

IN THE LABYRINTH OF VIOLENCE

Research into Violence at Residential Institutions for Children without Parental Care in Serbia

Summary and Conclusions

My life in the institution was terrible for some time because I was beaten by grown-ups, but there were also some fine moments. Yet, I'm grateful for being placed in this home as I have no other place to go. Thank you for your trust.

A statement by a boy in residential care (aged 17, in residential care since the age of 2)

Research into violence in children's homes was conducted in six homes (two in Belgrade and four in the interior) in the course of May 2007. At the initiative of Save the Children, the total of 189 children and 132 adult staff looking after them were surveyed. The respondents included children from 10 to 18 years of age, and the research covered 70% of the children of that age placed in the surveyed homes. Most of the children independently completed the questionnaires which were adjusted to their gender and age, whereas 18% of the children filled out the questionnaires in small groups with the active assistance of interviewers. As for adults, 74% of the staff working in the homes which we included in the sample, agreed to participate in the survey (which accounts for 22% of all staff working in homes across Serbia): 51 carers, 20 professionals and 61 members of auxiliary staff. The elicited response was not even in all homes – the carers and other staff of two Belgrade homes covered by the sample were reluctant to participate in the research.

The findings about children's exposure to various forms of violence revealed that violence generally does exist, that children are subjected to violence to a different extent, and that various forms of violence are unevenly distributed. Judging by children's answers, practically all of the children experienced at least some of the violence forms. The same conclusion applies if we consider only serious cases of physical violence (encountered by 89% of the children). Comparisons with the findings of several studies into violence in institutions in other countries, set out in the introductory part, are rather risky, primarily because it is not clear whether the children had the same understanding of the notion of violence and which period of time their replies referred to. However, with all due reservations, it could be concluded that violence in our homes is more widespread.

Although the number of child respondents is relatively small (less than 200), not one, but at least 7-8 of them experienced each of the listed forms of violence, some of which rather drastic, while living in the home. Fortunately, drastic forms of violence are far less frequent than mild forms of violence. The most frequent forms of violence which children in residential care are subjected to include taunting (77%, specifically due to ethnic affiliation, and 50% due to family background) and gossiping (74%). Unfortunately, the forms of physical violence have similar incidence as the forms of verbal abuse. As many as two-thirds of the children in residential care are exposed to threats of physical violence (71%), and judging by the findings, these threats usually come true (pushing, kicking, slapping, arm twisting, beating, hurling dangerous objects), because between 60% and 70% of the children experienced some of the forms of violence, whereas in excess of one-third of the children report of frequently being exposed to such forms of violence.

The incidence rates of a variety of other forms of psychological and physical violence differ. Half of the children (48%) experienced beatings with sharp and dangerous objects (22% of whom encountered it on a number of occasions). As many as 16% of the children sustained cigarette inflicted burns or other similar injuries (9% of them more than once). Approximately one-third of the children placed in residential care were subjected to different forms of compulsion and coercion: 30% behaved badly towards other children under duress, 28% were forced into stealing and 7% were compelled to deal drugs (3% whereof did so frequently).

In the younger children group (from 13 to 18 years of age), 35% of the children were subjected to at least one form of sexual abuse, 14% of the children experienced all of the three mentioned forms (touching, undressing in front of a child and undressing and watching a child). In the older children group, 28% experienced at least one of the five listed forms of sexual abuse.

The distribution of various forms of violence is as follows: only older children supplied answers to the questions concerning forceful kissing – 18% of them experienced being kissed forcefully (10% of whom encountered it on several occasions). Touching “in a sexual way” was reported by 16% of the children (7% of them experienced it often), pulling off clothing and genital exposure before a child were experienced by 13% of the children and undressing and watching were reported by 10% of the children. Only older children gave answers to the questions concerning forced sex – seven children reported having had such an experience (6% of the older children group). One girl (aged 18) experienced it several times while the perpetrators of this act included both other peers and some adult individuals. The remainder of six children had such an experience once or twice, and in all cases the perpetrators were other children. The victims included six girls and only one boy.

