



Incidence, prevalence and trauma associated with exposure to violence in Romanian institutionalized children

GAVRILOVICI, O. & GROZA, V.

Abstract

While violence against children is a world wide problem, much less is known about it in the former communist countries of Eastern and Central Europe. This study examines violence among a group of the most at-risk children, children institutionalized in Romania. Survey data were collected on 448 children from 6 institutions located in rural, urban and semi-urban settings. Results suggest that many children are exposed to violence in the institutions and report trauma. Sexual abuse is highly reported by both males and females. While the study cannot determine cause and effect, it outlines policy and practice implications for improving the life of the most at-risk children.

Key Words: Romania, institutions, child maltreatment

Introduction

While violence against children is a world wide problem, little is known about violence exposure in the former communist countries of Eastern and Central Europe. Romania is unique in that since 1990 it has been experiencing major social and economic changes after 45 years of communism. One legacy of communism in Romania was a large numbers of children, almost 100,000, were living outside of family settings; Romania had the most children in institutions through-out the 1990s of the other former communist countries (Stephenson, Anghelescu, Stativa, & Pasti, 1997). While there have been major reforms in child welfare in Romania, many older children continue to reside in group settings. To better understand this group of children, it is important to have a perspective on the child welfare system in Romania.

The child protection system in Romania

The number of residential institutions for children and the large number of children in institutions come from a particular history of Romania's child protective services. The institutionalization of children has been Romania's primary alternative for children not living with their biological families, both during the communist regime and through the 1990s. The second alternative to institutionalization was adoption, either national or international, but only a few thousand children compared to the estimates of 100,000 children in out-of-home care

benefited from adoption. The vast majority of children adopted were placed internationally and several times Romania received negative media attention and criticism from the European Union about the adoption system.

However, Romania's situation with institutionalized children was also not always depicted accurately in the Western media. According to Defense for Children International and International Social Service (1991), the media stimulated the demand for Romanian children for international adoption, inadvertently encouraging child abandonment by families with limited resources. Corruption, black and grey child markets, and the lack of monitoring within the international adoption system resulted in the Romanian Government putting a moratorium on international adoptions in 1993, 2001 and again in 2003 (see Groza, Ileana & Irwin, 1999 for a discussion of the early difficulties). With pressure from the European Union and as a strategy to manage the corruption in international adoption, by 2004 Romania outlawed international adoption.

Child welfare modernization according to Western standards in Romania has been slow. Part of the slowness was the complicated structure of the child welfare system. In 1994, the Ministry of Education was the administrative authority over 400 institutions and residential schools for children. About 32,000 children resided in orphanages, while 53,000 were living in residential schools for children with special needs (Childhood Policies Project, 1995). Even though the residential schools were not labeled as orphanages, in actuality that is how they functioned, but they were only for handicapped children. Until 1997, different national ministries supervised the activity of various institutions. For example, institutions designed to care for children 0 to 3 years old were under the Ministry of Health. Most of the institutions for children 7 to 18 (if children had no special needs, health difficulties, or mental health problems) were run by the Ministry of Education. The Inspectorate of State for the Handicapped supervised the activity of institutions for children with special needs and mental health problems. Starting in August 1997, a new national entity was formed, the National Agency for Child Protection, overseeing and administering all residential homes for children. Two years later, it was transformed into the National Authority for Child Protection and Adoption. The structural changes were designed at the country level to better streamline the care for children residing in a variety of institutional settings.

At the county level in 1997, decentralization was initiated. County Directorates for Children's Rights Protection were developed to supervise the activity of institutions for children 0 to 18 years old at the local level. Initially, institutions for abandoned children ages 0 to 3 were called "leagane" (Children Homes for Infants) and institutions for children ages 7 to 18 were called Children's Homes. Since 2000, all residential institutions have been designated as Placement Centers. However, they remain under local control.

The high rates of institutionalization in Romania are not a result of parental deaths. Rather, children were placed in an institution based on a variety of causes, such as having one or more chronic health conditions, coming from poor families with multiple social and economic problems, and parental incarceration (Johnson, Edwards & Puwak, 1993). The vast majority of the children placed in institutions "for protection and care" resulted from the communist government's encouraging and controlling birth control while decreasing investment in social and health programs, and dismantling formal and informal social supports for families in the 1980s (Johnson, Edwards & Puwak, 1993; The Children's Health Care Collaborative Study Group, 1994; Groza, Ileana & Irwin, 1999). The promotion of institutional care was seen in Romania as the main resource for parents who were not able to care for their children, and the majority of the population were led to believe that the State was taking care of the children.

