

Bullying in Residential Care for Children: Qualitative Findings from Five European Countries

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### Abstract

The present study addressed institutionalised children and staff members' perspectives about bullying in Residential Care settings (RCs) in five European countries (Bulgaria, France, Greece, Italy and Romania.). Interviews and focus groups were conducted with 123 institutionalised children and adolescents (age range: 6-18). Staff members (N=95) working with children and adolescents participating in this study were invited to take part in focus groups. Thematic analysis was adopted to analyse the data. Overall, findings suggested that children and staff members were not fully aware of the specific features of bullying. Children and adolescents considered bullying as a normative behaviour and were reluctant to ask for adults' help when bullying happened. Staff members attributed bullying to children's traumatic experiences and to a need for adults' attention. Findings shed light on the lack of standardised protocols and of a professional training to tackle bullying. Implications for intervention programs aimed at preventing and tackling bullying are discussed.

### Bullying in Residential Care for Children: Qualitative Findings from Five European Countries

Bullying is a proactive and repetitive form of aggressive behaviour, characterised by imbalance of power between those who bully and those who are victimised (Salmivalli, 2010; Smith, 2016). In the last thirty years, research about bullying considerably increased. While much attention has been paid to bullying at school, studies about bullying among children in other contexts is lacking. According to recent findings in the literature, up to half of the children living in residential care settings (i.e., community-based care for children who cannot be looked after by their own parents in most cases due to neglect or abuse; Segura, Pereda, Abad & Guilera, 2015) are victimized by their peers (Sekol, 2016).

While in recent years, some studies documenting bullying among peers in residential care settings (RCs) in some European countries have been published (e.g., Croatia, Finland, Romania, Spain, The Netherlands, United Kingdom; Ellonen & Pösö, 2011; Gravirovici & Groza, 2007; Knorth, Klomp, Van den Bergh & Noom, 2007; Littlechild, 2011; Segura, Pereda, Guilera & Abad, 2016; Sekol & Farrington, 2016; Sekol, 2016), research from other countries is still scarce.

Importantly, findings in the literature might be influenced by the national characteristics of the residential settings where bullying has been investigated. Hence, research from different European countries is needed, as it could give a wider picture of bullying in RCs.

In the present study, we present the findings of a European project<sup>1</sup> addressing the phenomenon of bullying in RCs in five countries: Bulgaria, France, Greece, Italy and Romania.

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### **Residential care settings: European deinstitutionalisation policies**

European RCs accommodate children and youth who cannot be looked after by their parents because of various forms of abuse and exploitation and neglect (del Valle & Bravo, 2013), as well as unaccompanied and asylum seekers minors (Eurochild, 2015). In the last two decades, a significant deinstitutionalisation policy was undertaken in Europe. The UN Convention for the Rights of the Child (UNCRC, 1991) and the UN Guidelines for Alternative Care of Children (Cantweel, Davidson, Elsley, Milligan & Quinn, 2012) specify that residential facilities should be small and organised around the children's rights and needs in a setting as close as possible to a family-like setting. Therefore, in the past years, large residential care settings were replaced by surrogate family placements in several European countries (Cantweel, et al., 2012). However, there is a considerable variation in the response of European countries to the deinstitutionalisation policy.

As to the countries participating in this study, despite the positive changes in the childcare systems in Bulgaria and Romania, the attempts to reform the existing large institutions and their conversion into smaller residential homes did not result in substantial change in the attitude of care staff and quality of childcare (Anghel, Herczog & Dima, 2013; Todorova-Koleva, 2015). The different RCs for children in Bulgaria, include residential children's homes for children and young people with and without disabilities (they should accommodate no more than 15 children), centres for social rehabilitation and reintegration of children; shelters (i.e., temporary facilities for homeless children with urgent needs; Todorova-Koleva, 2015). The various forms of placement in Romania vary from large facilities to small settings, such as social flats and family-type house (Anghel et al., 2013).

In general, in France, foster family care is preferred over residential care (Gabriel et al., 2013). In foster family care, children live with relative or non-relative adults who have been

approved by the State or by an agency licensed by the State to provide with shelter and care. In 2010, residential care represented 36.8% of all placement measures, although this percentage varies from one local department to the other. RCs vary from those that look after children whose parents cannot take care of them, to emergency structures that are temporary and prepare children for other types of placement, for adoption or for return to their families. Similar forms of placement called Home communities can be found in Italy (e.g., Reception communities that respond to urgent children's needs and have a temporary nature; Educative community are long-term residential communities; Angeli, 2002). The choice between foster family care and residential community in Italy differs according to the age and citizenship of the child. For instance, the majority of teenagers (82%) and unaccompanied foreign children (85%) are placed in residential community, rather than in foster family care (del Valle, Canali, Bravo & Vecchiato, 2013).

As to Greece, the most common forms of child protection include residential care, adoption, foster family care and supporting and strengthening families in need (Mylonakou-Keke, Alevizos, Salichos, Konstantopoulou & Grosdani, 2016). However, RCs remain the preferred form of care for children in the child protection system. The logic behind the RCs is that children will either return to their biological families or will be adopted or fostered. Although in recent years, foster family care has developed in Greece, it can be more frequently found in large urban centers, than in the countryside. As advised by Eurochild (2015), the Greek government should develop a national strategy and implementation plan to reform its child protection system based on international standards.

