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

- 2000 -

Chapter I

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

1.1. Legal Grounds for Institutionalization

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

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

Depending on the type of protection measure, these authorities may be the Committee for Child Protection (CCP) and the County Directorate for the Protection of the Rights of the Child (CDPRC) for children in difficulty, and the Committee for Medical Investigation (CMI) for children with disabilities.

Protection measures usually address either children in difficulty or children with severe disabilities. In case of children suffering from both problems in association, protection measures shall be taken jointly by the CCP and the CMI.

A child is said to be in difficulty in case his or her physical or moral development and integrity are at risk.

The law provides the following measures of protection for children in difficulty: *placement, entrustment and emergency placement*.

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

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

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

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

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

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

Figure 1.1.1. illustrates a breakdown in percentage points of institutionalized children by the type of protection measure taken according to the law.

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

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

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

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

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

Figure 1.1.1
All children

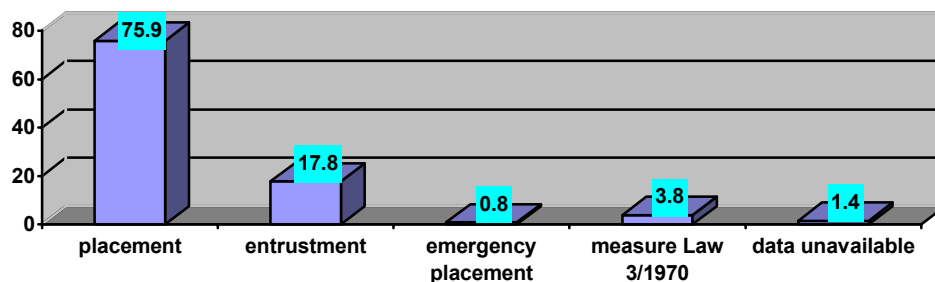


Figure 1.1.2
Children in placement centers

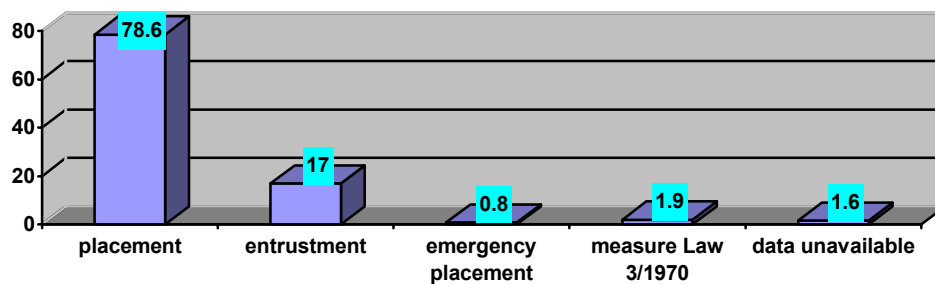
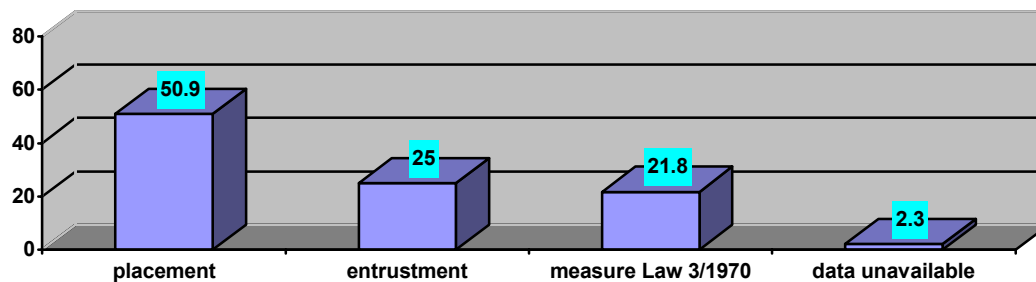


Figure 1.1.3
Children in *camine spital*



1.2. The Legal Representation of Parental Rights

The law also defines the children's legal representative for the duration of the protection measure.

