

Victimization of child residents in Polish care institution

Research report



Nobody's Children Foundation
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Przyjaciółka Foundation, Oriflame for Children Dzieciom Foundation and World Childhood Foundation

I. Research

1. Research problem

For many years child abuse was a covert problem in Poland. It was absent both in the media and in training programs for physicians, psychologists and pedagogues. No social policies or community-based preventive programs were developed and implemented to reduce this problem.

Moreover, child sexual abuse is in itself an extremely difficult problem for the persons involved, especially when the abuser is a family member. Reluctance to disclose the problem is usually related to the feeling of shame and to the fears of social condemnation, rejection by closest relatives, or family breakdown.

Children who are denied proper care, neglected or left to themselves are especially vulnerable to sexual abuse. Emotional neglect by the closest family may make the child seek emotional bonds with other adults. Consequently, such children are more likely to be victimized by pedophiles. Moreover, lack of intimate relationships and neglect by the child's family members significantly decrease the likelihood of disclosing the abuse by the child or noticing its symptoms by the family.

The typical characteristics of families of children living in residential care institutions (such as the parents' alcohol abuse, family pathologies, neglect, etc.) suggest that, compared to the general population, such children may be significantly more likely to have had sexual experiences with adults. Additional risk of sexual abuse stems directly from the fact of living in a residential care institution. Such institutions' "unofficial life" is typically focused on establishing and maintaining the hierarchy of power and status among the children, and within this process children may be raped, forced to sexual contact, etc. by older and stronger residents.

Sexual abuse is one of several forms of victimization, which may be suffered by children. The experiences of various forms of physical and emotional abuse by adults and peers may be especially frequent in this category of children. On the one hand, it is related to their family situation: In many cases the child's institutionalization is a consequence of abuse and neglect by the closest family. On the other hand, children residing in institutions may be more vulnerable to violence and abuse than their peers growing up in families. This may result from their low status in the peer group, from stigmatization (Sajkowska, 1999), and from the absence of supportive, intimate relationships with adults.

The victimization – including sexual abuse – of institutionalized children has never been systematically studied or diagnosed in Poland. The research findings presented in this

report have helped us define the incidence of the traumatic experiences of children residing in Polish institutions and the scope of assistance available to them in such difficult situations.

2. Research objectives & research questions

The main objectives of this research included (1) investigating forms of sexual abuse (and other victimizations) experienced by institutionalized children; and (2) exploring the children's attitudes related to the assessed victimization experiences.

Other important goals were (3) to evaluate the institutional staff's knowledge about victimization experiences among the children under their care and (4) to assess the staff's competence in diagnosing symptoms of sexual abuse and undertaking adequate intervention in such cases.

The research sought answers to the following questions:

1. Did the child/adolescent participants (residents in the institution) experience victimization and sexual abuse in the last year? If yes, what forms did they experience?
2. Did the child respondents experience sexual abuse by adults in their childhood, before the age of 15? If yes, what forms did they experience?
3. How old was the child when the abuse occurred?
4. Who was the abuser?
5. Was the abuse disclosed/reported?
6. How do the child respondents estimate the incidence of child victimization and sexual abuse?
7. What forms of sexual behavior between an adult and a child (a person under 15) and among adolescents do the child respondents regard as sexual abuse?
8. What is the children's assessment of support available to them in case of victimization?
9. How do the staff estimate the incidence of child victimization and sexual abuse in their institution?
10. What forms of sexual behavior between an adult and a child (a person under 15) and among adolescents do the staff regard as sexual abuse?
11. Do the staff have knowledge about natural (healthy) signs of children's sexuality and can they differentiate such signs from symptoms of sexual abuse?
12. Are the staff familiar with intervention procedures in cases of sexual abuse?
13. What is the staff's experience in diagnosis and intervention in cases of child sexual abuse in the institution?

3. Research methodology

The experiences of victimization, including sexual abuse, are a sensitive research problem. In the presented research this sensitivity was related to the disclosure of children and young people's experiences, as well as to their caregivers' responses and their ability to cope with a situation when their child or a child under their care experienced victimization, including sexual abuse.

The thorniness of the problem was taken into account both in the selection of research techniques and in the development of research tools. In order to ensure maximum confidentiality, an anonymous questionnaire was used as the research tool.

Three research techniques were applied in the study:

- Computer Aided Personal Interview (CAPI) – a computer-administered questionnaire addressed to adolescents aged 15–18 residing in care institutions;
- Self-administered questionnaire addressed to institutional staff;
- Analysis of institutional files concerning the disclosed cases of sexually abused children.

3.1. The survey of children

Children residing in institutions were surveyed using the Computer Aided Personal Interview (CAPI). Applied in quantitative research, this technique involves interviewing respondents using notebooks, rather than traditional paper-pencil questionnaires.

This technique was selected for several reasons:

1. It ensures maximum anonymity of responses, which was particularly important because of the thorniness of the questions.
2. It increases the chances that the respondents will treat the survey seriously. It is widely known that this effect is difficult to achieve when studying adolescents with group-administered questionnaires. The challenging respondent group (adolescents residing in institutions) and the sensitive subject of the survey made us focus on the problem of serious treatment of the study, and – consequently – the credibility of responses.
3. It enhances the participants' motivation through making the study more attractive. Young people find working with a computer more interesting than completing a traditional paper-pencil questionnaire. For children living in residential care institutions, who are very unlikely to have their own PC, this situation could have been even more attractive than it is in general. Furthermore, as followed from the pilot study, which was conducted using the technique of group-administered questionnaire, in the initial phase of the survey the respondents were demotivated by

the large volume of the paper questionnaire. It was an illusory burden as the questionnaire was not time-consuming, yet it had a discouraging effect on the respondents. With the electronic version, the participants were unable to assess the length of the questionnaire.

4. The computer-administered form of the questionnaire helps the respondents focus on each question separately (as questions are displayed one at a time) and precludes any changes in the order of reading and responding to questions.
5. The CAPI technique ensures better control of the quality of the interview as potential errors are immediately detected by the computer.

The questionnaire consisted of 45 questions, most of them close-end. The questionnaire was preceded by an introduction, informing the respondents about the nature of the survey and the selection criteria. The participants were also ensured that their responses would be entirely confidential.

The questions concerned situations in which the respondents could have experienced various forms of victimization by others – both peers and adults. To make the questions easier to understand and to activate the recall of situations interesting for the researchers, each question was preceded by a short, one- or two-sentence story. Each story described a different situation experienced by a child bearing a popular name. These situations exemplified the forms of victimization to be diagnosed. The questions concerned traumatic experiences in the last year. The only exception was sexual abuse, which was the main focus of the researchers' attention and which is legally banned in Poland only up to the age of 15. In this case the respondents were additionally asked about all situations of sexual abuse – as illustrated in the questionnaire – that they experienced before the age of 15.

In order to minimize the feeling of insecurity and to encourage frank responses, direct questions concerning the participant's experiences were preceded by questions about abusive situations experienced by their familiar peers. This technique not only reduced the tension related to answering questions about the participant's personal experiences, but also provided information on the perceived scale (incidence) of each problem.

The following pattern of questions was applied to diagnose 16 selected forms of victimization.

D. Luke was assaulted by a man who threatened him with a knife.
I. In the last year , did any of your friends or familiar peers get hit or attacked with an object or weapon, such as a stick, a gun, a knife, etc.? <ol style="list-style-type: none">1. I don't know anyone who was in such a situation2. I know one such person3. I know a few such persons4. I know many such persons

II. In the last year, did you get hit or attacked with an object or weapon?

1. Nothing like this happened to me
2. It happened to me once
3. It happened to me a few times
4. It happened to me many times

3.2. The survey of institutional staff

The survey of institutional staff was conducted using a self-administered questionnaire. The questionnaire consisted of 26 blocks of questions, most of them close-ended. In order to be able to compare the knowledge of institutional staff with the responses of the adolescent participants, the questionnaire for the staff was similar in form to the questionnaire for children. The questions concerning the scale of victimization in each institution were preceded – similarly to the questionnaire for children – with a short story. When the employees reported that they knew of instances of a certain type of victimization among residents in their institution, they were asked about intervention procedures applied in each such case. The following example illustrates the structure of the blocks of questions:

C. Joanna's girlfriends took her jacket and cut it with a razor.

I. In the last year, did any of the children residing in the institution have any of their personal things broken or ruined on purpose?

(please indicate the selected answer or answers; note that responses 2 and 3 do not exclude each other)

1. It didn't happen to anyone → **go to D**
2. I know for sure that it happened to children (including residents aged 15-18).
3. I suspect it may have happened to ... children (including residents aged 15-18).
4. It's difficult to say → **go to D**

II. When such situation(s) occurred, was any intervention undertaken?

1. Yes
2. Sometimes yes, sometimes no
3. No
1. It's difficult to say

III. Who undertook the intervention?

IV. What intervention measures were taken?

We addressed the invitation to participate in the study to those employees of residential care institutions, who know the situation of all the child residents. This group

included psychologists, pedagogic counselors, social workers, directors/managers and some custodians. Most of the custodial staff did not qualify for the study, because – as the pilot study had shown – their knowledge was usually limited to the group directly under their care, with no information concerning other children residing in the institution.

4. The sample

This was a nationwide study. The sample of participating institutions was selected by stratified random sampling, proportionally to the number of institutions in each province. The sampling base was derived from the list of residential care institutions compiled by the Ministry of Social Policy. For each province we calculated a proportional number of institutions to be included in the sample (see Table 1). Three provinces – Lower Silesia, Mazovia, and Silesia – have the highest numbers of residential care institutions for children, so they had the most numerous representations in the research sample. The lowest numbers of institutions in the sample – consistent with the above sampling method – represented another three provinces: Lubuskie, Podlaskie, and Świętokrzyskie. Notably, the study was conducted in the period of organizational transformation of the residential care sector. Many large institutions have been recently closed down and replaced by smaller family-based homes. All these transformations have modified (and are still modifying) the number of institutions, however no significant changes have been observed in the inter-province proportion of institutions and the overall number of child residents.

Table 1. The sample of institutions, N=39

No.	Province	Number of institutions (n)	Proportion n/N	No. of institutions in the sample
1	Dolnośląskie (Lower Silesia)	36	0.11	4
2	Kujawsko-pomorskie	20	0.06	2
3	Lubelskie	16	0.05	2
4	Lubuskie	8	0.02	1
5	Łódzkie	23	0.07	3
6	Małopolskie	28	0.08	3
7	Mazowieckie (Mazovia)	36	0.11	4
8	Opolskie	15	0.05	2
9	Podkarpackie	21	0.06	3
10	Podlaskie	9	0.03	1
11	Pomorskie	15	0.05	2
12	Śląskie (Silesia)	36	0.11	4

13	Świętokrzyskie	8	0.02	1
14	Warmińsko-mazurskie	18	0.05	2
15	Wielkopolskie	24	0.07	3
16	Zachodniopomorskie	19	0.06	2
	Total (N)	332	1.00	39

There were two groups of respondents in the study: children (adolescents) residing in institutions and institutional staff.

The first group consisted of residents aged 15–18. The study was conducted among all children in this age group, who resided in the selected institutions (at the time of the survey) and agreed to participate. This age group was selected for two reasons: the difficulty of the research tool (especially the concern that younger children may have problems with reading and understanding the questionnaire), and the fact that in the Polish criminal law any sexual contact with a child under 15 – regardless of the child’s consent – is considered an offence and penalized. Thus by studying respondents over 15, we could assess all their experiences, which were criminal offences according to the legal definition of sexual abuse. The study was conducted among 495 adolescents residing in institutions.

The employees of residential care institutions, who were asked to complete the questionnaire, had professional contact with all the children residing in the institution and thus were likely to have knowledge about all the residents. This group included professionals such as: psychologists, pedagogic counselors, social workers, and directors or deputy directors. Occasionally – in smaller institutions – the questionnaire was also filled by the custodial staff, because in case of small numbers of residents the custodians also had comprehensive knowledge about all the children in the institution. Ultimately 179 employees of residential care institutions participated in the study.

5. The conduct of the study

Upon constructing the research tool, a pilot study was conducted in June 2004 in two institutions: one located in a big city (Warszawa), and the other one – in a small town (Płońsk). The survey was conducted using the group-administered questionnaire technique: 33 children were asked to provide answers to the items in the questionnaire (group-administered, in the traditional paper-pencil form), and to make comments on the questionnaire (to evaluate the difficulty of the questions, to indicate questions they found incomprehensible, to reflect on the thorniness of the questions, etc.). Based on the information provided by the respondents, slight modifications were introduced in the questionnaire and the decision was made to use the CAPI technique in the main study.

Upon the completion of the sampling procedure, we began to contact the selected institutions. All of them were sent a letter describing the study and the research methodology, as well as requesting their consent to conduct the survey in the institution. Attachments to the letter included the questionnaire for children and the documentation analysis form to be reviewed by the person who would make the decision on whether the institution would participate in the study or not. Furthermore, the letter explained that a representative of the institution (or the local coordinator) would be involved in the implementation of the research program, entrusted with the following tasks:

- to inform residents aged 15–18 about the study and the date of the surveyor's arrival;
- to ensure that the residents are present on the day of the surveyor's arrival;
- to distribute and collect questionnaires from the institutional staff;
- to analyze children's personal files, searching for information requested in the documentation analysis form.

After the written invitations were forwarded to the selected institutions, we contacted them on the phone. At this stage six institutions were excluded from the sample for the following reasons: the institution's managers did not give their consent, there were no adolescents in the selected age group in the institution, or the group of such residents was too small (e.g., 1-3 adolescents aged 15–18). Each excluded institution was replaced by another one, using the previously mentioned technique of stratified random selection.

Upon the directors' consent, the date of the surveyor's arrival was agreed and questionnaires for the staff and the documentation analysis form were sent to the institution, together with the instruction on who and how should complete the questionnaires.

Given the characteristics of the population studied, the surveyors' roles were performed by students of the Warsaw University and the Academy of Special Pedagogy. All the surveyors were trained in areas such as general problems of child victimization, the psychological portrait of institutionalized children, and how to operate the computer program (the electronic questionnaire). They were also instructed on how to conduct the survey.

After setting the date with the institutional staff, the surveyor conducted the study. The employees of the institution were asked to inform residents aged 15–18 about the date of the surveyor's arrival. The institution was responsible for providing a room (usually the club-room or the office of the pedagogic counselor or the psychologist), where the surveyor invited the respondents in pairs. The notebooks were placed in such a way that the respondents could not see each other's answers. Prior to completing the questionnaire the respondents were provided with brief information on the objective and course of the study and on how to fill the questionnaire. The surveyor also emphasized that the study was entirely anonymous. The

surveyor was present in the room when the respondents were filling the questionnaire, offering them assistance in case of any problems or questions. The research tool did not cause difficulties for the subjects. The most frequent reasons for seeking the surveyor's help were technical problems (such as too fast shifts of questions, skipping a question, etc.).

After completing the questionnaire the respondents received a gift from the surveyor: a T-shirt and a card with the Nobody's Children Foundation's contact data and the information that if they needed any help with issues covered by the questionnaire, they may talk to a psychologist available at these addresses and phone numbers.

Completing the questionnaire for adolescent residents took from 15 minutes to one hour, depending mainly on the individual reading pace and the scope of the respondent's experiences covered by the questionnaire.

During their stay in the institution the surveyor collected the questionnaires filled by the staff and the completed documentation analysis form.

The survey was conducted within two months (April–May 2005). In most cases the surveyor needed one day to conduct the survey in an institution. In two institutions the survey took two days, due to large numbers of respondents.

II. Victimization of child residents in Polish care institutions – survey of children

1. Introduction

The main objective of the study was to diagnose the experiences of sexual victimization among children residing in public care institutions – a category of children and adolescents considered to be particularly vulnerable to this form of abuse due to neglect, lack of intimate relationships with family members, and unsatisfied emotional needs, which are often inherent in their life situations. As the conceptual introduction to this report emphasized, experiences of sexual abuse among institutionalized children should always be diagnosed within the context of other forms of victimization. This approach made it possible to reduce the salience – and thus the touchiness – of the questions about sexual contacts. Apart from methodological issues, this decision was also determined by content-related concerns: collecting information on the wide range of potentially traumatic experiences of different forms of abuse, threat, and loss enabled a comprehensive assessment of this dimension of the child residents' life situation.

The research tool used to collect information on the victimization of children residing in care institutions was inspired by the Juvenile Victimization Questionnaire (JVQ) by Sherry L. Hamby and David Finkelhor (Hamby, Finkelhor, 2001). This questionnaire was designed to gather information about the broadest possible range of victimizations among young people. It covers all the major forms of crime and abuse they can experience. These include victimizations that are unique to childhood, such as neglect or sexual contact with an adult, which – at this stage of life – are always regarded as criminal offences. Moreover, the questionnaire covers victimizations that can occur both to youth and to adults, such as theft or assault. JVQ targets victimizations by peers, by parents and family members, and by other adults.

The conceptualization of the general forms of abuse (e.g., child maltreatment / domestic violence, peer victimization, or sexual abuse) required that different behaviors toward children be defined, together with situations perceived as central exemplars of these victimizations. The authors of the questionnaire concentrated their efforts on such conceptualization, as well as on the final wording of the questions. Eventually – after consultations with experts and focus groups of children, youth and parents – a questionnaire was constructed, which is usable in the interview format with children as young as 8 or in the self-administered format with juveniles aged 12 and older. The questionnaire is designed to be used by professionals working with children: pedagogic counselors, therapists, police officers and court experts, not only to assess children's individual experiences of violence

and other forms of victimization, but also in the process of evaluating preventive programs against victimization at schools and residential care institutions, and in epidemiologic research programs.

