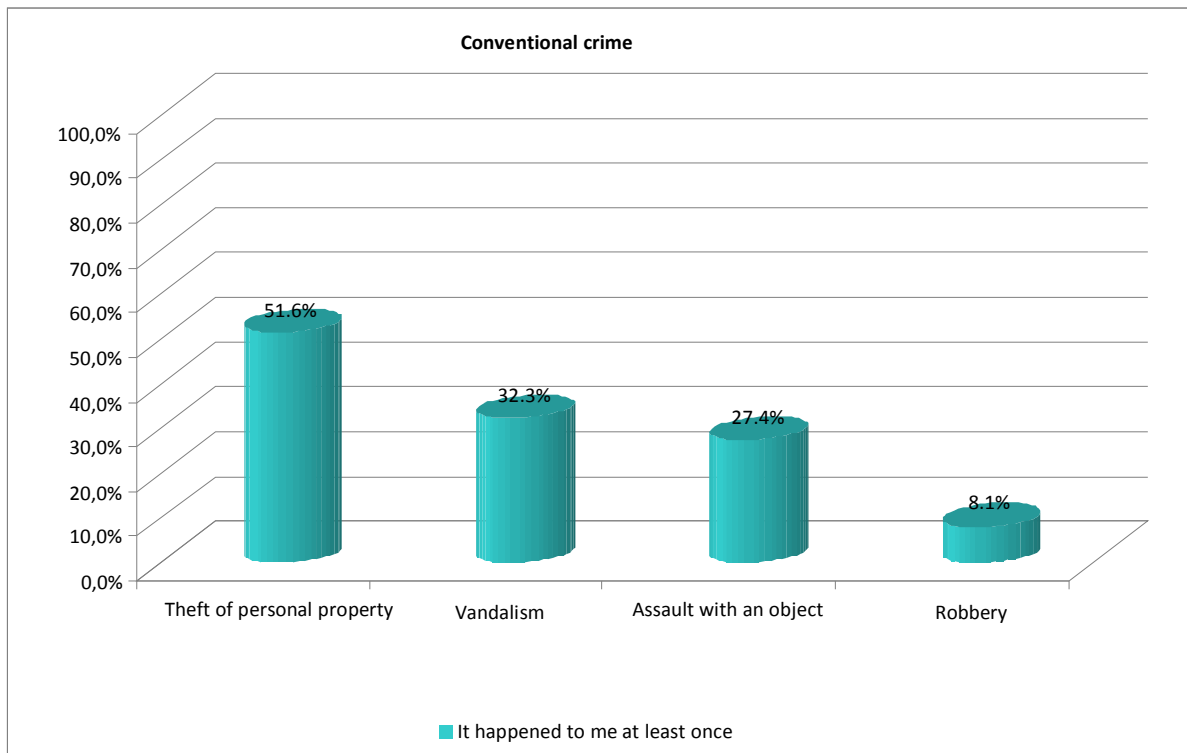
32% of the respondents experienced acts of vandalism half (19% of the sample had their things broken on purpose several or many times).

One in four subjects was assaulted with an object or weapon; 13% experienced such an assault more than once.

Table 1. Conventional crime: respondents' personal experiences (N=62, %)

Form of victimization	I didn't happen to me	It happened to me		
		once	a few times	many times
Theft	48	18	24	10
Robbery	92	3	5	0
Vandalism (damage to property)	68	13	16	3
Assault with object/weapon	73	15	11	2

Figure 6. Convectional crime



Young people living in residential institutions are significantly more likely to experience theft and damage to personal property than their peers in the general population. The prevalence of such experiences, however, was lower in the Warsaw sample than in the national sample of institutionalized children. Indeed, the rates of robbery (having their money or personal things taken away by force) and vandalism (damage to property) locate young people living in residential care in Warsaw closer to the general population of Polish youth than to the national sample of institutionalized children. However, the experience of assault with an object/weapon – marginal in the general youth sample – was reported by one in four children living in residential institutions!

Table 2. Comparison of the prevalence of conventional crimes among adolescents living in residential care in Warsaw (ages 15-18, N=62, 2009), adolescents living in residential institutions – national sample (ages 15-18, N=495, 2005), and the general youth population (ages 15-18, N=1000, 2009), %

Form of victimization	Institutionalized children Warsaw ages 15-18 N=62, 2009	Institutionalized children Poland ages 15-18 N=495, 2005	General youth population Poland ages 15-18 N=1000, 2009
Theft	53	70	21
Robbery	8	18	9
Vandalism (damage to property)	32	47	27
Assault with object/weapon	27	24	14

2.4 Physical abuse by adults

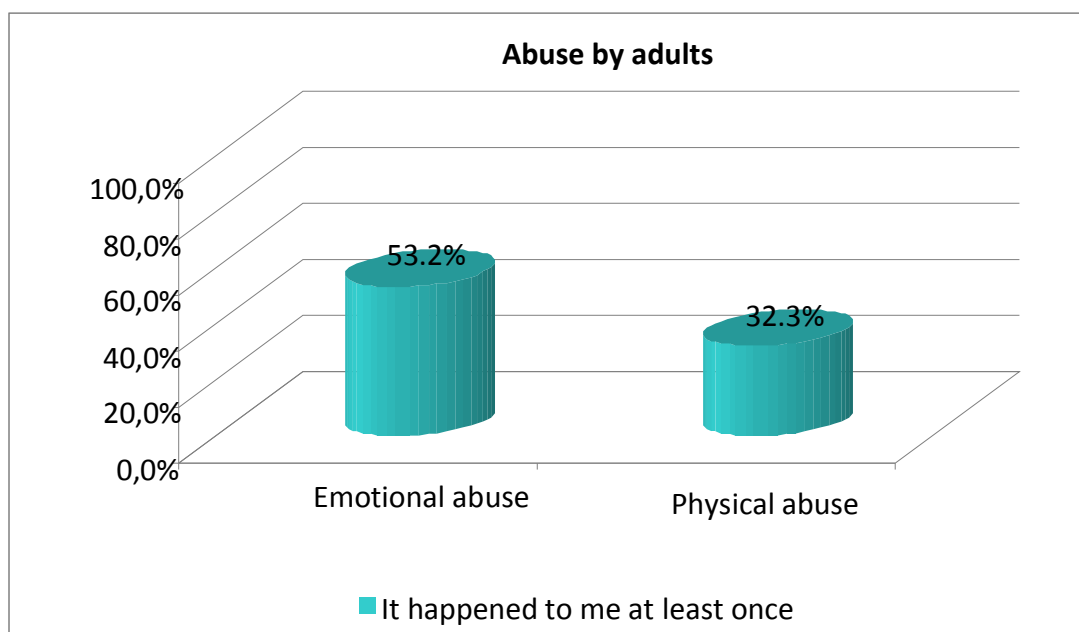
One third of the respondents were hit or beaten by adults; 11% experienced this form of victimization a few times and 8% – many times.

Among the respondents with experiences of physical abuse, the largest group indicated that they had been abused by a family member. Although they reside in care institutions and visit their families only occasionally, more than half of the respondents who were beaten by adults (61.9%) experienced physical abuse by their closest family members. The respondents' reports suggest that corporal punishment is also used by other grown-ups, including the custodial staff (30%) and teachers (14.3%).

Table 3. Domestic violence: respondents' personal experiences (N=62, %)

Form of victimization	It didn't happen to me	It happened to me		
		once	a few times	many times
Physical abuse by parents or caregivers	68	13	11	8
Verbal abuse, humiliation	47	16	24	13
Witness to domestic violence	55	16	24	5
Witness to parent/caregiver assault against peers/siblings	53	13	26	8

Figure 7. Abuse by adults



According to the respondents' reports, grown-ups used different forms of emotional abuse significantly more often than physical abuse. More than half of the subjects (53.2%) were abused verbally (by calling names) and humiliated by adults in the preceding year. Thirty seven percent experienced these forms of victimization more than once. The respondents often pointed to their family members as emotional abusers (39.4% of the victims of psychological abuse). One in four respondents (24.2%), who experienced humiliation, verbal abuse, and yelling, was abused by teachers at school. Other abuser categories were grown-up acquaintances and strangers.

Indirect victimization at home – being a witness to violence between parents or to parental violence against their siblings – was nearly as frequent as direct experiences of violence.

Despite the fact that they live in institutions, nearly half of the respondents (45%) witnessed violence between parents, and 29% saw acts of domestic violence more than once. Almost half of the respondents (47%) saw their parents or caregivers beat their siblings or abuse them physically in another form.

Table 4. Comparison of the prevalence of abuse (physical, emotional, indirect) by adults among adolescents living in residential care in Warsaw, a national sample of adolescents living in residential institutions, and the general youth population, %

Form of victimization	Institutionalized children Warsaw ages 15-18, N=62, 2009	Institutionalized children Poland ages 15-18, N=495, 2005	General youth population Poland ages 15-18, N=1000, 2009
Physical abuse	32	31	21
Emotional abuse (verbal, humiliation)	53	57	50
Indirect / Witnessing to domestic violence	45	51	9

Compared to children living in families, institutionalized children are more likely to experience physical abuse by adults, whereas the prevalence of humiliation and verbal abuse is similar across all three samples. One dramatic difference between institutionalized children and the general youth population is the frequency of being witnesses to scenes of domestic violence. Young people from Warsaw residential institutions were five times as likely to witness violence between grown-ups, most often their family members, as their family-raised peers!

2.5 Peer victimization

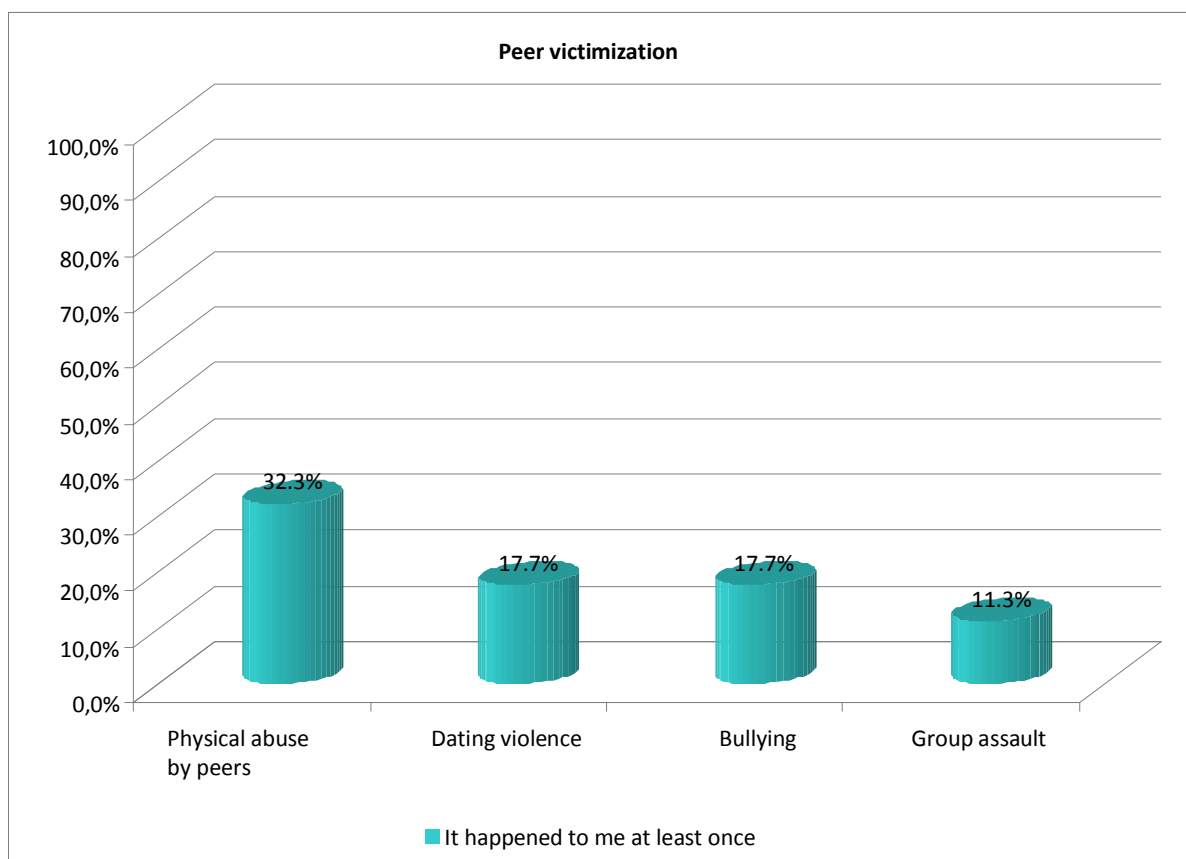
The „Peer victimization” category included three qualitatively different forms of victimization: physical and emotional (bullying) abuse, a qualified form of group violence – assault and coercion by a group of young people, and dating violence.

Table 5. Peer victimization: personal experiences of adolescents living in residential care

(N=62, %)

Form of victimization	It didn't happen to me	It happened to me		
		once	a few times	many times
Physical abuse by peers	68	19	13	0
Group assault by peers	89	8	3	0
Dating violence	82	14	2	2
Bullying / emotional abuse by peers	82	10	8	0
Witness to physical abuse by peers	34	26	28	13
Witness to bullying (emotional abuse) by peers	31	16	39	14

Figure 8. Peer victimization



The respondents' reports suggest that the most frequent experience in this category is physical abuse by peers, which was experienced by 32% of the subjects; 13% experienced it several or many times. Answers to the question about peer abusers show that most of them (50%) were the respondents' schoolmates. The subjects were also quite likely to fight with or be physi-

cally abused by unfamiliar peers (41%). Fifteen percent of the adolescents in the study experienced physical abuse by their siblings.

As compared to the proportion of victims of physical abuse by peers, significantly fewer respondents, i.e., 18%, report to have experienced emotional abuse in the preceding year. Two thirds of them (63.6%) experienced bullying by their schoolmates and other residents in the institution.

During the year preceding the study, one in ten respondents (11%) was assaulted by a group of peers. The respondents were not asked about the details of such assaults and the question suggested that it meant getting “hit, jumped or attacked”. Obviously, there is a fundamental difference between getting hit and getting jumped; however, the difference often results only from the dynamics of an encounter with a group of aggressive youth looking for a “prey”. Therefore, it was the prevalence of such encounters that was assessed in the study.

Eighteen percent of the subjects experienced abuse by a dating partner!

Situations described as indirect victimization – i.e., being a witness to peer violence or bullying – were much more frequent than direct peer victimization. Sixty six percent of the subjects saw their peers get beaten; 41% witnessed such situations more than once. A similar proportion of the respondents (69%) witnessed emotional abuse (bullying) by peers, and more than half of such witnesses (53%) were exposed to such situations more than once in the preceding year.

A comparative analysis of research findings concerning peer victimization shows that institutionalized children and adolescents are much more likely to experience various forms of this type of abuse. Among children living in residential institutions, the percentage of victims of peer physical abuse is higher than in the general youth population (one out of three children living in residential care as compared to one out of five family-raised adolescents). Institutionalized youth are also significantly more likely to be victimized by groups of peers. Moreover, children in institutions are more likely than children in other studies to report having been bullied by peers. They were also twice as likely to be maltreated by their dating partners.

Table 6. Comparison of the prevalence of peer victimization among adolescents living in residential care in Warsaw, a national sample of adolescents living in residential institutions, and the general youth population, %

Form of victimization	Institutionalized children Warsaw ages 15-18, N=62, 2009	Institutionalized children Poland ages 15-18, N=495, 2005	General youth population Poland ages 15-18, N=1000, 2009
Physical abuse by peers	32	34	21
Group assault by peers	11	19	7
Dating violence	18	11	8
Bullying / emotional abuse by peers	18	20	12
Witness to physical abuse by peers	66	34	-

2.6 Sexual abuse

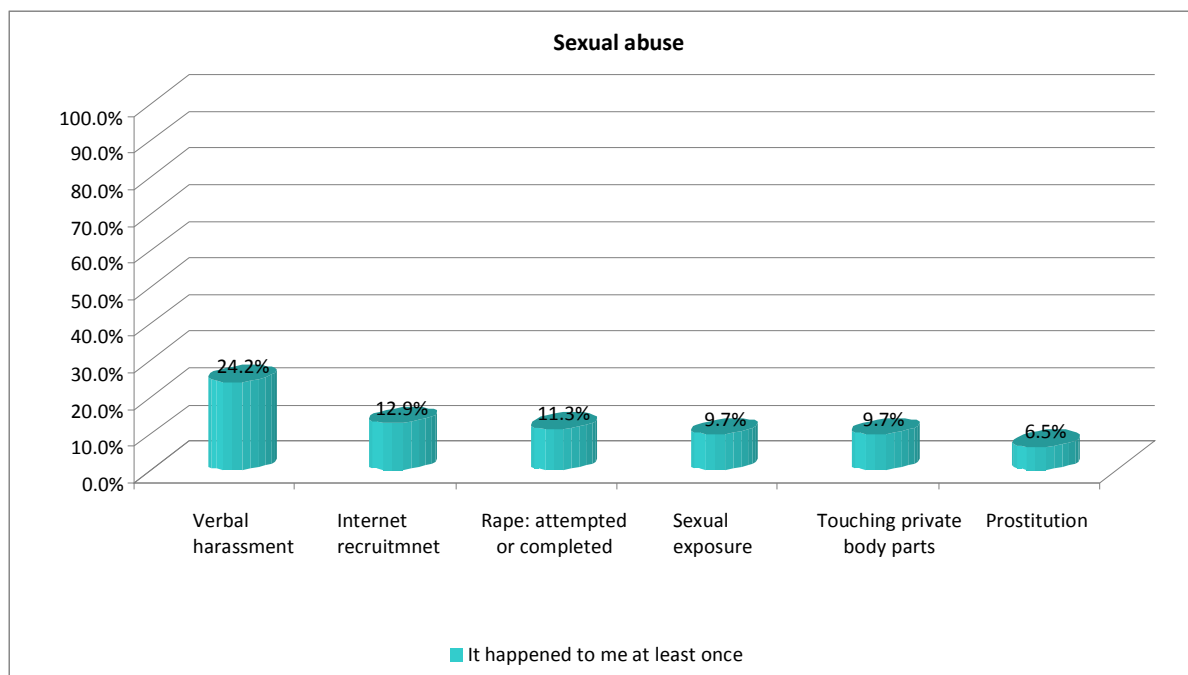
The category of experiences described as “sexual abuse” was analyzed in two contexts: as the respondents’ experiences during the past year and as incidents that occurred in their childhood, when they were under 15.