Hence:

▣ In case of placement, the children's legal representative shall always be at least one of the parents. The parents maintain all their rights in respect of the children, except those that are incompatible with the implementation of that measure (i.e. the rights concerning access to the children's person in everyday acts, since the children are in residential care). Consequently, parents have the right to maintain a permanent unmediated contact with their children during the entire duration of the placement;

▣ In case of entrustment, parental rights and duties shall be exercised by the County Council or by the Bucharest District Council, as the case may be, by the mediation of CCP. The said authorities exercise the rights that regularly belong to parents – that is: the right to conclude legal documents on behalf of the child or to consent to the conclusion of such acts, the right to change the child's religious or school education. When a child is entrusted to a residential institution subordinated to the CDPRC, this service shall also take over all the parental rights and duties related to that child;

▣ In case of emergency placement, parental rights shall be suspended until a solution is found for the case, that is until the children return to their families, or they are placed in entrustment. During emergency placement, parental rights shall be exercised by the same authorities as those mentioned under entrustment.

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

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

The prevalence of children whose parents exercise their parental rights is higher in placement centers (77.8%) than in *camine spital* (60.4%) (**Figures 1.2.2.** and **1.2.3**).

Breakdown (in %) of institutionalized children by the legal representation of parental rights
- ABSUR 2000 -

Figure 1.2.1
All children

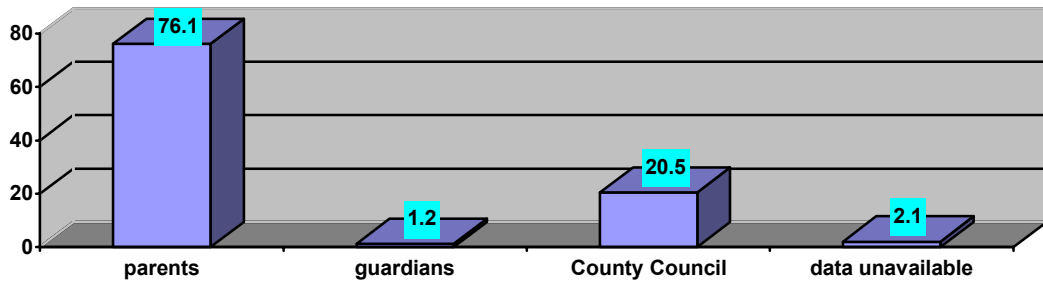


Figure 1.2.2
Children in placement centers

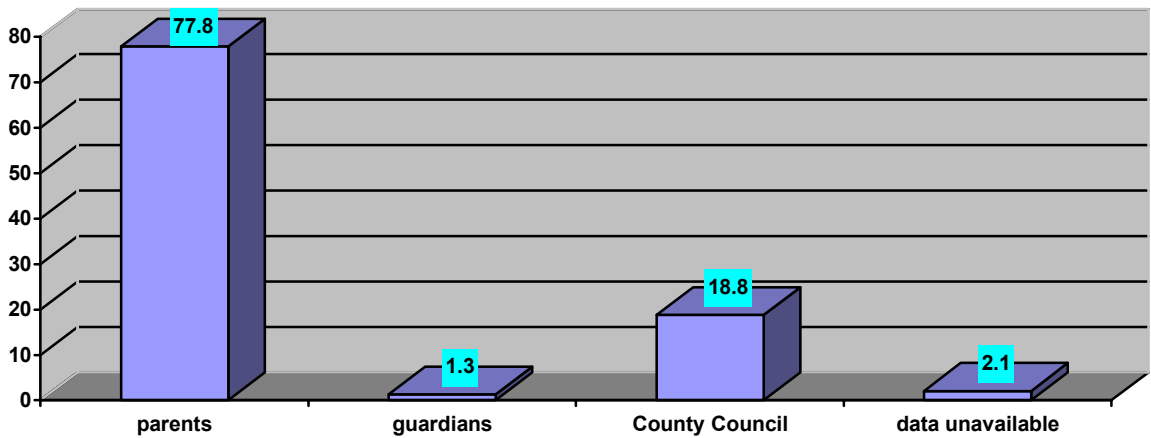
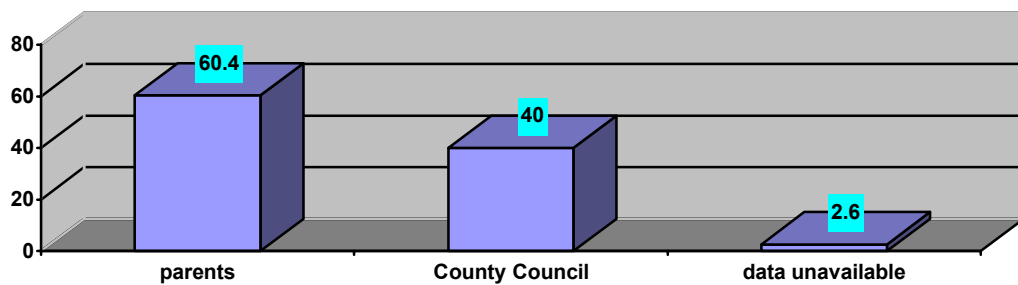