The Juvenile Victimization Questionnaire diagnoses 35 forms of abuse within six general categories: conventional crime, child maltreatment (domestic violence), peer and sibling victimization, sexual victimization, indirect victimization (witnessing various forms of violence), and catastrophic and extraordinary victimization. The diagnosis concerns the child's experiences in the year preceding the study.

While developing the first part of the **questionnaire used in the survey of child residents in care institutions**, the authors based on the Juvenile Victimization Questionnaire, using its concept of victimization and the modules of violence defined there. However, several modifications and amendments were introduced, stemming from (1) the need to allow for the specificity of the American culture, in which the JVQ questions are rooted; (2) the need to take into account the specific situation of children residing in care institutions, who were the respondents in the Polish study; (3) the wish to minimize the sensitivity of the research tool; and, most importantly (4) the need to adapt the questionnaire to the research questions being the focus of interest for the researchers. The structure of the questionnaire and the research context, in which it was used, were presented in Chapter I. What should be elaborated here, however, is the range of the victimization forms assessed in the study.

The questionnaire used in the survey does not cover the sixth category of victimization experiences defined in JVQ: catastrophic and extraordinary victimization. Children's experiences covered by this category, such as exposure to war, ethnic or religious conflict or terrorism, or witnessing murder, were considered irrelevant or marginal in the Polish reality.

The questionnaire also excluded questions related to the specific American regulations that define penalized forms of sexual contact with a child, depending on the age difference between the victim and the offender (statutory rape). Instead, a new category was added – “sexual victimization before the age of 15” – based on the Polish legal regulations banning sexual contact with a child. This additional category enables researchers to collect information about the experiences of sexual victimization in their entire conscious life, rather only in the year preceding the study.

The structure of questions was changed, too. In the Polish questionnaire questions concerning the respondent's personal experience are preceded by a brief story illustrating the situation of interest and a question about similar experiences among the child's peers. A detailed description of such a block of questions and the underlying methodological assumptions were presented in Chapter I.

As a result of adapting the Juvenile Victimization Questionnaire to the reported study, the following types 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: Child Maltreatment

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. Psychological/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, did any kid, more or less your age, hit or beat you?

C2. Group assault

In the last year, did a group of kids or youth hit, jump or attack you?

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, did any kids more or less your age bully you?

D: Sexual Victimization / 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 friends on the Internet with anyone, who later tried to abuse you sexually?

E. Sexual Victimization Before the Age of 15

E1. Touching private body parts

When you were under 15, did any **grown-up** touch your private parts or make you touch their private parts?

E2. Sexual intercourse

When you were under 15, did any **grown-up** have a sexual intercourse with you?

E3. Abuse for pornographic purposes

When you were under 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 assault of 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 see a kid (kids) more or less your age bully someone?

F5. Witness to sexual assault/rape

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

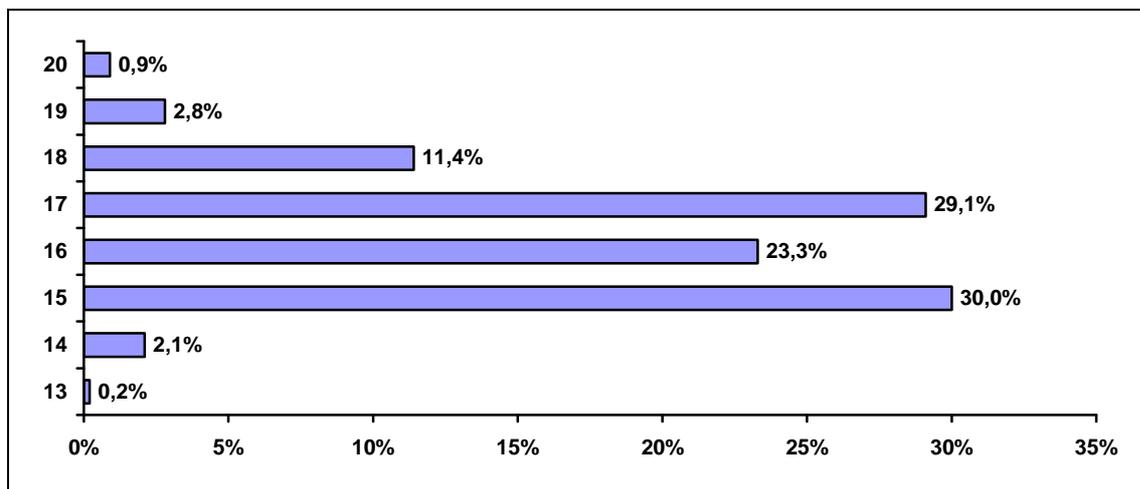
Obviously, the sequence of questions concerning particular victimization experiences was not random. Items in the first part of the questionnaire asked about conventional crimes, as this group of questions is relatively less sensitive. Questions about sexual abuse concluded the block of questions concerning victimization experiences.

2. The respondents

The subject group consisted of adolescents aged 15–18 who resided in care institutions (children’s homes) constituting a representative sample selected in the study. The number of subjects in individual institutions ranged from 4 to 29. On average, there were 12.7 respondents per institution. The percentage distribution of respondents from particular institutions is presented in Table A1 in the Appendix.

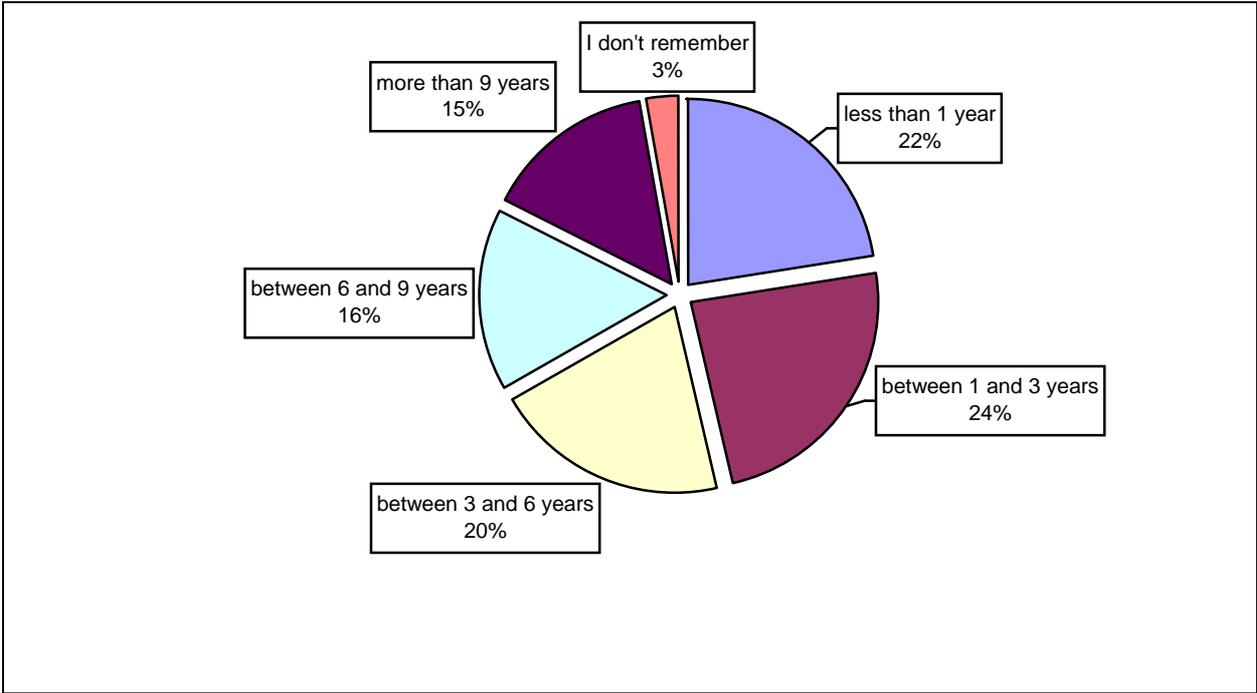
The respondent group comprised 241 girls (48.8%) and 254 boys (51.2%). The objective was to survey residents aged 15–18 using the CAPI technique. The respondents were invited by the local coordinator – usually the institutional pedagogic counselor or psychologist, occasionally the director/manager or a custodian – who was also responsible for organizing the survey. Unfortunately, not all coordinators applied the age criterion correctly, and their decisions were not verified by the surveyors. As a result 10 respondents were younger than 15 (a 13-year-old and nine 14-year-olds) and 5 respondents were older than 18 (two 19-year-olds and three 20-year-olds). The age distribution is presented below.

Figure 1. Respondents’ age (N=495)



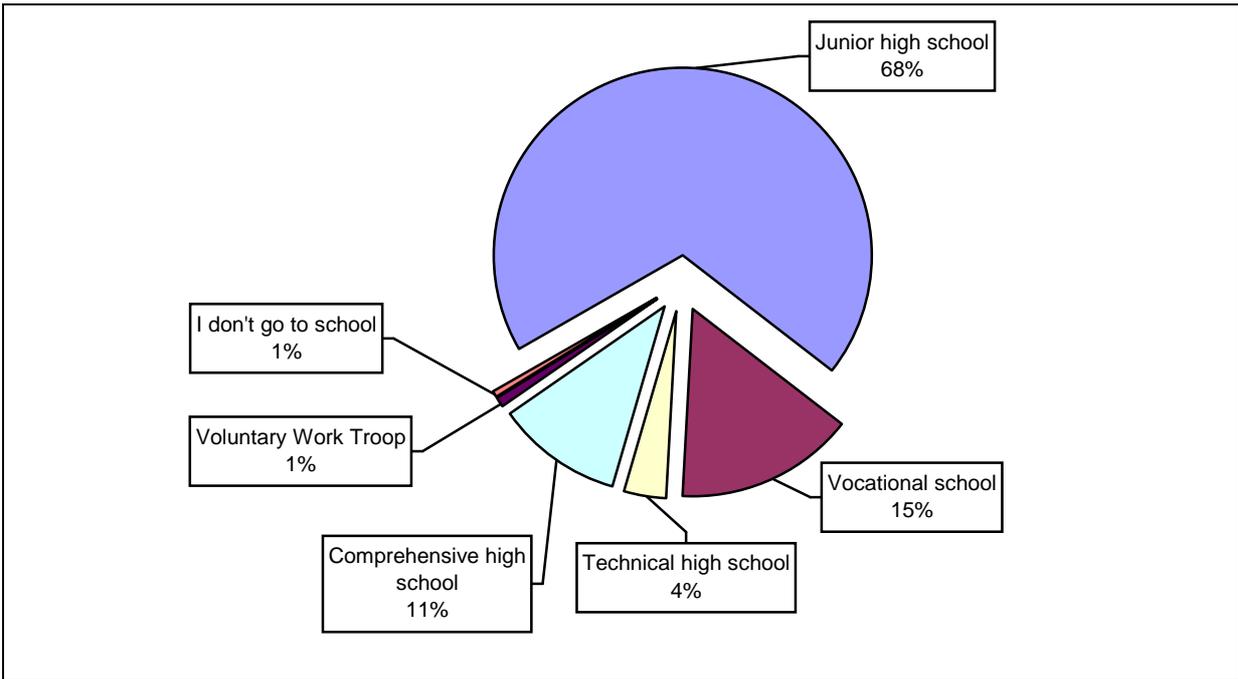
The respondents were asked about the length of their stay in the institution. It turned out that a significant group of the respondents had resided in the institution for a relatively short time: 22% less than a year, and 24% between 1 and 3 years. One fifth of the children lived in the institution between 3 and 6 years, and nearly one third (31%) – more than 6 years (including 15% institutionalized for more than 9 years).

Figure 2. Length of stay in the institution (N=495)



The majority (68%) of the respondents were students of junior high schools. Others studied at comprehensive high schools (11%), technical high schools (4%), and vocational schools (15%), or did not attend any school (1%).

Figure 3. Schools attended by the respondents (N=495)



The characteristics of the respondents were provided by them when completing the questionnaire. For several reasons the questionnaire did not include items concerning the respondent's family situation (family structure, pathologies, socioeconomic status, etc.). The assessment of the family situation of institutionalized children requires asking them questions, which most respondents find thorny or sensitive. Moreover, such children's family situations tend to be complex and unstable, which makes them difficult to categorize, so the respondents would find it problematic to qualify their personal situation as representing one of the suggested categories. Characterizing their family context is particularly difficult for children who do not have contact with their family. Most importantly, children (and perhaps people in general) tend to idealize their situation. This is especially true for children, whose situation is worse than average, and thus may be perceived as stigmatizing. For all these reasons the respondents' statements about their families could prove unreliable, and the anonymity of the study made it impossible to verify such information (e.g., through reviewing the children's files). It was therefore decided that with those children the comfort of the survey situation should take priority over the questionable cognitive benefits associated with asking such questions.

3. Identified victimization experiences of the respondents' familiar peers

The respondents answered questions concerning various forms of victimization experienced by their peers. Questions about peers' experiences were asked for two reasons: (1) to gather information on the incidence of different forms of victimization among institutionalized youth, and (2) to reduce the sensitivity of questions concerning the respondents' personal experiences. Each question about the respondent's personal experiences was preceded by an item concerning similar situations that had happened to their peers.

The analysis of the occurrence of various forms of victimization based on the respondents' knowledge about their peers' experiences is presented below from two perspectives:

1. The first perspective illustrates the prevalence of victimization experiences in the respondents' peer environment. Knowing at least one person, who experienced the described situation in the last year, was used as the criterion. Figure 1 presents the distribution of answers to questions about experiences of the respondent's peers.
2. The other approach to the analysis of data describing the prevalence of traumatic experiences in the respondents' peer environment is based on

the number of familiar peers, who have experienced each form of victimization (one, a few, or many) and is presented within the specified types of victimization (conventional crime, child maltreatment, peer violence, sexual victimization).

The most prevalent victimizations among the respondents' peers are theft and peer violence. Nearly three quarters of the respondents reported that they knew at least one person who had experienced theft (73%) and physical abuse by peers (71%) in the last year.

Almost 2/3 of the respondents admitted that they knew at least one person who had experienced verbal abuse and humiliation by adults (62%).

More than half reported that they knew a peer who had experience damage to one of their things (53%) or physical abuse in the family (52%). Every second respondent knew a person who had been bullied (or psychologically abused) by peers (50%), that is, forced to execute orders, jerked, hustled, etc.

Nearly half of the respondents reported knowing at least one person who had experienced particularly traumatic events in the preceding year: group assault by peers (46%) and robbery (46%). Almost as many respondents – 40% – knew at least one person who had been attacked with a dangerous object or weapon.

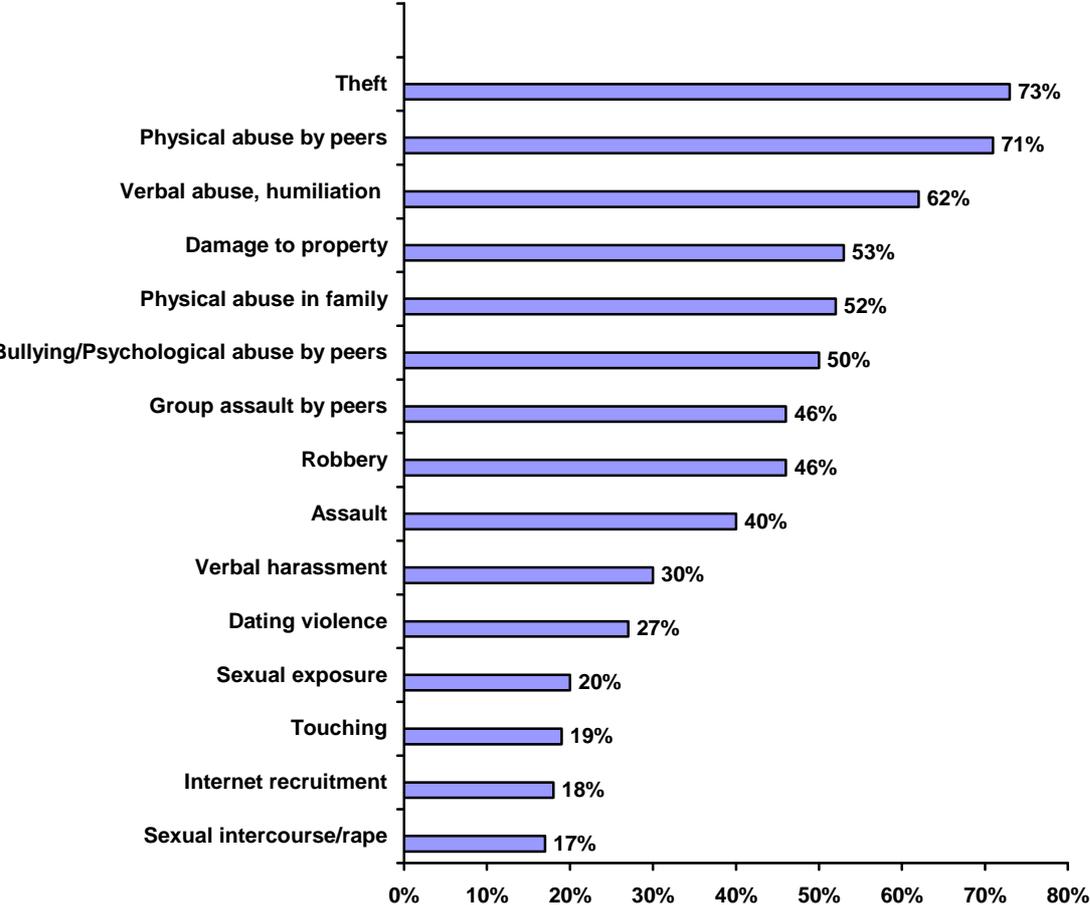
Almost one third of the subjects reported that they knew cases of verbal sexual harassment (30%). One in four knew at least one person in their environment who had experienced different forms of dating violence (27%).