2.6.1 Experiences of sexual abuse in the preceding year

Table 7. Sexual abuse: personal experiences of adolescents living in residential care (N=62, %)

Form of victimization	It didn't happen to me	It happened to me		
		once	a few times	many times
Verbal harassment	76	11	10	3
Touching private body parts	90	5	5	0
Sexual exposure	90	6	2	2
Internet recruitment	87	7	3	3
Sexual intercourse / rape	89	6	5	0
Witness to sexual intercourse / rape	87	7	3	3
Prostitution	93	3	2	2

Figure 8. Sexual abuse



Verbal harassment was the most prevalent form of sexual abuse experienced by the respondents in the previous year. Sexual proposals or offensive/dirty comments about their appearance were made to 24% of the subjects; 13% experienced them repeatedly.

A significant proportion of the subjects experienced direct forms of victimization in the preceding year: **rape or attempted rape** (11%) and **touching private parts against the respondent's will** (10%).

Nearly one tenth of the subjects (10%) experienced **sexual exposure in their presence and without their consent**. Thirteen percent of the respondents were **recruited on the Internet for the purpose of sexual abuse**. Thirteen percent of the respondents witnessed sexual assault or rape in the preceding year; 6% percent had more than one such experience. Seven percent of the subjects admitted they had had sex for money or other resources.

Table 8. Respondents' experiences of sexual abuse in the preceding year, and their gender, %

Form of abuse	Boys	Girls
Verbal harassment	15	29
Touching private body parts	5	12
Sexual exposure	0	14
Recruitment on the Internet	5	17
Sexual intercourse / rape	5	14
Prostitution	5	7

As illustrated by Table 8, girls were significantly more likely than boys to have experiences categorized by us as sexual abuse.

Table 9. Comparison of the prevalence of sexual abuse among adolescents living in residential care in Warsaw, a national sample of adolescents living in residential institutions, and the general youth population, %

Form of victimization	Institutionalized children Warsaw ages 15-18, N=62, 2009	Institutionalized children Poland ages 15-18, N=495, 2005	General youth population Poland ages 15-18, N=1000, 2009
Verbal harassment	24	21	19
Touching private body parts	10	12	8
Sexual exposure	10	11	5
Recruitment on the Internet	13	9	7
Attempted rape / rape	11	8	6
Prostitution	6	-	-

The prevalence of sexual abuse experiences among institutionalized adolescents in Warsaw and young people living in residential care all over Poland is comparable. As shown in Table 9, institutionalized children are more likely to experience various forms of sexual abuse than their family-raised peers.

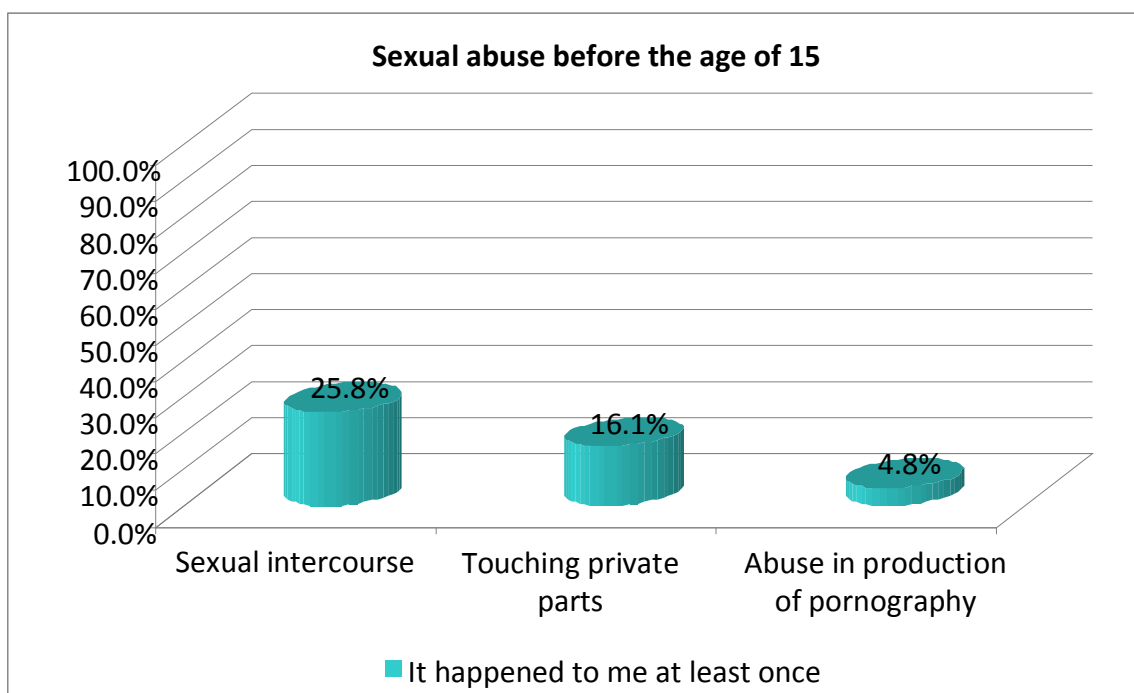
2.6.2 Experiences of sexual abuse before the age of 15

Another aspect of sexual victimization – different from last year’s experiences – concerns all sexual experiences that occurred to the respondent when they were under 15. The subjects were asked about three types of such acts committed by grown-up offenders, which are penalized in the Polish criminal law: touching private body parts, sexual intercourse, and abuse in the production of child pornography.

Table 10. Sexual abuse: the respondents’ personal experiences before the age of 15 (N=62, %)

Experiences before the age of 15	It didn’t happen to me	It happened to me		
		once	a few times	many times
Touching private body parts	84	6	10	0
Sexual intercourse	74	15	6	5
Abuse in production of pornography	95	5	0	0

Figure 9. Sexual abuse before age of consent



The largest group of the respondents reported they had had sexual intercourse with a grown-up when they were under 15 (126% or 16 subjects). Fifteen percent had one such experience, and the others – a few or many. All the young people who experienced this type of victimization knew the abuser; in one case it was a family member. Fifty six percent of the subjects who had had such experiences reported they had never told anyone about the victimization. The others disclosed the experience; 31% did not do it immediately but after some time.

Having one's private body parts touched by a grown-up before turning 15 was reported by 16% of the sample (or 10 respondents); most of them experienced several such incidents. A majority of young people with the experience of bad touch were abused by someone they knew (60%). This form of abuse was disclosed – sooner or later – by 50% of the victims.

Involvement in child pornography, i.e., being video-recorded or photographed naked before the age of 15 – was reported by 5% of the sample or 3 adolescents; all three had just one such experience. None of them disclosed their victimization.

Table 11. Comparison of the prevalence of sexual contact by the age of 15 among adolescents living in residential care in Warsaw, a national sample of adolescents living in residential institutions, and the general youth population, %

Form of victimization	Institutionalized children Warsaw ages 15-18, N=62, 2009	Institutionalized children Poland ages 15-18, N=495, 2005	General youth population Poland ages 15-18, N=1000, 2009
Touching private body parts	16	16	8
Sexual intercourse	26	10	4
Production of pornography	5	3	3

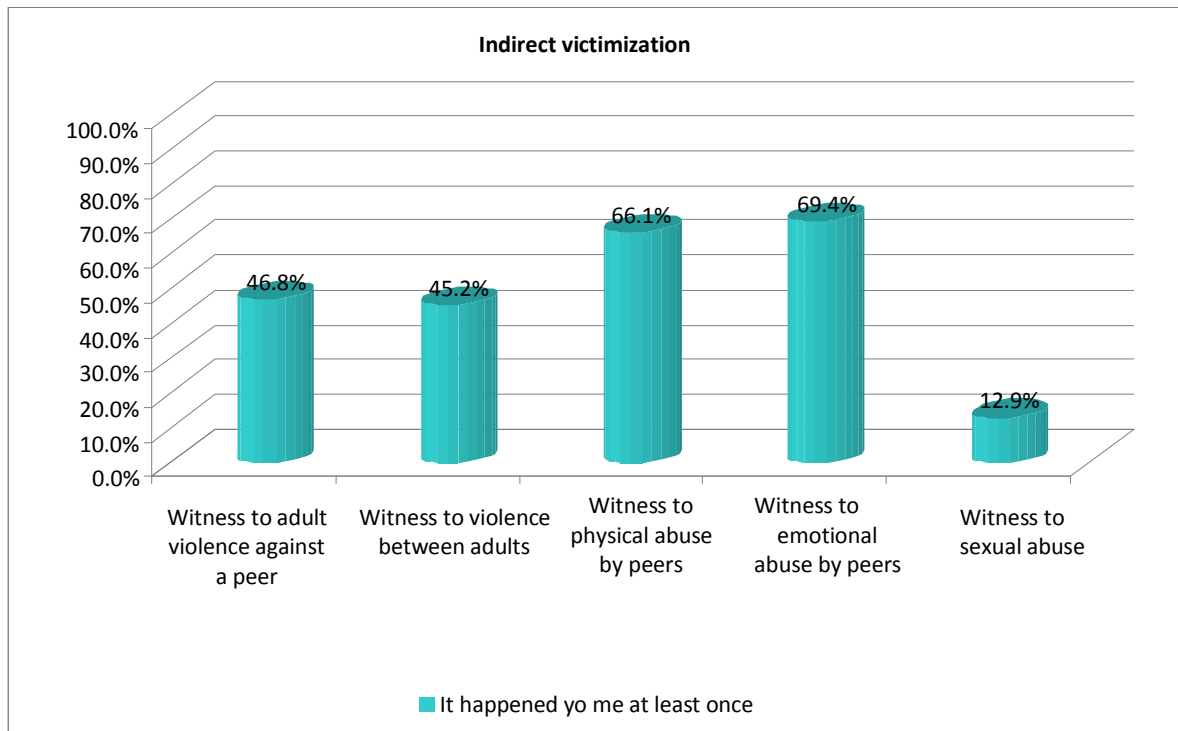
Sexual abuse is another category of victimization that is significantly more prevalent among young people living in residential care than among their family-raised peers.

As illustrated by Table 12, girls were more likely than boys to have sexual contact with a grown-up when they were under 15. A high percentage of respondents who reported having sex with a familiar adult partner suggest that these were cases of early sexual initiation rather than forced sex. Nevertheless, such behaviour is penalized by the Polish law and as such should be categorized as sexual abuse.

Table 12. Sexual abuse before the age of 15 and the respondents' gender, %

Forms of abuse	Boys	Girls
Touching private body parts	0	24
Sexual intercourse	15	31
Video-recording, photographing (pornography)	10	2

Figure 10. Indirect victimisation



We conducted correlation analyses of the relationships between the respondents’ personal experiences and selected independent variables. The results suggest that a vast majority of the relationships between victimization and independent variables such as gender, age, the length of stay in the institution, etc., are insignificant. The only significant relationship was the link between gender and emotional abuse by grown-ups (0.295, $p=0.02$).

2.7 Availability of help in cases of violence and abuse

The respondents were asked to evaluate the availability of help and support in selected situations described in the questionnaire. Given the hypothetical nature of the presented situations, it is not surprising that there was a high proportion of the “difficult to say” response in this block of questions. In almost every described situation this answer was provided by more than 10% of the respondents.

Table 13. Perceived availability of help in a range of difficult situations (N=62)

	You are physically abused by your schoolmates.	You are physically abused by other kids living in the institution.	You are physically abused by a custodian.	You are physically abused by a teacher.	You are physically abused by a family member.	You are forced to do sexual things by your school-mates.	You are forced to do sexual things by other kids living in the institution.	You are forced to do sexual things by a custodian.	You are forced to do sexual things by a teacher.	You are forced to do sexual things by a familiar grown-up.	You are sick and you need medical care and assistance.	You feel you cannot cope with problems, you feel confused and isolated.	You have problems with relationships with the closest family or with your girlfriend/boyfriend.	You have problems with alcohol or drugs.
I'm sure I would get some help	76	66	66	74	60	65	65	65	70	66	71	58	60	55
Probably I would get some help	10	18	11	13	21	21	13	11	8	15	18	18	18	27
Probably I wouldn't get any help	0	3	5	2	2	2	5	3	7	2	2	7	5	2
I'm sure I wouldn't get any help	0	0	2	3	3	0	2	8	5	3	2	3	7	2
It's difficult to say	15	13	16	8	15	12	16	13	11	15	8	15	11	15

Most respondents believed they would find some help in each of the situations. This was reflected by high percentages of the “I’m sure I would get some help” and “Probably I would get some help” responses.

The fact that so many young people believed they would not be left alone and helpless when affected by various forms of peer victimization, may suggest that their relations with peers – both in the institution and at school – are closely monitored by the institutional staff ready to protect those under their care.

Figure 11. Proportions of respondents who believe they would get help in cases of physical abuse (N=62)

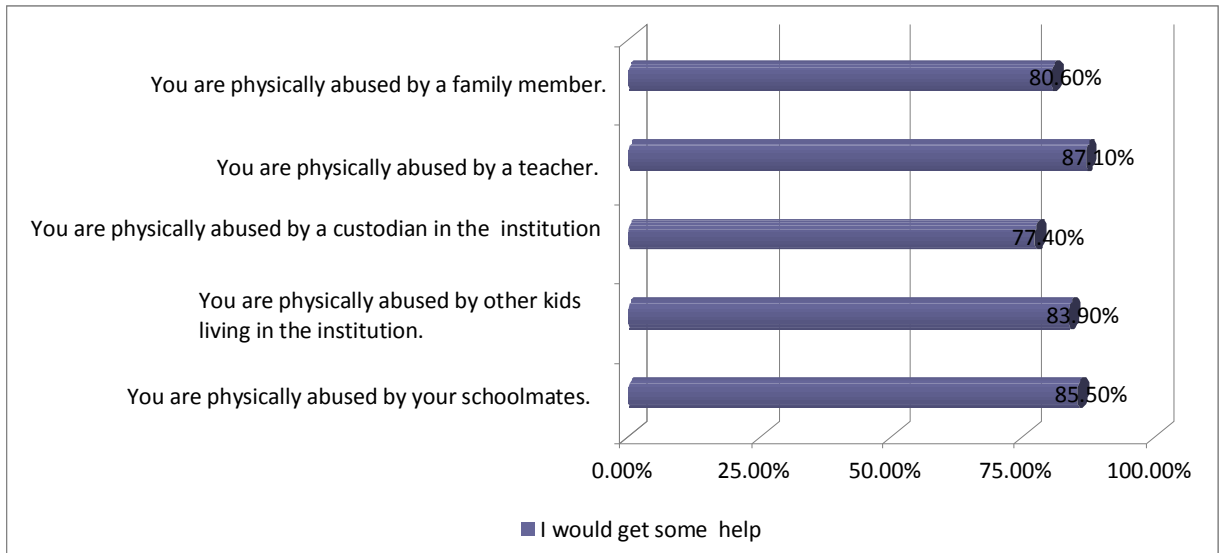


Figure 12. Proportions of respondents who believe they would get help in cases of sexual abuse (N=62)