Generally speaking, the replies from children reveal that practically no child was spared of violence: as few as 3% of the children denied having been exposed to any of the listed violence forms in residential care. If we take more serious cases as a criterion for exposure to violence i.e. that a child encountered some of the listed forms of violence not only once or twice, but several times, then 77% of the children were repeatedly exposed to at least one form of violence. Stemming from the above is the fact that apart from these children, an additional 20% of the children in residential care did experience violence, but none of the forms on more than 1-2 occasions.

As we mentioned earlier on, when defining violence, some authors consider physical abuse to be the most serious of different violence forms and some are even prone to claim that violence and physical aggression are one and the same thing. From that perspective, it could be remarked that the data about the incidence of violence in general makes the situation appear more serious than it actually is, because presented along with “serious forms” of violence (according to them, this is only physical violence) are also “less serious” or even harmless forms of violence (verbal abuse, threats, relationship violence and the like). In response to this possible criticism, we would like to reiterate that verbal and relationship violence, particularly if recognized as such by the victims themselves, are very grave and, for children, more traumatic forms of violence than physical aggression. However, we can also set out the data pertaining only to physical violence. If we analyse how many children were exposed to physical violence only (these are the acts which we marked in Table 2ms by 4, 5, 7, 8, 11, 16 and 18 - kicking, slapping and punching, beating, inflicting burns, injuries with a knife and similar objects) – hence, omitted are threats of

beatings, seizure of property, confinement and sexual abuse which include physical force, it surfaces that 89% of the children experienced at least one of the forms of physical abuse: 55% of the children were repeatedly exposed to at least one form of such physical violence. This means that an additional 34% of the children were subjected to physical violence, but did not experience any of the forms more than once or twice.

Just like in a majority of similar surveys, in this research too violence exposure referred to victimization – namely, we asked the children whether and how often they personally had been victims of violence. Yet, when considering the consequences of violence, it should be noted that even those who personally have not been victims, but rather witnesses to violence, are also exposed to violence. Witnessing violent scenes, and even the knowledge of something of the kind taking place in their environment, may have a serious impact on a child's physical and social development (Buka et al., 2001). The chronic presence of violence in a child's environment in particular prompts the child to develop defence mechanisms to cope with constant stress and the feeling of endangerment (by way of de-socialization, personal aggressiveness, loss of empathy, etc.) and to establish such social relations that will protect him from violence (packing with bullies, extreme conformism, rejection of victims, etc.).

When setting out their complaints and fears, the children often quote constant exposure to physical abuse, yelling and threats, which, for many of them, is the usual way of communication.

It is important to note that children exhibit great individual differences in terms of violence exposure. While 10% of the children encountered 15 or so forms of violence from the list at least once, 10% of the children were spared of violence and experienced 1 or 2 or none of the violence forms during their placement in residential care.

Boys and young children are far more frequently subjected to violence than girls and older children, while young boys are the most exposed to violence.

It was found that children with development disabilities are particularly subjected to violence. None of the young mentally retarded children (25 of them) experienced only 5 or less forms of violence; one-third of them encountered 15 or more forms of violence. These findings indicate that children's homes are not yet prepared for inclusion of children with special needs.

In all forms of violence, other children placed in residential care emerge as the main perpetrators of violence. The dominant pattern implies violence perpetrated by older children against the young ones. When they grow up, young children adopt and apply the same pattern to those younger than them. This is something that both the children and staff are aware of and a change in this pattern should be one of the principal tasks in combating violence.

Given that the survey addressed violence in residential care, children could be expected to be the sole perpetrators of violence. However, in some forms of violence, home staff members, that is, precisely those who are supposed to protect the children from violence, as well as other out-of-home individuals, very often appear as the main protagonists. Peer violence is a far more serious problem than adult-to-child violence, yet some children repeated several times that they had personally received harsh treatment from adults and that they were afraid of them. Home staff is very often referred to as those who yelled at children, beat them or threaten with

beatings. As many as every fourth child reported being slapped, beaten, hit, kicked or struck with an object, at least once, by some of the staff working in the home. Some staff members seem to be resorting to violence which they see as the most efficient way of disciplining children and manifesting power, with the rest of the staff turning a blind eye to this practice. The children were more prepared to discuss this issue than adults.