According to one in five respondents some of their peers had experienced sexual exposure (20%) and touching their private parts (19%) in the past year.

Seventeen percent of the respondents reported knowing at least one person, who had been forced to have sex. One in ten respondents witnesses such a situation (11%)¹. Eighteen percent of the respondents indicated that they knew at least one peer who had experienced attempted sexual abuse by someone known from the Internet.

¹ The experiences of indirect victimization (witnessing traumatic events) are reported in detail in section four.

Figure 4. Forms of victimization experienced by the respondents' familiar peers in the last year (N=495)



3.1. Conventional crime

As demonstrated, theft was the most prevalent victimization experience among the respondents' peers. At the same time, the largest percentage of the subjects reported that this was not an isolated event; more than half (51%) knew more than one person who had experienced theft in the preceding year, and 15% of the respondents knew many such peers.

As shown in Table 1, the higher the percentage of respondents reporting that they knew a peer who experienced a form of victimization, the more frequently this form of victimization was described as something experienced by several or many familiar peers. A majority of respondents who knew peers with experiences of robbery or assault – i.e., the least frequent conventional crimes – reported knowing only one such person.

Table 2. Conventional crimes against the respondents' peers in the last year (N=495)

Form of victimization	I know no such persons	I know one such person	I know a few such persons	I know many such persons	Total
Theft	27	22	36	15	100%
Damage to property	47	26	21	6	100%
Robbery	54	24	18	4	100%
Assault	60	25	13	2	100%

3.2. Child maltreatment

Most respondents (62%) reported having friends who had experienced emotional abuse (humiliation) by grown-ups in their life (parents or caregivers). One third (33%) knew more than one such person, and one in ten reported knowing many such peers.

One fourth of the respondents (25%) indicated that they knew more than one victim of physical abuse by grown-up caregivers.

Table 2. Experiences of child maltreatment among the respondents' peers in the last year (N=495)

Form of victimization	I know no such persons	I know one such person	I know a few such persons	I know many such persons	Total
Verbal abuse, humiliation	38	29	24	9	100%
Physical abuse in family	48	30	16	6	100%

3.3. Peer victimization

One third of the respondents knew a young person, who had been hit or beaten by peers in the preceding year. Most of them (45%) reported knowing more than one such person and as many as 15% knew many such peers.

Group assault by peers is a less prevalent experience. However, nearly one third (23%) of the respondents reported knowing more than one victim of group physical abuse. A similar proportion of the respondents indicated that they knew peers who had experienced bullying and psychological abuse by peers. Almost one fourth knew more than one such young person.

Dating violence turned out relatively rare among the respondents' familiar peers. Only 8% reported knowing a few or many persons with such experiences. This may suggest lower

prevalence of this form of victimization, but may also be related to the intimate nature of such experiences. On the one hand, the respondents may have been embarrassed to talk about such events experienced their peers; on the other hand, this form of victimization often occurs in privacy.

Table 3. Experiences of peer victimization among the respondent's peers in the last year,% (N=495)

Form of victimization	I know no such persons	I know one such person	I know a few such persons	I know many such persons	Total
Physical abuse by peers	29	26	30	15	100%
Bullying/Psychological abuse by peers	50	26	20	4	100%
Group assault	54	23	19	4	100%
Dating violence	73	19	6	2	100%

3.4. Sexual victimization

Data concerning the experiences of different forms of sexual victimization among the respondents' peers should be interpreted in the context of the relative frequency of these events. Both criminal statistics and retrospective reports show that they are relatively rare, comparing to other forms of victimization. On the other hand, communicating about such events may be hindered by the embarrassment and shame related to their sexual nature. Finally, perhaps some of the assessed events were not reported to friends and familiar peers, because the victims did not perceive them as traumatic or significant (this may be true for sexual exposure, verbal harassment, or Internet recruitment).

In the last year the most frequent of the reported sexual experiences among the respondents' peers was verbal harassment. Thirty percent of the subjects knew someone who had experienced this form of sexual abuse, including 13% who knew more than one such person.

In general, all the remaining sexual victimizations were isolated, that is, experienced by only one of the respondent's familiar peers. The smallest proportion of the respondents reported knowing someone (particularly, several or many persons) who had experienced direct, unwanted sexual contact: touching private body parts or rape.

Table 4. Experiences of sexual victimization among the respondents' peers in the last year,% (N=495)

Form of victimization	I know no such persons	I know one such person	I know a few such persons	I know many such persons	Total
Sexual exposure	80	11	7	2	100%
Touching private parts	81	15	3	1	100%
Verbal harassment	70	17	11	2	100%
Sexual intercourse / rape	83	13	3	1	100%
Internet recruitment	82	10	6	2	100%

Another approach to the assessment of the experiences defined as sexual victimization in the respondents' peer environment based on their estimation of the number of familiar peers who had had sexual contacts with grown-ups when they were under 15.

Nearly one fourth of the respondents reported knowing persons, who – in their childhood – had sexual contacts with adults that involved touching private body parts. Seventeen percent of the respondents knew one such person, while 7% knew several or many of them.

Unexpectedly, many more respondents – namely 42% – knew someone who had a sexual intercourse with a grown-up before the age of 15. Eighteen percent of the respondents knew more than one such person. The interpretation of such high numbers is not obvious. Whereas any sexual contact between a grown-up and a child under 15 is a criminal offence, the respondents seemed more likely to tell their friends and familiar peers about their sexual initiation with adult partners than about sexual contact forced by a grown-up. Although this hypothesis has not been confirmed by any research findings and the questions about familiar peers' experiences did not seek information on the offender or the respondent's consent to have sexual contact, the assessed phenomenon was prevalent among the respondents' peers.

Eight percent of the respondents reported knowing one (6%) or several (2%) persons who had been involved in pornographic production.

Table 5. Experiences of sexual victimization before the age of 15 among the respondents' peers,% (N=495)

Form of victimization before the age of 15	I know no such persons	I know one such person	I know a few such persons	I know many such persons	Total
Touching private body parts	76	17	6	1	100%
Sexual intercourse	58	24	14	4	100%
Child pornography	92	6	2		100%

The adolescent respondents' reports suggest that the most common victimizations in their peer environment include theft, physical abuse by peers, verbal abuse, vandalism (damaging personal property), physical abuse in the family, and psychological abuse by peers.

Some of these victimizations are significantly correlated with the respondent's gender, age, and length of stay in the institution. The correlations between the independent variables and the assessed victimizations were measured using the Pearson Product Moment Correlation (Pearson's correlation coefficient). The analysis covered only these correlation coefficients that reached the levels of significance of 0.05 or 0.01. In other cases – when the value of the correlation coefficient was statistically insignificant on both of these levels – there was no relationship between the assessed forms of victimization and the independent variable.

Gender was correlated with the respondents' knowledge about such forms of victimization, as forced sexual contact (0.128) and child pornography (0.134). The observed correlation was positive. As compared to boys, girls reported more cases of forced sexual contact among their peers. This may be accounted by two facts: (1) girls are more willing to confide their intimate experiences to their friends, and (2) girls are more likely to be raped.

The situation is the opposite for the correlation between gender and the respondent's knowledge about their peers' involvement in pornographic production. That is, boys report knowing more about such experiences among their peers than girls.

Moreover, the analyses found significant correlations between the respondents' age and their knowledge about their peers' experiences of theft (0.132), robbery (0.135), and physical abuse in the family (0,095).

Another correlation was found between the length of stay in the institution and the subjects' knowledge about the experiences of vandalism among their peers (0.089). Residents who had spent more time in the institution reported knowing more peers with the experience of having one of their personal things purposefully broken or damaged.

As regards the respondents' knowledge about their peers' sexual experiences when they were under 15, there is a negative correlation between the length of stay in the institution and the knowledge about other kids' involvement in the production of child pornography (-0.120). That is, the longer time of institutionalization the more limited the respondents' knowledge about their peers' experiences related to child pornography. This may suggest that such knowledge concerns the experiences of the respondents' peers before institutionalization.

4. Forms of victimization: the respondents' personal experiences

The main objective of the study was to gather information about the scale and incidence of various forms of victimization, with a special emphasis on sexual victimization, which had been experienced by the respondents – child residents in care institutions – in the preceding year. Apart from the degree of victimization in the last year, the study aimed at collecting data on the respondents' sexual experiences in their childhood (when they were under 15).

The respondents were asked about their personal experiences. In most cases respondents, who had experienced a form of victimization, provided information that characterized the offenders and information on whether they had told anyone about their experiences.

Similar to the previous chapter, which concerned the victimization experiences among the respondents' peers, data related to the respondents' personal experiences are presented from two perspectives: (1) as a comparison of the incidence of all the assessed victimizations experienced by the respondents at least once in the last year, and (2) as a detailed characteristics of each form of victimization.

As shown in Figure 5, the most prevalent forms of victimization were related to the violation of the respondents' property: in the preceding year 70% of the respondents had one of their things stolen and never given back, and nearly half of them (47%) experienced vandalism (had one of their things broken or ruined on purpose).

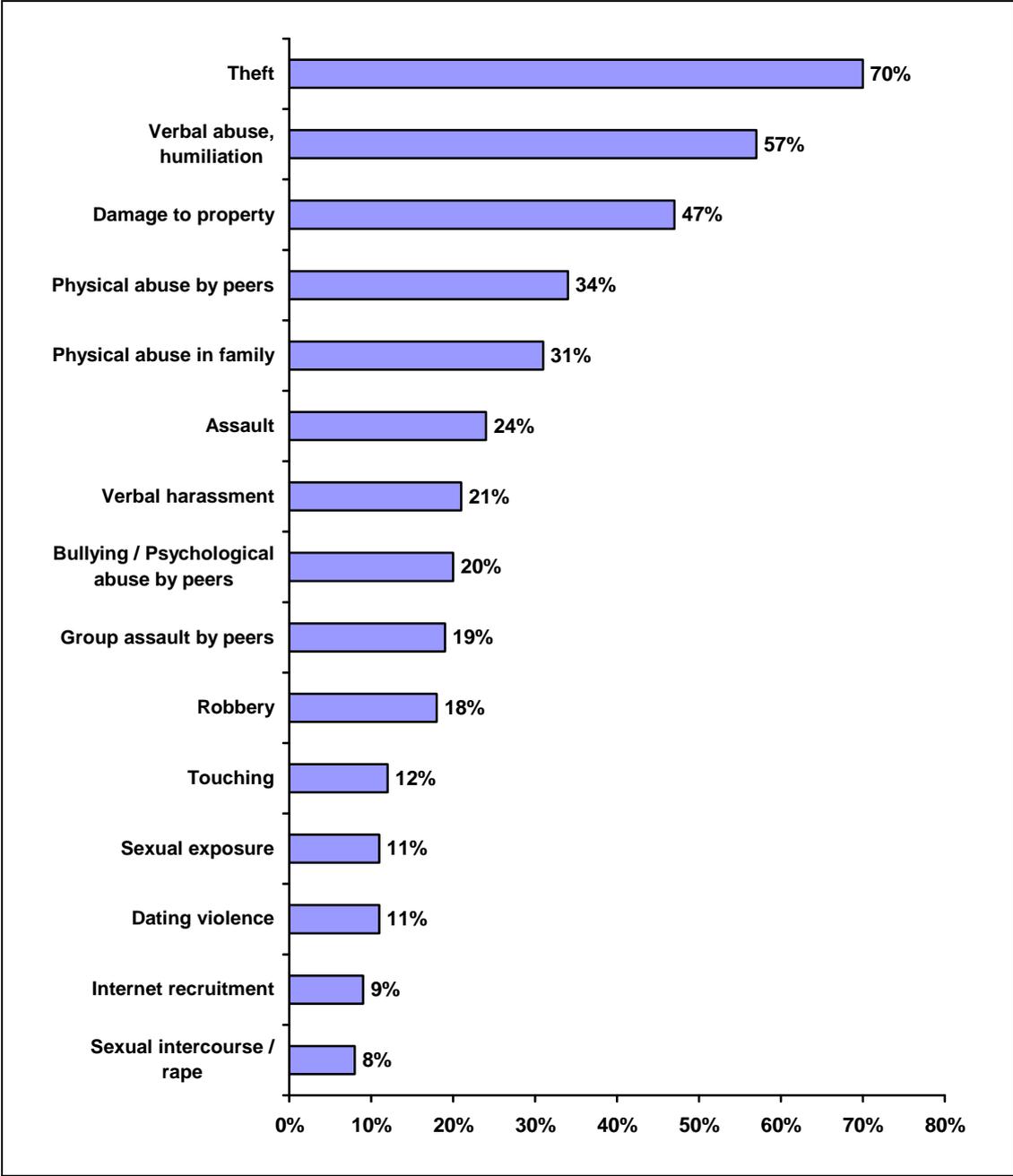
Victimization by adults was also frequent. In the last year more than half of the respondents (57%) experienced verbal abuse and humiliation by their parents or caregivers, and almost one third (31%) of the subjects were physically abused by them.

More than one third (34%) of the respondents experienced physical abuse by peers, and 20% were affected by different forms of bullying. A similar proportion of the subjects (19%) were assaulted by groups of young people.

In the last year one fourth of the respondents were assaulted with an object or weapon and one fifth experienced robbery (i.e., someone used force to take one of their things away).

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 last year (N=495)



The above data seem alarming, as they illustrate prevalence of the most frequent forms of victimization, high incidence of severe victimizations, and a relatively high percentage of institutionalized children who have experienced different forms of sexual abuse. Notably, the respondents' statements concerned only 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.

Unfortunately, such data are unavailable² and thus only limited conclusions can be drawn about the specificity of the surveyed group. Most of the available Polish data concern peer violence, which seems to be the most popular focus of interest for Polish researchers. The scarce research programs assessing a wider range of childhood experiences differ in terms of methodology and the characteristics of the sample. They rarely concerned the subjects' experiences in the year preceding the study; more often the respondents were asked about all the events they could recall.

Nevertheless, when analyzing different forms of victimization among institutionalized children, we will evoke – whenever possible – the existing research findings, in order to be able (at least to some extent) to interpret data concerning children in care institutions. These include the findings of Krystyna Ostrowska and Janusz Surzykiewicz, who in 1997 and 2003 explored children and young people's violent behavior at school and outside school, in the sample of students of all types of high schools in Poland (Ostrowska, Surzykiewicz, 2005), and the results of a study by Anna Brzezińska and Elżbieta Hornowska (2004) into aggression and violence against children and young people – high school students in Poznań, one of the Polish cities. We will also review the evidence on the incidence of sexual abuse in Poland, collected in research programs which have been conducted in Poland for the last 10 years (Fluderska, Sajkowska, 2001; Izdebski, 2000).

5.1. 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 frequent of them. In the preceding year 70% of the respondents experienced theft, including 42% who were affected by this victimization more than once. Nearly one fifth of the respondents experienced robbery; i.e., someone used force (or threatened to use force) to take one of their things away. Six percent of the subjects experienced robbery several times, and 1% – many times.

Among the 47% of the respondents who experienced acts of vandalism half (23% of the sample) had their things broken on purpose several or many times.

One in four subjects was assaulted with an object or weapon; 8% experienced such an assault more than once.

² Full interpretation of the presented data will be possible after conducting a nationwide study in a comparable age group, using the same research tool. Such a study has been scheduled for 2006.

Table 6. Conventional crime: the respondents' personal experiences, % (N=495)

Form of victimization	I didn't happen to me	It happened to me		
		once	a few times	many times
Theft	30	28	33	9
Robbery	82	11	6	1
Vandalism (damage to property)	53	24	20	3
Assault	76	16	6	2

The enormous scale of the theft experiences among institutionalized children (70%) becomes clear when we compare it to research findings concerning the general youth population, presented in Table 7. In comparison to their peers living in families, children in institutions are more likely to experience acts of vandalism. Discrepancies in robbery experiences (i.e., having one of personal things or money taken away by force) are slightly smaller but still indicative of an extremely high degree of victimization among institutionalized children. Finally, the experience of assault with an object or weapon – marginal in the general youth population – affects every fourth child in institutions!

Theft and vandalism are the everyday reality in residential care institutions. This is confirmed by the presented research findings and professionals' opinions. Such frequent violation of social norms protecting private property may lead to relativism and disregard for these norms. It may also result in the feelings of harm and frustration or a desire to retaliate.

Table 7. Comparison of the incidence of conventional crime among institutionalized children and in the general population of high school students, %

Form of victimization	Children in institutions	Students 2001 ³ Brzezińska, Hornowska	Students 2003 ⁴ Ostrowska, Surzykiewicz
Theft	70	21	8; 13 3; 10 1; 10
Robbery	18	-	4; 10
Vandalism (damage to property)	47	-	12; 4
Assault	24%	-	2%; 5%

³ The presented data concern high school students. Questions about victimization experiences did not specify the time of their occurrence. Thus the respondents reported all such experiences they could recall.

⁴ The data concern victimization experiences at school and outside school. The percentage values for the „theft” category refer to the proportion of young people who were stolen money or things worth up to 10 PLN (2.5 EUR), 10–100 PLN (2.5–25 EUR) and more than 100 PLN (25 EUR), at school and outside school, respectively.