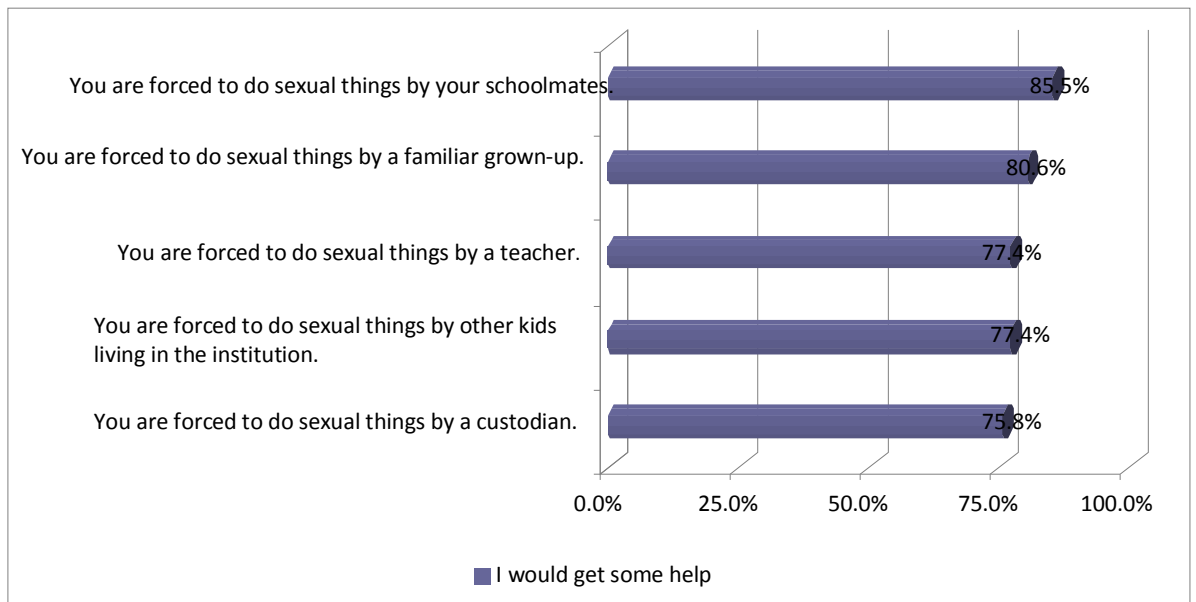
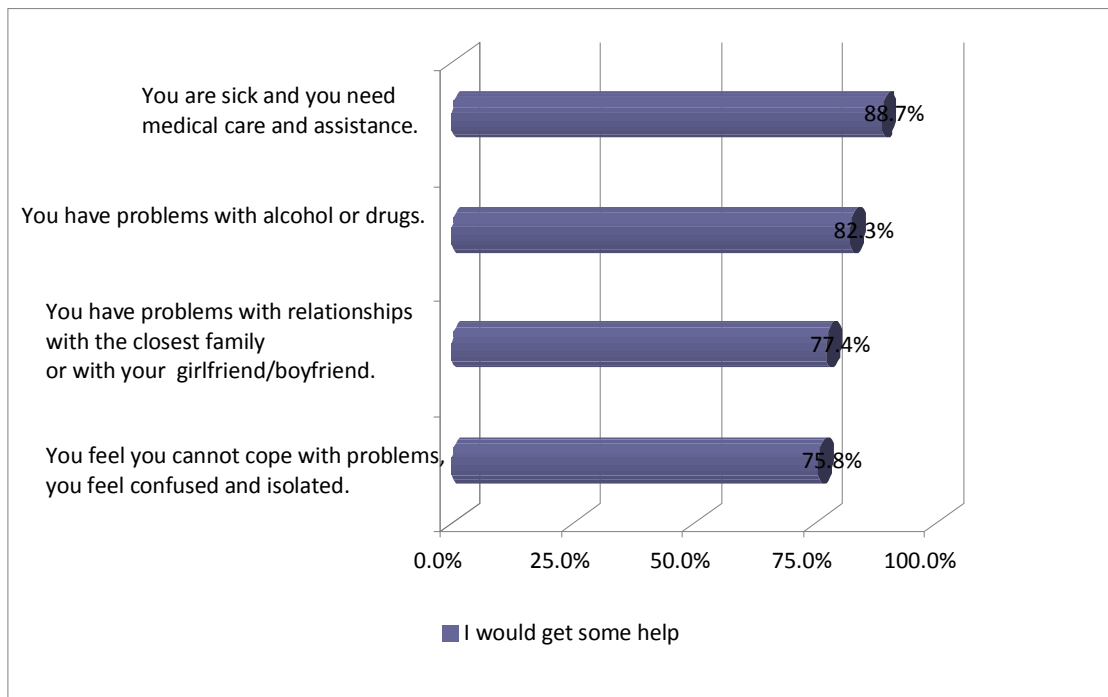


Figure 13. Proportions of respondents who believe they would get help in difficult life situations (N=62)



2.8 Institutionalized adolescents' opinions about sexual contact

The respondents were asked about their opinions on different aspects of sexual contact. They expressed their beliefs on a 1 to 5 rating scale, where 1 meant “I definitely agree”, and 5 – “It’s difficult to say”.

Most respondent’s opinions concerning sexual contact correspond to the prevalent social views on the subject. This may suggest that children living in institutions have internalized social norms and values related to sexuality. However, as we will show later in this section, apart from these mainstream opinions, a significant number of institutionalized young people challenge the widespread values, which may be related to their personal experiences.

Table 14. The respondents' opinions on sexual contact

	Sexual contact always requires both partners' consent.	Sexual partners should be more or less the same age.	Sexual contact should always take place in privacy.	Sexual contact between family members, such as brother and sister, or father and daughter, should be forbidden.	If an adolescent is mature enough, they may have sexual contact with grown-ups, even before the age of 15.	Grown-ups, who had proven sexual contact with children, deserve severe punishment.	When I was a child, I had enough knowledge about sexual abuse of children to be able to recognize and avoid such situations.
I strongly agree	68	32	77	74	24	73	45
I rather agree	13	24	10	11	19	10	29
I rather disagree	7	15	8	2	18	5	8
I strongly disagree	5	5	0	8	23	3	3
Difficult to say	8	24	5	5	16	10	15

“Sexual contact always requires both partners' consent”.

A vast majority of the respondents – 81% – believe that both partners' consent is necessary for any sexual contact. However, it is difficult to be optimistic about institutionalized children's attitudes toward sexuality, if we note that as many as 12% of the subjects hold the opposite view and 8% do not have any opinion on the subject. Such a high level of tolerance for using coercion or maybe even violence in intimate relationships, as well as indifference or relativism about this issue are alarming though not surprising, as unwanted sexual contacts experienced by many of the respondents must have affected their attitudes toward this area.

“Sexual partners should be more or less the same age”.

Fifty six percent of the respondents declare strong or moderate agreement with this statement. Twenty percent are willing to accept large age differences between sexual partners and as many as one fourth of the subjects (24%) have no opinion on this issue.

“Sexual contact should always take place in privacy”.

Most respondents (87%) believe that sexual contact is an intimate activity, which should always take place in privacy. Eight percent of the subjects hold a different opinion, and thus express their permission for demonstrating sexual behaviours or at least for not making secret of them.

“Sexual contact between family members, such as brother and sister, or father and daughter, should be forbidden”.

Despite the fact that 85% of the subjects condemned incestuous relationships, the level of permission for such sexual contact was extremely high in the respondent group (10%), though the findings are inconclusive without exploring the opinions of representatives of other social categories.

“If an adolescent is mature enough, they may have sex with grown-ups, even before the age of 15”.

Responses to the question about the lower age limit of acceptable sexual contact may also be seen as alarming. Nearly 43% of the respondents believe that children under 15 may have sex with adult partners, if they are characterized by some indefinite “maturity”. Sixteen percent of the subjects have no clear opinion on this issue. Undoubtedly, the relatively high percentage of respondents with the experience of early sexual initiation, and the adolescents’ knowledge about similar experiences among their peers, played an important role in shaping such opinions. If you have experienced something personally, you tend to consider it normal.

“Grown-ups, who had proven sexual contacts with children, deserve severe punishment”.

A relatively high proportion of the subjects expressed indulgence toward child sexual abusers. Eight percent disagreed with the demand for severe punishment of adults who had sexual contacts with children, and 10% had no opinion on this issue.

“When I was a child, I had enough knowledge about sexual abuse of children to be able to recognize and avoid such situations.”

Seventy four percent of the subjects believe they were aware of such threats and able to recognize and avoid them. One tenth of the respondents (11%) evaluate their childhood awareness of this problem as insufficient, while a similar proportion (15%) find it difficult to assess their knowledge.

No significant correlations were found between the respondents’ attitudes concerning sexual contact and the controlled independent variables.

2.9 Summary

1. More than half of the subjects (53%) reported that they had experienced **emotional abuse** (name calling, humiliation) **by adults** in the preceding year. Thirty two percent were **hit** – at least once – by a grown-up.
2. Institutionalized children are also likely to experience **violation of property rights**, often in a violent way; in the preceding year, 32% of the subjects had one of their things damaged on purpose, 52% experienced theft, and 8% had one of their belongings taken away by force or under threat. Twenty seven respondents were assaulted with an object or weapon.
3. **Physical abuse by peers** was experienced at least once during the preceding 12 months by 32% of the subjects; 10% had several or many such experiences. Emotional abuse or bullying was experienced by 18% of the young people in the study. The same proportion became victims of dating violence. Eleven percent of the sample were attacked by a group of peers.
4. Institutionalized young people experienced various forms of sexual abuse in the year preceding the study: sexual proposals or vulgar comments about their appearance were heard by 24% of the subjects; 13% had several such experiences. Ten percent **had their private body parts touched against their will**. Similarly, 10% of the respondents were forced to look at someone's private body parts when they did not want it. Eleven percent were forced to have sex, i.e. to have some form of sexual intercourse. Thirteen percent were witnesses to **rape**. Thirteen percent made acquaintance online of a person who later attempted to abuse them sexually. Seven percent of the adolescents reported they had had sex for money or other resources.
5. Girls were significantly more likely than boys to experience sexual abuse.
6. Sixteen percent of the respondents were victims of **bad touch in childhood, i.e., before the age of 15**. All such incidents were reported by girls. Twenty six percent of the subjects reported they had **had sex with a grown-up when they were under 15** (31% of girls and 15% of boys).
7. A majority of the adolescent respondents were optimistic about the **availability of help** in cases of victimization and other difficult life situations.
8. Most adolescent respondents recognize commonly accepted social norms concerning sexual contact. However, as many as 12% think that having sex does not require both partners' consent, 10% approve of sexual contact between family members, and 43% believe it is OK to have sex with a grown-up partner before the age of 15.

3. Former residents

The main goal of this section of the study was to learn about daily life in residential institutions, with a special emphasis on abuse, including sexual abuse. We conducted 5 interviews with former residents in such institutions – adults aged 20–35, who now live an independent life (four women and a man). The interviews took from 30 to 80 minutes. The respondents were reached through the institutions where they lived in the past.

3.1 Family and institutions

Most respondents were first placed in an institution at the age of 7–11, and spent from 7 to 13 years in various residential/foster care facilities. One of the female subjects was 16 when she was first placed in residential care and she spent one year (overall) in a children’s emergency shelter and a residential care institution. Two female respondents lived in two residential institutions, while the others spent the whole time in the same place, apart from the initial temporary stay in an emergency shelter, where they waited for permanent institutional placement (one of the female subjects had to wait as long as 12 months).

One of the subjects did not maintain any contact with her biological family. The others spent weekends and holidays with their families, and one of the female respondents saw her mother every day. Except for just one mention of a father’s visit, the subjects maintained contact with their mothers, grandmothers, and siblings (unless their brothers and sisters lived in the institution, too).

3.2 Daily life in the institution

All the respondents emphasized the regularity and schematic routine of institutional daily life. There were several fixed points during each day: meals, school, and doing homework. There were also night-time quiet hours when all the children had to stay in their bedrooms.

Well, the wake-up call was at seven. We got up. Then there was breakfast, you know. And some washing. After breakfast we got ready for school. After school – homework, lunch, and homework again. After that some leisure time. Just a short while. Some TV, perhaps. And then you could read something or do some learning, if you wanted. The night-time quiet hours began at ten. Every day was the same (Ex-resident no. 5, age 20).

The respondents reported they could take part in various optional activities. These included sports trainings (football), music/singing classes, a dancing course, as well as going to the movies, to the theatre, or to restaurants. Apart from that, they spent their leisure time outside – in the institutional courtyard or in a park. Sometimes they *went out with their friends, to do some shopping* (Ex-resident no. 1, age 25). Finally, there were holiday trips organized by the institution.

In the institutions where the respondents lived, all the children were divided into groups. Initially, these were mixed age groups characterized by huge age differences (up to ten or even more years). The institutions hosted children at all ages – from 3-4 up to 18 (and sometimes even young adults who were waiting for independent apartments). Siblings were always placed in the same group. Almost all the respondents mentioned a significant change involving the introduction of smaller homogenous age groups for the youngest and the oldest residents.

Bedrooms were usually multiple-occupancy (hosting from one to four residents). One of the respondents reported that at the very beginning of her stay in the institution there had been up to eleven children sharing one room. Siblings were often accommodated in the same bedroom.

The question about privacy was understood by the respondents in two different ways, so their responses varied depending on the interpretation of the question. Some of the respondents answered the question with reference to the child-custodian relationships. According to them, private space was guaranteed to the children living in the institution, i.e., institutional staff did not interfere in what they kept in their bedrooms. However, some subjects answered the question in the context of the child-child relationships. They said they had not always had as much privacy as they wanted, and shared bedrooms was one of the reasons.

The question about the use of bathrooms created another interpretation problem. In most cases bathrooms were co-educational, but the children took showers in same-gender groups, i.e., there was separate bath-time for boys and girls, and the division was supervised by the custodians. The bathrooms themselves did not ensure full privacy or intimacy, mainly because of the large number of children and for some technical reasons – most often neighbouring showers were separated with a curtain, which was not enough to guarantee that no one could see anything. Consequently, the children often saw each other naked in same-gender groups, which was perceived by the respondents as natural and comparable to situations among sib-

lings. Bathing the youngest children was the only exception. Both custodians and some older residents (girls) helped the small ones or simply bathed them.

Only one respondent provided information about clothing in the institution. Each child told their custodian what they needed. The custodian reported the request to the managers of the institution who decided on whether the child may be given the requested garment. Frequently, there were problems with the provision of necessary items, such as winter boots.

Each child in the institution had their own duties, such as cleaning their bedroom, washing up, or taking care of the shared space (e.g., the bathroom).

When children failed to fulfil their duties or violated the rules of the institution (e.g., stayed in someone else's bedroom after 10 p.m. or "misbehaved"), they were punished. The main punishment involved cutting down (or even taking away) their pocket money, which was seen as a very severe sanction. Apart from that, *these extra pleasures are suspended then, such as going out with the boys or going to discos* (Ex-resident no. 1, age 25). Children who misbehaved could also be punished with a ban on spending the weekend with their family. This form of punishment was strongly criticized by the respondents, who oppose to using it with institutionalized children.

Another subject that emerged in the respondents' reports was academic achievement and the unequal treatment of children in the institution depending on their school marks. Generally, the custodians were more lenient toward children who did better at school. Doing homework and the level of school performance were also evaluated by the custodians; children who did not do well enough at school could be punished.

3.3 Relationships among children

Institutionalized children tended to form deeper relationships with persons in their own group. Such artificial groups began to function as "families". It becomes visible in the subjects' reports about intimate relationships. Going out with a member of your own group was considered awkward.

The family atmosphere within groups was also reflected by the respondents' sense of responsibility for other children in their group. Older children often "brought up" younger ones, reprimanding them for "misbehaviour" and forbidding them to smoke cigarettes.

On the other hand, arguments and fights were frequent within groups, and older children often took it out on their younger groupmates. Arguments were the most common between roommates, in many cases leading to a change of bedrooms.

Another reason for arguments was shared space, especially the television set, as there was only one TV and the whole group had to agree on what to watch. Because groups comprised children at different ages and were usually co-educational, it was difficult to choose a show interesting for everyone in the group (the respondents mentioned the common “cartoon vs. movie vs. football match” conflict).

3.4 Abuse

The respondents clearly had a problem with defining abuse. Most of them mentioned both physical abuse (beating) and emotional abuse (hounding, bullying, name-calling), assessing the latter category as the more traumatizing one. One of the female respondents considered the use of some forms of punishment as abusive, too, especially the above mentioned ban on visiting one’s family for the weekend.

The interviews suggest that emotional abuse is more common than physical abuse among institutionalized children. The subjects spoke about humiliation, hounding, and offending. They gave examples of ordinary arguments, as well as incidents of emotional bullying. They mentioned fights, but also petty theft and coercion. There were occasional incidents of more severe forms of abuse.

In the custodian–child relationships emotional abuse was also more frequent than physical abuse. Generally, the respondents described child abuse by the custodial staff as very rare. When such cases were reported by the subjects, they virtually always justified the custodians’ violent behaviour, speaking about rebellious young people or about the staff’s family problems that needed to be taken out at work. One of the respondents admitted that he had “got a hiding” from a custodian, adding that the punishment was well-deserved. On the other hand, it was not uncommon for institutionalized young people to insult or even hit their custodians.