As to RCs staff, social workers, pedagogues, teacher and nurses offer professional help to children living in the RCs in all European countries participating in this study. However, in some countries, such as Romania, there is still a need to improve staff training and outreach workers'

monitoring and supervision, in order to prevent children's neglect and abuse (Anghel et al., 2013). In other countries, such as Italy, due to the long tradition of social pedagogy, pedagogues and social educators have worked in order to reform the childcare system with a series of instruments (e.g., individualised educative planning) that have significantly improved the quality of RCs (del Valle & Bravo, 2013). Also in Bulgaria, individualised development plan for children are implemented; however, the staff is generally underpaid and there is a high turnover rate, which do not positively contribute to children and youths' development (Todorova-Koleva, 2015). Overall, the countries that have established a program for Social Pedagogy at a University level, devote more resources to the training of staff in RCs. However, the economic conditions in each country strongly affect the resources that are devoted to staff training. As opposite to wealthy countries, poor countries have a low skilled workforce, as they cannot afford expensively trained staff. As a result, this might affect the living conditions of institutionalised children.

As shown above, the term “residential care” includes a range of facilities that varies in relation to their size. In the present study, we consistently use the term “residential care”, because the size of the facilities taking part in this research varied from small to large settings across each sub-sample. Despite the differences in the RCs described across the five countries participating in this study, these contexts share several communalities, like being group-care residential facilities in which children and adolescents are placed with their peers for a certain period of time, under the supervision of professionals. These basic and common characteristics can explain similarities and dynamics of bullying in RCs across different countries.

### **Bullying in Residential care**

Within the bullying in RCs literature, the term "bullying" has been used to denote a range of distinct behaviours (for a review Mazzone, Nocentini & Menesini, 2018). Although researchers in this field of research do not agree upon a definition of bullying, they proposed that

similarly to bullying in prison, unbalance of power is not a crucial feature in the definition of sophisticated forms of bullying that are typical in RCs, such as extortion (e.g., stealing material goods). In other words, bullying could be oriented at obtaining social goals (e.g., dominance over the peer group) and material goods, rather than being aimed at causing a harm per se (Sekol & Farrington, 2009). Fear of future victimization is another main feature of bullying in care: Perpetrators have easy access to personal information of their targets, which makes it easy to intimidate and control them (Sekol, 2016).

Previous qualitative and quantitative findings from different national settings (e.g., Croatia; United Kingdom) showed that the creation of a residential peer culture increases the likelihood of bullying (Barter, Renold, Berridge & Cawson, 2004; Sekol, 2016). Peer culture in RCs is characterised by residents' own rules and peer hierarchies, in which dominant members exert their power over the peer group (Sekol & Farrington, 2009). Young males at the top of the hierarchy, i.e., "top dogs" impose their will upon their peers through physical violence and extortion (Sekol & Farrington, 2009). The abusive relation between the perpetrator and the target could be interpreted in light of the pervasive aggressive culture, where children use force to achieve their own goals (Rus et al., 2018). The aggressive culture within RCs is reinforced by organisational issues (e.g., lack of training among staff; lack of supervision) that increase bullying. As documented across qualitative and quantitative studies conducted in different national settings, adolescents living in larger group settings are more at risk of being victimised, compared to those who live in familial groups (Barter, et al., 2004; Khoury-Kassabry & Attar-Schwartz, 2014).

Further contextual factors contributing to bullying are related to lack of meaningful activities, which contribute to deprivation and frustration and to an escalation of bullying. Poor social relationship between children and staff has also been reported as a factor related to bullying.

For instance, a qualitative study by Sekol (2016) reported that young Croatian residents considered staff to be burned out by their own job. Poor staff to children ratios, insufficient staff training, together with missing anti-bullying policies have also been reported as contributing to bullying in RCs (Sekol, 2016). In line with these findings, quantitative studies conducted in Israel showed that adolescents' perception of a negative social climate (staff support; staff strictness; peers' friendliness) was associated with physical victimization by peers and with increasing adjustment difficulties, such as emotional symptoms, problems with peers and conduct problems (Pinchover & Attar-Schwartz, 2014).

Bullying has negative consequences for the target and for the perpetrator. Previous quantitative studies conducted in various national settings (e.g., Israel; Spain) showed that victimised children manifest adjustment problems, such as hyperactivity, conduct problems and emotional symptoms (Khoury-Kassabri & Attar-Schwartz, 2014). However, no association was found between adjustment problems and institution size (i.e., large facility versus familial settings). Poly-victimisation has also been found associated with internalising (e.g., anxiety, depression) and externalising problems (severe rule-breaking behaviour; attention problems; Segura, Pereda, Guilera & Abad, 2016). Further quantitative findings from Croatia showed that children who bully their peers also tend to be neurotic, disagreeable and to lack affective empathy (Sekol & Farrington, 2015). However, due to the absence of longitudinal findings, it is difficult to establish whether the adjustment problems of perpetrators and targets are the cause or the consequence of bullying. The only longitudinal findings available in the literature showed that compared to their peers, victimised institutionalised adolescents, in the United Kingdom, were more distressed at time-point one and presented more adjustment difficulties (e.g., low self-esteem; emotional and behavioural problems) at time-point two (Gibbs & Sinclair, 1999).



Given the pervasiveness of bullying in RCs, it seems urgent to implement anti-bullying programs. Previous studies conducted with school-children have shown that whole-school approaches are successful in tackling bullying (Kärnä, Voeten, Little, Poskiparta, Kaljonen & Salmivalli, 2011). A whole-school approach views bullying as a systematic problem with multiple causes, at the individual, classroom and school level. This approach suggests that anti-bullying programs should target not only the bully and the victim, but the entire school context. Another important aspect of whole-school approaches concerns their focus on bystanders. Bullying is witnessed by a large audience of peers, which often behave in a way that encourages bullying (e.g., verbal incitement; laughing). Whole-school anti-bullying programs influence the bystanders' behaviours and encourage them to consider bullying as unacceptable (Kärnä, Voeten, Little, Poskiparta, Kaljonen, & Salmivalli, 2011). Given the centrality of the peer culture contributing to bullying in RCs, the whole-school approach could be transferred to the residential settings. However, more research is needed to deepen our knowledge of bullying in RCs and tailor the whole-school approaches on institutionalised children's needs.

