

ALTER NATIVE FUTURE

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Towards the empowerment of children victims of violence in alternative care through a gender sensitive and child-centered capacity building programme for professionals

Needs Assessment Report

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1. Project Introduction

According to Eurochild, an estimated 1% of children are taken into public care across the EU – approximately one million boys and girls. Although most countries recognize placement in an institution as the solution of last resort after family support services/family-based care, the number of children in RCFs is stable or rising in some EU states.

As stated in the EU Guidelines for the Promotion and Protection of the Rights of the Child (2007), children belonging to vulnerable groups face particular risks and are exposed to discrimination, marginalisation and exclusion. Children in RCFs are an extremely vulnerable group, where multiple risk factors (gender, age, parental neglect, experiences of violence, etc.) intersect. The UN study on Violence against Children (2006) stresses the pervasiveness of violence against children as a global phenomenon, perpetrated too often by those close to them and occurring in a range of settings which should be protecting them (homes, schools, place of care, etc.). Among children in RCFs, experiences of violence are even more pervasive. The results of the research carried out in 5 EU countries within the Empowering Care project (JUST/2012/DAP/AG/3078) show that in most of the cases children had been victims of violence before entering the RCFs.

The UN study and several EU political documents on the rights of the children recognise that all forms of violence against children are a gross violation of human rights. The study also points out that violence against girls is linked to gender discrimination.

The EU Guidelines for the Promotion and Protection of the Rights of the Child denounce that the repercussions of violence against children are grave and damaging. Due to the previous traumatic experiences of violence, the emotional health of children living in RCFs is likely to be damaged and their self-esteem to be low. The impact of the violence has consequences in their present lives and affects their future expectations and opportunities. To minimise the impact of previous experiences of violence there is a need to develop new child-centred and gender sensitive support services and improve those services which already exist to meet children's needs.

Professionals have a key role in helping children overcome the trauma and accompany them in their empowerment process to prevent future situations of violence. As stated in the EU Agenda for the Right of the Child (2011), experienced and well trained professionals can prevent problems and help children deal with the trauma they experience. To be able to do so, and following the EU recommendations, professionals working with and for children should receive adequate training on the rights and needs of children and the type of proceeding best adapted to them. The UN Guidelines for alternative care of Children (2010) states that all initiatives should ensure "the child's safety and security and must be grounded in the best interests and rights of the child concerned, in conformity with the principle of non-discrimination and taking due account of the gender perspective".

Within the Empowering Care project, professionals expressed difficulties to offer child-centred and gender sensitive support services in accordance to children's victims of violence needs. They also

voiced difficulties to deal with girls' past experiences of violence and the need and willingness to get more specific training on gender perspective and children's rights to be able to better support children in RCFs.

Alternative Future seeks to address the aforementioned reality by designing and implementing a capacity building programme from a child-centred and gender perspective for professionals working in RCFs to better support the recovery and empowerment of children aged 12-18 victims of violence living there, pilot testing child-centred specific support actions to improve the specific support services provided and to accompany children in their empowerment processes and raising awareness, promoting cross-national exchange and disseminating the results of the project across the EU. In order to do so, a needs assessment was conducted as a first step. All partners conducted focus groups with young people aged 12-18 living in RCFs and focus groups with professionals working with them. Additionally, all partners did a survey with a larger number of professionals.

In the following, the results of this needs assessment are presented. In the second chapter, general information is summarized on children in residential care, gender issues and children's rights issues in the partner countries. Chapter 3 presents the methodology developed in the partnership and how the research was put in practice. Chapter 4 and 5 present the results from the focus groups with the young people and the professionals, while in chapter 6, the results from the questionnaire research are summarized. In a final chapter, all results and insights are summarized and recommendations for the capacity building are given.

2. General Information: Residential Care in the Partner Countries

The state of residential care has changed. After a period in which RCFs were large institutions that often lacked a child-centred approach and added further negative experiences to biographies that were already marked by various forms of violence, neglect or loss, a process of deinstitutionalisation has been started. In all countries covered in this project, putting a child in a RCF is now seen as the last resort which is used if other offers or interventions are not successful. Laws on child protection and alternative care aim at preventing a removal of a child from their family altogether or at putting children in family-like environments such as foster families or smaller facilities. Facilities with a high number of young people are seen as detrimental to a child's development and have been reduced. Yet, foster care and residential care play different roles in each country – the ratio between children in foster care and children in residential ranges from 1:10 (Bulgaria) to 1:1 (Italy). One of the reasons for this diversity may be that the processes of deinstitutionalisation have started at quite different points – while Austria has seen a reform movement since the 1960s, Bulgaria has only recently started to decrease the percentage of children in residential care. In Bulgaria, attempts to deinstitutionalisation have led to a decrease in children who live in residential care, yet there are still forms of institutions for young people who have shown behaviour that is seen as “anti-social” – based on a law introduced in the 1950s that does not include a child-centred perspective. These institutions are often located in small villages, lack qualified staff and lack opportunities for the young people for growing up with resources. They have a “corrective” character, not looking at traumatic experiences of the young people, but only at their behaviour that is supposed to change in the institution. On the other end, Scotland reports that most children who are removed from their families of origin will be placed in foster families, consisting of self-employed persons who are assessed, trained, approved and reviewed by local authorities and other accredited agencies and receive ongoing training and support. Similarly, RCFs are inspected and regulated by an agency of the Scottish Government and graded in line with quality standards covering all aspects of operation including the involvement of residents in co-producing the service and awareness and respect for residents' rights.

All countries represented in this partnership have legislation that puts priority to children's rights to a family and to parent's responsibility for raising children. The authorities have the task to ensure that children grow up under favourable conditions which includes the protection of children from any harm to their wellbeing and to their development. All countries have installed measures for child-protection which include measures within the family aimed at strengthening the educational competence of families and measures that imply the removal of a child from their family. Most generally, the countries follow the principle of interfering as little as possible and to enable an upholding of social relations of the child e.g. by putting the child in a place as close as possible to the family of origin (e.g. Italy). Also, once there is an intervention, forms of involvement of the young people and of their parents are mandatory in some countries, e.g. in Austria, and attempts to enable a later reintegration of the child in their family of origin, if possible, are mandatory, e.g. in Bulgaria.

Not only the rights of children to a family and to growing up without violence has been put into law, also rights to participation and non-discrimination (e.g. Catalunya and Germany). In Italy, a number of bodies and organisations have been installed to monitor the situation of young people, their rights and acts of violence against them.

In all countries, there are different types of residential care, including crisis homes, centres for temporary care, assisted living for young persons (mostly aged 16 or above, living alone or in groups) and non-residential assistance particularly to young adults who have moved out of residential care. Again, the relevance of each of these types may differ across the countries. Full-time residential care can itself again take many forms, including family-like environments with staff working in weekly shifts (e.g. Germany) and group homes with a higher number of staff with usual 8-hours-shifts. While some countries still have larger homes, others such as Scotland will only have units accommodating a small number of young people.

While generally, children from socially marginalized families tend to be overrepresented in residential care, some countries also report that there is a gender imbalance in young people in residential care with boys being in majority.

Eligibility to residential care differs – while in some countries, the age of 18 sets the limit to residential care, in others such as Germany it is possible to receive residential care (in exceptions) till the age of 27. The situation of care leavers has gotten into focus in some countries, for example in Germany, where a project has been started to strengthen care leavers by networking and legal support. Issues in relation to leaving care include how young care leavers can get all the assistance they are entitled to and how professionals can teach and support them in dealing with the authorities, or how care leavers can be supported in finding accommodation (as they have a rather difficult position on the housing market).

Children's Rights and gender perspective

All countries have ratified the UN Convention on the Rights of the Child and have put it into various forms of legislation, including a federal constitutional act in Austria. Child-centred perspectives and participation are attempted to be put into reality, yet there are still some steps to take. Gender perspectives, however, have not been reported for many countries. In Germany, the Child and Youth Welfare Act entails an obligation to take into consideration the different situations in life for girls and boys, to reduce disadvantages and to promote the equality of girls and boys. This has produced helpful concepts and raised general awareness of the importance of a gender perspective – yet still, professionals sometimes deny this relevance or struggle with realising a gender perspective, particularly in terms of going beyond a simple stressing of differences between boys and girls.

Working with children victims of violence

The same is true for concepts in working with children victims of violence. In Germany, concepts of trauma informed care have been developed since the 1980s. The National Association on Trauma

Pedagogy, founded in 2008, has published standards that are based on the principles of appreciation, participation, transparency, joy and the assumption of good reasons. According to this concept, strengthening the agency of young people is the main aim of trauma informed care and establishing safe environments and reliable relationships are its most important means.

Data from Eurochild

According to a Eurochild survey, the number of children in residential care institutions is stable or rising in the European Union with certain vulnerable groups such as Roma children, children with disabilities or children from poor families being overrepresented in the institutions. At the same time, children who have been in residential care settings are vulnerable to a number of risks such as homelessness, criminality and their own children being taken into care. The implementation of standards to protect children's rights in residential care is seen as underdeveloped as well as monitoring either lacks or is experienced as inadequate. The collection of comparative data is suggested as a key political priority, yet there has not been much change.

3. Implementation of the Needs Assessment

The needs assessment took place in 6 European regions: Catalunya (Spain), Berlin (Germany), Styria (Austria), Edinburgh (Scotland), Florence (Italy) and Sofia (Bulgaria). It consisted of a qualitative part and a quantitative part. In the qualitative part, focus groups were conducted with professionals working with children victims of violence in RCFs and with young people living in residential care. In the quantitative part, an online survey was distributed amongst professionals.

3.1. *Qualitative Needs Assessment*

Sampling

For the qualitative part, each partner reached out to RCFs in order to conduct focus groups with the professionals working there and the young people living there. In most cases, this led to meetings with the professionals and in some cases with the young people in which the project's aims and methodology were explained and ethical and child protection issues were spoken about. Some teams faced some challenges during this phase. Some professionals expressed concerns about how the methodology works if young people participate who are not victims of violence or how young people who are indeed victims of violence might be protected from becoming emotionally unstable through the workshop and the professionals were insecure whether they could handle this. No similar comments were reported that related to the professionals. Another challenge was that some facilities replied they had participated in surveys on violence prevention or worked on issues of violence and trauma a lot in recent times and felt sufficiently prepared to deal with victims of violence. At the end though, all partners found residential facilities that were eager to participate in the needs assessment and the capacity building (see chap. 1).

Each partner independently chose which facilities to work with:

Austria

	Number of Professionals	Number of young people	Age of young people	Gender of young people	Number of Professionals interviewed	Number of young people interviewed	Specialisation of facility
A	30	40	11-18	¼ boys	6	10	Integrated vocational education
B	20	42	15-18	Only boys	7	6	Integrated vocational education
C	80	75	3-15	2/3 girls	9	6	Assisted living communities and assisted living for families

D	8	12	14-21	2/3 boys	6		Short-term night shelter → no focus group with the yp
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The Austrian team worked with 4 different facilities. However, only in three of these focus groups with the young people were possible as one of them was a night shelter for homeless young people that couldn't predict whether and how many young people would show up to a focus group.

Bulgaria

	Number of Professionals	Number of young people	Age of young people	Gender of young people	Number of Professionals interviewed	Number of young people interviewed	Specialisation of facility
A		8	14-20	Mixed		8	
B	9	30	14-19	Mixed	7	17 (for two focus groups)	two residences and two focus groups
C	8	3-4 (plus mothers)		Mixed	8		Crisis centre for women and children survivors of violence

Catalunya

	Number of Professionals	Number of young people	Age of young people	Gender of young people	Number of Professionals interviewed	Number of young people interviewed	Specialisation of facility
A	40	57	03-18	Mixed	6	6	The biggest facility in the country. Run by the church.
B	14	12	03-18	Mixed	10	7	
C	20	18	13-18	Girls only	13	9	"Autonomy apartment". Special focus on fostering girls' autonomy and empowerment.

Germany

	Number of Professionals	Number of young people	Age of young people	Gender of young people	Number of Professionals interviewed	Number of young people interviewed	Specialisation of facility
A	6	12	14-21	Mixed	4	7	Semi-residential care for lgbtq young people
B	7	12	12-21	Mixed	7	10	Young people with addictions
C	-	-	20-49	Mixed		4	Care Leavers

The German team did interviews in 2 facilities and, in addition, with a group of adults who participate in a network of care leavers, some of them are also social workers.

Italy

	Number of Professionals	Number of young people	Age of young people	Gender of young people	Number of Professionals interviewed	Number of young people interviewed	Specialisation of facility
A	5	7	10-19	Mixed	5	6	Residential care for young people placed out of their families
B	5	9	13-20	2/3 boys	4	6	Residential care for young people placed out of their families

Scotland

	Number of Professionals	Number of young people	Age of young people	Gender of young people	Number of Professionals interviewed	Number of young people interviewed	Specialisation of facility
A	11	30	12-16	Mixed	2	1	Closed Support Unit and Secure Accommodation
B	11	30	12-16	Mixed	6	6	Closed Support Unit and Secure Accommodation
C	36	18	0-25	Mixed	3	0	Foster Carers
D	9	122	14 - 25	Girls & Women only	0	2	Community support within and beyond criminal justice system

E	10	16	12-18	Mixed	4	2	Community supported accommodation
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The Scottish team conducted the interviews with young people in some cases who lived in facilities different from those that the interviewed professionals worked in. Because of this context, the interviews with the young people were not arranged as focus groups, but mostly as 1:1 interviews. Two of these interviewees were care experienced young people who had recently left prison

Focus Groups with Professionals

For the focus groups with the professionals, the Austrian and the German partner developed guidelines for conducting and analysing the interviews in cooperation with all other partners as well as letters of agreement for professionals and youth participating in the project.

The guidelines for conducting the interviews included a section on what to discuss during the first meetings with professionals of the facility:

- Focus of our project (objectives, activities)
- History and background of the facility
- Concept of the facility: target group, paradigm, specific rules or procedures, violence protection
- Staff of the facility (education, occupation, seniority,...)
- Potential participants of focus group discussion with professionals
- Timeframe

It furthermore set the rules for the interviews: participants needed to sign a statement of consent (as an opportunity to ask further questions about the project), audiotaping the interview, selection criteria, setting (such as a regular staff meeting), interviewers (one interviewer, one person taking notes).

For conducting the focus groups, the guideline first suggested another short introduction of the project and the topic of the discussion – needs of professionals working with children victims of violence, especially in relation to gender and child specific issues –, and on the role of the participants.

The interviewers were supposed to lead through the discussion according to three general questions and some specifying questions if necessary:

- 1. In which ways are you confronted with children victims of violence in your work?**
 - How do recurring challenges in your work look like?
 - Do different forms of violence play a role?

- What role does gender identity or other social categories play in these processes?
- How do the children verbalise their experiences of violence?
- What rights do children's victims of violence have?

2. How do you normally operate when facing a child victim of violence?

- Do you have any type of protocol? How does it operate?
- How does the gender identity of the victim influence your practice?
- In which way do children's rights and children's views influence your practice?
- Do the centre and its professionals have enough tools and competences to meet children's needs?
- Are there situations in which you don't know how to deal with children victims of violence (experiences of violence that the children have made/are making)?
- Do you think you need a certain knowledge or competence in order to deal with these challenging situations?

3. What are some very good solutions or strategies when working with children victims of violence?

The partners translated these guidelines into their working languages and reported that the guidelines worked well with each focus group discussing most of the questions that the project was interested in. The focus groups consisted of 2 – 9 professionals – the varying numbers can be explained by different sizes of organisations and conflicting time schedules that sometimes necessitated interviewing a team in two groups. The interviews lasted between one and three hours. All in all, twenty focus groups were conducted within the needs assessment.

Focus Groups/Workshops with Young People

For the focus groups with young people, again the German and Austrian partner developed guidelines in collaboration with all other partners. For conducting the focus groups, the following principles were recommended:

- Informing the young people about the project and its scope, the voluntary nature of their participation, the possibility to leave the project at any time, and the use of data.
- Letting the young people suggest and choose the setting of the interview, if possible. This includes time, duration and space.
- Allowing the participants to leave the discussion at any point if they feel they need to leave.
- Organizing support for young people who are emotionally challenged by the workshop. This included having professionals around who are available in case they are needed.
- Considering the possibility to revisit the participants and tell them about the insights from the interview or from the whole needs assessment and engaging in an ongoing dialogue with both the young people and the professionals about the capacity building programme.

It was decided that because of the sensitive topic, experiences of violence should not be addressed directly, but rather via a workshop format consisting of two parts.