3.5 Sexual abuse

The respondents’ answers to questions concerning the main subject of the study, i.e. sexual abuse, varied significantly. Some of them reported that in their institutions there occurred situations matching our definition of sexual abuse, whereas others denied any such incidents.

Milder forms of sexual abuse (such as verbal abuse, sexual exposure, or pornography) were much more common in the respondents' institutions than sexual intercourse with children, and virtually none of the subjects witnesses or even heard of any rape attempts or prostitution. The respondents remembered some offensive comments about physical appearance, usually made by institutionalized young people about other residents. Such comments were more likely to be targeted at girls than at boys, and usually concerned changes in the physical appearance of maturing young women: "Boobless bitch", "What a huge butt!", "Fat", "Hey, your tits are growing!".

One of the subjects told us the story of an adolescent flasher (a resident in the institution) who exposed himself to girls living in the institution. The boy was referred to a sex therapist.

Most institutions organized sexual education classes, usually conducted by a psychologist and/or pedagogic counsellor in homogenous gender groups. Additional materials (e.g., leaflets) were often available, and in one of the institutions young people were shown a documentary about abortion. Sexual innuendos were not uncommon among residents, and some of them boasted about their sexual experiences, often using dirty language.

In response to the question about the age of sexual initiation among young people living in their institutions, most respondents indicated the age of 15 or older (i.e., the age of consent). However, the subjects emphasized a substantial gender difference in this respect – boys became sexually active earlier than girls. There were occasional cases of sexual contact before the age of 15, usually among victims of earlier sexual abuse (e.g., at home) who sought sexual activity as a result of their past traumatic experience.

Sexual contact was more likely to occur outside the institution than on its premises (because of supervision by the institutional staff). Sexual contact was maintained both between two residents and between a resident and someone from the outside. Occasionally, girls were offered gifts for sex, such as jewellery, clothes, or dinners in restaurants. Some of the respondents admitted that the custodians did not know about all of these sexual relationships or contacts.

One of the subjects told us about a relationship between a male custodian and a 16-year-old girl living in the institution. Their relationship came to light when the girl got pregnant. The custodian was dismissed. Today he lives with the girl and they raise their child together. A few respondents provided information about young girls who were already pregnant when they came to live in the institution.

All the subjects denied having any knowledge about cases of young people in the institution being forced to sexual intercourse or other forms of sexual activity (either by other residents

or by the staff). They only mentioned children who had been sexually abused in the family or in their direct social environment before coming to live in the institution.

In the institutions that provided access to the Internet, it did happen that children made online acquaintances of persons who passed themselves off as their peers, but later turned out older. One of the subjects reported that after meeting such older men on the Web, some girls had sex with them in exchange for gifts. Sometimes, when a girl broke up with such a guy or refused to meet with him again, she was harassed with SMSes and phone calls. There were also incidents of institutional residents who posted compromising photos or information about other children on the Internet.

The Internet – along with TV and magazines – was also used as a source of pornography. Most respondents admitted that anyone who sought such materials could get them quite easily. Residents exchanged pornography among themselves; none of the subjects had ever seen a grown-up showing such images to a child in the institution.

3.6 Help and support

Asked about the person with whom they could share their problems, the subjects usually mentioned a psychologist or pedagogic counsellor working in the institution, as well as their custodians and other residents. In most institutions there was an adult whom the residents trusted and who knew how to talk to them and how to help them in crisis situations. The respondents emphasized such persons' skills in getting information about the problem from a child who denied its existence or was unable to openly talk about the problem. According to the respondents, a good psychologist should see that something is going on even if the child does not say a word. One of the subjects reported that one of girl residents was such a trusted person in her institution.

Not all cases of violence or abuse were reported to institutional staff due to the principle of loyalty, extremely important and emphasized by all the respondents. Children who told on their mates to the staff were usually treated badly by their peers. The subjects did not mention any persons from outside the institution who could be asked for help. This may have resulted from the fact that the interviews focused on institutional life, but may also reflect institutionalized children's complete dependence on the institution, which may be dangerous when they are abused by the staff.

3.7 Evaluation

The respondents expressed rather positive evaluations of their stay in the institution. One should bear in mind, however, that the subjects were contacted through their former institutions, so the researchers were highly unlikely to reach anyone with a strongly negative perception of their life in the institution. Advantages mentioned by the respondents included development opportunities (close supervision of school performance, extra-curricular activities), the possibility to live together with one's siblings, and the opportunity to get out of a pathological family situation.

However, former residents pointed to several things that should change. They emphasized that a residential care institution should be more child-friendly and homelike, and that all the custodians should be devoted to their work. According to the respondents, some custodians appeared not to be interested in anything but working off the required number of hours. The subjects emphasized that staff members should devote more attention to talking to children. Finally, they pointed to material/financial shortages in residential institutions.

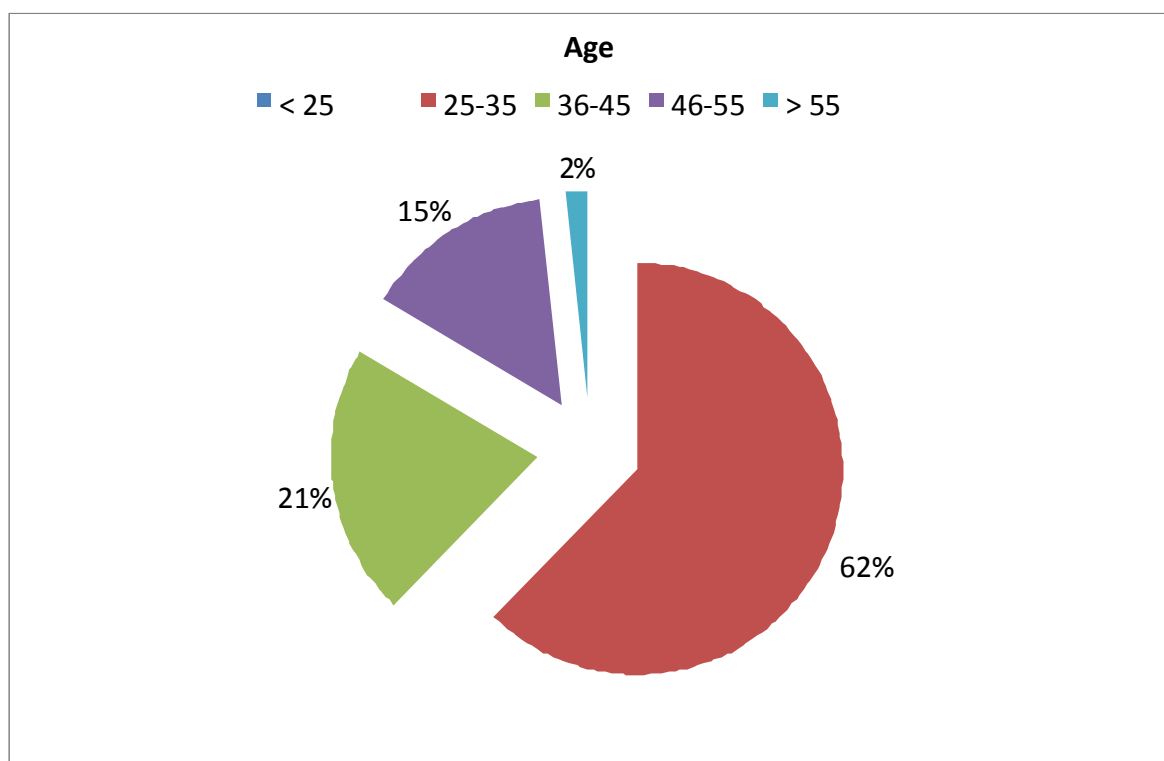
4. Institutional staff

The survey of institutional staff pursued two main goals: (1) to explore the respondents' knowledge about victimization experiences among children living in their institutions, and (2) to determine what kinds of interventions are undertaken in cases of sexual abuse and other traumatic events. Another important objective was to obtain information about the staff's engagement and skills (competences) in helping sexually abused children.

4.1 The sample

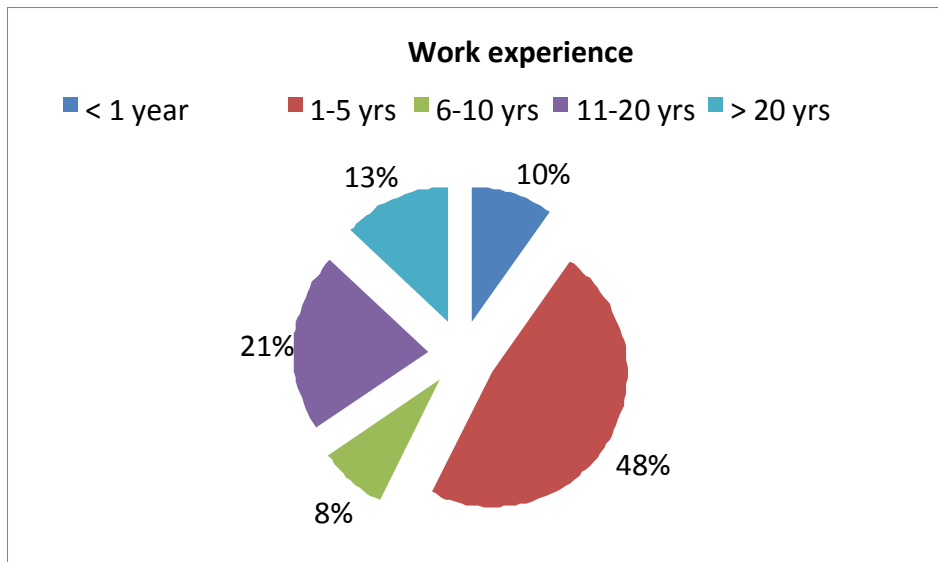
The staff sample consisted of 62 professionals working in 8 Warsaw residential institutions. The group comprised 53 women (85%) and 9 men. A majority of the respondents (62%) were between 25 and 35 years old; professionals in the 36–45 age group made a significant proportion of the sample (21%); and the remaining subjects were older than 45.

Figure 14. Respondents by age (N=62)



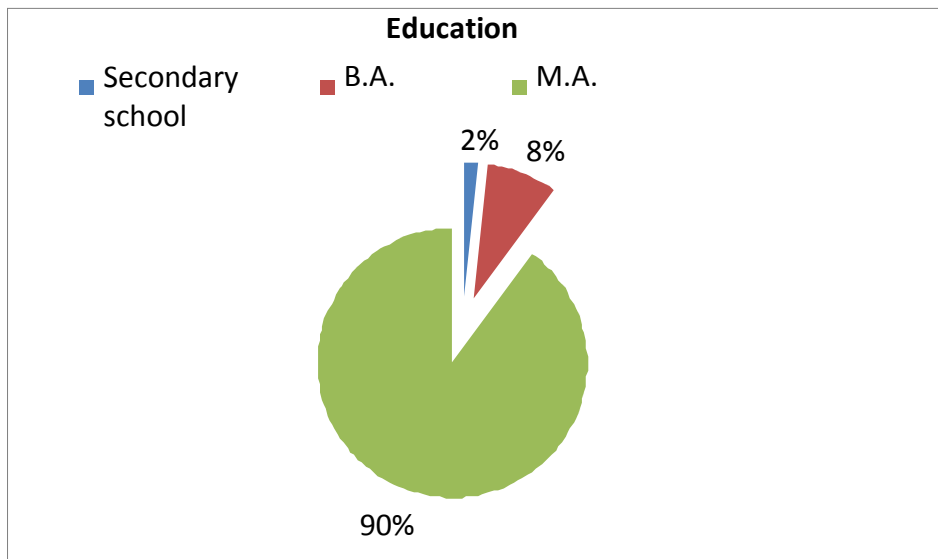
Employees with relatively short work experience made a substantial proportion of the sample – one out of ten respondents had worked in the institution for less than a year, and nearly half (48%) between 1 and 5 years.

Figure 15. Respondents by work experience (N=62)



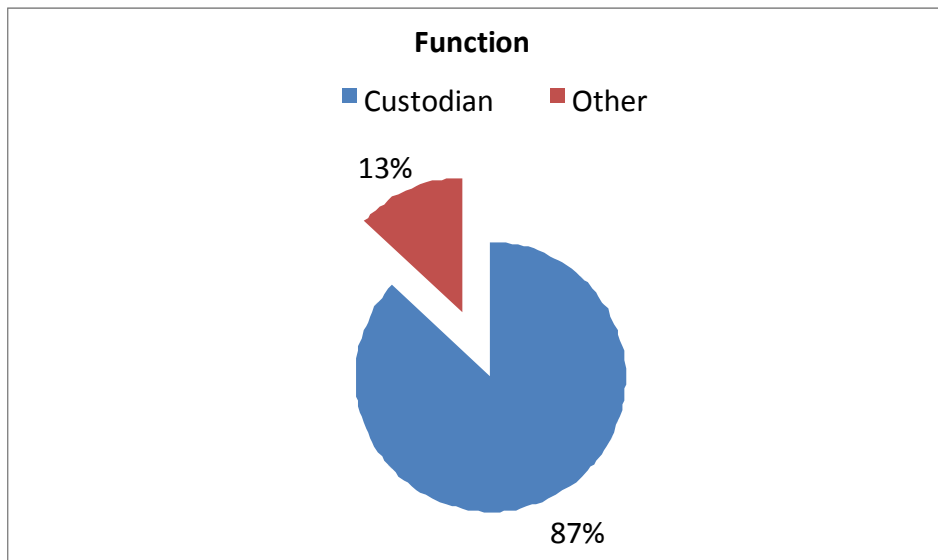
A vast majority of the respondents reported having higher education (98%), including 90% with the M.A. degree.

Figure 16. Respondents by education (N=62)



As regards the respondents' professional functions in the institution, custodians were the largest group (87%).

Figures 17. Respondents by professional functions in institutions (N=62)



4.2 The respondents' assessment of victimization experiences among institutionalized children

The professionals were asked about victimization experiences among children and young people under their care in the year preceding the study. Table 15 illustrates their assessments of such experiences.

The analysis of the „difficult to say” answers suggests that members of institutional staff are aware of their limited control over some areas of the residents' lives and their selective knowledge about some issues. The respondents were the most likely to provide the “difficult to say” response when asked about the experiences of sexual abuse, dating violence, and domestic abuse among children under their care.

Notably, the assessments made by Warsaw professionals differ significantly from those made by institutional staff in the national sample (the 2005 study). In Table 15, the numbers in parenthesis illustrate the responses of the 2005 subjects. As you can see, the percentage of respondents who believed that none of the children living in their institutions had ever experienced a given form of victimization, was significantly higher in the Warsaw sample.

Table 15. The professionals' assessment of victimization experiences among the residents, %
 (N=62)

Form of victimization	It didn't happen to anyone	I know for sure it happened	I suspect it happened	Difficult to say
Conventional crime				
Theft	24 (5)*	57 (76)	15 (46)	8 (5)
Robbery	71 (35)	13 (31)	2 (21)	15 (25)
Vandalism	39 (21)	36 (48)	13 (36)	16 (16)
Assault	79 (64)	10 (21)	0 (13)	11 (9)
Domestic abuse				
Physical abuse by adults	39 (26)	11 (31)	19 (19)	34 (32)
Emotional abuse by adults	29 (15)	13 (40)	13 (36)	45 (22)
Witness to domestic abuse	34 (8)	15 (32)	8 (39)	44 (33)
Peer victimization				
Physical abuse by peers	30 (9)	42 (65)	16 (40)	13 (9)
Group assault by peers	65 (45)	8 (35)	3 (15)	24 (12)
Bullying / Emotional abuse by peers	65 (15)	15 (50)	7 (33)	16 (17)
Dating violence	60 (41)	15 (7)	3 (5)	23 (46)
Sexual abuse				
Sexual exposure	69 (46)	11 (13)	2 (9)	18 (33)
Touching private body parts	60 (36)	19 (17)	0 (9)	21 (41)
Verbal harassment	50 (36)	3 (7)	5 (9)	42 (48)
Sexual intercourse / rape	66 (63)	8 (5)	3 (3)	23 (29)
Internet recruitment	80 (68)	2 (2)	0 (2)	18 (27)

- the numbers in parenthesis illustrate the responses of the 2005 study.