Figure 1.2.3
Children in *camine spital*



1.3. Breakdown of Children by Types of Institutions

From a formal perspective, following the implementation of the new legal framework, residential care institutions should no longer be organized according to the age criterion. However, in the vast majority of placement centers, the prevailing structure is still age-based, continuing the age structure promoted by the former *leagan* (nursery), *casa de copii prescolari* (house for preschool children) and *casa de copii scolari* (house for school-aged children).

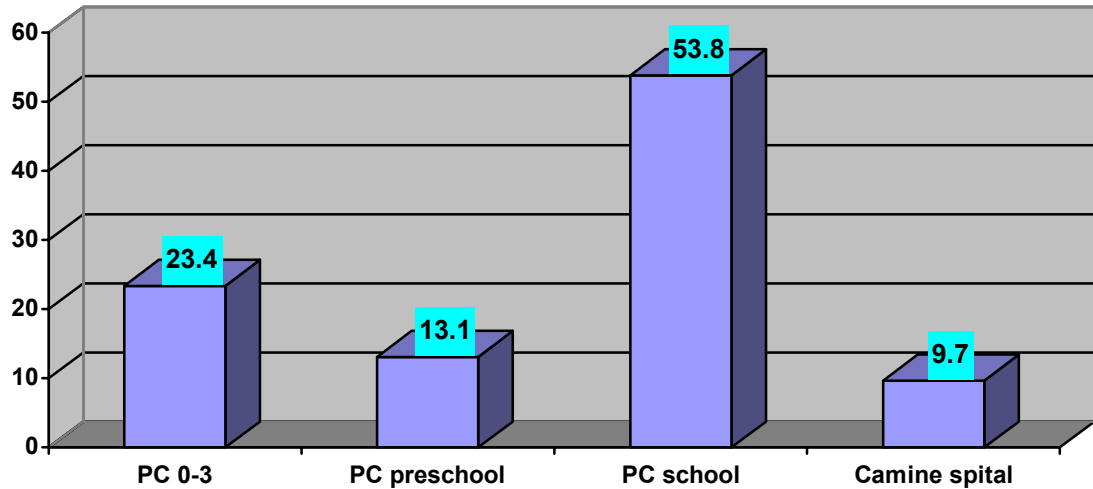
Table 1.3.1
Breakdown (in %) of children by age groups and types of institutions
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Age		Type of Institution			
		PC 0-3	PC preschool	PC school	<i>Camin spital</i>
group	under 1				
	1-3	65.5%	3.9%	1.1%	0.6%
	4-7	16.8%	42.8%	10.5%	14.6%
	8-15	2.3%	42.8%	67.0%	67.9%
	over 15	0.0%	9.7%	21.3%	16.6%
Total		739	414	1703	308
		100.0	100.0	100.0	100.0

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

Figure 1.3.2 shows a breakdown of institutionalized children by the types defined above. We have found that more than half of the children, 53.8%, are in placement centers for school-aged children, while 23.4% are in placement centers for infants between 0-3 years, 13.1% are in placement centers for preschool children, and 9.7% are in *camine spital*.