The first part – after a general introduction of the interviewers and the project's topic and aim plus an introduction by the participants – followed the method "Violence Traffic Light". In this method, the participants were asked to position themselves to certain examples of violence. Three pieces of cardboard in the colours green, orange and red were put on the floor. The participants were invited to stand on or next to these cardboards, thus signalling whether they think an action presented via words, film or picture, is not violent (green), ambivalent (yellow) or violent (red). After the participants had positioned themselves, the interviewers had the task to ask questions in order to explore the young people's thoughts (e.g. why they think something is (not) violent, what the victim of a violent situation may feel and need, whether they think gender is relevant to this situation). The guidelines presented three examples each for physical, sexual and emotional violence and the project partners developed their own inputs in forms of pictures or videos, adjusted to the institutional and cultural context.

The second part consisted of devising a "Welcome and Support Programme" for an imagined person who arrives soon in the facility and has experienced violence in the past. The interviewers had the task to ask the participants what this person might be feeling and thinking and what they might need in order to feel good.

Most partners conducted workshops according to this framework with young people aged 12-18. The duration varied a lot from 50 minutes to 150 minutes. In Germany, one group was met twice because of misunderstandings in the planning, so that each part of the workshop was done on different days. The Scottish team conducted individual interviews with mostly one person, sometimes also interviews with pairs or a trio. The Italian team replaced the welcome exercise with the "Gender Stereotypes Box" in order to address gender stereotypes. This exercise, as a way to warm up and prepare for the more delicate exercise "violence traffic light" consisted of writing activities, jobs and emotions on cards and putting these cards into a box. Every participant had to pick up a card and decide whether the activity was typical of female, male or both.

In general, all project partners found that the methods applied worked well in order to get in contact with the young people about issues of violence. In some cases, individual participants seemed challenged and took the opportunity to leave the room for a while. During feedback, most young people expressed they liked the discussion as they often hadn't had the opportunity to talk about these issues in a group, realising that other people think the same. Some researchers noted short attention span and distractibility amongst the young people. Also, sometimes issues in talking about violence became apparent. Particularly younger children did not participate in the exercise as planned, but rather showed resistance by applying sexualized language or exhibiting provocative behaviour like climbing on not protected window sills. In some cases, the young people became particularly silent when the topic of sexual abuse came – but not so in other cases.

Guidelines for analysis

All interviews were audiotaped and transcribed by the researchers or a professional transcription service. For the analysis, the Austrian and German partners presented a concept that followed the ideas of qualitative content analysis and consists of three steps:

- Summarising the material: paraphrasing the interview by simplifying what has been said in each section (without leaving out essential information), sometimes including quotations if appropriate.
- Developing categories: allocating categories to the text paragraphs like assigning a heading that summarises the content in only a few words
- Restructuring the material: subsuming categories under umbrella categories and thus developing a structure of how to present the result. Examples of such umbrella categories are “Challenges of Professionals”, “Needs of Victims of Violence” and, on the next level “Reacting to violence”, “Feeling safe” and so on.

The insight gained from this analysis then were presented in the national reports which were the basis for the comparative report.

3.2. *Questionnaires*

The quantitative part included the development and distribution of a questionnaire that addressed the respondents professional and educational background, their current work situation, their thoughts regarding the needs of young people who have experienced violence, their own challenges working with this group and finally their training needs. A gender perspective and a child-centred perspective were implied in the complete questionnaire. The general questionnaire was first developed by the Austrian and German team in collaboration with the rest of the partnership and contained 28 questions. Then, each partner translated the questionnaire into their language, in some cases also adapting the questionnaire to the local context. The results were analysed using descriptive methods.

4. Results from the focus groups with young people

From the focus groups and individual interviews with young people, various insights came up that centred around the young people's awareness of violence (4.1.), gender and children's rights issues (4.2.) and the needs of victims of violence moving in and living in RCFs (4.3.),

4.1. *Views on Violence*

General awareness and rejection of violence

Across all countries, most young people identified most of the situations presented to them as violence and showed rejection. The Catalan team, for example, found that the children in general had a broad understanding of violence. The young people did not only refer to physical violence but also mentioned psychological violence and sexual violence. Thus, they did have a comprehensive understanding of what violence is and which are the different manifestations it may have. Moreover, they also distinguished between direct violence and indirect violence, witnessing violence, for example. One 16-year-old boy expressed a clear victim-oriented definition of violence as "any act that may feel the other person bad". When the participants saw images of bullying and violence, the young people's immediate reaction was to identify both situations as such without any doubts. They explained that bullying could be based on the physical appearance of somebody, but that it could also be due to more internal and personality issues. Regardless of the reason behind the bullying, all participants rejected this kind of violence and they said it was a lack of respect and an offence to the person who was suffering it.

Similarly, the Italian team found that the young people proved able to identify the various signals and various forms of violence and together to discuss them. Amongst other things, they were able to identify "psychological violence" in behaviour such as "excessive jealousy", "possession", "denigration" and they identified "the economic violence" when a wife stops working when at the insistence of her husband. The young people also recognized physical violence in behaviours that usually young people who have experienced domestic violence define as normal behaviour.

In the groups, some participants also disclosed that they had been victims of physical violence and bullying themselves – including stories of long-term-bullying. Some also shared experiences of violence when moving into the facility they live in now. Some girls shared that they had personally suffered sexual abuse, however this was a rather rare moment – experiences of violence were mostly shared when it came to physical violence and bullying. Talking about sexualised violence, for some groups, was rather difficult as the Austrian team noted, for example: In one of their focus groups, the boys didn't want to discuss this topic after a movie sequence had been shown. It was like they were kind of frozen and that they couldn't find words discussing the topic.

When asked about it, many young people were also able to talk about the impact of violence, including the witnessing of violence, which, according to participants in the Scottish research, has a profound effect on people's mental health and wellbeing.

Moments of normalisation

Whilst most reports stated the general awareness of violence, the Bulgarian team found that most of the situations of violence presented were not recognized as such by the young people or were seen as acceptable as long as it is punishment. In the introduction, some participants even shared that violence is an absolutely inevitable and universal part of life. Other countries also noted forms of normalising violence amongst the young people which took different forms. One way was to normalise particular forms of violence as became visible when there was no consensus amongst the young people on how to position themselves in the traffic light exercise. For example, the German team noted that when it came to forms of violence other than physical violence (like bullying or emotional violence), the young people's placement on the traffic light was more widespread than with forms of violence that were associated with physical contact like sexualized violence or hitting someone. The Catalan team found similar tendencies when it came to psychological violence, e.g. men establishing control over women.

Another form of relativizing violence that was found in several countries was victim blaming. This included attributing the cause to the victim for being too sensitive or too shy and, in several occasions, attributing sexual harassment or other forms of violence by boys/men against girls/women to the behaviour of the victim who, according to the young people, might have started the conflict. Such a view was rather reported from boys – however in other groups, boys identified sexual harassment against girls in a similar way as girls did.

Other forms of normalising and relativizing violence included referring to the consequences (smacking someone's face might be okay if it doesn't leave a mark), to the reasons/intentions of the perpetrator (if it is for punishment reasons or if the perpetrator did not intend it, the act is somehow more accepted and excused which puts the focus on the perpetrator instead on the victim – this was particularly the case with violence from parents), the age of the victim (with some forms of violence being more clearly rejected if acted against younger kids). Particularly when it came to bullying, some young people suggested that the act might be okay if it is "brotherly meant" – i.e. if it is a form of establishing and testing out relationships or if there is an irony to it that is acceptable within some friendships. Some young people stressed that it depends on the individual boundaries of a person whether or not a certain joke is a form of violence/bullying. Also, publicity (i.e. if a video is shared online) was seen as a reinforcing aspect as the German team noted. When the discussion in the German focus groups turned to publishing pictures or videos of violent events online, the language the young people used for the consequences took a dramatic turn (this could "destroy a life", colleagues might see the videos/pictures, one could lose their job or commit suicide out of shame). Also, repetition and longer duration was seen as a criterion for some acts turning into bullying as one young person said in Austria: *"If someone says 'Shut your mouth' - it is not vicious. But if it becomes everyday language and you hear this everyday – and I know from my own experiences, how it is to be bullied. And I experienced that for a very long time, sometimes as one who stands beside and can't say anything and sometimes as the*

one that is in the victim role. And if this is bullying where each word is meant the way it is said – that is not ok.”

While this might be an agreeable position, it also reflects the extent to which violent language is part of the young people’s life so that some expressions that actually have a violent aspect only become recognised as violence if they are repeated.

With regard to racism, the Edinburgh team collected voices from the young people that might be worth considering:

When specifically discussing racism as a form of violence, most of the young people identified it as red but felt that it was more of a problem from the past than something that is prevalent today. Several noted the shame and ridicule associated with being ‘tarred as a racist’ and felt that sometimes, things that come out in the heat of an argument are not intentionally racist and more to do with anger than intent to offend while acknowledging that ‘proper discrimination’ is bad. It was felt that racism happens in many different ways and not just from white to black, ‘it is everywhere’ and that everyone has some form of prejudice without realising it.

These young people’s responses represent a collection of well-known forms of denying and normalising violence: denying the occurrence of violence (“a problem from the past”), focussing on the perpetrators point of view (“shame and ridicule”, “not intentionally racist”), neglecting cultural and societal hierarchies (“not just from white to black”) and rejecting responsibility (“everyone has some form of prejudice”). It might be productive to address why these young people (or anyone else) feel the urge to articulate those kinds of responses – possible reasons include a discomfort with moralising forms of criticism, a lack of understanding of (and of education about) racism/violence, a lack of understanding of intersectionality (being marginalised in many ways, yet privileged in others), a lack of recognition (by others) of one’s own experiences of marginalisation. Taking those reasons seriously while remaining critical to forms of normalising or denying violence might be important in order to empower those young people.

4.2. *Gender and Children’s Rights Perspectives*

Interrogating and reproducing gender stereotypes

In terms of gender, the focus groups analyses produced quite different and partly contradictory results. On the one hand side, at least some young people were able to identify gender stereotypes very well, which became particularly visible in the Italian research using the *Gender Stereotypes Box* method. The young people who participated in this method were well able to talk about how some activities are usually attributed to one gender while in fact any person could perform it. Also, other teams found that young people identified and spoke about sexist violence and even about the connections between subtle and brutal forms of sexist violence in terms of how unhealthy relationships marked by patriarchal structures can turn into violent relationships and even homicide of women by men. Also,

some young people expressed an awareness of gender-based bullying against gender-nonconforming people.

At the same time and sometimes even by the same young people, gender stereotypes were expressed and reproduced. For example, the common cultural narrative 'violence is perpetrated by men towards women' – i.e. boys/men are perpetrators, girls/women are victims – was reproduced by some of the young people. In line with this, some boys expressed that it would be worse for them if they were attacked by girls – implying that as a boy it is somehow more acceptable to be defeated by another boy than to be defeated by another girl, assuming that girls are weaker and subordinate to boys. Also, some boys showed a higher level of acceptance of physical violence, even as a conflict solving strategy, as long as it does not contain severe forms of violence.

In other groups, however, boys and girls expressed a similar attitude towards violence and some expressed an awareness and interrogation of a simple male=perpetrator and female=victim scheme.

Feminist discourse, patriarchal practice

Some reports also found that while the young people may generally be aware of gender stereotypes, their discourse was not consistent with the relationships in their daily life. Some of them would have a feminist discourse about women's rights and condemn gender inequality and discrimination, but at the same time they seemed to reproduce sexist and controlling practices in their daily life, particularly within intimate relationships. One example the Catalan team found some of the young people understood romantic love myths such as "jealousy as a show of love" as something normal and natural in intimate relationships.

Vague knowledge of children's rights

In terms of children's rights, those young people that were explicitly asked about their rights, were indeed able to name quite a number of rights that they have including the rights to a place to sleep, to food, to a non-violence upbringing, to education and protection. However, several reports noted that the young people did not know exactly what this might mean for living in a RCF, some of them also reporting how their rights were not being realised (see below). The Scottish team, for example, noted that the young people did not display a strong sense of entitlement or awareness of recourse in the event of abuse of their rights.

4.3. Needs

In the interviews, the young people also addressed the situation of young people who have experienced violence both in the traffic light exercise as well as in the welcome program exercise which explicitly asked for the young people's views on the perspectives of newcomers in RCFs who have experienced violence. Regarding the feeling of a newcomer, the Catalan team collected the following answers of the young people:

Not feeling like talking to anybody	Loneliness	Sadness
Proud of having been brave to leave home	Anxiety	Homesick
Insecurity	Fear	Guilty
Nervousness	Shame	Embarrassment

This collection might be useful in the CBP when reflecting the situation of young people in residential care with the professionals.

Regarding the needs of such a newcomer, the young people's insights can be grouped into six categories:



Reliable, trustful and safe spaces

One group of responses centred around safety, reliability and trust. Young people who have experienced violence and enter a RCF foremost need **safety** – a shelter where they do not live in anxiety, where they are protected from violence and do not have to “watch their back”. One way of achieving this is by showing that spaces are supervised, doors are locked and making sure that everyone is where they are supposed to be. Also, the location of a facility and the placement of young people is important here – being in a familiar environment enhances feelings of safety. While many of the young people interviewed seemed they felt safe in their environment, some also pointed out that this had not been the case in other facilities, for example in traditional big homes with many children as participants in Bulgaria pointed out.

In this context, some of the participants in Scotland welcomed the use of restraint as something that makes them feel safer. This was on the understanding however, that it is only used if the young person

is causing harm to themselves or another person. Young people felt it was really important for staff to consider past experiences when designing a child plan to account for the trauma that could potentially be exacerbated by restraint – they should seek the views of the young people on this important topic systematically and design the plan together. If this is the case, the young people prefer that staff restrain a person who might hurt someone else and that staff feel comfortable to do this. The most important aspect of restraint for them was the reassurance that staff should provide throughout and the feeling of safety it gives when done correctly as a safe hold.

This resonates with something that some participants said: Interventions of grown-ups (e.g. teachers/carers) in violent situations were discussed as helpful for younger children but also sparked the fear, that amongst peers this could make the situation worse. One girl described it as counter-productive if a teacher would interrupt a situation – because she assumed that “they” would stop as long as the teacher was there, but would continue the bullying even harder afterwards. Support of friends and peers, who would have your back and won’t leave you alone were brought up as more suitable. It is very important, then, that professionals reflect the possible consequences of interventions into violent situations, both in terms of the (long-term) safety of everyone and the kind of relationships established.

This shows, that safety goes along with **trust** as a prerequisite for sharing one’s feelings, thoughts and experiences. Again, this seemed to be the reality in some institutions, while in some cases the researchers noted that the young people talked about the staff as controllers from whom they try to hide. One way of establishing trust might be a gradual introduction, e.g. meeting the staff in advance, including night staff as the young people in the Scottish focus groups said. Ideally, they wanted to see the unit in advance and get used to it, maybe spending some time there while the other young people were at school.

Connected with notions of safety and trust were ideas about **truth and confidentiality**. Young people in the Scottish research consistently said that hard truth was important. They asked that staff “always treat young people fairly and give them nothing but the truth” because “broken promises hurt” and lying would hinder young people from maintaining a relationship. This implies being honest about what happens to stories that young people share – in the German research, the participants expressed the wish that their stories would stay confidential and would not be shared by professionals without consent. The desire for a confidential space was also apparent in the Austrian research where the young people described an outside area in their facility – the “village square” – where they meet, talk and are “like a family”, where they can talk about everything because it will stay there.

Rest and Distraction

A second group of ideas by the young people can be labelled with the terms rest and distraction: “It can take weeks until you have processed the recent trauma with your parents.” a German participant said, and Catalan participants spoke about calm, serenity and peace as needs. This does not necessarily mean to leave them alone. Rather, the young people want space and time, so the professionals should show interest but not in a too curious, too intrusive form. There should be a general understanding for

the newcomer's situation who may just have left home, having to deal with parents, child protective services and the new living environment. Therefore, some participants expressed an understanding for new people who would not immediately open up or who would take their time until starting to interact with other people. Time to calm down and rest was mentioned as a key-factor here. This relates to the need for trustful relationships which might take weeks develop. Some young people suggested that routines are important as they provide reliability and at the same time rest through consistency as one Scottish participant described their experience: "so you've got your bath and then you've got the clean bed sheets and you can pick a DVD. And then you just go to your bed. It was dead calm, relaxed." These young people held different opinions regarding the right to sleep: while some felt that young people should be allowed to sleep on if they want to, others talked about how important it is to get up and out as education is also important. At any rate, the Scottish participants placed importance on space and time to relax and unwind by listening to tunes or watching TV. Young people did not want staff to "dish out sleeping tablets" and felt that more should be done to support people to get better sleep naturally.

Another aspect was connected with these needs: exercise. As the Scottish team noted, young people value access to facilities for exercise and recognise the importance for their mental and physical health, called for more facilities and encouragement for girls to participate as it tends to be something that is more utilised by the boys in alternative care. They particularly like the gym, running and fitness activities including yoga. Sports was also mentioned in other countries as helpful, as well as laughter and fun and opportunities to continue one's hobbies and to go on outings that build bonds with staff and peers.