To meet this aim, the present study was designed to investigate institutionalised children and staff members' understanding and experiences of bullying in five countries (i.e., Bulgaria, France, Greece, Italy and Romania). Based on this data, the present research aimed at designing a whole-RCs intervention program to prevent and tackle bullying among institutionalised children and adolescents. Hence, the focus groups and interviews were conducted as a preliminary study, before designing the anti-bullying intervention program for children in care. We aimed at differentiating the program for two age-groups: 6-11 and 12-18. Therefore, we sampled both children and adolescents. The sample size across the different countries reflects children and staff's availability.

In this study, we analysed the perspective of institutionalised young people, as they are directly and indirectly (i.e., bystanders) involved in bullying and therefore, they are the best informants in regard to their social experiences. In this respect, previous scholars acknowledged the importance of addressing children's views when investigating their experiences of bullying in RCs (Barter, et al., 2004). Furthermore, we examined the perspectives of the staff members, as they are working with institutionalised children and adolescents and could be aware of bullying episodes among them. More specifically, in this study, we aimed at investigating (a) children and staff's understanding of bullying; (b) the dynamics and characteristics of bullying in RCs, along with the coping strategies to deal with bullying; (c) the presence and efficacy of standardised protocols to respond to bullying. We propose that investigating both perspectives could give an insight into the dynamics and features of bullying in RCs. Hence, a qualitative approach was thought to be appropriate to achieve our research goals.

To the best of our knowledge, no cross-national studies documenting bullying in RCs in the European countries included in this study, have been published up to date. Therefore, the knowledge offered by this study could contribute to a better understanding of this problem and to the implementation of evidence-based intervention programs aimed at preventing and tackling bullying in RCs in different European countries.

### **Method**

#### *Participants*

A sample of 123 children and adolescents (for details on sample characteristics see Table 1) were individually interviewed, or took part in a focus group. A sample of 95 staff members (e.g., social workers; psychologists; educators; nurses; directors. For details on sample characteristics see Table 2) took part in separate focus groups and individual interviews. There was no overlap between children and staff who participated in the focus groups and those who

were individually interviewed, meaning that participants were either individually interviewed or participated to the focus groups.

[Table 1 – Table 2]

### *Materials*

The interview/focus group protocol was the result of a joint process among all countries. The protocol was the same for children and staff. Moderators/interviewers in each country followed an interview guideline consisting of the following sections. *Opening questions* provided an overview of the topic object of the discussion and explained the procedure and goals of the interview or focus group. *Introductory questions* introduced the topic of the discussion (e.g., What do you mean with the term bullying?); *Transition questions* were about violence and bullying in RCs and their characteristics (e.g., What are the main features? Who are the actors involved?). Given that a univocal definition of bullying in RCs is missing in the literature, after the transition questions, a definition of bullying, adapted from Olweus (1993) was provided: “*We say a boy or a girl is being bullied, or picked on, when another boy or girl or a group of peers say nasty and unpleasant things to him or her. It is also bullying when a young boy or girl is ignored or left alone, has rumors spread around, is hit, kicked, pushed, or threatened. These things can happen frequently and it is difficult for the young person to defend himself or herself. It is not bullying when two boys or girls of about the same strength have an odd fight or quarrel*”.

*Key questions* regarded the dynamics of bullying, namely how children involved in bullying episodes behaved and how staff reacted to bullying (e.g., What does the bully/victim do? What do staff do?). In addition, key questions also regarded the presence and efficacy of standardised protocols (e.g., Are there any standard procedures to deal with bullying cases?); Ending questions (e.g., How would you summarize the findings of today discussion?). The

moderator made a brief oral summary and asked people involved in the group discussion/interview if they would like to say something more about their views and experiences of bullying. Finally, participants were thanked for taking part in the study. The interviews and focus groups were conducted in the different languages spoken in the countries participating in this study (i.e., Bulgarian; French; Greek; Italian and Romanian). All participants were fluent in the spoken language in each country. The audiotapes were then transcribed textually and their content was coded manually in relation to the key questions in the interview guidelines (Morgan, 1988). Thereafter, a bi-lingual person, in each country summarized the content of each interview and focus group and translated it to English (see below for more information about the analytical process). All interviews and focus groups were audiotaped and lasted between 60 and 90 minutes.

### Procedure

Children and adolescents were invited to participate either in an individual interview, or in a group discussion (i.e., focus group). We adopted both focus groups and interviews to meet participants' needs, meaning that a minority of participants in our sample preferred to be individually interviewed. Staff were instructed to select children and adolescents who they thought would be at ease in an interview, or a group discussion, while RCs were selected using convenience sampling. This sampling procedure was adopted for ethical reasons. As shown in previous studies, institutionalised children often present serious behavioural problems due to their traumatic experiences (Segura, Pereda, Abad & Guilera, 2015). Therefore, we reasoned that children could be particularly distressed when talking about negative peer situations, such as bullying. However, educators tried not to allocate children with bullying and victimisation experiences to the same group. The project partners agreed on this sampling guidelines in a conjoint meeting. For all children participating in this study, written consent from parents/guardians and directors of the RCs were obtained before conducting the research.

Children were aware of the goals of the project and were told that they could withdraw from the study at any time. The project was approved by the ethical committee of the European Union - DG Justice call 2014 Action grant.

The interviews and focus groups were conducted by external researchers, psychologists and social workers, who did not work in the RCs participating in this study and did not personally know any of the participants. During the focus groups, an interviewer, a moderator and a recorder/observer were the only adults present. Participants were assured confidentiality of all information provided. More specifically, the interviewer explained that in this study, we were interested in their actual social experiences with peers and that neither educators nor their peers and adults would be informed about the content of the focus groups and interviews. Therefore, participants were encouraged to speak as openly and honestly as possible.