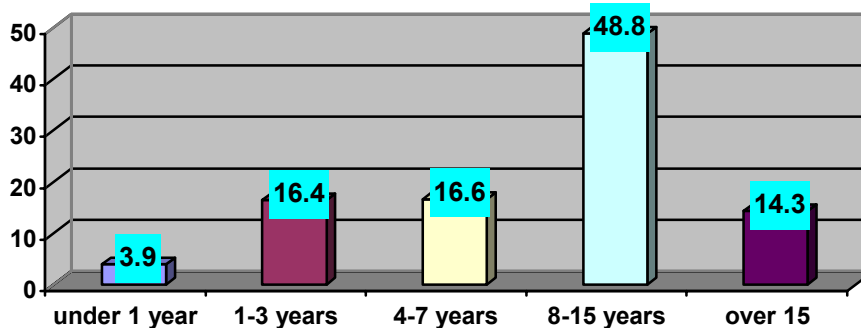
Figure 1.3.2
Breakdown (in %) of institutionalized children by types of institutions
 - ABSUR 2000 -



1.4. The Age of Institutionalized Children

Being aware of the breakdown of institutionalized children by age groups is important for an evaluation of the progress made in the domain of child protection, considering that, after Law no. 3/1970 was passed, Romania “did excellent” in institutionalizing infants under the age of 1 or under the age of 3, out of ignorance and indifference, not caring about how destructive it was for the children to be deprived of their mothers.

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

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

A comparison of these figures with similar data for 1996, taken from the survey on the “Causes for the Institutionalization of Children in Romania”, reveals that things have not changed from this perspective.

School-aged children, that is the 8-15 and the over 15 age groups, account for 63% of the total number of children in residential care, which represents a slight decrease as compared to previous years (we have used data from the same study for comparison).

1.5. The Place the Child Comes From

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

Figure 1.5.1
Breakdown (in %) of institutionalized children by the place they come from
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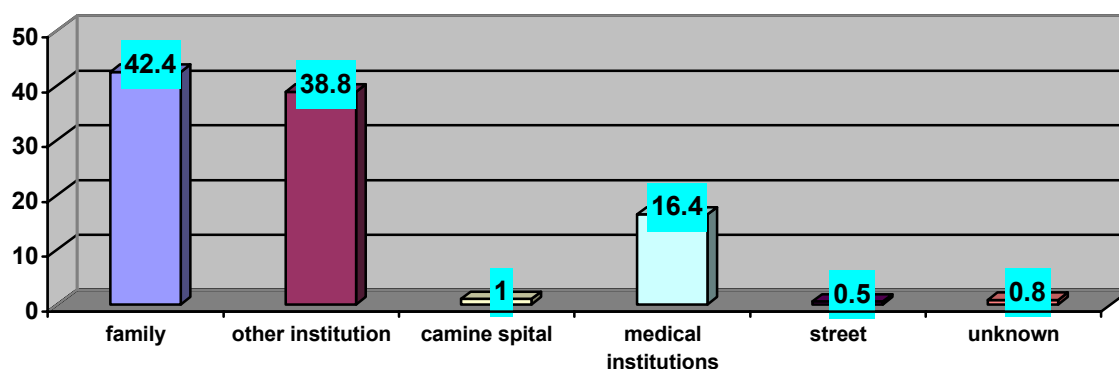


Table 1.5.2 shows the sources of referral or the places where the institutionalized children have come from by types of institutions.

Table 1.5.2
Breakdown (in %) of institutionalized children by the place they come from
by type of institution
 - ABSUR 2000 -

Child	From family	Type of institution			
		PC 0-3	PC preschool	PC school	Camin spital
came	From other institutions	5.8%	47.6%	45.7%	67.9%
	From camine spital	1.4%	1.4%	0.1%	5.2%
	From medical institutions	63.6%	4.3%	1.3%	2.6%
	From the street	0.8%	1.2%	0.3%	0.3%
	Other	0.5%	0.2%	0.0%	0.0%
	Unknown	0.5%	1.0%	0.6%	0.1%
Total		739	414	1703	308
		100.0	100.0	100.0	100.0

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

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

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

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

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

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

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

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

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

1.6. Breakdown of Institutionalized Children by Gender

In all residential care institutions, the percentage of boys is higher than that of girls (**Figure 1.6.1. and Table 1.6.2**).