5.2 Physical abuse by adults

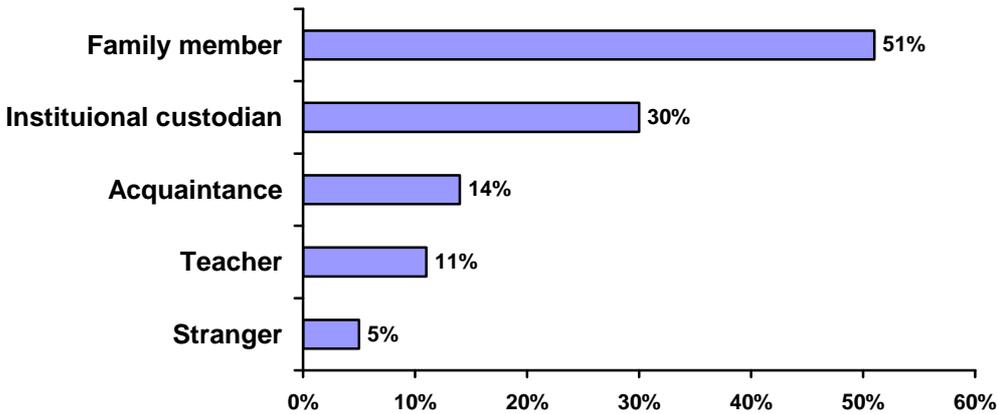
One third of the respondents were hit or beaten by adults; 10% experienced this form of victimization a few times and 4% – many times.

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, half of the respondents who were beaten by adults (51%) experienced physical abuse by their closest family members. The respondents’ reports suggest that corporal punishment is also used by the custodial staff. Nearly one third (30%) of the victims of physical abuse were hit or beaten by their custodians in the institution. Other abusers include acquaintances (14%) and teachers (11%). Although the question referred to physical abuse by grown-ups in the respondents’ lives (such as parents or caregivers), 5% of the children reported that they had been abused by strangers.

Table 8. Child maltreatment: institutionalized children’s experiences, % (N=495)

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	69	17	10	4
Verbal abuse, humiliation	43	22	23	12
Witness to domestic violence	67	15	12	6
Witness to parent/caregiver assault to peers/siblings	49	24	20	7

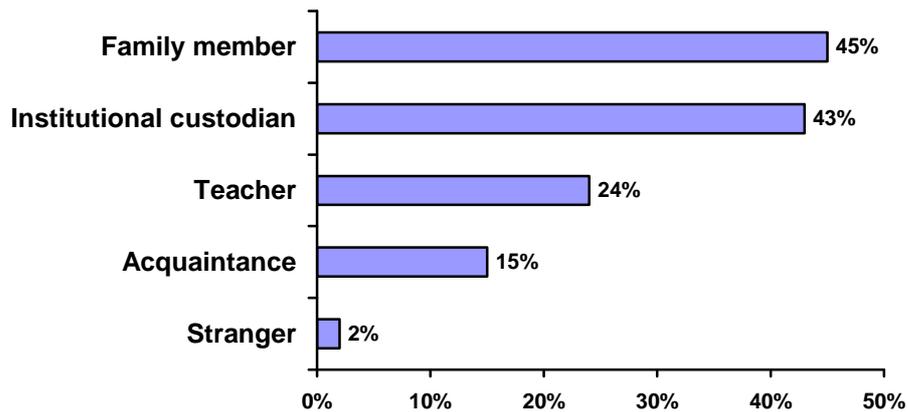
Figure 6. Grown-up physical abusers of institutionalized children (N = 155)



The respondents reported that grown-ups had used different forms of psychological abuse significantly more often than physical abuse. More than half of the subjects (57%) were abused verbally (by calling names) and humiliated by adults in the preceding year. Thirty five percent of the respondents experienced these victimizations more than once. The

respondents were most likely to point to their family members as psychological abusers (45% of the victims of psychological abuse). However, they were nearly as likely to mention adults who took care of them in the institution (43%). One in four respondents, who experienced humiliation, verbal abuse, and yelling, was abused by teachers at school. Other abuser categories were grown-up acquaintances (15%) and strangers (2%).

Figure 7. Grown-up psychological abusers of institutionalized children (N=282)



Indirect victimization in the family – being a witness to domestic violence (violence between parents) or to parent assault of the siblings – was nearly as frequent as direct victimization experiences.

Despite the fact that they reside in institutions, in the preceding year one in three respondents witnessed violence between parents, and 19% saw acts of domestic violence more than once. Nearly half of the respondents saw their parents or caregivers beat their siblings or abuse them physically in another form. Based on the information gathered in the study it is impossible to conclude whether the experiences of indirect and direct victimization through domestic violence were related to each other. During violent family rows, did the strongest family member, e.g., the father, victimize both his wife and the children? Did the parents abuse each other or was one of them a victim? Exploration of the violence relationships in the family went beyond the objectives of this study. Findings referring to indirect victimization, however, suggest that many of the respondents' families are affected by violence between adults. The respondents themselves are not young children any more – they are 15 or older – so physical abuse they experience in the family is unlikely to have the form of disciplinary spanking. Witnessing abuse of a family member may be extremely traumatic. Without hurting physically, it may lead to intimidation, helplessness, or dissent.

Experiences of domestic violence were not explored in the above mentioned studies into adolescent's violent behavior. In other studies that diagnosed the incidence of the use of corporal punishment against children in different Polish towns (Sajkowska, Siemaszko, 1999) 10–42% of the respondents reported that they got spanking from time to time, and 28–35% admitted to have been verbally abused or humiliated by their family members. In the context of these data, not limited to one year's experiences but describing all such events in the young respondents' lives, the experiences of domestic violence among institutionalized children should be regarded as extremely frequent.

5.3. Peer victimization

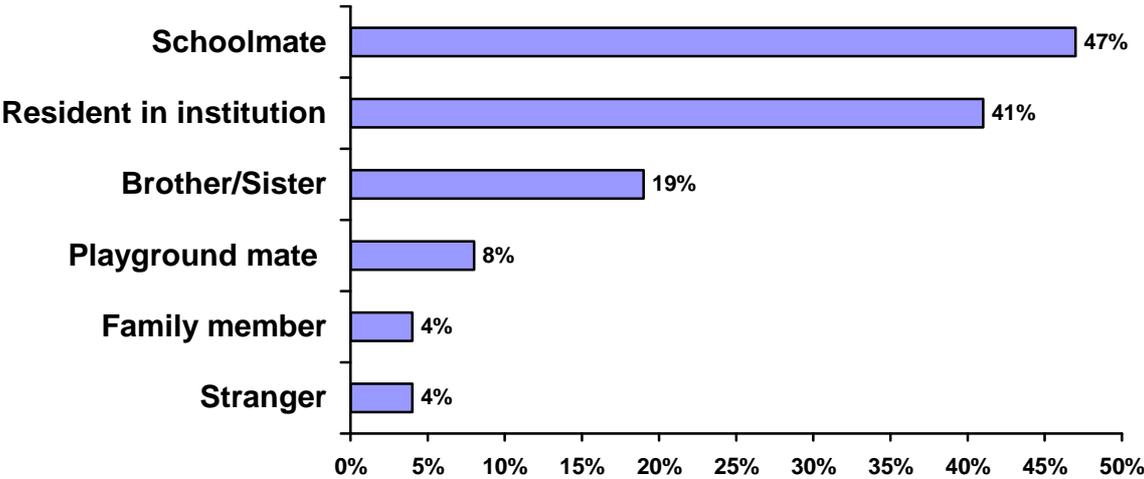
The “peer victimization” category included various forms of victimization of institutionalized children. The qualifying criterion was the age of the abuser. Consequently, this category comprised physical and psychological (bullying) abuse by peers, who had contact with the respondents at school, in the care institution, or in any other place. This category of abuse may also take the form of group assault, which is usually committed by strangers. The last subcategory of abuse by peers is dating violence; here the offender is a familiar peer acting within a special relationship with the victim.

Table 9. Peer victimization experienced by institutionalized children, % (N=495)

Form of victimization	It didn't happen to me	It happened to me		
		once	a few times	many times
Physical abuse by peers	66	20	11	3
Group assault by peers	81	13	5	1
Dating violence	89	7	2	2
Bullying / Psychological abuse by peers	80	12	7	1
Witness to physical abuse by peers	34	26	29	12
Witness to bullying by peers	34	26	27	10

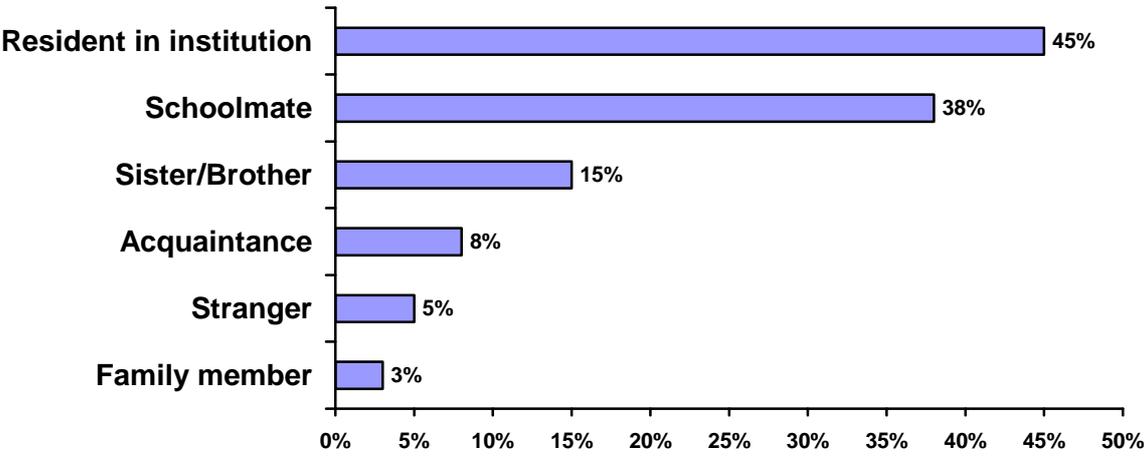
The respondents' reports suggest that the most frequent experience in this category is physical abuse by peers, experienced by 34% of the subjects; 14% experienced it several or many times. Answers to the question about peer abusers show that most of them (47%) are the respondents' schoolmates. The respondents are nearly as likely to be physically abused by other residents in the institution (41%). Playground mates, other kids, and siblings were mentioned by a few percent of the respondents who had been beaten by their peers in the last year.

Figure 8. Peer physical abuse of institutionalized children: the abusers (N=167)



As compared to the number of victims of physical abuse by peers, significantly fewer respondents – 20% – reported having been psychologically abused by peers in the last year; nearly half of them experienced this form of abuse repeatedly. Does this finding reflect the reality of psychological abuse in the surveyed group? To some extent it may have resulted from the operational definition of “psychological abuse” adopted in the study. Given the broadness and vagueness of the term, we decided to narrow it to “bullying”, which in turn was described as “forcing to execute orders, frequent hustling, and pulling someone’s hair or clothes”. Clearly, such treatment is a syndrome of abusive behaviors and includes elements of physical abuse. It is worth remembering that half of the respondents knew persons who were treated in this way by their peers.

Figure 9. Peer psychological abuse of institutionalized children: the abusers (N=102)



In the preceding year, every fifth respondent (19%) was assaulted by a group of peers; 6% had more than one such experience. 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 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 incidence of such encounters that was assessed in the study.

Dating violence was experienced by 11% of the respondents; 4% were abused more than once.

Situations described as **indirect victimization** – i.e., witnessing abuse or bullying by peers – were much more frequent than direct peer victimization. Sixty six percent of the subjects saw one of their peers get beaten; 41% witnessed such situations more than once. A similar proportion of the respondents (62%) witnessed psychological abuse (bullying) by peers, and more than half of such witnesses (36% of the entire subject group) saw such situations more than once in the previous year.

Data referring to thus defined indirect victimization provide information on the respondents’ experiences and therefore are different from data on the experiences of the respondents’ peers, discussed in the previous chapter. Witnessing peer violence may potentially lead to trauma, insecurity, and helplessness. Certainly, this is determined by a range of variables characterizing such situations, which were not assessed in this study.

Comparative analyses of research into peer violence shows that institutionalized children and adolescents are much more likely to experience various forms of this type of abuse. Among children residing in care institutions the percentage of victims of peer physical abuse is three times higher than in the general youth population. Institutionalized youth are also significantly more likely to be victimized by groups of peers. Moreover, children in institutions more often than children in other studies report having been bullied by peers, although the description of bullying in the questionnaire used in this study was more drastic than in questionnaires used for studying high school students, and the questions referred to the experiences within one year, instead of all experiences (as was the case in the studies by Brzezińska and Hornowska).

The significantly higher incidence of this type of victimization among institutionalized youth is certainly accounted by the abusive experiences in the institution. In most cases, it is other residents in the same institution who commit the acts of peer violence.

Table 10. Comparison of the incidence of peer abuse of institutionalized children and high school students, %.

Form of victimization	Children in institutions	Students 2001 ⁵ Brzezińska, Hornowska	Students 2003 ⁶ Ostrowska, Surzykiewicz
Physical abuse by peers	34	11	14; 8
Group assault by peers	19	-	3; 4
Dating violence	11	-	-
Bullying / Psychological abuse by peers	20	14	7; 13
Witness to physical abuse by peers	34	31	-

5.4. Sexual victimization

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

5.4.1. Experiences of sexual victimization in the last year

Table 11. Sexual victimization: the respondents’ personal experiences in the preceding year, % (N=495)

Form of victimization	It didn’t happen to me	It happened to me		
		once	a few times	many times
Verbal harassment	79	13	7	1
Touching private body parts	88	8	3	1
Sexual exposure	89	8	2	1
Internet recruitment	91	6	2	1
Sexual intercourse / rape	92	5	2	1
Witness to sexual intercourse / rape	89	6	4	1

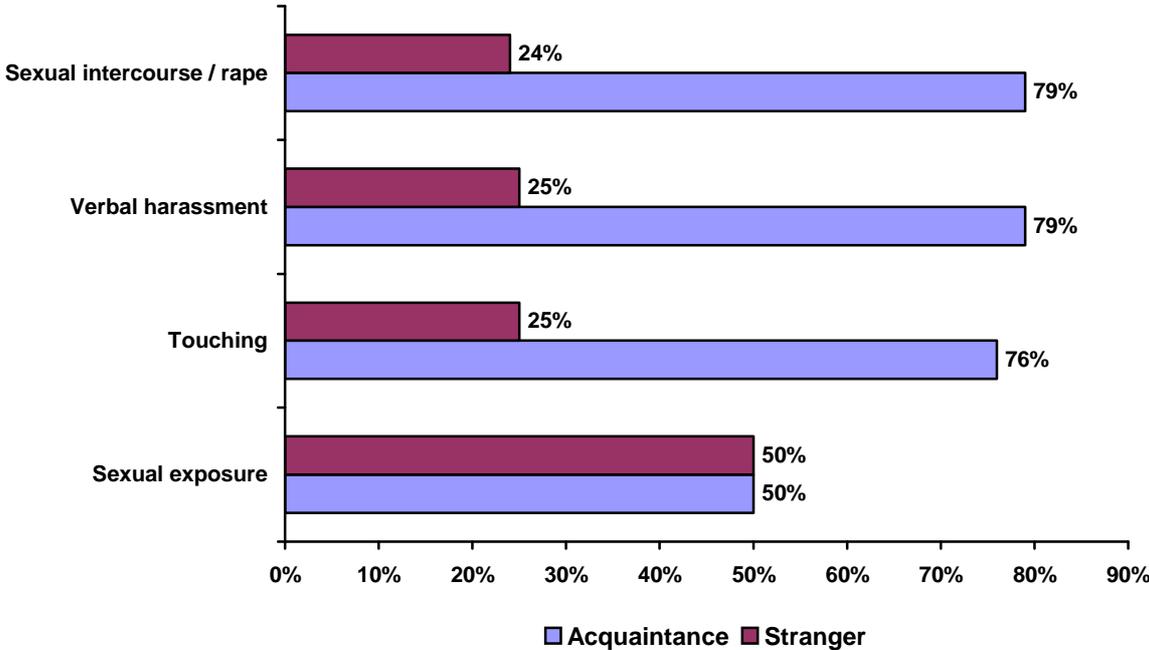
⁵ The presented data concern high school students. The questions about victimization experiences did not specify the time of their occurrence. Thus the respondents reported all such experiences they could recall. The data describing the incidence of psychological abuse (bullying) by peers among institutionalized children were compared with high school students’ reports about the experience of “being forced to do something you didn’t want”.

⁶ The data concern victimization experiences at school (before the semicolon) and outside school. The data describing the incidence of psychological bullying among institutionalized children were compared to high school students’ reports about the experience of “being forced to do humiliating things, e.g., the practice of bullying first-year students”.

Verbal harassment was the most prevalent form of sexual victimization experienced by the respondents in the previous year. Sexual proposals or vulgar comments about their appearance were addressed to 21% of the subjects; 8% experienced them repeatedly.