Figure 18. Conventional crime

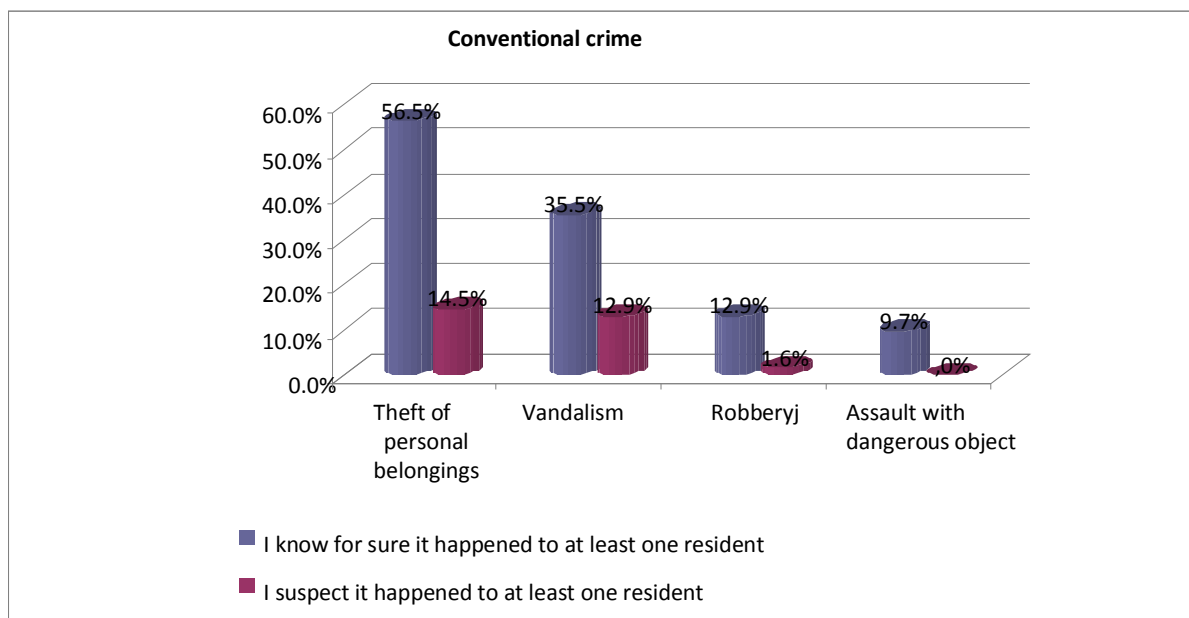


Figure 19. Domestic violence and indirect victimization

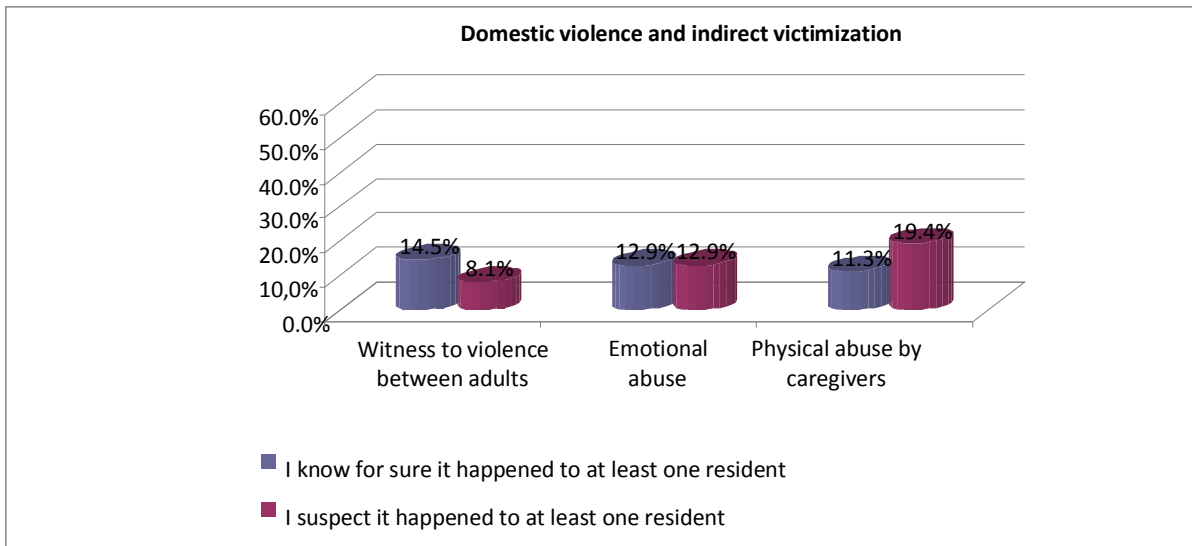


Figure 20. Peer victimization

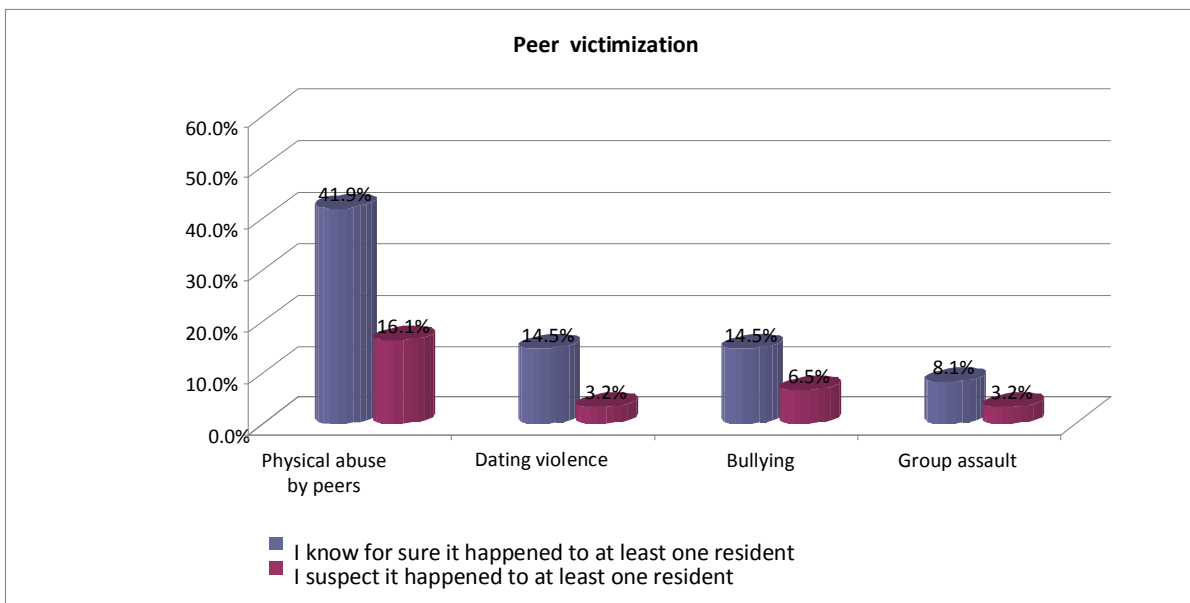
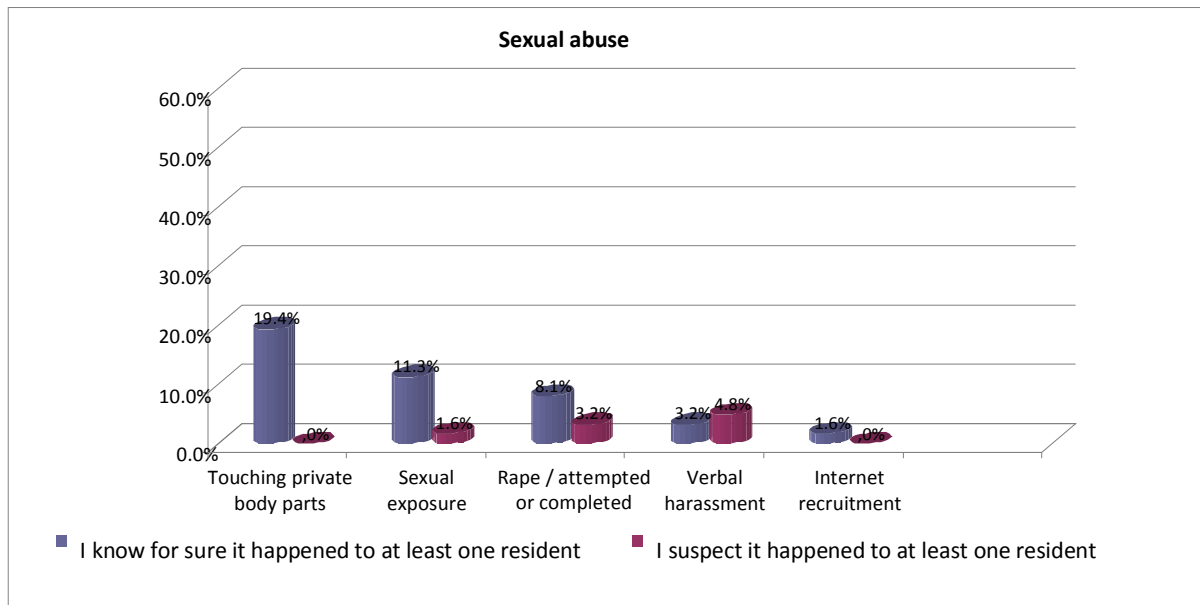


Figure 21. Sexual abuse



The survey of adolescents living in residential institutions in Warsaw has revealed high prevalence of their victimization experiences in the year preceding the study. The survey of institutional staff suggests that many staff members fail to notice institutionalized children's problems. Table 16 illustrates the discrepancy between the two groups: institutionalized children and institutional staff. Even for those forms of victimization that were common according to the institutionalized young people (such as emotional abuse by adults, theft, physical abuse by peers), a substantial proportion of the staff reported they did not know any such cases among the children under their care.

Table 16. Institutionalized children’s victimization experiences in the preceding year: staff’s assessments vs. residents’ reports, %

Form of victimization	% of staff members who responded: “It did not happen to anyone”	% of residents who reported it had happened to them at least once
Theft	24	53
Robbery	71	8
Vandalism	39	32
Assault	79	27
Physical abuse by adults	39	32
Emotional abuse by adults	29	53
Witness to domestic abuse	34	
Physical abuse by peers	30	32
Group assault by peers	65	11
Bullying / Emotional abuse by peers	65	18
Dating violence	60	18
Sexual exposure	69	10
Touching private body parts	60	10
Verbal harassment	50	24
Sexual intercourse / rape	66	11
Internet recruitment	80	13

4.3 Interventions undertaken in institutions in cases of child victimization

A vast majority of the institutional staff, who encountered certain forms of victimization among children in their institution, reported that whenever they knew of or suspected abuse, they undertook intervention measures. As illustrated in the charts below, lack of intervention was the most likely to be reported in cases of physical/emotional abuse by adults, dating violence, and verbal sexual harassment.