Until the 1990s, institutions were basically closed to the outside world. Many media reports and personal accounts have been written about Romanian institutions. The institutions looked more like self-contained concentration camps (Groza, Ileana & Irwin, 1999). There were almost no services or programming for the children, especially in the 0 to 3 years of age range (i.e., no early intervention programs, no play time, no physical or speech therapy, etc.), and almost no means to maintain parent-child relationships during children's stay in the institution.

Placement decisions were made taking into account openings in institutions and not proximity to the family (Johnson, Edwards, & Puwak, 1993). So, children were moved without parents' knowledge or permission, and the geographical barriers stopped any visits for the majority of children.

To complete the picture, institutions were understaffed and most staff were under-trained. Unfortunately, the responsibility for the care of children in institutions resided with untrained public servants and physicians, nurses or educators who had few, or no, specific training for this role. During the last 15 years of the communist regime in Romania (1974 -1989), higher education in psychology, sociology, and special education was stopped. Social work education ended in communist Romania in 1954 in the belief that a communist society had no social problems and did not need social workers or other social science professionals. So training in the helping professions and social sciences was all but destroyed.

This background was the context to the child welfare system dramatic change that is now occurring in Romania. The number of institutionalized children has been decreasing after 2000. The number of trained maternal assistants [foster parents] have increased substantially. Many large public institutions are being closed or transformed into family-type placement centers. Thus, this study occurred at a time when many other changes in child welfare have been going on in Romania. However, if for no other reason than to document the issues of violence in the lives of children at a specific period in time, this study will provide justification for not only continuing the child welfare reforms being made, but also for making sure that the child welfare system does not slip backwards into group care for children.

Contextual considerations: Human ecology and violence

Any study of violence must include an ecological understanding of violence (Belsky & Stratton, 2002). Human ecology means understanding human development in the context of their social life and social environment. The ecological approach has its roots in Bronfenbrenner (1977). Bronfenbrenner describes four levels interacting with the development of children. Microsystems are the immediate, complex relationships between the individual in his or her immediate social environment of peers, families and in the case of Romanian children this would include institutional care staff. The mesosystems relate to interactions among the settings containing the developing individual; it is the child's relationship with the particular school, the specific neighborhood, and members of the community where they live. The exosystems are the informal and formal social structures that do not contain, per se, the individual, but operate at an immediate level, such as the school, the community, and neighborhood. The macrosystem is defined as the social, economic, educational, legal, and political systems, an umbrella covering all other systems (Bronfenbrenner, 1977; Cowen, 2000). For the children in this study, the child welfare system and history of the child welfare system in Romania as discussed above provide the macrosystem context for this study. The ecological framework is useful in taking into account the contextual factors that may affect children exposed to violence.

This research employs a contextual approach in understanding the trauma associated with violence exposure in children. As part of the context of youth exposure to violence, the differences between rural, urban and semi-urban setting is explored based on pilot work that suggested these patterns were different in Romania.

Exposure to violence has numerous psychological and behavioral short term and long term effects. The effects are influenced by such factors as whether the exposure is frequent and chronic or intermittent and episodic. The negative psychological effects of violence exposure include: depression (Fitzpatrick & Boldizar, 1993; Richters & Martinez, 1993; Singer et al., 1995); anger (Singer et al., 1995); aggression (Riveria & Widom, 1990); anxiety (Pynoos & Eth, 1985; Singer et al., 1995); dissociation (Atlas & Hiott, 1994; Singer et al., 1995) and

posttraumatic stress (Fitzpatrick & Boldizar, 1993; Singer et al., 1995). Children with greater exposure to violence show higher levels of distress (Lorion & Saltzmann, 1993). Martinez and Richter (1993) found that victims report distress and depression after being victimized by familiar persons, while those abused by strangers show no such symptoms. Exposure to violence was positively related to reports of PTSD symptoms (Fitzpatrick & Boldizar, 1993). It is clear that violence exposure has a strong association with negative consequences in children.

The aims of this study is to (1) examine the level of self-reported violence exposure of the most at-risk youth in Romania (i.e., those youths residing in an institution); and, (2) evaluate the relationships between violence exposure and trauma symptoms, taking into account contextual variables.

Methodology

Sampling

All residential institutions caring for children in grades 3 to 12 located in Iasi County, Romania (northeastern part of the country) were selected to be part of the study. Eight residential institutions for children ages 0 to 18 years old were identified that fit the criteria. Two of the eight institutions selected became inoperable to participate in the study. One suffered from a major fire that destroyed buildings immediately before the study; another institution became isolated due to powerful rainstorms and lost telephone connections while the planning telephone conferences took place with all directors of institutions selected for the study. Both institutions were dropped from the study. The final purposive sample consisted of 6 institutions or 75% of institutions meeting eligibility requirements.