Not only answers provided by the children, but also those elicited from the staff, testify to the presence of violence, admittedly less openly and convincingly. First of all, it is a striking fact that some of the adults surveyed – almost every fourth of them – refuted the allegations that violence in residential institutions represented a serious problem. Even the adults quote verbal abuse and harsh treatment of children by adults as the most frequent forms of abuse. A large number of adults (83%) are prone to deny the presence of violence from adults towards children. Likewise, the adults push to the forefront their being personally endangered by the aggressiveness of some children in residential care towards them.

We would like to stress that violence is not only the problem encountered by children in residential care. In the introductory part, we set out the findings of a recent comprehensive research into peer violence in primary schools in Serbia, which reveals that in a relatively short period of time, as early as in the course of the first three months of school, most of the pupils experience violence. An overwhelming majority of children or two-thirds of them (65%) were, at least once, exposed to some forms of violence from other pupils after only three months; 36% of them reported being insulted or hit or threatened by a teacher or receiving violent treatment from some other employee at least once over the last three months (Popadić and Plut, 2007). Judging only by the percentages obtained, violence in institutions is far more rampant than in schools, but we would like to stress that the data obtained from schools and homes are not completely comparable. First, children in schools had to recollect having experienced violence over the last two months, while children in residential care were asked questions pertaining to their overall life in a residential facility which, for most of them, is a period of several years rather than months. Secondly, school violence occurs during a period of several hours that a child spends at school five working days of the week, namely in a relatively limited time interval which the child mostly spends in the presence of adults and engaged in clearly structured activities. Unlike that, violence in the home occurs during a child's round-the-clock residence filled with various mutual interactions under adult supervision which, even with the greatest of efforts, is hardly more than minimal.

Staff members are the most competent for identifying and addressing violence in residential institutions. However, it becomes evident that a large number of staff members (primarily auxiliary staff) turn a blind eye to violence occurring in their immediately vicinity. The reason for this denial partly lies in the fact that some respondents are reluctant to give sincere answers. Part of the answer probably lies in some adults tending to minimize the problem which they feel unable to deal with or are not motivated enough to confront. But, the reason for this should also be searched in the fact, also observed by other researchers into violence in residential care (e.g. Baker et al., 2002), that many forms of violence are indeed concealed from adults. The easiest to notice (provided an adult is present) is direct physical violence, whereas various threats and insults may be communicated by way of a code indecipherable by adults. Researches into sexual abuse are well familiar with different walls of silence built to obscure violence against children. The studies and activities undertaken to address this form of abuse stress that it is precisely adults that should instruct children to recognize violence as something they should not tolerate

and as an impermissible and bad behaviour. With their responses to children's complaints, adults impart the most powerful of messages - that violence is no good and that children should not put up with it.

If, based on the replies from children, we are to judge what measures the carers take to suppress violence, we could infer that there is almost no measure that they do not resort to. Some of the measures described by the children are constructive and attest to how professional and well-intended the carers are. But, some of the measures reveal how impotent, inexpert and impermissibly disinterested, or perhaps fatigued, they are. However, generally speaking, in open-ended answers, the children mainly appear to be aware of the efforts invested by carers in assisting them and assess adult efforts in more affirmative than negative terms. However, a certain number of children are markedly disappointed with the protection they receive from adults. A majority of children grit their teeth and soldier on or rely on their own powers rather than assistance from carers. As many as one quarter of the children seek nobody's help. In any case, when discussing violence and protection against it, some children are rather outraged to say that they fared ill and that they are unprotected.

One should not forget that violence in children's homes is just one of the problems facing staff in residential institutions. Their job calls for a lot of effort and responsibility, while involving encounters with difficult life stories and conflict situations almost on a daily basis. Most of the staff are committed to their work and do everything in their power to improve life of children in children's homes. One staff member said, "No one can make up to children for the loss of parents and their love, but everyone in this home is trying to compensate those children for everything else they miss. Most of us have children, too, so we are driven by parental instinct in addition to professional one". Indeed, children notice the dedication of these adults and they are grateful for it. Filling out the questionnaires, children used more than one opportunity to say how much carers helped them, and how fantastic and difficult work they had done. It was touching to see that some children - those who understood the research to be a threat to the carers - were trying in their answers to protect their carers from defamation and disparaging.