Figure 22. Interventions. Conventional crime

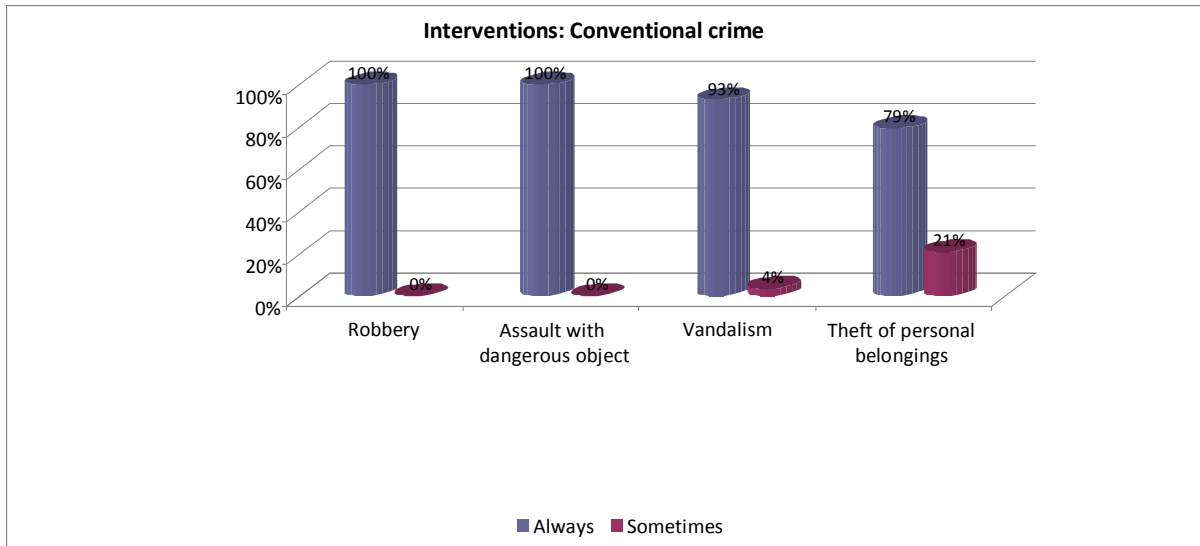


Figure 23. Interventions. Domestic abuse

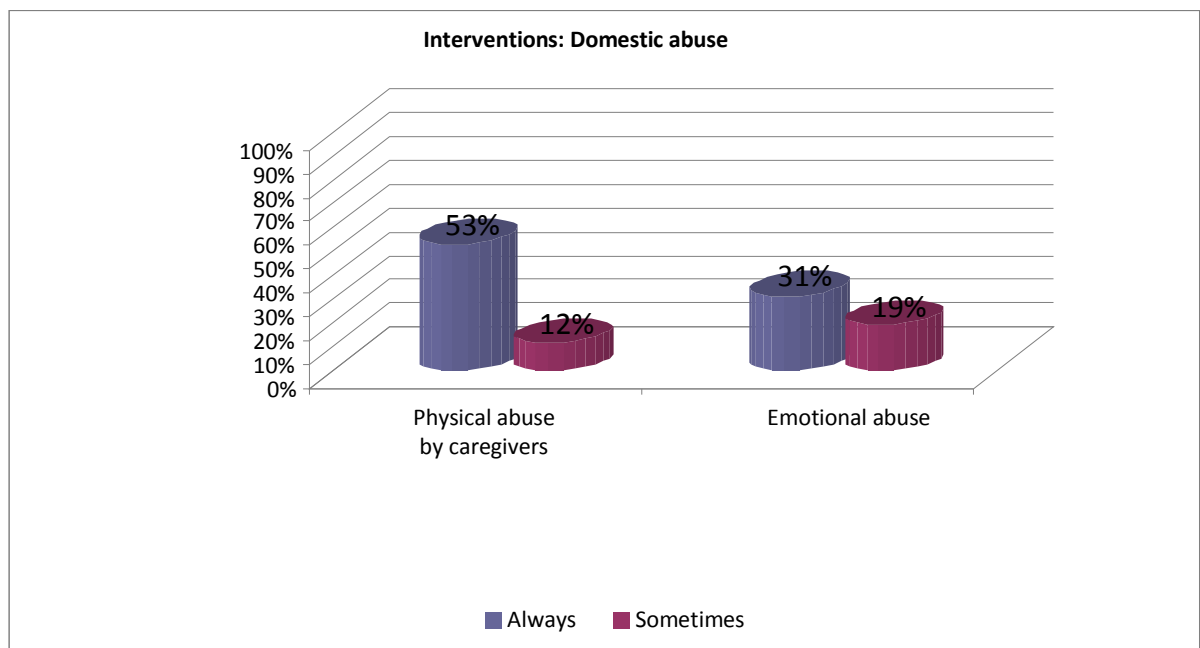


Figure 24. Interventions. Peer victimization

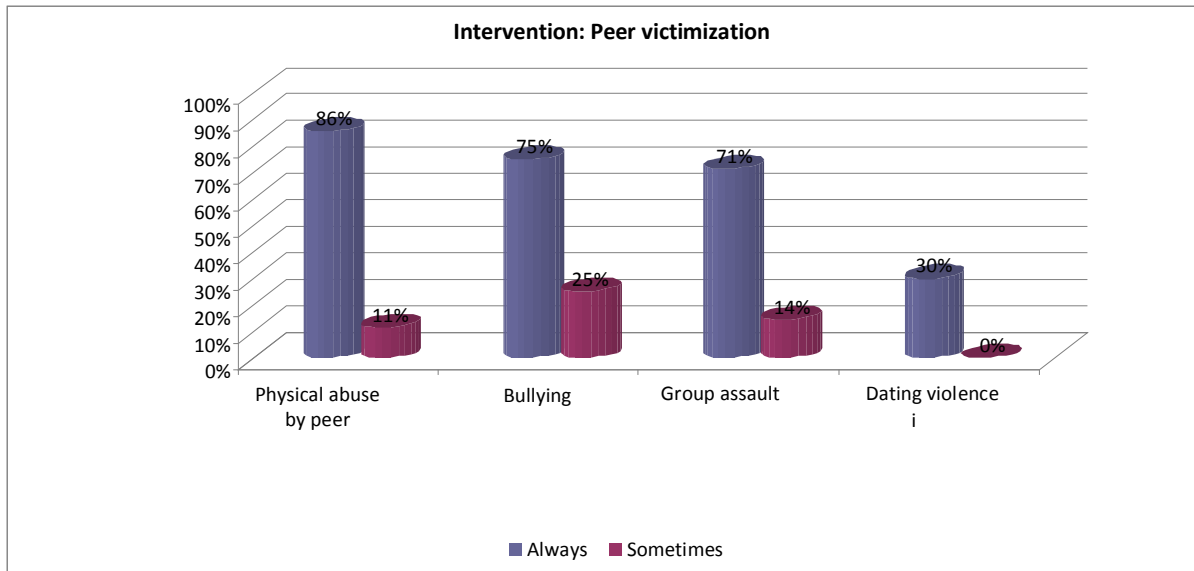
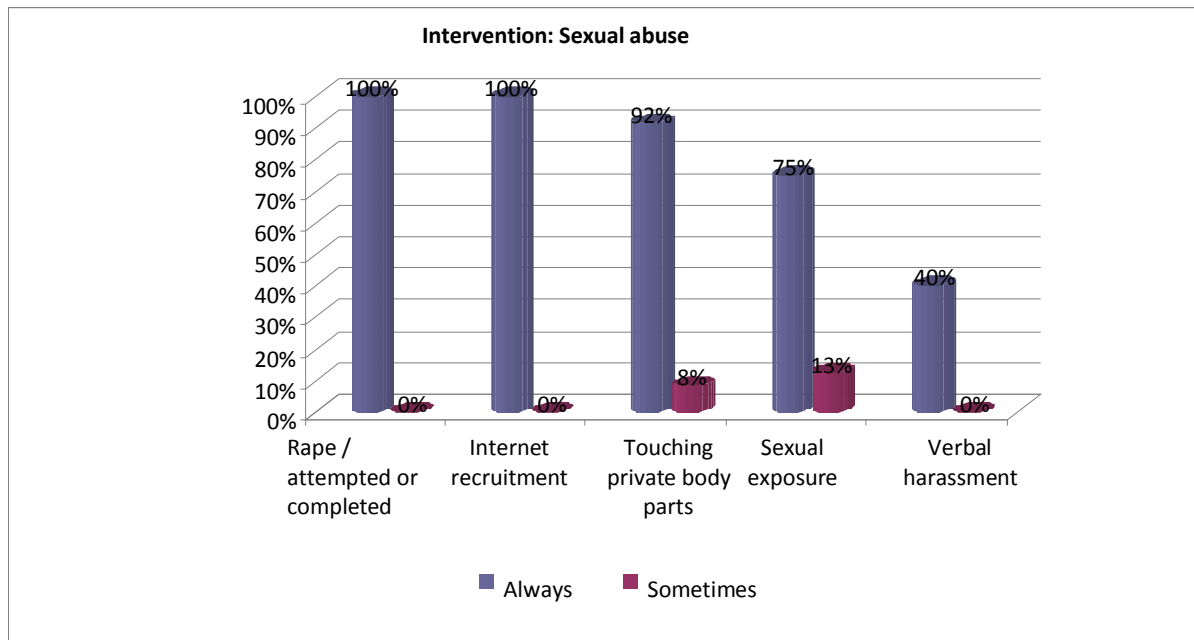


Figure 24. Interventions. Sexual abuse



The respondents who reported that interventions were undertaken in cases of victimization of children in the institution, were asked open-end questions about what kind of intervention measures were used and by whom. As expected, both the intervener and the type of response depended on the type of victimization.

Table 17 presents the respondents' answers concerning the services or institutions that undertake interventions in various cases of threat or victimization. Notably, regardless of the type of victimization, the respondents were the most likely to attribute interventions to members of the institutional staff.

In response to abusive acts that are penalized by the Polish law – i.e., theft, robbery, assault, or rape – legal interventions are sometimes undertaken by the police, the prosecutor’s office or the court. Law enforcement bodies are also likely to intervene in cases of peer victimization, when school often becomes active, too.

Table 17. Services/institutions undertaking interventions in identified cases of victimization among institutionalized children

Form of victimization	Residential institution	Police/Prosecutor/Court	School	Other
Theft	41	10	0	3
Robbery	4	4	0	3
Damage to property	26	1	0	1
Assault with dangerous object	6	2	0	0
Physical abuse by adults	14	1	1	1
Emotional abuse by adults	8	0	0	1
Witness to domestic abuse	6	1	0	5
Physical abuse by peers	27	8	10	7
Group assault by peers	5	3	2	0
Dating violence	3	0	0	1
Bullying / Emotional abuse by peers	10	1	2	1
Sexual exposure	7	0	0	0
Touching private body parts	12	0	0	4
Verbal sexual harassment	2	0	0	0
Sexual intercourse / rape	7	3	0	0
Internet recruitment	1	0	0	0

Answers to the open-end question about the type of intervention undertaken in the assessed cases of violence and abuse of institutionalized children are related to the cause of intervention. The types of interventions listed by the respondents could be categorized as:

1. Interventions aimed at clarifying the case within the institution: talking with the victims, their family members; identification of the abuser(s), the victim(s), and the course of events.
2. Interventions targeted directly or indirectly at the abuser: punishing the abuser and making him compensate the inflicted harm; therapy.
3. Interventions targeted directly or indirectly at the victim: forensic medical assessment; medical and psychological support; therapy.
4. Legal interventions which include activities targeted at the abuser and the victim, but are specific because of the fact that the intervention is undertaken outside the institution, with the participation of the police and representatives of the judicial system.

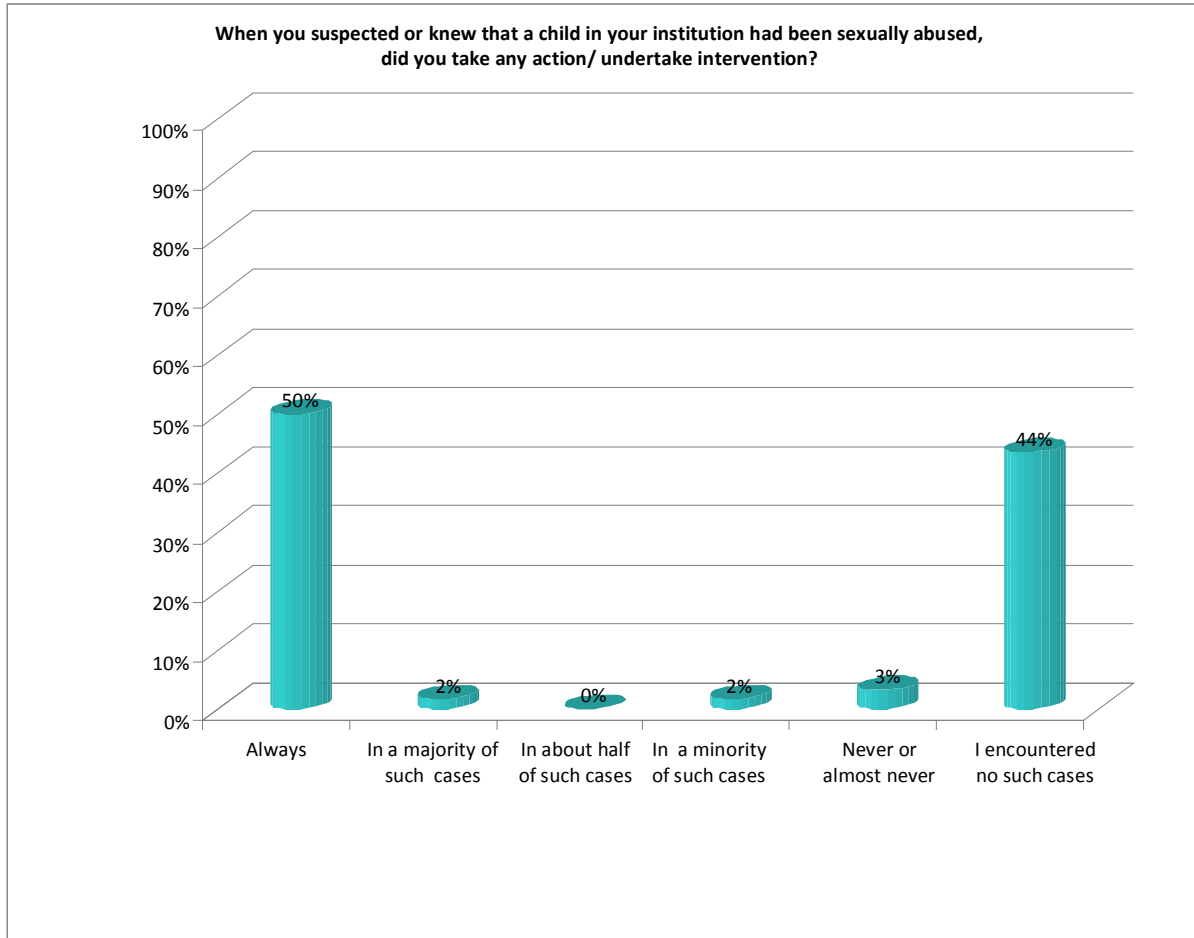
Table 18. Types of interventions undertaken in identified cases of victimization of residents

Form of victimization	Clarifying / Solving the case within the institution	Taking appropriate measures against the abuser	Psychological and medical support for the victim	Reporting the case to the police, prosecutor's office, or court	Other
Theft	36	14	0	13	0
Robbery	0	2	2	6	0
Damage to property	25	10	0	0	7
Assault with dangerous object	2	1	0	4	0
Physical abuse by adults	12	3	1	3	2
Emotional abuse by adults	8	2	0	0	1
Witness to domestic abuse	5	1	1	4	0
Physical abuse by peers	32	5	10	6	0
Group assault by peers	6	0	1	2	0
Dating violence	4	1	0	0	0
Bullying / Emotional abuse by peers	11	7	2	2	2
Sexual exposure	6	0	3	1	0
Touching private body parts	7	1	4	9	2
Verbal sexual harassment	1	0	1	0	0
Sexual intercourse / rape	2	1	4	7	0
Internet recruitment	1	0	0	1	0

The respondents were asked about their experiences in undertaking interventions in cases of sexual abuse of children in their institutions. Forty four percent of the staff members have never encountered any such cases. A vast majority of the remaining subjects reported that

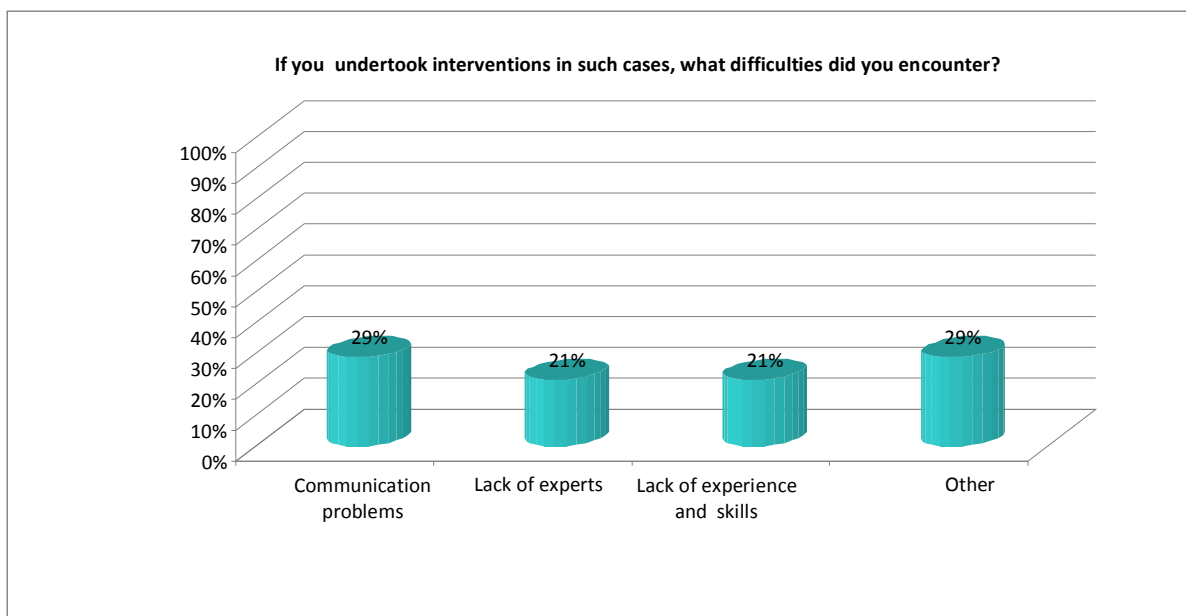
they had undertaken intervention whenever they suspected that one of the children or young people under their care may have been sexually abused.

Figure 25. Undertaken interventions



A significant proportion of the respondents who undertook interventions in response to sexual abuse of children under their care, reported a variety of problems associated primarily with their perceived lack of skills/competence and a shortage of specialized help services for abused children.

Figure 26. Difficulties with interventions

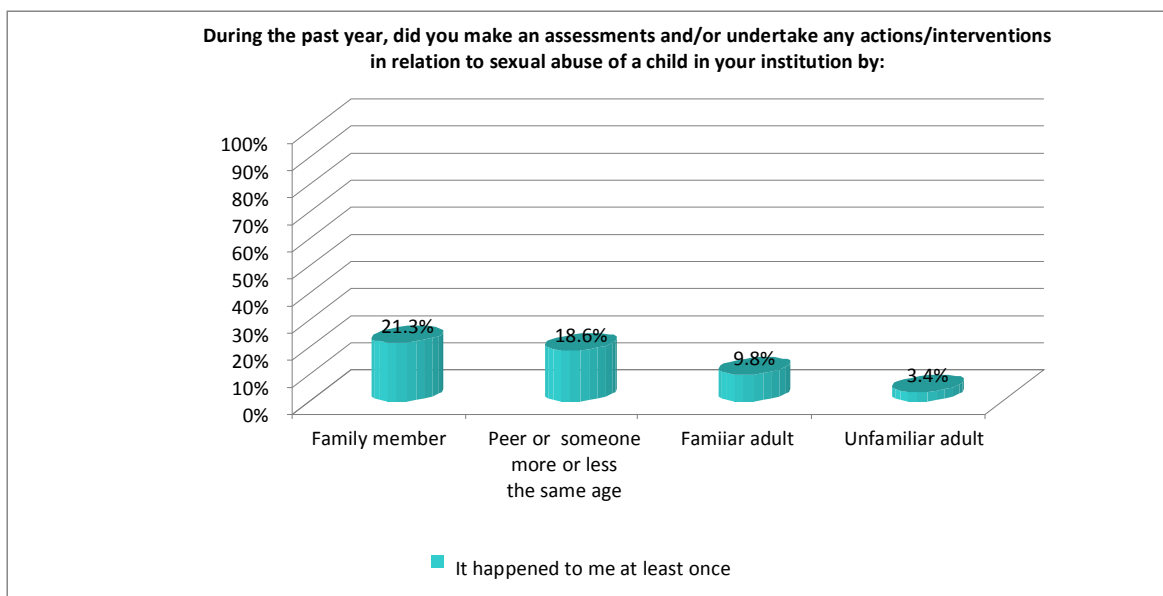


The most common experience of the professionals in the sample was undertaking interventions in cases of sexual abuse of children by their family members (21%) and peers (18%).

Table 19. Assessment and interventions undertaken by the respondents in the preceding year, in cases of sexual abuse of institutionalized children by..., % (N=63)

	Family member	Familiar adult	Unfamiliar adult	Peer
It didn't happen to me	79	90	97	81
It happened to me once	8	5	0	10
It happened to me a few times	11	5	3	8
It happened to me many times	2	0	0	0

Figure 27. Interventions because of sexual abuse of a child



There is an indirect relationship between the problem of sexual abuse and the problem of early sexual initiation of young people living in residential care and their high level of sexual activity. The causes of institutionalized children’s disturbed sexual development are complex. It is sometimes the case, however, that their sexual behaviour is targeted at other children in the institution and should be regarded as abusive. As many as 61% of the respondents admit that they know some children in their institutions who display sexual hyperactivity.