Design and data collection

This was a cross-sectional, survey-design study. The methodology used in this study was similar to one used in the United States (Singer et al., 1995, 1999). The English version of the questionnaire was translated into Romanian by two experts and then translated back to English by another two independent experts. The panel of experts met and discussed each item with the principal investigator (who is bilingual in Romanian and English) to cleared up any discrepancies before implementation of the study.

Two weeks before the data collection, a 16-member team of research assistants was selected from a pool of academics and practitioners from child welfare nonprofit agencies in Iasi County. Twelve out of the 16 members of the data collection team had at least a BA level degree in psychology, social work, sociology, education or medicine. They were trained to administer the survey and to follow human subjects' protection guidelines. Visits to the sites and telephone conferences were coordinated with all directors of residential care institutions after receiving official approval from the Director of Iasi County Child Protection Department to conduct the study.

Before entering classrooms, a 45 minute on-site preparation and verification was held in each location. This included a final check on the data collection kits, getting acquainted with the building structure and with each research room position, and clarifying communication channels and access to the research coordinator and to the placement center's director. No incidents were reported that required the intervention of the principal investigator.

Pencils were given to students along with the questionnaires at the beginning of the survey. All rooms where the data collection took place were lit and quiet; all children had seats and tables to write on the questionnaire forms. Erasers were available for corrections. The questionnaire

was read aloud to students in grades three through five and it was self-administered in grades six through twelve. On average, there was a ratio of 1 data collection team member per 10 children.

The lead operator at each site of the data collection team read a prepared statement to students explaining the purpose of the study. Students were informed both verbally and in writing that their participation was completely voluntary and anonymous. They were requested not to write their names or any other information that could identify them as individuals on the questionnaires. After collection of the questionnaires, each data collection team reported in writing about the process and deleted any identification signs that may have been written by students on the surveys.

The slight possibility that a child could have upsetting thoughts or feelings after completing the questionnaire was not ruled out. Teachers and guidance counselors were informed of this possibility and were available to students. After completing the questionnaire, students were told that if they have any concerns or upsetting thoughts or feelings, they should talk to a teacher or guidance counselor. Also, on the last page of the questionnaire students were informed that they could call the investigator of the study if they have any concerns, upsetting thoughts or feelings. A similar method was used in previous studies (Singer et al., 1995, 1998). There was no known instance of students becoming upset after completing the questionnaire, either immediately or up to a year after the completion of the study.

Variables and instrumentation

The survey used in this study was a 40-minute self-report questionnaire designed to measure children's exposure to violence and the psychological impact of such exposure. This instrument was an adaptation of the questionnaire that examined over 6,000 elementary, middle, and high school students' exposure to violence in the United States (Singer et al., 1995, 1999). There were seven areas on the questionnaire: demographics, recent violence exposure, past violence exposure, recent aggressive/predatory behaviors, and trauma symptoms. Recent exposure to violence was measured by asking children to report violence they had experienced or personally witnessed over the past year in three different settings. Students were asked *not* to include events they may have seen or heard about from other people or from other sources such as television. The 32 items contained in this part of the questionnaire were an adaptation of the 26-item Recent Exposure to Violence Scale (Singer et al., 1998) that examined six types of violence: threats, slapping/hitting/punching, beatings, knife attacks, gun violence, and sexual abuse. The only difference was the addition of "pushing" in the item mentioning slapping, hitting and punching.

For three types of violence (threats, slap/hit/punch, beatings), questions were categorized by the setting in which the violence occurred. The settings included the placement center, the family home, the school, and the neighborhood (out of the premises of children's home where they reside). The remaining items were not specific to the setting where the violence occurred. A four-point Likert scale ranging from "never" (0) to "almost every day" (3) was employed to assess the frequency of each type of violence.

The first part of the Recent Exposure to Violence scale consisted of eight questions per type of violent events experienced as victims and witnesses in the institution, school, neighborhood, and at the family home (for those children who visited their household within the past year). The scale ended with questions about knife attacks or stabbings, about having a gun pointed at the child, shootings, about being shot as a victim, and about witnessing such events. Reliability based on Cronbach's alpha for five factors derived from principal component analysis on the Recent Exposure to Violence items ranged from .67 to .87 (Singer et al., 1995; 1998).