It should be added, however, that the answers given by both children and adults reveal that a certain number of adults do not do their job properly, for the lack of either knowledge or motivation. Children named some members of the staff, although very few of them, as being violent, while most of the fellow staff in those homes seemed not to notice or to tolerate such violence.

To make a comparison between institutions as to the extent to which children residing in them are exposed to violence is a thankless task. There are many factors which make such comparisons within our research difficult. First, the number of respondents in homes differs. In some homes that number is so small for the finding based on such a number to be significant. In none of the homes did all children fill out the questionnaire and the question arises as to the cause for such abstention. Perhaps it was due to some systemic factor closely related to violence. Then, it was found that some forms of violence are more diffused among young children or boys, whereas the gender and age structure of the surveyed children in residential care is not identical. Notwithstanding all these limitations, we believe it should be noted that the situation in all homes differs. Taking all homes into account, two-thirds of the children complain about having been beaten at least once, but this number varies from home to home, ranging between 54% and 83%. While in one home 46% of the children reported being slapped or hit, 84% of the

children complained about such form of violence in the other. Likewise, 70% of the children on average said they had been threatened with beatings. However, that number varies – in one home it accounted for 52% and in the other as much as 90%.

The abovementioned study by Sinclair and Gibbs (Sinclair & Gibbs, 1998) also pointed to a great difference among homes. The two authors argued that the atmosphere within homes varied from benign to malign. In some homes, a high violence rate both among peers and adults, as well as delinquency rate, were found as compared to other homes where atmosphere was peaceful and friendly. These differences are also highlighted by the findings of another study into violence in residential facilities (Barter et al., 2004). Extreme differences among institutions were established in studies into school violence – the number of pupils subjected to violence range from 48% to 80% depending on the school.

The issue of different violence rates among homes remains a significant one and should be subject to further research, not with the aim of automatically “putting a home into pillory”, but with a view to gaining a better insight into how different conditions in which adults work and children live contribute to generating violence. The homes exhibit differences not only in terms of personnel, but in the number and structure of children, material conditions, the region they are located in, etc. Since it is very important to establish which conditions are favourable or unfavourable for the emergence of violence, open discussion and comparisons are a preferred strategy than the concealment of the true state of affairs. Raising this problem is primarily in children’s interest.

Differences among institutions in terms of the magnitude of violence represent yet another proof of the fact that violence should be observed from a wider, systemic or systemic and environmental perspective (Olweus, 1993; Craig & Pepler, 1997; Salmivalli et al., 1996) from which violence is seen primarily as a group phenomenon, an interaction taking place on the stage on which other roles, besides those of bullies and victims, are played, too: assistants (they take an active part), reinforcers (they support the bullying, but do not take an active part), passive reinforcers (they like the bullying but do not display open support), outsiders, potential defenders (they dislike the bullying but do nothing) and defenders (Olweus et al., 1999). Research conducted in other countries (Smith & Brain, 2001; Wilson, 2004) shows that common ethos shared by all members of an institution – a specific micro-culture created by everyone in the institution, and maintained by the management and staff - is very important for the suppression of violence in that institution.

It may be useful to make a distinction between reactive (hostile) and proactive (instrumental) aggression (Dodge & Coie, 1987; Roland & Idsoe, 2001; Salmivalli & Nieminen, 2002). The two forms of aggression differ by the situation provoking it and the dominating emotion in the protagonists. Reactive aggression is the aggression resulting from frustration. As a result of someone's action, either correctly or incorrectly interpreted, a person feels provoked or hurt, while the growing anger causes aggressive impulse and the desire to take anger out on someone; that someone does not necessarily have to be the person who caused the frustration. Failing to learn in the course of their socialisation how to control effectively their aggressive impulses, many children placed in institutions have "a short fuse", and are "quick to fly of the handle", setting off easily violent cycles among peers. Instrumental aggression is, on the other hand, „cold“ aggression where violence is instrumental in achieving other goals, such as taking possession of someone else's belongings, acquiring specific status in a group, subjugating other person, winning the sympathies of the like-minded. When instrumental aggression is accompanied by