Belonging and Support

A third group of needs were filled with a sense of belonging and support. Young people expressed a need of newcomers to feel that they belong in the centre, that they are part of the "family" that all the members of the centre constitute. This includes making friends in the facility, which also prevents bullying.

Others emphasized the importance of maintaining a network of friends and contacts outside the facility and of appropriate contact arrangements for this. However, they also pointed out that these arrangements require a lot of support to make sure that the most appropriate, safe plan is in place. They recognised that if, for example, family members are violent it would be important not to have contact as they "want to be with people who are good to us" (Scotland). They should be able to choose whether or not to contact family and friends, unless that would have a negative effect, and to get support around visits. Belonging is not only related to contact with other people but also to making a facility one's home. Some specific things that staff could do to make residential care feel more homely include putting up photos around the house and making sure the space is comfortable, leaving autonomy in decorating the bedrooms to the young people.

In connection with needs for belonging, the young people also voiced needs for support as something that comes out of belonging and at the same time shows a young person that they belong. When

discussing violent relationships, young people clearly said it would be good if the victim could talk with an adult, the parents, the teachers or the educators and experience that they are not left alone and can count on somebody. This goes along with needs for professional treatment in the facility as a form of support for the processes they go through. Some participants suggested that there is a form of peer advocacy, i.e. forms of support given by people who are or have been in a similar situation. Others, such as the care leavers interviewed in Germany, pointed out that a key person whom they could identify with was important – not necessarily a professional person, though, but rather someone they can just talk to precisely because that person does not pursue any particular goal with them.

Some young people also said that it's very important that their mental health is monitored and cared for and that staff should be fully trained and supported to fulfil this.

Others expressed a feeling of stigmatisation, for example participants in the research in Austria. They said that they felt locked in, that they felt they had no other chance in life and that the RCF was the last option for them to live in. They felt that other young people would regard them as the scum of society. This signifies a need for empowering support (and, of course, a wider improvement of the status of residential care in society).

(Critical) Acceptance and Understanding

The young people also spoke about a need for being understood and accepted by the staff. This understanding includes the feelings someone may have when moving into a new living environment, be it their first RCF or a new one after having lived in another facility. As pointed out above, these feelings may include nervousness, anxiety, anger, loneliness. These feelings should be met with respect by staff, young people said. They also spoke about the ambivalent feelings someone has being away from a family that may have been both supportive and destructive. Also, staff should know the history of a young person to get a sense of possible emotional triggers which may mean that body contact can only be approached carefully – not everybody welcomes a hug. Part of those experiences might be rejection which should be approached with sensitivity. Any program or plan with a particular person should be tailored for the individual and take into consideration the history of this young person. As already mentioned, this also includes the health condition of a young person – for conditions like epilepsy or diabetes the young people need to feel secure, safe, monitored and cared for in their new environment.

Also, participants spoke about a need for understanding the coping strategies that young people choose and exhibit. The German report differentiated between strategies aimed at gaining distance from the experience and strategies aimed at confronting it. **Distancing strategies** include taking time for oneself – especially after moving out or getting out of a harmful situation –, getting rest, sleeping and taking time for themselves. Also, normalization of everyday life was described as a strategy to live in the here and now and not in the past, to look forward and not back. In one case, a participant described sports and self-defence training as a coping strategy to enhance self-esteem. A **confronting strategy** is the decision in wanting to cope with violence was marked for the young people by actively seeking someone to talk to, e.g. a professional in the RCF, a therapist or a trusted person. The young

people agreed that the person they would talk to would have to be someone who they either “clicked” with (meaning: finding someone they connect with) and/or someone who could relate to their experience. The young people also described “survivors-humour” and laughing together with peers with the same or similar experiences as a way to cope.

Some participants who were transgender included the acceptance of their gender identity as an important need. Non-acceptance may be experienced in the family of origin, amongst peers, by child protection professionals or staff of a RCF. The young people said that people working in residential care should be either open – or keep their (negative) opinion to themselves. They expressed an expectation that professionals are well informed or willing to educate themselves if they work with a minority group that they cannot relate to from own experiences.

Participation and Rights

One form of accepting and understanding young people is by enabling them to participate in the decisions that affect them and to respect their rights particularly in terms of privacy. Having a choice (where appropriate) is crucial here and was mentioned by participants in several countries. The young people called for strong mechanisms of their voices being heard and taken into account within alternative care settings, including support groups for staff and young people together where they get the chance to put forward ideas and suggestions and the chance to write in and collaborate on their books. Other participants stressed the right to privacy as something that they value and that is sometimes not realised in residential care with professionals walking into one’s room without knocking. Also, the right to a TV came up in some discussions. Scottish participants, for example, wanted staff to recognise that they often use TV as a tool to help with their sleep and routine. For this reason, the power going off at night is a problem and while they recognised that this is often so that people go to sleep or go to school, they felt that it’s important to use discretion and listen carefully to young people’s reasons for wanting to watch TV. Similarly, having time for oneself was stressed as important and as something that should be considered a right.

Some young people said they did not feel their views were taken serious by staff. They had the impression that complaining was useless – professionals entered their room even if they replied “no” to the knocking. They said they tried to talk to the head and to the psychologist about this but did not receive any help.

While the young people generally voiced a need for choice, participation and recognition of their rights, they also set limits to this. Some Scottish participants suggested that they felt somehow oversupplied – there may be a stark difference in terms of the amount of food they get inside residential care compared to what they are used to or can afford outside that it’s unrealistic and that might hinder a transition back to the community. Young people feel that they need to build the skills to manage the transition back to the community in a realistic and achievable way. Similarly, they asked for realism in therapy which should aim at enabling the young people to be independent beings once they leave care instead of opening up a process that might not be able to be continued after the end of a stay in a

facility, potentially leaving a young person having unlocked something with no recourse to deal with it.

Knowledge

A sixth category of needs relates to building knowledge both amongst the young people and staff. As already mentioned, the young people want staff to be informed about their history and ensuing physical and psychosocial sensitivities. They themselves also asked for knowledge particularly upon arriving at a facility. One type of information was related to the facility and their rules – a sort of welcome package might be useful including some special care during the first days. Another type of knowledge requested was related to the social situation – what are the dynamics in the group, what kind of conflicts are going on. Several young people preferred an informal welcome to a formal one. Instead of a formal group setting with everyone introducing themselves, they suggested a welcome period that implies incremental introduction with a lot of 1:1 time, e.g. by being invited by peers for a cigarette or a tea. Formalized settings like a welcome session in which every participant would have to say something about themselves were seen by these young people as too artificial and sometimes also overwhelming for a new person.

Another type of knowledge was related to skills. As already mentioned, forms of normalising violence were apparent in the focus groups. Hence, the needs assessment reports suggested that young people are offered thoughts that criticise violence. As the Bulgarian team put it, deliberate efforts need to be made to make them recognize violence in its various forms, how to say “no” and to maintain personal boundaries, how to seek acceptance and approval without putting oneself in new risky situations, how to navigate social relationships besides the negative models experienced so. Other reports also suggested that professionals should find time slots during their daily work to communicate personally with young people and thus teach them social skills. It was noted by the Austrian team that particularly some boys – those who accepted certain forms of physical violence – showed fewer communication skills and had a sparser language and much more difficulties to express themselves verbally than other young people. Most reports, however, did not mark a gender specific necessity in relation to this issue.

4.4. *Conclusions and Suggestions*

Looking at the insights gained from the research with the young people in this project, a number of conclusions and suggestions become apparent.

First of all, the young people interviewed were in many instances well able to recognise violent situations, to empathise with a victim of violence and their emotions and needs. At the same time, some of the young people did not do so or showed some disparities between their abilities to identify violence and their capacity to live a life with getting into situations marked by violence. Differences between young people (and the facilities they lived in) became visible not so much between countries as between different facilities within the countries. The following suggestions can be made (or were made in the reports):

- Provide safe spaces. Making young people in residential care who have experienced violence feel safe again is a prerequisite to them feeling comfortable and happy and developing their skills and relationships. This implies protection from violence through others in particular, but also protecting oneself from one's own violent impulses which in some contexts may take the form of measures of constraint, if applied with care. Safety furthermore implies trustful and reliable relationships as many of those young people have not experienced this in their lives, but rather have been exposed to breaches of trust and unreliability in carers. Establishing trust may include that young people create spaces of confidentiality for themselves while at the same time having a sense of protection (also through supervision) by adults.
- Allowing for rest. Young people who live in residential care are confronted with various sources of stress (possibly) including their family of origin, peers, expectations from social welfare institutions, arriving or being in a foreign living environment and remembrances of negative experiences. The young people in this research made clear that there is a need for rest that may include being (left) alone for a while, having opportunities to relax and distract oneself and not being forced to expose oneself in front of other young people or staff members.
- Enabling belonging and giving support. The young people who participated in this project showed that in their situation, what they need is a sense of belonging and home combined with being and feeling supported by peers and adults showing them that they and their issues matter. This includes the establishing and maintaining of supportive relationships both within and outside the facility and the protection from unsupportive and detrimental contacts. It also includes the provision of support both in terms of professional and competent therapeutic support as well as everyday support, partly provided by peers or persons with similar experiences. Gender issues are relevant here, because relations between people and notions of support are heavily influenced by notions of femininity and masculinity that partly inhibit the establishing of supportive relationships or that allocate the responsibility for giving support in a gendered way (practical support: boys/men, emotional support: girls/women). Belonging and support may also include the contact with adults who have been in similar situations and are in some way peers for the young people (having lived in residential care or juvenile detention, too or being transgender/black/ex-abuser of drugs/feminist ...)
- Accepting and understanding the young people. Professionals in residential care should know the biographic background of the young people they work with which includes information about negative experiences, health conditions and possible triggers. Young people also ask for an attitude of acceptance to their behaviour with regard to coping strategies. Again, reflecting gender is important here in order to remain open to stereotypical as well as non-typical practices and experiences.
- Allowing for choice and participation. The young people in this research mostly knew (or insisted) that they have a right to choose, to participate, to complain and that they have rights to support. However, sometimes they did not know how this may be translated into appropriate practices in their facilities or they experienced that their views were not being taken into account by adults.
- Providing information and teaching skills. With regard to arriving at a facility, the young people expressed a need for being informed about the facility and its written and unwritten rules,

including social dynamics. They also expressed – or indicated – a need for being taught skills, particularly when it comes to identifying and de-normalising (subtle forms of) violence, young people’s rights and possibilities to complain, gender stereotypes, social skills.

5. Results from the focus groups with the professionals

Results of the focus groups with professionals centred around challenges and needs related towards different ways of dealing with violence (5.1.), important knowledge, skills and competences (5.2.), a culture of care in RCF (5.3.) as well as important structural conditions (5.4.).

Experiences of violence

Professionals pointed out that 70% to 90% of the children who live in RCF have either experienced or witnessed violence during their lifetime. Some of them have experienced physical violence, others sexual abuse and/or others psychological violence. LGBT youth may also have experience a specific form of anxiety violence in case their sexuality or gender is discovered by parents who do not support sexual and gender diversity. Racist violence against black youth and youth of colour was reported as well. Bullying was named as a particularly common form of violence as well as experience of violence while living on the streets. Institutional violence by public authorities against transgender youth (not acknowledging the identity/name/pronoun of the person), homophobic or transphobic bullying or threats via social media and discrimination against gender related non-conforming kids were mentioned. In Bulgaria, cases of extreme xenophobia and discrimination towards the Roma Population were reported.

Concerning violence in care facilities, both high and low levels of violence were visible, depending on the type of facility and the whole societal environment. In most cases verbal violence between children and young people in RCF was reported, while physical violence seems to happen not that often. At least this is the perspective of professionals, who may not always know about physical assaults, which usually happen when adults are not present. One might conclude from this that verbal violence is something that young people still think they can do in front of professionals, something they don't have to hide. Another explanation could be, that verbal violence is less controllable for them so that they cannot hide it even if they want to.

Many RCF offer psychological support and specific measures for children and youth in order to deal with their violent feelings (e.g. sport was mentioned quite often). Some professionals mentioned that violence should be expected in RCF, because this is a kind of a coping strategy of the residents in order to deal with their violence history. Therefore it's part of their everyday life in RCF as well.

Disclosure and signals

Indicators of violence

In some cases, the experienced violence and their biography was already known by professionals before the kids entered the RCF – many of the kids already had contact with the care system. In most cases RCF clarify the kids' backgrounds during the intake interviews, which usually happen before the

kids enter the RCF. In these facilities, professionals already know a lot about the kids from the beginning and so they can start working on the special needs that reveal out of this background.

More often, it is part of their work to find out what happened to the kid and to support the disclosure process. Therefore professionals pointed out that they start their work with conversations with the kids and discovering and interpreting the behaviour. The professionals reported that there are many signals that can be connected with experiences of violence, but this is no proof of violence. This is just their interpretation, which can be a base for further actions – and a challenge for professionals at the same time (see below).

Children who have suffered extreme forms of physical violence show different strategies through which they cope with their experience of violence. Some of them suffer from bedwetting (enuresis), sometimes they are aggressive towards one of their parents, depending on the role they identify with (sometimes kids identify with the parent-perpetrator of violence, sometimes with the non-violent part of the parents – if there is a non-violent part). When children experienced massive physical violence in the past, they are often scared and withdraw into themselves. Some of them will not allow being touched and wince. Some kids show symptoms like sleeping with their clothes or locking up the bathroom when taking a shower, these could be symptoms of sexual abuse.

Professionals pointed out that the children they care for often turn into perpetrators of violence in their relationships with others: some of them use verbal violence and threats against other residents or professionals, have problems with boundaries and show a lack of emotional detachment.

Processes of disclosure

Processes of disclosure are diverse and they do not follow the same pattern over and over. Each kid is different in terms of the type of violence they experienced, the family environment, social relations as well as own personal and psychological resources. All these elements do influence the moments and processes of disclosure.

In some cases, children may have no problem in sharing and explaining their experiences of violence. However, that is not the most common reaction and children are rather reluctant to explain their past.

Some professionals said that they feel uncomfortable about asking questions and thus putting the young person in a situation in which they may feel pressured. A strategy that was mentioned was to generally let the young person initiate a talk about experiences of violence (could be a side-talk in a safe environment, e.g. the kitchen). Questioning would only take place if a danger for the young person is apparent or if the situation and relationship between young person and professional allows those questions.

Professionals pointed out that when kids are able to verbalise that they have indeed suffered violence, they have gone through a process of de-normalisation and rejection of violence. Verbalisation was described as one important first step of the process of disclosure and recovery. But most of the time,

children do not verbalise their experience – they use other forms of disclosing, such as saying that “they do not want to go back home”.

Differences were mentioned by professionals: There is a big difference if the kid blames themselves for what happened or not and there is a difference between physical and psychological violence, non-sexualized and sexualized violence. It is often not easy to find out, who was/is the perpetrator, because some kids – or their families - tend to modify their stories (e.g. in order to get an idea about possible reactions) or they try to keep secrets (e.g. in order to stay safe and have control over the process). The professionals mentioned that it's easier for the kids to disclose experiences of violence from foreign perpetrators than perpetrators who are close to them, like family members. Often they make hints and do not blame them directly. They know that disclosing their experience of violence will have consequences, especially for their family and the perpetrator. In general they are afraid of causing pain or destabilising family-relations and the family-system even more.

In many cases it needs time and safe spaces to get a comprehensive picture about the biography of the kid. Furthermore a trustful bond between the kid and the person addressed is an indispensable element for a disclosure process. Children must feel secure and trust others in order to be able to talk about threats, fear and painful experiences and seek for help.

Professionals highlighted that processes of disclosure usually happen informally; nevertheless conditions for these processes are often well-planned and structured.

5.1. Dealing with violence

The challenges raised and discussed in the focus groups centred around feelings of frustration, the lack of consequences and measures in order to deal with violence in RCF, the fact that professionals sometimes have to accept the situation that children may not be able (or willing) to disclose experience of violence and the question of how a climate of sincerity and trust can be established in which relations can be built upon within RCF.

Challenges

Support of children without knowing their needs

Especially educators from Spain expressed their frustration about working with young people who have gone through heavy life experiences. It's not always easy to support them. Professionals pointed out that they often do not know how to react on coping strategies of children; also pedagogical measures which some of them use seem to have an experimental character – e.g. professionals described that they sometimes ‘hope’ to use the right strategies and pedagogical measures in order to deal with certain situations. Some educators stressed the fact that it is not easy for them to accept the ambivalence between taking the responsibility for children/youth and at the same time being unable

to control children's lives – this topic especially occurred when professionals complained about the fact that they were not able to get the whole picture of what was going on with a child, which made it difficult for them to react appropriately to the child's needs.

Re-traumatisation

Another challenge mentioned by professionals was re-traumatisation, i.e. situations in which a person who has experienced traumatic situations in the past re-experiences these because of an event (trigger like smell, taste, etc.) that releases pictures and feelings of traumatic situations in the past. An example is one young person who tends to react aggressively in conflicts and another person who has experienced exactly this kind of aggressiveness at home. One strategy was getting to know what kind of situations or events might contain a trigger or generally produce stress for a young person in order to protect them from this. However, there is also an insecurity about when to intervene, for example in conflicts amongst the young people.