Trauma symptoms were measured using the Trauma Symptom Checklist for Children, alternate version (TSSC-A) (Briere, 1996; Singer et al., 1998), a self-report instrument. The TSSC measured posttraumatic stress and related psychological symptoms for children who

experienced a variety of traumatic experiences from natural disasters, physical and sexual abuse, bullying, and losses, both as victims and as witnesses. The instrument was developed to fill a gap in general trauma assessment instruments in children experiencing unspecified traumatic events (Briere, 1996).

The TSCC was developed to be understandable to children as young as eight years. The standardization sample used to create normative data for this instrument ranged from 8 to 16 years old for both genders, with an age split at 12 years old ("younger" respondents classified as ages 8 to 12 and "older" respondents classified as ages 13 to 16, respectively).

The TSCC has 54 items that yield six clinical scales: anxiety (ANX), depression (DEP), posttraumatic stress (PTS), dissociation (DIS), anger (ANG), and sexual concerns (SC). This study used the alternate version of the TSCC, the TSCC-A, with only 44 items, that was developed due to concerns that some of the items of the SC subscale may disturb children in general educational settings.

The TSCC has a four-point Likert scale with the response categories of "never" (0), "sometimes" (1), "lots of times" (2), and "almost all the time" (3). TSCC-A can be filled by children in less than 20 minutes. Two validity scales used to detect unusual responses are included in the scale, Underresponse (UND) and Hyperresponse (HYP).

Reliability based on Cronbach's alpha for the five scales are .82 for anxiety, .86 for depression, .87 for posttraumatic stress, .83 for dissociation, and .89 for anger (Briere, 1996). These are all acceptable reliabilities.

Results

Response rate

Of the 528 students present in the implementation day in campus, 85% ($n = 448$) were used in this study. Only responses from children who met the inclusion criteria for the analysis were used; the 3 inclusion criteria was as follows. One, participants had to be 8 to 17 years old (TSCC-related criterion). Two, participants had to be residents in the residential centers. Three, students had to have adequate validity scores on TSCC.

Five percent of the participants ($n = 29$) who completed questionnaires were older than 18 at the time of the study. They were excluded from the study. In one of the rural institutions the community school is part of the residential campus so both residents and children from the community were attending the school. During the data collection phase of the survey we were made aware that 6% ($n = 30$) of participants from that particular placement center were students from families living in the village. The data from these students was marked when they returned the survey and not used in this study. Extreme scores on Hyper- and Under-response validity subscales of the TSCC were found for 4% of participants ($n = 19$). They were excluded from the analysis. One student returned a blank questionnaire. One questionnaire was not useable. These exclusions resulted in the final sample of 448 participants whose data were used in this study.

Demographic description of sample

Table 1 summarizes the number of subjects by location of the six institutions. About the same percent were in urban (43.3%) and rural (41.3%) areas. The remaining 15.4% were in semi-urban areas.

Table 1
Locations of sample sites (N = 448)

Location	Number of students	Percent
Urban	194	43.3
Semi-urban	69	15.4
Rural	185	41.3

The mean age for the total sample was 13.29 ($SD = 1.99$) years, with a median of 13 and a mode of 14 years. Forty eight percent of questionnaires were completed by male students ($n = 215$) and 52% ($n = 233$) by female students. The mean age for girls was 13.36 with a $SD = 1.94$, with a median and mode of 14. The mean age for boys was 13.21, $SD = 2.05$, median = 13, and modal score of 12. There was no significant difference between the ages for males and females. The sample was homogenous: Romanians, as an ethnic group, accounted for 97.8% ($N = 438$) of the total sample, while the second largest ethnic group was represented by Gypsy/Rroma ($N = 6$, 1.3%).

Of the 446 students reporting educational level, 25.6% ($n = 11$) were in grades 1 to 4, 69.1% ($n = 308$) were in grades 5 to 8, and the remaining 5.4% ($n = 24$) were in first year vocational school or are in high school. The average grade was 5.90 ($SD = 1.93$); the grade median was 6 and the mode was 7.

Almost equal proportions of children reported having both parents at home (34.5%) and having only one parent at home (37.3%). This included single mothers (23.2%) and single fathers (14.1%). Some children (10.7%) reported having no parents at home but had siblings or grandparents, 7.7% reported having no family, and 9.8% reported they did not know of having any family members. Eight students (1.8%) chose not to report about family composition.