This conclusion has also resulted from other surveys conducted among institutionalized children. A possible explanation would be that there is an excessive morbidity of male infants in the 0-3 age group, as the children's health status continues to be a reason for institutionalization in Romania. The difference between the two genders is around 10 per cent, and it is the same across all types of institutions.

Figure 1.6.1
Breakdown (in %) of institutionalized children by gender
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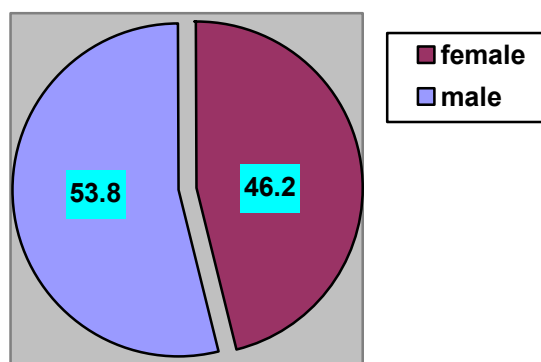


Table 1.6.2
Breakdown (in %) of institutionalized children by gender and type of institution
- ABSUR 2000 -

		Type of institution			
		PC 0-3	PC preschool	PC school	Camin spital
Gender of child	male	53.5%	55.6%	53.6%	52.9%
	female	46.5%	44.4%	46.4%	47.1%
Total		739 100%	414 100%	1703 100%	308 100%

1.7. The Child's Area of Origin

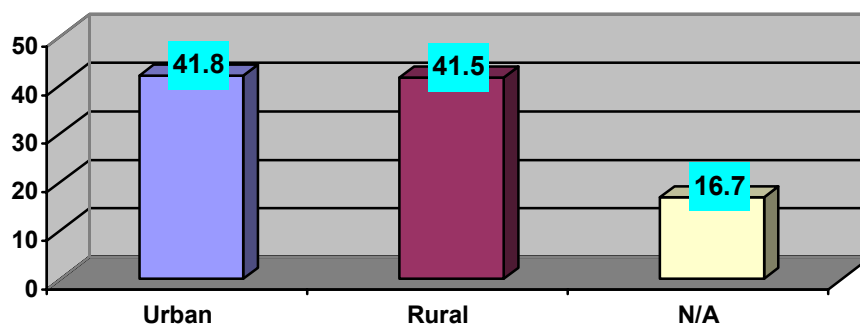
In order to determine the area of origin of the child's family (urban or rural), we have only used the mother's domicile as an indication, because this was the information that was most frequently available in the documents.

Figure 1.7.1 demonstrates that the families of institutionalized children are distributed equally in both the urban and the rural area, which means that the phenomenon was generalized, and led to the institutionalization of children both from urban and rural areas.

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

The mother's domicile could not be identified for 16.7% of the children, since no information was available to that effect.

Figure 1.7.1
Breakdown (in %) of institutionalized children
by area of origin (mother's domicile)
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Note: children whose parents are unknown have not been included in the survey

1.8. Breakdown of Institutionalized Children by Location of Institutions

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

The distribution of the child to an institution located in the urban or rural area is also made in the same conditions of arbitrariness.

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

Figure 1.8.1. shows that one third of the children are in residential institutions located in the rural area. Statistical data available indicate that there are no residential institutions for infants in the 0-3 age group (former *leagane*) in the rural area, but there are numerous institutions for school-aged children and children with special needs (former special boarding schools and *camine spital*).

Children who are in residential institutions in the rural area are affected by the unavailability of quality care / education / schooling, because of the poor qualification level of the staff and their isolation from the family (difficult access to rural areas).

◆ *To illustrate this, let us mention that the managers of camine spital in villages or small towns have complained that they had to make huge efforts to obtain the material conditions required for rehabilitation, but unfortunately they have not also managed to attract (permanent) qualified staff who could adequately look after the children.*

Figure 1.8.1
Breakdown (in %) of institutionalized children by location of institutions
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