Lack of consequences

In Bulgaria, professionals pointed towards a complexity of the cases themselves and the provocative behaviour of children in their RCF as main reasons for the frustration. They expressed helplessness about the ways to impose discipline – without punishment. The lack of a deeper understanding of the underlying reasons for problematic behaviour of the children (trauma, abandonment, their own feeling of powerlessness) can also cause anger on the professional side, even blaming towards the adolescents. Professionals in Bulgaria shared the experience that there is a lack in the RCF system, which continuously causes troubles – their impression was, that there is no balance between the rights and responsibilities of children and young people. Therefore children/youths won't find it necessary to follow rules, if there are no consequences for them.

Lack of disclosure

As already stated, children/youth usually have troubles to disclose and talk about their experience of violence. Children may be not willing to share their experiences, their thoughts and their needs. They may not even be able to identify them - this was identified as a great challenge when working with children who suffered violence. To foster children's awareness for violent behaviour, verbalisation and de-normalisation of violence are other big challenges which professionals face in their daily practice.

Dealing with different perspectives between professionals and children concerning violent behaviour

Children often use downplaying as a strategy through which they argue that something was "just a game" and that the professionals shouldn't make a big deal about it. The situations that are the object of debate often can be seen as "borderline situations" in which the line between aggressive play and violent behaviour – a line which is a blurry one anyway – is crossed (or at risk of being crossed) at some point from the perspective of the professionals, yet not from the perspective of the young people. The

strategy used by professionals in Germany is to stick to one's position against violence, thus prioritising the young people's right to be protected from violence over a full recognition of the young people's opinion. However, the professionals then are confronted with a rather unsatisfying wall of resistance, even if the young people are left with bruises. One reason for this may be a desire on the side of the young person not to endanger their position in a peer group, if a certain acceptance of violence and attitude of endurance is part of the secret rules of that group. In a way, in these situations the professionals are confronted with coping strategies that may actually empower the young people to a certain degree insofar as they are practising tolerance of violence as a survival strategy.

Dealing with violence occurring in social networks and in the RCF

It was also mentioned that violence occurring in social networks (e.g. by peers outside the RCF) challenges professionals working with kids. While the professionals try to create safe spaces, electronic media pervade those spaces and follow their own rules.

Professionals also spoke about difficulties in relation to incidents of violence that have occurred within the RCF, such as the presence of aggressive dynamics between peers, but also episodes in which educators were assaulted themselves. They pointed out that they did not really have established measures, but rather followed their instinct.

Needs

Stress on the need of victims

Recent violence is an issue spoken about a lot in some focus group discussions. This underscores that experiences of violence is not just a question of traumatising but also an issue that keeps coming up again and again in the lives of young people who live in RCF. RCF in the German sample use strategies designed to protect the young people from violence, including measures to be taken against perpetrators. Usually there rather seem to be rules to be applied that relate to the perpetrator than rules or steps to be applied that relate to the victim. A common strategy which, is concerned with the victim, is the separation of perpetrator and victim (although the pedagogical value was questioned sometimes).

Some professionals voiced a need for strategies for professionals' safety and options alternative to sending a perpetrator away that still enable a victim of violence within a facility to feel safe. Furthermore, some professionals pointed out that they would like to know non-moralizing strategies of responding to violence which open up a space for learning for the perpetrator and the capability to recognise a dynamic of violence as soon as possible. It may be fruitful to connect this with children's rights issues: what rights does a victim of violence have? What rights does a perpetrator have?

Furthermore introducing gender to this may be interesting, as gender issues were not discussed explicitly in discussions about this key issue. Introducing a reflection on gender can be fruitful, as discussions on whether an act is considered as violence depending on the gender of the perpetrator

has shown. There may be connections between gender and the challenge mentioned on violence against staff members. How does a perception of a person as potentially violent influence one's behaviour, and how is this perception influenced by gendered expectations?

De-normalisation of violence

Most of the children are not aware of their experience of violence because they have grown up with violent everyday habits. The normalisation of violence has two main consequences:

- One consequence is that it hinders the self-identification of violence and the awareness of having been a victim of it. Some children do not identify and even deny having suffered violence. Some professionals stated that this reaction was somehow a defensive mechanism. Some others understood it as the consequence of children not having seen other forms of communication and the normalisation of a violent environment.
- The second consequence of violence normalisation is its own reproduction. Professionals explained that children in RCF easily feel attacked and their reaction is to respond with violence. Violence leads to more violence.

In Bulgaria professionals shared the experience that it is extremely difficult for them to communicate with the youth in a calm tone. They said that children only pay attention when you shout at them. In the professionals' opinion, shouting is the only way of communication that children perceive and react to.

Provide violent-free spaces

Another big challenge expressed by the professionals was how to provide a safe space in the RCF, in which children can feel safe and protected. Most of the children got into the facility because they were living in a violent environment. Creating a safe and violence-free setting is vital in order to ensure children's comfort and recovery, as well as in order to guarantee their rights.

The violence-free atmosphere is fragile and not always easy to maintain since there are several elements that may endanger it. On the one hand, there is the violent reaction children may have. As already stated, children in RCF have suffered direct violence and, in most of the cases, have lived in a violent environment. These kids did not have the chance to learn alternative ways to relate and communicate with others. Sometimes these violence dynamics are reproduced in the RCF. On the other hand, professionals pointed out that it is difficult to keep a violence-free environment when they are obligated to carry out a physical containment/control. Professionals stated that physical control was always the last resource but that sometimes it was inevitable.

To create a non-violent environment it is essential to offer the possibility of retreat. On the one hand, this provides residents with the opportunity to leave the situation if they residents realize that they are on the verge of losing their rag. On the other hand, it is necessary to provide a space for protection if someone feels threatened. Professionals from different RCF in Austria pointed out that especially older youth like to seclude themselves and lock the door of their rooms for more privacy. It is important

to provide this space for recreation. On the other side it is also important to provide socialising spaces: cooking and eating dinner together creates time to bond and to communicate.

Evaluate cases in which professionals betray the trust bond with children

Some professionals shared that for them the challenge was to deal with a situation in which they were somehow forced to betray the trust bond between them and the child. This happens in order to protect the kid (e.g. from further violence) and to guarantee his or her rights. That is the case, for example, when a kid shares an episode of violence that had never been revealed to any professional before (and that happened some time ago) asking the professional not to tell anybody and not to do anything afterwards. Professionals said it was ethically complex to deal with these situations. The dilemma is that the kid trusted the professional by explaining their experience of violence but the moment the professionals react and do something which disrespects the kid's expectation, the trustful bound might be lost and it might be just impossible to re-establish it. In light of these cases, there is a need to evaluate these cases and to have an adequate response taking into account the risk and the impact that the "solution" may have on the kid's life.

Help the children to overcome attachment disorders

This was one of the most frequently recurring themes. Many of the young people did not have the possibility to develop significant attachments to caregivers in their early life and therefore had limited capacity to form warm and empathetic relationships with others. Professionals saw this as a greater influence on the young people's own propensity to behave in violent ways rather than their specific experience of violence. While many of them had also been subject to or witnesses of violent behaviour, professionals saw the issue of supporting young people in overcoming the impact of attachment disorders as being of paramount importance.

Professionals mentioned, that trustful relationships are necessary for violence prevention. Without building an appreciative bond and giving residents a secure feeling, it's not possible to work with them. This can be difficult, especially with children/youth with trauma experiences. Nevertheless often it works in the end because the relationships provided differ from those they have experienced before. In one of the RCF in Austria, they offer every kid a guardian of trust to start a positive relationship with someone. These guardians provide time for kids exclusively and they can tell them everything, if they want to.

Provide options to deal with their emotions

In some facilities, children can choose between different possibilities to relieve their aggressions like using a punch bag, tearing apart newspapers or going in the woods to scream out their frustration. Some kids have access to a gym, a sport place and the woods to live it up. These options should enable the residents to find their own way of dealing with their emotions in a constructive way. Some of the professionals were sure that kids will not find their way of emotional control just because the options are provided. Therefore in some RCF workshops and trainings like anti-violence trainings were offered

in order to support alternative ways to deal with and reflect their feelings and behaviour (emotional control strategies).

Set limits

Another issue was how to react when violence occurs in the RCF itself or outside of it. Some RCF formulated rules of behaviour that include a ban on violence - the young people have to sign a paper once they start living in the RCF, stating that they will follow these rules. There are also procedures to be applied when a young person has acted violently. For example, a young person who has committed violence against another peer has to leave the RCF. This follows the idea of separating victim from perpetrator with the victim remaining in the facility and the perpetrator having to deal with the change. The problematic issue that goes with that kind of pedagogical strategies was discussed among professionals in Germany. One of the German RCF shows a possibility: it focusses on three steps of reaction when rules are broken. The first step includes a written warning with an explanation of what will happen if the person keeps on disobeying a rule. The second step includes a second written warning and a meeting with the youth welfare office responsible for the young person. If the rule breaking continues, the third step is activated which means that the young person has to leave the facility. Professionals said that the first step does happen quite often, the third step has been activated only very rarely in the history of the facility.

Talking to the young person who acted violently is a necessary way to go. In some facilities professionals also said that they talk to the whole group about what was happening, so that there is transparency to everybody and everybody can reflect the role they assume in the conflict.

Especially in Bulgaria the professionals mentioned that there is the need to set professional limits in their relations with the kids, guaranteeing that house rules are being observed.

In one RCF in Austria a “trust graph”-method is used to express and reflect individual behaviour in a graphic manner. At dinner-time, peers and professionals use the trust graph in order to reflect every day on the behaviour of each resident. Based on this method, each resident can get or lose privileges in the group. The professionals mentioned that this system is advantageous for them, because they do not need to set consequences directly. The consequences are an implicit part of the method and they seemed to be understandable and logic for everyone. The trust graph serves as a group feedback method where peers and professionals reflect together how they experienced the behaviour of each resident.

5.2. Knowledge / Competences / Skills

Professionals pointed towards a lack of specialised knowledge as an important challenge to providing specific support services for children victims of violence. Furthermore a lack of knowledge around the topic of gender and also children’s rights was pointed out.

Challenges

Specialised knowledge

One challenge identified by the professionals in Spain had to do with professionals' limits in terms of knowledge and/or the capacity to provide specific support services for children with complex histories behind. Professionals pointed out that sometimes children's needs were beyond their responsibilities. This is why professionals claimed the necessity of more specialised training, as well as, when required, to refer children to specialised services.

In Scotland, the staff is CALM¹ trained, which approaches aims to hold children and young people safely and to help deescalate risky situations. This is the only technique that staff are permitted to use in restraint situations. Normal practice would be much more focused on knowing the young people well enough to anticipate and defuse potentially difficult situations without requiring the use of restraint.

Gender norms and values

In relation to gender differences, there were several quite diverse ideas expressed by the professionals. In some cases, professionals were sure that the most influential factors relate to personal characteristics, family history and personal resilience, while gender could be neglected. In other cases, gender differences were identified mainly in a descriptive manner: the professionals' perspective revealed the perception of gender differences in manifesting the trauma. Some professionals were sure that mainly male children and youth tend to act physically violent, while girls more or less were perceived as those who show attitudes of victimization or act in a psychological violent way. Some professionals described children who have been sexually abused as having a tendency towards sexualised behaviour, especially female children/youth were outlined as very seductive. The narratives expressed by professionals were mainly descriptive, there was not an in-depth interrogation of the social norms underlining the different behaviours. However some professionals appeared eager to gain more knowledge about the subject. They pointed out how gender stereotypes influence the approach that the kids have with educators. In particular, the kids perceive that female professionals perform in care function while recognizing a more authoritative role in male professionals.

In Austria, professionals mentioned a lack of male professionals. In some RCF efforts were made to integrate male professionals for several reasons – for example it was outlined that children/youth like to spend time with male professionals. At the same time they thought it would be good to have men as role models for caretakers - this should help to change the image of men, because the male professionals embody a different style of masculinity, which was described as 'non-traditional' and 'non-violent'. This was outlined as important because many kids grew up in single-parent mother households (incl. absent fathers), at the same time most of the perpetrators were men. As a result, the

¹ <http://www.calmtraining.co.uk>

kids got in touch with a certain concept of masculinity (traditional, hegemonic-superior, violent), that can be worked on and changed within the RCF. At the beginning it is usually difficult for youth to go on with new gender role concepts because it means that their own ideas are wrong.

One challenge that professionals in one of the RCF in Germany mentioned in relation to gender was the experience that young people not always have the courage to demand recognition for their gender identity. Therefore, they argue that professionals and RCF need to be aware of the possibility that a young person has a gender identity that they do not dare to display. One way to deal with this is to create a space in which young people can explore various gender identities and in which transgender and cisgender people are not separated from each other. By doing so, young people can experience that others, who have lived in the RCF for longer, were allowed to explore and may use this as a model. The main idea, then, is to take away the burden from young people to position themselves within a rigid gender binary system and to allow them to explore options beyond it.

Some professionals also spoke about the stressing of gender stereotypes by young people as a strategy of self-protection. They saw it as a protection from anti-trans violence or from discrimination against gender nonconforming behaviour – the young people fear to be seen as insufficient (in their performance of masculinity or femininity) and try to avoid this by fulfilling stereotypes as good as possible. Research has shown that this is a strategy generally used by people in order to get recognition, support or protection: being a “normal” (or typical) boy/girl/man/woman is a widely used strategy in order to ensure belonging, particularly if there are not many other resources available for a person to get recognition and appreciation. Certain forms of stereotypical feminine or masculine behaviour might also serve to hide vulnerability. It was not explicitly said, but implicitly it was clear that gender-stereotypical behaviour presents a challenge to care workers.

Children’s rights

Most of the professionals appeared to be aware of the importance of taking children’s rights into consideration, which seems to be a fundamental aspect in their work. Some professionals interpret this mostly as a right to be aware of children’s opinions and needs and to agree with them on the educational project that each child/youth has to follow. In many RCF, meetings with professionals and young people take place in order to reflect about the children’s and young people’s needs and their situation in the RCF.

A challenge in relation to rights is how a RCF might be involved in the deprivation of rights of young people. This was related to the way that residential care and youth welfare work – a system that structurally gives a lot of power to authorities and adults and that has the measures to put pressure on the young person (particularly as the young person reaches the age at which they are supposed to leave the welfare system and to live autonomously). In some RCF, the young people have the possibility to formally complain about issues.

Lack of professional knowledge

In Bulgaria, one of the most important conclusions was about how hard it is to get professional help for the traumatized children in their RCF. Many of the professionals are carers, not counsellors or therapists. In some cases they clearly understand that a certain child needs additional help, but they pointed out that the children themselves often refuse this – claiming that they can manage themselves. As a deeper reason for this behaviour, their difficulty to establish trusting relationships was pointed out – and with a history of abandonment and in many cases moving from one institution to another, the children are not ready to trust others easily. Professionals mentioned that some children do not want to get into new relationships with other (external) professionals once they reached some level of stability within the institution.

There was one remark in Bulgaria, regarding the fact that children have a lack of trust in external psychologists, because there have been instances when individual children disclosed personal details to psychologists, and this information was not kept confidential – from the police, from institutions, etc. Therefore especially care-leavers indicated that children psychologists should be trained regarding issues of confidentiality, risk assessment and children's rights.

Needs

Knowledge about different forms of violence and signals

Educators expressed their frustration in working with young people who have experienced different forms of violence. They pointed out some techniques they use in order to de-escalate violence in crisis' moments: for instance physical containment strategies or in other cases embracing the young person to calm down. However, they acknowledged that in some cases they do not have specific strategies to follow and just try their best - hoping that it will work. They need to implement their knowledge on the topic of violence, in particular about various types of violence – physical, psychological, economic, witnessed violence, sexual abuse – and the effects violence has on children.

Furthermore professionals from different partner countries (e.g. Austrian, Spain, Italy) expressed a need to recognize dynamics of violence quicker than before in order to be better prepared and to be able to prevent violent situation in the RCF. Therefore some professionals pointed out that they need specific knowledge to better recognize signs of possible conflicts that might turn into violent ones. Especially in working with children/youth who have experienced violence, it seems to be a challenge that situations can turn very quickly into violent situations – and this happens quite often.

Specialised knowledge

In relation to professionals' needs about training, especially professionals in Italy have expressed a need to explore the topic of violence and the effects this may have on minors. The educators are sure that more knowledge on trauma will help them to better understand the young people's needs and

behaviour. Some also stressed the need for education-oriented activities to be carried out with the young people.

In Italy, professionals also requested to explore the topic of adoption failures as it occurred more than once that children who are hosted in RCF have been adopted before (also from intercountry adoption) but the adoption did not work out well, so that they had to be put into RCF which of course adds to their original trauma. Therefore some professionals in Italy expressed their need for more training on the issue of child and adolescent psychopathology, on dysfunctional families and about adoption failures. Professionals also requested training on activities that they could carry out with the children/youth.