an emotion, it is usually satisfaction or stimulation. Viewed in a social context, these two kinds of violence obviously do not have the same basis in a group. Instrumental violence, the demonstration of which depends a great deal on its effects, will persist and grow stronger in the settings where it leads to desirable results for the bully. Such violence feeds on respect and fear, as well as on silence by the majority. If its goal is to intimidate and discipline, violence does not have to be constant and visible, but rather takes the form of threats, and sets an example to those who refuse to obey or who have forgotten their role. Some authors (Baker et al., 2002) warn that even seemingly neutral or moderately aggressive actions can be a part of bullying aimed at humiliating or controlling others, and that such actions can go completely unnoticed even when they take place in the presence of staff.

It seems that a great deal of adult to child violence also falls under the category of instrumental aggression, as it stems from (incorrect) belief that children's behaviour can be most effectively controlled through intimidation and severe punishment. Such an incorrect pedagogical practice is based on tacit rather than public agreement by some of the staff, because even those who support such a practice are well aware that it is officially disallowed. Such views remaining on the level of implicit theories, which are not openly expressed, they are difficult to identify and bring into question.

Any violence, indeed, when used to fight violence merely adds fuel to the flames, instead of helping to put the fire out. However, the other, more moderate, strategy pursued by adults, involving the exclusive use of restrictive measures (not necessarily violent ones) is not useful either. This practice is not characteristic for residential care institutions in this country alone. It was also noted by researchers into violence in residential institutions in the UK: "There was reliance on reactive rather than proactive strategies. Workers often lacked the training or confidence to undertake group work on sensitive issues, relying instead on reactive intervention rather than working towards primary prevention alongside young people. Mechanisms for controlling behaviour centred on use of negative sanctions, including ultimately loss of placement, and less on systems based on rewards for positive behaviour." (Barter et al., 2004). This kind of violence control fails to offer to children any obvious and much needed alternative to the use of force and threats in resolving personal disputes, or any positive role model to look up to. Children with traumatic experience and background such as theirs are in dire need of positive role models.

Systemic approach underlines that the context in which violence occurs, and the way violence is viewed by all group members and the social environment at large, are key not only to the appearance of violence, but also to its suppression and prevention. This was specifically confirmed in the implementation and evaluation of various bullying prevention programmes in schools. The programmes based exclusively on the work with bullies or on victim empowering had very limited effects. The programmes fostering the involvement of the entire school gave the best results. One of them was a programme authored by Dan Olweus and applied in Norway, in 1983. The programme proved to be very successful: 50% decrease in bullying was reported (Olweus, 1993). Other programmes failed to replicate the success, which is explained, inter alia, by the fact that Olweus' programme was launched immediately after the public had been alarmed by several suicide cases involving victims of bullying. Owing to that, from the very beginning, the programme received undivided support of the relevant institutions and the general public, which support was lacking in other programmes.

According to Olweus, the principal components of this programme included awareness and active involvement. Awareness means that group members should be fully aware of violence and its adverse effects. Active involvement means refusal to normalise violence and accept it as natural and unavoidable, and readiness to put up strong opposition to violence through agreed actions. The both components are directed against normalisation of violence.

The danger of some violent episodes among children being interpreted by adults as normal lies in their conviction – also based on children’s assertions - that they actually represent interaction that all parties consent to as a part of their game which is, although rough in the eyes of adults, normal and interesting to them. Sexual harassment may look like sexual experimenting; insulting nicknames may sound as jokes which no one minds, etc. Normalisation of violence can be attributed, inter alia, to various implicit theories widely spread among adults and children. One such theory has it that violence is an indispensable (even desirable) element of masculine culture, useful in acquiring certain status within a group, but also helpful to a child in becoming inured to hardship. Such messages, naturally, do not have to be conveyed in a form commending violence; instead, they are relayed within a group in more subtle ways, taking the form of indifference to violence or victims, inconsistent punishment, and permission for the violence to achieve its goal. The problem, however, occurs when a violent model is disputed in a community, while persisting as a highly visible norm within the broader social setting, where children, but also adults, are bound to seek their violent models.