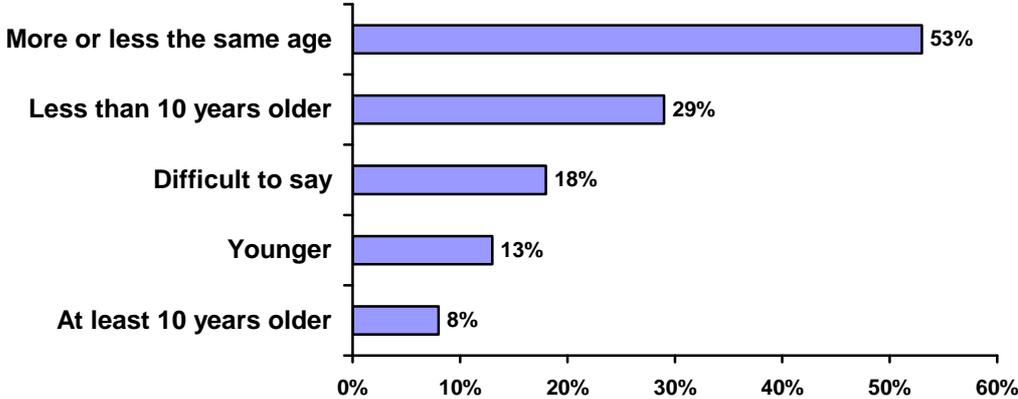
Figure 10. Sexual abusers of institutionalized children

rape N=42; verbal harassment N=107; touching N=59; sexual exposure N=52



As shown in Figure 7, 79% of the respondents reported that they had been verbally harassed by an acquaintance and 25% indicated unknown abusers. In most cases verbal harassers were approximately the respondent’s age (53%). Twenty nine percent of the victims reported that the abuser was less than 10 years older. Thirteen percent of the victims were harassed by persons younger than them, and 8% – by abusers at least ten years older.

Figure 11. Verbal harassment: the abuser’s age (N=107)



A significant proportion of the subjects (12%) experienced direct forms of victimization in the preceding year: **touching private parts against the respondent's will** or being forced to touch the offender's genital area. Three percent of the subjects were forced to unwanted touching a few times and 1% – many times.

In most cases of bad touch the abuser was known to the respondent (76%); unfamiliar offenders were mentioned less frequently (25%). In most cases the abuser was more or less the respondent's age (42%) or less than 10 years older (34%). Every fifth subject (20%) reported having been abused by someone at least 10 years older, and nearly one in ten (9%) – by someone younger. More than half of the respondents (56%) reported that the offender was under the influence of drugs or alcohol. Forty six percent of the respondents disclosed the experience to someone else, while the other 54% never told anyone.

Figure 12. Touching private body parts: abuser's age (N=59)

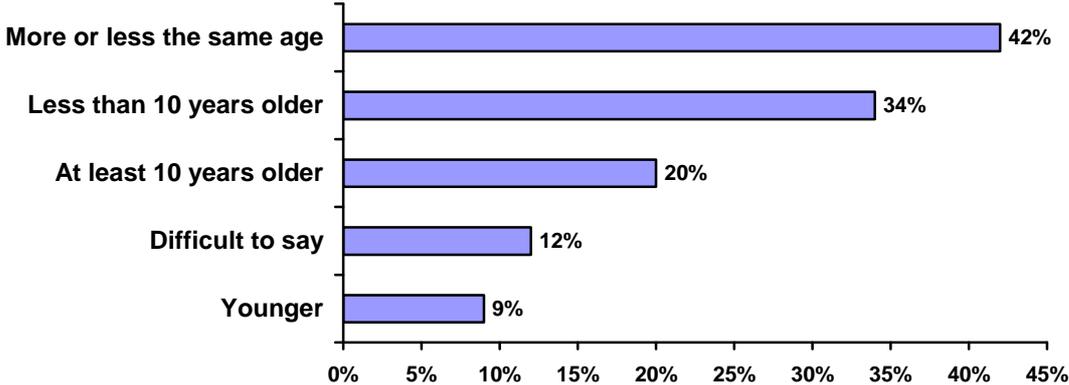
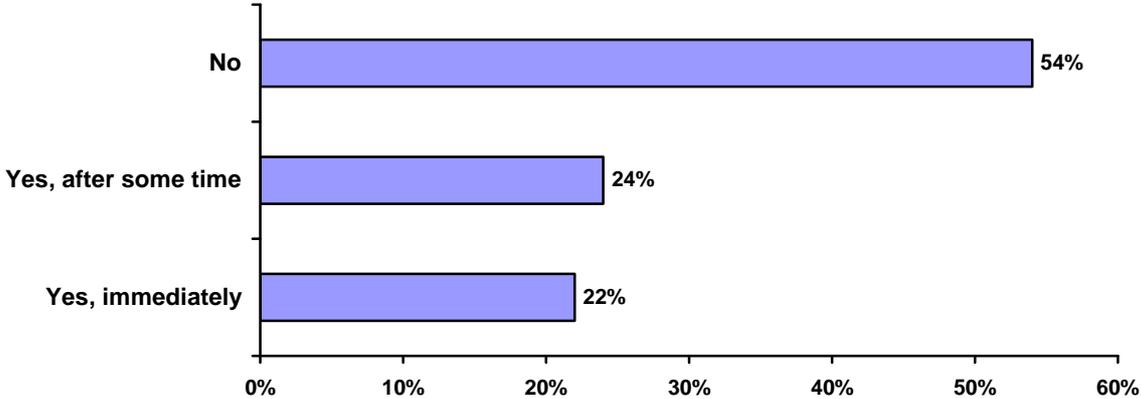
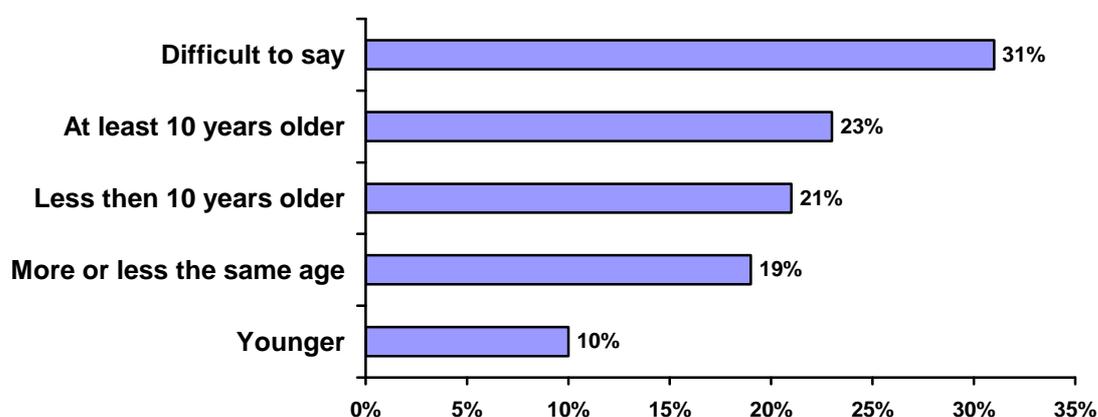


Figure 13. Touching private body parts: disclosure (N=59)



Nearly one tenth of the respondents (11%) experienced **sexual exposure**, i.e., someone made them look at their private parts when they did not want it. In case of sexual exposure experienced by institutionalized children, the abusers were significantly different than for other assessed victimizations; they were more likely to be strangers much older than the victim. The proportions of familiar/unfamiliar abusers were equal (50%). Exhibitionists were most frequently described as at least 10 years older (23%) or less than 10 years older (21%) than the respondent. The abusers were less likely to be described as more or less the same age (19%) or younger (10%).

Figure 14. Sexual exposure: abuser's age (N=52)



Almost one tenth of the respondents were victims of **Internet recruitment for sexual purposes** (9%); 3% had more than one such experience.

Rape and forced sexual intercourse were experienced (in the last year) by 8% of the subjects, and by 3% – more than once. A vast majority of the victims (79%) described the offender as a person they knew; one fourth (24%) of the victims did not know the abuser. Forty three percent of the victims reported that the abuser was more or less their age; 29% described the abuser as less than 10 years older, and one tenth of the victims – as at least 10 years older. Some of the victims reported that the abuser was younger than themselves (17%). In nearly half of the cases (48%) the offender was under the influence of alcohol or drugs. Almost two thirds of the victims (62%) never told anyone they had been raped.

Figure 15 . Forced sexual intercourse / rape: abuser’s age (N=42)

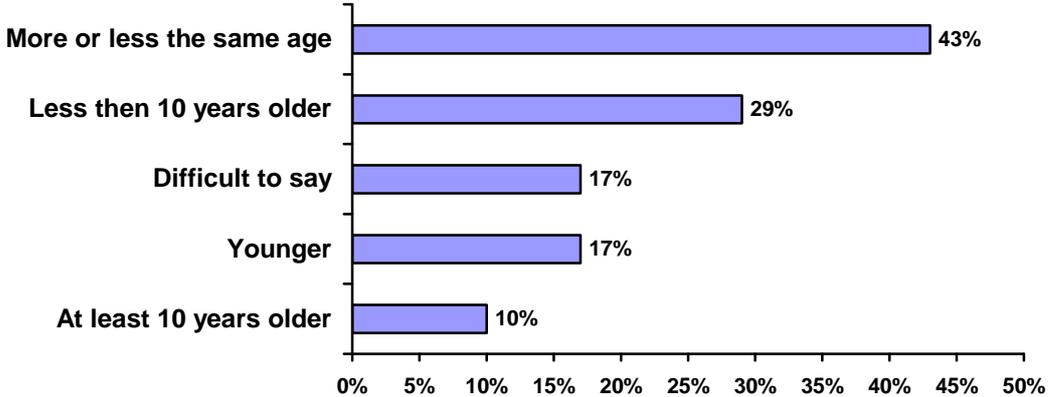
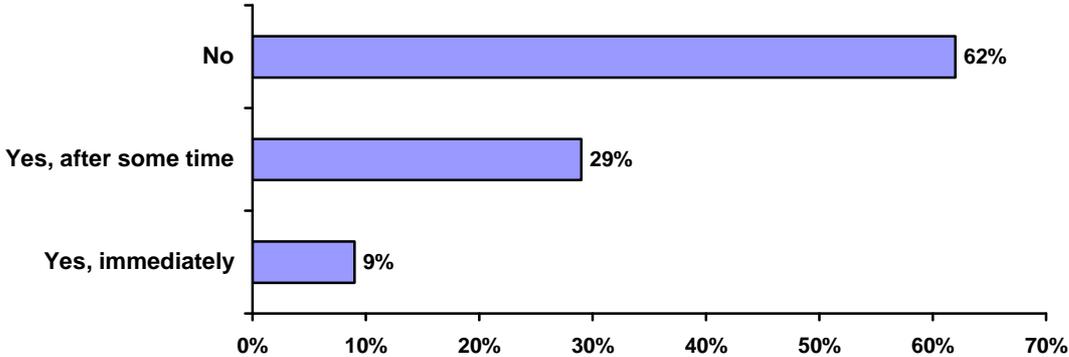


Figure 13. Forced sexual intercourse / rape: disclosure (N=42)



Every tenth respondent (11%) witnessed sexual assault or rape in the last year; 4% percent had more than one such experience. Definitions of child sexual abuse, specifying the types of sexual experiences perceived as abusive to children, often include direct forms of victimization, such as being a witness to sexual exposure, masturbation, or sexual intercourse, even when the child consents to such experiences. The respondents in the presented study were adolescents over 15, so – at least in legal terms – they are not considered victims of abuse in such situations. However, even passive involvement in a situation of rape may be traumatic for the witness, regardless of their age, and may lead to negative effects.

5.4.2. Sexual victimization 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, penalized in the Polish criminal law

and committed by grown-up offenders: touching private body parts, sexual intercourse, and involvement in child pornography.

Table 12. Sexual victimization: the respondents’ personal experiences before the age of 15, % (N=495)

Experiences before the age of 15	It didn't happen to me	It happened to me		
		once	a few times	many times
Touching private parts	84	11	4	1
Sexual intercourse	90	7	2	1
Child pornography	97	2	1	-

The largest group of the respondents experienced **bad touching** in their childhood (16% or 80 subjects). Eleven percent had one such experience, and the others – a few. Most of the respondents who experienced this type of victimization were abused by persons they knew (77%). As regards the victim’s age, one third of the victims were abused between the ages of 7 and 13, one fourth (25%) – between 13 and 15, and one fifth (21%) – under 7. The experience of bad touching was disclosed (immediately or after some time) by 50% of the victims.

Sexual intercourse with a grown-up by the age of 15 was reported by every tenth respondent (49 adolescents); for 7% it was an isolated experience. The largest group – nearly three quarters of the respondents with such experiences (74%) – had sex with adult offenders between the ages 13 and 15; every fifth of the victimized respondents (20%) was abused at the age of 7 to 13; and 12% – when they were under 7. Fifty one percent of the victims reported that they had told someone about the incident, either immediately or after some time.

Involvement in child pornography – i.e., being video-recorded or photographed naked before the age of 15 – was reported by 3% of the subjects (17 adolescents). In most cases they were abused by a stranger (59%), but 41% of the victims described the offender as a person they knew. Most of the victims of child pornography experienced this victimization between the ages 13 and 15 (59%). Nearly one fourth of the victims (23%) were 7 to 13 at the time of the abuse, and 18% were under 7. One third of the victims (35%) told someone about the abuse, while 65% never disclosed the experience.

Figure 17. Sexual abuse of the respondents before the age of 15: the abusers touching N=80; sexual intercourse N=49; child pornography N=17

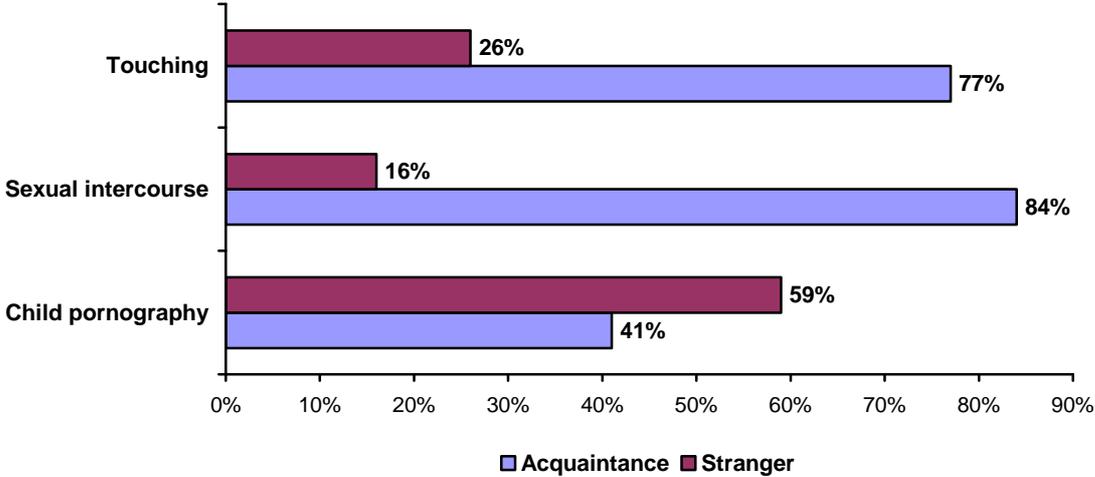


Figure 18. Sexual abuse of the respondents before the age of 15: victim's age touching N=80; sexual intercourse N=49; child pornography N=17

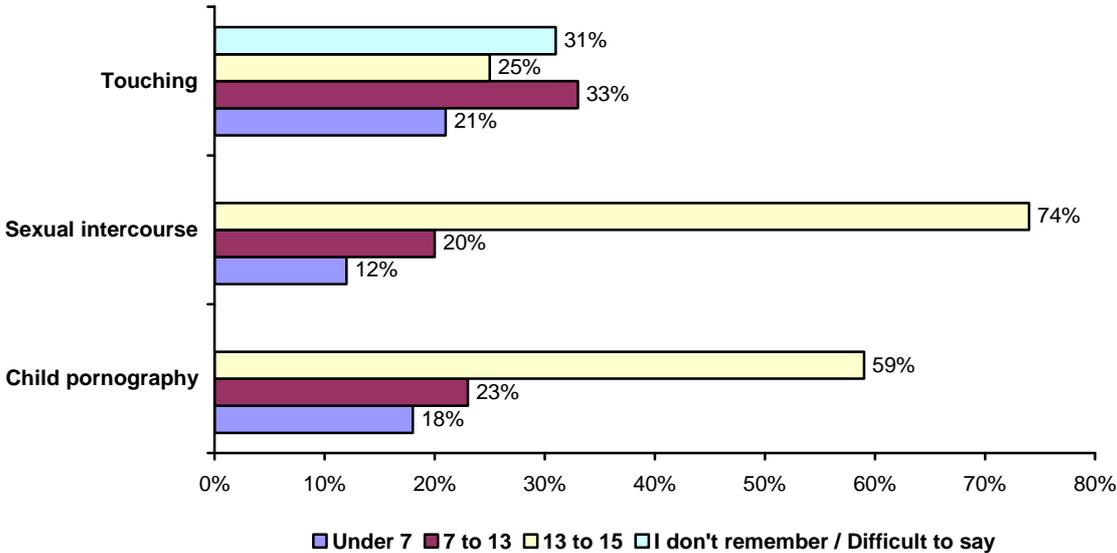
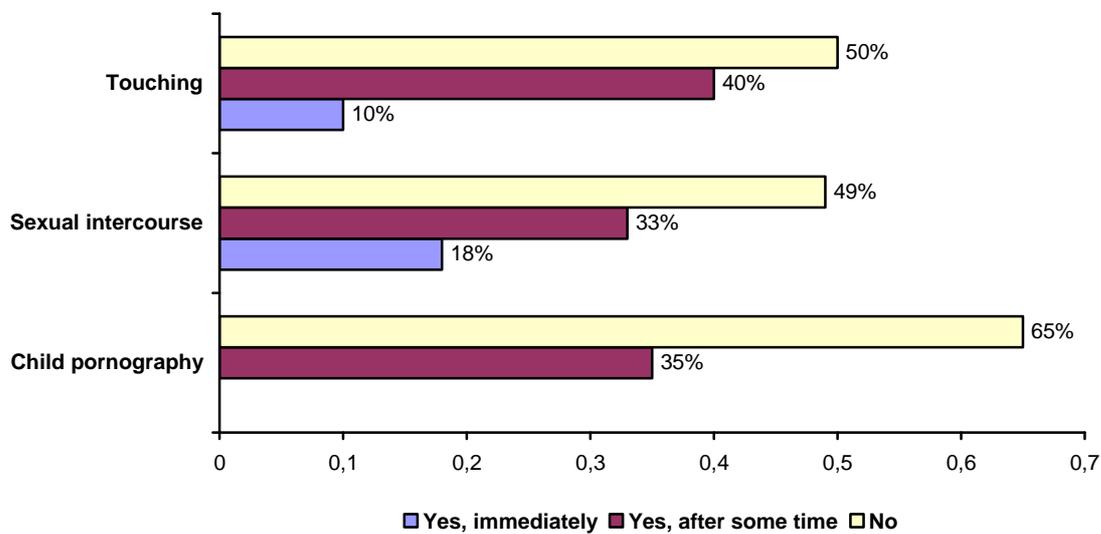


Figure 19. Sexual abuse of the respondents before the age of 15: disclosure

touching N=80; sexual intercourse N=49; child pornography N=17



Sexual abuse is another victimization category, which affects institutionalized children more frequently than their peers living in families. As previously emphasized, direct comparisons of the available research findings are not legitimate. Polish studies into the problem used different methodologies and different conceptualizations of the “sexual abuse” category. All the available data, however, suggest that children and adolescents living outside care institutions are significantly less likely to have sexual contact in their childhood than their institutionalized peers. In Zbigniew Izdebski’s retrospective study conducted in a group of adults (Izdebski, 2000), who were asked about their sexual experiences with grown-ups before the age of 15, only 3% of the subjects reported having experienced such situations. In a study by Grażyna Fluderska and Monika Sajkowska, conducted in a comparable group of adult Poles, only 3.8% of the respondents reported that they had experienced bad touching when they were under 15 (please remember that this form of victimization was experienced by 16% of institutionalized children!) and 1.3% were forced to have sex (compared to 10% of children in institutions!).