Figure 28. Sexual hyperactivity

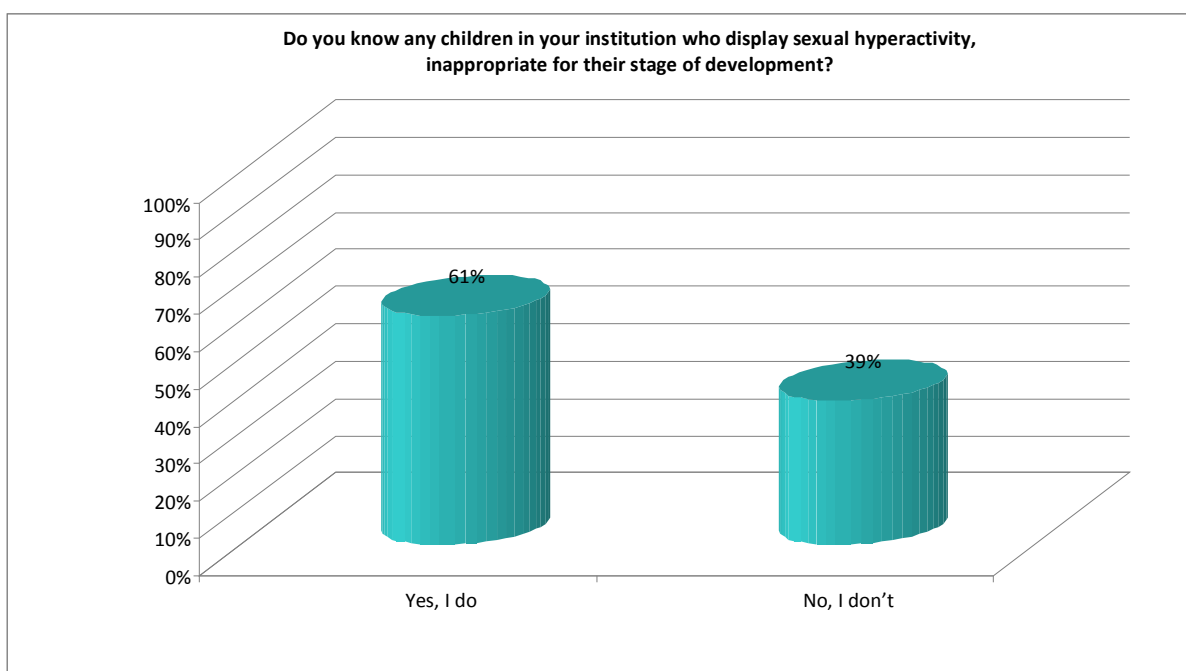
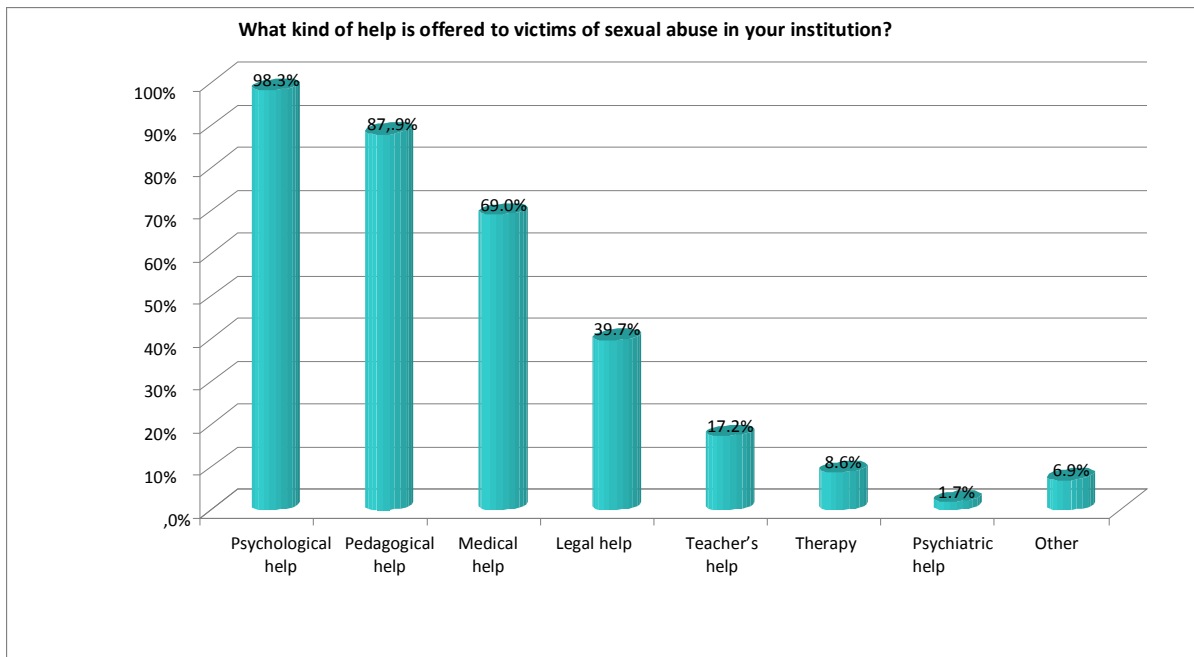


Figure 29. Help for victims of sexual abuse



4.4 The respondents' knowledge about symptoms of child sexual abuse

For accurate identification of children who have been involved in sexual activity by a grown-up, it is essential to be able to differentiate between children's normal sexual development and behaviours deviating from the developmental norm. This task was presented to the professionals participating in the study. They were asked to categorize sexual behaviours of preschoolers as either a natural sign of sexuality or an alarming symptom which may suggest sexual abuse. Notably, this categorization was not obvious, so in many cases the "difficult to say" response could turn out the most accurate.

It is interesting to note that the respondents' were relatively unlikely to provide responses reflecting their ignorance or insensitivity to potential threats to children. The subjects were more likely to be overly suspicious in their assessment of behaviours that are considered developmentally normal in preschool children. The respondents regard such behaviours as alarming or even diagnostic of sexual abuse. Similarly, children's behaviours that may give rise to concern and thus demand increased vigilance by caregivers, but do not suggest abuse unless occurring with extreme intensity or in a syndrome of other symptoms, are often seen by the respondents as highly probable manifestations of sexual abuse.

Thirty one percent of the subjects regarded **looking at the child's own genitals** or at peers' private parts as abnormal, even though it is a common developmental behaviour at this age.

None of the subjects believed it was normal for preschool children to **put something into their genitals or anus** and nearly two thirds (63%) were inclined to regard such behaviour as evidence of sexual abuse, even though it is associated with preschool children's normal tendency to explore all the orifices of the body.

Thirteen percent of the respondents were inclined to perceive **masturbation** in preschool children as a normal expression of sexuality, which might be considered a correct answer in the context of children's sexual development. However, there is no denying that the majority of the respondents (61%) were right when they qualified such behaviour in a child as disturbing. Excessive masturbation may be a manifestation of the child's problems, including negative effects of sexual contact.

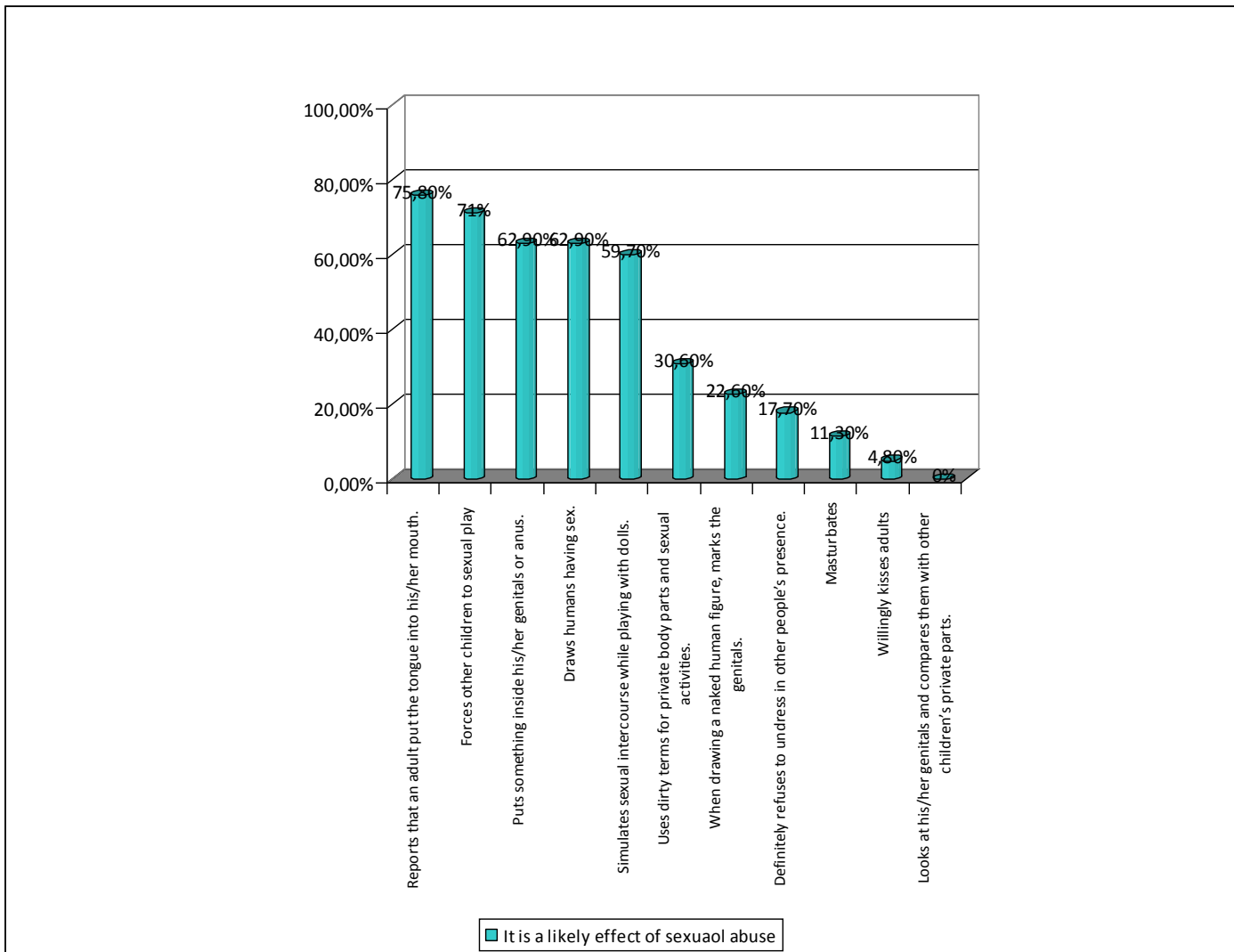
A child's use of dirty terms for private body parts may be alarming, as was believed by a majority of the subjects (61%). However, it is groundless to view such behaviour as a symptom of sexual abuse, which is the opinion of one third of the respondents (31%).

The subjects' oversensitivity in their assessment of threats related to sexual abuse was also reflected in their perception of a child's **refusal to undress in others' presence** (18%) and **drawing naked human figures with genitals** (23%) as highly probable effects of sexual abuse. This categorization, however, is accurate for behaviours such as **accounts of someone putting their tongue into the child's mouth** (76%), **drawing human figures having sex** (63%), or (with a lower degree of certainty) **simulating sexual intercourse when playing with dolls**.

*Table 20. The professionals' assessment of sexual behaviours in preschool children, %
 (N=63)*

	It is a normal healthy behaviour	It is alarming and requires increased vigi-	It is a very likely effect of sexual abuse.	It's difficult to say
Looks at his/her genitals and compares them with other children's private parts.	55	31	0	15
Masturbates.	13	73	11	3
Puts something inside his/her genitals or anus.	0	34	63	3
Simulates sexual intercourse while playing with dolls.	0	29	60	11
Uses dirty terms for private body parts and sexual activities.	2	61	31	7
When drawing a naked human figure, marks the genitals.	3	58	23	16
Draws humans having sex.	0	36	63	2
Definitely refuses to undress in other people's presence.	19	44	18	19
Willingly kisses grown-up persons.	34	36	5	26
Reports that an adult put the tongue into his/her mouth.	0	21	76	3

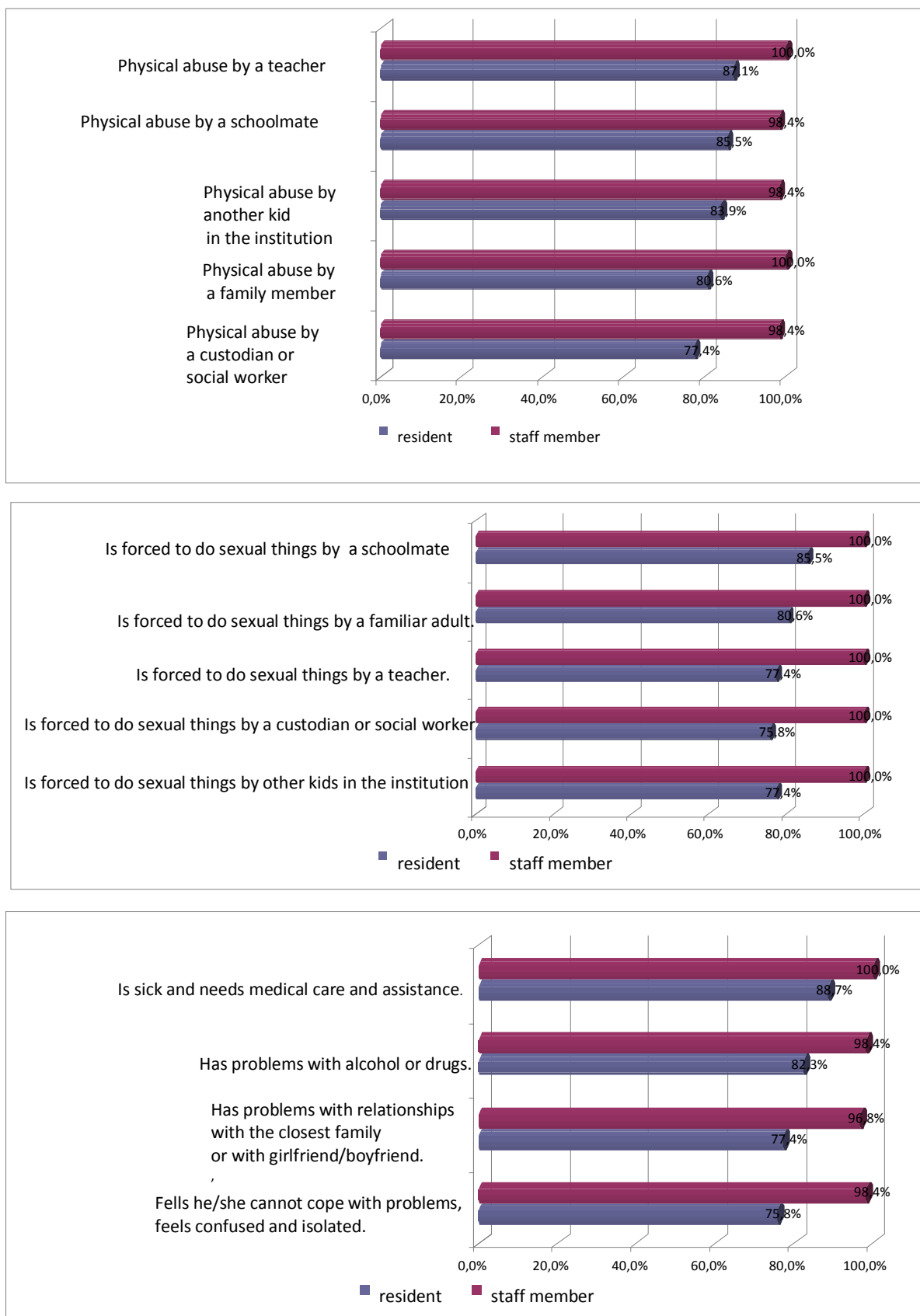
Figure 30. The respondents' knowledge about symptoms of child sexual abuse



4.5 The professionals' assessment of help available to residents in difficult situations

As illustrated by the charts below, the respondents were nearly unanimous in their belief that regardless of the type of difficulties, children residing in the institution may always find help and support. Not surprisingly, their assessments of the availability of help in difficult life situations are more optimistic than the assessments made by institutionalized young people.