Connection of experience of violence and gender

Some professionals mentioned the need for gender competences. The impression was that if professionals have knowledge about the impact of gender in daily life, they are much more likely to understand how gender may influence the experience of violence and the living in the RCF and they are also more likely to express the need for more training. On the contrary, if they are not familiar with gender issues, they are not able to understand how gender norms work and therefore they do not think that gender is particularly relevant (e.g. examples in Italy). As a consequence, awareness raising about the importance of gender issues seems to be a highly relevant topic in this area.

New strategies and tools

Another identified need was the necessity of new strategies and tools to face daily work and to improve their support and care of children. Some of the professionals share the feeling that they are always using the same strategies and methods and they would appreciate an innovative approach in order to deal with recurring problems. These professionals would like to get in touch with new strategies in the context of experiential trainings from where they are able to obtain practical tools.

In Germany for example, professionals expressed a need for non-moralizing strategies in dealing with violence. When it comes to drugs, for example, there are strategies beyond a simple “you must not”. They would like to learn similar strategies when reacting to violence – strategies, that open up a pedagogic exchange rather than a repetition of well-known phrases.

Knowledge about diversity and intercultural competence

In Italy the presence of children of foreign origins and unaccompanied foreign children including trafficked children is a relevant aspect, which was raised in the focus group discussions with professionals. Therefore pedagogical knowledge and skills about diversity, intercultural competence, but also dealing with heavy experiences of violence and trauma are required.

Specific training on relationship building

Along with attachment issues and adverse experiences, this topic arose regularly and frequently in focus group discussions with professionals in Scotland. Of course all these issues are strongly interconnected. However, as well as dealing with the capacity of the young people they work with to connect and build relationships with others, they were strongly of the view that their own ability to reach out to, and form relationships with, troubled and distressed young people was a very important aspect of their own professional competence, and that specific training on this would be of great value in enabling them to do an effective job. They saw the development of a relationship with a young person as fundamental to effecting positive change. An issue that came up several times was how practice guidance intended to minimise risk of residents making allegations of sexual abuse against staff had resulted in a culture where staff were sometimes reluctant to have physical contact with a young person, even though a hug would provide the kind of comfort and connection that was exactly what the young person needed at that time. Professionals in Scotland mentioned prior learning they had found useful; these included understanding attachment and principles of social pedagogy.

5.3. *Culture of Care*

A *Culture of Care*, in which children and youth are able to get in touch with supportive adults and peers, in which a climate of trust provides opportunities to talk about heavy experiences and in which people are aware of signals and emotional states is an important environment for children but a challenging place at the same time. Professionals raised questions around the balance between supporting children and strengthening their independency, around the right of privacy and the right to protection from violence, around phases of entering or leaving the RCF, around gender equality and the negotiation of limits.

Challenges

Balances: between support and independency / between privacy and violence protection / between different needs

Some professionals in Spain pointed out that it was somehow difficult to set the limits between what professionals should do to help children to put their lives together and what they should do in order to foster children's independency and empowerment so that they do not depend on adults. The issue of how to set the limits between caring versus overprotecting was discussed as a great challenge for professions working in care face every day.

Some specific tensions seem to be everyday challenges in RCF. For example tensions between the right of a young person to protection of privacy on the one hand – that information about their personal life is not passed around which would amount to a new experience of powerlessness –and the right to protection from violence on the other hand. This is particularly the case when it comes to violence that has occurred just recently (in the RCF) and may happen again.

Despite the fact that individualised support and attention was identified as a key element to ensure an adequate and effective work with children and as the only way to actually respond appropriately to children's needs and demands, this was also identified as a big challenge. Professionals in Spain pointed out the importance of individualised work with kids: A one-size-fits-all approach does not work anymore and professionals must be able to provide tailor made answers to kids' problems and demands. But at the same time this is a challenge for professionals in terms of professionals' capacity to adequately respond to each kid's needs. In this sense, some professionals pointed out that focusing too much on one child (due to his/her needs and demands) could lead to the fact that the needs and demands of others are overlooked.

Prepare the children for leaving the facility

Another challenge pointed out by professionals was how to prepare children to leave the RCF. Usually residents have to leave the facility at a certain age, for example in Spain, where young people must leave on the day when they turn 18. However, professionals in Spain were sure that most of the time the young people are not actually prepared to do so. Professionals highlighted the fact that most of the time it was difficult to prepare children with short-duration in the centre. For example, it is easier to prepare somebody to leave the centre if he/she had been there since his/her early childhood rather than if it is a kid, who got into the centre when he or she was 17 years old. The possibilities to work with them and to prepare them for the adult world are bigger in the first case.

Closely linked to leaving the centre, it is a challenge for professionals to identify ways of how to keep contact with young people afterwards. In many RCF it is quite common that children visit the centre once they left. The challenge is how to respond to their needs having the professional's limits in mind again. In most of the cases, the referral to other services is the main solution.

Foster gender equality

Another challenge is trying to find a comprehensive and innovative strategy to foster gender equality within the RCF. Professionals pointed out the fact that children reproduce gender roles and stereotypes both in the discourses and in their practices. Moreover, children also reproduce gender roles when communicating with the educators and other professionals working in the RCF – it was mentioned that some kids were less respectful towards women than towards men. But not just children, professionals reproduce gender norms and stereotypes as well in their daily practice.

Creation of conditions under which professionals have options

Another challenge is to create conditions under which professionals do have options. In one of the RCF in Germany, the "put-on-leave"-strategy (for a young person who has been violent to someone in the facility) necessitates a place where the young person can go to. Professionals argued that a lot of the young people they work with have already been in contact with the authorities – there might be only one alternative left that is open to work with young people who have exerted violence: juvenile detention. Another problematic constellation arises when there is only one staff member present,

which limits their capabilities to react to conflicts. There seem to be no strategies available here, apart from being creative when looking for solutions and asking for further resources.

In one RCF in Austria, the professionals are able to leave a situation and get support from other professionals in the facility, if a situation escalates and the professionals feel over-challenged. They created a network for situations, when someone can't find a solution – which was discussed as very helpful resource in problematic situations.

One challenge mentioned in a RCF in Germany was to negotiate one's own limits in supporting young people who have experienced violence. If a young person is still heavily wounded, the help of a therapist might be necessary as there may be help required that most social workers may not be able to provide because they weren't taught the techniques and abilities necessary for that or because they need to use the spare time they have with the young person for other duties. However, this form of outsourcing was critically discussed, as again the social workers still have to deal with the dynamics that arise out of this – they may be able to outsource some of the support work that needs to be done, but they may still need to develop their own strategies of supporting a person who has experienced violence.

Needs

Creation of a climate of sincerity and trust

One big challenge is how to create a climate of sincerity and trust, in which children are able to verbalise their experiences of violence. Under such conditions, children can reject violence as a way to relate to others. To be able to listen and provide support without being judgmental was also pointed out as a challenge faced by professionals working in RCF.

Plans and contracts

Some facilities follow protocols about how to address violence. As in one of the analysed RCF in Italy, these protocols may consist of various steps: the application for inclusion of a boy or girl in the structure occurs through a report made by the social services, following an interview with a social worker in which the case of the boy_girl is discussed and the date of inclusion is fixed. After inclusion of the boy_girl in the RCF, an observation is made in order to understand better the conditions of the child and to create an ad hoc educational project. The care plan is shared with social services which also coordinate any meetings that the boy_girl must have with family members. Every three months, this project is evaluated and if necessary modified and calibrated on the basis of the child's needs. They have also a specific protocol for emergency situations that includes calling a specialist immediately.

In Germany, institutions have formulated rules of behaviour that include a ban on violence (also a ban on alcohol and other drugs) – the young people have to sign a paper once they start living in the RCF, stating that they will follow those rules. In one of the Austrian RCF, the young people are asked at the

end of each intake interview and after explaining the house rules whether they agree with the house rules or not. If yes, they sign in the rules, otherwise they are free to leave the house.

Help to go deal with the ambivalence between children's rights and protection

Professionals in German RCF pointed towards violence that occurs outside the RCF, which has a different relevance to the facility – professionals have a bigger responsibility for what happens inside the RCF than outside. Professionals face the fact that the young people not only have experienced violence in the past, but may still experience it while they are in care. Again there is an ambivalence with the right of protection of children from violence and their right to be heard and to have family relations. When staff members know that a family member acts violently, they have to figure out whether they allow family visits and how they report their knowledge to the authorities. The young person may express a desire to return to their family and a hope that the violent family member has changed. If they as the key worker of the young person initiate child protection measures, the young person may be disappointed and cease the relationship to the key worker. For example, if key workers prohibit the visit because they see a high risk, they may have to give reasons for this. Having done so, their knowledge becomes official and may be used by the authorities to justify further child protection measures that neither the professional nor the young person want to happen. This may also affect siblings still living with the family. One important strategy is to let young people participate in the process as much as possible. Professionals point out that young people have to learn how to deal with their parents.

Gain understanding

Professionals in Scotland pointed towards the need to gain understanding for the young people. It would be helpful to learn new ways of perceiving and understanding young people. Every now and then, they experience that they do not understand a young person's behaviour and they know that they need this in order to be able to solve conflicts (e.g. understanding a certain action as a form of self-protection). Interestingly, another challenge named was the experience that sometimes, the young people seem to exploit their experience in order to get something or in order to excuse a certain behaviour.

Tools on how to carry out secondary prevention

Professionals highlighted the need to receive and obtain tools on how to carry out secondary prevention. They were interested to know specific strategies on how to prevent the reproduction of non-healthy and/or violent patterns. Professionals were concerned about how to prevent girls from having one abusive relationship after another, how to prevent early pregnancies and how to break the reproduction of gender roles and stereotypes in intimate relationships.

Need for further offers for youth in short-time facility

In Austria, one short-time RCF was included in the sample, in which a need of low-threshold offers for young people in the RCF was raised – young people should be able to do ‘easy work’ (e.g. labelling envelopes) very spontaneously and non-bureaucratically in order to earn some money. Similar day-care projects already exist in Austria in which young people earn money on an hourly base.

Strategies to extend young peoples’ residence in the RCF

A particular challenge arises from the fact that youth welfare is bound to a certain age limit. Yet, particularly for young people who have experienced violence, it may not be possible to achieve this at the age of exactly 18 years. In Germany and Austria, there are some possibilities to extend the welfare service, though. One strategy that seems to be used quite often is to define the young person as being mentally or psychologically disabled or as being at risk of developing such a disability. This option takes away some of the pressure exerted by the welfare office and helps to get some resources financed such as further therapy beyond the age of 18.

5.4. Structural Level

Some professionals pointed towards challenges on the structural level, mainly centred around staff heterogeneity and the influence of social categories (e.g. age) in their daily work with children and youth.

Challenges

Team negotiation

In Spain, professionals in a RCF pointed out to a challenge in heterogeneous teams: How to agree on which is the best solution for one specific problem, when having a richly heterogeneous team? An interdisciplinary and diverse team provides a wide range of different ideas and solution strategies, but raises complexity at the same time. Team negotiations and teamwork itself were also pointed out as challenges.

Age difference between children and staff

Professionals also highlighted the age gap between professionals and children, which may cause troubles in terms of understanding each other. Some professionals pointed out that the age gap may be a problem – especially in terms of not being accepted as a role model or a legitimated person for education and youth guidance.

Needs

Organised exchange

Exchange of experiences, reflections in the team, team-supervisions and single supervisions are important parts of professional work in RCF. Beside the formal meetings, it is important and supportive for professionals to have possibilities for informal communication with colleagues. Often the informal talks are very helpful, because they offer new and important perspectives.

Especially in focus group discussions in Austrian RCF, professionals pointed towards the necessity of work-flow, which should be guaranteed in the social work context. This means, that professionals should be informed about everything that happened in the RCF while they weren't working – good documentation and/or short hand-over meetings guarantee information transfer and work-flow. In some RCF it seems to be a big challenge to build up such a system. Nevertheless professionals shared the perspective that especially work with children and youth needs certain organisational exchange standards: e.g. all staff members should have the opportunity to share knowledge and support each other; important decisions need to be made in the whole team, therefore teamwork is very important.

Interdisciplinary work and qualifies professionals

Professionals in Bulgaria mentioned a lack of interdisciplinary work. Difficulties are evident in working with other institutions (unwillingness of schools and other professionals), which is of special importance when more complex cases are on the agenda, especially those related to violence and discrimination.

Professionals in Bulgaria also mentioned a lack of well-trained professionals, which leads to the situation that professionals face a lack of efficient support in some cases. In general, professionals in Bulgaria argued that there is not enough (further) training and supervisions provided on a structural level.

Individual working plans

In some countries, personalised working plans exist, which are created after being discussed by the team and agreed with the kid. Professionals point out that it is extremely necessary to make sure that children feel like they are part of the processes when elaborating their plan so that they are keener to follow it and to achieve the objectives set up.

5.5. Conclusions and Suggestions

Looking at the insights gained from the research with professionals, a number of conclusions and suggestions become apparent.

Dealing with violence

The challenges raised and discussed centred around feelings of frustration, the lack of consequences and measures in order to deal with violence in RCF, the fact that professionals sometimes have to accept the situation that children may not be able (or willing) to disclose experiences of violence and the question of how a climate of sincerity and trust can be established in which relations can be built upon within RCF.

Related to these challenges in dealing with violence, certain needs were outlined such as the necessity to focus on the **situation of victims** instead of solely developing rules and strategies to be applied that relate to the perpetrators. Professionals share the experience that usually much attention is on the perpetrator's side. Furthermore there is a need of **de-normalising violent behaviour**, especially because most children have grown up with violent everyday habits and therefore they are not aware of their experience of violence and reproduce violence without reflection. Therefore a **violent-free space** is necessary, in which children can feel safe and protected and can recover from troubled life experiences. At the same time, such a space should provide different opportunities for kids to **deal with their emotions** (e.g. drawing, sports, leaving the situation) and it should provide **limits and rules**.

One of the most important tasks for professionals working with children victims of violence is that they are going to build up a **trustful relationship**, an appreciative bond which can give residents a secure feeling. But sometimes professionals are forced to **betray the trust bond** between them and the child (e.g. in order to protect the kid), which is an ethically complex situation and has to be evaluated in order to have an adequate response taking into account the risk and the impact that the "solution" may have on the kid's life.

Knowledge / Competences / Skills

Professionals pointed towards a lack of specialised knowledge about how to provide specific support services for children victims of violence. Furthermore a lack of knowledge around the topic of gender but also children's rights was pointed out.

Related to knowledge, competences and skills, there is a need of knowledge about **different forms of violence** to be outlined as well as a need to **recognize dynamics of violence at an early stage** in order to be better prepared and to be able to prevent violent situations in the RCF. Some professionals expressed their need for specialised knowledge to explore the topic of violence and the effects this may have on **minors**, including unaccompanied minor refugees or trafficked children, others requested to explore the topic of **adoption failures** in a more in-depth way.

Related to the topic of **gender and violence**, Alternative Future researchers had the impression that those professionals who were not familiar with gender issues were not able to understand how gender norms influence their daily work (they mainly thought that gender is not particularly relevant). Skills

about diversity and intercultural competence were reported as certain needs especially in countries with high rates of asylum seekers (e.g. Italy).

Professionals in all countries were interested in **new strategies** and pedagogical measures in order to deal with recurring problems in RCF. A need for non-moralizing strategies in dealing with violence was expressed (strategies **beyond a simple “you must not”**).

Culture of Care

A *Culture of Care*, in which children and youth are able to get in touch with supportive adults and peers, in which a climate of trust provides opportunities to talk about heavy experiences and in which people are aware of signals and emotional states is an important environment for children but a challenging place at the same time. Professionals raised questions around the balance between supporting children and strengthening their independency, around the right of privacy and the right to protection from violence, around challenging phases of entering or leaving the RCF, around gender equality and the negotiation of limits.

What is needed? It is important to know how to **create a climate of sincerity and trust** in which people **listen and provide support**, so that children can verbalise and disclose their experiences of violence. Care environments are safe places, which also means that **contracts and rules** (ban on violence) are evident and provide protections for residents. Responsibilities for these environments don't just end at the RCF walls, although violence that occurs outside the RCF has a different relevance to the facility – professionals have a bigger responsibility for what happens inside the RCF than outside. Professionals therefore sometimes face an ambivalence with the right of protection of children from violence and their right to be heard and to have family relations (especially if they get to know that violence occurs in their family of origin). Professionals therefore need to gain a **better understanding** and learn new ways of perceiving young people, in order to be able to solve conflicts. Some tools may be helpful on how to carry out **secondary prevention** (e.g. prevent the reproduction of non-healthy and/or violent patterns). In a *Culture of Care*, professionals also care for the situation **when young people have to leave** the RCF (their home) and they take responsibility for **day care offers** as well.