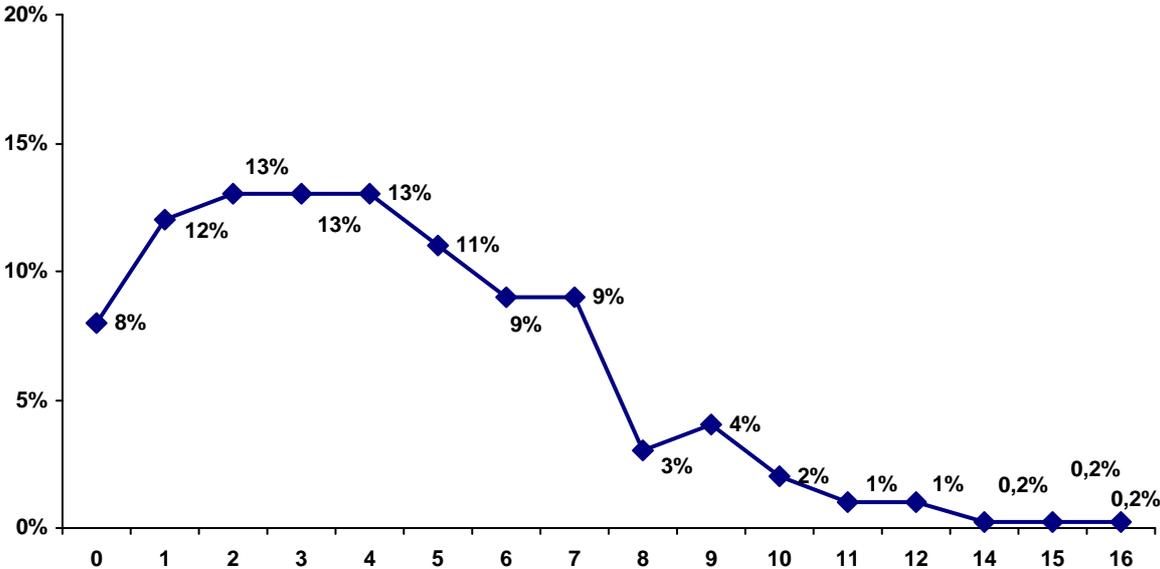
In the previously mentioned study by Ostrowska i Surzykiewicz (2005) 2% of high school students reported that they had been forced to sexual behaviors at school (in the preceding year), while 3% had such experiences outside school. Just to remember, in the sample of institutionalized children 12% experienced bad touching and 8% – forced sexual intercourse in the preceding year!

Summing up, both data on young people’s recent experiences and findings concerning all their childhood victimization experiences show that institutionalized children and adolescents

face an extremely high risk of sexual abuse. Based on the research findings it is difficult to conclude whether this results from neglect, lack of control, and unsatisfied emotional needs, or from living in an environment where the norms against treating children as sexual objects are often disregarded. Given the complex life stories of institutionalized children, all these factors may be expected to play a role in making these children particularly vulnerable to this form of victimization.

One measure of the degree of victimization is the number of victimization forms experienced within a specific period of time. In the group of respondents in the preceding year only 8% did not experience any of the 23 forms of victimization they were asked about. The largest proportion of respondents experienced from 1 to 5 types of victimization, however nearly 5% of the subjects experienced 10 or more situations identified as potentially abusive. The degree of the assessed experiences in the respondent group is illustrated in Figure 17. Obviously, the situations described in the questionnaire are not comparable because of the variable degree of the resulting trauma. It is difficult to compare rape and theft of a backpack, or verbal harassment and assault with a dangerous object. Therefore it is difficult to assess the degree of victimization by simply summing up the forms of experienced abuse. Exploring the subject requires in-depth statistical analyses and goes beyond the scope of this report.

Figure 20. The number of victimization forms experienced by the respondents in the preceding year (N=495)



We conducted correlational analyses of the relationships between the respondents' personal experiences and selected independent variables. The results suggest that there are significant relationships between: gender and physical abuse by peers (0.149); gender and Internet recruitment (0.137); age and theft (0.150); length of stay in the institution and dating violence (-0.110), and; length of stay in the institution and rape (-0.112). All these correlations are "unclear", i.e., the correlation coefficients are lower than 0.3. Similarly to the previously discussed correlations between the independent variables and the experiences of the subjects' peers, the coefficient of determination is low, which suggests other factors contributing to the occurrence of the assessed forms of victimization.

The correlation between the respondents' gender and physical abuse by peers suggests that most of the victims are boys, whereas another form of victimization – Internet recruitment for sexual purposes – affects more girls. Surprisingly, no relationship was found between the respondent's gender and any other form of sexual victimization.

Dating violence was most likely to be reported by respondents with a relatively short period of institutionalization. The longer the subjects lived in the care institution, the fewer experiences of dating violence they had. A similar relationship was observed between the length of stay in the institution and forced sexual intercourse. The longer the respondents lived in the institution, the fewer experiences of rape or sexual assault they reported.

5. Availability of help in case of victimization

The respondents were asked to evaluate the availability of help and support in selected situations described in the questionnaire. To answer this question some of them could evoke their personal experiences. The respondents with no such experiences evaluated the expected or potential assistance resources and/or based on the experiences of their peers in difficult situations. 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.

The respondents rated the availability of help in various situations on a 1–5 scale; 1 – "I'm sure I would find help", 4 – "I'm sure I wouldn't find any help", and 5 – "It's difficult to say".

A majority of the respondents believed that they would find assistance in each of the described situations. This is illustrated both by high percentages of the answers "I'm sure I would find help" and "Probably I would find help", and by the mean values on the scales.

Comparing all the situations described in this part of the questionnaire, the respondents were the most optimistic about getting help in case of disease, when in need of medical assistance and care (81% of positive ratings; the highest mean value, 1.78). The perceived availability of help in case of disease is correlated with the length of stay in the institution (Person's correlation -0.111). The respondents, who had lived in the institution for shorter than 3 years, were more likely than the institutional "veterans" to suspect that they wouldn't get adequate assistance if they were ill.

Another situation, in which most respondents expected to find adequate help, was physical abuse by schoolmates; 80% of the respondents thought they would be assisted in such a situation (mean value: 1.89). In case of physical abuse by other residents in the institution, 78% of the respondents (mean: 1.96) were optimistic about getting help.

The fact that a large group of the respondents believed they would not be helpless and left alone if affected by various forms of peer victimization, may suggest that their relationships with peers – both at school and in the care institution – are closely controlled by institutional staff, willing to protect children and adolescents under their care. The respondents, however, did not specify who would potentially help them, so there is an alternative explanation: perhaps many of the respondents believed that in potential conflicts with peers they could rely on their friends (or other peers).

Seventy three percent of the respondents said they would find help if their peers in the institution tried to force them to sexual behaviors (mean: 2.05). In case of unwanted sexual contact with a familiar grown-up, 71% of the subjects believed they would be provided adequate help (mean: 2.08). If they were forced to sexual contact by their schoolmates, 70% thought they would find assistance (mean: 2.15). Nearly as many respondents, namely 69%, were optimistic about getting help if they were forced to unwanted sexual contact by their custodians or teachers (mean: 2.14).

Seventy percent of the subjects replied that they would be helped if they experienced inability to cope with problems or the feelings of confusion and isolation (mean: 2.20).

Sixty eight percent of the respondents (mean: 2.23) believed they could rely on others' help in case of problems with drugs or alcohol.

Seventy percent of the adolescents were optimistic about the availability of assistance in case of problematic relationships with their closest family (mean: 2.25). If they experienced physical abuse by a family member, 66% of the subjects (mean: 2.8) believed they would be helped. If the abuse was inflicted by a custodian or a teacher, 62% of the respondents rated the availability of help positively (mean: 2.34).

The proportions of the positive answers – "I'm sure I would find help" and "Probably I would find help" – suggest that in each of the presented situations most respondents were optimistic about the availability of assistance. Special attention should be given to the mean

values, which make it possible to grade the described situations by the perceived availability of help. When this is done, it becomes clear that the respondents rate the chances for being helped in the following order: disease, peer victimization, sexual victimization, isolation, problems with drugs and alcohol, problematic interactions with the closest environment, and – the least optimistically – victimization by adults (family members, teachers, and custodial staff). The fear of isolation in a situation when people in the closest environment (those who should provide care and protection) become sources of violence and abuse, appears understandable and justified.

Notably, for each of the presented situations over 10% of the respondents believed they would left alone with their problems.

Table 13. Perceived availability of help in a range of difficult situations, % (N=495)

	You are physically abused by your schoolmates.	You are physically abused by other kids living in the children's home.	You are physically abused by a custodian or a teacher.	You are physically abused by a family member.	You are forced to do sexual things by your schoolmates.	You are forced to do sexual things by other kids living in the children's home.	You are forced to do sexual things by a custodian or a teacher.	You are forced to do sexual things by a grown-up you know.	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 find help	61	54	49	50	56	59	57	56	63	46	45	52
Probably I would find help	18	24	13	16	14	14	12	15	18	24	25	16
Probably I wouldn't find help	5	5	9	7	6	6	6	7	5	9	6	7
I'm sure I wouldn't find help	4	6	11	10	8	7	10	9	5	7	7	6
It's difficult to say	12	11	18	17	16	14	15	13	9	14	17	19
Mean	1.89	1.96	2.34	2.28	2.15	2.05	2.14	2.08	1.78	2.20	2.25	2.23

The respondents' ratings of the availability of help in case of physical abuse by other residents in the institution, custodians, or teachers were correlated with the institution where the respondents' lived. There were significant between-institution differences in the ratings, which may be interpreted as a result of differences in the atmosphere and the relationships between the custodians/managers and the residing children. This interpretation is confirmed by the fact that for each of the analyzed dependent variables (help in case of peer victimization in the institution, help in case of victimization by custodians, and help in case of domestic violence) the pessimistic ratings of the availability of help were always provided by children residing in the same set of institutions.

The percentage of respondents who believed that they would not find help in case of peer victimization in the institution, ranged from 0% to 29% (Pearson's correlation -0.102), depending on the institution. Ratings of the availability of help after experiencing abuse by custodians and teachers varied even more: from 0% to 40% of the residents said they would be left alone in such a situation (Pearson's correlation -0.092). Between 0% and 43% of the respondents – depending on the institution – believed that they could not rely on others' help if they were abused by a family member (Pearson's correlation -0.091).

6. The respondents' opinions on sexual contact

The respondents were asked about their opinions on different aspects of sexual contact. Again, 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 in institutions have internalized social norms and values referring to sexuality. However, as we will show later in this section, apart from the mainstream opinions, a significant number of institutionalized children hold beliefs inconsistent with the society's values, which may be related to their personal experiences.

Table 14. The respondents' opinions on sexual contact, %

	Sexual contact always requires the partner's consent.	Sexual partners should be more or less the same age.	Sexual contact should always take place in privacy.	Family members, such as brother and sister, or father and daughter should not have sexual contacts.	If an adolescent is mature enough, they may have sexual contacts with grown-ups, even before the age of 15.	Grown-ups, who had proven sexual contacts 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	69	39	61	68	15	61	44
I rather agree	10	31	20	6	9	9	18
I rather disagree	6	12	6	5	22	6	8
I strongly disagree	7	5	4	14	42	16	10
Difficult to say	8	13	9	7	12	8	20
Mean	1.76	2.21	1.80	1.87	3.27	2.01	2.45

“Sexual contact always requires the partner's consent”.

A vast majority of the respondents – nearly 80% – believe that the partner's 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 13% 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”.

Seventy percent of the respondents declare strong or moderate agreement with this statement. Seventeen percent are willing to accept large age differences between sexual partners and 13% have no opinion on this issue.

“Sexual contact should always take place in privacy”.

Most respondents (81%) believe that sexual contact is an intimate activity, which should always take place in privacy. Ten percent of the subjects hold a different opinion, and thus express their permission for demonstrating sexual behaviors or at least for not making secret of them. Obviously, the interpretation of this pattern of responses depends

significantly on the definition of „sexual behaviors“. Does it include hugging and kissing, or is it limited to more advanced forms of sexual contact? Most adult Poles (69%) accept hugging and kissing in public, but a vast majority (70%) does not permit passionate kissing in the presence of others (Izdebski, Ostrowska, 2003). It seems that the use of a broad concept of “sexual contact”, without identifying specific behaviors, was a wrong decision that hinders the interpretation of the respondents’ answers. Nevertheless, the intimacy of sexual contact appears an important value for most institutionalized adolescents.

“Family members, such as brother and sister, or father and daughter, should not have sexual contacts”.

Unexpectedly many respondents accept incestuous contacts. As many as 19% of the subjects expressed a moderate or strong permission for such relationships, which seems surprising and disturbing in the context of the universality of social and legal norms against sexual contact between close relatives. It is unclear, which of the factors – contrariness, misunderstanding, or genuine acceptance of sexual relationships between close relatives – contributed to this pattern of responses.

Despite the fact that 74% of the subjects condemned incestuous relationships and the percentage of adolescents with no opinion on this issue was lower than for other questions (7%), the level of permission for such sexual contact was extremely high in the respondent group, though the findings are inconclusive without exploring the opinions of representatives of other social categories.

“If an adolescent is mature enough, they may have sexual contacts 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 one fourth of the respondents believe that children under 15 may have sexual contacts with adult partners, if they are characterized by some indefinite “maturity”. Twelve 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. Disapproval would lead to low self-esteem, self-stigmatization, and guilt. Our desire to reduce such feelings may activate the process of rationalization and significantly influence what we generally judge as right or wrong.

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

The acceptance of early sexual contacts resulted in a relatively high level of indulgence toward child sexual abusers. Twenty two percent of the respondents disagreed with the demand for severe punishment of adults who had sexual contacts with children. In a study conducted in a sample of adult Poles (Fluderska, Sajkowska, 2001) over 95% of the subjects supported punishment of child sexual abusers. Although the adjective “severe”, which was not used in the study of adults, may have contributed to this enormous difference, the institutionalized adolescents’ tolerant attitudes toward grown-ups, who have sexual contacts with children, should be perceived as exceptionally frequent.

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

The last of the questions concerning the respondents’ attitudes toward different aspects of sexual behaviors refers to their subjective assessment of the knowledge they had as children on threats related to sexual abuse, and their resulting ability to avoid such situations. Sixty two percent of the subjects believe they were aware of such threats and able to recognize and avoid them. Nearly one fifth of the respondents (18%) evaluate their childhood awareness of this problem as insufficient, while a similar percentage (20%) find it difficult to assess their knowledge.

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

Summary

1. Institutionalized children perceive theft and abuse by peers as the most frequent forms of victimization. Three quarters of the adolescent respondents know peers who experienced such events in the last year.

2. As many as 17% of the children reported knowing at least one person who had been forced to have sex in the preceding year. Every tenth adolescent respondent witnessed such a situation.

3. With regard to the child respondents' personal experiences, they were most likely to experience victimizations involving violation of their property. In the last year 70% of the child respondents had one of their things stolen and never returned, while nearly a half experienced vandalism (i.e., had one of their things broken or ruined on purpose). Such experiences were significantly more frequent among institutionalized children than in the general population of their peers.

4. Cases of child maltreatment by adults were relatively frequent. In the last year more than half of the institutionalized children experienced verbal abuse and humiliation, and nearly one third were abused physically. In most cases the abuser was a family member. Corporal punishment is also used by institutional custodians: almost one third of the victims of physical abuse were beaten by their custodians in the institution.