Figure 31. The comparison of the assessment of help available to residents in difficult situations (residents vs. staff)



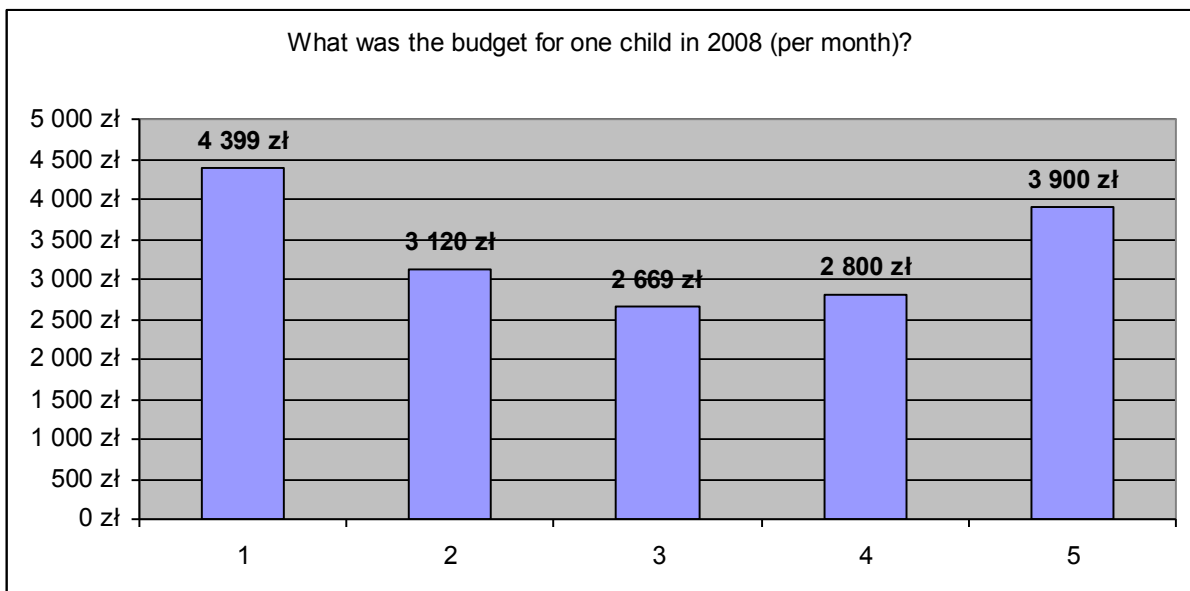
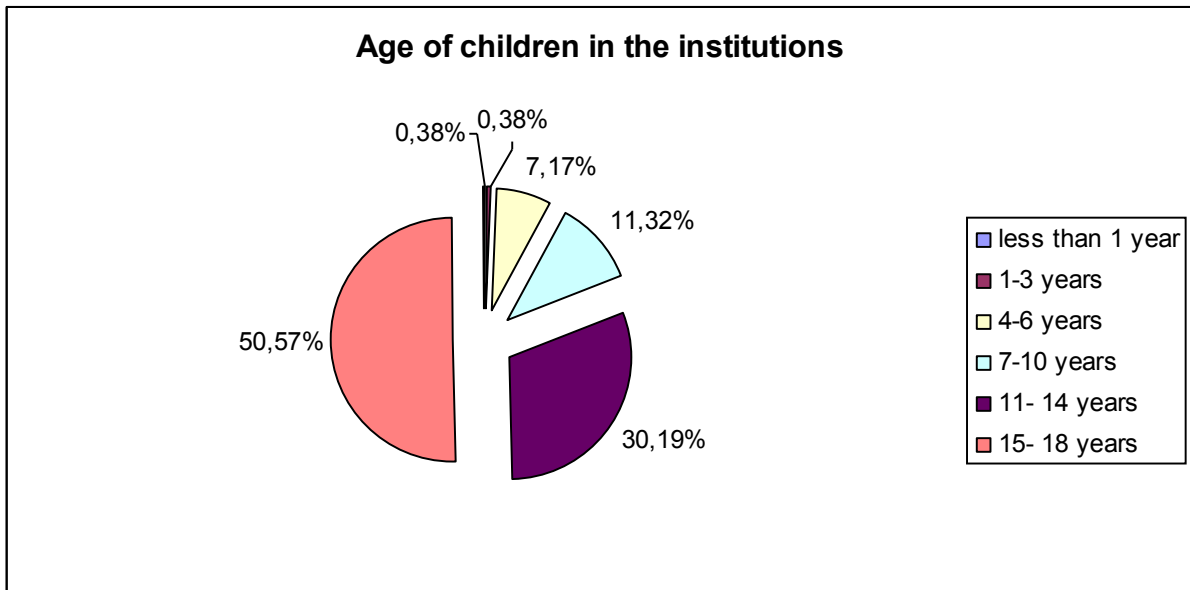
4.6 Summary

1. During the year preceding the study, members of the institutional staff were the most likely to identify such forms of victimization of children in their institutions as theft and damage to personal property, and abuse by peers.
2. A large proportion of the professionals were certain that children under their care had not experienced any forms of violence or sexual abuse in the preceding year. Even for those forms of victimization that were common according to institutionalized young people (emotional abuse by adults, theft, physical abuse by peers), many of the staff members claimed they did not know about any such cases among the children under their care.
3. A vast majority of the institutional staff report that whenever they suspect abuse or are informed about such cases, they intervene.
4. Interventions undertaken in cases of sexual abuse were usually a response to abuse by family members. A significant proportion of the respondents emphasized that such interventions were difficult for them because of their lack of skills and the unavailability of specialized help services.
5. The professionals in the study were relatively unlikely to show ignorance or lack of sensitivity in identifying potential threats of child sexual abuse. They were more likely to be overly suspicious in their evaluation of behaviours recognized as signs of healthy development. They tend to perceive such behaviours as alarming or even diagnostic of sexual abuse.
6. The professionals are almost unanimous in their opinion that regardless of the type of difficult life situations, children under their care may rely on help and support, which seems unrealistic and uncritical, given the less optimistic assessments of the children themselves.

Annex: The Residential Foster Care Institution Questionnaire

Every institution received also the Residential Foster Care Institution Questionnaire, which should have been fulfilled by the management. Five from eight institutions returned fulfilled questionnaires.

Institution no.	How many people work in the institution?	How many employees have contact with children?	How many children live in the institution?
1	33	11	37
2	61	40	101
3	43	28	77
4	25	12	33
5	19	11	23



Asked about cases of child abuse in their institutions during the proceeding year, only one answered that there was not any case like that. Four answered – there was few cases like that. One institution had one case of child sexual abuse in the recent year, two institutions have few such cases.

Employees and children from all institutions took part in the projects, seminars and conferences about prevention of violence against children during past 12 months. Almost the same situation was with the projects, seminars and conferences about prevention of child sexual abuse – there was only one exception: children from one institution did not have this kind of workshops in recent year, but they have it two years ago. According to the respondents, those projects, seminars and conferences gave positive results.

5. Experts

We conducted three interviews with experts who work with institutionalized children on a day to day basis – with three women ages 26 to 57. Two of the respondents work as managers of residential care institutions, and the third one is a social worker in an institution that houses a centre for victims of sexual abuse.

5.1 The problem of sexual abuse of children living in residential care

The first problem that was noted in all three interviews concerned the characteristics of sexual abuse of children in institutions. All the subjects pointed out that sexual abuse may occur at different stages. First, it can be the cause of a child's institutionalization, i.e., the child may have been sexually abused at home or in his/her direct environment. Second, sexual abuse may occur in the institution. This is especially true for older children. In such cases the abuse may be committed both by other residents and by members of the institutional staff, although all three subjects claimed they had never encountered the latter situation.

5.2 The environment

Asked about environmental factors (characteristic for a residential institution) that may contribute to increased risk of sexual abuse, the experts pointed to the following aspects:

- a large number of children / young people living together
- age and gender differences that may reinforce dangerous behaviour
- decreased control due to the large number of children and young people in the institution and the custodians' limited capabilities.
- children growing up in unfavourable conditions, in pathological families (e.g., parental alcohol abuse)
- “blown-up” sexuality in mass media available to institutionalized children and young people
- institutional „second life”, hierarchies with dependence and submission relationships that can be easily used for abusing weaker residents.

5.3 Victim characteristics

The next question asked in the interviews concerned the victims of abuse. The respondents were asked about traits/characteristics that – in their view – may correlate with the experience of sexual abuse or even be one of its causes. The experts pointed to the following attributes:

- gender – according to the respondents' knowledge, girls are more likely than boys to become victims of sexual abuse'
- age – younger children are more gullible and they do not always know which types of behaviour are normal and abnormal, especially when sexual abuse occurs in the family;
- past experiences of abuse (not necessarily sexual abuse), which may lead to behaviours that provoke further abusive acts, and create a link between positive feelings and violence. As a result victims may perceive acts of violence as expressions of love and attention.
- a desire to be loved, an enormous need for intimacy, which they try to satisfy in many different ways (including through sex).
- children who are withdrawn, quiet, and low in the status hierarchy become an easy target for all kinds of abuse, including sexual abuse
- low self-esteem and self-confidence, naivety
- a tendency to enter into shallow, superficial relationships, because they don't have models of „good”, deep relationships
- lack of solid moral norms, positive role models, and moral authorities as a result of growing up in a pathological family where “rewards” and “punishments” are not a consequence of the children's behaviour but simply a reflection of the grown-ups' moods. As a result, children do not learn to take the consequences of their actions.
- inability to stand up in a positive way (by defending one's values or pursuing one's goals); negative defence (aggression, provocation) becomes the only form of defence.
- children beyond any control (runaways, homeless children, etc.) are especially vulnerable to abuse.

5.4 Abuser characteristics

Knowledge about sexual abusers is especially important, as it may help to prevent such situations. The experts in the study admit they have limited knowledge about abusers, but they

mentioned several things which they regard as important. According to the subjects, in most cases child sexual abusers are:

- men, although it should be stressed that it is usually easier to notice and prove sexual abuse by a man than by a female offender.
- the victim's family members or acquaintances (met before or during his/her stay in the institution)
- individuals with their own history of sexual abuse (former victims)
- individuals who have negative relationships with their partners (at different levels) and major problems with building good intimate relationships
- people who are seemingly strong, decisive, and dominating, trying to gain control over others
- individuals with psychopathic features, drawing pleasure from the sense of power
- people who abuse their position of strength in relationships with weaker individuals

5.5 Disclosure

Sexual abuse may be brought to light in various circumstances. According to one of the subjects, cases of sexual abuse in the family may be identified by a social services centre, school, or kindergarten.

As regards sexual abuse of children who already live in a residential institution, it may come to light through:

- physical injuries or ailments (burns, chafes, stomach-aches, marks) noticed by the institutional staff
- observation of the child's behaviour, which may be difficult because each child responds differently and sexual abuse may lead both to aggression (or self-aggressive behaviour) and to withdrawal; victims of abuse may also have problems with bedwetting
- analyzing children's drawings; images of human figures with marked genitals are especially alarming, according to the experts in the study
- pregnancy
- sometimes the child him/herself says something – not always in a straightforward way – that suggests he/she may have been sexually abused

The respondents stressed that in case of any doubt or suspicion a psychologist is consulted to assess the situation and help the victim.

5.6 The system

The experts were also asked to evaluate the existing residential care system and to suggest what changes would be needed and possible. All the respondents stressed the insufficient human resources providing care for children in institutions. The experts think there should be more custodians, so that each of them looks after fewer children or young people and, as a consequence, has better (more individual) contact with residents under their care. On the other hand, one of the subjects expressed her reservations about the selection and employment procedures for child-care workers. In her opinion a legal obligation to check candidates' criminal record should be introduced in order to eliminate potential abusers.

According to the respondents, apart from the insufficient number of custodians in institutions, there are also too few psychologists, gynaecologists, and other specialists. When cases of sexual abuse are identified, it is sometimes impossible to conduct a gynaecological examination immediately due to the insufficient number of child gynaecologists.

Another issue stressed by the experts in the study was the lack of clear regulations concerning the custodian-resident contact, e.g., dressing and undressing children, kissing, hugging, or even measuring body temperature. Such regulations are sometimes introduced at the level of individual institutions, but very often it is the custodians who have to set the impassable boundary of intimacy.

The direction of desired changes outlined by the respondents is towards creating family-type and branch residential care homes, and placing children in foster families, i.e., forming small family-type groups rather than large institutions. This helps to create a more natural family-like situation for children, making them feel more secure and enhancing their self-esteem, which is very important in coping with traumatic experiences. This, in turn, increases the chances for effective socialization which will allow such children to function well in the society. However, one of the subjects said it was impossible to eliminate "typical" large institutions because of the insufficient number of candidates interesting in running family-type children's homes and due to high cost of such care. According to her, the distance between the custodial staff and the residing children is an important element of institutional care, because "no family could put up with such difficult children 24 hours a day". She believes that family-type solutions can work only with children who have minor problems.

When asked about available training, the subjects mentioned the training provided by the Nobody's Children Foundation and PONTON, as well as the possibility to obtain EU funds for additional training. The experts added, however, that there is still a great need for training for institutional staff and for other professionals who have contact with institutionalized children – doctors (according to the subjects, there should be training for students of medicine), psychologists, etc.

6. Conclusions

Main research conclusions:

- Children living in residential institutions are more likely victims of abuse, especially sexual, before as well as after coming to the institution. They are more vulnerable to every form of sexual abuse (e.g. touching private body parts or sexual exposure), the difference should be noted in particular in the prevalence of sexual contact by the age of consent.
- According to experts there is still lack of professionals working with sexually abused children (e.g. psychologists, sexologists), who are coming to the institution, and because of that the children could duplicate of that kind of behaviour in institutions, as victims (of adults or other peers) as well as perpetrators.
- Both children and staff members judge the availability of help favourably, however children are less optimistic than members of the institutional staff.
- Almost all (residents as well as staff and experts) emphasise the need of change the system. According to respondents a residential care institution should be more child-friendly and homelike, and there should be more custodians, so they can have more individual contact with residents.
- The professionals in the study noticed lack of training for institutional staff and other professionals.

The research shows, that there is a great need to deepen the knowledge of sexual abuse of children in residential institutions in Poland. Especially now, when the system of foster care is to be changed, the opinions of people strongly connected to the problem is extremely valuable.

During the research and analysis one can notice the areas that should be also examined, e.g. the opinion of other professionals (social workers, gynaecologists, etc.) to have the comprehensive image of the problem.

7. Recommendations

- I.** Research conducted in the framework of Daphne program demonstrated that children in residential care institutions are far more likely to be exposed to sexual violence than children in the general population. Perpetrators of child sexual abuse in the setting of residential care include family members, peers, as well as staff.
- II.** Risk of sexual violence stems from the very structure of residential child-care institutions (such as children's homes), it is thus postulated that the system of providing care to children whose families are unable to ensure proper care and upbringing, needs to be modified. The changes in question should mainly focus on striving to keep the child in its natural environment, i.e. in its family. Offering multiple forms of environmental support to dysfunctional families, enhancing preventive measures and improving methods of work with the family so as to favor keeping the child in the family or returning it to the family – these are the key recommendations to be implemented under the proposed Polish Act on family support, as submitted to the Parliament in September 2010¹.
- III.** Peer violence in residential care institutions is often associated with the fact that some of the residing minors according to judicial decision should have been placed in a juvenile educational facility due to signs of demoralization. Consequently, aggression and violence – including sexual violence - among minors in residential care become more pronounced.
- IV.** It is essential that demoralized juvenile offenders should be separated from children and youth who are placed in residential care institutions with an aim of receiving proper care and being isolated from inadequate or abusive family. In order to achieve this goal, clear profile of residents best-suited for a given type of an institution should be specified and minors should be directed to said institutions in line with consistent and supervised policy.
- V.** The extent to which residents of child-care facilities are exposed to sexual violence is a reflection of commonplace dysfunctions affecting institutional care (overpopulation, lack of care and support, lacking supervision over personnel, “double life” existing within said facilities).

¹ <http://www.mpips.gov.pl/bip/index.php?idkat=2102>

- VI.** Systemic changes should focus on the expansion of foster family care and family-based children's homes. These forms of care bear greatest resemblance to natural family setting, they facilitate individual contact with the child and increase the odds for successful socialization. Children who were exposed to violence and abuse in their family of origin are in particular need of the forms of care making them feel safe, enhancing their self-esteem and facilitating the process of coping with traumatic experiences.
- VII.** It is crucial that individuals acting in the capacity of foster parents or running a family-based children's home must be provided with subject-matter and financial support, as well as options for professional advancement and stability.
- VIII.** Legal regulations currently in force in Poland fail to sufficiently protect minors in residential care against sexual abuse by members of staff. Prospective employees of residential care institutions are not required to submit a clean criminal record check.
- IX.** Residential care institutions need to adopt a policy of protecting children against abuse; such policy should include: criminal background checks for employees, specific regulations governing staff-resident interactions and defining the limits of intimacy and admissible boundaries of contact, procedures for intervention in cases of suspected child abuse taking place within the facility or elsewhere, education of staff and residents in the area of preventing violence and abuse. The rules specified under the policy of protecting children should be binding for all members of staff.
- X.** Universal standards should be developed to be later adapted to particular institutions' needs.
- XI.** Specific standards for residential care institutions (separately for facilities for very young children and for institutions providing care for older children) and for subsidiary apartments need to be worked out.
- XII.** A dedicated team should be created to develop such standards, composed of persons working in such institutions and representatives of the Provincial Family Support Centre; the team should include persons representing various levels of decision-making.
- XIII.** Several working groups need to be appointed within the team to work on standards for specific types of institutions.

- XIV.** Standards for implementing the safe organization standards should also be developed.
- XV.** A proposal was put forward to form a partnership between the Nobody's Children Foundation and the Helsinki Foundation for Human Rights to work together on the safe organization standards.
- XVI.** Residential care institutions are where sexually abused children are referred to. At times, it is precisely these experiences in the family that create grounds for placing a child in residential care. Psychological support offered to children-victims of sexual violence, placed in the setting associated with elevated risk of repeated traumatization, remains insufficient.
- XVII.** In Poland, professional diagnosis and psychological support for children – victims of sexual abuse remain inadequate. Professionals lack opportunities for advancement in the area of help and support. As a result, very few support centers in Poland provide assistance to sexually abused children and their families.
- XVIII.** Staff of residential care institutions dealing with children - victims of violence and abuse must be provided with proper subject-matter support. Such support could take the form of training addressed to members of staff and focusing on diagnosis, intervention or psychological assistance to abused children, as well as supervision of their work and ensuring specialist psychological and medical help to residents affected by violence.