Structural Level

Some professionals pointed towards challenges on the structural level, mainly centred around staff heterogeneity and the influence of social categories (e.g. age) in their daily work with children and youth.

What is needed on the structural level? First of all there is a need for **professional quality standards** like reflection and exchange of experiences as well within the team (intervision) as with externals (supervision), but also for safe places, in which **informal communication** among colleagues can take place. Often the informal talks are very helpful, because they offer new and important perspectives. Professionals shared the perspective that especially social work with children and youth needs certain **organisational exchange standards** (e.g. share of knowledge), **support processes** (e.g. supervision) and

decision making processes of the whole team. In some countries (e.g. Bulgaria), special needs were mentioned related to the improvement of **interdisciplinary work** and the **qualification of professionals**.

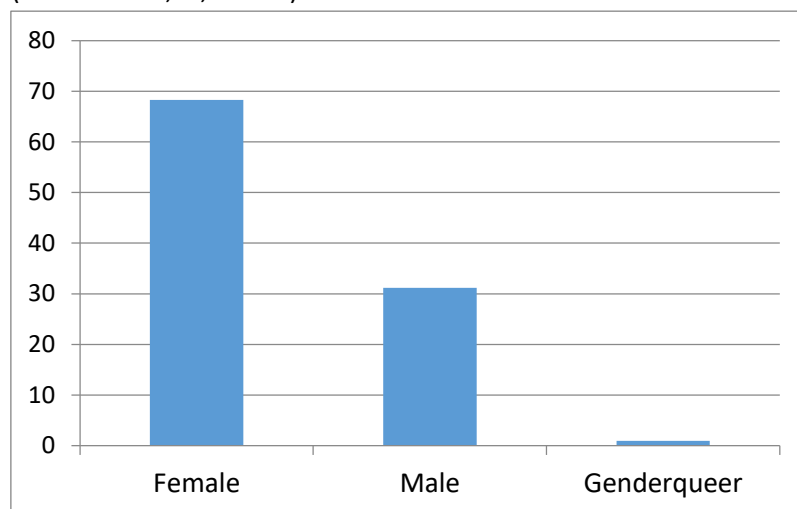
6. Results from the quantitative data

6.1. Sampling and Method

In spring 2016, the quantitative survey was conducted in all six partner countries. Questionnaires were sent via e-Mail, project websites and social media to professionals working in RCF or in similar caring facilities for children and youth. The transnational total sample was 219 respondents (Austria 37, Germany 32, Bulgaria 26, Italy 25, Scotland 47, Spain 52). A return rate cannot be calculated as the total number of basis population in all partner countries was not available. Another reason is that the survey was not only distributed personally but also via social media or websites of the project partners, where the total number of addressees is unknown. More than 2/3 of the interviewed professionals were female, 31% male. Only Germany had one genderqueer respondent as well (Fig. 1). The average age of the professionals participating in the survey ranked between 28 years (Bulgaria) and 45 (Scotland).² The vast majority (92%) of respondents or their parents were born in the country they live now. The highest percentage of respondents who themselves or one of their parents were born abroad was reported for Germany (12,5%)³.

Fig. 1 Gender of professionals

(all countries, %, n=218)



² Average ages: Austria 40,4 years, Germany 40,6, Bulgaria 28,2, Italy 35,8, Scotland 45,1 and Spain 40 years.

³ Professionals, who themselves or parents were not born in in the country the professionals interviewed actually lived (% of all respondents/ country): Austria 5,4%, Germany 12,5%, Bulgaria 3,8%, Italy 8,3%, Scotland question not asked, Spain 9,6%.

6.2. Culture of Care – needs of children who experienced violence

What age and gender are children professionals work with in their RCF? Why do they live in a RCF?

Age of children and youth

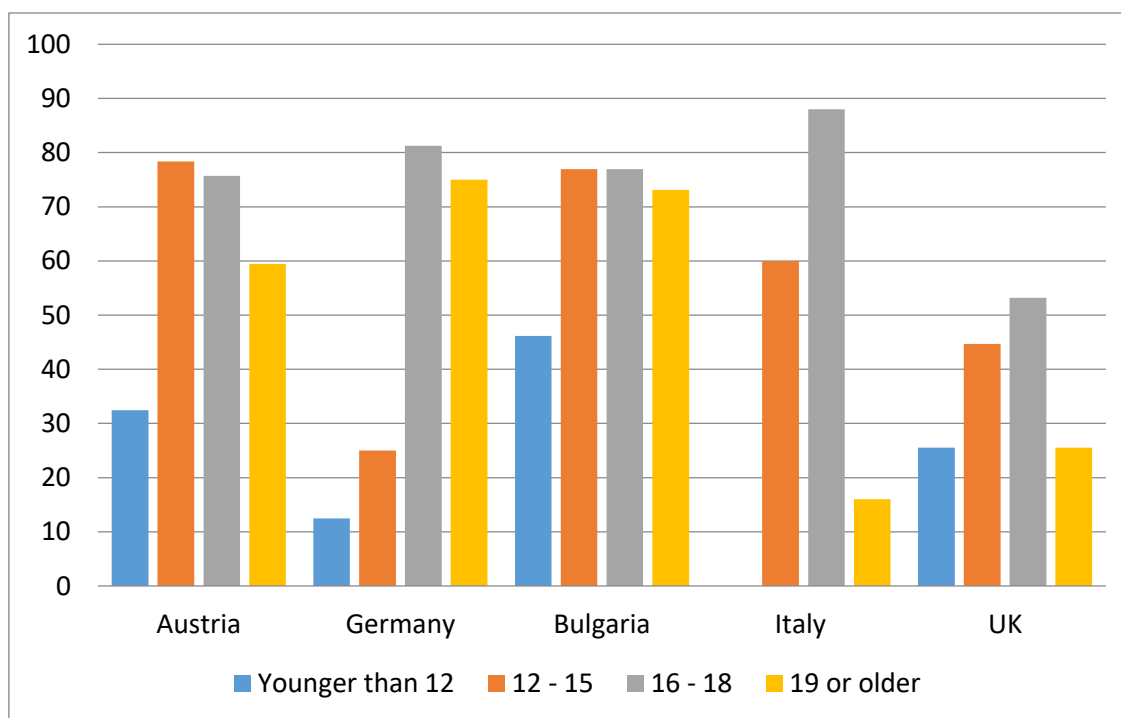
In contrary to the qualitative data research of AIF, where most children or youth in RCF were aged 12-18, the quantitative data covered professionals who worked with children younger than 12 and with young adults as well (multiple answers were possible). In 5 countries (except Spain, which had other age categories)

- 24% worked with children younger than 12 years
- 56% worked with young people 12 – 15 years old
- 73% worked with youth aged 16 – 18 and
- 49% worked with young adults aged 19 or older.

There were age differences between the countries (see Fig. 2): In Austria, Bulgaria and Italy most respondents worked with young people aged 12 – 18, in Germany most respondents worked with an older age group (81% worked with youth aged 16 – 18 and 75% aged 19 or older. In Bulgaria professionals worked with the broadest range of children and young people.

Fig. 2 Age range of young people per country

(per country, %, multiple answers, n=167)



Concerning the age of young people professionals care for, the Spanish data cannot be easily compared with the results of other countries, because other age categories were used, multiple answers were possible, too: 42% worked with children/young people aged 0 – 18, 38% with young people aged 14 – 18, and 2% of all professionals worked with children younger than 4 years old, 2% with an age group from 4 to 16 years.

Gender of children and youth

Professionals responding in the survey worked with male, female and transgender young people. In 76% of all cases, respondents worked with male children and youth, in 77% with female children and youth, in 13% with children and youth with another gender, e.g. transgender, intersex, other (multiple answers were possible when answering this question). In Germany, 19% of all professionals worked with transgender children (Austria 11%, Bulgaria 8%, Scotland 9%, Italy 8%, Spain none). Professionals from Germany reported special RCF for transgender/ LGBT children and youth, professionals from the other partner countries did not report it.

Reason for being in RCF

A vast majority of children/ youth experienced parental abuse or neglect by their (foster) parents (main reason for being in the RCF in Austria, Germany, Italy and Spain). The main reason for being in the RCF in Bulgaria and Scotland was 'not or loss of parents' (see Fig. 3 and Fig. 4).

Fig. 3 Reasons for youth being in RCF (all countries)

(%, multiple answers, n=219)

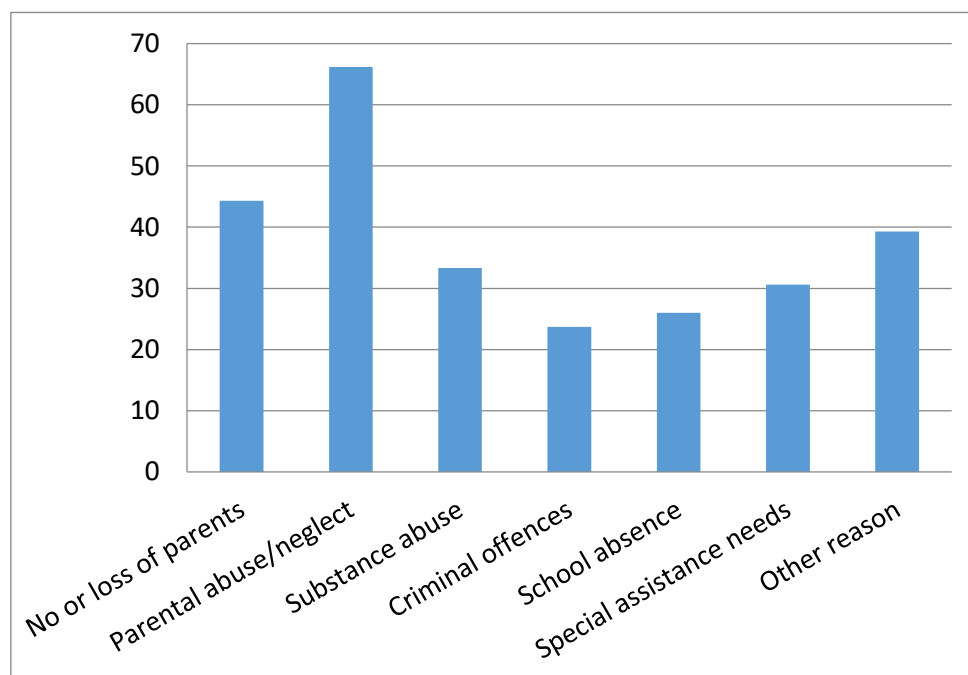
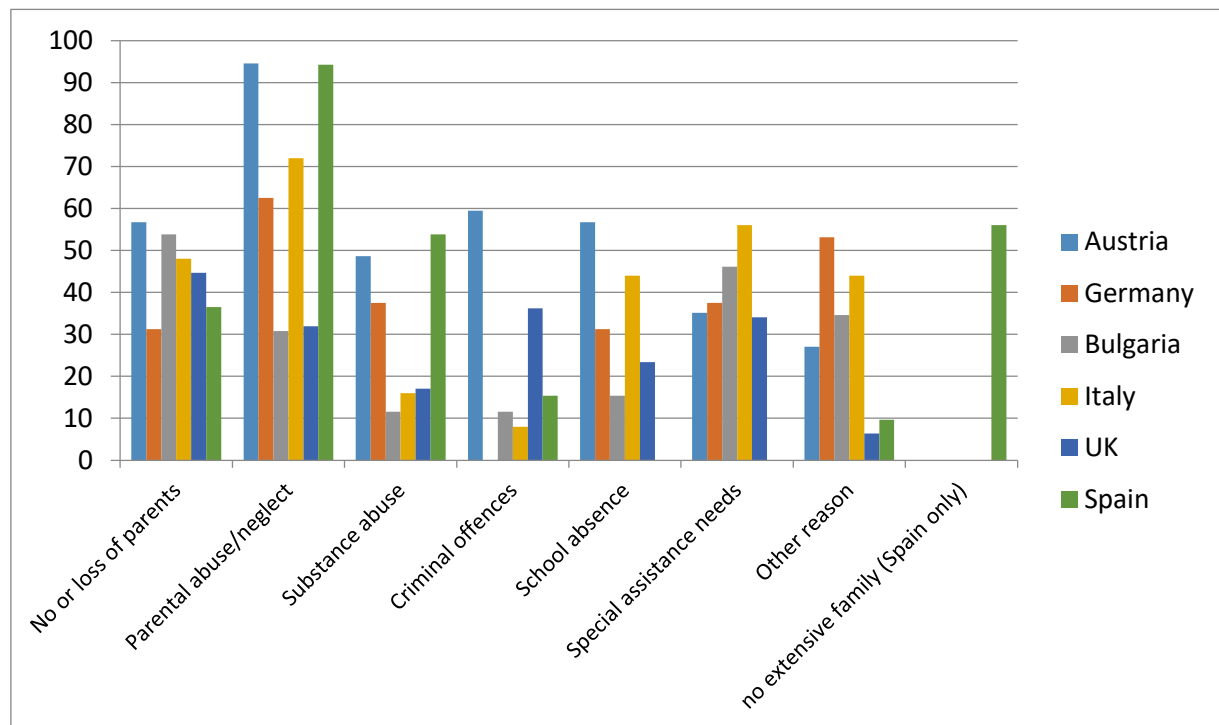


Fig. 4 Reasons for youth being in RCF (per country)

(%, multiple answers, n=219)



Most of the care population have experienced multiple and complex adversity in their lives. Very few had only one identifiable primary reason for becoming looked after. Criminal offences, substance abuse and school absence are also prevalent, but these reasons can be rather described as strategies to cope with neglect and insecure environments. Some professionals described “other reasons” in more detail, when they described violence and the lack of protection in the actual environment: e.g. in Austria, professionals answered ‘subjective experience of crises without other possibilities of solution at the present time (time out)’; ‘mentally unbalanced parents’; ‘no other possibility to be well cared for’; ‘homelessness’; ‘psychological stress’.

In Germany nobody stated that the children they care for were in residential care because of criminal offenses. In Germany other reasons for being in RCF were a transgender identity of the young person, violence by parents after coming out, (mental) health issues of parents, issues with (foster) parents. Being an unattended minor refugee was another ‘other reason’ e.g. in Germany and Spain. In Italy among other reasons 44% have indicated trafficking. This is due to the fact that one RCF that participated in this survey is specifically devoted to take care of trafficked girls. In Spain, the categories ‘school absence’ and ‘special assistance needs’ were not named, but another reason ‘no extensive family’ was quoted by 60% of all professionals.

Capacity building programmes therefore, should consider different biographical reasons of youth coming to RCF. One main reason is abuse/neglect and a loss of parents or extensive families who could care for them. Caring experiences of specialized RCF with a focus on special challenges of young people

like transgender identity, being trafficked or being an unattended minor refugee could be valuable contribution for the capacity building programme for other countries and professionals with no or few experience with this challenges.

Needed support for young people who experienced violence

“What do you think that young people who experienced violence need in terms of physical, emotional, spiritual or other care and support?”

Safety

Safety was an important main need mentioned in all countries: safe environment and structure, reliability, clarity and clear rules were mentioned in all countries as very important needs of young people who experienced violence. A safe place was considered as important because many young people have not experienced that in their family. A safe environment should help these young people finding opportunities to rest.

Foster Self-esteem and Empowerment

A positive environment, empowerment, set life goals, foster self-esteem, train self-defence and boundary-setting, experiences of self-determination - these needs were mentioned in all countries. In Bulgaria and Italy the improvement of educational skills were mentioned as well. These aspects should foster self-esteem and help young people to find new life goals.

Professional Help/ Therapy

This need was mentioned in all countries as well. Therapeutic support in individual and group therapy settings are needed. Professionals should have special knowledge and sensitivity in order to deal with traumatic experiences of young people. Based on special therapies but also by being in contact with role models, young people who experienced violence need to learn ways not to reproduce violence.

Support a *culture of care*

We can summarize these needs under what we call a *culture of care*. This term was not mentioned namely by the professionals, but in current research (Scambor et al. 2016), meaning that young people need someone who really cares for them, who loves and appreciates them, who shows empathy and understanding, in whom young people can trust, who shows stability, who attends to different needs, who is a role model. It means that these young people need reliable supportive contact persons and trust relationships. In Germany some professionals called it a “partiality/partisanship”, in Italy they mentioned the need for stable caregivers in order to live positive relationships and the importance of lessen the sense of shame and guilt that young people may feel.

In Italy, professionals who work in a RCF with trafficked girls, mentioned special needs of these girls: re-elaboration of the travel, the trafficking experience, sexual violence and separation from the family.

Concerning spiritual care, in Scotland some professionals mentioned that young people who wish to do so are supported by staff in participating in religious or faith activities.