5. Nearly one third of the child respondents were physically abused by their peers and 20% experienced various forms of bullying. Just as many residents were assaulted by groups of young people. They were abused by their schoolmates or by other residents in the institution (with a similar frequency). The percentage of residents, who were beaten by their peers in the last year, was three times higher than among children living in families.

6. Approximately every tenth adolescent respondent experienced some form of sexual victimization in the last year: from touching and exposing private body parts to Internet recruitment for sexual purposes to forced sexual intercourse.

7. In the last year 8% of the child respondents experienced rape or forced sexual intercourse, with 3% of the sample having more than one such experience. A vast majority of the victims reported that the abuser was someone they knew, a person more or less their age. In nearly

half of the cases the abuser was under the influence of drugs or alcohol. Two thirds of the victims never told anyone they had been raped.

8. One tenth of the adolescent respondents reported having had sex with an adult when they were under 15. Twelve percent of these children had sex with a grown-up when they were younger than 7.

9. A majority of the adolescent respondents were optimistic about the availability of help in difficult life situations. However, in each of the presented situations more than 10% thought they would be left alone with their problem. Such assessments usually referred to maltreatment by adults: family members and custodians.

10. Most adolescent respondents recognize commonly accepted social norms concerning sexual contact. However, disturbingly many of them permit coercion or perhaps even violence in intimate relationships, and one fourth of the young people accept sexual contacts between adults and children under 15.

III. Victimization of children in care institutions: reports and attitudes of institutional staff

1. The respondents

The survey of institutional staff pursued two main goals: (1) to explore the staff's knowledge about victimization experiences among residents in their institutions, and (2) to study their attitudes and assessments related to child sexual abuse and to resources available to the residents, who have experienced sexual abuse or other traumatic events. By comparing the professionals' reports and the responses of institutionalized children we hoped to find out whether persons, who take responsibility for these children and are obliged to help them, are able to diagnose their problems.

The selection criterion for the staff respondent group was their comprehensive knowledge about the institution and all the children residing there. As found in the pilot study, some custodians' knowledge of the residents' problems is limited to the group directly under their care. The selection of professionals who met the criterion was a responsibility of local coordinators.

The staff sample comprised 179 professionals working in 39 institutions. Because the institutions differed in the number of residents and, consequently, the number of staff, the size of the respondent group also varied from institution to institution. There were from 3 to 7 respondents from each institution, except for a large children's home in Gostynin, where we selected 11 staff members.

Women made 82% of the sample, men – 16%, and 2% of the respondents failed to provide information on their gender. The largest group of respondents were between 36 and 45 years old (43%), followed by their younger colleagues aged 25–35 (29%) and a slightly smaller group of 46–55-year-olds (26%).

Nearly half of the respondents (49%) worked in the institution for more than 10 years, including 11% with over 20 years' practice. This relatively long period of working in the institution was related to the selection criterion: persons with comprehensive knowledge about the institution are likely to hold functional or managerial positions, and reaching such a status is associated with the length of professional practice.

Figure 18. The respondents' age (N=179)

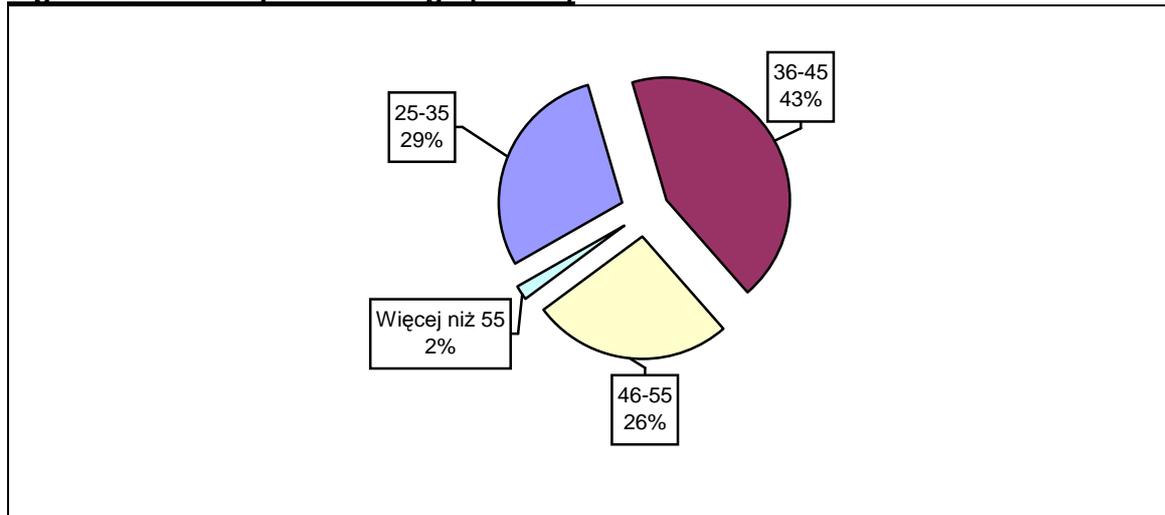
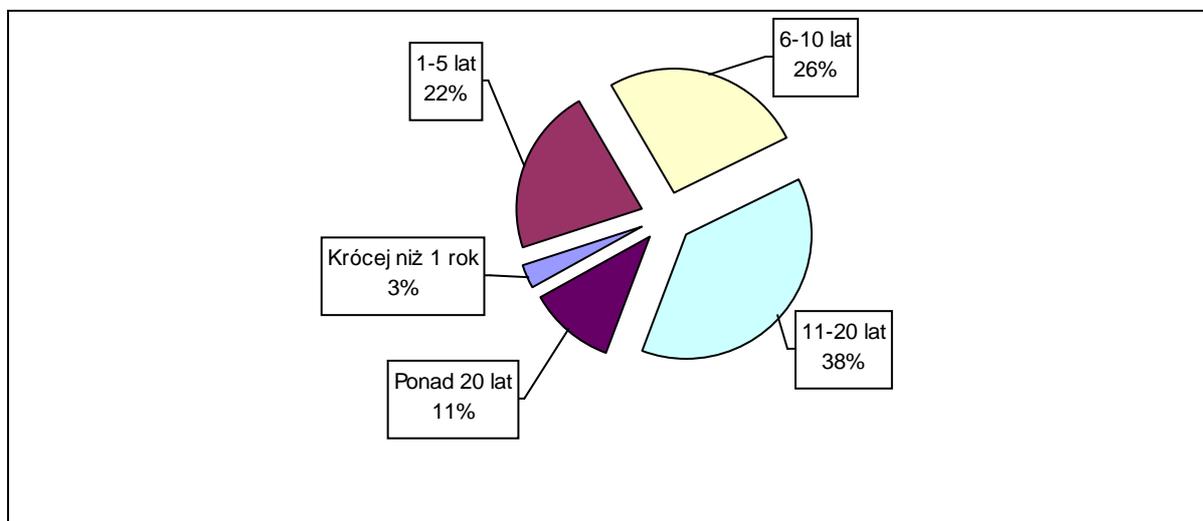
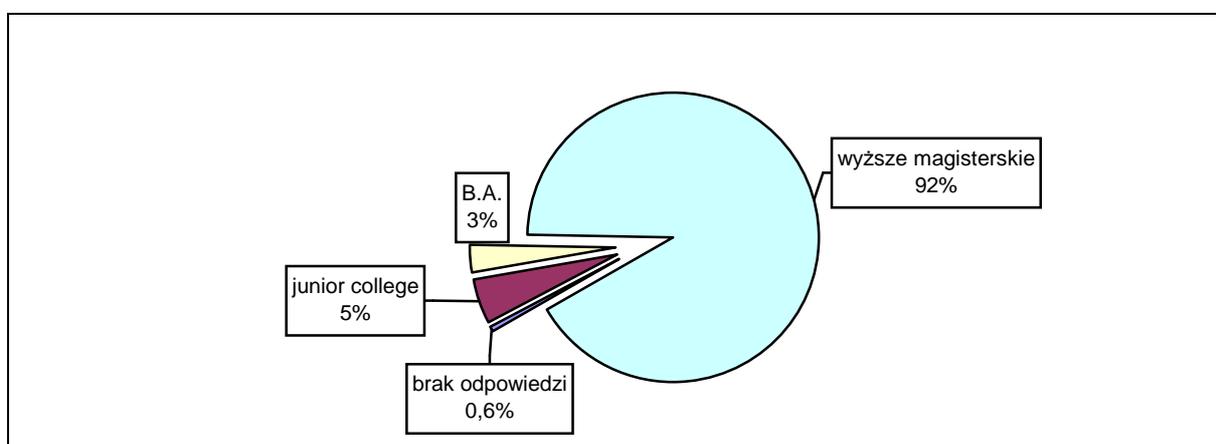


Figure 19. Professional practice in the institution (N=179)



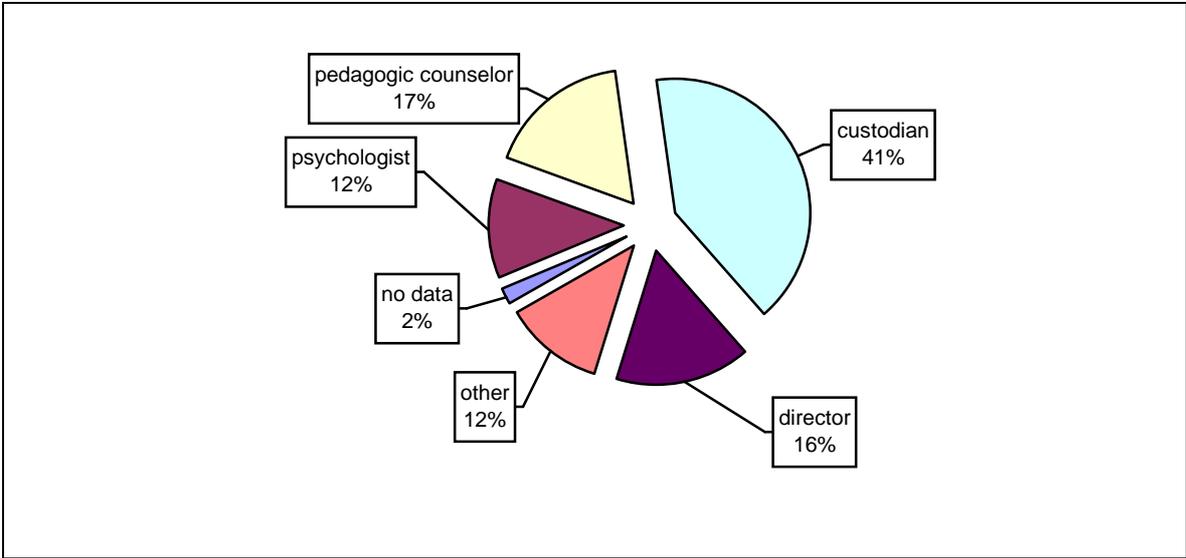
A vast majority of the respondents reported having higher education (95%), including 92% with the M.A. degree.

Figure 20. The respondents' education (N=179)



As regards the respondents' professional functions in the institution, custodians were the largest group (41%). Some custodians' limited knowledge about the problems of all residents, which was found in the pilot study, was not a universal rule. In small institutions employing few custodians (sometimes a dozen or so), each professional knew all the residents and each custodian was an expert we sought. The proportions of pedagogic counselors (each institution employs one such professional; bigger homes may have two of them) and directors and deputy directors were very similar: 17% and 16%, respectively. Institutional psychologists constituted 12% of the respondent group. The remaining 12% of the respondents were categorized as "Other", e.g., social workers, nurses, and administration managers.

Figure 21. The respondents' professional functions in the institution (N=179)



Eighty eight percent of the subjects categorized themselves as religious believers, including 6% who described their religiousness as "deep". Nine percent were "hesitant about religion", 2% described themselves as nonbelievers, and 2 respondents did not provide any information about their religious beliefs.

2. The professionals' assessment of victimization experiences among the residents.

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

The analysis of the „difficult to say” answers with regard to such an assessment 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 most confident assessments concerned the experiences of abusive peer relations, theft, assault, and acts of vandalism. The respondents were most likely to provide the “difficult to say” response when asked about the experiences of sexual victimization, dating violence, and domestic violence among children under their care.

The adolescents’ responses suggested that **theft** was their most frequent victimization experience in the last twelve months. The professionals shared this opinion on the prevalence of theft: only 5% reported that there had been no cases of theft among children and young people residing in the institution. Seventy six percent knew of residents who had experienced this form of victimization, and 46% suspected that theft may have occurred.

Nearly half of the respondents (48%) knew of cases of **vandalism** or damaging the respondents’ things on purpose. This assessment is consistent with the residents’ reports (47% of the surveyed adolescents had one of their things broken or damaged in the last year).

The respondents were relatively less likely to identify cases of other conventional crimes. Thirty five percent of the subjects were convinced that none of the residents in their institution had experienced **robbery** (the use of force to take away one of their things). At the same time, every fourth respondent admitted that they may be unaware of such incidents (“difficult to say”), and nearly one third were sure that some residents had experienced this form of victimization. **Assault** was not diagnosed by 64% of the respondents, while 21% knew of residents who had been assaulted.

As already mentioned, the respondents were skeptical about their knowledge about child maltreatment experienced by children under their care. Almost one third of the subjects found it difficult to assess if any of the children had been **beaten by their parents or caregivers** in the preceding year. One in three respondents, however, knew of residents who had experienced physical abuse by grown-ups in their lives (parents or caregivers) or witnessed acts of domestic violence (31% and 32%, respectively). The largest proportion of the respondents knew of cases of **psychological abuse** by family members – humiliating, calling names, etc. – experienced by some residents in the institution.

Except for dating violence, which – for obvious reasons – was perceived as difficult to diagnose, the surveyed professionals were the most confident about their knowledge in the area of peer conflict and **abusive treatment by peers**, which was reflected by a relatively low percentage of the “difficult to say” answer. The second largest proportion of the respondents (after the percentage of staff members who knew of cases of theft) were aware

of experiences of physical and psychological abuse by peers among the residing children. Sixty five percent of the subjects knew residents who had been beaten by their peers in the preceding year, and almost half of them could identify victims of bullying among children under their care. Knowledge of cases of group assault was the least prevalent: 45% of the respondents believed that none of the residents had experienced this form of victimization, while 35% knew victims of group violence in their institution.

Table 15. The professionals' assessment of victimization experiences among the residents (%) (N=179)

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	5	76	46	5
Robbery	35	31	21	25
Vandalism	21	48	36	16
Assault	64	21	13	9
Child maltreatment				
Physical abuse by adults	26	31	19	32
Psychological abuse by adults	15	40	36	22
Witness to domestic violence	8	32	39	33
Peer victimization				
Physical abuse by peers	9	65	40	9
Group assault by peers	45	35	15	12
Bullying / Psychological abuse by peers	15	50	33	17
Dating violence	41	7	5	46
Sexual victimization				
Sexual exposure	46	13	9	33
Touching private body parts	36	17	9	41
Verbal harassment	36	7	9	48
Sexual intercourse / rape	63	5	3	29
Internet recruitment	68	2	2	27

The respondents found it the most difficult to assess the experiences of **sexual victimization** among children in the institution. Their uncertainty, resulting in a high percentage of the "difficult to say" response, seems understandable. What appears more surprising is a relatively large number of staff members who were sure that children in their institutions had not experienced the forms of victimization described in the questionnaire. As illustrated in Table 15, about two thirds of the professionals held this belief in relation to forced sexual intercourse (63%) and Internet recruitment for sexual purposes (68%). Moreover, a significant proportion of the staff members reported being sure that residents in their institutions had not experienced any other form of sexual victimization. Given the children's reports, suggesting an extremely high risk of sexual abuse, there is a justified

concern that the professionals' optimism may result from their lack of sensitivity to the problem, rather than from the residents' genuine security.

2. Interventions undertaken in institutions in cases of child victimization

A vast majority of the professionals, who identified 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 Table 16, the largest deviations from the principle of unconditional intervention were found for dating violence (only 60% of all responses were affirmative) and verbal harassment (56%), which may stem from regarding such experiences as trivial or private.

The respondents were relatively more likely to refrain from intervention in cases of child maltreatment and domestic violence, whereas in nearly all cases of conventional crimes against residents, severe forms of sexual victimization, and peer violence, some intervention measures were undertaken.

Table 16. Interventions in identified cases of victimization, as assessed by the staff (%)

Form of victimization	Yes	No	Sometimes yes, sometimes no	Difficult to say	ND
Theft (N=156)	87	2	10	-	1
Robbery (N=70)	89	7	-	1	3
Vandalism (N=113)	86	1	10	2	1
Assault (N=44)	84	2	7	-	7
Physical abuse by adult (N=72)	72	8	13	6	1
Psychological abuse by adult (N=110)	64	6	26	4	-
Witness to domestic violence (N=104)	63	5	13	13	6
Physical abuse by peers (N=146)	91	-	7	-	2
Group assault by peers (N=74)	77	11	5	4	3
Dating violence (N=20)	60	20	5	10	5
Sexual exposure	91	-	6	3	-
Touching private parts (N=39)	82	-	13	-	5
Verbal harassment (N=27)	56	7	7	11	19
Sexual intercourse / rape (N=13)	100	-	-	-	-
Internet recruitment (N=7)	86	-	-	-	14

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 partly on the type of victimization.