The answers given by children and adults to various questions that we asked were used to derive a list of risk factors encouraging violent behaviour in children’s homes.

Risk Factors

Factors fostering violence in children’s homes are the following:

- Too many problems facing children (on their placement in the home and throughout their stay there); large groups of children, so that problems overwhelm both children and staff. Inclusion of children with special needs further aggravates the situation.
- Reproduction of violent patterns “according to the model” due to constant exposure of young children to violent behaviour of older ones from the same home. Such reproduction is also facilitated by the behaviour of some adults.
- Adverse influence of micro-social networks involving some children in residential care (parents, relatives, elder siblings, friends, children who left the home).
- Lack of principles for staff recruitment; relatively old age of the staff; fatigued carers and other staff, who have burnt out doing their jobs.
- The fact that staff tend to minimise or deny the problem of violence in the institution, thus helping to establish the culture of violence.
- Unequally motivated and skilled carers and other staff (which is why some groups become hot spots for expansion of violent behaviour), firm belief by some of the staff that strict methods (punishment, forced treatments, expulsion from the institution, police methods) are the best way to respond to violence; threats made to individual carers and their feeling of insecurity in having to deal with numerous problems on a daily basis.
- Inadequate synchronisation and coordination among the measures taken by adults; lack of organised action by adults.
- The closed nature of institutions; certain calcification of the procedures to be followed by staff, and insufficient transparency of work, resulting in unfavourable micro-

climate in institutions; poor, unsystematic and insufficient collaboration with professionals within and outside children's homes.

- Stigmatisation of children and staff in the general public, especially in schools, which are of major importance for children's future. Stigmatisation of children placed in residential care possibly leads to their being more frequently involved in violent interaction in school (as victims or bullies). That problem area, however, was not covered by this study. Stigmatization may lead to unwillingness to help those children on their exposure to violence, due to presumptions which are built on negative stereotypes about those children, some of them being that they have most likely got what they deserve, that they will be able to cope on their own, and the like.
- Poorly planned free time; unattractive and few activity programmes for children in residential care. The authors find it necessary to point out, as a significant risk factor, the absence of any incentive in the institution setting for intellectual development of children (none of the respondents referred to this as a risk factor), since education may be an opportunity for those children to find the way out of the "social dead end" they are in, striving to achieve alternatives in life and social mobility.
- Questionable broader social models, operating in support of violent behaviour in society in general; general acceptance of violent heroes as role models, shaping the behaviour of young people; and in particular, poor control of the media.
- Uncertain future for care leavers, i.e. poorly developed procedures for protection of young people once they reach maturity, which procedures seem to be a source of fear and insecurity for children. These fears make them vulnerable and, consequently, more prone to violent strategies in their behaviour and influence of violent groups, within which some children are striving to find much needed security and protection.

Proposed solutions

While being one of the major research goals of this study, possible solutions for reducing violence in residential institutions seem to be, according to the available information, constant preoccupation of many staff members in children's homes.

- The awareness of all staff that the issue of violence exists appears to be one of the most important and, by all means, most necessary measures in the fight against violence in residential institutions. Our data show that many staff in residential institutions tend to minimise, or even deny, this problem. As the support by all staff, if not their active participation, is a minimum required for a violence prevention programme to succeed, any action that would be based on enthusiastic work of few individuals on a team which is dominated by staff who are indifferent and prone to deny the problem is bound to fail. Therefore, one of the first steps should be to sensitise staff in residential institutions to the issue of violence. Information obtained in this research could be used to that end. Staff should be trained to detect warning signs indicating violence that is possibly concealed from them. Research into violence shows that it is not always easy to recognise violence and that sometimes victims – due to negligence, ignorance or indifference of the environment – reconcile themselves to the situation in which they are abused on a regular basis.
- A message to be constantly, very clearly, and unequivocally sent to children must be that of impermissibility of violence and the right of children exposed to such risk to seek help. This message should not reach children only when a serious incident takes place. It would be best if it were present constantly as a reminder, in the form of inscriptions, posters, and drawings. For such a message to be effective, children need to know precisely who from and how they can seek help in case they are exposed to violence. The experience shows that

it may be useful to offer to children a variety of possibilities, ranging from boxes where they can file their anonymous complaints to occasional visits „from outside“, which would be an opportunity to talk to children about violence. Children will ask for help only if they believe adults to be their allies, who are truly against violence and ready to personally help them.