Children's rights

Respondents pointed towards several supportive aspects and strategies, through which the rights of children who experienced violence can be guaranteed:

- Information about children's rights (example Austria e.g. flyer in schools and youth centres)
- Offer training for children, through which they learn about their rights and get support concerning legal questions. In Germany, the majority of elaborations are related to educating young people about their rights (e.g. 'an early teaching of children's rights and of related resources can help children to articulate their experiences', 'young people need to be sensitized - they often accept violence as something normal'.)
- Information about social services and access on a low-threshold (no costs for therapy)
- Clarification and transparency in the work approach
- Work with parents
- Well-working networks of cooperation (in Austria e.g. *Weißer Ring*)
- Appropriate number of qualified staff (support ratio)
- Provision and regulation of safe places (shelters, RCF)
- Participation in the implementation of personal aims
- Immediate help through child-oriented consultation and psychological support for children and parents in the case of suspicion
- Intensified checks and strict penalties
- Sensitivity workshops for professionals (self-reflexion to understand how people feel who have experienced violence)
- Paradigm shift in public discussions (freedom from violence as social dogma), e.g. mentioned in Germany 'We need a broader societal awareness of children's rights. This can happen via political education and already in early childhood education'

82% of the professionals interviewed said that young **people's views and rights** are taken into account in their work. In Scotland, 60% didn't answer this question, but in all other countries the response rate was almost 100%. Professionals mentioned the following instruments in RCF to take people's views and rights into account:

- either an in-house or an externally contracted complaints and advocacy service for young people in care
- raising awareness of rights and how to exercise them is a key part of their job
- young people in care are helped to understand their rights and how to enact them, possibly to a greater extent than the general population

- give opportunities to young people to participate and to decide autonomously whenever possible
- complaint concept
- build groups selecting a speaker with all speakers meeting once a month with the liaison educators that they have selected, too
- a rules catalogue developed by the young people
- staff reflections on participation
- voluntariness of therapeutic offers

The descriptions given by professionals of how to ensure children's rights mirrors the description of children's needs: first of all they mention the importance of hearing and respect of young people's needs, including respect to their spaces, times, bodies and thoughts, also by avoiding to be intrusive, not forcing them to tell their experiences. One person, who said that people's views and rights were not enough taken into account, explained that with *'There is not enough exchange about children's rights in their team'* (Germany).

Does the institution provide the support that is needed by young people who experienced violence?

In average of 5 countries⁴ 84% of the professionals think that their institution provides the support needed by children/youth. There are country differences: In Austria 84%, in Germany 71%, in Bulgaria 100%, in Italy 92% and in Spain 78% of all respondents think that their institution provided the support children need. There is no direct explanation for this variation, the results of the answers to the following open question were almost similar in all countries. Maybe a general atmosphere of more or less feeling of freedom to express critical views about one's own institution are a relevant factor for these country differences.

Main aspects can be summarized with these key words:

- Safety: offering a safe, secure, calm, nonthreatening place and protection
- Caring, empathy and understanding - answers of the professionals can be summarized by what we called a „culture of care“ above (trust and individualized support)
- Education: provide educational skills
- Therapy: provide therapies and methods like psychological support, support to verbalize the experience and to deal with memories

The answers are very similar to the answers to the question about the needs of young people who experienced violence.

How can this support be offered?

Secure and safe environment – protection, stability and security: The vast majority of answers covered aspects of **protection, stability and security**, a setting with stable relations based on trust in

⁴ Except Scotland where there were 76% invalid answers to this question, reason unclear.

which protection from any form of violence can be guaranteed. Respect of children's privacy should be guaranteed by professionals and colleagues. In a stable well-structured environment and a safe space characterized by violence free communication (violence-free role-models), children/youth should be able to develop a feeling of security. A space for communication needs time but also listeners (,trusting', ,respectful', ,empathic', ,stable'). Professionals say that it is important for victims of violence to understand and deal with the past.

Culture of care: At the same time, a **culture of care** is needed, characterized by recognition and acknowledgment, but also patience and transparency and the possibility to get into a relation, in which children/youth can talk about their thoughts and troubles in a violent-free space. In all countries, the aspect Bulgarian professionals call "**Empathy and understanding**" is considered very important. A person to whom the child is related, a reliable supportive contact person is described as necessary in order to overcome crisis situations but also doing undertakings together and experience positive life-events. If a situation of trust is provided, but also limits are set in a clear and transparent way (professionals called this aspect **limits & routines**), children/youth get the possibility to learn that problems can be solved without violence. Those other ways of solving conflicts have to be shown. Professionals pointed towards the necessity to improve self-control, provide **role models** in order to increase trust in adults, improve self-esteem, empowerment, self-confidence and the development of interpersonal skills.

Therapeutic support/ professional help like psychotherapy, individualized therapy approaches especially focused on children, anti-violence-therapy and psychological support, but also trauma therapy or relaxation therapy, group trainings and body image trainings were mentioned as supportive strategies for children/youth who experienced violence. Spanish professionals pointed towards the necessity of teamwork and training programs for professionals.

Those who said the needs of young people who experienced violence are not supported by their institution, gave the following reasons:

- insufficient number of educators (Italy)
- lack of facilitation in starting of therapy (Italy)
- need for psychological support

Does gender have an impact?

"Does the gender of the person have an impact on the ways in which they experience violence and the kind of help they need?"

61% of the interviewed professionals (all countries) thought that **gender** has an impact on the ways in which children experience violence and the kind of help they need. In Germany, Bulgaria, Italy and Scotland, the percentage of professionals who said that gender has an impact is almost similar (appr.

70%), whereas in Austria only 58% and in Spain 52% think there is a gender impact on the experience of violence and the kind of needed help.

On the other hand, 39% of all participants considered that gender does not influence the experience of violence. E.g. Spanish professionals argued that both girls and boys can be victims of all types of violence, the impact of violence is the same for girls and for boys, the impact depends on individual factors (e.g. age of the victim, relation with the perpetrator).

Those professionals who think that there is a gender impact on experience of violence and on the kind of needed help have different gender approaches in mind. In Italy, those who answered that gender is not significant, indicated that the experience of violence depends on personal characteristics. In some cases the same answer was given also by those who stated that gender is relevant. Otherwise the most common answers were that **boys tend to express their suffering through physically violent behaviour, while girls through manipulation, seductive behaviour and victimization**. Professionals who work with girls victims of trafficking say that girls are more vulnerable to sexual violence.

In general also when gender differences are acknowledged, professionals only tend to describe the differences they observe in their daily practices while there is little reflection on social norms around gender from which these behaviours depend. Professionals also underline that gender difference in young people's behaviour should lead to different professional support strategies, for instance they state that boys need more physical containment and girls more dialogue. This summary of the opinions and statements of Italian professionals can be observed in other countries as well.

In Austria, to give another example for this perspective on gender issues, around a quarter of all respondents answering this question referred to the individual character of experience of violence (*I think that every form of violence is experienced differently from every person*) and help (*it is only acceptable among girls/boys*). They didn't point out to gender as a social category with a relevant impact on experience of violence and help. Some of them pointed towards the necessity to acknowledge the diversity of children and their life circumstances in order to be able to understand and support them. Some pointed to factors of resilience, which are important conditional aspects in order to strengthen and support children/youth.

Professionals who thought gender has an impact, had different gender theories and offered different support strategies.

75% of the professionals thought that their institution takes gender issues into account when providing support for young people. Professionals had different gender theories in mind, which lead to different help strategies as well. Some assumed **biological differences** (e.g. *'girls are more introverted, boys are more aggressive'*), where a deterministic causal link between gender and violence is reproduced. Most of the respondents pointed out **gender differences** in their daily practice, which lead to different support and professional help strategies (e.g. body therapy for boys or assisting conversations with girls). Only few professionals and institutions focused on a 'doing gender' approach, rethinking different gender role images.

In Bulgaria, there is some indication that professionals think the consequences of trauma can be different for boys and girls, especially on behavioural level. Women/girls are seen as more vulnerable. It is the biological difference that was expressed there.

Spanish professionals who dismissed the impact of gender on young people's needs had the following main argument: needs mainly depend on the resilience capacity of young people. Those who said gender is a determining factor in the young people needs had – as in other countries - different gender theories in mind.

Gender difference approaches lead to different support and professional help strategies: *„female youth are still more accessible for offers of assistance (conversations), male young persons - more access through body therapy‘.*

Some professionals pointed to gender differences with a causal link to the concept of ‚doing gender‘ (*different social role images: you are a boy, you have to be tough‘*), while others didn't think that gender is an appropriate concept for their institution (*because there are only male clients in this establishment, a comparison is not possible‘*).

6.3. Knowledge/ Competence/ Skills

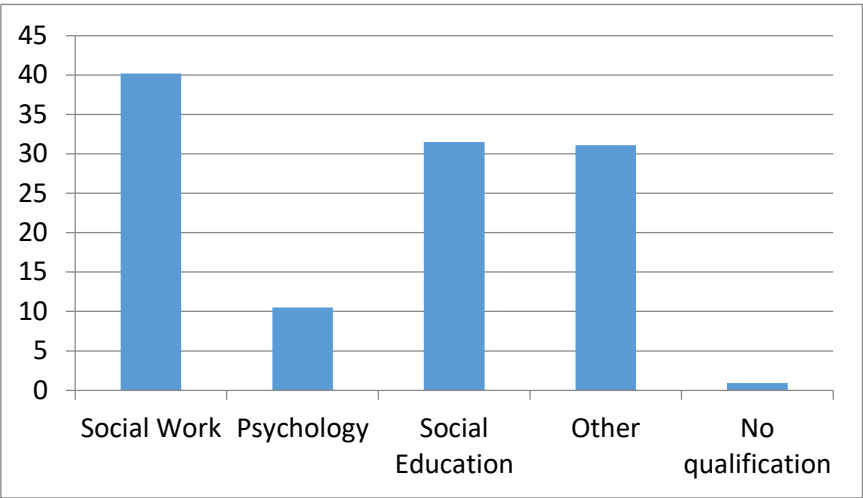
In order to provide all dimensions of work mentioned, professionals pointed out that it is necessary to provide staff with good and specialized qualifications in RCF und to continuously provide further education. One way to widen the professionals' perspective and sensitise for experience of violences of children, gender and children's rights is to work in multi-professional teams.

In which area have professionals in RCF received professional training?

40% of all respondents received professional training in social work, 32% in social education, 10,5% in psychology and 31% in other areas. Main other areas depended on different educational and training systems in different countries, like HNC/SVQ qualification (equivalent to end of school qualifications) in either childcare, residential care or health & social care in Scotland. Other areas were e.g. teaching, community education, nursing, social sciences, law, criminology. 2 respondents reported no qualification.

Fig. 5 Professional training

(all countries, %, multiple answers, n=219)



Which topics were covered in professional training?

In all partner countries, violence, gender, rights and diversity/intersectionality were the topics most frequently mentioned by respondents). The figures seem high, but on the other hand it is obvious that there is approx. one third at least who didn't get professional training on these topics at all. Furthermore, there are differences between countries: 'Gender' is a training issue for more than 80% of professionals in Austria and Germany, whereas only 1/3 of Bulgarian professionals attended gender trainings. However, 'children's rights' (80%) seems to be one of the main topics of Bulgarian professional training. Almost all Scottish respondents had trainings in child-development (91%).

Fig. 6 Topics in professional training

(all countries, %, multiple answers, n=219)

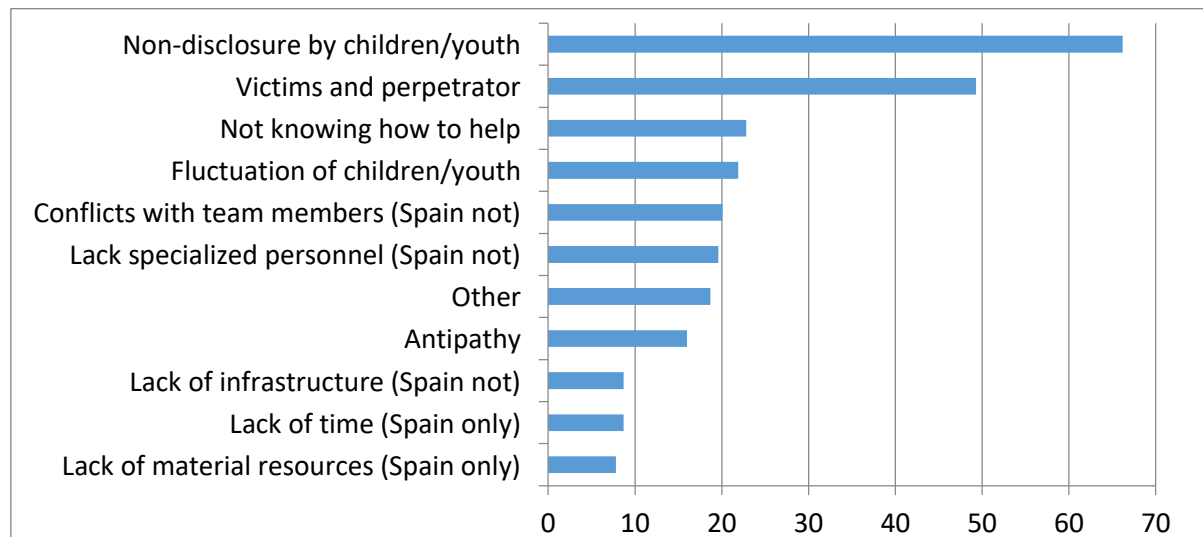


What challenges do you experience when working with young people who experienced violence?

The most challenging aspect for professionals when working with young people who experienced violence is non-disclosure by the young person (66,2%, see **Fig. 7**).

Fig. 7 Challenges with children experienced violence

(all countries, %, multiple answers, n=219)



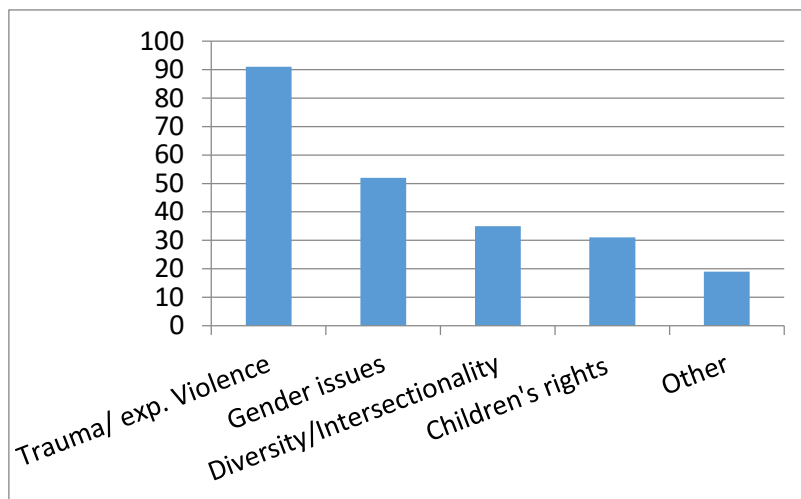
For 49,3% of all professionals, the fact that victims also perpetrate violence is raised as a challenge in working with children/youth. Fluctuation of young people (21,9%), conflicts with other team members (20,1%) and lack of specialized personnel (19,6%) are other main challenges (more on the structural level) for professionals when working with youth who experienced violence.

In Spain, questions in the questionnaire were slightly different than in other partner countries: some questions were not asked, others were added; about 1/3 of all professionals in Spain pointed towards lack of time and lack of material resources as main challenges for them.

Further training demand

Fig. 8 Further training topics

(all countries, %, n=219)



91% of all professionals asserted that they would like to receive further training in supporting victims of violence. The most relevant topic seems to be ‘trauma/ experiencing violence’ (quoted by 91% of all professionals who wanted to receive further training). 52% wanted more training in gender issues, 35% in diversity/ intersectionality and 31% in children’s rights (see **Fig. 8**)

In Austria, special needs were mentioned for the client group for unaccompanied minor asylum seekers. Questions around legal security and children’s rights (‘what rights do children have?’) but also around perpetrators and victims (e.g. cybermobbing) should also be relevant topics in further training for multipliers.

In Italy, only 48% of respondents answered the question for further training need and all of them want more training. Reason for this low response rate was a questionnaire technical skipping mistake. All respondents would like to receive training in violence related issues (on the effects of violence and the re-elaboration of the experience), 40% of the overall sample in gender related issues (on gender differences and gender stereotypes), 12% in diversity. Moreover the need for further training on how to deal with violence and on the professional resources of the local area was underlined.

In Germany, 50% of all professionals affirmed that they would be interested in further training (6 declined and 10 left the question unanswered). Interestingly, of those who said they were interested in further training, a large proportion had already attended a training on working with children victims of violence. Vice versa half of those who said they had attended a training said they would be interested in another training. In terms of particular interests, violence was the top answer, followed by gender, diversity and rights. No participant provided a further elaboration on this and none stated a different topic.

In Bulgaria 85% of professionals asserted that they would like to receive further training in supporting victims of violence. The content that they find most useful and needed will be:

- Impact of violence
- Work on trauma
- Intersectionality (though it is worth mentioning that the issues of minorities and diversity did not come up at any point of the fieldwork).