On the question asking how often they visited their family home in the past year, 30.4% of them answered "never", 26.6% visited their families between one and three times in the past year, 22.1% of students visited their family home four to twelve times in the past year, while the remaining 20.9% visited their family homes thirteen times and more in the past year. All 448 students reported the number of visits their family members paid to them while in the institution in the past year. No visits were reported by 35.3% of respondents the past year, while 31.9% of them were visited 1 to 3 times in the past year, 21.0% were visited 4 to 12 times, and the remaining 11.8% were visited 13 times and more in the past year.

An average of six students slept with them in the same bedroom (Mean = 6; Mode = 3; $SD = 3.11$; Min = 0; Max = 19). The number of co-residents per bedroom for institutions located in the urban areas ranged from 4 to 9, while in the semi-urban locations the average number of co-residents was 6 and the residential centers for children in rural areas hosted 5 to 7 co-residents per bedroom.

The average length of stay in the residential center was 6.20 years ($SD = 3.11$; Median = 6; Mode = 3; Min = 0; Max = 17). Only 4.2% of the children experienced a stay of one year or less; 32.9% of children spent two to four years in the institution, 49.2% of the children lived five to nine years in institution, and 14.1% of the children spent 10 or more years in the residential care system.

Victims and witnesses of violence

A high percentage of institutionalized children reported direct and indirect recent exposure to violence. Table 2 presents these data. They answered the question "How often over the past year did anyone in the institution tell you they were going to hurt you?" The next series of

questions replaced “institution” with, respectively, school, neighborhood, and home. Similarly, the four set of questions related to witnessing asked how often *someone else* in each of the three settings were told they were going to be hurt. We recoded the Likert variables into two categories because there were so few cases answering either often or almost every day. The two categories were never compared to sometimes, often and everyday.

By far, the institution, as a location, was reported to be the place where violence happened during the past year. The proportions of children self-reporting direct victimization and witnessing for both genders was almost equal. Over two thirds of all students in the institutions reported at least sometimes being exposed to threats as victims and as witnesses during the past year. Males are significantly more likely to be victims of violence than females, especially in the institutional setting and in the neighborhood. School seems to be equally violent for both genders. Sexual abuse was very highly reported by both genders. Females reported significantly more observations of sexual abuse than males, but both genders reported high incidences with about one third of the children reporting sexual victimization. However, the perpetrator was not assessed in this data.

Table 2

Percentage recoded sometimes or more as yes for male (n = 212) and female students (n = 231) exposed to recent violence (within the past year) as victims and witnesses

Type of violence	Victim		Witness	
	Male	Female	Male	Female
Threatened in institution	68.8	63.9	71.6	69.5
Threatened at school	41.9	43.8	66.5	69.1
Threatened in the neighborhood	46.5*	36.1	53.7	57.1
Slapped/hit/punched/pushed in institution	73.0*	68.2	81.4	82.4
Slapped/hit/pushed at school	46.7	42.9	64.2	70.0
Slapped/hit/pushed in the neighborhood	34.1*	18.0	62.1	63.9
Beaten up in institution	45.1*	37.3	72.6	72.1
Beaten up at school	21.9	18.5	47.4	50.6
Beaten up in the neighborhood	18.2	10.7	55.3	55.8
Knife attack/stabbing	12.1*	6.0	26.5	23.4
Gun pointed at you	3.3*	0.4	7.4*	2.1
Shot at or shot	3.3*	0	4.7	2.6
Sexually abused	31.2	27.0	44.9*	52.8

* p < .05

Over half of all residents in institutions reported threatening, and two thirds of them performed anticipatory and retaliatory hitting in the past year. Beating up was reported by 30% of the sample. About 9% (n = 41) of the sample reported attacks with a knife in the past year at least sometimes, while 4 respondents admitted using knife violence often (see Table 3).

Similar to results presented previously, we recoded the Likert variables into two categories; the two categories were never compared to sometimes, often and everyday. Table 4 presents results of students reporting violent behavior they performed in the past year by location. In general, children in urban areas reported statistically significant higher on threatening, anti-

cipatory hitting, and retaliatory hitting. The least reports were for children in rural areas, and semi-urban areas were in between the two reports.