### *Data analysis*

In this study, we used thematic analysis to analyse the data (Braun & Clarke, 2006). The researchers conducted thematic analyses adopting an inductive approach in which the identified themes are strictly related to the data, though not entirely separated from our theoretical knowledge of the topic under investigation. The five research teams established a joint focus in the analytical process, related to the main questions included in the interview guidelines and to the purpose of this study; i.e., how children and staff defined bullying; bullying experiences in the RCs and presence and efficacy of standardised protocols. A coding data scheme was developed in order to explore the data and its dimensions in a similar way across all teams (Osborn, 2004). The procedure and methodology of the study was shared among the project partners during a joint international meeting. Data analysis consisted of carefully reading the interviews texts several times and recognizing recurrent themes across the different interviews and focus groups. Through carefully reading the text, the authors attempted to make sense of the

meaning and functions of the accounts given. The texts were categorized according to the most meaningful facts and processes emerged during the course of the interviews and focus groups. After the data analysis was complete, each team constructed the concepts found in each dataset. Then, the authors compared the concepts and searched for similarity and differences and redefined the concepts. However, the cross-national differences were preserved. The most descriptive quotes for each question were selected.

### **Results**

Three main themes were identified from the interviews and focus groups conducted with children: (1) (Un)awareness and normalisation of bullying; (2) Bullying: Dynamics and Coping strategies; (3) Presence and Efficacy of bullying protocols.

The results for staff were clustered under the following three themes 1) (Un)awareness of bullying 2) Motives and explanations for bullying; 3) Presence and Efficacy of bullying protocols. In the following, we show the findings separately for children and staff. In order to better illustrate each theme, direct quotations respectively for children and staff were reported.

#### **Results of focus groups and interviews conducted with children**

##### *Theme 1: (Un)awareness and normalisation of bullying*

In general, children and adolescents taking part to this study had an understanding of some features of bullying. However, the term "bullying" was unfamiliar to Romanian children, as this term is not translated in Romanian language. Therefore, the researcher provided a definition of bullying; furthermore, in all interviews and focus groups, the interviewers used the terms "beating"; "fighting" or "punching", as they were more familiar to children. Similarly, some foreigner participants were not aware of the meaning of the term bullying, therefore the interviewer gave some examples of bullying.

All children participating in this study claimed that bullying is very common in RCs (i.e.,

*“Threats are commonplace in our Centre”*; Participant from Romania).

Although we found that some children were not aware that bullying is a deliberate behaviour of a stronger bully towards a weaker peer: *“Bullying is violence among people”* (Participant from Italy), some other participants knew that bullying is a deliberate and unprovoked behaviour:

*“When he’s passing close to me, he always does something, even if I don’t do nothing”*

(Participant from Bulgaria).

Imbalance of power and fear were identified as central features of bullying. In other words, children were aware that the targets of bullying are not able to stand up for themselves; *“I could not react, I was afraid”* (Participant from Greece). As shown in this excerpt, imbalance of power is intertwined with a tendency to fear the bully. Indeed, bullies are used to instill fear in their targets, by threatening them: *“They bully you by saying that if you don’t do what they say, they will do something much worse to you or to your family”* (Participant from France). This behaviour might be oriented at controlling and dominating the victim, by fostering feelings of fear in the target (Sekol & Farrington, 2009). Coherently with this assumption, some participants reported their experiences of bullying, which were associated with feelings of fear: *“When he comes and gets my clothes, I would not speak. He says that if I say something, they will beat me”*. (Participant from Greece).

In accordance with the excerpts reported above, children consistently described bullying as a form of violence, in which the victim does not react because of fear: *“Like, they make jokes that the other (victim) does not accept, but she (the victim) is afraid and therefore, she just undergoes it silently”*. (Participant from Italy).

Overall, participants were prone to consider bullying as a part of the normal life within the RCs. *“In the end, there is always teasing in such contexts”* (Participant from Italy). Children

mostly thought that their peers who bully other children might consider bullying as a normal and acceptable behaviour: *“Those who hurt others are not necessarily aware of what they’re doing. They do it, because it’s normal to them”* (Participant from France).

Moreover, Bulgarian, French and Italian children in particular, minimised the problem of bullying and believed that bullying is only a way to have fun: *“No, here just small things happen. In the end, bullying is repeated in my view, or maybe one could be a bully just for one day....I don't know...It's not that it does not happen. It happens, but sometimes it's made in a funny way. It may seem like an act of bullying, but it's not, because we know each other and we know each other values and limits too”* (Participant from Italy). Previous studies conducted in RCs and in school showed that residents may view bullying as a funny activity that allows to avoid the boredom of everyday life (Hamarus & Kaikkonen, 2008). On one hand, it may be argued that participants trivialised the problem and underestimated its negative consequences; however, on the other hand, this participant stated that children are aware of others’ limits, which could mean that bullying does not escalate into serious and harmful behaviours. However, the line between “having fun” and “bullying” could not actually be well defined.

Participants to this study tended to minimise some behaviours, such as stealing: *“I didn’t steal them. They were on the bed and it was something that I wanted. So, I just took them”* (Participant from Romania). Previous findings showed that stealing is a common form of bullying within RCs (Sekol & Farrington, 2009). Institutionalised children report high levels of deprivation, which might be the reason for stealing their peers’ belongings (Sekol, 2013).

Moreover, participants, especially the older ones, believed that bullying the younger and the newcomers is part of a normative process. More specifically, participants believed that bullying is a normal behaviour, because they were also victimised when they entered the care system. In other words, bullying could become part of the organisational culture and could be



perceived as morally acceptable. According to children's discourse, older children may pick on the younger, because: *"This also happened to us when we were younger"* (Participant from Romania). This tendency to consider bullying of the younger ones as normal might perpetuate the dynamics of bullying (see below), while accepting and reinforcing it over time.