Table 17 presents the respondents' answers concerning the individuals or institutions that undertake interventions in various cases of victimization. Notably, regardless of the type of victimization, the respondents were most likely to attribute interventions to **members of the institutional staff**. They listed persons performing specific functions in the institution or used the general category of "institutional staff". In most cases the intervention is undertaken by the custodian, particularly in response to victimizations such as vandalism (93%), theft (92%) and abuse by peers (bullying: 82%, physical abuse: 78%). Furthermore, a majority of the respondents emphasized the custodian's role in clarifying cases of domestic violence (child maltreatment) and some forms of sexual abuse.

A significant proportion of the professionals pointed to **the institution's pedagogic counselor** as the person who intervenes in almost all the situations listed in the questionnaire, especially in cases of peer victimization and sexual victimization, but also theft, robbery, and vandalism. Such events often occur in the institution, with other residents involved – some of them as abusers – hence the important role of the internal pedagogic counselor.

Psychologists intervene primarily in cases of domestic violence. Moreover, the respondents' answers suggest that it is the institution's psychologist who is most likely to undertake intervention when children are sexually abused.

When asked about interventions in cases of abusive behaviors that are unconditionally penalized by the Polish criminal law – such as theft, robbery, assault with an object or weapon, or child sexual abuse – the respondents tended to expand the above mentioned list of professionals by the institution's director, police officers, or (occasionally) representatives of the court.

Table 17. Persons undertaking interventions in identified cases of victimization of residents

Form of victimization	Institutional staff	Director	Custodian	Psychologist	School pedagogic counselor	Institutional pedagogic counselor	Another resident	Teachers	Witnesses	Court	Police	Other
Theft	3	52	92	16	-	34	6	1	-	-	22	1
Robbery	13	32	50	8	7	44	2	5	-	3	23	7
Vandalism	2	39	93	6	1	32	6	6	1	0	2	2
Assault	17	39	70	4	-	17	4	-	-	0	22	4
Physical abuse by adult	10	34	59	30	5	23	-	5	3	5	8	15
Psychological abuse by adult	3	27	65	31	6	42	-	1	2	2	-	11
Witness to domestic violence	14	30	42	10	5	28	1	1	8	5	19	18
Physical abuse by peers	13	22	76	13	4	35	-	15	1	4	16	4
Group assault by peers	-	46	44	26	2	36	-	7	-	-	-	8
Dating violence	8	15	77	38	-	46	-	-	8	-	8	8
Bullying by peers	5	43	82	37	7	52	-	6	2	-	5	-
Sexual exposure	6	40	63	49	3	43	-	-	-	-	17	-
Touching private parts	-	22	54	70	-	46	3	-	3	8	14	14
Verbal harassment	-	6	41	41	-	30	6	-	-	-	6	12
Sexual intercourse / rape	8	39	39	23	-	15	-	-	-	8	31	31
Internet recruitment	-	17	67	50	-	33	-	-	-	-	-	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 (or the type of victimization). The types of interventions listed by the respondents could be categorized as:

1. Interventions targeted directly or indirectly at the abuser: identifying the abuser; talking to the abuser, to his parents, friends, etc.; punishing the abuser and making him compensate the inflicted harm; the abuser's therapy.
2. Interventions targeted directly or indirectly at the victim: talking to the victim and their family members; forensic medical assessment; therapy.
3. 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.

Talks are the most prevalent type of intervention mentioned by the respondents. Group or individual, they are conducted with the victims, the abusers, family members, and mates/peers of the victim and the abuser. They may perform various functions: they may be

a part of the intervention process (e.g., when leading to the identification of the abuser) or the intervention itself; they may pursue various goals, such as supporting the victim, explaining the case or resolving a conflict.

Data presented in Table 18 show that **legal interventions** are most likely to be undertaken in cases of sexual victimization and severe conventional crimes: robbery and assault. In other cases the intervention is limited to activities within the institution. Interestingly, not a single respondent reported undertaking legal intervention in response to theft. Apparently – as both the residents and the custodians admit – this form of victimization is an everyday reality of institutional life, so it is dealt with internally.

In the identified cases of victimization of residents, abuser-focused interventions are undertaken mainly in response to theft, vandalism, robbery, and peer violence. If the abuser is another resident in the institution, they are usually identified, talked to, punished and made to compensate the inflicted harm. Such internal interventions targeted at the abuser are hardly ever undertaken in case of sexual victimization, which is usually dealt with by specially appointed external services.

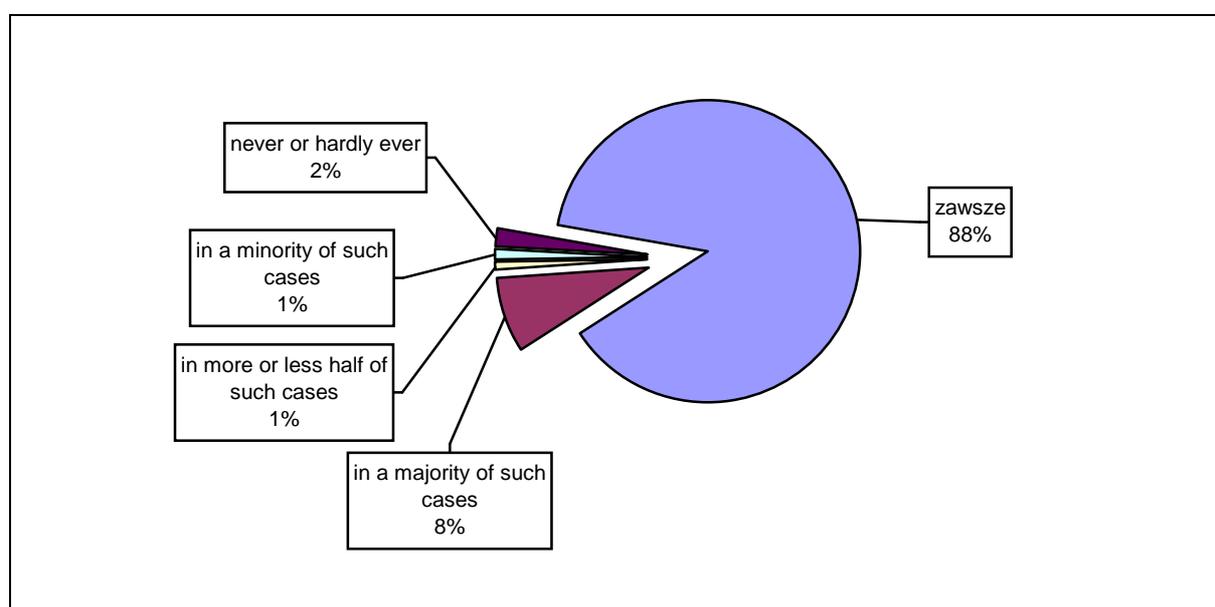
Table 18. Types of interventions undertaken in identified cases of victimization of residents

Type of intervention	Group talks	Individual talks with victim	Individual talks with abuser	Talks with parents & family members	Talks (without specifying target)	Identification of abuser	Punishment of abuser	Making abuser compensate harm	Therapeutic help for abuser	Therapeutic help for victim	Forensic medical assessment	Legal intervention	Therapeutic help (without specifying target)	Other
Theft	15	4	8	3	41	43	7	14	-	-	-	-	-	-
Robbery	3	16	3	8	23	19	8	10	-	3	-	71	-	8
Vandalism	11	2	17	4	39	26	13	37	-	-	-	6	4	9
Assault	9	4	22	13	35	-	-	-	4	4	17	48	-	9
Physical abuse by adult	-	15	26	38	23	2	-	-	3	3	-	34	10	7
Psychological abuse by adult	1	17	16	49	26	1	-	-	1	-	-	8	7	6
Witness to domestic violence	3	9	6	28	17	3	4	-	1	5	-	19	-	29
Physical abuse by peers	12	8	15	5	48	9	12	2	4	-	1	25	4	10
Group assault by peers	10	3	2	-	39	10	3	-	-	2	-	7	3	12
Dating violence	-	39	46	-	31	-	-	-	-	-	-	23	-	-
Bullying by peers	8	6	17	5	55	4	18	7	7	4	-	19	8	6
Sexual exposure	6	11	6	3	46	9	-	-	3	17	-	46	6	6
Touching private parts	3	14	11	5	30	14	3	-	14	27	-	43	16	5
Verbal harassment	12	18	6	-	29	12	-	-	-	6	-	18	6	24
Sexual intercourse / rape	-	-	-	-	8	-	-	-	-	23	-	69	-	-
Internet recruitment	-	33	-	-	33	17	-	-	-	-	-	33	-	-

Table 19. Diagnosis and interventions undertaken by the respondents in the last year, in cases of sexual victimization of residents under 15 by a:

	Family member	Unrelated grown-up	Peer
It didn't happen to me	77	82	79
It happened to me once	14	9	17
It happened to me a few times	7	6	1
No answer	2	3	3

Figure 22. Undertaking interventions by respondents suspecting that a resident in their institution has been sexually abused (%) (N=89)



3. The professionals' knowledge about symptoms of child sexual abuse

For obvious reasons, the respondents' statements in the self-report questionnaire are insufficient to find out whether they are able to diagnose symptoms of sexual abuse in children under their care.

Generally, suspected sexual abuse requires a complex diagnostic process, and if no medical symptoms are found that would conclusively corroborate the abuse (such as lesions in the child's genitals, the presence of the abuser's sperm, or pregnancy), none of the alarming symptoms observed in the child may be considered decisive evidence of 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 behaviors deviating from the developmental norm (Pawlak-Jordan,

Zmarzlik, 2005). This task was presented to the professionals participating in the study. They were asked to categorize sexual behaviors 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 prove the most accurate and the choice of both proposed alternatives may have turned out equally justified.

The respondents’ answers varied significantly. Notably, there were relatively few responses demonstrating the subjects’ ignorance or insensitivity to potential threats to children. More often the respondents were overly cautious in their assessment of behaviors that are considered normal in pre-school children. The subjects perceived such behaviors as alarming or even diagnostic of sexual abuse. Also behaviors, which for different reasons may be a source of concern and should enhance the caregiver’s vigilance, but may suggest abuse only if occurring with exceptional intensity or in a syndrome of other symptoms, were assessed by many respondents as a highly diagnostic sign of victimization.

Thirty percent of the respondents thought it was abnormal for preschool children to **look at their own private parts or their peers’ genital area**, which is a normal developmental behavior at this age.

Only 3 % of the respondents considered it normal if a child **put something in their genitals or the anus**, and more than half (52%) tended to perceive such behavior as evidence of sexual abuse, although it is associated with preschool children’s normal tendency to explore all body holes.

Eighteen percent of the subjects viewed **masturbation** as a normal sign of a preschooler’s sexuality, which can be considered the right answer in the light of the existing literature on children’s sexual development. However, it is difficult to question the choice of a majority of the respondents (66%), who categorized such behavior in children as alarming. Excessive masturbation may be a sign of the child’s problems, including problematic sexual contacts. Every tenth respondent perceived masturbation as diagnostic for sexual abuse, an interpretation which would turn out erroneous in many cases.

Using vulgar terms for private body parts may be alarming, as a majority of the respondents (63%) believes. However, it is groundless to view such behavior as a symptom of sexual abuse, which is the opinion of one fourth of the respondents (27%).

The subjects’ oversensitivity in the assessment of threats related to sexual abuse is also reflected in their perception of a child’s **refusal to undress in others’ presence** (30%) or **drawing naked human figures with genitals** (44%) as highly probable effects of abuse. This categorization, however, is accurate for behaviors such as **accounts of someone putting their tongue into the child’s mouth** (74%), **drawing human figures making sex**

(72%), or – with a lower level of certainty – **simulating sexual intercourse when playing with dolls.**

Table 12. The professionals’ assessment of sexual behaviors in preschool children (%) (N=179)

	It is a normal, healthy behavior.	It is alarming and requires special attention.	It is a very likely effect of sexual abuse.	It's difficult to say.	No response
Looks at his/her genitals and compares them with other children’s private parts.	70	21	1	7	1
Masturbates.	18	66	9	5	2
Puts something inside his/her genitals or anus.	3	36	52	7	2
Simulates sexual intercourse while playing with dolls.	1	36	56	3	4
Uses vulgar terms for private body parts and sexual activities.	2	63	27	5	3
When drawing a naked human figure, marks the genitals.	6	34	44	13	3
Draws humans making sex.	1	22	72	3	2
Definitely refuses to undress in other people’s presence.	8	48	30	12	2
Willingly kisses grown-up persons.	43	29	3	24	1
Reports that an adult put the tongue into his/her mouth.	1	21	74	1	3

3. The professionals’ assessment of help available to residents in difficult situations

Data concerning the professionals’ opinions on the availability of help that institutionalized children may rely on in difficult situations, seem to illustrate the respondents’ strong identification with their professional roles, but also – to some degree – their lack of critical judgment. As shown in Table 13, 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. The mean value of all the responses to this bloc of questions is close to 1 (one would suggest absolute agreement).

Although the adolescents’ perceptions of available help were also optimistic – as was discussed in the previous chapter – the variation of their assessments seems more representative of the real situation of institutionalized children. The real availability of help

does not only depend on the guaranteed access to specialists in the institution. It is also a function of these specialists' competence and credibility (as perceived by the children), as well as specific aspects of the residents' problems, which are often very difficult to change. It appears that answering these questions the professionals' interpreted the term "help" as "any help", rather than "real help".

Table 13. The professionals' assessment of help available to residents in difficult situations, % (N=179)

	They are physically abused by their schoolmates	They are physically abused by other residents.	They are physically abused by a custodian or a teacher.	They are physically abused by a family member.	They are forced to do sexual things by their schoolmates.	They are forced to do sexual things by other residents.	They are forced to do sexual things by a custodian or a teacher.	They are forced to do sexual things by a grown-up they know.	They are sick and in need of medical care and assistance.	They feel unable to cope with problems, confused and isolated.	They have problems with relationships with the closest family or with their girlfriend/boyfriend	They have problems with alcohol or drugs.
I'm sure they would find help	86	92	82	73	86	91	93	89	99	85	74	86
Probably they would find help	13	8	15	25	11	7	5	7	1	14	22	12
Probably they wouldn't find help	1	-	1	-	-	-	-	2	-	1	2	1
I'm sure they wouldn't find help	-	-	-	-	-	-	1	-	-	-	-	-
It's difficult to say	-	-	2	2	3	3	1	2	-	-	2	1
Mean	1.14	1.07	1.23	1.29	1.20	1.11	1.11	1.19	1.01	1.15	1.34	1.17

4. The professionals' opinions on sexual contact

Similarly to the adolescent respondents, the professionals answered questions that diagnosed their acceptance of social norms concerning sexual contact. In contrast to the surveyed adolescents, however, the adult respondents were nearly unanimous in their

agreement with the morally “correct” statements and their disagreement with the “incorrect” ones.

Some variation in opinions was observed only for the statement concerning the acceptability of age differences between sexual partners, an issue regulated by societal rather than moral norms. Sixteen percent of the respondents did not share the opinion that sexual partners should be more or less the same age, and almost one tenth found it difficult to judge.

Few respondents disagreed with the opinion that sexual abusers of children should be severely punished (6%).

There were also professionals who seemed to accept incestuous relationships (6%), however given the general acceptance of moral norms concerning sexual contact in the respondent group, such answers may have resulted from the double negation in the question–response sequence.

The professionals’ opinions confirm the internalization of norms that prohibit sexual contacts between close relatives and between an adult and a child, as well as norms protecting the voluntary nature of any sexual contact. As discussed in the previous chapter, these norms were significantly less internalized in the group of institutionalized children. Presumably, some of the adolescent respondents never learned these norms in the socialization process, while their personal experiences contradicted them.

Table 14. The institutional staff’s opinions on sexual contact (%) (N=179)

	Sexual contact always requires the partner’s consent.	Sexual partners should be more or less the same age.	Sexual contact should always take place in privacy.	Family members, such as brother and sister, or father and daughter should not have sexual contacts.	If an adolescent is mature enough, they may have sexual contacts with grown-ups, even before the age of 15.	Grown-ups, who had proven sexual contacts with children, deserve severe punishment.
I strongly agree	98	30	92	93	2	92
I rather agree	1	45	6	1	1	2
I rather disagree	1	11	1	-	6	1
I strongly disagree	-	5	1	6	91	5
Difficult to say	-	9	-	-	-	-
Mean	1.01	2.12	1.10	1.18	3,85	1.19

Summary

- Members of the institutional staff are aware of their limited control over some areas of the residents' lives. This awareness is reflected in high proportions of the „difficult to say” answer to questions about the victimization experiences of children residing in their institution. Their assessments were the most uncertain for sexual victimization.
- In the last year the institutional staff were the most likely to identify victimizations such as theft, vandalism, and various forms of abusive treatment by peers.
- A large proportion of the professionals were certain that children under their care had not experienced any forms of sexual victimization in the preceding year. Given the institutionalized adolescents' reports, suggesting an extremely high risk of sexual abuse, the staff's optimism may result from their insensitivity to the problem rather than from the respondents' genuine security.
- A vast majority of the institutional staff report that whenever they suspect abuse or are informed about such cases, they intervene.
- Legal interventions are most likely to be undertaken in response to sexual abuse and severe conventional crimes against institutionalized children, such as assault or robbery. In other cases the intervention tends to be undertaken within the institution, by the custodian.
- Relatively few professionals show ignorance or insensitivity in their assessment of potential risks of child sexual abuse. They are more likely to be overly suspicious in their evaluation of behaviors recognized as signs of healthy development. They tend to perceive such behaviors as alarming or even diagnostic of sexual abuse.
- 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.
- The professionals' opinions confirm the internalization of social norms prohibiting sexual contacts between close relatives and between an adult and a child, as well as norms protecting the voluntary nature of any sexual contact.

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