Table 3
Percentage of students reporting violent behavior they performed in the past year by type of violent behavior

Type of violence performed	Never	Sometimes	Often	Almost every day	Total violent behavior
Threatening	43.9	47.7	6.0	2.5	56.2
Anticipatory hitting	39.2	50.0	8.6	2.3	60.8
Retaliatory hitting	31.2	52.1	13.9	2.7	68.8
Beating up	69.5	24.9	4.3	1.4	30.5
Attacking with knife	89.9	9.2	0.9	0	10.1

Table 4
Percentage of type of violent behavior performed in the past year by location

Type of violence performed	Never			Sometimes to Almost every day		
	U	SU	R	U	SU	R
Threatening*	34.0	41.2	55.1	66.0*	58.8	46.3
Anticipatory hitting*	27.6	41.2	50.5	72.4*	58.8	49.5
Retaliatory hitting*	23.2	33.8	38.8	76.8*	66.2	61.2
Beating up	67.4	63.2	74.1	32.6	36.8	25.9
Attacking with knife	89.2	85.3	92.4	10.8	14.7	7.6

*p < .05

U = urban; SU = semi-urban; R = rural

Table 5 presents results by gender. Female scores were statistically significant lower on threatening, beating up and attacking with a knife.

Table 5
Percentage of type of violent behavior performed in the past year by gender

Type of violence performed	Never		Sometimes to Almost every day	
	M	F	M	F
Threatening	40.2	47.2	59.8	52.8
Anticipatory hitting	39.4	39.0	60.6	61.0
Retaliatory hitting	33.8	28.9	66.2	71.1
Beating up*	61.5	76.8	38.5*	23.2
Attacking with knife*	82.7	96.6	17.3*	3.4

* $p < .05$ In general, the data suggest that this group of children were both exposed to violence and engage in violent behavior. The next series of analysis examines the relationship between trauma and violence exposure.

Trauma associated with exposure to violence

Table 6 presents descriptive analysis of "critical items" from the TSC by gender. Almost 13% of the males reported "wanting to kill myself" sometimes or more. Males reported 17.2% of the time "Wanting to hurt myself" and 26.3% "wanting to hurt other people" sometimes or more. Slightly over half (50.7%) of the boys reported "feeling scared of men" sometimes or more, and 78.9% reported getting into fights sometimes or more. Twenty two percent of the females reported "wanting to kill myself" sometimes or more. Females reported 27.7% of the time "Wanting to hurt myself" and 25.13% "wanting to hurt other people" sometimes or more. Almost 80% (79.6) of the girls reported "feeling scared of men" sometimes or more, and 84% reported getting into fights sometimes or more.

Table 6

Percentages of males (n = 209) and females (n = 231) reporting on TSC-C critical items symptoms

TSC-C critical items	Never		Sometimes		Often		Almost every day		Total	
	M	F	M	F	M	F	M	F	M	F
Wanting to hurt myself	82.8	72.3	14.8	21.7	1.9	4.8	0.5	1.3	17.2	27.7
Wanting to hurt other people	73.7	74.9	21.5	20.8	3.4	3.0	1.4	1.3	26.3	25.1
Feeling scared of men	49.3	20.4	40.7	42.0	7.2	17.8	2.9	19.9	50.7	79.7
Feeling scared of women	82.3	68.0	14.8	27.7	2.9	3.5	0	0.9	17.7	32.0
Getting into fights	21.1	16.0	62.7	61.5	12.0	14.7	4.3	7.8	79.0	84.0
Feeling afraid somebody will kill me	65.6	55.4	24.9	24.0	7.2	11.0	2.4	10.0	34.5	44.6
Wanting to kill myself	87.1	77.9	10.1	16.9	0.5	3.5	2.4	1.7	12.9	22.1

M = male; F = female

Table 7

Bivariate relationship between Exposure to Violence and each of the TSCC subscales

TSCC Subscales (N = 440)	M	SD	Pearson r
Depression	7.10	4.09	.45*
Anxiety	8.02	4.77	.43*
PTS	9.78	5.22	.44*
Anger	7.45	4.21	.41*
Dissociation	7.93	4.42	.44*

* $p < .05$ (two-tailed) Additional analysis examined whether a significantly higher percentage of children who reported higher levels of lifetime exposure to violence scored in the clinical range for trauma symptoms compared with the percentage of children who experienced lower rates of exposure. For this purpose, clinical cut-off scores for each trauma subscale were computed using two criteria. Briere (1996) used 1.5 standard deviations from the mean as a clinical cut off, while Singer and colleagues (1995; 1998) used a more conservative threshold of two standard deviations from the mean. For this analysis, the participants who scored under the 25th percentile were called "the low exposure" group and the participants with lifetime exposure scores over the 75th percentile were called "the high exposure" group. The data are presented in Table 8.