### *Theme 2: Bullying: Dynamics and Coping strategies*

In accordance with previous literature (Sekol, 2016), we found that newcomers and younger children are particularly exposed to bullying. *"In our residential center there is a lot of hate. Those who are older are picking on those who are younger, instead of picking on somebody of their age"*. (Participant from Romania). Being younger as a reason for being bullied was consistently reported also among participants to the focus group in Italy *"When I entered (the care system) I was the youngest one, so, I freaked them out, but yes, they behaved a bit as bullies. I was thirteen; they were older than me"* (Participant from Italy).

Victimisation of younger and newcomer children may occur because the established residents may force them to adjust to the RCs life and to find their own place in the hierarchy (Sekol, 2013). In this respect, Romanian children reported that peer hierarchies are very common; i.e., the leader of the group decides who will bully and who will be bullied. Participants pointed out that older children use the strategy of *"testing"* their group members. Therefore, their younger peers may be involved in a fight and in case they lose it, they will be considered weak and will be bullied: *"We appoint someone to get in a fight. This is the most common strategy to catch someone who is weak"* (Participant from Romania).

Regarding the coping strategies to deal with bullying, while some participants expressed their unawareness about the strategies to deal with bullying: *"We talk about it (bullying) at school, but no one tells us what to do"* (Participant from France), some other children were prone

to ask for their peers' help or to warn the staff: *"Friends are on the first place. I first look for them and if the others are bigger than us, I look for the educators."* (Participant from Bulgaria).

Participants acknowledged that older children should intervene and provide help: *"The rule is that the older children have to help"* (Participant from Bulgaria). However, the dynamics of bullying seemed more complex, as some older children provoked bullying incidents (see above). Most children were aware that bystanders should help the victim: *"If one is smart, he should help the victim"* (Participant from Italy). However, they mainly believed that it is better to stay out of conflicts and that it is not their responsibility to intervene: *"We intervene to defend the victim if she is a friend, a younger peer or if the bullies are not stronger than us"* (Participant from Romania).

However, some participants believed that asking for peers' and adults' help is the ultimate resort and that bullying should be solved by children themselves. *"In case you realise that you really can't deal with it by yourself, you can also do it (ask for peers' and adults' help). But if you know that you can deal with it just by yourself, then you are strong enough to do it. I think everyone has enough strength to deal with all kinds of issues"* (Participant from Italy).

### *Theme 3: Presence and Efficacy of bullying protocols*

Overall, the findings of the interviews and focus group conducted with children showed that standardised protocols to deal with bullying were missing in all countries. However, other formal or informal measures were adopted. Participants, especially the younger ones trusted adults, whereas adolescents claimed that adults could do nothing to stop bullying: *"Adults have nothing to do with it. I know I'm hurting everyone, but if you ask me what would you do if it happened to you, it wouldn't achieve anything, I wouldn't take any notice"* (Participant from France). Although participants seemed to know that bullying is wrong and hurts the victim, at the

same time, from this excerpt it seems that they were not actually concerned about its consequences.

From participants' perspective, the members of the staff have no effective solutions to deal with bullying: *"They do not have solution for these behaviours, but they would like to have it"* (Participant from Romania). This excerpt illustrates children's perception of staff's inability to cope with bullying and find an effective solution to it. Moreover, Romanian participants reported that staff intervenes only in *"big fights"* and that in some extreme cases, staff used to threaten children and to warn them about the possibility of being moved out of the residential facility due to wrong behaviours. Younger children were particularly scared about that: *"We don't want to leave our home"* (Participant from Romania). The members of the staff may not have gone through an appropriate training and could not have the tools to deal with bullying; therefore, they may threaten and scare children as the unique resource to deal with bullying. Furthermore, Romanian children perceived the staff as weak and unable to resolve bullying conflicts. More specifically, they acknowledged that being the staff composed mostly by women, they would not have the *"power"* to intervene and stop bullying. This perspective might be connected to sexist attitudes, according to which women are stereotypically depicted as weak and unable to exert any form of structural power (Glick & Fiske, 1996).

Across all countries, children reported that a common strategy that staff adopted to deal with bullying is punishment, which includes not giving the pocket money and banning activities, such as not allowing children to go out or to use their phones: *"[When bullying happens] We are not allowed to go out and we are punished. They don't give us our pocket money and we are not allowed to use our phones"* (Participant from Italy). However, participants believed that punishment is not a good solution for bullying and that it may be effective only in the short run:

*"Sometimes kids are able to understand, but after some time has passed by, they start to do the same thing"* (Participant from Italy).

Informal meetings with the bully and the victim were reported across all countries. However, some participants did not believe that talking to the bully would be effective; e.g., *"If they (the bullies) can't understand that bullying is wrong, whatever others (educators) may say or do, it won't change anything."* (Participant from Greece).

### **Results of focus groups and interviews conducted with staff members**

#### *Theme 1: Bullying (un)awareness*

Overall, staff members across the five participating countries were aware of some features of bullying. However, staff from Bulgaria did not distinguish bullying from other subtypes of aggressive behaviour and self-harm. Indeed, they reported both examples of abuse among children, as well as examples of self-harm when referring to bullying: *"Sometimes he is aggressive towards the others and some other times he defends. There is also self-aggressive behaviour. He cut his hands as a reaction to his bad experiences from the past"* (Participant from Bulgaria). This statement could indicate that roles in bullying situations might be interchangeable, as children could act as perpetrators and defenders, depending on the situation. However, given that participants also mixed bullying with other behaviours (i.e., self-harm), the interviewer provided a definition of bullying, in order to make it clear that in this study, we were interested in a specific subtype of aggressive behaviour among children.