All Scotland professionals would welcome further training. Further training on all suggested topics would be welcome, but trauma and helping young people overcome its effects was mentioned by a number of respondents.

6.4. Structural level

Professionals who answered the survey work in different types of RCF. 48% of all respondents work in fulltime RCF with one group, 10% in fulltime RCF with multiple groups, 6% work in crisis RCF, 16% in semi-residential/ assisted living facilities, 3% in family-type care and 17% in other types of RCF.

The average number of children/young people in full-time RCF is 12 (one group) and 13 (multiple groups). Professionals in semi-residential facilities work with eight young people on average, while the average number of children/youth in family-typed homes was eleven. Bulgaria and Spain have the highest number of children/youth in RCF (Bulgaria 15 per full time RCF, Spain 20), lowest numbers are reported for Germany and Italy (both 8).

Whereas all Austrian and Germany professionals worked with young people, in other countries not all of the respondents work with them (Bulgaria 92%, Italy 84%, Scotland 49%, Spain 77%). The quoted hours/week data can only be analysed with its tendency, because of possible multiple answers for this question. But if you only regard these hours as tendency, Bulgarian professionals have the highest workload. Bulgarian professionals work 29 hours/week (h/w) (country average) with children, comparable figures of other countries: Austria 25, Germany 20, Italy 25, Scotland 21, Spain 17 hours/week.

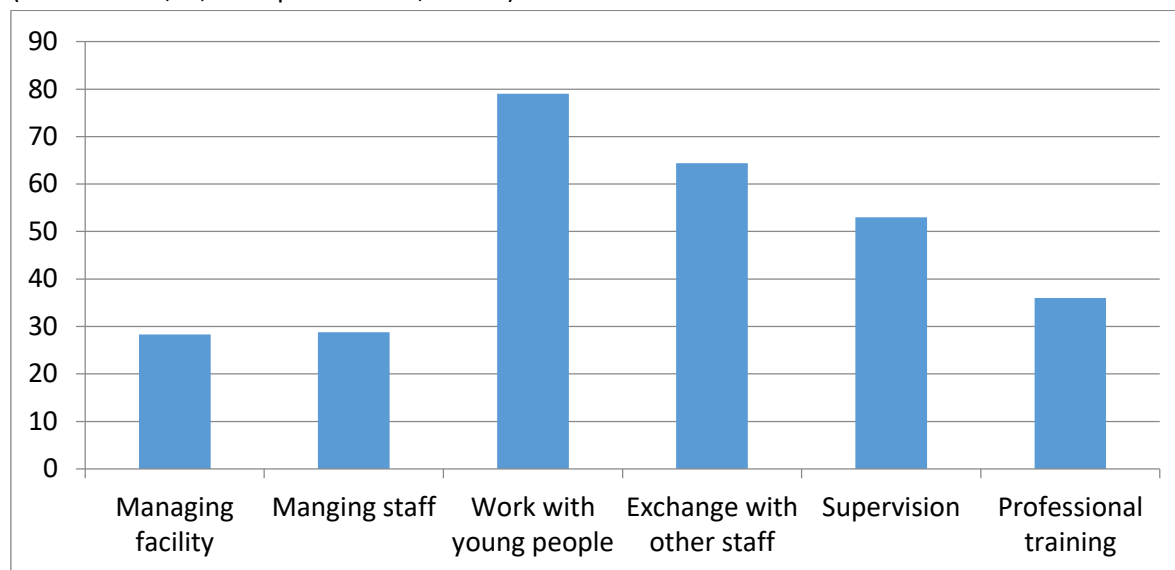
Professionals execute a lot of other workloads like managing the facility, managing other staff (28% of all professionals also work in these task fields, average hours worked here 12 and 8 hours/ week). Analysts of the Scotland data noticed that the relatively low part of work with young people compared to other tasks may reflect the comparatively high level of regulation and statute to which residential child care is subject in Scotland.

Exchange with other staff was a task for 92% of all Austrian professionals (Germany similar with 88%), in other countries there was much less exchange work. Only 35% of Bulgarian, 48% of Italian, 67% of Scotland and 69% of Spain professionals exchanged with other staff. Whereas almost all Austrian and German professionals took part in supervision (hours are low: 1 hour/week), in Bulgaria and Italy about 2/3 participate in supervision, in Scotland only 40% (no figures for Spain available). Own training/

professional development is a task for about half of all Austrian, German and Scotland professionals (54%, 56%, 47%), in other countries only 27% (Bulgaria), 8% (Italy) and Spain (19%) the participation in training/professional development is much lower (average hours for all countries for this task: 5 hours/week for those who have quoted this task, see).

Fig. 9 Main tasks of professionals

(all countries, %, multiple answers, n=219)



Generally spoken, professionals' core work is the work with young people, they also execute a lot of managing tasks and the time for supervision and professional development is low. It seems necessary to consider this when organizing the Capacity Building Programmes (short time schedules, different workloads per country e.g.)

The average weekly duration for those who execute these tasks were the following: Work with young people 23 hours/week

- 6 h/w exchange with other staff
- 12 h/w manage the facility
- 8 h/w manage staff
- 2 h/w supervision
- 5 h/w professional training units.

Institutional and professional needs to support children who experienced violence

As mentioned above, 83% of the respondents think that their institution provides the support needed by children/youth (see Chap. 6.2 - Does the institution provide needed support for the needs of young

people?). We now focus on answers to this question concerning the needs of professionals and institutions to be able to provide support to children who experienced violence:

Having well educated, trained and motivated staff was figured out as the crucial institutional need to provide support for these children.

Some mentioned instruments to be able to obtain and to work with such qualified staff are:

- exchange, cooperation with staff as well as interdisciplinary exchange/multidisciplinary work
- Further trainings, supervision and critical reflection of daily practices
- Multidisciplinary work

6.5. Needs for capacity building programme

Main needs identified: safety/security, empowerment and self-esteem, culture of care, professional help

Children's rights: Many respondents stated that they think their facility does take into account children's views. They also showed a wide range of ideas on how to implement children's rights. It seems then that there is not so much necessity to build further capacity on children's rights. Yet, there might be gaps that professionals are not aware of and that came up in the focus groups with the young people.

Gender: the majority of respondents stated that gender is relevant, however a large proportion (around 40%) disagreed with this. Some reasons that were given for either answer indicate that the knowledge on gender amongst the respondents is concerned with differences between boys and girls or men and women. There might be some potential for further capacity building, then, on the general relevance of gender to questions and challenges around young people who have experienced violence, on the ongoing relevance and impact of gender norms and gendered expectations towards young people, and on the multiplicity of genders – there are various versions of femininity and masculinity and, hence, there is diversity amongst boys and girls, not just between them.

Training needs: respondents had already had trainings on the issues covered by this project. However, for each topic, some 40% of the respondents had not had trainings. Furthermore, respondents also stated an interest in trainings on trauma and experiences of violence (with non-disclosure and violent forms of coping as the main challenges). Other topics that are considered important in this project also raised an interest, which was, however, smaller. It might be a good idea to frame the whole capacity building primarily in relation to experiences of violence and to include a focus on gender, diversity and children's rights rather within the trainings as much as possible in any situation, so that their relevance becomes clear.

The capacity building should also take into account the sometimes small time budgets of professionals for an exchange about their work with their colleagues or with external experts.

The capacity building should also take into account the diverse qualification background of professionals – some have had trainings on trauma or gender, while others did not have special qualifications.

The capacity building should take into account the social diversity of professionals. In the sample, two third of the questionnaire respondents were female, which mirrors the highly gender segregated care work in European countries (see Scambor, Bergmann & Wojnicka 2013). Furthermore the vast majority (92%) of respondents or their parents were born in the country they live in. As different pedagogues offer different positions and perspectives in society, the capacity building programme should raise awareness regarding the social diversity of teams in RCF by asking questions like: Does the team in RCF represent the complexity of society in its social formations, groups and affiliations (age, gender, sexual

orientation, migration, class,)? Which effects can be expected if the teams do not represent social groups they work with? (see Stuve et al. 2011)

Reflection processes within teams in RCF should pay attention to the professionals own position in society and possible blind spots deriving from their respective positions in society.

7. Summary and Recommendations

This report has presented the findings of the Alternative Future needs assessment which investigated the situation and needs of young people who have experienced violence and live in RCFs and of the professionals working with them. Focus group discussions and surveys were conducted in six European regions: Catalunya (Spain), Styria (Austria), Berlin (Germany), Edinburgh (Scotland), Florence (Italy) and Sofia (Bulgaria). In the following, we summarize the findings and present recommendations with regard to the capacity building programmes that will be implemented within Alternative Future. While the methods that were applied mostly do not allow for generalising the results, particularly not in terms of cross-country differences, considering the small sample, still many helpful and important insights could be gathered.

In all regions covered by this report, legislation frames residential care as a form of care provided to children whose process of development is at risk because of a loss or lack of parental support, violence or special assistance needs or who have developed behavioural strategies – often in response to experiences of violence and neglect – that their environment is not able to cope with. Residential care is mostly seen as the last resort if no other forms of assistance and intervention can improve the situation. Child protection and children's rights have become a focus of attention in most of the Alternative Future regions with legislative and institutional measures that aim to make the wellbeing of a child and their rights to a life without violence, to full support and education and to be involved in decisions that concern them guiding principles of child and youth welfare. Most regions also have witnessed or are still witnessing a process of deinstitutionalisation in which forms of residential care with large numbers of young people stuck together in one facility and authoritative forms of education are replaced by other forms of care that are thought to be better adjusted to children's needs. At the same time, neglect of children's rights and views still occurs, for example

- when corrective institutions located in remote areas and staffed with low-qualified personnel are in place,
- young people's rights to privacy and to have their complaints taken seriously are neglected or
- where their right to support is restricted by harsh age rules in youth welfare that do not take into account the delicate situation of young people who have experienced violence and who have to live a life with much less family support than other young people.

The implementation of standards to protect children's rights in residential care is yet to be achieved.

Helping young people who have experienced violence has been identified in all regions as a major challenge that needs further capacity building amongst professionals. It is generally challenging to work with young people who have experienced violence. Experiences of violence and living in residential care puts young people into a difficult situation. They have to deal with the experiences they have made. These experience may include short-term or long-term exposure to subtle and obvious forms of physical, psychological and_or sexualized violence. They may have experienced violence from one or many perpetrators in their families of origin, amongst peers, amongst

professionals working with them, in social media and, last not least, by authorities and institutions including youth welfare services. Furthermore, many of them have experienced disappointment with significant adults such as their parents including forms of neglect and a lack of support in dealing with experiences of violence. Many of these young people grew up in socially and economically marginalized contexts which enhances this difficulty, as these young people have had only limited access to resources that would help them in dealing with difficulties. Living in residential care may on the one hand be a supportive experience, particularly if this experience is one of safety, empowerment and support. On the other hand, it may include experiences of stigmatization and marginalization, of alienation and loneliness, of further violence and neglect, of disenfranchisement and disempowerment.

Therefore, these young people are in need of a particular kind of support. First of all, this includes a safe environment that does not produce fear within them, but rather relaxation and joy. Spaces that are critical of violence, that provide reliable relationships with carers and peers and that enable the development of trust are highly important for this group of young people. Second, they need an environment filled with care, i.e. respect and understanding for their situation, provision of resources to lead a satisfying life, and space for working through difficult experiences. This is related to a need of young people to feel that they belong and that they matter. Third, it is a space of empowerment which recognizes these young people as bearers of rights and is sensitive to their developmental needs, aiming to create conditions under which young people can thrive. Fourth, it is a space which de-normalises violence, teaching young people something that they often have not been offered before: the idea that everyone has a right to live without violence or the fear of it.

In order to provide young people with what they need, professionals working in residential care need to be taught how to create such a safe, caring and supportive environment. Furthermore, they need opportunities to reflect upon the dynamics at work, between and amongst young people, professionals and the wider environment of the facility. This includes a reflection on how notions and norms of gender impact upon experiences of violence, on coping strategies and on the lives of young people in general. Consequently, such a reflection entails that professionals explore and reflect ideas of gender that they themselves hold and present, directly or indirectly, towards the young people they work with as these ideas influence the caring relationship that they offer and form with the young people.

Considering the results of the Alternative Future needs assessment, a capacity building programme aiming to enable professionals in residential care to work with young people who have experienced violence should have the following characteristics:

1. **Awareness raising on the impact of experiences of violence, marginalisation, neglect and non-secure bonding that young people living in residential care have made.** In particular, this includes raising awareness about the impact that experiences of violence have on the lives of young people and about how young people's sometimes challenging behaviour might be based on these experiences. Knowledge on trauma, attachment and a perspective on young people's resources is important here. It also includes awareness raising on the variety in which violence can occur so that professionals become sensitized to more subtle forms of violence and to those forms that are culturally neglected,

often because of ideas that normalise certain kinds of violence or make them invisible (such as: sexism against girls and women, imposition and coercion of gender norms, racism, verbal and psychological violence, violence by female perpetrators). Also, awareness of structural or institutional violence that young people often experience when they live in residential care should be raised amongst professionals. Gender perspectives should be embedded in this awareness raising activities as ideas of gender – most often normative ones – shape and often restrict the opportunities that young people have in dealing with violence, particularly if this violence itself was based on gender norms and hierarchies. Unless professionals develop a critique of gender norms, they will not be able to support young people in distancing themselves from gender stereotypes that often legitimise violence.

2. Teaching strategies and concepts that help to create safe, reliable, caring, trustful and empowering spaces within residential care. Interviews with residents and professionals of residential care have shown that there is still a need for professionals to learn how to create safety (including the installing of rules), how to provide care (including care for young people who's coping strategies may be particularly problematic), how to form trustful bonds and how to empower young people. Possible strategies collected in this report in relation to this include:

- Violence preventive strategies like contracts and rules, providing safe place for young people
- Tools on how to recognize dynamics of violence at an early stage in order to prevent violent situations
- Sensitive interventions into violent situations, reflecting the consequences for everyone.
- Tools on how to carry out secondary prevention (prevent the reproduction of non-healthy and_or violent behavior)
- Gradual introduction to the facility with lots of 1:1 sessions and possibly with visits before moving in.
- Developing farewell-rituals in order to care for situation when young people have to leave the RCF
- Offering sports activities such as running, gym, yoga.
- Autonomy of the young people wherever possible, e.g. room decoration.
- Providing support for professionals facing ambivalences with the need to offer a safe spaces for young people and guarantee children's rights at the same time (e.g. family relation with perpetrators) – especially if professionals have to betray the trust bond between them and the child.

3. Teaching strategies and methods that can help to de-normalise violence. An issue that was found across all data with young people and professionals and across all countries was the pervasive normalisation of violence amongst young people who have experienced circumstances in which violence was an acceptable form of behaviour (for some). Partly, this is combined with a cultural normalisation at least of some forms of violence making it difficult to intervene into violent dynamics or into dynamics at the edge of turning into violence. Furthermore, professionals need effective

methods that go beyond superficial or moralising strategies which in many cases prove to be ineffective and may even reproduce hierarchical and authoritative relations. This also includes strategies to de-normalise gender stereotypes which often legitimise violent relationships and_or are enforced through violence. The ideas collected in this report in relation to this include:

- Training on how to say no
- Training on the issues of dominance relation, group dynamics and exclusion and how these relational characteristics are related to different positioning and social markers (age, gender, migration, ...); e.g. dynamics of ascription and self-ascription ('othering')
- Methods which help young people to reflect on their own constructions such as the gender stereotypes box

4. **Teaching strategies and methods that can help to implement children's rights.** Although many professional respondents to the surveys stated that their facilities take into account children's views, some of them and some of the young people participating in the focus groups still suggested that there is a need for further capacity building amongst professionals, and, via the professionals, amongst the young people, in relation to the implementation of children's rights. This is related to various issues such as rights to privacy, to be involved in decision making, to education or to support. The ideas collected in this report in relation to this include:

- Introducing complaint protocols
- Contracts that address rules and rights

5. The capacity building programme should furthermore consider the diverse qualification background of professionals in terms of their training, experience and attitude towards issues around violence, rights and gender that became visible during the needs assessment.

As different pedagogues offer different positions and perspectives in society, the capacity building programme should raise awareness regarding the social diversity of teams in RCF. Reflection processes within teams in RCF should pay attention to the professionals' own position in society and possible blind spots deriving from their respective positions in society.

6. Strategies related to the structural level should allow RCF to reflect their own goals, measures, quality standards and staff heterogeneity:

- Room for reflection and exchange of experience among pedagogical staff and with external support (supervision)

- New tools for team reflection, like ,team counselling‘
- Tools for self reflection
- ,Safe spaces‘ for informal communication (different perspectives)
- Share of knowledge
- Common decision making processes
- Improvement of interdisciplinary work
- Improvement of qualification
- Diversity in team structure (role model?)

8. Literature

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