Table 8

Percentage of girls and boys with clinical scores (1.5 SD) on TSCC-A subscales by low and high exposure to violence

TSC-C SUBSCALE	F (N = 122)		M (N = 117)	
	Low exposure	High exposure	Low exposure	High exposure
Depression	.8	12.3*	0	6.0*
Anxiety	0	13.1*	2.6	7.7*
Posttraumatic stress	1.6	9.0*	1.7	4.3*
Anger	1.6	11.5*	.9	7.7*
Dissociation	1.6	9.8*	.9	6.8*
One or more subscales in clinical range	3.3	21.3*	4.2	16.0*

* $p < .05$

M = male; F = female

The relationship between lifetime exposure to violence and each of the TSCC subscales was examined using correlation analysis (Pearson r). Lifetime exposure to violence was moderately correlated to the Depression, Anxiety, Posttraumatic stress, Anger, and Dissociation subscales (see Table 7).

All Chi-squared analyses among the "low exposed" versus "high exposed" participants with trauma symptoms were statistically significantly different ($p < .05$). Both females and males with high exposure to violence had higher scores on every subscale than females and males with low exposure to violence.

Discussion

This is the first and the largest dataset on exposure to violence and psychological correlates for children in Romanian residential institutions. The design of this study took into consideration contextual factors affecting children. It describes neighborhood violence, living setting (institution), type of community (rural/urban), and multiple experiences of violence (chronologically, on the time axis past-recent exposure to violence, and types of violence exposure from verbal violence/threats to suffering from sexual abuse or knife/gun violence). Results suggest that many children are exposed to violence in the institutions. Sexual abuse is highly reported by both males and females living in residential settings. High exposure to violence is highly associated with trauma.

The findings suggest that the most-at risk children, that is children not living with a family, are exposed to various types of violence. The State, which has custody of and responsibility for these children, must do a better job monitoring the children in the system. Any trauma a child may experience by being separated from his or her family will be compounded if they are then placed in setting where they are exposed to more trauma through violence.

The results suggest the revision of practices and policies in the child protection field. Helping professionals such as social workers, psychologists and educators/caregivers who work in this system must have training on both how to prevent violence in the lives of children and how to work with children exposed to violence. Understanding the etiology and consequences of violence within a trauma framework may better prepare human service professionals to assess,

care for and treat violence exposed and violence perpetrating children. Assessment of violence exposure should become part of the routine evaluation of children leaving institutional care.

Residential institutions have not been "safe havens" for the abandoned children of Romania. If a country is going to rely on a system of institutional compared to family-based care, institutions need to have quality standards and must be monitored and evaluated in their performance of standards. The Directors and staff must be held responsible for providing quality care that minimizes a child's exposure to violence. In countries that still have an institutional-based system of child welfare, more efforts must be made to reduce the multiple risks that institutionalization poses to children. Those efforts include minimizing the risk of being a witness, victim or perpetrator of violence.

As Romania tries to modernize the system of child welfare, more children will be placed in either foster families, adoptive families, or returned to their biological families. These families need to be prepared to manage the challenging behaviors and the emotional difficulties that children may have as a result of the violence they have experienced or the symptoms of trauma they are reporting. This is a daunting task. The biological families often have many psychosocial difficulties that resulted in children entering the child welfare system. After years of not parenting, additional demands are placed on families to parent in general but also to parent a child who has difficulties due to violence exposure, witnessing violence or perpetrating violence. Also, many of the foster and adoptive families are not well prepared before placement for the special needs children with a violence history may present to the family system. The policy implication is that all families must be prepared for the difficulties they might encounter and the service system must develop social services that would support families who are dealing with these children.

This study is a benchmark with respect to level of violence exposure in a group of institutionalized children at a time of major child protection reform in Romania. Most of these children and adolescents are moving out of residential care into alternative systems of care and it is of a future interest to follow-up and evaluate how these cohorts will cope with their lives and living in other settings such as family-type residential care, foster care, and autonomous living after 18 years old. The high level of violence exposure in the institution supports continued efforts to move away from a system of institutional care for children.

While an important contribution, there are some limits. No causal inferences can be drawn from the results of the study due to the cross-sectional design. In addition, caution needs to be exercised due to the characteristics of the special population from which the sample was created. Only a single method was used to gather data and the study relied solely on child self-report. These are additional limitations. Even with these limitations, we believe this article makes a significant contribution to the field of consequences of violence exposure in children by documenting the similarity across nations. In addition, the descriptive data we have provided about violence exposure should prompt concern in any country that continues to rely on group care for children already at-risk because of family and personal circumstances.