As reported above, there is no equivalent of the term "bullying" in Romanian language; however, the interviewer used the terms harassment, intimidation, nicknaming and threatening, with an emphasis on imbalance of power and repetitiveness. Some participants defined it as a *"new concept"* and wanted to learn more about it. Staff members were aware that in bullying there is an imbalance of power between the bully and the target: *"I think bullying is...an insulting*

*behaviour towards other people. It includes humiliation or to put somebody in a certain position".* (Participant from Romania). Similarly, the members of Italian staff stated: *"I believe bullying is a type of prevarication of someone over someone else...you know, it's a way to force someone to say or do something. It's a type of violence that can take many forms".* (Participant from Italy).

The members of the French staff pointed out that bullying is difficult to recognise and that they might be unaware of it: *"For us it is difficult to recognise violent actions, because we often lack witnesses. It is even more difficult to determine when the bullying starts, because we have to put a date on it, to be able to consider it as bullying"* (Participant from France). From this excerpt, it seems that the staff members were aware that bullying is repeated over time and that repetition characterises bullying as a distinct subtype of aggressive behaviour. Staff members were aware that bullying and violence are two distinct concepts and that both can take many forms: *"Violence has many forms; it can be verbal, physical and it can result in bullying"*. (Participant from Greece).

Furthermore, staff members were aware that beyond the perpetrator and the target, some other children are involved in bullying and that these children might also be affected by bullying: *"What worries me is the position of those who are in the middle...those who are between the bully and the victim and who participate involuntarily"* (Participant from France). Coherently with what has been reported above, the staff members reported that roles in bullying could be interchangeable over time and that defending and victimisation may overlap: *"There is always a defender to help the victim. They have experienced the same, have been in the same role, or they are just responsible and sensitive or have been in conflict with the aggressor and want now to give him back what he deserves"* (Participant from Bulgaria). According to this participant, defending behaviour could be motivated by different reasons. While some defenders could show

empathic concern towards the victim and a sense of moral responsibility, some other children could defend their peers to take revenge over their aggressive peers.

### *Theme 2: Motives and explanations for bullying and victimisation*

The staff members reasoned about the motives that trigger bullying. In accordance with previous studies (Kendrick, 2011), staff members believed that mixing children of different ages might trigger bullying: *"I suppose that these conflicts arise because of the age difference. They should be separated in age groups"*. (Participant from Romania). Romanian staff also stated that older children usually pick on the younger ones because of boredom or because: *"They don't have anything else to show up"*. "Showing up" as a motive for bullying emerged also in other focus groups: *"They manifest such attitudes to show up or to show that they exist too"* (Participant from Italy). Hence, according to staff's views, children try to receive their peers' attention through bullying (i.e., showing up").

Peer hierarchies were among the most prevalent motives for bullying according to staff's perspective: *"They should learn their place in the hierarchy"* (Participant from Romania). Coherently with this view, participants highlighted that bullying is very frequent especially at the beginning of the institutionalisation, and that the goal of bullying is establishing a hierarchy within the peer group: *"During the first three months, physical fights among them were usual. Those fights, we thought, may be useful for them to understand who was the stronger one and to build up a hierarchy"* (Participant from Italy). Another reason triggering bullying was learning disability (referred to as "health problems" in the following excerpt): *"The children with health problems are always an object of mockery"* (Participant from Bulgaria). Children with learning disability could not only be perceived as different, but also as weak and therefore, as easy targets for bullying.

Finally, staff members were inclined to reason on the psychological explanations underlining bullying. As reported by Romanian staff, the reasons for starting bullying are related to children's unmet emotional needs and desire of having staff's attention and care: *"Those who are younger are in a continuous search for attention and will always fight with others for having attention"* (Participant from Romania). Bullying was also attributed to children's traumatic experiences: *"It is not the first thing we deal with; because their trauma comes first...we have to work behind it (bullying)"* (Participant from Greece).

### *Theme 3: Presence and Efficacy of bullying protocols*

Members of the staff across all countries stated that standardised protocols to deal with bullying were not put into place: *"At the level of regulation, it is specified that fights and insults are not allowed among children...but about harassment and things like that, if it is not the case of big fights and bruises, harassment goes unnoticed among the older ones. When we talk about younger children it is easier to intervene, because we often hear them screaming"* (Participant from Romania). Worryingly, from this excerpt, it seems that Romanian staff members were not aware of the subtler forms of bullying and that a formal protocol to deal with them had not been put into place. However, in other countries, such as Italy, staff members claimed that they were aware that children tended to socialise within small groups and that some other children were systematically excluded. Therefore, they made an effort to break the small groups *"We try to break the small groups that are dysfunctional; we try to break those dynamics. To do so, we involve children in group activities"* (Participant from Italy).

Importantly, French staff members expressed their frustration for not being able to deal with bullying. *"When taking action against bullying, we are ineffective. During our studies no one explained us how to deal with bullying as a distinct form of violence"*. In addition, some members of the French staff were even skeptical about the usefulness of standardised protocols:

*"I ask myself the question: Is the creation of procedures really a solution? The real difficulty lies in gaining the trust of the child and recognising the situation quickly. By the time the situation is brought to our attention, the child has been suffering for a considerable length of time"* (French Participant). This reflection underlines the importance of strengthening the emotional bond between children and staff in order to encourage children to disclose their experiences of victimisation.

In accordance with what was reported by children, informal measures were undertaken in all countries. In particular, members of the staff across all countries claimed that they were involved in team discussions and group meetings weekly or monthly: *"There is no systematic response; but, there are issues that we discuss in the staff meetings"* (Greek participant). Staff members claimed that they also arranged group meetings with children: *"We use this approach...dialogue is the tool that we use the most"* (Participant from Italy). Meetings with the perpetrator and the target were a common strategy among Romanian staff members: *"In the case of harassment, threats and stuff like that, it's obvious that one of them is the victim, but we listen to them both and smoothly pay more attention to the victim"*.