- Staff as a whole should have a clear idea about the actions to be taken when violent incidents take place. Inappropriate or inconsistent response to violence sends a very bad message to both bullies and victims. The recommendations given by The Support Force for Residential Child Care stress that staff vigilance and prompt response to violence play a key role in its prevention. There needs to be open discussion about bullying within residential care institutions and a clear statement of its unacceptability. It is important to respond to all incidents promptly and consistently; make it clear to the bully that bullying is unacceptable; be specific about sanctions if bullying does not stop; follow up to check that behaviour has ceased (Support Force for Residential Child Care, 1996).
- Majority of staff believe that further staff training would help them to respond to the complex issue of violence in a more competent way. To maintain good professional skills, staff need training, which would serve more than one purpose: to provide support to staff, and to enable networking of everyone involved with children placed in residential care, acquiring of new skills, and maintaining uniform child care standards. Institutions should be open and professional teams in the process of continuing education. Staff should be protected from the risk of becoming a part of violent interaction (by getting used to it, ceasing to pay attention, and reproducing it through own behaviour). In other words, it is very important for both children and staff to occasionally break from their daily routine in residential institutions in order to renew their powers and reconsider their criteria and views.
- One of the ways for adults to become a part of violent interaction is, obviously widely spread, use of violence to discipline children. Such measures frequently produce counter effect, in the long run, in children who have problems to control violence or problems in their relationship with authorities. Many adults are under misapprehension as to which measures would be effective and which would not. That is why adults need to be warned against downsides and unacceptability of inappropriate punishment - especially corporal punishment - and familiarised with the alternatives to such procedures, which should become an essential element of the proposed training for adults. Building of trust and affectionate bonds gives adults an opportunity to become positive role models to children. This approach is also suggested by a group of staff who put emphasis on greater dedication to children, both to those who endure violence and those who are violent. Work with children should be more intensive and personal.
- Equally important to continued supervision of adults and timely response to violence is the effort not to reduce the fight against violence to those measures alone. The review of the effects of the actions including only increased supervision by staff and increase of staff's competencies, while neglecting the context of the interaction among children showed that such measures failed to yield results (Barter et al., 2004).
- Many of the staff believe that engaging children in residential care in various sports, occupational and cultural activities, and workshops of educational and creative nature is particularly important. It is interesting to mention that none of the respondents pointed to the relevance of education for child focusing and opening up new prospects for personal development. The impression is that many of them have already given up on education, and they seem not to believe it possible for children in residential care to mobilise around achieving ambitious academic goals.
- Some members of the staff see a solution in team work and closer collaboration with other institutions. Isolated

actions have a slight chance of success. A poorly guided group may be a source of yet another wave of violence engulfing the entire institution, or a provocateur putting at jeopardy the results achieved elsewhere. Carers need support coming, primarily, from within their institution. They expect to receive that support from the management and the professional team.

- The staff voiced support for the measures envisaged under the Special Protocol, and most of them claimed to be well aware of its contents. Increased control, better discipline and transparency of work are perceived as factors leading to the reduction of violence against children and adults. All those measures should enable the staff to fully dedicate themselves to children, to easily identify children prone to violence, and to respond adequately to instances of violence.
- The reduction in violence is generally believed to require systemic and organisation changes that are beyond the control of staff members. The most frequently stated change is work with smaller groups of children (homogenous by age, if possible), better material conditions, and more systematic engagement of professionals.

Suggestions on how to reduce violence made by children are very similar to those of adults (only, in case of children, the answer denying violence was not offered as an option, but rather the answers implying that they did not know the solution or that there was no solution, which two categories of answers were not offered to adults). We believe that the views and proposals of those whom the problem of violence concerns most should be given due consideration and that we should have every confidence in their judgement.

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