References

- ATLAS, J., & HIOTT, J. (1994). Dissociative experience in a group of adolescents with history of abuse. *Perceptual and Motor Skills*, 78, 121-122.
- BELSKY, J. & STRATTON, P. (2002). An ecological analysis of the etiology of child maltreatment. In K. Browne, H. Hanks, P. Stratton, & Catherine Hamilton (Eds.). *Early prediction and prevention of child abuse. A handbook* (pp. 95-110). New York, NY: John Wiley & Sons.
- BRIERE, J. (1996). *Trauma symptom checklist for children. Professional manual*. Odessa, FL: Psychological Assessment Resources.
- BRONFENBRENNER, U. (1977). Toward an experimental ecology of human development. *American Psychologist*, 32, 513-531.

- Childhood Policies Project. (1995). Children living in residential care. Report on the Seminar held in Bucharest on 28 February-2 March, 1995. Document: CDPS CP WGIII (95) 5. Strasbourg, France: Council of Europe.
- COWEN, E. L. (2000). Psychological wellness: Some hopes for the future. In D. Cicchetti, J. Rappaport, I. Sandler, & R. P. Weissberg (Eds.). *The promotion of wellness in children and adolescents* (pp. 477-503). Washington, D.C.: CWLA.
- Defense for Children International and International Social Service. (1991). *Romania: The adoption of Romanian children by foreigners*. Report of a Group of Experts on the implementation of the Convention on the Rights of the Child regarding inter-country adoption. Geneva: Defense for Children International and International Social Service.
- FITZPATRICK, K.M. (1993). Exposure to violence and presence of depression among low-income, African-American youth. *Journal of consulting and clinical psychology*, 61 (3), 528-531.
- GROZA, V., ILEANA, D. & IRWIN, I. (1999). *A Peacock or a Crow*. South Euclid, OH: Willes e-press.
- JOHNSON, A., EDWARDS, R., & PUWAK, H. (1993). Foster care and adoption policy in Romania: Suggestions for international intervention. *Child Welfare*, 72, 489-506.
- LORION, R.P., & SALTZMAN, W. (1993). Children's exposure to community violence: Following a path from concern to research to action. *Psychiatry*, 56, 55-65.
- MARTINEZ, P. & RICHTERS, J. (1993). The NIMH community violence project: II. Children's distress symptoms associated with violence exposure. *Psychiatry*, 56, 23-35.
- PYNOOS, R., & ETH, S. (1985). Children traumatized by witnessing acts of personal violence. In S. Eth & R. Pynoos (Eds.), *Post-traumatic stress disorder in children* (17-44). Washington D.C.: American Psychiatric Press, Inc.
- RICHTERS, J. & MARTINEZ, K. (1993). The NIMH community violence project: I. Children as victims of and witness to violence. *Psychiatry*, 56, 7-21.
- RIVERIA, B., & WINDOM, C. (1990). Childhood victimization and violent offending. *Violence and Victims*, 5, 19-35.
- SINGER, M.I., MILLER, D., GUO, S., et al. (1998). *The mental health consequences of children's exposure to violence*. Final Report. March 1998. Cleveland, OH: Cuyahoga County Community Mental Health Research Institute and Mandel School of Applied Social Sciences.
- SINGER, M.I., ANGLIN, T.M., SONG, L.Y. & LUNGHOFFER, L. (1995). Adolescents' exposure to violence and associated symptoms of psychological trauma. *Journal of the American Medical Association*, 273 (6) 477-482.
- SINGER, M.I., MILLER, D., GUO, S., FLANNERY, D., FRIERSON, T. & SLOVAK, K. (1999). Contributors to violent behavior among elementary and middle school children. *Pediatrics*, 104 (4), 878-884.
- STEPHENSON, P., ANGHELESCU, C., STATIVA, E. & PASTI, S. (1997). *Cauzele institutionalizarii copiilor din Romania*. (The causes of children institutionalization in Romania). Bucharest: UNICEF and International Foundation for Children and Families.
- The Children's Health Care Collaborative Study Group. (1994). The causes of children's institutionalization in Romania. *Child care, Health and Development*, 20, 77-88.

Authors notes

Ovidiu Gavrilovici, Ph.D.

Lecturer

Department of Medical Psychology

str. Toma Cozma nr. 3

Universitatea Alexandru Ioan Cuza

Iasi, Romania 700554

++ 4(0745) 55 48 59 (phone)

++ 4(232) 20 16 61 (fax)
gavrilov@uaic.ro

Victor Groza, Ph.D.

Professor

Mandel School of Applied Social Sciences

10900 Euclid Avenue

Case Western Reserve University

Cleveland, Ohio 44106-7164

216.368.6682 (phone)

216.368.8670 (fax)

victor.groza@case.edu