According with what was reported by children, the members of the staff claimed that they used to sanction children involved in bullying, by forbidding various activities and not allowing them to use phones or computers: *"Yes, he's not allowed to use the computer for two days...but then, my other colleague comes and she allows him to use the computer because she cannot face him"* (Participant from Romania). Inconsistent sanctions, as the one reported in the excerpt above may not produce the expected outcomes and may generate a feeling of frustration among staff members.

## Discussion



To the best of our knowledge, the present study was the first to investigate bullying in RCs, by taking into account the perspectives of children and staff in five European countries. Findings contribute to the literature by providing a detailed picture of children and staff's understanding of bullying. Coherently with our aims, the findings also highlight the coping strategies that children adopt when dealing with bullying. Furthermore, we provide a picture of the motives and explanations for bullying from the point of view of the staff members. An overview of the protocols to respond to bullying, as reported by children and staff members, was provided.

Overall, participants described bullying as a deliberate and unprovoked behaviour. According to their perspective, victims are unable to defend themselves, which adds to bullying the connotation of imbalance of power. Participants also associated the imbalance of power with the fear of victimisation. Given that RCs are closed social environments, children might find it difficult to escape from victimisation (Sekol & Farrington, 2009) or simply to avoid the bully. Although with some exceptions, we found that most children were unaware of the repetitive nature of bullying. This is consistent with the findings of previous qualitative studies investigating bullying at school (Mishna, Pepler & Wiener, 2006). Repetition is thought to underlie the bullying dynamics and contributes to reinforce it over time. However, some other features, such as fear of victimisation may be more salient when defining bullying in RCs (Sekol & Farrington, 2009).

Overall, a high level of justification of bullying was found, as all children participating in this study interpreted bullying as a normal part of life within RCs. A habituation process might underlie children's tendency to accept and underestimate immoral behaviours, such as bullying (Bandura, 1999; Obermann, 2013). In particular, victimisation of newcomers and younger children was frequent and it was perceived as normative. This is in accordance with previous

literature, showing that newcomers are victimized in order to establish or protect peer hierarchies (Sekol, 2013).

Although children were aware of the importance to help the victim, they mostly seem to act as passive bystanders. This might be due to fear of revenge by dominant peers (Kanetsuna & Smith, 2002). While adding new knowledge to the group dynamics of bullying in RCs, these findings mirror the school-bullying literature and show that bullying is a dynamic phenomenon, in which complex group dynamics are into play and that personal and situational factors contribute to the bystander's behaviour (Oh & Hazler, 2009).

Mostly, participants believed that asking for adults' help was unnecessary and that children should be able to deal with bullying by themselves. Previous studies conducted in RCs showed that children are reluctant to ask for adults' help when they perceive the staff to be strict, which results in an increasing risk of being victimized (Khoury-Kassabry & Attar-Schwartz, 2014). It is likely that children do not feel actually supported by adults, given that they were not confident in informal measures, such as punishment and banning of activities. Furthermore, children perceive the staff members as unable to deal with bullying, which may further prevent them from asking for help.

However, we found that younger children participating in this study were more confident in the staff's ability to deal with bullying, whereas older children expressed their distrust in the measures adopted by staff. Previous studies, showed that a poor relationship between residents and staff contributes to bullying and to the conviction that residents should solve bullying by themselves (Sekol, 2013). Unlike older children, the younger ones could be in need of more emotional support from their caregivers (i.e., educators); as a result of that, they might have a closer bond with them and trust them more.

In respect to the interviews and focus groups conducted with the staff, we found that staff members across all countries were aware that in bullying there is an imbalance of power between a stronger bully and a weaker victim. However, none of them mentioned fear of future victimisation as one of the features of bullying. This is in accordance with previous qualitative studies conducted with parents and teachers (Mishna, et al., 2006).

While most literature on school bullying associated defending behaviour with positive qualities, such as moral sensitivity and prosocial behaviour (Lambe, Della Cioppa, Hong & Craig, in press; Thornberg & Jungert, 2013), according to staff members' perspective, the role of defender could be covered by children who wish to take revenge over their peers. These children might be angry due to their previous experiences of victimisation, which shows that defending and victimisation might be highly overlapping among institutionalised children. As showed above, according to the staff's views, also bullying and defending could overlap each other, as children might act as defenders in some situations and as perpetrators in others.

Coherently with the children's discourse, the staff members claimed that children bully their peers especially when they enter the care system, likely to understand who is the "strongest one" and to establish a hierarchy. These findings mirror previous research showing that peer groups within RCs are highly hierarchical (Sekol, 2013). Findings also showed that children manifesting learning disability were easy targets of bullying. This is in accordance with previous studies conducted in the school context, showing that children with learning disability could be perceived as different, which is a reason for being bullied (Sweeting & West, 2001).

The explanations for bullying reported by the staff members add new findings to the literature and show that bullying may serve to express children's need for attention by the staff. This motivation for bullying was mentioned in particular, by Romanian staff and may reflect the characteristics of the RCs in Romania (Anghel et al., 2013). Indeed, children living in

Romanian RCs may not experience a close emotional bond with the educators due to inadequate ratio between children and educators. We may assume that although the living conditions of children in Romanian RCs significantly improved in recent years, a gap between policy papers and the actual quality of life of children might remain (Anghel et al., 2013).

Bullying was also explained as a way to receive attention by peers (i.e., showing up), which might reflect the need for being popular among peers.

Additionally, staff members explained bullying as a reaction to children's traumatic experiences. Indeed, children's previous negative experiences may contribute to their dysregulated behaviours and to the re-actualization of dysfunctional relational dynamics.

Overall, the findings of this study suggested that the staff members in all countries did not receive a specific training to detect and tackle bullying. In some instances, formal protocols (i.e., reports) were put into place to deal only with physical forms of bullying, indicating that other forms of bullying (e.g., social exclusion) may be underestimated. These findings highlight the urgency of providing the RCs staff across all participating countries, with an appropriate training to tackle bullying.

### **Strengths, Limitations and Suggestions for Intervention**

Several strengths and limitations can be identified in the present study. The findings of this study are based on convenience sampling of children, staff members and RCs. We realise that such a sampling procedure lowers the variation in our findings (Larsson, 2009). Furthermore, we acknowledge that participants could be more open in individual interviews than in focus groups, and that our convenience sampling procedure could have affected the findings of this study. The size of the facilities participating in this study differed across countries or within one same country. We realise that the prevalence of bullying could be affected by the facility size (i.e., bullying rates could be higher in bigger facilities, due to less supervision, compared to the

smaller ones). Future studies should take into account this aspect when investigating bullying in RCs. In this study, we did not investigate cultural differences across the countries participating in this study; future research should explore how the national cultural values, as well as the policy and regulations in each country affect the life of institutionalised children.

Despite these limitations, the present findings have the potential to contribute to the literature in several ways. First, the cross-national nature of this study gives a wide picture of bullying in some European RCs, in spite of the limited number of interviews and focus groups conducted in some countries. Second, findings of the present study contribute to shed light on children and staff's understanding and experiences of bullying and showed the importance of combining both perspectives when investigating bullying. For instance, both staff and children expressed their dissatisfaction about some of the informal measures adopted to deal with bullying (e.g., punishment). Therefore, alternative measures, such as group meetings, should be adopted.

Third, the present study gives several insights for implementing intervention programs aimed at preventing and tackling bullying in RCs. Given that children seem to underestimate the impact of bullying, we suggest that it is important to raise their awareness of this phenomenon. In particular, children should be aware that bullying is serious and hurts the victim. Furthermore, findings of this study suggest that staff members should receive an adequate training to deal with bullying. Based on recent literature about successful evidence-based anti-bullying programs at school (Kärnä, et al., 2011; Palladino, Nocentini & Menesini, 2016), intervention programs should adopt a universal approach. Given the centrality of the peer group within RCs, effective intervention programs should be oriented at changing the group norms. In particular, interventions should increase a collective sense of moral responsibility, namely children should consider bullying as wrong and unacceptable behaviour (Kärnä, et al., 2011).

Effective coping strategies, such as problem-solving and social support should be strengthened among both children who are victimized and among those who witness bullying. Further, we propose that strengthening social relationships and prosocial behaviour among children and youth within RCs would increase social support and discourage bullying episodes. A special attention should be devoted to children with special needs (e.g., children with learning disability) as they may be particularly vulnerable to victimisation. Indicated actions should include standardised protocols aimed at providing staff with clear guidelines to follow when bullying occurs. Therefore, an anonymous complaint system to which both children and staff could report bullying episodes can be useful to this regard.

Although the childcare system significantly improved across European countries in relatively recent years (del Valle & Bravo, 2013), the findings of this study showed that much remains to be done in order to ameliorate children's living conditions. Overall, RCs participating in this study, were dominated by a negative peer culture, which reinforced bullying and the peer hierarchy among residents. In addition, they lacked anti-bullying programs allowing the staff to create a positive peer culture and to challenge negative behaviours. Worryingly, the findings of this study showed that RCs are not a safe place for institutionalised children and adolescents.

The national cultural values, as well as the policy and regulations in each country affect the life of institutionalised children. Hence, policy makers are encouraged to take these issues seriously and to provide national policies, including national anti-bullying programs that each RCs in each country should adopt.

Table 1. Children and adolescent sample characteristics

	Bulgaria	France	Greece	Italy	Romania
Age range	12-18	8-14	6-18	15-22	7-18
Total numbers of participants	N=17 (7 boys and 10 girls)	N=20 (8 boys and 12 girls)	N=41	N=20 (16 boys and 4 girls)	N=25 (10 boys and 15 girls)
Children interviewed individually	N=1	None	N=None	None	N=5
Participants to the focus groups	N=16	N=20	N=41	N=20	N=20
Total numbers of focus groups	4*	9*	-	2	5
Number of facilities involved	2	3	2	2	1
Number of residents in each facility	F1 =25 F2 =10	F1= 27 F2= 91 residents accommodated in homes for 10 children each F3= 38	F1= 80 F2= 30	F1=11 F2=8	F1=40

*Note:* F=facility. Sex of Greek participants is not reported due to a methodological limitation. It was not possible to report the number of children interviewed individually or in the focus groups in Greece, due to a methodological limitation.

\*In some cases, it was not possible to report the number of focus groups conducted respectively with children and staff; therefore, the overall number of focus groups conducted with children and staff was reported.

Table 2. Staff sample characteristics

	Bulgaria	France	Greece	Italy	Romania
Age range	43-58	30-50	-	24-45	23-63
Total number of participants	N=10 (all women)	N=29 (12 men and 17 women)	N=29 -	N=7 (6 women and 1 man)	N=20 (2 men and 18 women)
Profession	Educators; psychologists	Psychologists; directors; educators; night supervisor	Psychologists; educators; social workers	Educators	Nurses; directors; educators
Staff interviewed individually	N=1 (social worker)	None	None	None	None
Participants to the focus groups	N= 9	N= 29	N=29	N= 7	20
Total number of focus groups	See Table 1	See Table 1	3	2	5

*Note:* Sex and age range of Greek staff members are not reported due to a methodological limitation.



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